From Editor’s desk

Dear Readers,

Greetings for a forthcoming festive season of Navratri, Dussehra, Deepawali, and Christmas. I am presenting here a compilation of research articles covering the various aspects of pathology and microbiology. The topics of the articles in this issue range from morphology to molecular aspects of various diseases covering the diagnostic, prognostic, and therapeutic aspects. The essence of pathology and microbiology lies in the morphological features but sometimes it is not possible to predict the prognosis and course of the disease on the basis of these features only and therefore researchers are working hard to find new prognostic and predictive markers.

Meningiomas are the most common neoplasm of the central nervous system. Based on histomorphological features, they have been graded into Grades I–III. Staining for MIB1-LI has long been taken as a marker of increased proliferative activity in various neoplasms. Kakkar et al., in their article, in this issue, have shown identification of 1p/14q co-deletion in a significant proportion of histologically benign (Grade I) meningiomas that recurred. They suggest its utility as a marker for prediction of recurrence and found it to be a better predictive marker than MIB1-LI, PR, and p53 expression. Furthermore they conclude that recognition of AKT mutation in a subset of meningiomas may help identify patients that may benefit from PI3K/AKT pathway inhibitors, particularly among those at risk for development of recurrence, as determined by the presence of 1p/14q co-deletion.[1]

Though in developed countries, the researchers are mainly focusing on prognostic and predictive markers and markers for targeted therapy for neoplasmic diseases, the scenario in many of the developing countries is different, where curable infective diseases are still responsible for significant morbidity. Their accurate diagnosis is still a challenge for pathologists, microbiologists, and clinicians.

Amebiasis caused by Entamoeba histolytica is most prevalent in developing countries. It may also be seen in Western countries, among human immunodeficiency virus-infected individuals and travellers returning from endemic areas. Undiagnosed amebiasis can lead to fulminant intestinal infection and liver abscesses that are associated with a high morbidity and mortality rates. Amebiasis classically presents with chronic dysentery and is one of the important differential diagnoses of inflammatory bowel disorders in areas where it is highly prevalent. The rising incidence of inflammatory bowel disease (IBD) in many developing countries has increased the importance to differentiate them from amebiasis. The article by Singh et al., in this issue, has focussed on the histological features that may help in differentiating the two entities. This is particularly important because amebiasis can be cured by antibiotics, whereas IBD requires long-term anti-inflammatory therapy. The use of immunosuppressant for IBD could precipitate fulminant disease or dissemination of infection in individuals with amebiasis.[2]

Many diagnostic methods have been developed ever since the discovery of Mycobacterium tuberculosis by Robert Koch.[3] Despite that, “The gold standard” for the diagnosis of tuberculosis (TB) is still a bacteriologic confirmation by culture method and demonstration of acid-fast Bacilli on smear microscopy. In developing countries, TB laboratories services can conduct sputum smear microscopy at provincial and district hospitals. The number of Bacilli in the smear corresponds fairly closely to the concentration of Bacilli in the sputum. In cases with nonproductive cough, it may be difficult sometimes to confirm the diagnosis. Bodal et al., in their article, in this issue, have compared the different methods for diagnosis of pulmonary TB and tried to find out the most sensitive and specific method in the areas where patients cannot afford to pay for molecular techniques.[4]

I cannot forget to remind you about the issues of ethics, conflict of interests, plagiarism, and following the instructions of the journal while preparing a manuscript. Review articles are solicited from senior members in their fields of expertise for the benefit of young pathologists. All the authors are requested to contribute to the columns such as quiz, clinicopathological conference, book reviews, and a tribute to our senior members. The pattern of

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writing can be according to instructions and published articles in the journal.

With best wishes

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REFERENCES


