

Letter to the Editor

Core biopsy; tru-cut biopsy, lance biopsy or punch biopsy with a tissue-cutting needle (punch cutting - PCut)?

KLAUS LOUREIRO IRION¹, BRUNO HOCHHEGGER², LUCIANE DREHER IRION³

Dear editor:

For many years, we have been facing a semantic dilemma over how to translate the terms 'core biopsy' and 'tru-cut biopsy' into Portuguese. These terms are used to designate techniques of obtaining tissue samples through the use of special needles that excise semicylindrical sections of lesions, thereby allowing histological examination through the use of this minimally invasive technique, which, in Portuguese, is known as *punção transcutânea* ('transcutaneous puncture'). The illustrious Professor Nelson Porto, PhD, has long suggested the use of the term *punção lancetante* ('lance biopsy') as a solution to this problem. Unfortunately, this term, which is widely accepted in the state of Rio Grande do Sul, especially among the disciples of this brilliant and erudite professor, has not been accepted nationwide. Consequently, we still see many articles in medical journals published in Portuguese in which the inappropriate, partially-translated denominations 'Core biópsia' or 'Tru-Cut biópsia' are used.

The term *biópsia por punção transcutânea com agulha fragmentante tecidual* ('punch biopsy with a tissue-cutting needle'), which could be shortened

to *biópsia por punção fragmentante* (PFrag), translating to 'punch cutting (PCut) biopsy' in English, was suggested by Dr. L. Irion in her doctoral thesis as an alternative for those who, unfortunately, have not accepted the denomination *punção lancetante* proposed by Professor Porto. In coining this term, we took into consideration that the sample for histological examination is obtained through the use of needles designed to pass through the skin and collect a tissue fragment from the lesion. At this point, another contribution by Professor Porto should be remembered when writing our scientific articles: the expression *punção percutânea* ('percutaneous puncture') is inappropriate, since the process always causes skin rupture, that is, it is a transcutaneous procedure, and it is not possible to reach the lesion with the needle through skin permeability, as the term 'percutaneous' indicates. In some articles, we have noticed the use of the term *agulha cortante* (cutting needle), which does not differentiate properly, since, in principle, all needles are cutting.

We would like to thank Professor Porto for his valuable teachings and for his advice in the preparation of this letter.

1. Radiologist at the Pennine Acute Hospitals NHS Trust; Professor in the Postgraduate Program in Respiratory Sciences at the Universidade Federal do Rio Grande do Sul (UFRGS, Federal University of Rio Grande do Sul), Porto Alegre, Brazil

2. Doctoral student at the Universidade Federal de Santa Maria (UFSM, Federal University of Santa Maria), Santa Maria, Rio Grande do Sul, Brazil; Intern in the Radiology Department of the Pennine Acute Hospitals NHS Trust

3. Pathologist at the Central Manchester Hospital and Manchester Children's University Hospital NHS Trust