2002 Dr. Gabriel Olabiyi OGUN, Nigeria

REPORT OF THE FELLOWSHIP VISIT BY DR. GABRIEL OLABIYI OGUN, TO THE DEPARTMENT OF SOFT TISSUE PATHOLOGY, ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON D.C. USA SPONSORED BY THE GORDON SIGNY FELLOWSHIP OF THE WORLD PATHOLOGY FOUNDATION UNDER THE AUSPICES OF THE WORLD ASSOCIATION OF PATHOLOGY AND LABORATORY MEDICINE

GORDON SIGNY FELLOW - Dr. Gabriel Olabiyi Ogun, Department of Pathology, University College Hospital, Ibadan, Nigeria

ADDRESS/ INSTITUTION VISITED – Department of Soft tissue Pathology, Armed Forces Institute of Pathology, 6825 16th street, N.W, Building 54, Washington D.C 20306 – 6000 USA. The institute is located in the premises of the Walter Reed Army Medical Centre of the United States Army.

DURATION OF VISIT – 28th November 2004 – 7th January 2005

ORGANIZATION OF THE DEPARTMENT - The department is directed by a Chairman, with a Director of Education and Training who is specifically in charge of training for visiting fellows. There are four attendings (Consultants) in the department. Each attending has a specific day of the week for signing out cases. There are two administrative staff and one technical staff in the department. I was allocated an office for the duration of my stay. Official working hours were 0800hrs to 1700hrs.

MY ACTIVITIES - The average number of new consults/ cases received daily was 30. The AFIP being a world class referral centre get cases from all over the world. As a visiting fellow, the protocol of the department requires that I review all cases and have a working diagnosis for the cases before the attendings (Consultant) for the day sign out the cases. There was about of 2 – 3 signing out session each day with the attending reviewing with me.

Further studies using immunohistochemistry and molecular techniques were carried out on necessary cases before a final diagnosis/report is issued. There is

intra and inter departmental consultation for some cases. Each signing out session serve as a medium for teaching and exchange of ideas.

In addition, I took along tissue blocks of few cases from my training center, where using appropriate immunohistochemistry panel, a final diagnosis was issued.

The department had a study course set of about 400 cases of soft tissue tumours which I went throughout about 3 times. This help improved and reinforced my diagnostic ability in soft tissue tumour.

The department also had other activities which I was actively involved, including a weekly musculoskeletal radiology and soft tissue pathology conference where imaging studies/histopathology correlation of few cases is discussed. Plain radiography and Magnetic Resonance Imaging (MRI) are routinely done for all cases of soft tissue tumours. A number of other cases had one or two other imaging investigation including Computerized Axial Tomography (CAT) scanning, sonography and angiography. The department was also involved in teleconference of a few cases during my stay and I also attend these sessions.

The department had reference books and journals which I consulted. The experience at the AFIP did help to reorientate and improve my diagnostic ability in soft tissue pathology. It also helped me to appreciate some subtle racial difference in a few soft tissues tumour. e.g. in plantar and palmer fibromatosis.

During the last week of training in the department, I was given a test/assessment of 24 blind cases of soft tissues tumour supervised by one of the attending.

COMMENT TO GSF- I thank the board of regent of the GSF for awarding me the Gordon Signy Fellowship. It is highly commendable for providing me with the funding to visit this world class and highly renowned centre to learn soft tissue pathology. Without the GSF, my visit to the AFIP will only have being a dream. I send my sincere thanks/regards to the staff of WASPALM both in Japan and Switzerland for a Job well done before and during the period of the fellowship.

RECOMENDATIONS: I will suggest that the money for the fellowship be increased so that GSF fellows can have a longer duration of training at the training centre.

DR Gabriel Olabiyi OGUN

31st January 2005

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