

Laterality Matters

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Dear Editor

The title I have chosen for this letter may seem simple, perhaps even strange or disconcerting. However, as a pathologist, I believe it serves as a necessary starting point for a discussion that is part of the daily professional life of many physicians, particularly pathologists. The reports received by my colleagues and me often lack the minimum sufficient information required to perform a comprehensive anatomopathological assessment. Beyond the general lack of required clinical data—a task we could analyze on another occasion—the failure to specify the location, and specifically the laterality of a lesion, is particularly striking.

This omission directly impacts the quality of our reports, especially when they are sent to other centers where the recipient may be unknown to us. It is not the same to diagnose a neoplasm in the right kidney as in the left; nor is it the same to report histological findings from a skin lesion on the arm versus the leg, even in the case of extensive rashes. Our reports must document the location and, where appropriate, the laterality and the specific procedure used to obtain the specimen. While the nature of the tissue can often be inferred from the histological study itself, laterality cannot.

Consulting the patient's clinical history for every specimen is unfeasible—hence the existence of specific requisition forms—and the same can be said for making repeated phone calls to colleagues, a practice that should be reserved for isolated, complex cases. The problem is further compounded when the sample is sent without specifying the site or the referring physician, particularly when they are outside our immediate healthcare network.

Time is also a factor in this reflection. Our diagnoses are destined to persist, as they are incorporated into medical records to provide reliable and complete information to anyone who accesses them in the future. In many cases, laterality is information of capital importance.

Pressure on the healthcare system, haste, lack of attention, or the delegation of duties allow information to fail to flow correctly between different levels

of care, both horizontally and vertically, leading to subsequent doubts. A simple act that only requires attention and a proper systematic workflow could be the solution to this issue, which we bring to debate due to its significance and frequency.

This disconnect in the information chain not only creates administrative inefficiencies but also compromises patient safety. A pathology report that omits laterality is, in essence, an incomplete document that forces the clinician to either assume risks or delay critical therapeutic decisions. In an increasingly globalized and digital healthcare environment, where patients move between different centers and health systems, the pathology report must be a self-sufficient and unambiguous entity (1).

The solution does not require major technological investments, but rather a commitment to a culture of safety and the standardization of requisition processes. The implementation of checklists at the time of biopsy has proven to be an effective tool to mitigate these errors of omission (2). It is imperative to remember that the medical act does not end with the surgical technique or the sampling, but with the correct transmission of the information that gives meaning to said procedure.

In conclusion, laterality is not a minor detail; it is a pillar of diagnostic precision. Advocating for its systematic inclusion is, ultimately, defending the quality of care and respecting the medical record as a permanent document of truth.

References

1. RNakhleh, R. E. (2008). Error reduction and prevention in surgical pathology. *Archives of Pathology & Laboratory Medicine*, 132(2), 181-185.
2. Haynes, A. B., et al. (2009). A surgical safety checklist to reduce morbidity and mortality in a global population. *New England Journal of Medicine*, 360(5), 491-499.

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