

BILIARY / PANCREATIC CUFF

1. Received labelled as “biliary cuff” / “pancreatic cuff” is a tissue fragment measuring XXX cm, oriented with a stitch marking the proximal / distal aspect // without orientation provided.
2. Externally, the specimen shows a violaceous / brownish coloration, with identification of a lumen measuring X cm in diameter, compatible with bile duct / common bile duct // a lesion measuring XXX cm is identified, located X cm from the surgical margin.
3. The surgical margin is inked.
4. Representative sections are submitted as follows:

1st Example (Oriented pancreatic cuff):

- A1 - A2: entirely submitted from the distal aspect.

2nd Example (Non-oriented biliary cuff):

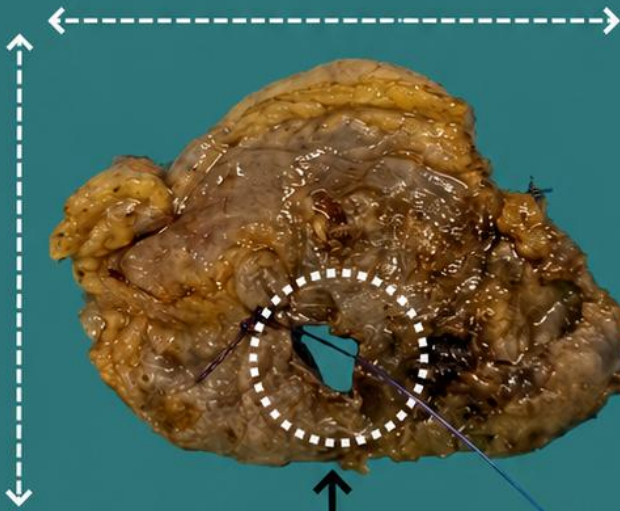
- A1: entirely submitted.

POINTS TO CONSIDER

- Biliary tract specimens obtained as part of pancreatobiliary oncological resections, intended for assessment of the resection margin either intraoperatively or in a deferred manner.
- As these specimens are usually small and generally do not contain large lesions, they are of limited complexity for gross dissection.
- Measure and describe the specimen.
- Consider inking the surgical margin (according to institutional protocol).
- Submit representative sections:
 - If the specimen is oriented, submit transverse sections from the distal margin relative to the lesion.
 - If the specimen is not oriented, submit entirely in a circumferential (shave) fashion.



Oriented pancreatic resection



1. Orient and measure the specimen, indicating surgical resection margins
2. Describe external surface
3. Assess specimen integrity
4. Ink the distal margin

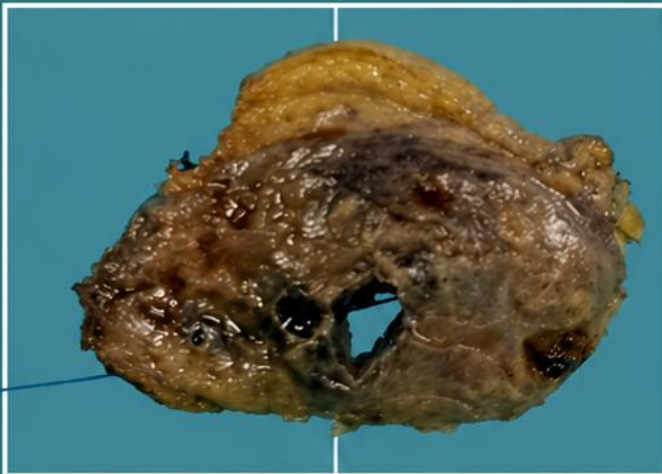
Proximal margin (to lesion)

Distal margin (to lesion)

A1

Common bile duct

A2



Distal face inked



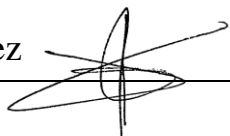
Unoriented biliary resection



Entire specimen




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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.

