

# 6<sup>th</sup> European Pathology Congress

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## Team approach to diagnosis of fungal infections

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Fungal infections are becoming more frequent because of expansion of at risk populations such as patients receiving transplants and longer life of immunosuppressed patients. Fungi previously considered non pathogenic are now common infections of immunosuppressed patients. This has brought diagnostic dilemmas including defining infection versus colonization. In addition, the range of endemic fungal infections has expanded because of climate change, extension of human habitats, ease of travel and shifting populations. Nowadays, pathologists and microbiology laboratories are asked to make a diagnosis in smaller pieces of tissue. Additional diagnostic challenges include the presence of resistance to different drugs by different fungi. Histopathology continues to be a rapid and cost effective means of providing a presumptive diagnosis of fungal infections though culture of fungi is still the gold standard. Pathologists need to be aware of the limitations and pitfalls of tissue diagnosis and the importance of suggesting laboratory tests that can aid in the diagnosis. The interaction between clinicians, mycology laboratories and pathologists will be highlighted. After the workshop, participants will recognize the best manner of communicating to clinicians, the fungal elements identified in tissue and recommend alternative tests for organism specific diagnosis.

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## Knowing disease: Patients first

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The health field has been witnessing a redefinition, which results in a rearrangement of the knowledge and skills of their agents. This evidence is expressed in variable degrees and points to a more diligent and informed attitude of patients in the management of their illnesses. However, this tendency does not display enough strength in order to interfere with the internal dynamics of health/disease domain. Usually, the biomedical perspective aims to restore health but it does not incorporate the multiple features that the illness experience encloses throughout its extent. The starting point of this qualitative study was the oncological disease reported as a first person account. The pathology report was used as reference, since it establishes the diagnosis of malignancy and therefore patients' perception concerning the severity of their condition. In order to achieve this purpose, 100 interviews were conducted with patients who were followed on oncology consultations at two hospitals in Porto, Portugal. The project includes cancer booklets regarding the biomedical and experiential knowledge of breast, lung, colon, esophagus and prostate pathologies. Socio-biographical profile of the population was also collected so as to contextualize the information obtained from patient narratives in their social conditions, symbolic and material resources and paths of life. Time and resilience are key elements concerning the personal and social construction of cancer.

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