

SPACE-OCCUPYING BRAIN LESION

1. A specimen labelled as X is received, consisting of a fragment measuring XXX cm // multiple tissue fragments measuring XXX cm in aggregate // with a dural patch measuring XX cm.
2. Externally, the specimen shows a polylobulated / irregular / smooth / disrupted surface, with a soft / firm consistency and whitish / brownish / haemorrhagic / etc. coloration // the lesion is located X cm from the closest dural patch margin.
3. Ink the surface / dural patch.
4. On sectioning, the cut surface is homogeneous / heterogeneous / brownish / whitish / with necrotic / haemorrhagic areas comprising X % // structures compatible with cerebral parenchyma / cerebral gyri are identified // the lesion appears to arise from / infiltrate the dural patch / etc.
5. Representative sections are submitted as follows:

1st Example (Glial space-occupying lesion):

- A1 - A5: representative sections of the specimen.

2nd Example (Meningioma with dural patch):

- A1 - A2: one central section of the specimen.
- A3 - A4: representative sections from the lateral aspects of the dural patch.
- A5: an additional section of the specimen.

3rd Example (Multifragmented meningioma):

- A1 - A5: representative sections of the fragments.

4th Example (Multifragmented glial lesion):

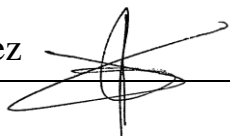
- A1 - A5: representative sections of the fragments.

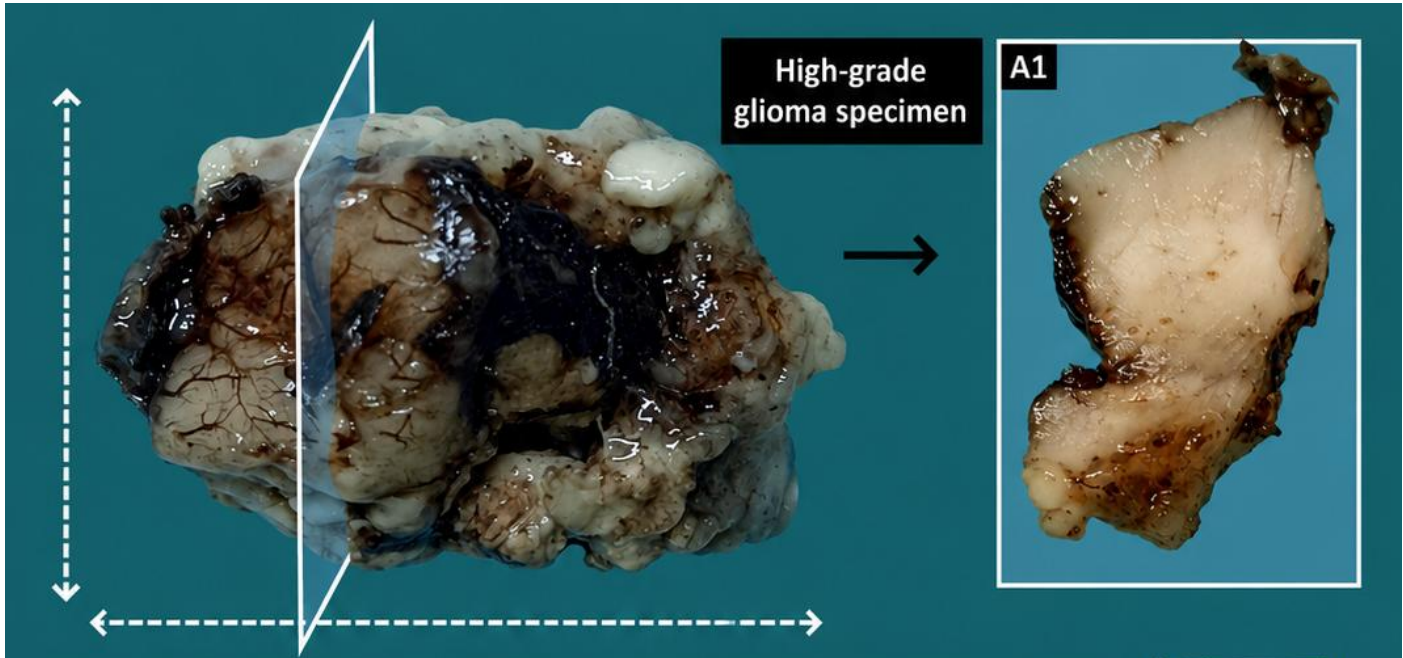
5th Example (Ependymoma):

- A1 - A2: one bisected section per block.

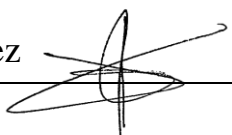
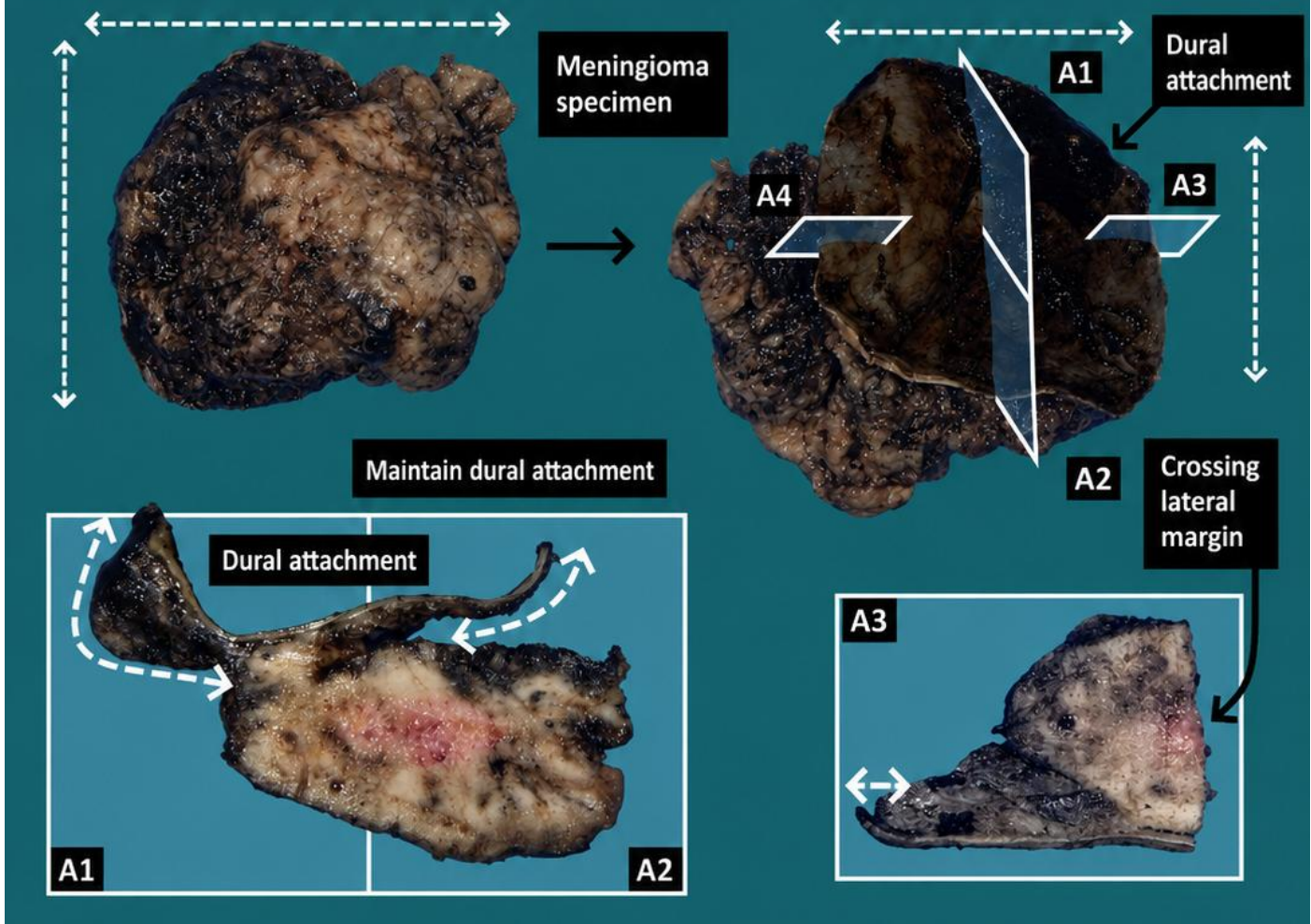
TO CONSIDER

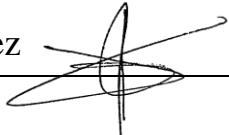
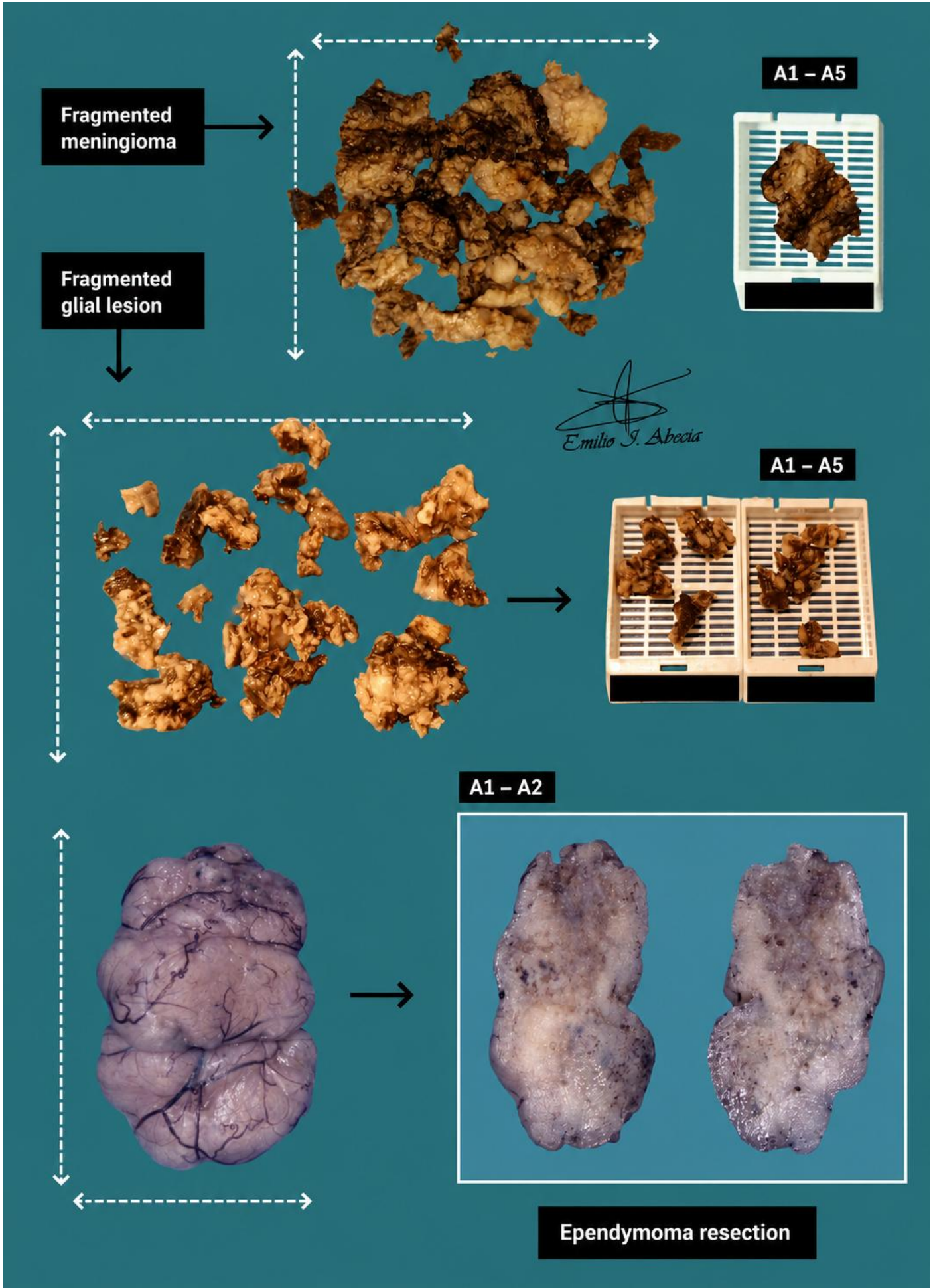
- In excisions of neoplastic space-occupying lesions (SOLs), due to the nature of the surgery and the poor delimitation of the lesions, surgical margins do not carry the same significance (ink the surface or measure the distance to margins according to institutional protocol).
- It is recommended to review the clinical history in order to determine the surgical indication, as well as radiological imaging studies or any history of chemo-radiotherapy.
- Measure and describe the external surface of the specimen.
- If a dural patch is present, consider inking the surgical margin; serially section the specimen.
- Describe the cut surface; if cerebral parenchyma / cerebral gyri / identifiable dural patches are recognised, indicate their relationship to the neoplasm.
- Submit representative / subtotal / total sections:
 - In primary lesions such as gliomas, small areas showing high-grade histological dedifferentiation may alter the overall diagnosis. Likewise, the presence of necrosis has major diagnostic significance.
 - In meningiomas or metastases, submit at least one section per centimetre of the greatest dimension of the lesion.
 - In small biopsies, it is advisable to distribute the fragments into two blocks to minimise excessive tissue loss during laboratory processing.





1. Measure specimen and record identifiable features (e.g. parenchyma, meninges...)
2. External description of the specimen
3. Maintain a surgical margin (if a dural patch is present)
4. Serially section and describe the cut surface
5. Include representative sections, sampling areas of heterogeneity





BIBLIOGRAPHY

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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.

