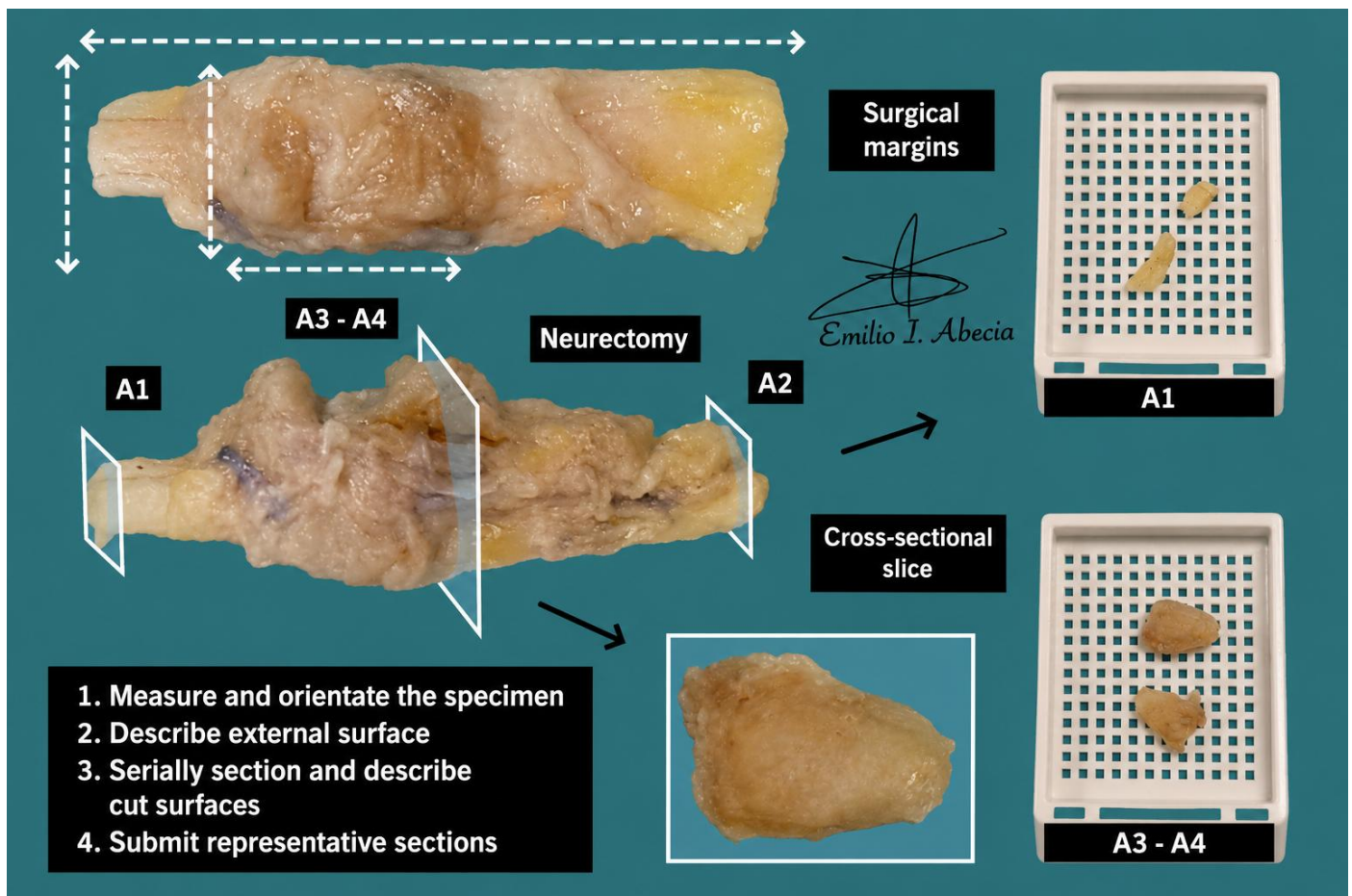


## NEURECTOMY

1. Received, labelled as X, is a fragment measuring XXX cm // multiple fragments measuring XXX cm in aggregate.
2. Externally, the specimen shows a yellowish / brownish coloration, without other remarkable features // it is partially covered by adipose / fibrous tissue // a superficial lesion measuring XXX cm is identified, located X cm from the surgical margins.
3. On serial sectioning, the cut surface is smooth and homogeneous, without clearly demarcated lesions // a homogeneous / whitish / fasciculated / fibrous focus is identified, measuring X cm in thickness // a necrotic / myxoid / haemorrhagic area measuring X cm is identified, representing X% of the total volume.
4. Representative sections are submitted as follows:
  - A1: surgical margin.
  - A2: opposite surgical margin.
  - A3 and A4: central sections of the specimen.

### POINTS TO CONSIDER

- Neurectomies are usually performed for benign and localised neoplastic lesions, such as neuromas. Malignant peripheral nerve lesions are generally received as wider resections including soft tissue; nevertheless, correlation with the clinical history is recommended to determine the indication for surgery.
- Measure and describe the specimen, attempting to identify any lesions.
- Serially section, describe the cut surface, and submit representative sections:
  - Include surgical margins.
  - Generally, submit at least one section per centimetre along the greatest dimension of the lesion.



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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.

