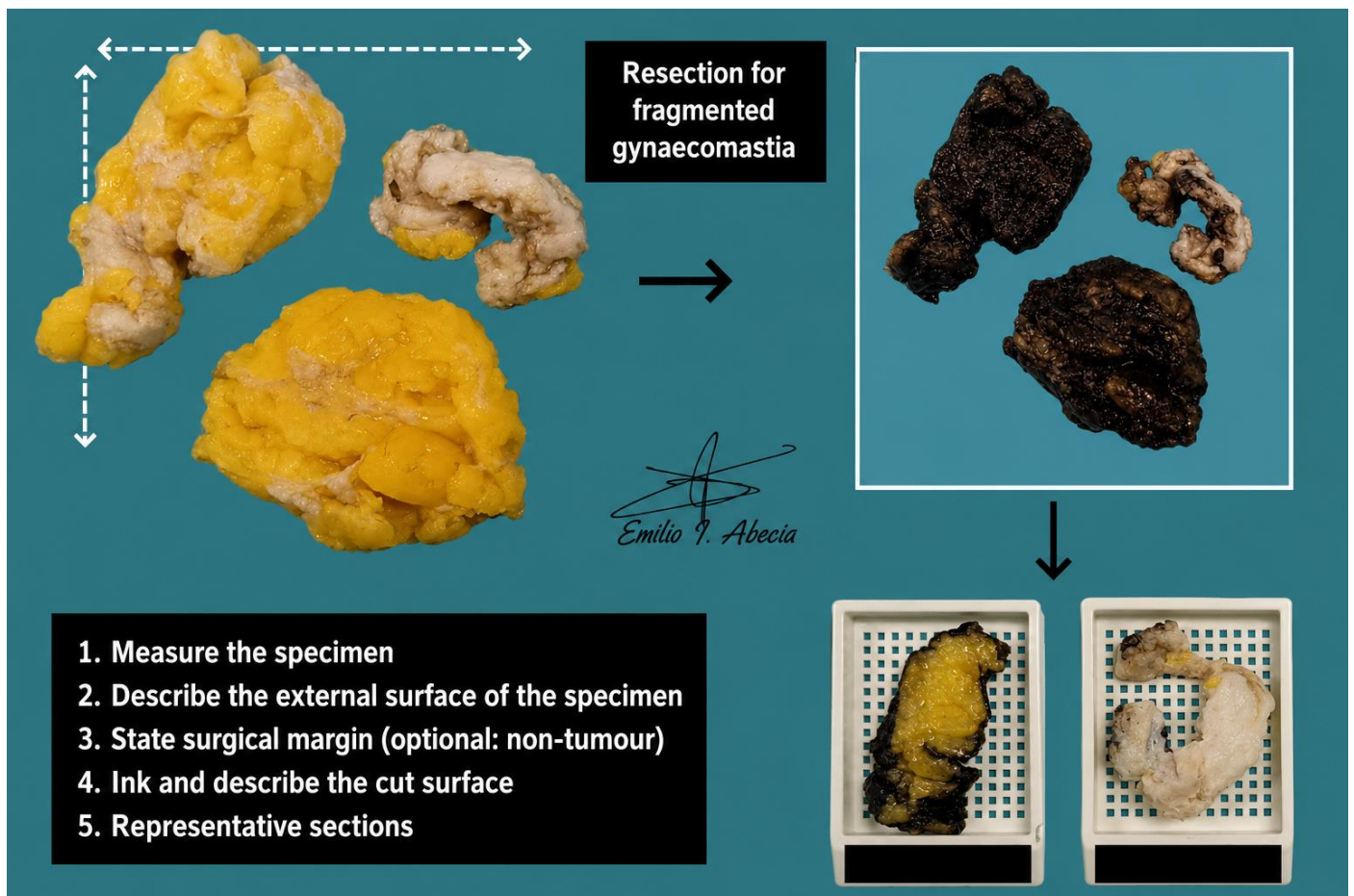


## NON-NEOPLASTIC BREAST SPECIMEN

1. A specimen labelled as X, measuring X cm, is received, without orientation provided / with spatial orientation designated by X at the X margin // multiple fragments measuring XXX cm in aggregate are received.
2. Externally, the specimen has an adipose / fibroadipose / fibrous appearance // includes a skin fragment measuring XXX cm, without remarkable abnormalities // with an X lesion showing X characteristics, located X cm from the margin.
3. The surgical margin is inked.
4. On sectioning, the cut surface appears yellowish / whitish and homogeneous // with alternating yellowish areas and whitish fibrous-appearing areas.
5. Representative sections are submitted in X blocks.

### POINTS TO CONSIDER

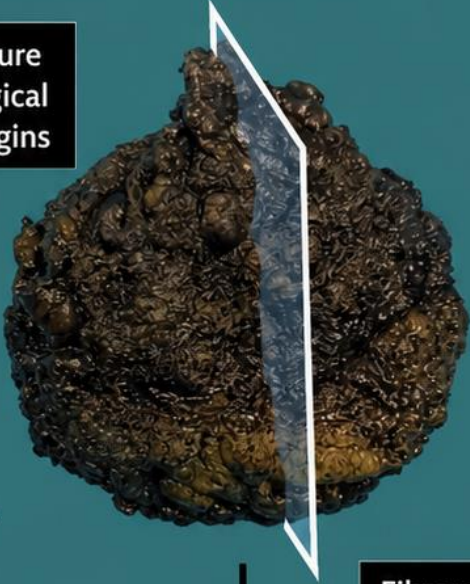
- Resection of breast tissue for oncoplastic, reconstructive, or ectopic breast tissue purposes in female or male patients, generally without neoplastic pathology.
- It is recommended to review the clinical history to determine the indication for resection and to assess for any history or suspicion of breast carcinoma.
- Some specimens are received intact and oriented, whereas others are received fragmented; measure and describe the external surface.
- If there is a history or suspicion of malignancy, ink the surgical margins, although some specialists recommend routine inking as a precautionary measure.
- Submit representative sections:
  - Include a couple of representative sections of breast parenchyma and skin (if present).
  - If secondary / incidental lesions are identified, include a couple of representative sections.
  - If the patient carries a BRCA mutation or has a history of carcinoma, ink the specimen and submit entirely.





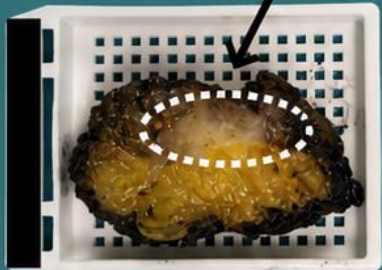
Unorientated ectopic breast tissue

Ensure surgical margins



*Emilio I. Abecia*

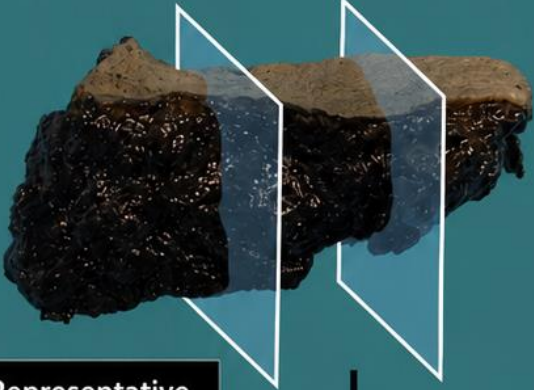
Fibrous tract



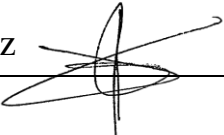
1. Measure specimen
2. Describe external surface
3. Ensure surgical margins (optional: non-tumour)
4. Serially section and describe cut surface
5. Representative sections



Oncoplastic reduction mammoplasty



Representative sections



## BIBLIOGRAPHY

- *Gynecomastia (Breast)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/de/gynecomastia-122122.pdf?f=7f55ae83>
- Cipriani N., Rose S. (2019). *Reduction / Reconstruction (Breast)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/breast/reduction-reconstruction/>
- *Reduction Mammoplasty (Breast)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/65/reduction-mammoplasty-122222.pdf?f=006d6be5>
- 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 Iacson. (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.

