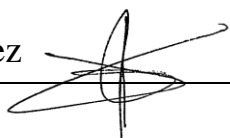


FACIAL EXENTERATION

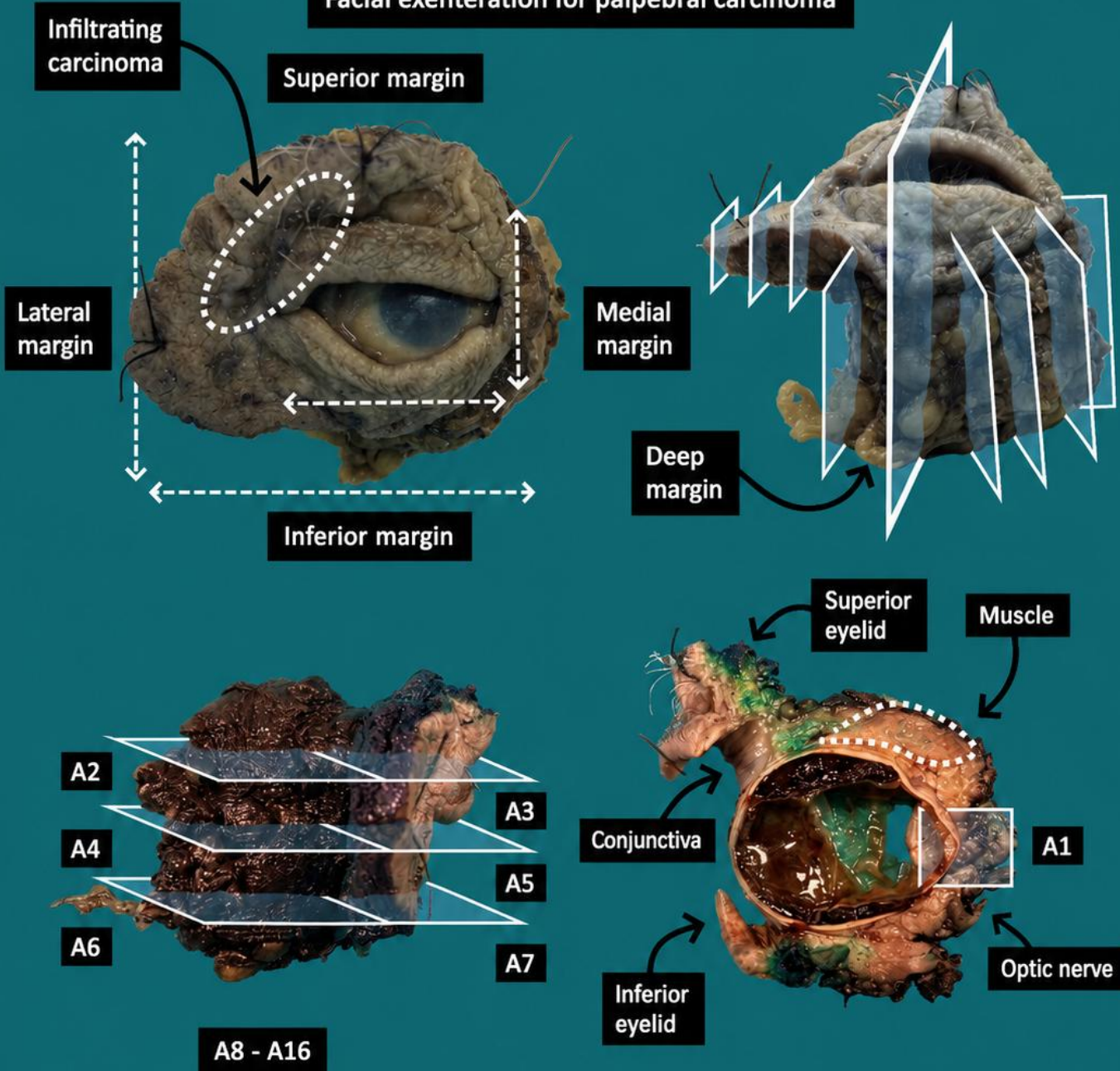
1. A specimen labelled as X is received, consisting of an exenteration specimen measuring XXX cm in greatest dimension, composed of a skin ellipse measuring XXX cm, upper / lower eyelid measuring XXX cm, and periorbital soft tissue measuring XXX cm.
2. On external examination, no remarkable features are identified // a superficial lesion measuring XXX cm is identified, involving the X anatomical structure and located X cm from the X surgical margin.
3. The X surgical margin is inked with X colour.
4. On sectioning, a globe measuring XXX cm is identified. On inspection, an intraocular / extraocular lesion measuring XXX cm is recognised, located X cm from the closest surgical margin, appearing to arise from the skin / soft tissue / choroid / retina, and not appearing to infiltrate / infiltrating bone / muscle / skin / etc.
5. The lesion demonstrates a homogeneous / heterogeneous cut surface, with well / poorly defined borders and foci of necrosis / haemorrhage / myxoid change measuring X cm and representing X % of the lesion.
6. The bony tissue is decalcified using X at X %.
7. Representative sections are submitted as follows:
 - A1: optic nerve margin (in this case).
 - A2 - A7: lateral X margin, cruciate sections.
 - A8 - A16: one central section.
 - A17 - A22: lateral X margin, cruciate sections.
 - A23 and A24: additional sections of the lesion in relation to X structure.

POINTS TO NOTE

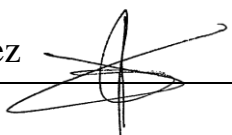
- Orbital exenteration involves removal of the globe and other anatomical orbital structures, including eyelids, etc. These are complex and highly mutilating resections in which local excision of the lesion is not feasible.
- Review of clinical information and imaging studies is recommended prior to specimen dissection in order to determine the location of the lesion and the anatomical structures involved, as it is important to establish whether the lesion is intraocular or extraocular.
- Photograph the specimen.
- Orient and measure the specimen spatially, using surgical landmarks, anatomical structures, and laterality (left versus right) for reference.
- Describe the external surface and ink the surgical margins.
- Serially section the specimen through the centre, preferably using the globe / optic nerve as a reference point.
- Identify the lesion and measure the distance to the surgical margins. If the lesion is intraocular, indicate the distance in centimetres to the optic nerve margin.
- Submit representative sections:
 - Represent all surgical margins.
 - Include representative sections of the lesion, preferably in relation to margins and anatomical structures. As a general rule, include at least one section per centimetre of the greatest dimension of the specimen.
 - Include sections of anatomical structures to exclude incidental abnormalities (if not already sampled).
- Decalcify bony tissue if required.



Facial exenteration for palpebral carcinoma



1. Orient and measure the specimen and its anatomical structures
2. Describe the external surface
3. Assess the surgical margin
4. Serially section the specimen; identify and measure the lesion, as well as the distance to margins and infiltration of anatomical structures
5. Describe the cut surfaces of the lesion
6. Decalcify bone tissue, if required
7. Submit representative sections



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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.

