

Microwave Heating as an Alternative to Conventional Drying Ovens for Histological Section Adhesion: Evaluation Across Different Tissue Types

Comunicação Oral
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Introduction

Histological Sections and Adherence

Histological sections are essential in clinical diagnostics¹.

The quality of the sections and their proper adhesion are critical factors that directly influence microscopic analysis².

Initially, adhesion was accomplished through the utilization of drying ovens operating at regulated temperatures to ensure³. However, nowadays, ovens are frequently integrated in automated staining equipments.

Introduction

Drying oven limitations⁴



High energy
consumption



Requires significant
laboratory space

(eg.: Immunohistochemistry)



Extends
processing time

Introduction

Microwave oven applications

Tissue fixation^{10,11}

Antigen retrieval¹⁰⁻¹³

Bone and tooth decalcification^{14,15}

Fluorescence in situ hybridisation (FISH)¹⁶

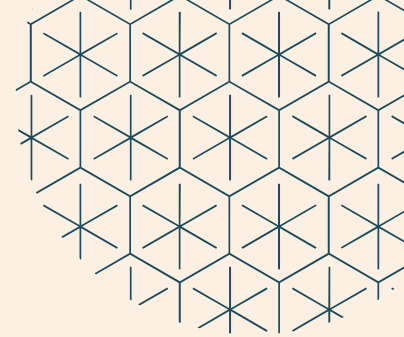
Special staining methods¹⁷

Percy Spencer
1945^{5,6}

The MW enables uniform heating of the tissue by generating heat from within the sample through the rapid excitation of water molecules⁷⁻⁹

Introduction

Aims of the study



General Objective

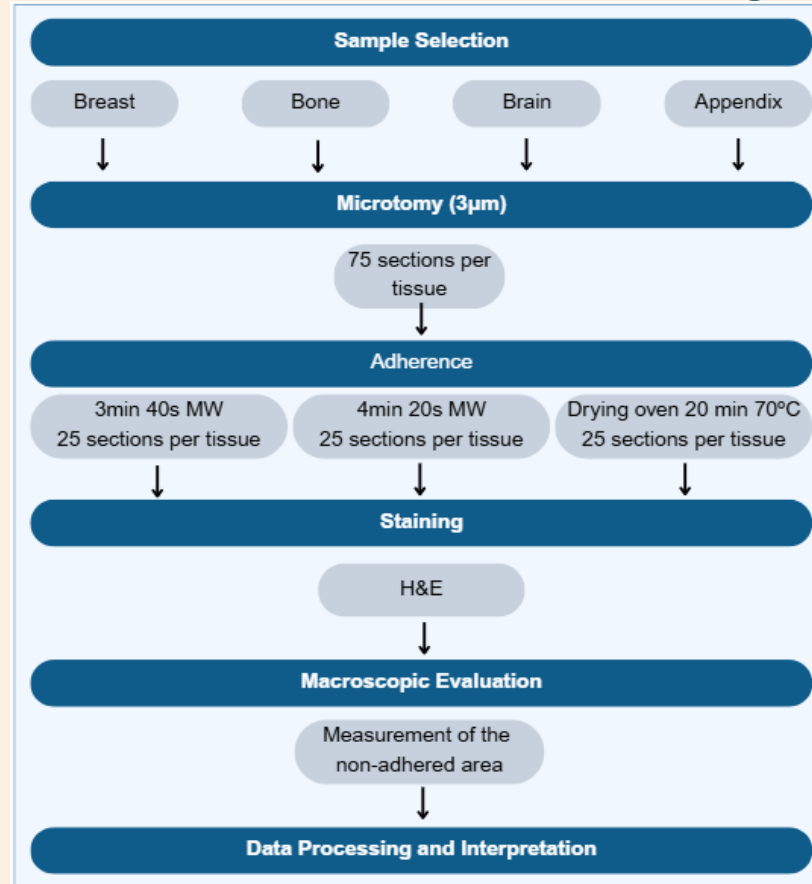
To assess the adhesion of histological sections from different tissue types using a MW.

Specific Objectives

- To assess the adhesion of histological sections by comparing the use of the drying oven and the microwave oven, using 3min40s and 4min20s as incubation times.
- To study the quality of adhesion using breast, bone, brain and appendix, comparing them through a macroscopic assessment.

Materials and Methods

Data Collection and Processing



Dependent variable:
Percentage of non-
adhered area

Independent variable:
MW exposure time

Figure 1: Schematic representation of the study methodological approach.

Materials and Methods

Preliminary Tests

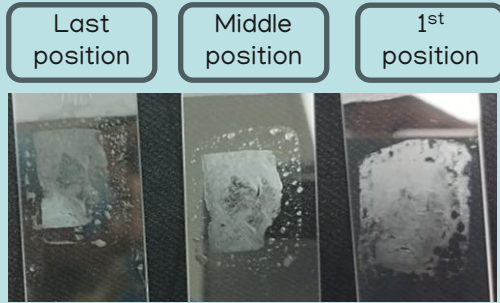


Figure 2: Preliminary slides of breast tissue (3 min 40 s)

Macroscopic assessment



Figure 3: Measurement of the non-adhered area.

Calculation formula:

$$\frac{\text{Non adhered area}}{\text{Mean area of control group}} \times 100$$

Results/Discussion

Descriptive Statistics

3min 40s

7,49% ± 13,47% SD

4min 20s

8,81% ± 14,01% SD

Drying oven

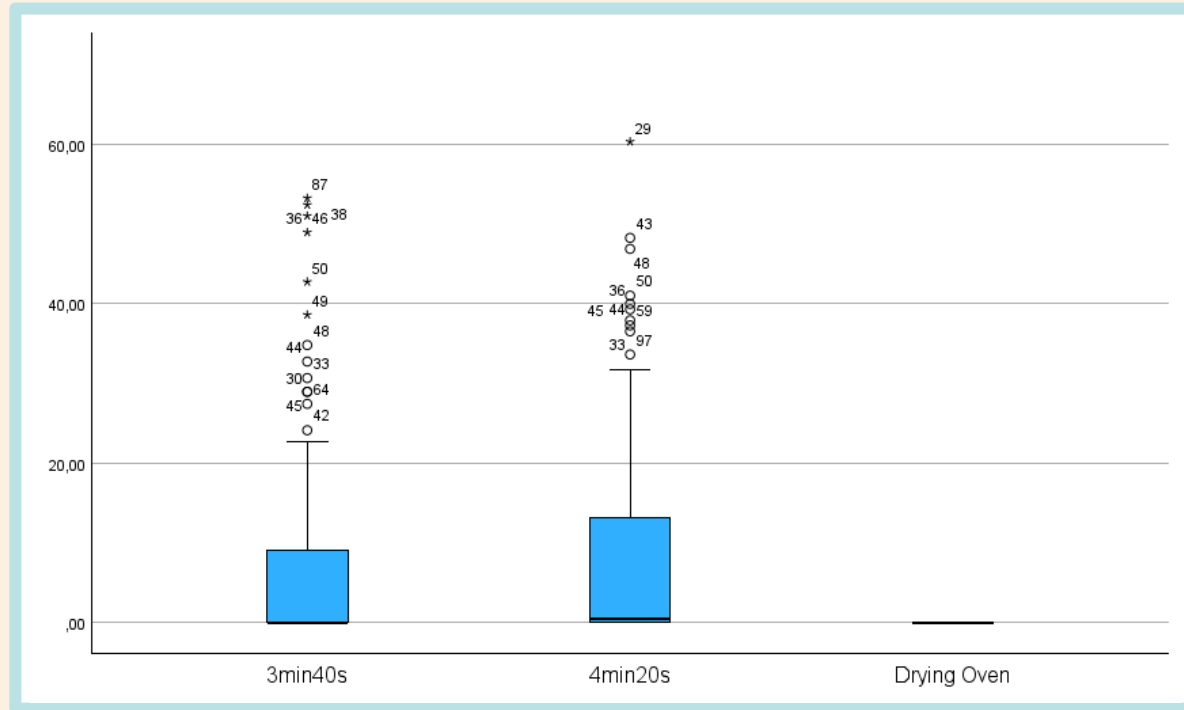
0% ± 0% SD

Table 1: Means of the percentage of non-adhered area and respective standard deviations for each tissue and adhesion method.

Tissues	Adherence method	N	Mean % non-adhered area	Standart desviantion
Breast	3min 40s - MW	25	0.14	0.71
	4min 20s -MW		0.00	0.00
	Drying Oven		0.00	0.00
Bone	3min 40s - MW		20.08	17.96
	4min 20s -MW		25.46	15.67
	Drying Oven		0.00	0.00
Brain	3min 40s - MW		7.61	7.81
	4min 20s - MW		6.26	7.97
	Drying Oven		0.00	0.00
Appendix	3min 40s - MW	2.13	10.65	
	4min 20s - MW	3.51	9.77	
	Drying Oven	0.00	0.00	

Results/Discussion

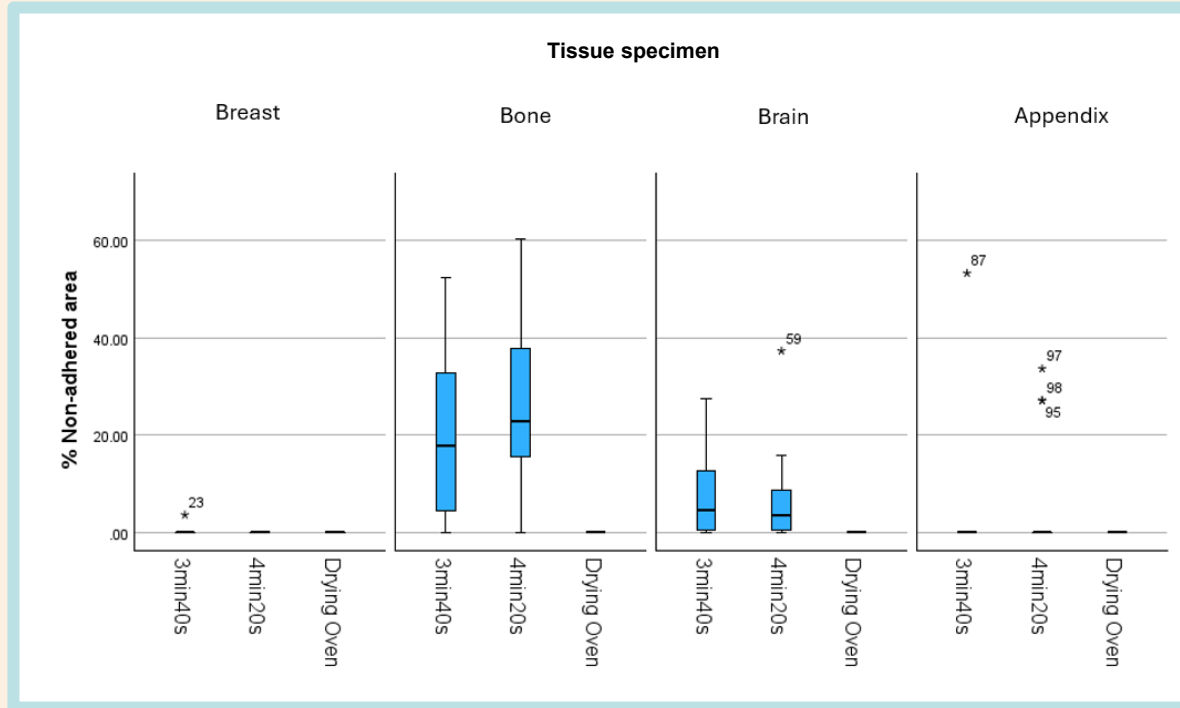
Overall comparison between the different adhesion methods



Graph 1: Representation of the dispersion of results – Percentage of non-adhered area across different methods.

Results/Discussion

Comparison between the different adhesion methods for each tissue type

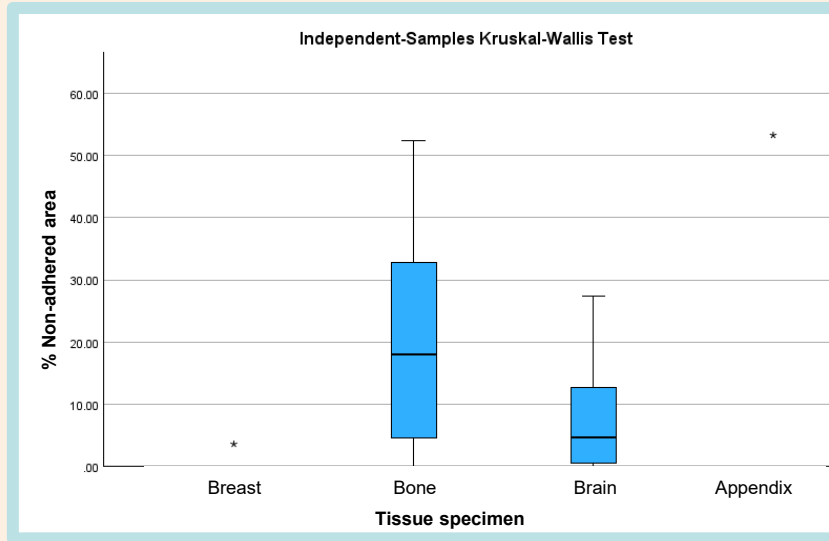


Graph 2: Representation of the dispersion of results – Percentage of non-adhered area across different methods for the same tissue type.

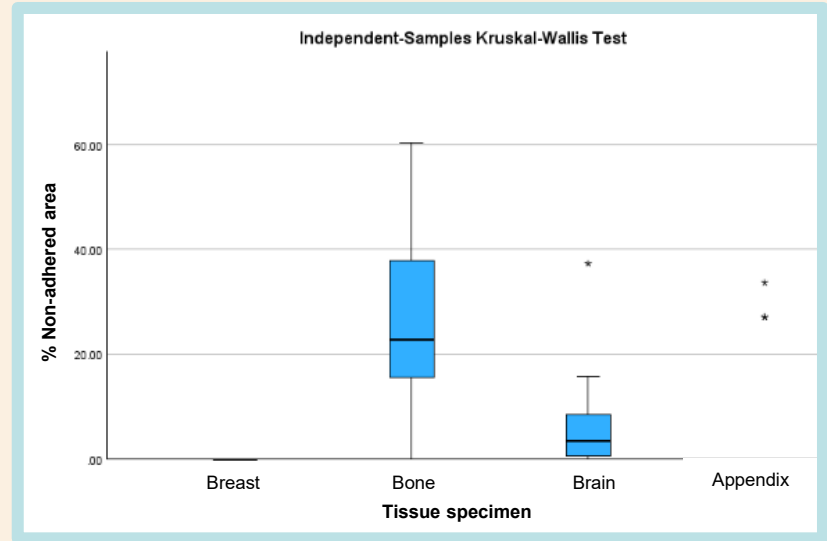
Results/Discussion

Comparison between different tissue types for each adhesion method

3min 40s



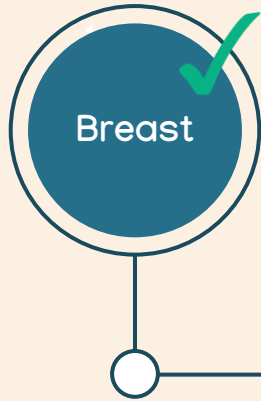
4min 20s



Graph 3: Representation of the dispersion of results - Percentage of non-adhered area in tissues at 3min and 40s using the MW.

Graph 4: Representation of the dispersion of results - Percentage of non-adhered area in tissues at 4min and 20s using the MW.

Results/Discussion



Breast

Adipose tissue

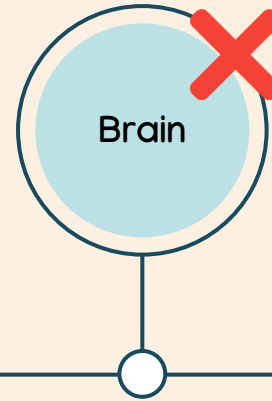
Expected to show a tendency to detachment¹⁸⁻²¹



Appendix

Muscular and glandular composition^{22,23}

No significant detachment were recorded



Brain

Poorly cohesive tissue

Less consistent adhesion



Bone

Mineralized tissue²³⁻²⁵

Higher detachment tendency

Results/Discussion

Relevant Publications

Application of microwave heat to paraffin sections: rapid adhesion of sections to slides

J. G. WOODLAND^{*} and D. K. W. FISH[†]

^{*}Royal Surrey County Hospital, Egerton Road, Guildford, Surrey, GU1 7XX

[†]Royal Berkshire Hospital, London Road, Reading, Berkshire, RG1 5AN

Figure 4: Woodland and Fish article (2008) – Application of microwave heat to paraffin sections: rapid adhesion of sections to slides.

Satisfactory adhesion at 60s³

Incomplete information (power, number of slides, thermal control)³

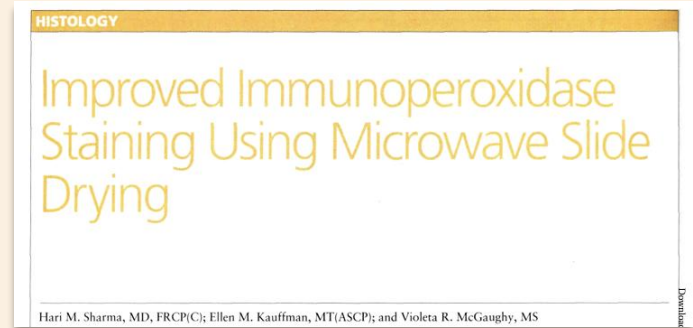


Figure 5: Sharma et al. article that mentions the improved immunoperoxidase staining using microwave slide drying.

Satisfactory adhesion with 600W, at 60s²⁷

Adhesive slides, humid chamber and H₂Od²⁷

Unspecified number of slides²⁷

Results/Discussion

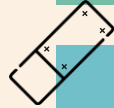
Improvement suggestions



Increase MW exposure time



Use higher-power MW ovens



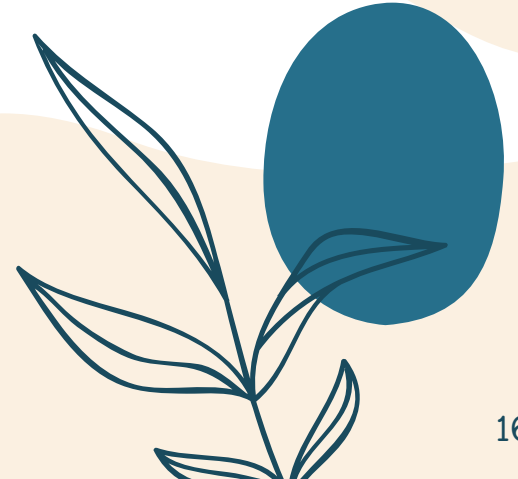
Adhesive slides



MW designed and certified for
medical applications

Conclusions

- This method may optimize the traditional technique
- MW may be a viable alternative to the oven for certain tissues but cannot yet replace it at this step.
- There are some limitations:
 - Tissue Specimen
 - Technique used
- This approach is still at an initial stage
- Further studies with optimizations are recommended



Ethical Statement and Financial Support

Ethical statement

This study complies with the current guidelines of the Ethics Committee of ESSL.

Positive approval from the Department of Pathology at Hospital Professor Doutor Fernando Fonseca (ULS Amadora/Sintra)

Financial support

All monetary costs associated with laboratory materials were covered by Hospital Professor Doutor Fernando Fonseca (ULS Amadora/Sintra), which supplied all necessary materials.

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