

AVIS

Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie

La chirurgie ophtalmologique
Annexes complémentaires

Une production de l'Institut national
d'excellence en santé
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des modes d'intervention en santé

Le présent document contient les annexes complémentaires au rapport *Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie – La chirurgie en ophtalmologie*.

Le contenu de cette publication a été rédigé et édité par l'INESSS.

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Renseignements

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Responsabilité

L'Institut rend accessibles les principales informations qui ont servi à la préparation du rapport *Pertinence et indications de transmission des prélèvements chirurgicaux au laboratoire d'anatomopathologie – La chirurgie en ophtalmologie* aux lecteurs qui désirent plus de détails sur sa démarche scientifique.

Ce document n'a pas fait l'objet d'une révision linguistique. Il ne reflète pas forcément les opinions des autres personnes consultées aux fins du présent dossier.

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ANNEXE A

Stratégie de repérage de l'information scientifique

Tableau A-1 Stratégies de recherche dans les bases de données bibliographiques

MEDLINE (Ovid)	
Date du repérage : septembre 2021	
Limites : anglais, français	
1	exp Eye/ OR exp Eye Diseases/
2	(cataract* OR cornea OR corneae OR corneal OR eye OR glaucoma OR intraocular OR ocular OR ophthalmic OR ophthalmologic* OR retina*).ti,ab,kw
3	(dissociated vertical deviation OR hypertropia OR phorias OR squint OR strabism*).ti,ab,kw
4	(blepharo-ptosis OR blepharoptosis OR blepharotosis OR drooping upper lid OR palpebroptosis OR ptosis).ti,ab,kw
5	(dermatochalasis OR ectropion* OR ectropium OR entropion OR entropium OR extropion).ti,ab,kw
6	(keratoconus OR keratopath*).ti,ab,kw
7	groenouw's dystroph*.ti,ab,kw
8	(pigment epithelial detachment* OR pigment epithelium detachment* OR RPE detachment*).ti,ab,kw
9	(capsula lentis OR crystalline lens OR lens capsule OR lens clouding OR lens opacit* OR posterior capsule opacification OR pseudoaphakia).ti,ab,kw
10	trabecular meshwork.ti,ab,kw
11	scleral tissue*.ti,ab,kw
12	eyelid*.ti,ab,kw
13	(apparatus lacrimalis OR conjunctival sac* OR lacrimal duct* OR lacrimal gland OR lacrimal punctum OR lacrimal sac* OR lacrimal system OR lateral canthus OR medial canthus).ti,ab,kw
14	(chalazia OR chalazion OR meibomian cyst OR meibomian gland cyst).ti,ab,kw
15	Oculomotor Muscles/
16	(external eye muscle* OR external ocular muscle* OR extra ocular muscle* OR extraocular muscle* OR extraocular rectus muscle* OR extrinsic eye muscle* OR eye extrinsic muscle* OR eye muscle* OR eyeball extrinsic musculature OR inferior oblique muscle* OR levator palpebrae superioris OR musculus orbitalis OR ocular muscle* OR oculomotor muscle* OR superior oblique muscle*).ti,ab,kw
17	OR/1-16
18	Blepharoplasty/
19	(blepharoplast* OR eyelid correction OR eyelid reconstruction OR palpebral reconstruction OR palpebroplast*).ti,ab,kw
20	OR/18-19
21	Trabeculectomy/
22	(goniotom* OR trabeculectom* OR trabeculoplast* OR trabeculotom*).ti,ab,kw
23	OR/21-22
24	Iridectomy/
25	(corectom* OR coretom* OR iridectom* OR irisectom* OR tridectom*).ti,ab,kw
26	OR/24-25
27	Cataract Extraction/
28	(cataract aspiration OR cataract extraction OR cataract operati* OR cataract surger* OR catarectom*).ti,ab,kw
29	OR/27-28
30	Phacoemulsification/
31	(lens emulsification OR phaco-emulsification OR phako-emulsification OR phacoemulsification OR phakoemulsification).ti,ab,kw
32	OR/30-31
33	(strabismus operati* OR strabismus surger*).ti,ab,kw

34	Vitrectomy/
35	(vitrectom* OR "vitreous body resection" OR "vitreous resection").ti,ab,kw
36	OR/34-35
37	Keratectomy/
38	keratectom*.ti,ab,kw
39	OR/37-38
40	Corneal Transplantation/
41	(cornea graft OR cornea transplant* OR cornea xenotransplant* OR corneal graft OR corneal transplant* OR keratoplast*).ti,ab,kw
42	OR/40-41
43	20 OR 23 OR 26 OR 29 OR 32 OR 33 OR 36 OR 39 OR 42
44	surgery.fs OR surgical*.tw OR (ablati* OR amputat* OR debridement* OR excised OR excision* OR exemption OR extirp* OR explant* OR operati* OR procedure* OR reconstruct* OR remov* OR repair* OR specimen* OR surgeon* OR surger* OR surgic* OR techni* OR tissue*).ti,ab,kw
45	(17 AND 44) OR 43
46	*Diagnostic Tests, Routine/ OR *Pathology, Surgical/
47	(concordance OR discretion OR management* OR mandat* OR routine* OR selective* OR systematic*).ti,kw
48	(anatomopatholog* OR clinicopatholog* OR gross* OR histolog* OR histopatholog* OR laborator* OR macroscop* OR microscop* OR patholog*).ti,ab,kw
49	(analysi* OR anatomy OR diagnos* OR evaluation OR exam* OR incidental discover* OR incidental finding*).ti,kw
50	46 OR (47 AND 48 AND 49)
51	45 AND 50
52	(Case Reports OR Comment OR Editorial OR Letter).pt OR (case report* OR comment* OR reply OR replies OR editorial* OR letter*).ti
53	51 NOT 52
54	animals/ NOT (humans/ AND animals/)
55	53 NOT 54

Embase (Ovid)	
Date du repérage : septembre 2021	
Limites : anglais, français; Embase	
1	exp Eye/ OR exp Eye Diseases/
2	(cataract* OR cornea OR corneae OR corneal OR eye OR glaucoma OR intraocular OR ocular OR ophthalmic OR ophthalmologic* OR retina*).ti,ab,kw
3	(dissociated vertical deviation OR hypertropia OR phorias OR squint OR strabism*).ti,ab,kw
4	(blepharo-ptosis OR blepharoptosis OR blepharotosis OR drooping upper lid OR palpebroptosis OR ptosis).ti,ab,kw
5	(dermatochalasis OR ectropion* OR ectropium OR entropion OR entropium OR extropion).ti,ab,kw
6	(keratoconus OR keratopath*).ti,ab,kw
7	(pigment epithelial detachment* OR pigment epithelium detachment* OR RPE detachment*).ti,ab,kw
8	(capsula lentis OR crystalline lens OR lens capsule OR lens clouding OR lens opacit* OR posterior capsule opacification OR pseudoaphakia).ti,ab,kw
9	trabecular meshwork.ti,ab,kw
10	scleral tissue*.ti,ab,kw
11	eyelid*.ti,ab,kw
12	(apparatus lacrimalis OR conjunctival sac* OR lacrimal duct* OR lacrimal gland OR lacrimal punctum OR lacrimal sac* OR lacrimal system OR lateral canthus OR medial canthus).ti,ab,kw
13	(chalazia OR chalazion OR meibomian cyst OR meibomian gland cyst).ti,ab,kw
14	(external eye muscle* OR external ocular muscle* OR extra ocular muscle* OR extraocular muscle* OR extraocular rectus muscle* OR extrinsic eye muscle* OR eye extrinsic muscle* OR eye muscle* OR eyeball extrinsic musculature OR inferior oblique muscle* OR levator palpebrae superioris OR musculus orbitalis OR ocular muscle* OR oculomotor muscle* OR superior oblique muscle*).ti,ab,kw

15	OR/1-14
16	Eyelid Reconstruction/
17	(blepharoplast* OR eyelid correction OR eyelid reconstruction OR palpebral reconstruction OR palpebroplast*).ti,ab,kw
18	OR/16-17
19	Trabeculectomy/
20	(goniotom* OR trabeculectom* OR trabeculoplast* OR trabeculotom*).ti,ab,kw
21	OR/19-20
22	Iridectomy/
23	(corectom* OR coretom* OR iridectom* OR irisectom* OR tridectom*).ti,ab,kw
24	OR/22-23
25	Cataract Extraction/
26	(cataract aspiration OR cataract extraction OR cataract operati* OR cataract surger* OR catarectom*).ti,ab,kw
27	OR/25-26
28	Phacoemulsification/
29	(lens emulsification OR phaco-emulsification OR phako-emulsification OR phacoemulsification OR phakoemulsification).ti,ab,kw
30	OR/28-29
31	Strabismus Surgery/
32	(strabismus operati* OR strabismus surger*).ti,ab,kw
33	OR/31-32
34	Vitrectomy/
35	(vitrectom* OR "vitreous body resection" OR "vitreous resection").ti,ab,kw
36	OR/34-35
37	Keratectomy/
38	keratectom*.ti,ab,kw
39	OR/37-38
40	Cornea Transplantation/
41	(cornea graft OR cornea transplant* OR cornea xenotransplantation OR corneal graft OR corneal transplant* OR keratoplasty).ti,ab,kw
42	OR/40-41
43	18 OR 21 OR 24 OR 27 OR 30 OR 33 OR 36 OR 39 OR 42
44	surgery.fs OR surgical*.tw OR (ablati* OR amputat* OR debridement* OR excised OR excision* OR exemption OR extirp* OR explant* OR operati* OR procedure* OR reconstruct* OR remov* OR repair* OR specimen* OR surgeon* OR surger* OR surgic* OR techni* OR tissue*).ti,ab,kw
45	(15 AND 44) OR 43
46	*Diagnostic Test/ AND routine.ti,kw
47	Pathology/ AND (surger* OR surgic*).ti,kw
48	OR/46-47
49	(concordance OR discretion OR management* OR mandat* OR routine* OR selective* OR systematic*).ti,kw
50	(anatomopatholog* OR clinicopatholog* OR gross* OR histolog* OR histopatholog* OR laborator* OR macroscop* OR microscop* OR patholog*).ti,ab,kw
51	(analysi* OR anatomy OR diagnos* OR evaluation OR exam* OR incidental discover* OR incidental finding*).ti,ab,kw
52	48 OR (49 AND 50 AND 51)
53	45 AND 52
54	Case Report/ OR Editorial/ OR Letter/ OR (case report* OR comment* OR reply OR replies OR editorial* OR letter*).ti
55	53 NOT 54
56	nonhuman/ NOT (human/ AND nonhuman/)
57	55 NOT 56

EBM Reviews (Ovid) : Cochrane Database of Systematic Reviews; Health Technology Assessment; NHS Economic Evaluation Database Date du repérage : septembre 2021 Limites : anglais, français	
1	(cataract* OR cornea OR corneae OR corneal OR eye OR glaucoma OR intraocular OR ocular OR ophthalmic OR ophthalmologic* OR retina*).ti,ab,kw
2	(dissociated vertical deviation OR hypertropia OR phorias OR squint OR strabism*).ti,ab,kw
3	(blepharo-ptosis OR blepharoptosis OR blepharotosis OR drooping upper lid OR palpebroptosis OR ptosis).ti,ab,kw
4	(dermatochalasis OR ectropion* OR ectropium OR entropion OR entropium OR extropion).ti,ab,kw
5	(keratoconus OR keratopath*).ti,ab,kw
6	(capsula lentis OR crystalline lens OR lens capsule OR lens clouding OR lens opacit* OR posterior capsule opacification OR pseudoaphakia).ti,ab,kw
7	trabecular meshwork.ti,ab,kw
8	eyelid*.ti,ab,kw
9	(apparatus lacrimalis OR conjunctival sac* OR lacrimal duct* OR lacrimal gland OR lacrimal punctum OR lacrimal sac* OR lacrimal system OR lateral canthus OR medial canthus).ti,ab,kw
10	(chalazia OR chalazion OR meibomian cyst OR meibomian gland cyst).ti,ab,kw
11	(external eye muscle* OR external ocular muscle* OR extra ocular muscle* OR extraocular muscle* OR extraocular rectus muscle* OR extrinsic eye muscle* OR eye extrinsic muscle* OR eye muscle* OR eyeball extrinsic musculature OR inferior oblique muscle* OR levator palpebrae superioris OR musculus orbitalis OR ocular muscle* OR oculomotor muscle* OR superior oblique muscle*).ti,ab,kw
12	OR/1-11
13	(goniotom* OR trabeculectom* OR trabeculoplast* OR trabeculotomy*).ti,ab,kw
14	(corectom* OR corectomy* OR iridectom* OR iridectomy* OR tridectom*).ti,ab,kw
15	(cataract aspiration OR cataract extraction OR cataract operati* OR cataract surgeon* OR cataractom*).ti,ab,kw
16	(lens emulsification OR phaco-emulsification OR phako-emulsification OR phacoemulsification OR phakoemulsification).ti,ab,kw
17	(strabismus operati* OR strabismus surgeon*).ti,ab,kw
18	(vitrectom* OR "vitreous body resection" OR "vitreous resection").ti,ab,kw
19	keratectom*.ti,ab,kw
20	(cornea graft OR cornea transplant* OR cornea xenotransplantation OR corneal graft OR corneal transplant* OR keratoplast*).ti,ab,kw
21	OR/13-20
22	(ablati* OR amputat* OR debridement* OR excised OR excision* OR exemption OR extirp* OR operati* OR procedure* OR reconstruct* OR remov* OR repair* OR specimen* OR surgeon* OR surgeon* OR surgic* OR techni* OR tissue*).ti,ab,hw,kw
23	(12 AND 22) OR 21
24	(diagnostic test* AND routine*).mp
25	(patholog* AND (surger* OR surgic*)).mp
26	OR/24-25
27	(concordance OR discretion OR management* OR mandat* OR routine* OR selective* OR systematic*).ti,kw
28	(anatomopatholog* OR clinicopatholog* OR gross* OR histolog* OR histopatholog* OR laborator* OR macroscop* OR microscop* OR patholog*).ti,ab,kw
29	(analysi* OR anatomy OR diagnos* OR evaluation OR exam* OR incidental discover* OR incidental finding*).ti,ab,kw
30	26 OR (27 AND 28 AND 29)
31	23 AND 30
32	(case report* OR comment* OR reply OR replies OR editorial* OR letter*).ti,kw
33	31 NOT 32

Tableau A-2 Liste des sites Web consultés

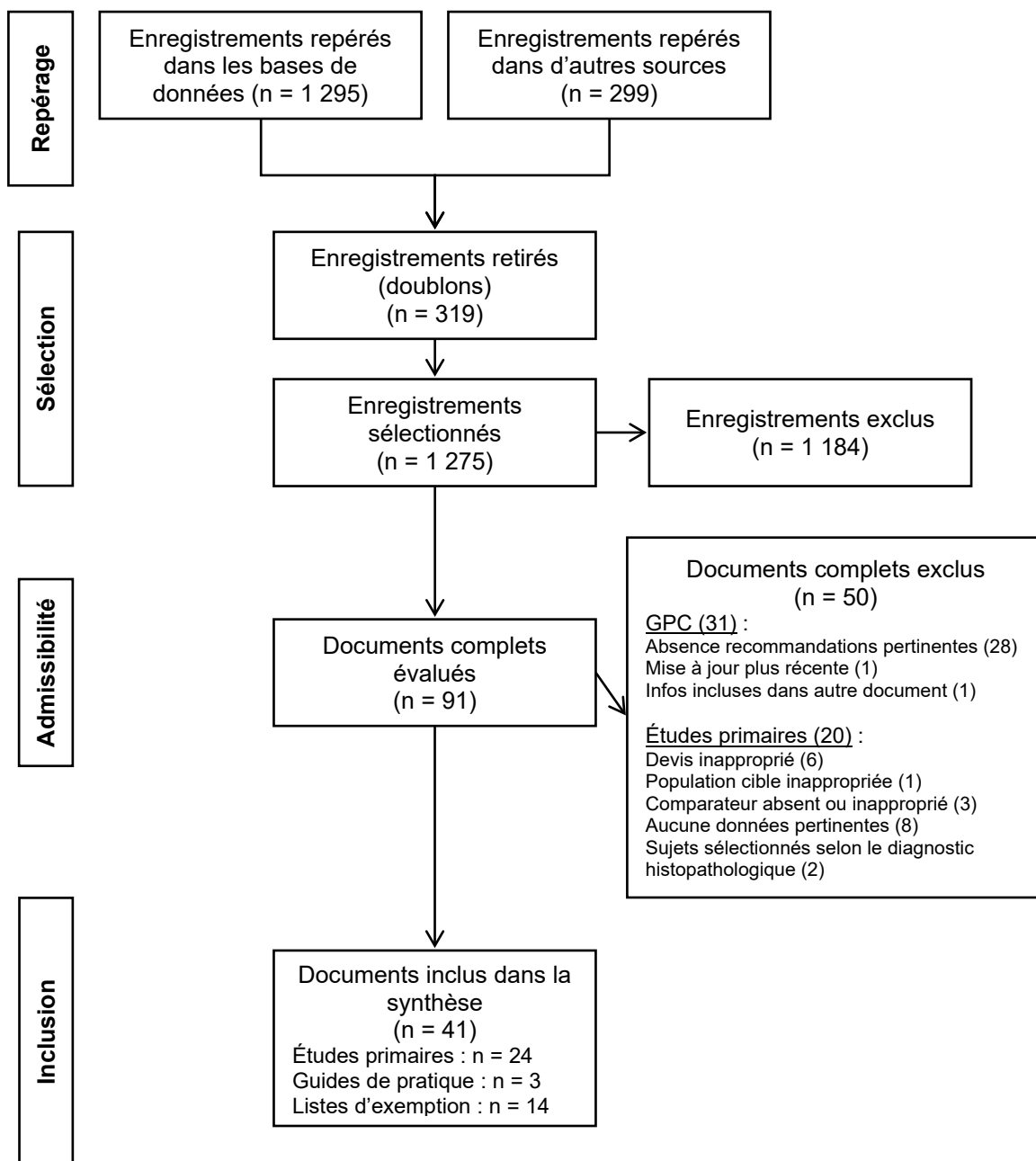
Date de la consultation : juin-juillet-août 2021 Limites : anglais et français
SOCIÉTÉS SAVANTES
Agence canadienne des médicaments et des technologies de la santé (ACMTS) Australian Clinical Practice Guidelines (NHMRC) British Columbia Guidelines CPG Infobase: Clinical practice guidelines (Canada) Guidelines International Network (GIN) Haute Autorité de Santé (HAS) Health Technology Assessment International (HTAi) Medical Services Advisory Committee (MSAC) Australia National Institute for Health and Care Excellence (NICE) Ontario Health Technology Advisory Committee (OHTAC) Scottish Intercollegiate Guidelines Network (SIGN)
ORDRES PROFESSIONNELS
American College of Surgeons (ACS) Association canadienne de protection médicale (ACPM) Collège des médecins du Québec (CMQ) College of Physicians and Surgeons of British Columbia (CPSBC) College of Physicians and Surgeons of Nova Scotia (CPSNS) College of Physicians and Surgeons Ontario (CPSO) Fédération des médecins omnipraticiens du Québec (FMOQ) Fédération des médecins spécialistes du Québec (FMSQ) Royal College of Physicians (Royaume-Uni) Royal College of Physicians of Edinburgh (Écosse) (RCPE) Royal College of Physicians and Surgeons of Canada (RCPSC) Royal College of Physicians and Surgeons of Glasgow (Écosse) Swiss Medical Association The Royal Australasian College of Surgeons (RACS)
PATHOLOGIE
American Society for Clinical Pathology (ASCP) Association canadienne des pathologistes (ACP/CAP) Association of Pathologists of Quebec (APQ) College of American Pathologists (CAP) Royal College of Pathologists (RCP) Royaume-Uni Royal College of Pathologists of Australia (RCPA)
OPHTALMOLOGIE
American Academy of Ophthalmology (AAO) American Association of Pediatric Ophthalmology and Strabismus (AAPOS) American Glaucoma Society (AGS) American Society of Cataract and Refractive Surgery (ASCRS) American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) American Society of Retina Specialists (ASRS) Association des Médecins ophtalmologistes du Québec (AMOQ) Australian Society of Ophthalmologists (ASO) Canadian Ophthalmological Society (COS) Cornea Society (CS) European Glaucoma Society (EGS) European Society of Cataract & Refractive Surgeons (ESCRS) International Council of Ophthalmology (ICO) International Society of Glaucoma Surgery (ISGS) Royal College of Ophthalmologists (RCO) Royaume-Uni Société française d'ophtalmologie (SFO)

Swedish Ophthalmological Society (SOS) The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) World Glaucoma Association (WGA)
SITES PROVINCIAUX ET CENTRES HOSPITALIERS
Alberta Health Services (AHS), Canada Provincial Health Services Authority (PHSA), Canada Diagnostic Services Manitoba (DSM), Canada Duke University School of Medicine (DUSM), USA Gundersen Health System (GHS), USA Interior Health Laboratory Service (IHLS), Canada Parkland Surgical Pathology (PSP), USA Saskatchewan Health Authority (SHA), Canada University of California, Davis Health (UCDH), USA University of California San Francisco (UCSF), USA University of Iowa Hospitals and Clinics (UIHC), USA

ANNEXE B

Sélection des études

Figure B-1 Diagramme de flux



ANNEXE C

Liste des documents exclus et raisons de l'exclusion

Auteur, Année	Titre	Raison d'exclusion
LITTÉRATURE GRISE		
COS, 2008	Canadian ophthalmological society evidence-based clinical practice guidelines for cataract surgery in the adult eye	Aucune recommandation concernant l'analyse anatomopathologique des tissus
RCO, 2010	Histopathology and cytology specimens - what should you send, and to whom?	Inclut dans RCO-RCP 2010
RCO, 2012a	Diabetic retinopathy guidelines	Aucune recommandation concernant l'analyse anatomopathologique des tissus
RCO, 2012b	Guidelines for the management of strabismus in childhood	
ICO, 2015	ICO guidelines for glaucoma eye care	
SIGN, 2015	SIGN 144 – Glaucoma referral and safe discharge. A national clinical guideline	Aucune recommandation concernant l'analyse anatomopathologique des tissus
AAO, 2016	Cataract in the Adult Eye Preferred Practice Pattern®	
EGS, 2017	Terminology and Guidelines for Glaucoma, 4 th Edition – Chapter 3: Treatment principles and options	
ICO, 2017	ICO guidelines for diabetic eye care	Version plus récente et plus complète disponible
NICE, 2017a	Cataracts in adults: Management	
NICE, 2017b	Glaucoma: Diagnosis and management	
NICE, 2018	Age-related macular degeneration	
AAO, 2019a	Age-Related Macular Degeneration Preferred Practice Pattern®	
AAO, 2019b	Diabetic Retinopathy Preferred Practice Pattern®	
AAO, 2019c	Retinal Vein Occlusions Preferred Practice Pattern®	
OHQ, 2019	Minimally invasive glaucoma surgery: A budget impact analysis and evaluation of patients' experiences, preferences, and values	
RCO, 2019	Medicolegal principles in ophthalmology	
AAO, 2020a	Primary open-angle glaucoma – Summary Benchmarks	
AAO, 2020b	Cataract (Initial and follow-up evaluation) – Summary Benchmarks	
AAO, 2020c	Primary angle-closure disease Preferred Practice Pattern®	
AAO, 2020d	Primary open-angle glaucoma suspect Preferred Practice Pattern®	
AAO, 2020e	Primary open-angle glaucoma Preferred Practice Pattern®	
AAO, 2020f	Age-related macular degeneration, diabetic retinopathy, idiopathic epiretinal membrane and vitreomacular traction, idiopathic macular hole, posterior vitreous detachment, retinal breaks and lattice degeneration, retinal and ophthalmic artery	
		Aucune recommandation concernant l'analyse anatomopathologique des tissus

Auteur, Année	Titre	Raison d'exclusion
	occlusions, retinal vein occlusions – Summary Benchmarks	
AAO, 2020g	Adult strabismus with a history of childhood strabismus – Summary Benchmarks	
AAO, 2020h	Cornea – Summary Benchmarks	
AAO, 2020i	Pediatrics: Amblyopia, esotropia, exotropia (Initial and follow-up evaluation) – Summary Benchmarks	
Fellman <i>et al.</i> , 2020 (AGS)	American Glaucoma Society position paper: Microinvasive glaucoma surgery	
EGS, 2020	Terminology and Guidelines for Glaucoma, 5 th Edition	
Roberts, 2020 (RCP)	Best practice recommendations. Reporting ophthalmic pathology specimens (G053)	
BCGuidelines.ca, 2021	Cataract – Treatment of adults	
ÉTUDES PRIMAIRES		
Abtahi <i>et al.</i> , 2018	Orbital invasion of ameloblastoma: A systematic review apropos of a rare entity	Devis inapproprié
Bergin, 1992	Lumps and bumps of the eyelids and their management	Devis inapproprié
Chaurasia <i>et al.</i> , 2017	Clinical characterization of posterior polymorphous corneal dystrophy in patients of Indian ethnicity	Aucune donnée pertinente
Ciftci <i>et al.</i> , 2005	Histopathologic changes in the lacrimal sac of dacryocystorhinostomy patients with and without silicone intubation	Comparateur inapproprié
Godeiro <i>et al.</i> , 2007	Histopathological diagnosis of corneal button specimens: An epidemiological study	Sujets sélectionnés selon le diagnostic histopathologique
Golan <i>et al.</i> , 2014	Unexpected pathologies in patients referred for endoscopic DCR	Aucune donnée pertinente
Kashkouli <i>et al.</i> , 2010	Pathogenesis of primary acquired nasolacrimal duct obstruction	Aucune donnée pertinente
Koturovic <i>et al.</i> , 2017	Clinical significance of routine lacrimal sac biopsy during dacryocystorhinostomy: A comprehensive review of literature	Devis inapproprié
Leibovitch <i>et al.</i> , 2006	Periocular and orbital amyloidosis	Sujets inclus sur la base du rapport de pathologie
Linberg et McCormick, 1986	Primary acquired nasolacrimal duct obstruction. A clinicopathologic report and biopsy technique	Comparateur inapproprié
Liu <i>et al.</i> , 2022	Clinicopathologic analysis of conjunctivochalasis and paste-pinch-cut conjunctivoplasty for management	Aucune donnée pertinente
Mandeville <i>et al.</i> , 2004	Cutaneous benign mixed tumor (chondroid syringoma) of the eyelid: Clinical presentation and management	Aucune donnée pertinente
Margolis, 2008	Diagnostic vitrectomy for the diagnosis and management of posterior uveitis of unknown etiology	Devis inapproprié
Marthin <i>et al.</i> , 2005	Lesions of the lacrimal drainage system: A clinicopathological study of 643 biopsy specimens of the lacrimal drainage system in Denmark 1910-1999	Population cible inappropriée

Auteur, Année	Titre	Raison d'exclusion
Mauriello <i>et al.</i> , 1992	Clinicopathologic study of lacrimal sac and nasal mucosa in 44 patients with complete acquired nasolacrimal duct obstruction	Aucun comparateur
Nagendran <i>et al.</i> , 2020	Ectopic lacrimal gland tissue: A systematic review	Devis inapproprié
Petrou <i>et al.</i> , 2017	Characteristics and vitreoretinal management of retinal detachment in eyes with Boston keratoprosthesis	Aucune donnée pertinente
Quaranta-Leoni <i>et al.</i> , 2014	Management of porous orbital implants requiring explantation: A clinical and histopathological study	Devis inapproprié
Sears <i>et al.</i> , 1999	Surgical management of subfoveal neovascularization in children	Aucune donnée pertinente
Vila <i>et al.</i> , 2016	Usefulness of discarded vitreous samples from routine vitrectomy	Aucune donnée pertinente

ANNEXE D

Tableau exhaustif des résultats et informations extraites d'études primaires

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
Sacs lacrymaux / spécimens de dacryocystorhinostomie (DCR)			
Alkatan et Al-Qurashi, 2017 Arabie Saoudite Étude transversale rétrospective	Période de recherche : Between January 2000 and December 2012 Nombre de patients : 459 (498 specimens) 325 female (70,8 %) ; 134 male (29,2 %) ; mean age 51.63 ± 17.8 years; range 18–95 years Objectifs : - To determine if routine biopsy of all the patients undergoing dacryocystorhinostomy/ dacryocystectomy (DCR/DCT) is required. - To evaluate if sending lacrimal sac specimens for histopathological examination is necessary as a routine patient's care standard.	Population cible : Adults who underwent DCR/DCT and/or lacrimal sac biopsy at King Khaled Eye Specialist Hospital (KKESH) Riyadh, Saudi Arabia. Critères d'exclusion : Patients with tearing related to history of trauma, facial surgery, radiation, surgery in the periorbital area, punctum or canalicular obstruction, external eye disease, eyelid malposition, punctal stenosis, and canalicular stenosis. Méthodes : Performing histopathological examination for all tissue excised from the lacrimal sac area at the time of routine DCR/DCT in our institution has been the routine standard practice over more than 25 years. The patients' demographic data and clinical information were obtained from their medical records (including age, sex, presenting signs and symptoms, indications of surgery, preoperative suspicion of tumour or any other specific pathology, and history of systemic or ocular diseases and surgeries).	Résultats : Of these 498 specimens, only 3 cases (0.6%) were preoperatively suspected of having malignant tumour, for which a lacrimal sac incisional biopsy was performed. Later, the histopathological findings confirmed malignant lymphoma in all 3 cases. The suspected malignancy in this group was based on clinical presentation and radiologic findings. In the remaining 495 specimens in which malignancy was not suspected preoperatively, the indication for surgery in all of these cases was symptomatic relief of tearing and lacrimal drainage obstruction. Seventeen cases (3.43%) had distinct histopathological diagnosis other than chronic dacryocystitis. - benign oncocytoomas : 7 (1,41 %) - dacryolithiasis : 7 (1,41 %) were mostly females (ratio 5:2) - granulomatous inflammation : 3 (0,6 %) ; one had a remote history involvement of lymph nodes by tuberculosis and epiphora of 2 years' duration. Seven (1,41 %) unsuspected neoplasm (all benign epithelial oncocytoomas): 7 / 495 (1,41 %) unsuspected preoperatively, 6 / 495 (1,21 %) unsuspected intraoperatively. The remaining 478 samples (96.57%) revealed different types of findings on histopathology, all related to NLD obstruction and/or previous lacrimal drainage probing for diagnosis or treatment of tearing. - chronic dacryocystitis : 405 (81,82 %) - fibrous proliferation : 6,06 % - chronic dacryocystitis with granulation tissue : 4,84 % - chronic inflammation : 3,03 % - acute dacryocystitis : 0,40 % - chronic dacryocystitis with reactive lymphoid follicles : 0,40 %

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		Preoperative, intraoperative, and histopathological reports for the obtained lacrimal sac specimens from the same patients were also reviewed. We also reviewed and recorded the assessment of the lacrimal drainage system in these patients by inspection, palpation, and/or irrigation. A single pathologist reviewed all the histopathology slides and reports to determine the presence of neoplasm, benign or malignant.	No unsuspected malignant neoplasms among routine DCR/DCT were found in the current study. Conclusions : The expensive and burdensome procedure of routine biopsy for histopathological tissue diagnosis is questionable and may be reserved only for selected suspicious cases. Due care by oculoplastic surgeons should be exercised to look for any intraoperative atypical findings suggestive of neoplastic growth, such as a palpable mass or lacrimal sac wall thickening; in case of suspicion, histopathological examination should still be considered. Limites : - unicentric retrospective study (tertiary center)
Altan-Yaycioglu et al., 2010 Turquie Étude transversale prospective	Période de recherche : Between January 2005 and January 2009 Nombre de patients : 205 consecutive patients 47 males (22.9%); 158 females (77.1%) ; mean age 47.5 ± 16.2 years; range 6 - 81 years Objectif : To investigate the histopathological results of lacrimal sac biopsies in patients with primary acquired nasolacrimal duct obstruction in order to determine if lacrimal sac biopsy is warranted.	Population cible : Patients diagnosed as primary acquired nasolacrimal duct obstruction Critères d'exclusion : Patients with history of trauma and/ or surgery in the periorbital area, and punctum or canalicular obstruction Méthodes : All patients underwent full ophthalmologic examination. Lacrimal drainage system abnormalities were assessed. Lacrimal system irrigation, dacryocystography and in selected cases dacryoscintigraphy was performed. All patients underwent standard external dacryocystorhinostomy. A biopsy from the posterior inferior flap was excised. The specimens were examined by the same pathologist.	Résultats : Nasolacrimal sac irrigation revealed closed passage in 202 patients (98.5%), and partial obstruction in 3 patients (1.5%). None of the patients except one had preoperative diagnosis of systemic disease other than hypertension or diabetes. Only one patient had the diagnosis of chronic leukemia. <u>Histological findings :</u> Normal : 4 (2,0 %) Chronic inflammation with fibrosis : 178 (86,8 %) Fibrosis only : 19 (9,2 %) Lymphoid hyperplasia : 1 (0,5 %) Abnormal : 3 (1,5 %) Three patients (1.5%) had abnormal lacrimal sac biopsy result. - Granulomatous inflammation : 1 (enlarged lacrimal sac preop, solid appearance of lacrimal sac intraop) - Lymphoproliferative disease : 1 (chronic lymphoid leukemia preop) - Basosquamous cell carcinoma : 1 (slightly enlarged sac intraop) During the preoperative dacryocystography of the patient with basosquamous cell carcinoma, the sac appears normal with smooth walls. During surgery, the sac was noticed to be slightly enlarged. This patient had no clinical or surgical clue to suspect lacrimal sac tumor. She underwent dacryocystectomy. During 4 years of follow-up, no recurrence was observed.

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			In our case with chronic lymphocytic leukemia, the patient had normal looking lacrimal sac, however the biopsy revealed lymphocytic cell infiltration. Conclusions : Lacrimal sac malignancy could be suspected preoperatively or intraoperatively in some cases. However, under some circumstances, the tumor could appear only with the increased thickness of the lacrimal sac wall or the nasolacrimal duct and may disguise as chronic inflammation. Even though rare, malignant or systemic disease in patients with no specific history or any clinical or radiological finding might be observed in patients with primary nasolacrimal duct obstruction. We agree with previous authors who suggest taking biopsy from all lacrimal sacs even in cases with primary nasolacrimal system obstruction. We recommend taking biopsy from the lacrimal sac if any suspicion is raised preoperatively or intraoperatively including an enlarged but otherwise normal looking lacrimal sac. Limites : - Unicentric study
Amin et al., 2013 Égypte Étude transversale prospective	Période de recherche : From March 2012 to November 2012 Nombre de patients : 33 consecutive patients (33 specimens) 32 females ; mean age 50,4 years ; range 6 – 63 years ; patients > 30 years (30) Objectif : This study was conducted for a further understanding of the pathological changes and the incidence of specific pathology in our cases of presumed primary acquired nasolacrimal duct obstruction, together with	Population cible : Patients undergoing external dacryocystorhinostomy for clinically presumed acquired nasolacrimal duct obstruction (NLDO) Méthodes : All the patients underwent a complete preoperative ophthalmic evaluation and slit-lamp ophthalmologic examination including visual acuity, ocular surface assessment and fundus biomicroscopy to report any posterior segment abnormalities and the demographic data (age and gender) and medical history of the patients and operative information were regularly recorded. Biopsy specimens obtained from the posterior inferior flap of the lacrimal	Résultats : Previous attack of acute dacryocystitis : 8 (24.2 %) Chronic dacryocystitis : 25 (78,8 %) Complete NLDO : 29 (87,9 %) Functional obstruction : 4 (12,1 %) <u>Pathological findings :</u> Non-specific lacrimal sac pathology was present in all 33 cases including varying degrees of non-specific non-granulomatous chronic inflammation (inflammatory cell infiltration, fibrosis and capillary proliferation) Specific lacrimal sac pathology was not found in any of the biopsied cases. Conclusions : Findings from our study together with previous series from the literature have led to the recommendation that lacrimal sac biopsy specimens need not be routinely submitted for pathologic examination during DCR surgery, except for atypical clinical presentations or intraoperative findings. To minimize the risk of overlooking specific pathology it is important to inquire about symptoms or history of systemic disease preoperatively, to

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	the spectrum and antimicrobial susceptibility of microbiologic agents isolated from such cases.	sac were examined under light microscopy by the same pathologist. Four of the 33 patients with lacrimal duct obstruction were bilateral cases (12.1%).	assess the appearance of the lacrimal sac intraoperatively, and to biopsy the lacrimal sac in those cases where specific pathology is suspected. Limites : - Unicentric study - Small sample size - Obtaining a representative biopsy of the lesion is not always easy and sometimes is challenging (biopsy may yield a false-negative result.).
Anderson et al., 2003 États-Unis Étude transversale rétrospective	Période de recherche : Between January 1991 and December 2001 Nombre de patients : 316 (377 specimens, 367 from Emory Eye center) 101 male patients (32%) ; 214 female patients (67.7%), mean age 58 years ; range 5 - 95 years Objectif : To retrospectively review the pathologic diagnoses and clinical characteristics of patients undergoing dacryocystorhinostomy (DCR).	Population cible : Patients undergoing dacryocystorhinostomy (DCR) Méthodes : All of the DCR specimens included a lacrimal sac biopsy specimen. A single surgeon performed most of those cases (99%) and submitted a biopsy specimen from all of his cases. Clinical charts from cases with significant pathology (diagnosis that could alter medical/surgical care) were obtained and reviewed for patients that who evaluated at the Emory Eye Center. The presenting signs and symptoms and surgeon's clinical diagnoses were reviewed to determine if a process other than chronic dacryocystitis was suspected before surgery. The operative report was also reviewed to determine if there was significant pathology suspected during surgery.	Résultats : <u>Histological findings :</u> Inflammation : 349 specimens (92,6 %) Infection : 15 specimens (4 %) Dacryolith : 29 specimens (7,7 %) Others : 28 specimens (7,4 %) A significant pathology was found in 8.2% of cases (31 specimens / 377) Sarcoidosis : 8 specimens (2,1 %) ; from 5 patients all with preoperative diagnosis of sarcoidosis. Neoplasia : A total of 23 (6.3%) specimens from 20 patients were neoplasms (10 epithelial ; 13 nonepithelial). Seventeen of those 23 specimens were from 14 patients evaluated at the Emory Eye Center. <u>Epithelial specimens</u> Papilloma, inverted : 2 (0.5 %) Papilloma, unspecified : 2 (0.5 %) Transitional cell carcinoma : 2 (0.5 %) Oncocytoma : 1 (0.3 %) Granular cell tumor : 1 (0.3 %) Carcinoma, unspecified : 1 (0.3 %) Adenocarcinoma : 1 (0.3 %) <u>Nonepithelial specimens</u> Lymphoma : 7 (1.9 %) Lymphoplasmacytic infiltrate : 4 (1.1 %) Plasmacytoma : 1 (0.3 %) Chronic lymphocytic leukemia : 1 (0.3 %) ; suspected before surgery There were 17 specimens from 14 patients with lacrimal sac neoplasms. Of those 14 patients, 3 were suspected before surgery and 8 were not suspected before surgery.

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			Of the patients with preoperatively unsuspected epithelial tumors whose charts were available, two were suspected during surgery and two were not suspected during surgery. Six of the 7 lymphoma specimens occurred in 4 patients evaluated at the Emory Eye Center. Of those 4 patients, 1 was suspected before surgery, 2 were found to have suspicious tissue during surgery, and 1 was not suspected either before or during surgery. Conclusions : Analysis of the patients evaluated at our institution showed that 8 specimens from 5 patients showed significant pathology that was not suspected before surgery. This represented 2.1% of all of our cases. This finding warrants the recommendation that lacrimal sac biopsy specimens obtained during DCR be routinely submitted for pathologic evaluation. Limites : - retrospective series, with the clinical records reviewed after the pathologic diagnosis was determined. - clinical records of patients without significant pathology were not reviewed. - clinical records of patients with significant pathology who were not evaluated at our institute were not obtained. - indications for surgery were evaluated only for patients who were found to have significant pathology. - A single surgeon performed most of the cases (99%)
Banks et al., 2020 États-Unis Étude transversale rétrospective	Période de recherche : Between February 1989 and June 2018 Nombre de patients : 654 consecutive patients (769 specimens, 728 with complete medical records) 455 females ; mean age 56.1 ± 18.2 years ; range, 6–96 years Objectifs : - To examine the impact of routine biopsy of the	Population cible : Patients with symptoms of nasolacrimal obstruction who underwent an endoscopic DCR at Massachusetts Eye and Ear Méthodes : All patients underwent routine biopsy (unilateral or bilateral) of the lacrimal sac at the time of DCR (bilateral in 114 patients (14,8%)). Patient demographics, including medical comorbidities and smoking history, were extracted from the medical records.	Résultats : <u>Pathological findings of tissue from the nasolacrimal sac</u> - Normal histology or inflammation: 599 patients (91,6 %) - Granulomas : 8 patients (1,2 %) - Neoplasm : 7 patients (1,1 %) Neoplasms : Low-grade B-cell lymphoma (3) ; Adenoid cystic carcinoma (1) ; Low-grade adenocarcinoma (1) ; Solitary fibrous tumor (1) ; Hemangioma (1) All seven patients with neoplasms underwent preoperative CT imaging, with four positive findings. Three of these patients had no positive clinical history or examination findings to otherwise alert the surgeon preoperatively to the likelihood of an underlying neoplasm.

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	lacrimal sac as performed during a consecutive series of endoscopic DCRs - To identify those key clinical parameters that correlated with an unsuspected diagnosis in patients who presented with nasolacrimal duct obstruction.	A pathology database was searched to identify histopathologic findings of the surgical specimens. The cohort of patients found to have neoplastic and granulomatous lesions of the lacrimal sac were then further analyzed with respect to the surgeon's preoperative clinical impression based upon history, radiological findings, and intraoperative findings, as documented in the operative report. Patients with suspected versus unanticipated nasolacrimal sac biopsy results at the time of DCR were compared.	Of the 15 patients with biopsy results demonstrating either neoplastic or granulomatous pathology, the pathological diagnosis was predicted by the surgeon in 12 cases, whereas unanticipated histopathology was found in three cases (0,46 %) (two malignant lesions and a sarcoidosis). Among this 15-patient cohort, 40 % had a positive clinical history, 27 % had a positive physical examination finding, 47 % had a positive radiologic finding, and 27 % had a positive intraoperative finding that led to anticipation of the histological diagnosis. Granulomatous and neoplastic pathology was unanticipated in : 1/8 (12.5 %) and 2/7 (28.6 %) of cases within this cohort, respectively. The likelihood of obtaining a diagnosis of either neoplasm or sarcoidosis in this series (anticipated and unanticipated cases) during DCR was 1.83% (Agresti-Coull 95% confidence interval: 1.02 %-3.22 %). Conclusions : The clinician must be vigilant to the possibility of unusual causes of lacrimal obstruction, particularly neoplastic and granulomatous disease, in patients who present for DCR surgery. The decision to routinely biopsy the nasal lacrimal sac during DCR is multifactorial, yet biopsy performance has been shown to reveal unsuspected diagnoses. Although we do continue to perform routine lacrimal sac biopsy at time of DCR, the definitive recommendation for or against such a biopsy would depend upon the results of a cost-utilization analysis. Limites : - unicentric retrospective study (tertiary center) - the number of incomplete medical records from DCRs performed in the early 1990s (41 patients: 5,3 %)
Bernardini et al., 2002 États-Unis Étude transversale rétrospective	Période de recherche : From 1988 through 1999 Nombre de patients : 258 patients (302 specimens) 170 (66 %) females ; 88 (34 %) males ; mean age 61,3 years ;	Population cible : Patients with presumed primary acquired nasolacrimal duct obstruction (NLDO) undergoing dacryocystorhinostomy (DCR) at the University of Cincinnati- and Cincinnati Eye Institute-affiliated facilities.	Résultats : - Dacryocystitis was present in 91 patients (35 %) in either acute or chronic form. - History of nasal trauma was present in 19 patients (6.3%). <u>HISTOPATHOLOGIC FINDINGS (patients without history of systemic disease involving the lacrimal sac – 258 specimens):</u> - grossly normal or inflamed lacrimal sacs intraoperatively (254)

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	range 10-95 years Objectif : To determine the usefulness of "routine" lacrimal sac biopsy to evaluate unsuspected neoplasm or systemic disease in patients with acquired nasolacrimal duct obstruction.	Critères d'inclusion : Patients with previous nasal trauma or surgery and reoperations for failed DCRs Critères d'exclusion : Patients having signs or symptoms suggestive of lacrimal sac tumor, visible or palpable mass above the medial canthal tendon, bloody tears or reflux of blood on irrigation, or an abnormal dacryocystogram. Méthodes : Preoperative assessment of the lacrimal drainage system included history for predisposing conditions, inspection, palpation, digital expression of lacrimal sac contents, dye disappearance test with 2% fluorescein, and irrigation of the lacrimal system. Dacryocystogram or dacryoscintillogram were obtained in rare selected cases. Dacryocystorhinostomy (bilateral in 44 patients) was performed under local anesthesia with monitored intravenous sedation. A generous portion of the posterior lacrimal sac flap was excised and submitted in formalin for histopathologic examination in all cases. Operative reports were reviewed to determine any gross abnormality of the lacrimal sac encountered at the time of surgery. The following variables were extracted from the medical records: age, gender, presenting symptoms, history	• chronic inflammation : 220 • chronic inflammation, calcification : 7 • chronic inflammation, stone : 6 • squamous, benign metaplasia : 4 • normal mucosa : 16 • vascular malformation : 1 - evidence of neoplasia upon inspection of the lacrimal sac intraoperatively (4 patients) • malignant lymphoma : 1 • squamous papilloma : 3 The patient with lymphoma had no preoperative history or abnormal clinical findings suggesting neoplastic involvement of the lacrimal sac, but grossly abnormal and palpable thickening of the sac was noted at the time of surgery. The three cases of squamous papilloma were localized to the lacrimal sac only and were suspected from the abnormal intraoperative appearance of the lacrimal sac. <u>HISTOPATHOLOGIC FINDINGS (patients with known preoperated history of local or systemic disease which might involve the lacrimal sac – 44 specimens):</u> • positive biopsy : 1 lymphoma, 1 leukemia, 4 sarcoidosis (systemic diseases that also involve the lacrimal sac) • negative biopsy : 38 (nonspecific chronic inflammation, considered at risk for secondary NLDO) In both the leukemic and lymphomatous specimens, grossly abnormal infiltration of the sac was noted at the time of surgery. Four of six specimens from patients with known sarcoidosis proved to have actual infiltration of the sac with sarcoidosis on histopathologic examination. The remaining two specimens showed only chronic inflammation of the lacrimal sac. All four specimens (two patients) with positive histopathologic evidence for sarcoidosis also had a known history of systemic sarcoidosis. Conclusions : Only patients with known preexisting systemic disease or grossly abnormal-appearing lacrimal sacs during surgery were found to have a positive yield on histopathologic examination of the lacrimal sac.

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		of predisposing conditions, lacrimal system abnormalities noted before surgery, dye disappearance test, dacryocystogram or dacryoscintillogram, appearance of the lacrimal sac during surgery, and histopathologic report of the lacrimal sac specimen.	Routine biopsy of the lacrimal sac does not appear to be cost effective. We therefore recommend biopsy of the lacrimal sac be reserved for patients with a known history of systemic disease with potential for lacrimal sac involvement (sarcoidosis, Wegener's disease, lymphoma, leukemia) or a grossly abnormal lacrimal sac discovered during surgery. Limites : - unicentric retrospective study
DeAngelis et al., 2001 Canada Étude transversale prospective	Période de recherche : Not specified Nombre de patients : 92 consecutive patients (104 specimens) 63 (68) females, 29 (32 %) males, mean age 61,6 years, range 19-94 years Objectif : To determine the role of an inflammatory etiology, the pathology of nasolacrimal sac and bone specimens was assessed and correlated with clinical lacrimal variables.	Population cible : Patients with primary acquired nasolacrimal duct obstruction (NLDO) undergoing external dacryocystorhinostomy (DCR) Critères d'exclusion : Patients with previous DCR or previous midfacial trauma Méthodes : A combination of nasal endoscopy and/or detailed history taking was performed on all patients to rule out the presence of intranasal pathology. The lacrimal sac was carefully inspected for the presence of any calculi. If lacrimal sac calculi were found, they were removed and sent for analysis. The lacrimal sac and bone specimens were then sent to an ophthalmic pathologist with experience in the analysis of both lacrimal bone specimens and lacrimal sac specimens. The presence of lacrimal sac and bone inflammation was then correlated with a number of lacrimal variables, including history of dacryocystitis, presence of a lacrimal sac mucocele, location of lacrimal	Résultats : <u>Histopathological findings :</u> Bony inflammation : 15 specimens (14,4 %) Lacrimal sac inflammation : 98 specimens (94,2 %) Granulomatous changes : 4 specimens - 1 in a patient with systemic Wegener's granulomatosis - 1 in a patient with systemic sarcoidosis - 2 from one patient who underwent bilateral DCR and had no prior history of systemic or local disease Conclusions : The lacrimal sac and bone inflammation occurred independently of one another. Overall, the history of dacryocystitis, presence of a lacrimal sac mucocele, lacrimal sac obstruction, the presence of lacrimal sac calculi, or epiphora for greater than one year did not influence the presence or severity of inflammation of either the sac or bone. Limites : - Unicentric study - Research duration not specified - Eight patients not included (no justification)

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		obstruction, the presence of lacrimal sac calculi, and the duration of epiphora.	
Eldsoky et al., 2021 Égypte Étude transversale prospective	Période de recherche : From December 2019 to December 2020 Nombre de patients : 50 36 women (72 %), mean age 53,4 ± 18,5 years, range 20-70 years Objectif : To examine how important routine lacrimal sac biopsy is during endoscopic DCR surgery.	Population cible : Patients with chronic unilateral epiphora due to chronic nasal duct obstruction who underwent endoscopic DCR with NLD biopsy, selected from patients attending the ENT and Ophthalmology clinics in Cairo (Al-Hussein university hospital) and Damietta Al-Azhar University Hospital. Critère d'inclusion : Male and female patients with chronic lacrimal duct obstruction attended the outpatient clinic of Al-Azhar university hospitals for treatment during the study period. Critère d'exclusion : Recurrent cases with previous external DCR and patients who did not complete the required medical follow up at our hospitals. Méthodes : Preoperative CT scan were performed in all cases and MRI orbit for some recurrent and selected cases. Histopathologic analysis was performed for each specimen.	Résultats : <u>Common symptoms of lacrimal duct obstruction :</u> ▪ copious thick mucopurulent discharge : 12 (24 %) ▪ mild or moderate mucopurulent discharge : 19 (38 %) ▪ epiphora with clear tear fluid : 11 (22 %) ▪ swellings over the lacrimal sac, mucocoeles-like : 8 (16 %) <u>Histopathological findings :</u> ▪ Chronic inflammation : 33 (66 %) ▪ Chronic dacryocystitis : 9 (18 %) ▪ Dacryolith with dacryocystitis : 1 (2 %) ▪ Granuloma (fungal and pyogenic) : 4 (8 %) ▪ Rhinoscleroma : 2 (4 %) ▪ Squamous papilloma : 1 (2 %) Conclusions : From this study and previous reports, we concluded that it is highly advisable to perform tissue biopsy and histopathological examination in all cases of endonasal DCR for detection of unexpected underlying pathology and early treatment for better prognosis. Also we suppose that the biopsy from lacrimal sac is mandatory in recurrent cases or unexplained pathology. Limites : - Selected patients (possible biais) - Low number of patients - Lack of control group
Knezevic et al., 2012 Serbie Étude transversale prospective	Période de recherche : January 2004 to October 2010 Nombre de spécimens : 599 consecutive lacrimal sac wall specimens	Population cible : Adult patients with clinically presumed primary acquired lacrimal drainage system obstruction (PALDO), from a tertiary ophthalmic care centre in Serbia.	Résultats : <u>Histopathological findings :</u> - Non-specific lacrimal sac pathology : 578 (96,49 %) - Specific lacrimal sac pathology : 21 (3,51 %) ; unexpected • Dacryolythiasis (lacrimal stones) : 7 (1,17 %)

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	Objectif : To evaluate the usefulness of routine lacrimal sac wall biopsy during surgery for primary acquired lacrimal drainage system obstruction	Méthodes : Lacrimal sac wall biopsy were routinely submitted for histopathological examination at external dacryocystorhinostomy (DCR) All biopsy specimens, obtained by same ophthalmic surgeon and viewed by same ophthalmic pathologist.	• Granulation tissue : 2 (0,33 %) • Pyogenic granuloma : 1 (0,17 %) • Reactive lymphoid hyperplasia : 1 (0,17 %) • Wegener granulomatosis : 2 (0,33 %) • Squamous cell papilloma inverted (benign) : 2 (0,33 %) MALIGNANT (6) • Squamous cell carcinoma microinvasivum : 1 (0,17 %) • MALT lymphoma : 4 (0,67 %) • Diffuse large B cell lymphoma : 1 (0,17 %) Four patients with extranodal marginal zone lymphoma (EMZL) of mucosa-associated lymphoid tissue (MALT), all presented in stage I. Three of those four MALT lymphomas were discovered in patients with previously failed DCR. <u>Intraoperative appearance of the lacrimal sac (malignant specimens) :</u> Six malignant neoplasms were without clinical signs or symptoms suggestive of a possible underlying lacrimal sac tumour and, even intra operatively under direct visualization. • Grossly normal : 2 • Inflamed : 4 Conclusions : It always should be kept in mind that obtaining a representative biopsy of the lesion is not always easy and sometimes is challenging. In the early phase of clinical evolution of lacrimal sac tumours, because the absence of definite tumour on palpation, it is difficult to clinically differentiate a lacrimal sac tumour from chronic dacryocystitis and, moreover, any gross abnormality of the lacrimal sac may not be visible intra-operatively. So routine blind lacrimal sac wall biopsy during DCR may be advocated. This prospective study highlights the value of routine lacrimal sac biopsy during surgery for clinically presumed PALDO. Limites : - unicentric study (tertiary center) - All biopsy specimens were obtained by same ophthalmic surgeon

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Lee-Wing et Ashenhurst, 2001 Canada Étude transversale rétrospective	Période de recherche : January 1999 through April 2000 Nombre de patients : 166 (202 specimens, 72 bilateral) 48 males (28,9 %), 118 females (71,1 %), mean age 60,7 years, range 21 - 93 Objectif : To determine the prevalence of lacrimal sac pathology in patients undergoing dacryocystorhinostomy (DCR) for primary acquired nasolacrimal duct obstruction (PANDO).	Population cible : Patients with complete or partial nasolacrimal duct obstruction undergoing external dacryocystorhinostomy (DCR) for primary acquired nasolacrimal duct obstruction (PANDO) Critère d'exclusion : Pediatric patients and patients with repeat DCR procedures Méthodes : The assessment of the lacrimal drainage system consisted of inspection, palpation of the lacrimal sac, irrigation of the lacrimal system, and dacryocystography in selected cases. DCR procedures performed by a single surgeon. Biopsy specimens were obtained from the medial wall of the lacrimal sac. All lacrimal biopsy specimens were examined histopathologically. Patient demographics, presenting symptoms, relevant history, and assessment of the nasolacrimal system were obtained from a review of the medical records.	Résultats : A history of previous facial trauma or surgery was found in 12 patients. All patients had epiphora, 32 patients had dacryocystitis. One hundred forty patients (84%) had a complete nasolacrimal duct obstruction, a partial block was detected in 26 patients (16%), and canalicular stenosis was detected in 8 patients (5%). Lacrimal stones were found in 8 patients (5%). <u>Histopathological findings :</u> • Chronic inflammation : 131 specimens (65 %) • Dense connective tissue and fibrosis : 37 specimens (18 %) • Reactive metaplastic and hyperplastic changes secondary to chronic inflammation : 4 patients • Inflammatory infiltrates with abundant plasma cells : 2 patients Another patient with a preoperative diagnosis of sarcoidosis demonstrated only chronic inflammation with no evidence of sarcoidosis on histopathologic examination of the lacrimal sac. The histopathologic examination demonstrated no lacrimal sac tumors in any of the patients (95% one-sided confidence interval, 0%–2.2%). The preoperative and intraoperative findings were not suggestive of neoplasm in any of our patients. Conclusions : We believe that the routine use of lacrimal sac biopsies during DCR procedures is of questionable benefit in view of the absence of lacrimal sac pathologic characteristics in our patients and the low detection rates of lacrimal sac neoplasms reported by others. Routine lacrimal sac biopsy may also yield false-negative results if an inadequate specimen is obtained. Conversely, obtaining a large biopsy specimen of the lacrimal sac may compromise the flap required for an adequate anastomosis to the nasal mucosa. A biopsy should be performed only in selected patients in whom there is: (1) suspicion of a lacrimal sac tumor based on clinical or radiologic findings, (2) who have tissues that appear abnormal during DCR procedure, or (3) who have historical or clinical features of systemic diseases such as sarcoidosis, Wegener granulomatosis, lymphoma, or leukemia.

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			Limites : - unicentric retrospective study - DCR procedures performed by a single surgeon
Merkonidis et al., 2005 Royaume-Uni Étude transversale prospective	Période de recherche : Between January 1999 and December 2001 Nombre de patients : 164 consecutive patients (193 specimens ; 23 bilateral) 108 females, 56 males, mean age 64 years, range 2,5 – 89 Objectif : To determine whether routine biopsy of the lacrimal sac wall at dacryocystorhinostomy (DCR) is indicated in all cases or only in those selected cases in which specific pathology is suspected either preoperatively (from the history or examination) or intraoperatively (from the appearance of the lacrimal sac).	Population cible : Patients with lacrimal obstruction Méthodes : Endoscopic dacryocystorhinostomy (DCR) The senior author has been performing endoscopic DCR for patients with proximal, distal, and functional lacrimal obstruction since 1994. Preoperative assessment included syringing and probing, dye testing, and (in selected cases) dacryocystography or scintigraphy. A part of the medial wall of the lacrimal sac was routinely sent for histological examination.	Résultats : <u>Histopathological findings :</u> Normal : 44 specimens (23 %) Non-specific chronic inflammation : 146 specimens (76 %) Specific pathology : 3 specimens (1,6 %) (2 patients, 1,2%) • Sarcoidosis : 2 specimens (one patient) At operation both lacrimal sacs were found to be oedematous but otherwise normal and histology of both lacrimal sacs showed sarcoidosis. • Transitional cell papilloma : 1 At operation the lumen of the sac and duct were found to be filled with granulation tissue and histology showed a transitional cell papilloma (mixed exophytic and inverted type) of the sac. Of three specimens with specific pathology this was unsuspected in two specimens with sarcoidosis (both from the same patient). Conclusions : We believe that biopsy of the lacrimal sac wall at DCR is not indicated routinely and is only indicated if there is a reason to suspect specific pathology preoperatively or intraoperatively. To minimise the risk of overlooking specific pathology it is important to inquire about symptoms or history of systemic disease preoperatively, to assess the appearance of the lacrimal sac intraoperatively, and to biopsy the lacrimal sac in those cases where specific pathology is suspected. The only specific pathology that might be overlooked in practice with such an approach is sarcoidosis. Although most patients with sarcoidosis of the lacrimal sac have a history of sarcoidosis or an abnormal appearance of the nasal mucosa or lacrimal sac, some cases, including ours, do not. Limites : - unicentric study

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Nash et al., 2015 Australie Étude transversale rétrospective	Période de recherche : Not specified Nombre de patients : 245 (254 specimens) (consecutive series) 153 females, 92 males, mean age 63 years, range 13 - 90 Objectif : To assess the role of routine histopathological evaluation of the lacrimal sac wall when performing dacryocystorhinostomy (DCR) surgery.	Population cible : Consecutive patients having a day-surgery external DCR procedure Méthodes : Histopathological examination was carried out on 254 lacrimal sac biopsy specimens. This is a single surgeon, single pathologist consecutive series. The surgeon had performed many external DCRs and therefore had experience in terms of knowing the normal appearance of lacrimal sac mucosa. Any abnormality, such as thickening/pallor/granularity/nodule or lesion appearance was noted, and correlated 100% with the histology findings of anything other than either normal mucosa or inflammatory change. The histopathology reports were reviewed and collated.	Résultats : <u>Histopathological findings</u> (254 specimens): Normal : 35 (13,8 %) Inflammation : 190 (74,8 %) Micro-organisms/ Commensals detected : 16 (6,3 %) Papilloma, unspecified (benign) : 7 (2,8 %) Papilloma, squamous cell (benign) : 4 (1,6 %) Oncocytoma : 1 (0,4 %) Chronic Lymphocytic Leukemia : 1 (0,4 %) Neoplasm was found in 13 / 254 (5,12 %) of the biopsies, which were either operatively apparent, or suspected from the clinical history, or both and therefore anticipated. In this series no clinically unanticipated malignancies were found on histology examination. Conclusions : Given the results found in this study, we are in agreement with those who have recommended that biopsy of the lacrimal sac during DCR surgery is not indicated as a routine component of the procedure, but should instead be reserved for whenever there is a specific pre-operative or intra-operative indication. The authors recommend histopathological evaluation only in the setting of pre-existing clinical suspicion of malignancy, or an abnormal intra-operative appearance of the lacrimal sac. Limites : - unicentric retrospective study - Research duration not specified - one surgeon
Rauter et al., 2018 Autriche Étude transversale rétrospective	Période de recherche : Between June 2001 and April 2015 Nombre de patients : 364 Samples were taken from 213 patients* 240 females, mean age 56 years (SD : 22 years)	Population cible : Patients referred to the department of otorhinolaryngology at the Medical University of Graz who underwent endoscopic DCR Méthodes : Preoperative clinical and/ or radiological examinations showed no signs of tumours.	Résultats : <u>Pre-surgical diagnosis :</u> - Acquired dacryostenosis : 255 patients (70,1 %) - Acute dacryocystitis (suspected) : 46 patients (12,6 %) - Chronic dacryocystitis (suspected) : 47 patients (12,9 %) - Other less frequent (dacryolithiasis, dacryocele, lacrimal sac abscess, epiphora and orbital phlegmon) In none of the referred cases was a tumour suspected prior to surgery or intraoperatively. Histology uncovered five (2.3%) incidental pathological findings.

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	Objectif : To determine the usefulness of routine tissue collection during surgery for histological examination.	In our department, tissue was not routinely sampled for histological examination during endoscopic DCR. * During surgery, tissue samples were taken from 213 of 364 patients and examined histologically (58.5%). In the remaining cases (151, 41.5%), no tissue was excised as the nasolacrimal sac was only opened, without partial resection of its medial wall. This was because various surgeons had used different techniques in this retrospective study.	<u>Histopathological findings :</u> - Proliferative disease : 5 / 213 (2,3 %) - malignant nasal natural killer/T-cell lymphoma : 1 - malignant extranodal marginal zone B-cell lymphomas : 2 - poorly differentiated non-keratinising squamous cell carcinoma : 1 - benign solitary fibrous tumour : 1 Considering the whole study population (N = 364), the rate of incidental tumour finding would be 1.4%, given the fact that the patients without intraoperative tissue sampling did not show a tumour in the follow-up period (average 13.1 months ; SD: 23.7 months). Conclusions : In spite of the relatively low overall prevalence of malignant tumours of the nasolacrimal duct, the rate of incidental tumour findings in the present study justifies routine histological work-up, particularly as tissue sampling during DCR does not in any way inconvenience the patient. Limites : - for 151 patients (41,5 %) no tissue samples were taken. This was because various surgeons had used different techniques. - unicentric retrospective study
Salour <i>et al.</i>, 2010 Iran Étude transversale prospective	Période de recherche : January 2006 to March 2008 Nombre de patients : 449* (471 lacrimal sac specimens, including 22 bilateral cases) * 15 patients with previously failed DCR underwent reoperation 283 females (63%), 166 males (37%), mean age	Population cible : Adult patients¹ undergoing external dacryocystorhinostomy (DCR) for acquired nasolacrimal duct obstruction at Labbafinejad Medical Center. Méthodes : Assessment of the lacrimal drainage system included inspection, palpation of the lacrimal sac, dye disappearance test and diagnostic irrigation of the lacrimal system.	Résultats : Preoperatively, none of the patients had suspicious signs of neoplasia such as a palpable mass or bloody discharge. History of relevant systemic conditions was positive only in two patients: one prostate cancer and one breast cancer ; the histopathology finding in both patients was non-specific inflammation. <u>Histopathological findings (471 specimens):</u> - Chronic inflammation : 450 (95,5 %) - Nonspecific inflammation : 198 (42,0 %) - Chronic dacryocystitis : 187 (39,7 %) - Fibrous + infiltration : 56 (11,9 %) - Granulation tissue + infiltration : 9 (1,9 %)

¹ Les auteurs mentionnent avoir réalisé leur étude sur une population adulte, toutefois, l'intervalle d'âge est de 4 à 89 ans [Salour *et al.*, 2010].

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	50,02 ± 17,83 years, range 4 - 89 Objectif : To determine the histopathologic characteristics of lacrimal sac specimens in adult patients undergoing external dacryocystorhinostomy (DCR) for acquired nasolacrimal duct obstruction.	Standard external DCR was performed on all patients. A biopsy was obtained from the (inferior flap) which was in the medial wall of the sac. The specimen was placed in 10% formalin for histopathologic examination. Any gross abnormality of the lacrimal sac at the time of surgery was considered as suspicious. In 15 patients with previously failed DCR who underwent reoperation, the biopsy was obtained from residual parts of the lacrimal sac.	- Fibrous/fibroconnective tissue : 18 (3.8%) - Non-Hodgkin lymphoma confirmed with IHC : 2 (0.42%) - Reactive lymphoid hyperplasia : 1 (0.21%) Of the three cases with significant histopathology findings in our series, the appearance of the lacrimal sac at the time of surgery was grossly abnormal in two patients (one case of non-Hodgkin lymphoma and one case of reactive lymphoid hyperplasia). Among all other 469 biopsy specimens with a normal lacrimal sac appearance at the time of surgery, only one (0,2 %) significant unsuspected pathology (lymphoma) was discovered. The correlation between suspicious lacrimal sac appearance at the time of surgery and significant histopathology was significant ($P = 0.008$). Conclusions : We recommend biopsy of the lacrimal sac only in patients with a grossly abnormal lacrimal sac discovered during surgery or patients with abnormal clinical findings prior to surgery. Limites : - unicentric study
Tucker et al., 1997 Canada Étude transversale prospective	Période de recherche : January 1992 to October 1994 Nombre de patients : 150 consecutive patients* (162 specimens) ; 12 bilateral DCR * Two patients were not included because of presenting symptoms suggestive of underlying lacrimal sac tumor. Females (81,3 %) mean age 62 years (27-92) ; males (19,7 %) mean age 52 years (27-71)	Population cible : Patients undergoing dacryocystorhinostomy (DCR) for clinical primary acquired nasolacrimal duct obstruction (PANDO) at the Royal Victoria Hospital in Montreal. Patients with a history suggestive of trauma were not excluded. Critères d'exclusion : - Clinical examination results showing any abnormalities suggestive of secondary nasolacrimal duct obstruction such as a mass extending above the medial canthal tendon, bloody tears or reflux of blood on irrigation, chronic dacryocystitis with patency to	Résultats : Complete obstruction (141 patients) ; partial obstruction (9 patients) A total of 125 patients (83,3 %) had epiphora alone; 25 (16.7 %) also had associated symptoms consistent with chronic or recurrent dacryocystitis. A history of trauma or surgery in the surrounding region was present in nine patients. <u>Pathologic examination :</u> - Inflammation and fibrosis : 147 patients (98 %) - Nongranulomatous chronic inflammation with squamous metaplasia : 2 patients (1,3 %) - Fibrosis with focal calcification : 1 patient (0,67 %) - Dacryolithiasis : 6 patients (4 %) Three patients (2 %) noted to have pathologic abnormalities of the lacrimal sac other than inflammation or fibrosis : oncocytoma, multiple noncaseating granulomas (sarcoidosis) and lymphoma. In all three patients, the presentation was that of epiphora without any signs or symptoms suggestive of a possible underlying lacrimal sac

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	Objectifs: To determine the incidence of lacrimal sac pathology in patients with clinically suspected primary acquired nasolacrimal duct obstruction To determine whether routine biopsy during dacryocystorhinostomy is warranted and whether there is a significant risk of missing an underlying lacrimal sac tumor in patients not undergoing surgical intervention, or in those undergoing laser dacryocystorhinostomy (DCR) where direct visualization and biopsy of the lacrimal sac are not possible.	irrigation, or an abnormal dacryocystogram. - Patients undergoing repeat surgery for failed DCR Méthodes : Assessment of the lacrimal drainage system included inspection, palpation, digital expression of lacrimal sac contents, irrigation, and dacryocystography in selected cases. Lacrimal sac biopsy specimens were obtained in all patients undergoing dacryocystorhinostomy. External DCR was performed in 134 patients and endonasal DCR in 16 patients. Pathology reports were obtained for all patients after DCR surgery. Pathologic specimens containing abnormalities other than inflammation were retrieved and re-examined using hematoxylin and eosin, periodic acid-Schiff, and special stains as indicated.	tumor, although the clinical history was significant in two of these patients (sarcoidosis and lymphoma). At the time of surgery under direct visualization, the lacrimal sac appeared either consistent with chronic inflammation or normal in all patients. In all three cases of lacrimal sac tumor in this study, the diagnosis impacted on clinical management. Conclusions : Adequate tissue can be obtained by standard external or endonasal dacryocystorhinostomy. Laser OCR does not provide adequate tissue for biopsy. In patients with clinically suspected PANDO not undergoing surgical intervention, the possibility of an underlying lacrimal sac tumor should be kept in mind, and these patients require careful long-term follow-up. The incidence of significant pathology of the lacrimal sac in clinically suspected primary acquired nasolacrimal duct obstruction is low. However, these cases can be identified correctly only by routine biopsy of the lacrimal sac during DCR. Limites : - unicentric study - selection bias inherent in including only those patients without clinical signs or symptoms to suggest the underlying diagnosis of lacrimal tumor
Humeur vitrée			
Boulagnon et al., 2016 France Étude transversale rétrospective	Période de recherche : Between September 1988 and March 2008 Nombre de patients : 166 (182 samples) * All unilateral 86 females, 79 males, mean age 53 years, range 2 months to 95 years	Population cible : Vitreous cytological samples evaluated at Reims University Hospital Méthodes : The computerized database of the Pathology Department of Robert Debre Academic Hospital was searched to identify all cytological samples of vitreous fluid examined	Résultats : <u>Clinical findings :</u> - Vitreous hemorrhage (75 cases, 84 specimens) - Intraocular inflammatory process (53 cases, 55 specimens) - Intraocular inflammation of unknown etiology (19/53, 36%) - Nonspecific inflammation after trauma/surgery (15/53, 28%) - Specific cause of inflammation (19/53, 36%) • Infection (7) • Sarcoidosis (3) • Retinal necrosis (3) • Lens-induced endophthalmitis (2) • Uveitis associated with systemic disease (2)

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	Objectifs : - To describe cytological findings in vitreous samples in routine practice - To highlight the contribution made by the main cytological patterns to the final diagnosis	The vitreous samples were obtained during pars plana vitrectomy in almost all of the cases and by fine-needle aspiration in 2 cases. The cytology specimens were smears in 32 cases and cytopins in the rest. One pathologist with experience in ocular cytology reviewed all the slides. The cytological findings were then correlated with the corresponding final clinical diagnosis.	• Retrobulbar neuritis (1) • Sympathetic ophthalmia (1) - Miscellaneous causes for cytological evaluation of a vitreous sample included 17 cases (19 samples) of rhegmatogenous retinal detachment (RRD), 3 cases (3 samples) of asteroid hyalosis and 2 cases (2 samples) of congenital cataract. <u>Cytological findings (n = 166):</u> Noncellular éléments : 7 cases • Lens fragments : 3 • Asteroid bodies : 4, including a case of vitreous hemorrhage with unknown asteroid hyalosis. Acellular (without noncellular elements) : 8 cases • Rhegmatogenous retinal detachment : 5 • Lymphoma : 1 • Choroidal hematoma : 1 • Cataract : 1 Cellular elements : all other cases <u>Strong suspicion of intraocular malignancy</u> : 16 patients (19 samples) - No malignancy : 8 - Confirmed malignant cases : 8 patients/ 166 patients (4,8 %) (5 intraocular lymphoma, 2 uveal melanoma, 1 intraocular extension of locoregional carcinoma - 3 of the 5 cases of confirmed intraocular lymphoma contained suspicious atypical lymphocytes (1 case found after repeated diagnostic vitrectomy). In the 2 negative cases, the lymphomatous cells were not detected due to paucicellularity. - Clinically, 4 of the 5 lymphoma cases mimicked uveitis <u>Positive cytology</u> : 5/8 (62,5%) of the confirmed malignant cases <u>Negative cytology (Undiagnosed malignancies)</u> : 3/8 of the confirmed malignant cases (2 lymphomas, 1 choroidal melanoma) 1,8 % of the 166 cases Clinically : 1 retinal detachment + orbital mass, 1 unilateral uveitis, 1 vitreous hemorrhage + retinal mass A retinal mass observed in 5 cases negative for malignancy corresponded to a neovascular form of age-related macular degeneration.

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			The majority of the nonneoplastic cases were hemorrhagic. In these cases, cytological examination was performed to rule out malignancy, but none of the vitreous fluid samples was positive for malignancy. Cytological examination did not reveal malignant cells in any of the samples collected due to vitreous hemorrhage. In a previous study, malignant metastatic cells were observed in vitreous fluid obtained during therapeutic vitrectomy for vitreous hemorrhage from a patient with primary lung carcinoma. Thus, performing cytological analyses of all vitreous samples with vitreous hemorrhage is recommended. Conclusions : In some cases, cytological findings can help to provide an unsuspected diagnosis, such as asteroid bodies, lens fragments and epithelioid granulomas. In spite of its limitations, cytology is therefore a useful adjunct to vitrectomy. Limites : - unicentric retrospective study - Follow-up data were available for 93 patients.
Cornée			
Burris et al., 2017 États-Unis Étude transversale rétrospective	Période de recherche : 2007 to 2015 Nombre de patients : 1804 (1804 specimens) 864 women, 940 men, mean age 59,9 years, range 2 months – 103 years Objectif : To determine whether all corneal specimens should be sent for histopathologic examination.	Population cible : Corneal specimens was assembled from 3 institutions: The University of Wisconsin Madison (2007–2014), Scheie Eye Institute of the University of Pennsylvania (2008–2014), and Wills Eye Hospital (2008–2015). Méthodes : The patients' ages, genders, clinical diagnoses, and histopathologic diagnoses were recorded from the pathology requisition forms, clinical notes, and histopathology reports.	Résultats : The types of specimens were as follows : 1238 penetrating keratoplasties, 354 endothelial keratoplasties, 195 corneal biopsies, and 17 lamellar keratoplasties (n = 1804) Concordance between clinical and histopathologic diagnoses was 88% (1594 of 1804) for all cases, and varied depending on the diagnosis, ranging from 72 % to 100 %. • Acute trauma or burns : 100 % • Keratoconus : 98 % • Post-surgical complications (graft failure/rejection, ectasia, etc) : 95 % • Scarring : 92 % • Non-infectious ulcers : 90 % • Epithelial & stromal dystrophies : 90 % • Endothelial dystrophies : 86 % • Pseudophakic bullous keratopathy : 84 %

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			• Other : 79 % • Infectious keratitis : 72 % Conclusions : Histopathologic examination was most useful in cases of infection and can often confirm fungal and canthamoeba keratitis. Although there was a high level of concordance between clinical and histologic diagnoses, histopathology creates unique educational, teaching, and research value, and provides an opportunity to inform medical and surgical management, reassure the patient and clinician, and confirm heritable disease. It remains the most definitive method of diagnosis, and should be considered for all corneal specimens. Limites : - retrospective study
Rezaei Kanavi et al., 2011 Iran Étude transversale rétrospective	Période de recherche : Between 2004 and 2008 Nombre de spécimens : 340 (340 corneal specimens) 210 males, 130 females, age : 5 to 70 years Objectif : To specify a concordance rate between the preoperative clinical and the postoperative histopathologic diagnosis in recipient corneas	Population cible : Recipient corneal button referred from different tertiary ophthalmic centers in Tehran to the pathology department of Central Eye Bank of Iran Méthodes : Ten main diagnostic groups were considered in this study, including keratoconus, corneal dystrophies, acquired corneal decompensation, nonspecific corneal scar and degeneration, infectious keratitis, mustard gas keratopathy, combined corneal dystrophy and keratoconus (a combination of keratoconus with either Fuchs endothelial dystrophy or granular dystrophy), postkeratorefractive keratectasia, chemical burns, and miscellaneous causes. Considering the histopathologic diagnosis as the gold standard, the	Résultats : Total concordance rate (kappa coefficient) : 97,5 % The concordance rate was 100% in all diagnostic groups, except in the following groups (clinical: histopathologic diagnosis) : • infectious keratitis : 97,2 % (39 : 41) • corneal dystrophies : 95,9 % (77 : 82) • acquired corneal decompensation : 94,0 % (51 : 46) • miscellaneous : 83,4 % (7 : 5) These included 5 cases of Fuchs endothelial dystrophy with a preliminary clinical suspicion of aphakic/ pseudophakic bullous keratopathy and 2 suspected cases of an interface epithelial downgrowth with a histopathologic diagnosis of yeast-related interface keratitis following deep anterior lamellar keratoplasty (DALK). In the discordant dystrophic cases, lack of attention by clinicians to 1) careful evaluation of the corneal endothelium for presence of guttata using slit-lamp biomicroscopy and, 2) approximation of the endothelial cell count could be the most likely explanation. The discordant keratitis cases could be explained by the newly emerging yeast-related interface keratitis, following DALK, and the lack of index of clinical suspicion to such rare cases.

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		sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and diagnostic accuracy (DA) of the preoperative clinical diagnosis in each group were determined. The kappa rate of each group and overall was calculated statistically	In the 2 cases with clinical diagnosis of interface epithelial downgrowth, the histopathologic diagnosis of yeast-related interface keratitis would change the therapeutic approach completely from steroid therapy to a proper antifungal treatment. Sensitivity / specificity / PPV / NPV / DA (%) of the preoperative clinical diagnosis: Keratitis : 95,1 / 100 / 100 / 99,3 / 99,4 Dystrophy : 93,8 / 100 / 100 / 98,1 / 98,5 Acquired decompensation : 100 / 98,3 / 90,2 / 100 / 98,5 Conclusions : Our series demonstrated a significantly high concordance between the preoperative clinical and the postoperative histopathologic diagnosis in recipient corneas with different types of corneal disorders. In some situations, such as in those cases of infectious keratitis in which no definite diagnosis is obtained with the usual techniques, histopathologic examination can help ophthalmologists make the correct diagnosis and hence start an appropriate management. Limites : - retrospective study
Sheldon et al., 2012 Canada Étude transversale rétrospective	Période de recherche : January 1, 1995 to December 31, 2005 Nombre de patients : 3321 (4156 surgeries) * 3572 records with clinical histories provided 1660 females, 1661 males, mean age 61,6 ± 19,4 years, range 0-106 Objectifs : To examine the leading clinical indications and pathologic diagnoses of	Population cible : Corneal tissue submitted to the Department of Pathology & Laboratory Medicine at Vancouver General Hospital Critères d'exclusion : Lamellar grafts and corneal biopsies Méthodes : Surgery were made from several surgeons covering the greater Vancouver area. In Vancouver, every corneal button removed during the transplantation process is sent for pathologic evaluation.	Résultats : In 14% of reports (584 of 4156), no clinical indication was noted. In 3 cases, the corneal specimens were not received and these records were not included in the analysis of pathologic diagnoses. Repeat grafts accounted for more than 20% of corneal buttons, representing 637 patients and 721 eyes. In 94% of specimens, there was agreement between the clinical and pathologic diagnosis. In 213 / 3572 (6%) records (records with clinical histories provided), the pathologic diagnosis did not correlate with the clinical diagnosis provided in 3 groups (X^2 (1, n = 3255) = 0, p < 0.01): - bullous keratopathy, - Fuchs dystrophy - keratoconus <u>Bullous keratopathy :</u> Of the records, 63 showed clinical diagnoses of bullous keratopathy that was not supported by histopathologic examination. In 49 of these cases

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	penetrating keratoplasties in Vancouver, BC To evaluate the correlation between the clinical and pathologic diagnoses To evaluate the role of routine histopathologic examination of corneal buttons. An important motivation to complete routine histopathologic evaluation of corneal buttons is to examine for the presence and type of infectious keratitis that may exist.	More than 95% of corneal buttons were examined histopathologically by 1 pathologist. Chart review of all pathologic records of corneal tissue. Histopathologic diagnoses were organized into 12 categories. Agreement between the clinical indication and histopathologic diagnosis for each corneal button was assessed on a case-by-case basis.	(77,8 %), the histopathologic diagnosis made was Fuchs dystrophy. These 2 diagnoses have similar clinical appearance; however, they have characteristic pathologic features. <u>Keratoconus</u> : In cases where the clinical indication and pathologic diagnosis did not correlate (n=23), the histologic evaluation either could not identify any abnormalities (n=10) or found only minimal scarring (n=7). The remaining 6 cases illustrated histopathologic features consistent with a variety of conditions, including bullous keratopathy and Fuchs dystrophy. <u>Fuchs dystrophy</u> : 15 of 27 cases of clinically defined Fuchs dystrophy illustrated a histopathologic diagnosis of bullous keratopathy. In the remaining 12 cases, in which the clinical diagnosis of Fuchs dystrophy was not supported by the histopathologic evaluation, a variety of pathologic features was seen: amyloid deposition, slight endothelial attenuation alone (in the absence of thickening of the Descemet membrane) and nonspecific stromal scarring (in the absence of endothelial attenuation). Conclusions : Routine histopathologic evaluation of penetrating keratoplasty clarifies the clinical diagnosis in a proportion of cases and aids in identifying infectious agents. - A definitive histopathologic diagnosis may prove useful in the instance of Fuchs dystrophy, particularly given that the presence of a primary endotheliopathy may influence management strategies of cataracts in the fellow eye. - A definitive diagnosis of Fuchs dystrophy or bullous keratopathy may also prove useful when considering the risk for graft failure, - A number of corneal buttons showed no or only slight histologic changes in clinical cases of keratoconus. Altogether, routine histopathologic evaluation does not appear to yield many diagnostic surprises. <u>With a preoperative diagnosis of keratoconus</u>, routine corneal button histopathologic analysis may not provide further insights. <u>In cases of regrafts, when Fuchs dystrophy, bullous keratopathy, or infection is suspected</u>, diagnoses that account for 55% of penetrating keratoplasties (PKPs), routine examination appears to be warranted.

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			Limites : - unicentric retrospective study - possible reporting bias (14% of reports without clinical indication)
Chalazion			
Ozdal et al., 2004 Canada Étude transversale rétrospective	Période de recherche : Between September 1993 and December 2001 Nombre de patients : 1060 (1060 specimens) Objectif : To determine the accuracy of the clinical diagnosis of chalazion and evaluate the importance of histopathological confirmation of the diagnosis,	Population cible : Every case of chalazion seen in the McGill University Health Center Méthodes : The records of the histopathological diagnoses of clinically diagnosed chalazion cases were evaluated retrospectively. Specimens were sent by different ophthalmologists practising in the McGill University Health Center and included every case of chalazion seen in the hospital during the study period. Discrepancies between clinical and histopathological diagnoses were noted and classified.	Résultats : <u>Clinical diagnosis :</u> Primary chalazion (1033 / 1060, 97,5 %) Recurrent chalazion (27 / 1060, 2,6 %) Agreement was noted between clinical and histopathological diagnoses in 992 (93.6%) cases. Of the 68 (6.4%) clinically misdiagnosed cases : • malignant : 15 (1,4 %) - Sebaseous cell carcinoma (12, 1.1%), basal cell carcinoma (3, 0.3%) • premalignant : 2 (0,2 %) - Chronic inflammation with cellular atypia and mitotic figures • Benign conditions : 51 (4,8 %) Examination of the medical records of these 17 cases with premalignant and malignant histopathologies revealed that only six (35.3%) had a clinical diagnosis of recurrent chalazion, of which two were atypical (one had ulceration on third occurrence, other had bleeding in second occurrence). The remaining 64.7% were primary cases, diagnosed as chalazion without any doubt. Ages of these 17 cases ranged from 27 to 73 years with a mean of 56.4±13.8 years. Benign conditions, which were misdiagnosed as chalazion included: • different types of chronic inflammation (24 cases, 2.2%) • seborrheic keratosis (four cases, 0.4%) • epithelial inclusion cyst (four cases, 0.4%) • pyogenic granuloma (four cases, 0.4%) • papilloma (three cases, 0.3%) • sebaceous gland hyperplasia (three cases, 0.3%) • intradermal nevus (three cases, 0.3%) • inflammatory granulomatous foreign body reaction (three cases, 0.3%) • necrotizing granuloma (one case, 0.1%) • dermatofibroma (one case, 0.1%) • hydrocystoma (one case, 0.1%)

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			Conclusions : Since SebCC usually presents as a small firm nodule resembling chalazion and 64.7% of the premalignant and malignant lesions misdiagnosed as chalazion were primary cases, we recommend submitting all chalazion specimens for histopathological confirmation. Submission of all chalazion samples for histopathological evaluation is the most cost-effective and safest approach to avoid missing malignancies, particularly SebCC. Limites : - unicentric retrospective study
Kersten et al., 1997 États-Unis Étude transversale prospective	Période de recherche : January 1988 to January 1995 Nombre de patients : 773 (864 eyelid lesions) 479 females, 294 males (in 93 patients, more than 1 lesion was recorded) Objectifs : To determine prospectively the accuracy of the clinical diagnosis of benign, premalignant, and malignant cutaneous eyelid lesions To determine if all clinical diagnoses require histopathologic confirmation, or if an experienced clinician can reliably distinguish benign from malignant lesions on	Population cible : All patients presenting with periocular cutaneous lesions that subsequently underwent in-office incisional or excisional biopsy (symptomatic, cosmetic problems or asymptomatic) Critères d'exclusion : Patients with palpebral conjunctival lesions, those who had undergone previous biopsy of a lesion before referral, those with cutaneous lesions outside the orbital rim, or those with clinically benign lesions too large to be excised surgically in-office. Méthodes : Every patient underwent a thorough history and ophthalmic examination. After a history and examination, a specific clinical diagnosis was recorded (benign, malignant, or premalignant process).	Résultats : <u>Clinical diagnosis (864 lesions):</u> 153 lesions were thought clinically to be malignant - 140/153 : proved histopathologically to be malignant (5 lesions required a second biopsy and 1 lesion required a total of 3 biopsies for confirmation) - The 13 lesions that proved to be benign included : • basosquamous acanthoma (7) • nevi (2) • apocrine hydrocystoma (1) • fibrous myxoma (1) • sebaceoma (1) • lichenoid keratosis (1) 19 lesions were thought clinically to be premalignant actinic keratoses - 16/19 : confirmed histopathologically to be actinic keratoses - squamous cell carcinoma (1) - basosquamous acanthomas (2) 692 lesions were thought to represent various benign clinical diagnoses. - 13/692 (1,9 %) : proved histopathologically to be malignant (10 basal cell carcinomas, 1 squamous cell carcinoma, 1 non-Hodgkin lymphoma, and 1 adenoid cystic carcinoma) - 3/692 (0,4 %) : proved to be unsuspected premalignant actinic keratosis

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	the basis of history and clinical examination alone.	If a malignant or premalignant clinical diagnosis was suspected, then biopsy was recommended. If the lesion was thought clinically to be benign, then the patient was counseled about the suspected benign nature of the lesion and was advised that excision was elective. All lesions then were submitted to a single group of boardcertified dermatopathologists for histopathologic evaluation. Patients in whom a malignant process was strongly suspected, but in whom initial histopathologic evaluation was benign, underwent repeat biopsy.	Chalazion - clinically diagnosed : 22 / 692 lesions thought to be benign - proved histopathologically as chalazion: 17 / 864 (2,0 %) - malignant histopathologic diagnosis : none In this study, the distribution of the histopathologic diagnoses was : - 154 malignancies (139 basal cell carcinoma ; 90.3% ; 8 squamous cell carcinoma ; 3 sebaceous cell carcinoma ; 1 melanoma ; 1 eccrine mucinous carcinoma ; 1 adenoid cystic carcinoma ; 1 non-Hodgkin lymphoma) - 19 premalignancies - 691 benign lesions. Conclusions : This study indicates that clinical judgment cannot provide 100% confidence in this regard. The distribution of unsuspected malignancies across the range of benign categories forces us to conclude that all lesions, no matter how apparently benign, should be examined histopathologically. Limites : - unicentric study - one ophthalmic surgeon
Éviscération / énucléation			
Kord Valeshabad <i>et al.</i> , 2014 Iran Étude transversale rétrospective	Période de recherche : Between September 2001 and December 2006 Nombre de patients : 107 (107 eyes) (7 evisceration ; 100 enucleation) Male : 65,4%, mean age 26 ± 22 years, range 2.5 months – 78	Population cible : Subjects who underwent enucleation or evisceration at department of ophthalmology of a tertiary centre in Iran (Iran University of Medical Sciences) Méthodes : For each patient clinicopathological data were collected which included demographic information, clinical history, primary clinical diagnosis, main cause of ophthalmic surgery, type of surgical procedure (enucleation, evisceration) and histopathological report.	Résultats : <u>Surgery indications (non-traumatic group)</u> : blind eye, very poor vision, pain, severe endophthalmitis, prevention of sympathetic ophthalmia, cosmetic issue. <u>Histological results (non-traumatic group) n = 66 :</u> - Retinoblastoma : 30 (45,5 %) - Malignant melanoma : 18 (27,3 %) - Phthisis bulbi : 17 (25,8 %) - Persistent hyperplastic primary vitreous : 1 (1,4 %) In this study ocular injuries and malignancies were two main causes of enucleation which were matched with initial indication of surgery. In 53 (80.3%) subjects in non-traumatic group the initial clinical diagnosis matched the histopathological study results (malignant tumors 74,8%).

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
	Objectif : To investigate causes and indications, postoperative complications, and clinicopathological correlation of enucleation-evisceration using HA implants.	Patients divided into traumatic (n=41) and non-traumatic (n=66) groups based on the underlying indication of surgeries. In order to measure the clinicopathologic correlation, in non-traumatic group, samples were sent for histopathological study and pathologic diagnoses afterwards were compared to the initial clinical diagnosis.	In 13 (19.7%) the clinical diagnosis was different from the pathological results : • phtisis bulbi (8) • retinoblastoma (2) • multiple myeloma (2) • persistent hyperplastic primary vitreous (1) Conclusions : Trauma and malignant tumors are the leading causes of enucleation-evisceration. Limites : - unicentric retrospective study - tertiary centre (malignant tumors as most common final histological diagnosis) - For the 41 traumatic cases histopathological results were reported
Saeed et al., 2006 Royaume-Uni Étude transversale rétrospective	Période de recherche : 1984 to 2003 Nombre de patients : 285 (161 evisceration ; 124 enucleation) Objectif : To evaluate the need for routine histopathological analysis of enucleated/eviscerated eyes and changes in indications for eye removal.	Population cible : Patients undergoing enucleation or evisceration at St-James University Hospital and Leeds General Infirmary. Méthodes : Review of all enucleation and evisceration histopathology reports over a 20 year period Clinical history, where provided, was correlated with the pathological findings. Unexpected and histological surprises were investigated further by reviewing complete patient notes.	Résultats : 43.6% of the eyes (124) removed were sent for histopathology. Three eyes (3 / 285 ; 1.05%) were diagnosed with metastatic carcinoma. These were suspected preoperatively. Another case was a diagnostic surprise (1 / 124 ; 0.8%); this was an adenocarcinoma found in an eye removed for pain and phtisis. Twenty eight eyes removed with a history of phtisis bulbi were sent for histology (22 evisceration specimens and six enucleated globes). The diagnosis of phtisis bulbi was reconfirmed in 27 cases. Conclusions : Our data indicate that histological examination of enucleated or eviscerated eyes with a clear history of trauma, penetrating, or perforating eye injury revealed no surprises. Our study showed a diagnostic surprise in one case (1 / 124 ; 0,8%). This was an adenocarcinoma found in an eye removed for pain and phtisis. Therefore, routine histopathological examination of all specimens cannot be recommended. The absolute indications for specimen submission would be in known or suspected ocular tumours.

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			Our study shows that all globes and ocular tissue are not currently sent for a pathological examination. For example, eyes with a clear history and examination pointing to a non-malignant aetiology, trauma, or neovascular glaucoma do not need routine histopathological analysis. However, eyes lost as a result of recent trauma may require a histological examination for medicolegal reasons. When the history, examination, or surgical findings are unclear or unaccounted for, we suggest a histological examination. Limites : - retrospective study - 43.6% of the eyes removed were sent for histopathology
Dispositifs explantés et corps étrangers			
Arispe Angulo et al., 2020 États-Unis Étude transversale rétrospective	Période de recherche : Cases received in 2017 Nombre de patients : 448 patients (472 specimens) Male : 48 % ; median age : 57 years ; range : 16 – 95) Objectif : To determine diagnostic, workflow, and economic implications of instituting a gross-only policy at our institution.	Population cible : Patients who have undergone a surgical procedure during which a specimen was taken. Méthodes : Retrospective search of cases received in 2017 was conducted using our middleware laboratory information system (LIS) using key words to identify gross-only cases (per surgeon request) and potential gross-only cases.	Résultats : 646 cases included in the study • 448 (69,3 %) histologic evaluation • 198 (30,7 %) gross-only examination (per surgeon request) <u>Potential gross examination—only specimens that underwent microscopic examination (472 specimens)</u> • Tissue adherent to devices : 11 (2,3 %) • Foreign body : 1 (0,2 %) • Other specimens including : atherosclerotic plaques (158; 33.5%), stomach/bowel segmental resection for bariatric surgery (154; 32.6%), hernia sacs in adult patients (74; 15.7%), heart valves (60; 12.7%), traumatic amputation (5; 1.1%); skin for cosmetics, scar, or burn debridement (5; 1.1%); pannus (1; 0.2%); calculi (1; 0.2%); and leg tissue for morbid obesity (2; 0.4%) Histologic findings were considered identifiable via gross examination. <u>Cases sent for gross-only examination per surgeon request (225 specimens)</u> • Devices : 47 (20,9 %) (ie, synthetic graft material, explanted mesh) • Foreign body : 18 (8,0 %) • Other specimens including : bone for surgical access (71; 31.6%), amputations for ischemia (46; 20.4%), traumatic amputation (20; 8.9%), hernia sacs (7; 3.1%), calculi from gallbladder and ureter

ÉTUDE / PAYS / DEVIS	NOMBRE DE PATIENTS / OBJECTIF	POPULATION / MÉTHODES	RÉSULTATS / CONCLUSIONS / LIMITES
			specimens (5; 2.2%), pannus (5; 2.2%), atherosclerotic plaques (2; 0.9%), thrombus (1; 0.45%), omentum (1; 0.45%), gallbladder (1; 0.45%), and a native heart explant (1; 0.45%). Conclusions : Retrospective data analysis supported establishment of a gross-only policy for most potential gross-only specimens previously undergoing histologic processing at our institution. Instituting a gross-only policy has the potential to improve efficiency and TAT without affecting patient care. Limites : Unicentric retrospective study

ANNEXE E

Tableau exhaustif des informations et recommandations d'intérêt extraites des documents publiés par des sociétés savantes

Association	Information ou recommandation	Force de recommandation
Irion et Thaug, 2020 (G141) Royaume-Uni	Trabecular meshwork samples are usually submitted for histopathological analysis for research purposes.	S.O.
	The natural lens is rarely submitted, but may be for congenital, traumatic, metabolic or infectious aetiologies, or suspected heavy metal deposition.	
	Intraocular lenses (IOL) may be submitted when there have been issues with mechanical trauma, inflammation, infection, wrong power or decentration.	
	It is not necessary to submit vitrectomy material for histological or cytological examination if the clinical indication for surgery is removal of opacities (e.g. vitreous haemorrhage) or in the course of retinal detachment surgery. If the clinical presentation is unusual, non-neoplastic samples might occasionally be submitted for assessment of pathologies, including haemorrhage, amyloid, asteroid hyalosis and inflammation (whether infectious or non-infectious).	
	It is not usually necessary to submit epiretinal membranes for histological examination.	
RCO-RCP, 2010 Royaume-Uni	Any material taken for the purpose of diagnosis should be submitted for histopathological / cytological examination. For therapeutic procedures it may be acceptable to discard some tissue and these specific circumstances are described in this document.	S.O.
	SMALL LID BIOPSY All tissue should be sent for histopathological examination EXCEPT <i>Chalazia.</i> • In a patient under age of 40 years with an otherwise typical chalazion it is acceptable to discard the first two samples unless there are any clinical suspicions. The second recurrence (<i>i.e.</i> third sample) should be sent. • In a patient over the age of 40 years with otherwise typical chalazion it is acceptable to discard the first sample unless there are any clinical suspicions. The first recurrence (<i>i.e.</i> second sample) should be sent. <i>Blepharoplasty</i> Excess skin removed for blepharoplasty can be discarded unless there is any clinical abnormality. <i>Other cosmetic procedures</i> e.g. lid lowering, tightening etc. – if tissue is removed it can be discarded unless there is any clinical abnormality.	

Association	Information ou recommandation	Force de recommandation
	FULL THICKNESS LID RESECTION All tissue should be sent for histopathological examination EXCEPT <i>Ectropion/Entropion repairs</i> – these excisions should only be submitted if there is any evident clinical abnormality (but the threshold for sending should be low).	
	CORNEAL SPECIMENS AND CONJUNCTIVAL BIOPSIES (including caruncle, pterygium and pinguecula) These should all be sent for histopathological examination	
	TRABECULAR MESHWORK These can be discarded unless the case is of particular research interest (the majority of tissues contain scleral tissue only).	
	LENS An intact lens removed in intracapsular cataract extraction may be sent for histopathological examination. Material from <i>phacoemulsification</i> should be discarded.	
	IRIS, CILIARY BODY, CHOROID These should all be sent for histopathological examination with the exception of peripheral iridectomy tissue from glaucoma or cataract surgery.	
	VITREOUS This fluid should be sent in any case in which there is a suspicion of inflammatory disease (after bacteriological samples have been taken). Similarly, if malignancy (e.g. lymphoid infiltration) is suspected fluid must also be submitted for histopathology. Histological examination is not appropriate for removal of <i>intra vitreal blood</i> or <i>vitreal opacities</i> such as asteroid hyalosis (although the latter may be useful for research or teaching).	
	EPIRETINAL / SUBRETINAL MEMBRANES These should all be sent for histopathological examination in centres where there is a research interest. Excisions of disciform scars are of research and teaching interest only.	
	EVIScerATIONS AND ENUCLEATIONS These should all be sent for histopathological examination. There is a very small but appreciable risk of a blind eye with opaque media harbouring occult malignancy.	
	ORBITAL BIOPSIES These should all be sent for histopathological examination EXCEPT <i>Normal soft tissues</i> - removed during orbital decompression and squint surgery.	
	LACRIMAL GLAND EXCISION/BIOPSY AND LACRIMAL SAC EXCISION These samples should all be sent for histopathological examination	

Association	Information ou recommandation	Force de recommandation
	ORBITAL EXENTERATION SPECIMENS These should all be sent for histopathological examination CYTOLOGY Impression cytology of the conjunctiva and cornea. Fine needle aspiration cytology of periocular or intraocular masses. These samples should all be sent for histopathological/cytological examination.	
NHS England, 2013 Royaume-Uni	Corneal transplantation is the commonest transplantation procedure carried out in the NHS and ophthalmic pathologists examine the host tissue when a new donor cornea is transplanted to replace a failed graft.	s.o.
	• Small lid biopsy – all tissues should be sent for histopathology except clinically-typical chalazia and blepharoplasty specimens as per Royal College Pathologist /Royal College of Ophthalmologist guidelines • Full thickness lid resection except ectropion/entropion repairs – these excisions should only be submitted if there is any evident clinical abnormality (but the threshold for sending should be low) • Corneal specimens and conjunctival biopsies (including caruncle, pterygium and pinguecula) these should all be sent for histopathological examination • Trabecular meshwork These can be discarded unless the case is of particular research interest • Iris, ciliary body, choroid These should all be sent for histopathological examination with the exception of peripheral iridectomy tissue from glaucoma or cataract surgery • Lens An intact lens removed in intracapsular cataract extraction may be sent for histopathological examination. Material from phacoemulsification can be discarded • Vitreous This fluid should be sent in any case in which there is a suspicion of inflammatory disease (after bacteriological samples have been taken) or malignancy (e.g. lymphoma). Histological examination is not appropriate for removed intravitreal blood or vitreous opacities such as asteroid hyalosis (although the latter may be useful for research or teaching) • Epiretinal membrane These should all be sent for histopathological examination in centres where there is a research interest • Subretinal membranes Excisions of disciform scars are of research and teaching interest only • Eviscerations and enucleations These should all be sent for histopathological examination. There is a very small but appreciable risk of a blind eye with opaque media harbouring occult malignancy • Orbital Biopsies These should all be sent for histopathological examination EXCEPT normal soft tissues - removed during orbital decompression and squint surgery • Lacrimal gland excision/biopsy and lacrimal sac excision These samples should all be sent for histopathological examination.	s.o.

ANNEXE F

Prélèvements issus d'une chirurgie ophtalmologique pouvant faire l'objet d'une transmission sélective au laboratoire d'anatomopathologie selon certaines sociétés savantes, organismes professionnels et établissements de santé

PIÈCES CHIRURGICALES	SOCIÉTÉS SAVANTES													
	Canada					Royaume-Uni		USA						
	AHS	SHA ^a	IHLS	PHSA	DSM	RCO-RCP	RCO	CAP ^a	DUSM	PSP	UCSF	UIHC	UCDH	GHS
PAUPIÈRE														
Chalazion, sauf si récurrent									X					
Chalazion typique (deux premiers) chez patients âgés de moins de 40 ans, sauf si suspicion clinique						X								
Chalazion typique (première occurrence) chez patients âgés de plus de 40 ans, sauf si suspicion clinique						X								
Réparations d'ectropion / entropion, en absence d'anomalie clinique évidente						X								
Acrochordon de moins d'un centimètre sans composante polypoïde sous-jacente														X
STRABISME														
Muscle extraoculaire et tendons prélevés lors d'une chirurgie du strabisme		M						M	X					
Tissus mous normaux retirés lors d'une décompression orbitale ou d'une chirurgie du strabisme						X								
CRISTALLIN														
Cataractes du cristallin, sauf indication contraire				X						M**	X†			X
Cataractes du cristallin prélevées par phacoémulsification		X				X		X	X			X	X	

PIÈCES CHIRURGICALES	SOCIÉTÉS SAVANTES													
	Canada					Royaume-Uni		USA						
	AHS	SHA ^a	IHLS	PHSA	DSM	RCO-RCP	RCO	CAP ^a	DUSM	PSP	UCSF	UIHC	UCDH	GHS
GLAUCOME														
Tissu scléral retiré au moment d'une trabéculéctomie									X					
Trabécule sans historique de pathologie significative (réseau trabéculaire)						X					X†			
CORNÉE - IRIS														
Cornée			X	X										
Iris prélevé au moment d'une iridectomie périphérique, issu d'une chirurgie de la cataracte ou du glaucome						X			X			X		
PRÉLÈVEMENTS OCULAIRES														
Tissu issu d'une chirurgie plastique ophtalmologique sans cancer ni maladie systémique sous-jacents (ex. blépharoplastie)		X*	X	X		X*		X*	X			X*	X	X
Liquide / tissu sans suspicion de néoplasie (peau, graisse, vitré, iris, cristallin)									X		X†	X (vitré)		
Sang intravitréen et opacités vitréennes (ex. hyalose d'astéroïde)						X								
Membranes subrétinales / épirétinales						X			X					
Membranes choroïdales									X					
Os retiré durant une dacryocystorhinostomie							X							
PROTHÈSES														
Dispositifs et matériaux explantés (ex.: lentille intraoculaire, segments d'anneaux intracornéens, dispositifs rétinéens, dispositifs de drainage du glaucome)			X						X		X			
Lentilles prothétiques intraoculaires	X		X		X				X		X			
Implant palpébral (« gold weight »)											X			

PIÈCES CHIRURGICALES	SOCIÉTÉS SAVANTES													
	Canada					Royaume-Uni		USA						
	AHS	SHA ^a	IHLS	PHSA	DSM	RCO-RCP	RCO	CAP ^a	DUSM	PSP	UCSF	UIHC	UCDH	GHS
AUTRES TYPES DE SPÉCIMENS														
Corps étrangers	X	X		X	X			X	X	X	X		X	X

Abréviations: AHS : Alberta Health Services, Canada [AHS, 2016]; CAP : College of American Pathologists, USA [CAP, 2007]; DSM : Diagnostic Services Manitoba, Canada [DSM, 2017]; DUSM : Duke University School of Medicine, USA [DUSM, 2009]; GHS : Gundersen Health System, USA [GHS, 2019]; IHLS : Interior Health Laboratory Service, Colombie-Britannique, Canada [IHLS, 2022]; M : examen macroscopique; PSP : Parkland Surgical Pathology, USA [PSP, 2013]; PHSA : Provincial Health Services Authority, Colombie-Britannique, Canada [PHSA, 2019]; RCO : Royal College of Ophthalmologists, Royaume-Uni [RCO, 2016]; RCO-RCP : Royal College of Ophthalmologists and Royal College of Pathologists, Royaume-Uni [RCO-RCP, 2010]; SHA : Saskatchewan Health Authority, Canada [SHA, 2018]; UCDH : University of California Davis Health, USA [UCDH, 2016]; UCSF : University of California San Francisco, USA [UCSF, 2020]; UIHC : University of Iowa Hospitals and Clinics, USA [UIHC, 2017]

* Mention de la blépharoplastie à titre d'exemple de chirurgie plastique ophtalmologique

** Les prélèvements pourraient être soumis pour un examen macroscopique et seraient exemptés d'un examen microscopique

† Prélèvements pour lesquels le rapport de pathologie ne modifiera pas la prise en charge du patient

^a Le SHA et le CAP proposent également une liste de spécimens à soumettre au département de pathologie pour examen macroscopique seulement, mais des exceptions sont à la discrétion du pathologiste. Ces derniers sont identifiés par la lettre « M » (macroscopie).

ANNEXE G

Résultats de l'évaluation de la qualité méthodologique des documents retenus

Tableau G-1 Qualité méthodologique des études transversales selon l'outil d'évaluation critique d'une étude descriptive de l'Agence de la santé publique du Canada (ASPC)

CRITÈRES	Alkatan et Al-Qurashi, 2017		Altan-Yaycioglu et al., 2010		Amin et al., 2013		Anderson et al., 2003		Banks et al., 2020		Bernardini et al., 2002	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Forte	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Modérée	Forte	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
3. Instruments de collecte de données	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Forte	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Faible		Moyenne		Moyenne		Moyenne	

CRITÈRES	Boulagnon <i>et al.</i> , 2016		Burris <i>et al.</i> , 2017		DeAngelis <i>et al.</i> , 2001		Eldsoky <i>et al.</i> , 2021		Knezevic <i>et al.</i> , 2012		Lee-Wing et Ashenhurst, 2001	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Forte	Forte	Modérée	Modérée	Forte	Forte	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Forte	Modérée	Forte	Modérée	Modérée	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Forte	Forte	Forte	Forte	Faible	Faible	Forte	Forte	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Forte	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Faible		Moyenne		Moyenne		Moyenne	

CRITÈRES	Merkonidis <i>et al.</i> , 2005		Nash <i>et al.</i> , 2015		Rauter <i>et al.</i> , 2018		Rezaei Kanavi <i>et al.</i> , 2011		Salour <i>et al.</i> , 2010		Sheldon <i>et al.</i> , 2012	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Forte	Modérée	Modérée	Modérée	Modérée	Modérée
2. Sources et méthodes de collecte de données	Forte	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée	Forte	Modérée	Modérée	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Forte	Forte	Faible	Faible	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Forte	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne	Faible	Faible	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Faible		Moyenne		Faible		Moyenne	

CRITÈRES	Tucker et al., 1997		Ozdal et al., 2004		Kersten et al., 1997		Kord Valeshabad et al., 2014		Saeed et al., 2006		Arispe Angulo et al., 2020	
	Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur		Évaluateur	
	1	2	1	2	1	2	1	2	1	2	1	2
1. Participants de l'étude représentatifs de la population cible	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Faible	Faible	Modérée	Modérée
2. Sources et méthodes de collecte de données	Forte	Modérée	Modérée	Modérée	Forte	Modérée	Faible	Faible	Faible	Faible	Modérée	Modérée
3. Instruments de collecte de données	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
4. Éthique	Faible	Faible	Faible	Faible	Faible	Faible	Forte	Forte	Faible	Faible	Faible	Faible
5. Statistiques	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée	Modérée
Évaluation de la qualité	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Moyenne	Faible	Faible	Faible	Faible	Moyenne	Moyenne
Évaluation globale	Moyenne		Moyenne		Moyenne		Faible		Faible		Moyenne	

Tableau G-2 Qualité méthodologique des guides de pratique clinique selon la grille AGREE II – GRS

Évaluateurs	Irion et Thaung, 2020 (G141)		RCO-RCP, 2010		NHS England, 2013	
	1	2	1	2	1	2
1. Processus d'élaboration des recommandations	3	4	1	1	1	1
2. Style de présentation	5	5	6	5	6	5
3. Intégralité de l'information rapportée	2	2	1	1	1	1
4. Validité clinique	3	4	3	2	3	2
Sommes	13	15	11	9	11	9
Moyennes (/28)	14		10		10	

Tableau G-3 Évaluation et appréciation critique de la littérature grise selon la grille AACODS

	AHS, 2016		PHSA, 2019		CAP, 2007		DSM, 2017		DUSM, 2009		GHS, 2019		IHLS, 2022		PSP, 2013	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
L'organisation est-elle réputée?	oui	oui	oui	oui	oui	oui	oui	oui	non	non	non	?	oui	oui	non	non
L'organisation est-elle une autorité dans le domaine?	non	?	non	?	oui	oui	non	oui	non	non	non	?	oui	oui	non	non
EXACTITUDE																
L'objectif ou le résumé du document est-il clairement énoncé?	oui	oui	non	non	oui	oui	oui	non	oui	oui	oui	oui	oui	oui	non	non
Le cas échéant, le document répond-il à l'objectif ou le résumé correspond-il au contenu du document?	oui	oui	s.o.	s.o.	oui	oui	oui	s.o.	oui	oui	oui	oui	oui	oui	s.o.	s.o.
La méthodologie est-elle précisée?	non	non	non	non	non	oui	non	non	non	non	oui	oui	non	non	non	non
Le cas échéant, est-elle respectée?	s.o.	s.o.	s.o.	s.o.	s.o.		s.o.	s.o.	s.o.	s.o.	?	?	s.o.	s.o.	s.o.	s.o.
Le document a-t-il fait l'objet d'une revue par les pairs?	?	?	oui	oui	non	non	non	non	non	non	oui	oui	non	non	non	non
A-t-il été édité par une autorité réputée?	oui	?	oui	?	?	non	?	non	non	non	oui	?	?	non	non	non
A-t-il été soutenu par des références documentées et faisant autorité ou des sources fiables?	non	non	oui	oui	non	non	oui	non	non	non	?	?	oui	oui	non	non
Est-il représentatif des travaux dans le domaine?	oui	?	oui	?	oui	oui	oui	oui	oui	oui	oui	?	oui	oui	oui	oui
Si ce n'est pas le cas, le document constitue-t-il une contrepartie valide?	s.o.	?	s.o.	?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	?	s.o.	s.o.	non	s.o.
Toutes les collectes de données sont-elles explicites et répondent-elles aux besoins de la recherche?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
L'interprétation ou l'analyse est-elle exacte et objective?	oui	non	non	non	non	?	non	non	non	non	non	non	non	non	non	non
ÉTENDUE																
Les limites sont-elles clairement énoncées?	non	non	non	non	non	non	non	non	non	non	oui	non	non	non	non	non
OBJECTIVITÉ																
La perspective de l'auteur est-elle claire?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non

	AHS, 2016		PHSA, 2019		CAP, 2007		DSM, 2017		DUSM, 2009		GHS, 2019		IHLS, 2022		PSP, 2013	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
La présentation du travail semble-t-elle équilibrée?	oui	non	oui	non	oui	non	oui	non	oui	non	oui	non	oui	non	non	non
DATE																
Le document indique-t-il précisément une date relativement à son contenu?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui
Le cas échéant, existe-il une raison valide qui justifie l'absence de date?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
PORTÉE																
Le document est-il significatif (faisabilité, utilité, pertinence)?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui
Met-il la recherche en contexte?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
Enrichit-il la recherche ou y ajoute-t-il quelque chose d'unique?	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non	non
Renforce-t-il ou réfute-t-il une position actuelle?	oui	non	oui	non	oui	oui	oui	oui	oui	oui	oui	non	oui	oui	oui	oui
Le domaine de recherche serait-il moins riche sans ce document?	non	non	non	non	non	non	non	non	non	non	oui	non	non	non	non	non
Est-il intégral, représentatif, caractéristique?	oui	oui	oui	oui	oui	?	oui	?	oui	?	oui	oui	oui	?	?	?
A-t-il une influence sur le travail ou le comportement d'autrui?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui

Abréviation : s.o. : sans objet.

	RCO, 2016		RCO-RCP, 2010		SHA, 2018		UCDH, 2016		UCSF, 2020		UIHC, 2017	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2
L'organisation est-elle réputée?	oui	oui	oui	oui	oui	oui	non	non	non	non	oui	oui
L'organisation est-elle une autorité dans le domaine?	oui	oui	oui	oui	oui	oui	non	non	oui	oui	oui	oui
L'objectif ou le résumé du document est-il clairement énoncé?	non	oui	oui	oui	non	non	non	non	oui	oui	non	oui
Le cas échéant, le document répond-il à l'objectif ou le résumé correspond-il au contenu du document?	s.o.	oui	oui	oui	s.o.	s.o.	s.o.	s.o.	oui	oui	s.o.	oui
La méthodologie est-elle précisée?	non	non	non	non	non	non	non	non	non	non	non	non
Le cas échéant, est-elle respectée?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.
Le document a-t-il fait l'objet d'une revue par les pairs?	?	non	?	non	non	non	non	non	oui	non	?	non
A-t-il été édité par une autorité réputée?	oui	oui	oui	oui	non	non	non	non	non	non	non	oui
A-t-il été soutenu par des références documentées et faisant autorité ou des sources fiables?	oui	oui	?	non	non	non	non	non	oui	non	non	non
Est-il représentatif des travaux dans le domaine?	oui	oui	oui	oui	oui	oui	oui	oui	oui	?	oui	oui
Si ce n'est pas le cas, le document constitue-t-il une contrepartie valide?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	?	s.o.	s.o.
Toutes les collectes de données sont-elles explicites et répondent-elles aux besoins de la recherche?	non	non	non	non	non	non	non	non	non	non	non	non
L'interprétation ou l'analyse est-elle exacte et objective?	non	s.o.	non	s.o.	non	non	non	non	non	?	non	s.o.
Les limites sont-elles clairement énoncées?	non	non	non	non	non	non	non	non	non	non	non	non
La perspective de l'auteur est-elle claire?	non	non	non	non	non	non	non	non	non	?	non	non
La présentation du travail semble-t-elle équilibrée?	oui	non	oui	non	non	non	?	non	non	?	oui	non
Le document indique-t-il précisément une date relativement à son contenu?	oui	oui	oui	oui	oui	oui	non	non	oui	oui	oui	oui
Le cas échéant, existe-il une raison valide qui justifie l'absence de date?	s.o.	s.o.	s.o.	s.o.	s.o.	s.o.	non	non	s.o.	s.o.	s.o.	s.o.
Le document est-il significatif (faisabilité, utilité, pertinence)?	oui	oui	oui	oui	oui	oui	oui	oui	oui	non	oui	oui
Met-il la recherche en contexte?	non	non	non	non	non	non	non	non	non	non	non	non

	RCO, 2016		RCO-RCP, 2010		SHA, 2018		UCDH, 2016		UCSF, 2020		UIHC, 2017	
Évaluateurs	1	2	1	2	1	2	1	2	1	2	1	2
Enrichit-il la recherche ou y ajoute-t-il quelque chose d'unique?	oui	non	oui	non	non	non	non	non	non	non	oui	non
Renforce-t-il ou réfute-t-il une position actuelle?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui
Le domaine de recherche serait-il moins riche sans ce document?	oui	non	oui	non	non	non	non	non	non	non	oui	non
Est-il intégral, représentatif, caractéristique?	oui	oui	oui	oui	oui	?	?	?	oui	?	oui	oui
A-t-il une influence sur le travail ou le comportement d'autrui?	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui	oui

Abréviation : s.o. : sans objet.

ANNEXE H

Résultats du processus Delphi simplifié

Tableau H-1 Résultats des 3 itérations du processus Delphi simplifié – Évaluation de l'ajout des prélèvements chirurgicaux à la liste de transmission sélective en ophtalmologie

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
1. Chalazion typique non récurrent	(1/4) Oui, sans modification (1/4) Oui, avec certaines modifications (1/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	Consensus : envoi sélectif (chez les personnes âgées de moins de 18 ans)
2. Acrochordons qui ne laissent aucun doute sur leur nature bénigne (libellé provenant du volet « Chirurgie générale, plastie et dermatologie »)	(2/4) Oui, sans modification (1/4) Oui, avec certaines modifications (1/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui * ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié * À la suite de la rencontre, un membre du comité consultatif a transmis par courriel certaines préoccupations relativement au risque de découvertes histopathologiques fortuites cliniquement significatives.	La position des membres du comité demeure la même que lors de l'itération 2 concernant ce libellé. Consensus : envoi sélectif

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
3. Ectropion / entropion	(1/4) Oui, sans modification (1/4) Oui, avec certaines modifications (0/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions</u> : ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	<u>Sans objet</u>
4. Sacs lacrymaux (contenu, paroi ou sac entier) retirés lors d'une dacryocystorhinostomie (DCR)	(0/4) Oui, sans modification (0/4) Oui, avec certaines modifications (2/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions</u> : ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	<u>Sans objet</u>
5. Os nasolacrymal retiré lors d'une dacryocystorhinostomie (DCR)	(2/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions</u> : ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	<u>Sans objet</u>
6. Muscle extraoculaire et tendons retirés lors d'une chirurgie du strabisme	(4/4) Oui, sans modification (0/4) Oui, avec certaines modifications	<u>Consensus après discussions</u> : ☒ Oui ☐ Non	<u>Sans objet</u>

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
	(0/4) Non (0/4) Hors champ de compétence	☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Les libellés des spécimens # 6 et #7 ont été combinés comme suit : « Muscle extraoculaire, tendons et tissus mous normaux retirés lors d'une chirurgie du strabisme »	
7. Tissus mous normaux retirés lors d'une chirurgie du strabisme	(3/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Les libellés des spécimens # 6 et #7 ont été combinés comme suit : « Muscle extraoculaire, tendons et tissus mous normaux retirés lors d'une chirurgie du strabisme »	<u>Sans objet</u>
8. Os ou tissus mous normaux retirés lors d'une décompression orbitaire	(1/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (3/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non	<u>Sans objet</u>

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
		<u>Reformulation du libellé:</u> Libellé non modifié	
9. Cristallin retiré lors d'une extraction extracapsulaire par phacoémulsification effectuée pour une cataracte	(4/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Les libellés des spécimens # 9 et #10 ont été combinés comme suit : « Cristallin »	<u>Sans objet</u>
10. Cristallin intact retiré lors d'une extraction intracapsulaire effectuée pour une cataracte	(4/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Les libellés des spécimens # 9 et #10 ont été combinés comme suit : « Cristallin »	<u>Sans objet</u>
11. Tissu scléral retiré lors d'une trabéculéctomie	(3/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui	Consensus : envoi sélectif Il est suggéré de combiner les #11 et #12 <u>Le nouveau libellé proposé est :</u> « <i>Tissus retirés lors d'une chirurgie filtrante pour glaucome</i> »

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
		☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	
12. Spécimens de réseau trabéculaire sans antécédent suggérant une pathologie significative	(3/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Spécimens de réseau trabéculaire	
13. Spécimens de cornée prélevés lors d'une kératoplastie	(1/4) Oui, sans modification (1/4) Oui, avec certaines modifications (1/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	<u>Sans objet</u>
14. Tissus excédentaires du donneur et du receveur (autres que l'explant) prélevés lors d'une greffe de cornée	(2/4) Oui, sans modification (1/4) Oui, avec certaines modifications (0/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non	<u>Sans objet</u>

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
		<u>Reformulation du libellé:</u> Tissus excédentaires du donneur lors d'une greffe de cornée	
15. Conjonctives prélevées lors d'une chirurgie du segment antérieur (y compris caroncule, ptérygion and pinguécule)	(0/4) Oui, sans modification (0/4) Oui, avec certaines modifications (4/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	<u>Sans objet</u>
16. Spécimens d'iridectomie périphérique	(3/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	<u>Sans objet</u>
17. Spécimens d'iris, de corps ciliaire et de choroïde	(1/4) Oui, sans modification (0/4) Oui, avec certaines modifications (2/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	Validation du terme « choroïde » (structure de l'intérieur de l'œil), comparativement au libellé #20 Consensus : envoi systématique

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
18. Tissus issus d'une oculoplastie (ex. blépharoplastie esthétique ou fonctionnelle) sans cancer ni maladie systémique sous-jacents	(2/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Tissus issus d'une blépharoplastie esthétique ou fonctionnelle	<u>Sans objet</u>
19. Spécimens de vitrectomie (Humeur vitrée, sang intravitréen, opacités vitréennes)	(0/4) Oui, sans modification (2/4) Oui, avec certaines modifications (0/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Spécimens de vitrectomie thérapeutique	<u>Sans objet</u>
20. Membranes épirétiniennes, subrétiniennes ou choroïdiennes	(2/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (2/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	Validation du terme « membranes choroïdienne » (tissus fibreux cicatriciels), comparativement au libellé #17 Consensus : envoi sélectif

PRÉLÈVEMENTS CHIRURGICAUX	Itération 1	Itération 2	Itération 3
21. Dispositifs et matériaux explantés <u>Libellé dans le volet Orthopédie:</u> « Implants, dispositifs et matériaux médicaux retirés lors d'une intervention chirurgicale »	(4/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Implants, dispositifs et matériaux explantés	<u>Sans objet</u>
22. Specimens issus d'éviscération et d'énucléation	(0/4) Oui, sans modification (0/4) Oui, avec certaines modifications (3/4) Non (1/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☐ Oui ☒ Non <u>Reformulation du libellé:</u> Non requis	<u>Sans objet</u>
23. Corps étrangers	(4/4) Oui, sans modification (0/4) Oui, avec certaines modifications (0/4) Non (0/4) Hors champ de compétence	<u>Consensus après discussions :</u> ☒ Oui ☐ Non ☐ À préciser <u>Envoi sélectif (inclut à la liste)</u> ☒ Oui ☐ Non <u>Reformulation du libellé:</u> Libellé non modifié	<u>Sans objet</u>

ANNEXE I

Traitement des commentaires des lecteurs externes

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DE L'INESSS
Lecteur externe # 1	
<u>CONTENU GÉNÉRAL</u>	
1.1. La problématique, le contexte et les objectifs des travaux sont-ils clairs ? Très bien présenté dans l'introduction	Aucune action requise
1.2. Le rapport est-il facile à lire ? Les informations sont-elles bien présentées ? Très facile à lire, info bien présenté et facile d'accès	Aucune action requise
1.3. Le résumé est-il accessible pour un lecteur non spécialiste ? Oui sans problème	Aucune action requise
1.4. La méthodologie est-elle robuste ? Très bonne, bon choix d'équipe pour analyse, étude multiple comprenant beaucoup de cas (même si rétrospectives)	Aucune action requise
1.5. Selon votre expertise, des éléments importants relatifs à la transmission des prélèvements au laboratoire d'anatomopathologie sont-ils manquants ? Si oui, lesquels ? Non	Aucune action requise
1.6. L'analyse des données est-elle concise et pertinente ? Oui, et permet d'augmenter la sécurité	Aucune action requise
1.7. Les résultats de l'évaluation sont-ils clairement présentés ? Oui	Aucune action requise
1.8. Les conclusions sont-elles claires, en lien avec l'analyse qui précède ? Oui, facile à comprendre et on y voit bien les résultats de discussions	Aucune action requise
1.9. S'il y a lieu, les recommandations sont-elles applicables dans le contexte actuel québécois ? Sans aucun doute	Aucune action requise
1.10. Les références sont-elles complètes et d'actualité ? Oui, très exhaustives	Aucune action requise
2. <u>CONTENU SPÉCIFIQUE</u> Vous êtes invité à commenter plus en détail les sections pour lesquelles vous avez une expertise particulière. Étant ophtalmologiste général, donc chirurgie paupières cataracte de même que strabisme, je trouvais inutile de faire analyser des tendon muscle, peau qui semblaient tout à fait normaux de même que d'envoyer analyser une lentille. Répond donc à un besoin logique. On a toujours des présentations pour identifier les lésions à risque, mais un rappel lors de conférences accompagnant une présentation de ce rapport serait le bienvenu.	
3. <u>QUALITÉ SCIENTIFIQUE</u> De façon globale, sur une échelle de 1 à 10, comment qualifieriez-vous la <u>qualité scientifique</u> de ce rapport ? 9 / 10	

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DE L'INESSS
4. TRANSFERT DE CONNAISSANCES Vos réponses serviront à développer notre stratégie de transfert des connaissances suite à la publication du rapport.	
4.1. Quels groupes spécifiques , parmi les cliniciens, professionnels de la santé, décideurs, ou la population en général, pourraient bénéficier des informations contenues dans ce rapport ? Tous les ophtalmologistes qui font de la chirurgie, pathologistes de même que résidents.	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.
4.2. Quels congrès, conférences, symposiums ou autres lieux d'échange spécifiques vous semblent appropriés pour partager les résultats du rapport que vous avez révisé ? Jouq 2023, Eoum 2023 et McGill day 2023	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.

COMMENTAIRES DES LECTEURS EXTERNES	RÉPONSES DE L'INESSS
Lecteur externe # 2	
<u>CONTENU GÉNÉRAL</u>	
1.1. La problématique, le contexte et les objectifs des travaux sont-ils clairs ? Oui	Aucune action requise
1.2. Le rapport est-il facile à lire ? Les informations sont-elles bien présentées ? Oui	Aucune action requise
1.3. Le résumé est-il accessible pour un lecteur non spécialiste ? Oui	Aucune action requise
1.4. La méthodologie est-elle robuste ? Oui	Aucune action requise
1.5. Selon votre expertise, des éléments importants relatifs à la transmission des prélèvements au laboratoire d'anatomopathologie sont-ils manquants ? Si oui, lesquels ? Non	Aucune action requise
1.6. L'analyse des données est-elle concise et pertinente ? Oui	Aucune action requise
1.7. Les résultats de l'évaluation sont-ils clairement présentés ? Oui	Aucune action requise
1.8. Les conclusions sont-elles claires, en lien avec l'analyse qui précède ? Oui	Aucune action requise
1.9. S'il y a lieu, les recommandations sont-elles applicables dans le contexte actuel québécois ? Absolument	Aucune action requise
1.10. Les références sont-elles complètes et d'actualité ? Oui	Aucune action requise

COMMENTAIRES DES LECTEURS EXTERNES		RÉPONSES DE L'INESSS
2. <u>CONTENU SPÉCIFIQUE</u> Vous êtes invité à commenter plus en détail les sections pour lesquelles vous avez une expertise particulière. Je partage à 100% l'avis des collègues, surtout avec le manque de pathologistes et ressources techniques.		
3. <u>QUALITÉ SCIENTIFIQUE</u> De façon globale, sur une échelle de 1 à 10, comment qualifieriez-vous la <u>qualité scientifique</u> de ce rapport ? 9 / 10		
4. <u>TRANSFERT DE CONNAISSANCES</u> Vos réponses serviront à développer notre stratégie de transfert des connaissances suite à la publication du rapport.		
4.1.	Quels groupes spécifiques , parmi les cliniciens, professionnels de la santé, décideurs, ou la population en général, pourraient bénéficier des informations contenues dans ce rapport ? Les ophtalmologistes et médecins de famille ainsi que les pathologistes généraux.	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.
4.2.	Quels congrès, conférences, symposiums ou autres lieux d'échange spécifiques vous semblent appropriés pour partager les résultats du rapport que vous avez révisé ? Journées Carlton-Auger de l'APQ, congrès du CAP	Ces informations seront prises en considération lors de la diffusion et des activités de transfert de connaissances.

RÉFÉRENCES

- Abtahi MA, Zandi A, Razmjoo H, Ghaffari S, Abtahi SM, Jahanbani-Ardakani H, et al. Orbital invasion of ameloblastoma: A systematic review apropos of a rare entity. J Curr Ophthalmol 2018;30(1):23-34.
- Alberta Health Services (AHS). Exempt Tissue Guidelines. Edmonton, AB : AHS; 2016. Disponible à : <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-exempt-tissue-guidelines.pdf>.
- Alkatan H et Al-Qurashi M. Is routine histopathological examination of dacryocystorhinostomy/dacryocystectomy specimens necessary? A tertiary eye hospital experience. Can J Ophthalmol 2017;52(1):34-41.
- Altan-Yaycioglu R, Canan H, Sizmaz S, Bal N, Pelit A, Akova YA. Nasolacrimal duct obstruction: Clinicopathologic analysis of 205 cases. Orbit 2010;29(5):254-8.
- American Academy of Ophthalmology (AAO). Primary open-angle glaucoma – Summary Benchmarks. San Francisco, CA : AAO; 2020a. Disponible à : <https://www.aao.org/Assets/89e180cc-becd-42af-9be8-0810398e649f/637582400343530000/pppsummarybenchmarks-20-glauco-corrected-pdf>.
- American Academy of Ophthalmology (AAO). Cataract (Initial and follow-up evaluation) – Summary Benchmarks. San Francisco, CA : AAO; 2020b. Disponible à : <https://www.aao.org/Assets/92ba5d5c-f552-4e61-b941-1ae74f3669bb/637459840761370000/pppsummary-benchmarks-20-all-pdf>.
- American Academy of Ophthalmology (AAO). Primary angle-closure disease Preferred Practice Pattern®. San Francisco, CA : AAO; 2020c. Disponible à : <https://www.aao.org/Assets/aa0ef1b9-7049-41fe-b671-dea0c1dbfb14/637454462243300000/primary-angle-closure-disease-ppp-pdf>.
- American Academy of Ophthalmology (AAO). Primary open-angle glaucoma suspect Preferred Practice Pattern®. San Francisco, CA : AAO; 2020d. Disponible à : <https://www.aao.org/Assets/cf9a977e-a3fc-4a97-a9bd-1dc524c30048/637454462253500000/primary-open-angle-glaucoma-suspect-ppp-pdf>.
- American Academy of Ophthalmology (AAO). Primary open-angle glaucoma Preferred Practice Pattern®. San Francisco, CA : AAO; 2020e. Disponible à : <https://www.aao.org/Assets/aa0ef1b9-7049-41fe-b671-dea0c1dbfb14/637454462243300000/primary-angle-closure-disease-ppp-pdf>.
- American Academy of Ophthalmology (AAO). Age-related macular degeneration, diabetic retinopathy, idiopathic epiretinal membrane and vitreomacular traction, idiopathic macular hole, posterior vitreous detachment, retinal breaks and lattice degeneration, retinal and ophthalmic artery occlusions, retinal vein occlusions – Summary Benchmarks. San Francisco, CA : AAO; 2020f. Disponible à : <https://www.aao.org/Assets/92ba5d5c-f552-4e61-b941-1ae74f3669bb/637459840761370000/pppsummary-benchmarks-20-all-pdf>.

- American Academy of Ophthalmology (AAO). Adult strabismus with a history of childhood strabismus – Summary Benchmarks. San Francisco, CA : AAO; 2020g. Disponible à : <https://www.aao.org/Assets/92ba5d5c-f552-4e61-b941-1ae74f3669bb/637459840761370000/pppsummary-benchmarks-20-all-pdf>.
- American Academy of Ophthalmology (AAO). Cornea – Summary Benchmarks. San Francisco, CA : AAO; 2020h. Disponible à : <https://www.aao.org/Assets/92ba5d5c-f552-4e61-b941-1ae74f3669bb/637459840761370000/pppsummary-benchmarks-20-all-pdf>.
- American Academy of Ophthalmology (AAO). Pediatrics: Amblyopia, esotropia, exotropia (Initial and follow-up evaluation) – Summary Benchmarks. San Francisco, CA : AAO; 2020i. Disponible à : <https://www.aao.org/Assets/92ba5d5c-f552-4e61-b941-1ae74f3669bb/637459840761370000/pppsummary-benchmarks-20-all-pdf>.
- American Academy of Ophthalmology (AAO). Age-Related Macular Degeneration Preferred Practice Pattern®. San Francisco, CA : AAO; 2019a. Disponible à : <https://www.aao.org/Assets/12aabf44-f548-429f-84a5-ace87e6620c9/637841637085900000/age-related-macular-degeneration-ppp-2022-update-pdf>.
- American Academy of Ophthalmology (AAO). Diabetic Retinopathy Preferred Practice Pattern®. San Francisco, CA : AAO; 2019b. Disponible à : <https://www.aao.org/Assets/86de7989-719e-4a4a-8da6-f74b6b89e376/637841637094670000/diabetic-retinopathy-ppp-2022-update-pdf>.
- American Academy of Ophthalmology (AAO). Retinal Vein Occlusions Preferred Practice Pattern®. San Francisco, CA : AAO; 2019c. Disponible à : <https://www.aao.org/Assets/5e21eef7-dff8-4312-9e64-862e95c39f7e/637163521780000000/retinal-vein-occlusions-ppp-2019-pdf>.
- American Academy of Ophthalmology (AAO). Cataract in the Adult Eye Preferred Practice Pattern®. San Francisco, CA : AAO; 2016. Disponible à : [https://www.aaojournal.org/article/S0161-6420\(16\)31418-X/pdf](https://www.aaojournal.org/article/S0161-6420(16)31418-X/pdf).
- Amin RM, Hussein FA, Idriss HF, Hanafy NF, Abdallah DM. Pathological, immunohistochemical and microbiological analysis of lacrimal sac biopsies in patients with chronic dacryocystitis. *Int J Ophthalmol* 2013;6(6):817-26.
- Anderson NG, Wojno TH, Grossniklaus HE. Clinicopathologic findings from lacrimal sac biopsy specimens obtained during dacryocystorhinostomy. *Ophthalmic Plast Reconstr Surg* 2003;19(3):173-6.
- Arispe Angulo KR, Farooq A, Samra H, Weldemichael W, Anderson J, Jorns JM. Data-driven development of an institutional "gross-only" policy for the examination of select surgical pathology specimens. *Am J Clin Pathol* 2020;154(4):486-93.
- Banks C, Scangas GA, Husain Q, Hatton MP, Fullerton Z, Metson R. The role of routine nasolacrimal sac biopsy during endoscopic dacryocystorhinostomy. *Laryngoscope* 2020;130(3):584-9.
- BCGuidelines.ca. Cataract – Treatment of adults. Victoria, BC : British Columbia Ministry of Health; 2021. Disponible à : <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/cataract>.

- Bergin DJ. Lumps and bumps of the eyelids and their management. J Dermatol Surg Oncol 1992;18(12):1042-8.
- Bernardini FP, Moin M, Kersten RC, Reeves D, Kulwin DR. Routine histopathologic evaluation of the lacrimal sac during dacryocystorhinostomy: How useful is it? Ophthalmology 2002;109(7):1214-8.
- Boulagnon C, Ducasse A, Patey M, Diebold MD, Arndt C. Cytopathology of vitreous humor samples in routine practice. Acta Cytol 2016;60(1):65-73.
- Burris CK, Azari AA, Eagle RC Jr, Rapuano CJ, Marangoz D, Potter HD, et al. Concordance between clinical and histopathological diagnoses of corneal specimens. Ophthalmology 2017;124(5):744-5.
- Canadian Ophthalmological Society (COS). Canadian Ophthalmological Society evidence-based clinical practice guidelines for cataract surgery in the adult eye. Ottawa, ON : COS; 2008. Disponible à : <http://www.supereyecare.com/residents/COSCataractGuidelines.pdf>.
- Chaurasia S, Mittal R, Bichappa G, Ramappa M, Murthy SI. Clinical characterization of posterior polymorphous corneal dystrophy in patients of Indian ethnicity. Int Ophthalmol 2017;37(4):945-52.
- Ciftci F, Ersanli D, Civelek L, Baloglu H, Karadayi K, Gungor A. Histopathologic changes in the lacrimal sac of dacryocystorhinostomy patients with and without silicone intubation. Ophthalmic Plast Reconstr Surg 2005;21(1):59-64.
- College of American Pathologists (CAP). Surgical specimens to be submitted to pathology for examination (*la version révisée en 2012 et réaffirmée en 2018 par le CAP a été transmise à l'INESSS le 30 novembre 2018*). Northfield, IL : CAP; 2007. Disponible à : https://web.archive.org/web/20211206235155/https://webapps.cap.org/apps/docs/laboratory_accreditation/build/pdf/surgical_specimens.pdf.
- DeAngelis D, Hurwitz J, Oestreicher J, Howarth D. The pathogenesis and treatment of lacrimal obstruction: The value of lacrimal sac and bone analysis. Orbit 2001;20(3):163-72.
- Diagnostic Services Manitoba (DSM). Unnecessary pathology – Tissues for disposal. Clinical Practice Change. Winnipeg, MB : DSM; 2017. Disponible à : <https://choosingwiselymanitoba.ca/wp-content/uploads/2018/10/Tissues-for-Disposal-Clinical-Practice-Changes-November-2017.pdf>.
- Duke University School of Medicine (DUSM). Tissue and medical devices exceptions list (*Appendix A – Surgical pathology tissue and medical devices exceptions list and List of specimens exempt from microscopic examination - version révisée en 2011*). Durham, NC : DUSM; 2009. Disponible à : <https://web.archive.org/web/20191114231422/https://pathology.duke.edu/sites/pathology.duke.edu/files/SurgPath-Tissue%20Exceptions%20attachment.pdf>.
- Eldsoky I, Ismaiel WF, Hasan A, Abdelazim MH, Ibrahim AA, Alsobky ME, Mohammed AR. The predictive value of nasolacrimal sac biopsy in endoscopic dacryocystorhinostomy. Ann Med Surg (Lond) 2021;65:102317.

- European Glaucoma Society (EGS). Terminology and Guidelines for Glaucoma, 5th Edition. Savone, Italie : EGS; 2020. Disponible à : https://bj.o.bmj.com/content/bjophthalmol/105/Suppl_1/1.full.pdf.
- European Glaucoma Society (EGS). European Glaucoma Society Terminology and Guidelines for Glaucoma, 4th Edition – Chapter 3: Treatment principles and options. Br J Ophthalmol 2017;101(6):130-95.
- Fellman RL, Mattox C, Singh K, Flowers B, Francis BA, Robin AL, et al. American Glaucoma Society (AGS) position paper: Microinvasive glaucoma surgery. Ophthalmol Glaucoma 2020;3(1):1-6.
- Godeiro KD, Coutinho AB, Pereira PR, Fernandes BF, Cassie A, Burnier MN Jr. Histopathological diagnosis of corneal button specimens: An epidemiological study. Ophthalmic Epidemiol 2007;14(2):70-5.
- Golan S, Leibovitch I, Landsberg R. Unexpected pathologies in patients referred for endoscopic DCR. Eur Arch Otorhinolaryngol 2014;271(11):3053-8.
- Gundersen Health System (GHS). Submission of tissue removed during surgery. Standard Operating Procedure. La Crosse, WI : GHS; 2019. Disponible à : <https://www.gundersenhealth.org/app/files/public/11d4678f-02ad-493f-81c4-abf24913620e/Lab-Policies-Submission-of-Tissue-Removed-During-Surgery-Lab-2500.pdf>.
- Interior Health Laboratory Service (IHLS). Tissues exempt from pathological examination policy. Kelowna, BC : IHLS; 2022. Disponible à : <https://iha.labqms.com/labFrame.asp?DID=5454&Sch=T>.
- International Council of Ophthalmology (ICO). ICO guidelines for diabetic eye care. San Francisco, CA : ICO; 2017. Disponible à : <https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/eye-institute/images/ICOPH.pdf>.
- International Council of Ophthalmology (ICO). ICO guidelines for glaucoma eye care. San Francisco, CA : ICO; 2015. Disponible à : <http://www.glaucomaclinic.com/wp-content/uploads/2016/12/ICOGlaucomaGuidelines.pdf>.
- Irion LD et Thaung C. Tissue pathways for non-neoplastic ophthalmic pathology specimens – G141. Londres, Angleterre : Royal College of Pathologists (RCP); 2020. Disponible à : <https://www.rcpath.org/uploads/assets/079cd9e3-6fbd-4d14-9553766a63287653/G141-Tissue-pathways-for-non-neoplastic-ophthalmic-pathology-specimens.pdf>.
- Kashkouli MB, Sadeghipour A, Kaghazkanani R, Bayat A, Pakdel F, Aghai GH. Pathogenesis of primary acquired nasolacrimal duct obstruction. Orbit 2010;29(1):11-5.
- Kersten RC, Ewing-Chow D, Kulwin DR, Gallon M. Accuracy of clinical diagnosis of cutaneous eyelid lesions. Ophthalmology 1997;104(3):479-84.
- Knezevic M, Stojkovic M, Jovanovic M, Stankovic Z, Rasic DM. A 7-year prospective study of routine histopathological evaluation of the lacrimal sac wall incisional biopsy specimens obtained during external dacryocystorhinostomy in adults and a review of the literature. Med Oncol 2012;29(1):396-400.

- Kord Valeshabad A, Naseripour M, Asghari R, Parhizgar SH, Parhizgar SE, Taghvaei M, Miri S. Enucleation and evisceration: Indications, complications and clinicopathological correlations. *Int J Ophthalmol* 2014;7(4):677-80.
- Koturovic Z, Knezevic M, Rasic DM. Clinical significance of routine lacrimal sac biopsy during dacryocystorhinostomy: A comprehensive review of literature. *Bosn J Basic Med Sci* 2017;17(1):1-8.
- Lee-Wing MW et Ashenhurst ME. Clinicopathologic analysis of 166 patients with primary acquired nasolacrimal duct obstruction. *Ophthalmology* 2001;108(11):2038-40.
- Leibovitch I, Selva D, Goldberg RA, Sullivan TJ, Saeed P, Davis G, et al. Periocular and orbital amyloidosis: Clinical characteristics, management, and outcome. *Ophthalmology* 2006;113(9):1657-64.
- Linberg JV et McCormick SA. Primary acquired nasolacrimal duct obstruction. A clinicopathologic report and biopsy technique. *Ophthalmology* 1986;93(8):1055-63.
- Liu T, Siadati S, Eberhart CG, Akpek E. Clinicopathologic analysis of conjunctivochalasis and paste-pinch-cut conjunctivoplasty for management. *Can J Ophthalmol* 2022;57(5):305-11.
- Mandeville JT, Roh JH, Woog JJ, Gonnering RS, Levin PS, Mazzoli RA, et al. Cutaneous benign mixed tumor (chondroid syringoma) of the eyelid: Clinical presentation and management. *Ophthal Plast Reconstr Surg* 2004;20(2):110-6.
- Margolis R. Diagnostic vitrectomy for the diagnosis and management of posterior uveitis of unknown etiology. *Curr Opin Ophthalmol* 2008;19(3):218-24.
- Marthin JK, Lindegaard J, Prause JU, Heegaard S. Lesions of the lacrimal drainage system: A clinicopathological study of 643 biopsy specimens of the lacrimal drainage system in Denmark 1910-1999. *Acta Ophthalmol Scand* 2005;83(1):94-9.
- Mauriello JA Jr, Palydowycz S, DeLuca J. Clinicopathologic study of lacrimal sac and nasal mucosa in 44 patients with complete acquired nasolacrimal duct obstruction. *Ophthalmic Plast Reconstr Surg* 1992;8(1):13-21.
- Merkonidis C, Brewis C, Yung M, Nussbaumer M. Is routine biopsy of the lacrimal sac wall indicated at dacryocystorhinostomy? A prospective study and literature review. *Br J Ophthalmol* 2005;89(12):1589-91.
- Nagendran S, Alsamnan M, Strianese D, Malhotra R. Ectopic lacrimal gland tissue: A systematic review. *Ophthal Plast Reconstr Surg* 2020;36(6):540-4.
- Nash M, Skippen B, Gal A, Bengner R. The role of routine biopsy of the lacrimal sac during dacryocystorhinostomy surgery. *Orbit* 2015;34(6):320-3.
- National Institute for Health and Care Excellence (NICE). Age-related macular degeneration. NICE guideline [NG82]. Londres, Angleterre : NICE; 2018. Disponible à : <https://www.nice.org.uk/guidance/ng82>.
- National Institute for Health and Care Excellence (NICE). Cataracts in adults: Management. NICE guideline [NG77]. Londres, Angleterre : NICE; 2017a. Disponible à : <https://www.nice.org.uk/guidance/ng77>.

- National Institute for Health and Care Excellence (NICE). Glaucoma: Diagnosis and management. NICE guideline [NG81]. Londres, Angleterre : NICE; 2017b. Disponible à : <https://www.nice.org.uk/guidance/ng81>.
- NHS England. 2013/14 NHS Standard contract for ophthalmic pathology service (all ages). Londres, Angleterre : NHS England; 2013. Disponible à : <https://www.england.nhs.uk/wp-content/uploads/2013/06/d12-ophth-path-service-ad-child.pdf>.
- Ontario Health Quality (OHQ). Minimally invasive glaucoma surgery: A budget impact analysis and evaluation of patients' experiences, preferences, and values. Ont Health Technol Assess Ser 2019;19(9):1-57.
- Ozdal PC, Codère F, Callejo S, Caissie AL, Burnier MN. Accuracy of the clinical diagnosis of chalazion. Eye (Lond) 2004;18(2):135-8.
- Parkland Surgical Pathology (PSP). Exemption from microscopic examination. Dallas, TX : Parkland Health & Hospital System; 2013. Disponible à : <http://parklandlab.com/uploads/public/Documents/Labs/Surgical-Pathology/Microscopic%20Exemptions%202014.pdf>.
- Petrou P, Banerjee PJ, Wilkins MR, Singh M, Eastlake K, Limb GA, Charteris DG. Characteristics and vitreoretinal management of retinal detachment in eyes with Boston keratoprosthesis. Br J Ophthalmol 2017;101(5):629-33.
- Provincial Health Services Authority (PHSA). Specimens not required for submission to pathology for examination. Vancouver, BC : PHSA; 2019. Disponible à : <http://www.bccss.org/bcaplm-site/Documents/Working%20Groups/AP/Specimens%20Not%20Required%20for%20Submission%20to%20Pathology%20for%20Examination.pdf>.
- Quaranta-Leoni FM, Moretti C, Sposato S, Nardoni S, Lambiase A, Bonini S. Management of porous orbital implants requiring explantation: A clinical and histopathological study. Ophthal Plast Reconstr Surg 2014;30(2):132-6.
- Rauter D, Wolf A, Walch C, Tomazic PV. Is routine histological tissue sampling during endoscopic dacryocystorhinostomy advantageous? A retrospective analysis of 213 patients. Clin Otolaryngol 2018;43(4):1157-9.
- Rezaei Kanavi M, Javadi A, Javadi MA, Yaseri M, Feizi S. Concordance between clinical and histopathologic diagnosis in recipient corneas. Eur J Ophthalmol 2011;21(6):691-4.
- Roberts F. Best practice recommendations. Reporting ophthalmic pathology specimens – G053. Londres, Angleterre : Royal College of Pathologists (RCP); 2020. Disponible à : <https://www.rcpath.org/uploads/assets/2b714e0e-f204-463e-96bf2bb30621f1dd/G053-BPR-Reporting-ophthalmic-pathology-specimens.pdf>.
- Royal College of Ophthalmologists (RCO). Focus – Medicolegal principles in ophthalmology. Londres, Angleterre : RCO; 2019. Disponible à : https://www.rcophth.ac.uk/wp-content/uploads/2021/01/College-News-FOCUS_July2019.pdf.

- Royal College of Ophthalmologists (RCO). Ophthalmic pathology. Ophthalmic Service Guidance. Londres, Angleterre : RCO; 2016. Disponible à : <https://www.rcophth.ac.uk/wp-content/uploads/2020/09/Ocular-Pathology-July-2016.pdf>.
- Royal College of Ophthalmologists (RCO). Diabetic retinopathy guidelines. Londres, Angleterre : RCO; 2012a. Disponible à : <https://www.rcophth.ac.uk/wp-content/uploads/2021/08/2012-SCI-267-Diabetic-Retinopathy-Guidelines-December-2012.pdf>.
- Royal College of Ophthalmologists (RCO). Guidelines for the management of strabismus in childhood. Londres, Angleterre : RCO; 2012b. Disponible à : <https://www.rcophth.ac.uk/wp-content/uploads/2021/08/2012-SCI-250-Guidelines-for-Management-of-Strabismus-in-Childhood-2012.pdf>.
- Royal College of Ophthalmologists (RCO). Focus – Histopathology and cytology specimens - what should you send, and to whom? Londres, Angleterre : RCO; 2010. Disponible à : <https://curriculum.rcophth.ac.uk/wp-content/uploads/2014/08/Focus-Winter-2010.pdf>.
- Royal College of Ophthalmologists et Royal College of Pathologists (RCO-RCP). Appendix 1 - Guidance on referral of ophthalmic pathology specimens. Dans : NHS Standard contract for ophthalmic pathology service (all ages). Londres, Angleterre : NHS England; 2010 : 14-22. Disponible à : <https://www.england.nhs.uk/wp-content/uploads/2013/06/d12-ophth-path-service-ad-child.pdf>.
- Saeed MU, Chang BY, Khandwala M, Shivane AG, Chakrabarty A. Twenty year review of histopathological findings in enucleated/eviscerated eyes. J Clin Pathol 2006;59(2):153-5.
- Salour H, Hatami MM, Parvin M, Ferdowsi AA, Abrishami M, Bagheri A, et al. Clinicopathological study of lacrimal sac specimens obtained during DCR. Orbit 2010;29(5):250-3.
- Saskatchewan Health Authority (SHA). Specimens exempt from all gross &/or microscopic review. Saskatoon, SK : SHA; 2018. Disponible à : https://www.saskatoonhealthregion.ca/locations_services/Services/Pathology-Laboratory-Med/healthpractitioners/Documents/Policy%20and%20Procedure/ANATOMIC%20PATHOLOGY%20SPECIMENS%20EXEMPT%20FROM%20ALL%20GROSS%20OR%20MICROSCOPIC%20REVIEW.pdf.
- Scottish Intercollegiate Guidelines Network (SIGN). SIGN 144 – Glaucoma referral and safe discharge. Édimbourg, Écosse : SIGN; 2015. Disponible à : <https://www.sign.ac.uk/assets/sign144.pdf>.
- Sears J, Capone A Jr, Aaberg T Sr, Lewis H, Grossniklaus H, Sternberg P Jr, DeJuan E. Surgical management of subfoveal neovascularization in children. Ophthalmology 1999;106(5):920-4.
- Sheldon CA, McCarthy JM, White VA. Correlation of clinical and pathologic diagnoses of corneal disease in penetrating keratoplasties in Vancouver: A 10-year review. Can J Ophthalmol 2012;47(1):5-10.

- Tucker N, Chow D, Stockl F, Codère F, Burnier M. Clinically suspected primary acquired nasolacrimal duct obstruction: Clinicopathologic review of 150 patients. *Ophthalmology* 1997;104(11):1882-6.
- University of California, Davis Health (UCDH). Tissues exempt from submission [site Web]. Pathology and Laboratory Medicine. Sacramento, CA : UC Davis Health; 2016. Disponible à : https://health.ucdavis.edu/pathology/services/clinical/anatomic_pathology/surgical_pathology/clinical_services/tissues_exempt.html.
- University of California, San Francisco (UCSF). Exempt tissue policy – Perioperative services (version révisée). San Francisco, CA : UCSF; 2020.
- University of Iowa Hospitals and Clinics (UIHC). Handling, labeling and transportation of specimens and ophthalmic pathology consultation request forms. Iowa City, IA : UIHC; 2017. Disponible à : https://medicine.uiowa.edu/eye/sites/medicine.uiowa.edu/eye/files/wysiwyg_uploads/UIHC-Specimen-Collection-Manual-InHouse_0.pdf.
- Vila N, Zoroquiain P, Bravo-Filho V, Anteck E, Dietrich H, Chen JC, et al. Usefulness of discarded vitreous samples from routine vitrectomy. *J Ophthalmol* 2016;2016:2380764.



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