

Ms. Abdullakhodzhaeva. Principles of the Organization of the Pathology service. Tashkent: Meditsina, 1986: 199 p.

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The reviewed monograph is devoted to an important problem the organization of the pathoanatomical service.

In chapter I “Pathology departments and their role in improving medical and diagnostic services” discusses the structure and role of the Pathoanatomical Service (PS) in improving medical and diagnostic work, so it should be called that. The priority of our country in the PS organization, which began to be created in the first years of Soviet power, is briefly indicated. Definitions of the PS and the Pathology Department (PD), their tasks and those of the centralized PD (CPD) are given.

The organization, structure and operating procedure of the PD are described in detail. In addition, the official duties of medical personnel, medical documentation and research methods are considered. It is emphasized that the organization of the prosector’s work depends on the material equipment of the PD, the classification of doctors and the understanding of the administration of the medical institution of the importance of this service. The author rightly notes the role of pathological material as the most reliable in the analysis of the qualitative side of treatment and diagnostic measures.

Unfortunately, the chapter does not provide information on the size of the service area of the centralized PD. Meanwhile, when organizing a CPD, in my opinion, territoriality must certainly be taken into account, for example, according to the principle of one CPD in a central regional hospital for one or two districts, depending on the distance of the borders from the PD, as one CPD per region, depending on the area of this region, and without removing the pathologist from the control of the hospital administration, while simultaneously subordinating them to chief physicians and chief pathologists. The author’s personal opinion on the need to create pathoanatomical bureaus (PB) is also unclear. I think that the creation of a PB is unrealistic, although this issue is debatable.

Chapter II, the largest in volume, consists of three sections. The first defines the concept of “disease”, discusses the issue of pathomorphosis, and lists modern research methods. The idea of conducting biochemical studies of pathoanatomical material sounds clearly progressive. The author emphasizes that with the help of modern research methods in the development of the disease, it becomes possible to capture the morphological substrate of the preclinical (asymptomatic) course of the disease, or pre-disease.

The second section is devoted to biopsies, their tasks and types depending on the method of obtaining. The possibility of increasing the study of biopsies of any organ is noted. Much attention is paid to the need to obtain detailed information about the patient (which is possible if all the graphs of the form are carefully filled out by the attending physician) in order to correctly assess the histological picture of the biopsy material. The stages of material processing are briefly mentioned. In addition to the histological method, the cytological method is also covered in detail.

The third section concerns the methods and procedure of autopsy. The author remains formally correct in stating on page 24 that “in medical institutions, all cases of death with an undetermined diagnosis, with suspicion of violent death, upon admission to the hospital of a deceased person on the way to the hospital, during the investigation of complaints from relatives about improper treatment, as well as sudden death that occurred outside a medical institution unexpectedly, in the midst of “full health” are subject to forensic medical examination”. In reality, in many cases, the autopsy is performed by a pathologist. Therefore, this issue should be recognized as problematic and in controversial cases both specialists should be involved in the autopsy.

There are some inaccuracies in this chapter. So, on page 24 it should read “smears and prints with the mucous membrane of the trachea and bronchi”, and not “from the mucous membrane”, on page 28 - “during examination of the head”, and not “of the little head.”

Chapter III describes the principles of constructing pathological diagnoses according to the requirements of ICD-9 and provides examples.

However, the chapter is not without its shortcomings. For example, one cannot agree with the statement that “focal pneumonia in children and the elderly may be the primary disease, while in other age groups it should be classified as a complication” (p. 40). It also happens that in other age groups, focal pneumonia, for example, caused by some microorganisms against the background of a decrease in the body’s defenses, is recorded as an underlying disease, although, of course, it more often appears as a complication.

On page 43, in the second example, the diagnosis of secondary shrunken kidneys should be moved from the line “Underlying

disease”, where chronic glomerulonephritis is indicated, to the line “complicated”. On page 49 it should be “gallstone disease” and not “gallstone”. On page 51, in addition to birth trauma to the skull, the main disease includes congestive plethora and cerebral edema with herniation of the cerebellum into the foramen magnum, but the latter is more likely to be a complication. On page 52, the diagnosis is presented in the wrong order: after the primary disease comes the complication, and then the underlying disease. It would be more correct to list the combined primary disease, followed by the complication.

The design of the perinatal diagnosis, which includes 3 diagnoses: fetal diseases, afterbirth, and maternal pathology, cannot be considered successful. Academically, such a diagnosis may be justified, but in practice it is too cumbersome. It is better to make a diagnosis of the fetal disease, and reflect all other pathology in the epicrisis.

Unfortunately, the term “second disease” is found on pages 41, 44, 50 and 54. In my opinion, this term not only does not convey new information, but also complicates perception and introduces terminological confusion, since logically the “first disease” (the initial form of the disease), for example, viral hepatitis, is followed by the “second disease” – cirrhosis of the liver, and after that should come the “third disease” - liver cancer. But the term “third disease” is not provided for at all. Consequently, it is inappropriate to use the term “second disease”; moreover, it should be considered unsuccessful, not to mention the definition of this concept, which retains contradictory and confusing aspects. Another matter is such terms, tested in practice and not yet shaken by anyone, as “underlying disease”, “complication of the underlying disease”, “complication from treatment”, “concomitant disease” and, finally, “combined underlying disease” (the term was first proposed by G.G. Avtandilov in 1971).

Chapter IV examines in some detail and clearly the issue of comparing clinical and pathoanatomical diagnoses.

Chapter V sets out in detail the principles of compiling a pathoanatomical epicrisis, which is based on 11 points. The author emphasizes that the significant complication of the interpretation of autopsy results in recent decades has been associated with pathomorphosis. The need to include a thanatological conclusion in the epicrisis is indicated. The author’s thought is fair that only a thorough analysis of morphological data and information obtained from the medical history, and their comparison, are the key to success in writing a pathoanatomical epicrisis.

In my opinion, the pathoanatomical epicrisis should reflect not only the defects in the organization of medical care (the author focuses only on them), but generally all the defects committed in the care of the patient from the moment of his admission to the hospital until the confirmation of biological death, including those defects that are discovered during the analysis of the outpatient card.

At the end of the chapter, examples of compiling a clinical and anatomical epicrisis are given. In the first example (pp.64-65), one cannot agree that the main disease in the pathoanatomical diagnosis is a drug disease, and the concomitant is lumbosacral radiculitis. In my opinion, the clinicians made the right conclusion when they considered the underlying disease to be lumbosacral pain, for which the patient was hospitalized. In the line “Complication from treatment” refers to an allergic reaction as a result of a correctly prescribed and performed medical procedure. However, clinicians erroneously conclude that death was caused by acute cardiovascular failure. In fact, death was caused by drug intolerance

and the development of anaphylactic shock, as documented by the postmortem examination.

Chapter VI reflects the rules for preparing a medical certificate of cause of death. The need to use the death certificate form recommended by the WHO expert committee is emphasized. On pages 72-73, an unfortunate example of recording the cause of death for a miscarriage is given, as miscarriages are not registered with the civil registry office, and death certificates are not completed at all.

Chapter VII is devoted to medical errors and their causes. The author presents his own classification of medical errors, identifying six types and briefly commenting on them.

It is worth noting that the article also touches on errors made directly by pathologists, which they generally prefer to keep silent about.

Chapter VIII discusses the tasks of clinical and pathoanatomical conferences in the light of methodological recommendations for their conduct. This chapter unreasonably repeats some of the material contained in chapter IV.

A relatively small chapter IX provides information on the organization, composition, and tasks of the treatment and control commissions.

The appendix consists of a large number of instructions and orders concerning the PS, but not all the documents are included, and some of them are outdated.

The reviewed book, despite a number of shortcomings that could easily be eliminated when republished, deserves a positive evaluation. Undoubtedly, the book will be useful for general practitioners, especially healthcare organizers and pathologists [1-7].

References

1. Avtandilov GG (1971) International Statistical Classification of Diseases, Injuries and Causes of Death in the work of pathologists Russian PMID 34: 66-71.
2. Avtandilov GG (1990) Pathoanatomical diagnosis in the light of the requirements of medical informatics Russian PMID 52: 63-66.
3. Avtandilov GG (1994) Fundamentals of pathoanatomical practice Guide M RMAPO: 1-512.
4. Zubritsky AN (1998) On the so-called “secondary disease” Clin Exp Path 46: 525.
5. Zubritsky AN (1999) On the issue of the so-called “second disease”. 2nd Congress of the International Union of Pathologists’ Associations, December 7-10: Collection of abstracts Moscow: 120-121.
6. Zubritsky AN (2001) About the “second disease” problem. Scripta periodica 4: 57-59.
7. Zubritsky AN (2012) The Dead Wall. Autobiographical sketch. Moscow: Astrea-centr: 1-320.

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