

BREAST MARGIN RE-EXCISION

1. Received labelled as X, a fragment measuring X cm, without orientation provided // oriented with X indicating the surface of presumed tumour contact // with X marking the X margin.
2. Externally, the specimen has an adipose / fibroadipose / fibrous appearance, without clearly well-defined lesions // a focal lesion measuring X cm is identified, showing X characteristics.
3. The surface opposite to the tumour contact area is inked with India ink.
4. On serial sectioning, the cut surface is unremarkable // a lesion measuring XXX cm is identified, whitish / brownish and well / poorly defined, located X cm from the inked margin.
5. Representative sections are submitted as follows:

1st Example (Re-excision without spatial orientation):

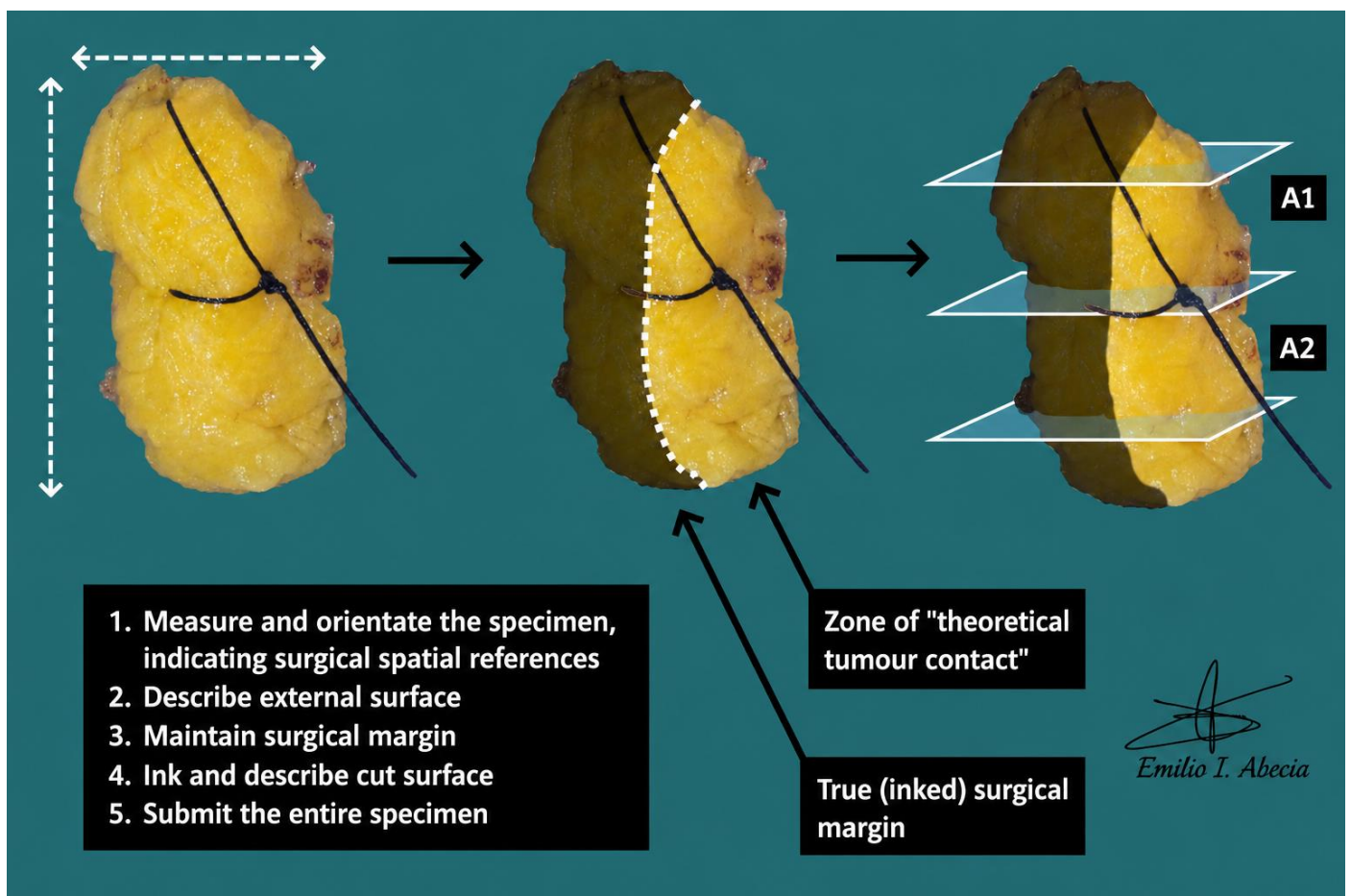
- A1 - A2: Entire submission in transverse sections.

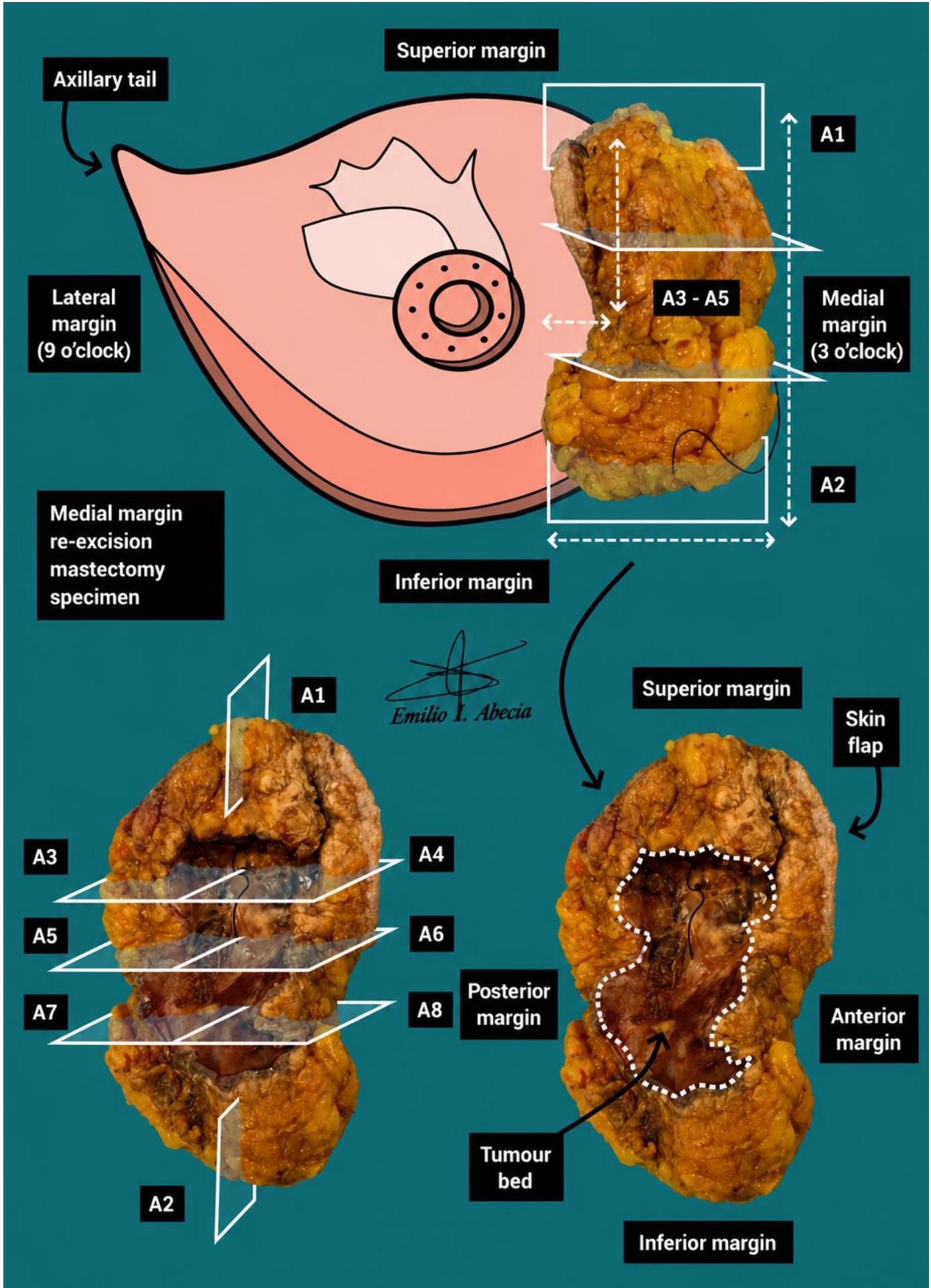
2nd Example (Spatially oriented re-excision):

- A1: superior margin, cruciate section.
- A2: inferior margin, cruciate section.
- A3 - A8: transverse sections from posterior to anterior and from superior to inferior.

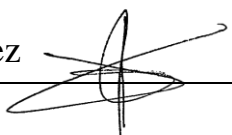
TO CONSIDER

- Re-excision / widening of surgical margins in previous breast tumour surgery, where histological examination demonstrated tumour involvement at the margins.
- Orient the specimen. It may be received with a marker indicating the area of tumour contact or spatially oriented to identify multiple margins (usually in larger specimens).
- Measure, describe, and ink the margin opposite to the tumour contact area.
- Serially section and describe the cut surface.
- Entirely submit smaller specimens; submit representative sections from larger specimens.





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BIBLIOGRAPHY

- *Margin Excision (Breast)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/8b/margin-excision-122222.pdf?f=8553811c>
- *Margin Re-Excision (Breast)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/5a/margin-re-excision-122222.pdf?f=90f5cb29>
- 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.

