

NON-NEOPLASTIC ESOPHAGECTOMY

1. An esophagectomy specimen measuring XXX cm is received // accompanied by a partial gastrectomy / greater omentum / lesser omentum measuring XXX cm.
2. Externally, no remarkable features are identified // a defect measuring XXX cm is identified, located X cm from the X margin.
3. On opening, no remarkable features are identified // an erythematous mucosa measuring X cm is identified // a lesion measuring XXX cm with X characteristics is identified, involving / not involving the gastro-oesophageal junction, and located X cm from the X margin.
4. Representative sections are submitted as follows:

1st Example (Esophagectomy for chemical / caustic ingestion):

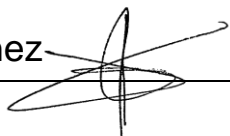
- A1: proximal margin.
- A2: section of the gastro-oesophageal junction.
- A3 - A4: sections from areas consistent with oesophagitis.
- A5: distal margin / section of stomach.

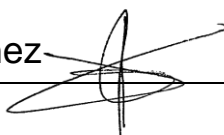
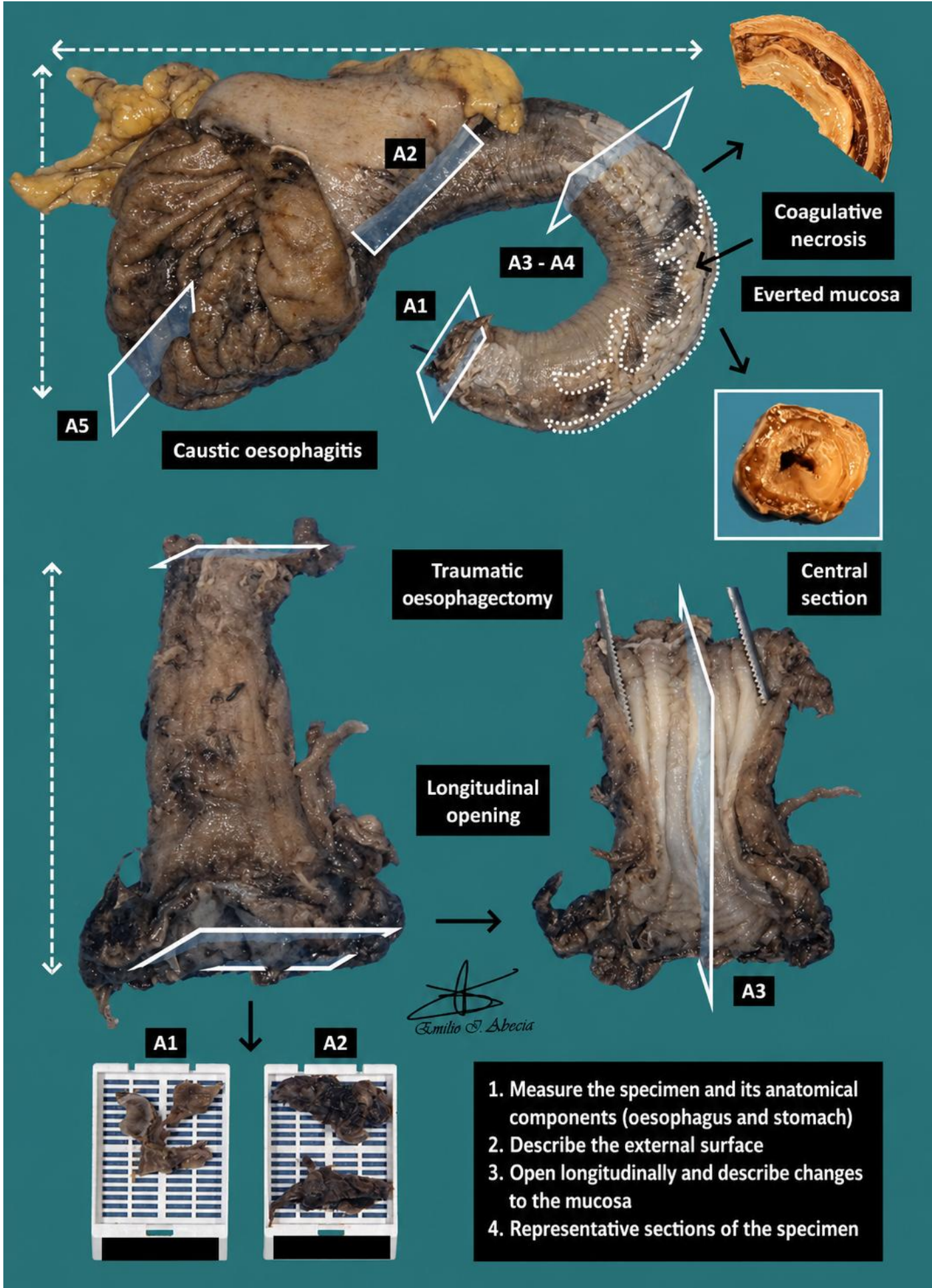
2nd Example (Traumatic esophagectomy):

- A1: proximal margin.
- A2: distal margin.
- A3: one full-thickness section of the specimen.

TO CONSIDER

- Non-neoplastic oesophageal specimens are usually resected due to chemical injury (accidental ingestion or self-harm attempts), trauma, strictures, fistulas, among others.
- If lesions are identified (ulcers, caustic injuries, traumatic lesions, perforations, etc.), photography is recommended to document the macroscopic appearance.
- If Barrett oesophagus is suspected, attempt to measure and sample the affected area (salmon-coloured mucosa).
- Include at least one representative section of the gastro-oesophageal junction and additional sections of the gastric wall (if present).





BIBLIOGRAPHY

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- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
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DISCLAIMER

The image and text are provided for illustrative purposes only. The tissue sections submitted and the description provided will depend on the individual specimen characteristics, the clinical diagnostic suspicion, the experience of the dissector, and the institutional guidelines of the laboratory.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

