EXTRAHEPATIC BILE DUCT TUMOUR

1. Received, labelled as X, is a tubular structure measuring XXX cm, oriented with a suture at the proximal / distal aspect / without specified laterality // with attached peripheral adipose tissue measuring XXX cm.
2. Externally, the serosal surface is unremarkable / a defect measuring XXX cm is identified // an external lesion measuring XXX cm is identified, located X cm from the X margin.
3. The margin is inked with India ink.
4. The specimen is opened longitudinally; on inspection, a lesion measuring XXX cm is identified, located X cm from the proximal / distal margin.
5. On sectioning, the lesion measures X cm in thickness and infiltrates the bile duct wall, lying X cm from the radial surgical margin // appears confined to the mucosa.
6. The lesion shows a papillary / ulcerated morphology / with a homogeneous / heterogeneous / whitish / brownish cut surface, etc.
7. On palpation, no nodular formations are identified // X nodular formations measuring between X and X cm in diameter are identified.
8. The specimen is entirely submitted as follows:
   - A1: proximal margin.
   - A2: distal margin.
   - A3–A4: first section of the lesion.
   - A5–A6: second section of the lesion.
   - A7: additional section demonstrating wall infiltration.
   - A8: nodular formation within peripheral adipose tissue.

TO CONSIDER

– Uncommon surgical resections of the biliary tract, generally performed for extrahepatic neoplastic pathology (cholangiocarcinoma / Klatskin tumour). These lesions are usually associated with a poor prognosis.
– As the anatomical resection and localisation of lesions may be complex (for example, at the biliary duct bifurcation), review of the clinical history and imaging studies is recommended.
– Confirm whether the specimen is oriented, with surgical references indicating the proximal or distal margin.
– Measure, describe, and ink the radial margin.
– Open the specimen longitudinally and identify the lesion.
– Submit representative sections:

- Submit the surgical margins as transverse shave sections, and include the lesion in relation to the radial margin. If the lesion is very close to one of the margins, consider submitting that end longitudinally (in relation to the lesion) rather than transversely.
- Submit sections of the lesion demonstrating areas of deepest tumour infiltration. As a general rule, include at least one section per centimetre of the greatest tumour dimension.
- Consider sections of uninvolved duct to assess for associated pathology.
- Submit nodular formations within the peripheral tissue (if present).

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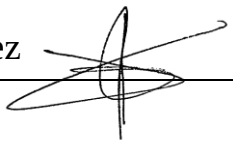

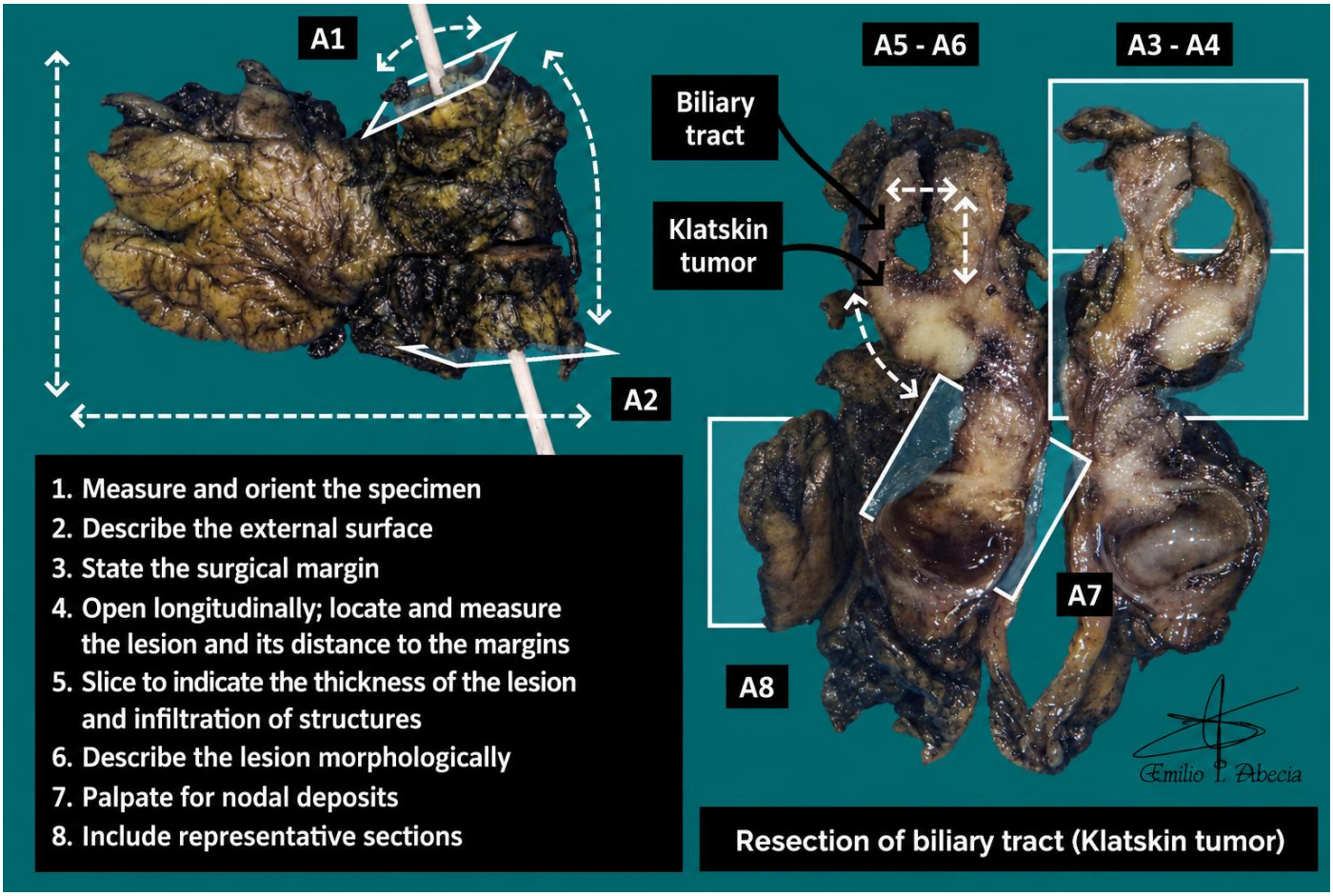

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DISCLAIMER

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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