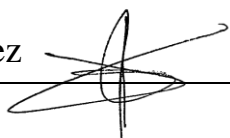


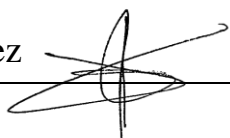
PANCREATODUODENECTOMY (WHIPPLE)

1. A pancreaticoduodenectomy specimen is received, consisting of duodenum measuring XXX cm, partial gastrectomy measuring XXX cm, pancreas measuring XXX cm / gallbladder measuring XXX cm / omentum measuring XXX cm.
2. Externally, no remarkable features are identified // an intact / disrupted gallbladder is identified, with greenish / blackish coloration // a superficial lesion measuring XX cm is identified, located in X and at X cm from the surgical margins.
3. The vascular margin is inked X, the pancreatic transection margin X, and the uncinate margin X.
4. On opening, the ampulla of Vater measures XXX cm, without lesions // an ampullary lesion measuring XXX cm is identified // a prosthesis measuring XXX cm is identified.
5. Following transverse sectioning of the pancreas, a lesion measuring XXX cm is identified, located X cm from the margins and X cm from the ampullary region, which does not appear to infiltrate // infiltrates the intestinal wall / ampulla of Vater / peripancreatic adipose tissue / common bile duct / etc.
6. The lesion is solid / cystic, with rounded / spiculated borders and whitish / brownish coloration.
7. The remaining pancreatic parenchyma shows an unremarkable cut surface // with foci compatible with fat necrosis / multilobulated appearance / fibrosis / atrophy, etc.
8. On sectioning, the gallbladder contains greenish / blackish material, with a velvety / smooth mucosa of greenish / brownish coloration. No calculi are identified // one / multiple calculi are identified, with X coloration and measuring XXX cm. The gallbladder wall measures X mm in thickness.
9. On serial sectioning and inspection of the omentum, no remarkable features are identified // one / multiple implants measuring X cm in diameter are identified.
10. On palpation, X nodular formations are isolated, the largest measuring X cm. On sectioning, they show no abnormalities // a focus measuring X cm is identified, suggestive of metastasis.
11. Representative sections are submitted as follows:
 - A1: duodenal margin (distal).
 - A2: partial gastrectomy margin (proximal).
 - A3 and A4: sections from the ampulla of Vater.
 - A5 – A8: one complete section of the lesion with vascular margin.
 - A9 – A12: another complete section of the lesion with vascular margin.
 - A13: additional section of the lesion in relation to the intestinal wall.
 - A14: representative section of the uncinate / retroperitoneal margin.
 - A15: representative section of the transection margin.
 - A16: section of the common bile duct.
 - A17: routine sections of the gallbladder / biliary margin.
 - A18 – A20: 3 peripancreatic nodular formations per block.
 - A21 – A23: 3 perigastric nodular formations per block.
 - A24 – A26: representative sections of the omentum.

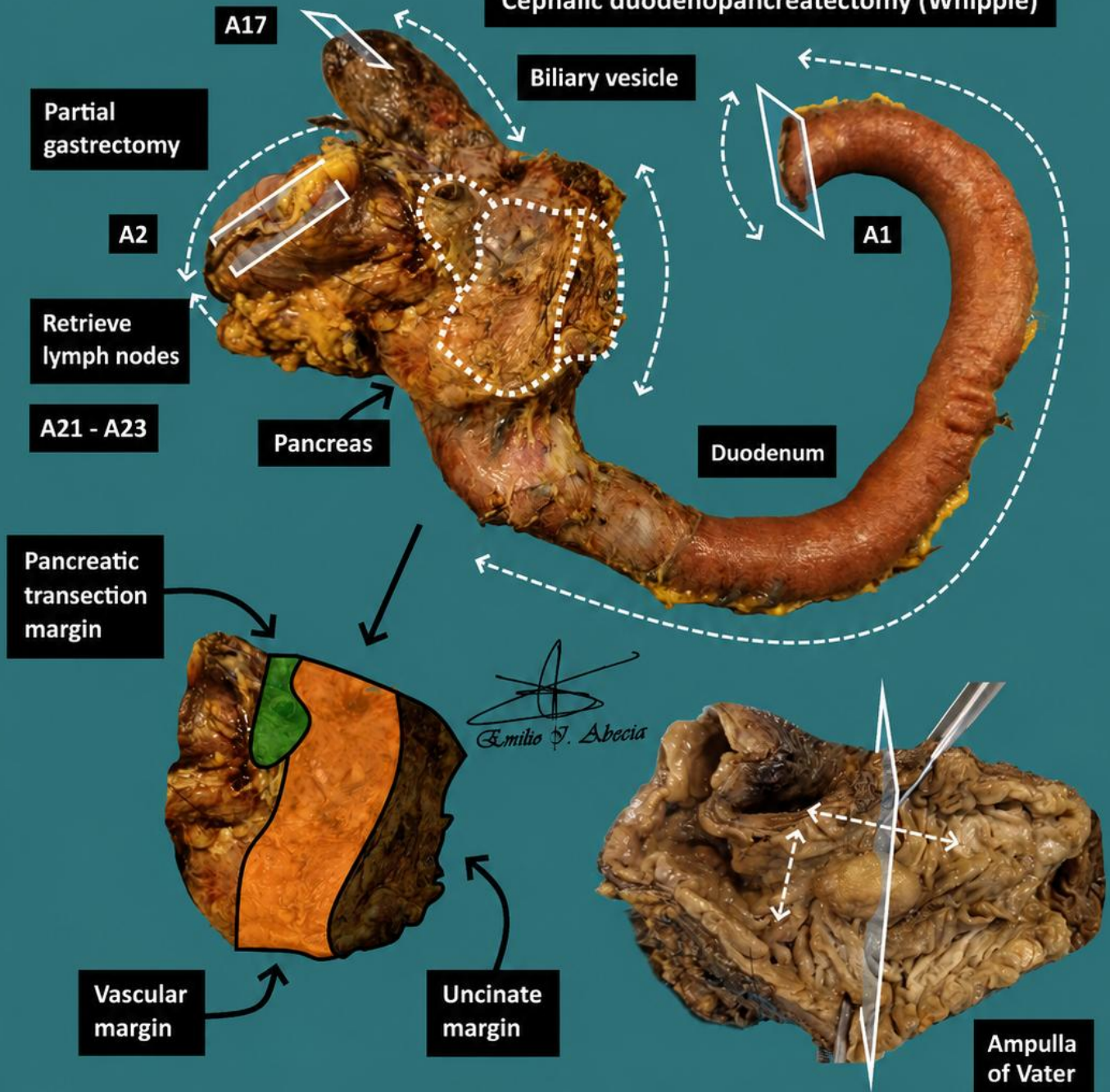


TO CONSIDER

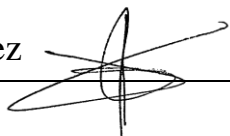
- Anatomically complex surgical resections performed for neoplasms involving the ampulla of Vater or pancreatic head. These specimens usually consist of pancreas + distal gastrectomy + segmental intestinal resection; they frequently also include cholecystectomy and omentum, and rarely a mesenteric vein patch.
- Orient and measure the anatomical components of the specimen.
- Identify the different pancreatic head margins and ink them with different colours according to institutional protocol (in the illustrated example, the uncinate margin is inked black, the vascular margin orange, and the pancreatic transection margin green).
- Open the gastrointestinal tract and identify the ampulla. Remove any prostheses or stents if present, and determine whether the lesion is macroscopically visible before sectioning the pancreatic head.
- Serially section the specimen in the transverse plane through the ampulla of Vater. Describe and measure the lesion, its distance to margins, and whether adjacent anatomical structures are involved (common bile duct, gastrointestinal wall, vascular structures, etc.).
- Submit representative sections:
 - If the lesion is visible, solid, and large, submit generous sampling in relation to margins and adjacent structures.
 - If the lesion is small, treated, or cystic, total submission is recommended.
 - If no clear macroscopic lesion is identified, serial sections of the pancreas should be represented.
 - Include sections of non-neoplastic pancreatic parenchyma to assess for possible concomitant pathology.
- When isolating and submitting lymph nodes, a minimum of 12 nodular formations is recommended; if lymph nodes are not readily identifiable, it is worthwhile to submit representative sections of adipose tissue, particularly peripancreatic adipose tissue.
- If the gallbladder has not been removed, the duct margin (biliary margin) must be submitted.
- If omentum is present, serially section it to search for implants. If none are identified, representative sections should still be submitted.



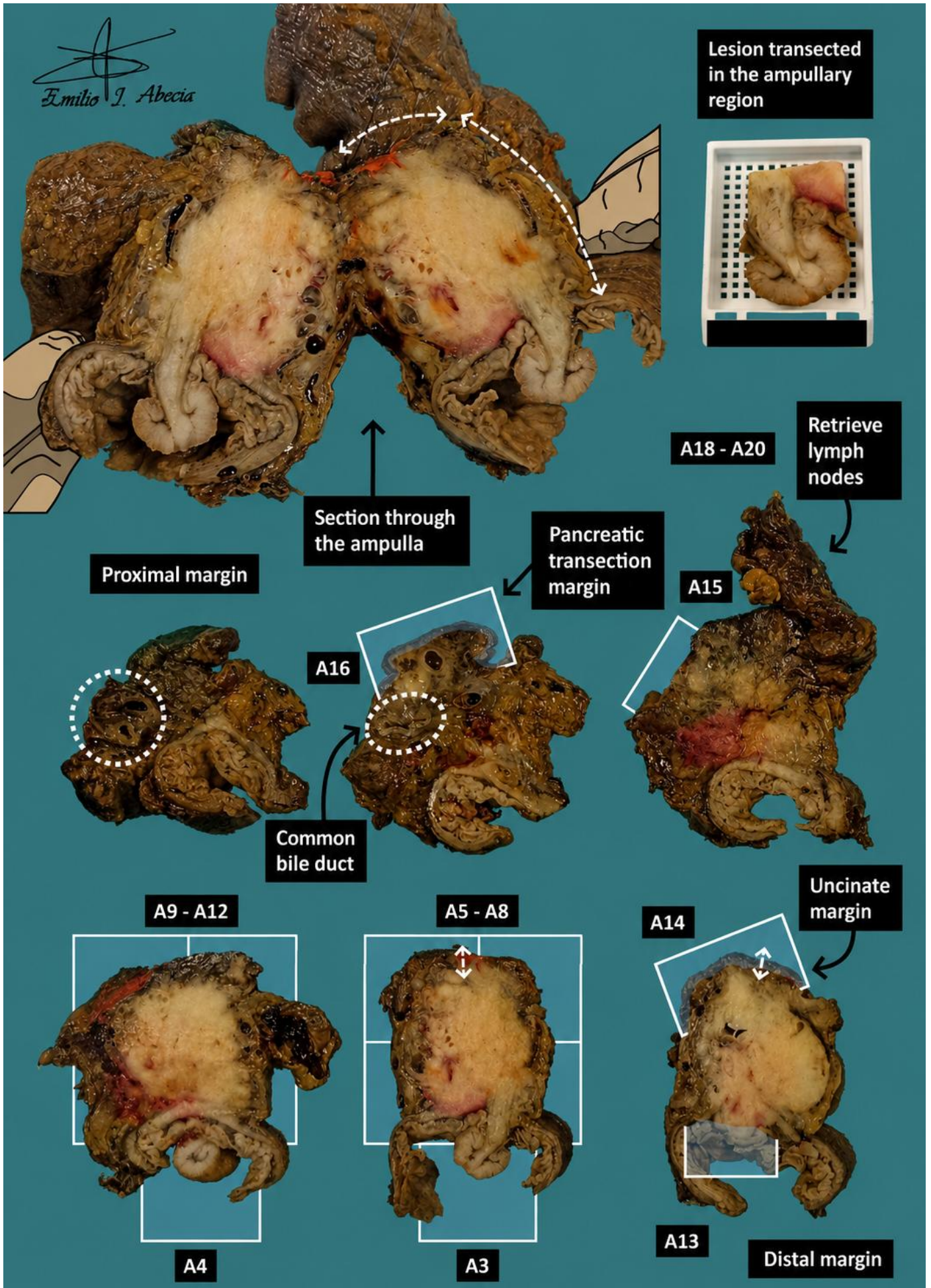
Cephalic duodenopancreatectomy (Whipple)



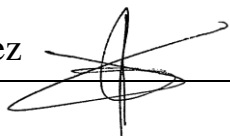
1. Orient the specimen and identify its anatomical components
2. Describe external surface
3. Identify surgical margins (vascular, uncinata and pancreatic transection margin)
4. Open the intestine longitudinally; locate, measure and describe the ampulla of Vater
5. Section the ampulla; locate and measure the lesion, distance to margins and indicate involvement of anatomical structures (ampulla of Vater, intestinal wall, common bile duct, fat...)
6. Describe cut surface of the lesion
7. Describe secondary changes / findings in the pancreatic parenchyma
8. Section and describe the biliary vesicle (if present)
9. Inspect, palpate and serially section the epiploon (if present), looking for neoplastic implants
10. Palpate pancreatic and perigastric tissue to look for nodular formations
11. Include representative sections



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BIBLIOGRAPHY

- The Royal College of Pathologists of Australasia. *Cancer of the Exocrine Pancreas, Ampulla of Vater and Distal Common Bile Duct*. Structured Pathology reporting of Cancer-Protocols. Recuperado el 13 de Mayo de 2024: <https://www.rcpa.edu.au/Library/Practising-Pathology/Structured-Pathology-Reporting-of-Cancer/Cancer-Protocols/Gastrointestinal/Protocol-pancreatic-cancer.aspx>
- Cipriani N., Rose S. (2019). *Pancreas (Whipple)*. Gross Pathology Manual (University of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/gi-liver/pancreas-whipple/>
- *Pancreaticoduodenectomy (Whipple Procedure) (Gastrointestinal)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/77/whipple-122122.pdf?f=8f7d67ce>
- Burgart L. J., Chopp W. V., MD; Jain D. (2021). *Pancreas (Exocrine) (v4.2.0.2)*. College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/Panc.Exo_4.2.0.2.REL_CAPCP.pdf?_gl=1*reqi1t*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcwMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- Jain D., Chopp W.V, Graham R.P. (2023). *Pancreas (Endocrine) (v5.0.0.0)*. College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/Panc.Endo_5.0.0.0.REL_CAPCP.pdf?_gl=1*1bdfdc*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcwMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- WHO Classification of Tumours Editorial Board (2019). *Digestive system tumours* (5th ed., vol. 1). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours/Digestive-System-Tumours-2019>
- 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>
- Susan C. Lester, French, C. A., & Curtis, S. G. (2010). *Manual of Surgical Pathology: Expert Consult* (ed. 3). Elsevier. <https://www.sciencedirect.com/book/9780323065160/manual-of-surgical-pathology>
- Shameem Shariff. (2019). *Fundamentals of Surgical Pathology* (ed.2). Jaypee Brothers Medical Publishers. <https://www.jaypeedigital.com/book/9789388958967>
- Westra, W. H., Ralph H. Hruban, Timothy H. Phelps, & Christina Iacon. (2003). *Surgical Pathology Dissection: An Illustrated Guide* (ed.2). Springer. <https://link.springer.com/book/10.1007/b97473>

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.

