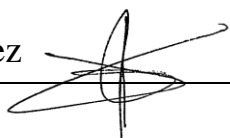


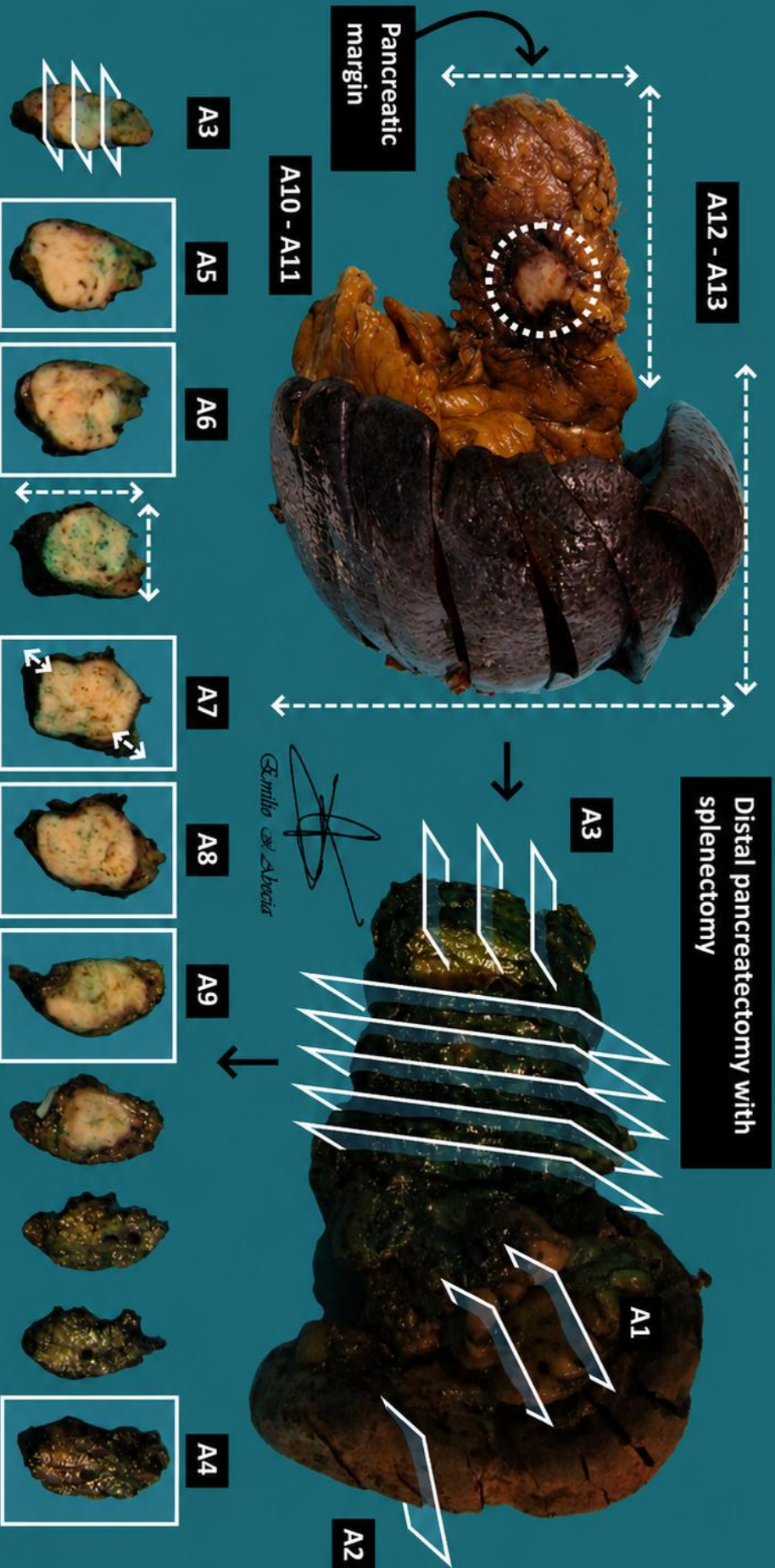
DISTAL PANCREATECTOMY

1. A distal pancreatectomy specimen is received, consisting of pancreas measuring XXX cm / spleen measuring XXX cm / and peripancreatic soft tissue measuring XXX cm.
2. Externally, no remarkable abnormalities are identified // there is laceration of the splenic capsule / a superficial lesion measuring XXX cm located on the anterior / posterior surface of the pancreatic body / tail / within the spleen.
3. The pancreatic radial margin is inked X // the anterior pancreatic surface is inked X and the posterior surface X.
4. On serial sectioning, a lesion measuring XXX cm is identified, located in the pancreatic body / tail and situated X cm from the radial margin, X cm from the pancreatic neck margin, and X cm from the splenic hilum. The lesion is confined to the pancreas, without involvement of / infiltrating the pancreatic duct and spleen.
5. The lesion shows a solid / cystic morphology, with a homogeneous / heterogeneous appearance, brown / whitish coloration, and infiltrative / rounded borders, etc.
6. The remaining pancreatic parenchyma shows an unremarkable cut surface // demonstrates foci compatible with fat necrosis / multilobulated architecture / fibrosis / atrophy, etc.
7. On serial sectioning, the spleen shows homogeneous parenchyma without lesions // demonstrates a lesion measuring XXX cm, located X cm from the capsule and X cm from the splenic hilum.
8. On palpation, X perihilar / peripancreatic nodular formations are identified, the largest measuring X cm.
9. Representative sections are submitted as follows:
 - A1: sections from splenic hilum.
 - A2: section of splenic capsule.
 - A3: pancreatic neck margin, en face.
 - A4: section of uninvolved pancreas.
 - A5–A9: sections of pancreatic lesion from distal to proximal.
 - A10–A11: 4 hilar nodular formations per block.
 - A12–A13: 4 peripancreatic nodular formations per block.

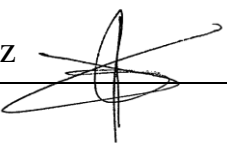
POINTS TO CONSIDER

- Partial resections of the pancreatic body-tail region performed for neoplastic disease, generally accompanied by splenectomy.
- Review the patient's clinical history to determine the indication for resection, lesion location, and radiological findings.
- Orient, measure, and describe the specimen; ink the pancreatic margin and serially section perpendicular to the main pancreatic duct (duct of Wirsung). Describe whether the lesion involves anatomical structures such as the spleen or pancreatic duct.
- Submit representative sections:
 - If a macroscopic lesion is identified, include at least one section of lesion per centimetre of greatest dimension, representing the radial margin.
 - If the lesion has received treatment or is cystic, submit entirely.
 - If no definite macroscopic lesion is identified, serial sections are recommended.
 - If the lesion is very close to one of the margins, consider inking or submitting that margin perpendicularly (in relation to the lesion) rather than as a shaved margin.
- Submit representative sections of non-neoplastic pancreatic and splenic parenchyma (including capsule and hilum) to assess for possible concomitant pathology.
- When dissecting and submitting lymph nodes, specify their origin (peripancreatic or splenic hilar). A minimum of 12 nodular formations is recommended; if lymph nodes are not readily identified, it may be useful to submit representative sections of adipose tissue from the peritumoral area.





1. Measure the specimen and its components
2. Describe the external surface
3. Ink the radial surgical margin
4. Serially section the spleen and pancreas; identify and measure the lesion, and record its distance to the margins (radial and pancreatic) and invasion of structures
5. Describe the cut surface of the lesion
6. Describe any additional / incidental findings in the pancreatic parenchyma
7. Describe any additional / incidental findings in the splenic parenchyma
8. Palpate the peripancreatic adipose tissue and splenic hilum for nodal deposits
9. Submit representative sections



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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.

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