AXILLARY LYMPH NODE DISSECTION – BREAST

1. A left / right axillary lymph node dissection specimen measuring XXX cm is received, without orientation provided // oriented with X marking level X.
2. Externally, the specimen has an adipose appearance, without other abnormalities // one / several nodular lesions measuring X cm in diameter are identified // a superficial lesion measuring XX cm with X characteristics is identified.
3. On palpation, X nodular lesions are identified in level I, the largest measuring X cm in diameter; in level II, X nodular lesions are identified, the largest measuring X cm.
4. On sectioning, no abnormalities are identified / fatty degeneration is observed // a whitish focus measuring X cm, consistent with metastasis, is identified.
5. Representative sections are submitted as follows:
   - A1 and A2: largest nodular lesion from level I.
   - A3: X nodular lesions from level I submitted in one block.
   - A4: largest nodular lesion from level II, bisected and submitted in one block.
   - A5: X nodular lesions from level II submitted in one block.

TO CONSIDER

– Resection of axillary lymphatic chains, generally performed for staging of breast carcinoma.
– Axillary levels I and II are usually identified with spatial orientation markers.
– Measure the specimen in aggregate and separate according to institutional protocol (level II is generally smaller).
– Palpate carefully for nodular lesions; measure the largest lesions identified.
– Submit all nodular lesions (lymph nodes) identified. If any node is particularly large or shows abnormalities on cut section, this should be specified in the gross description and block key.
– It is recommended to identify at least 10–20 nodular lesions. If no clearly identifiable nodular lesions are isolated, submission of representative sections of adipose tissue may be worthwhile.

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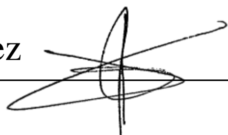

Axillary Level I

Axillary Level II

Axillary lymphadenectomy specimen

Axillary Level I

Axillary Level II

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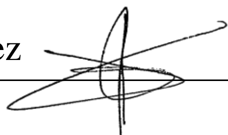
A1

A2

A3

A4

1. Measure the specimen, indicating spatial references to axillary levels (I and II)
2. Describe the external surface of the specimen
3. Separate levels and isolate nodular formations present at each level
4. Section and describe the cut surface (if features suggestive of metastasis)
5. Submit all identified nodular formations entirely

Emilio I. Abecia Martínez 

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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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