

BREAST CAPSULECTOMY

1. A specimen designated as X is received, measuring XXX cm, with a capsular morphology // multiple fragments measuring XXX cm in aggregate are received // accompanied by inorganic / surgical material measuring XXX cm, compatible with a breast prosthesis.
2. Externally, no remarkable features are identified // the external capsular wall shows an intact / torn surface, with a brownish / whitish coloration and a smooth / irregular surface // the fragments show X characteristics.
3. On opening, the internal capsular surface is violaceous and smooth, without well-defined lesions // one / several lesions measuring XXX cm are identified, with a nodular / flat morphology and a brownish / whitish coloration / X characteristics.
4. On sectioning, the wall measures X cm in thickness, without well-defined lesions // the lesions show a heterogeneous / homogeneous cut surface, with foci of necrosis / haemorrhage / etc.
5. Representative sections are submitted as follows:

1st Example (Non-neoplastic capsulectomy)

- A1 – A3: representative sections of the prosthetic capsule.

2nd Example (Capsulectomy with lymphoma)

- A1 – A6: representative sections of the nodular lesions in relation to the prosthetic capsule.

POINTS TO CONSIDER

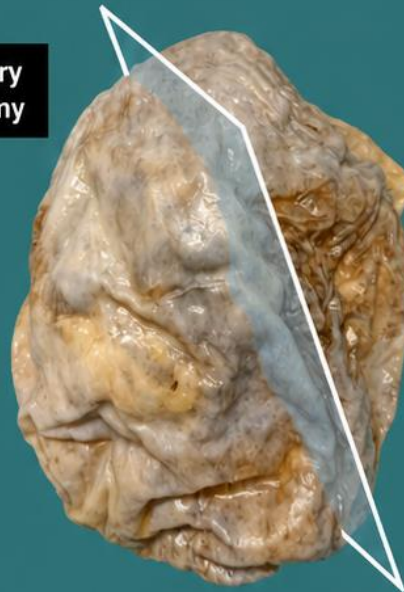
- Excision of periprosthetic tissue from previous breast implants for inflammatory, aesthetic, neoplastic, or other reasons.
- As breast implant-associated lymphoma may occur, it is recommended to review the clinical information to determine the indication for surgery.
- Measure, describe, and submit representative sections:
If there is no suspicion of neoplastic pathology, submit three to four representative sections.
If lymphoma is suspected or confirmed, sampling should be generous.
- If lymphoma is suspected, verify whether fresh tissue is required for molecular studies according to the institutional protocol.





External (parenchymal) surface (anterior or external surface)

Inflammatory capsulectomy



Internal (prosthesis) surface (posterior or internal surface)

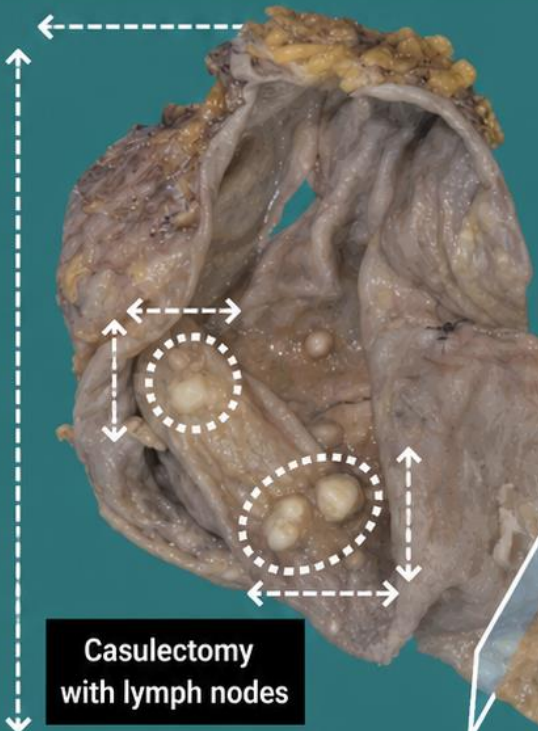


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1. Measure the specimen, indicating whether a breast prosthesis is present
2. Describe the external surface (anterior surface) of the capsule
3. Open the capsule and describe the internal surface (posterior surface)
4. Ink the capsule; describe any abnormalities or possible lesions
5. Representative sections



A1 - A3



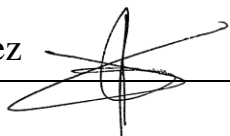
Casulectomy with lymph nodes

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A1 - A6



Breast prosthesis



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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.

