

## SKIN SHAVE BIOPSY

1. A specimen labelled as X, measuring XXX cm, is received // multiple fragments measuring XXX cm in aggregate are received.
2. Externally, no remarkable features are identified // the external surface is polylobulated / crusted / irregular, with a brownish / whitish coloration and a soft / indurated / soft-elastic / etc. consistency.
3. Ink the surgical margin (depending on institutional guidelines).
4. On bisection, the cut surface is homogeneous / heterogeneous, with well / poorly defined borders / showing X characteristics.
5. The specimen is submitted as follows:

### **1st Example (Shave Biopsy of a Naevus):**

- A1: Entirely submitted, bisected, in one block.

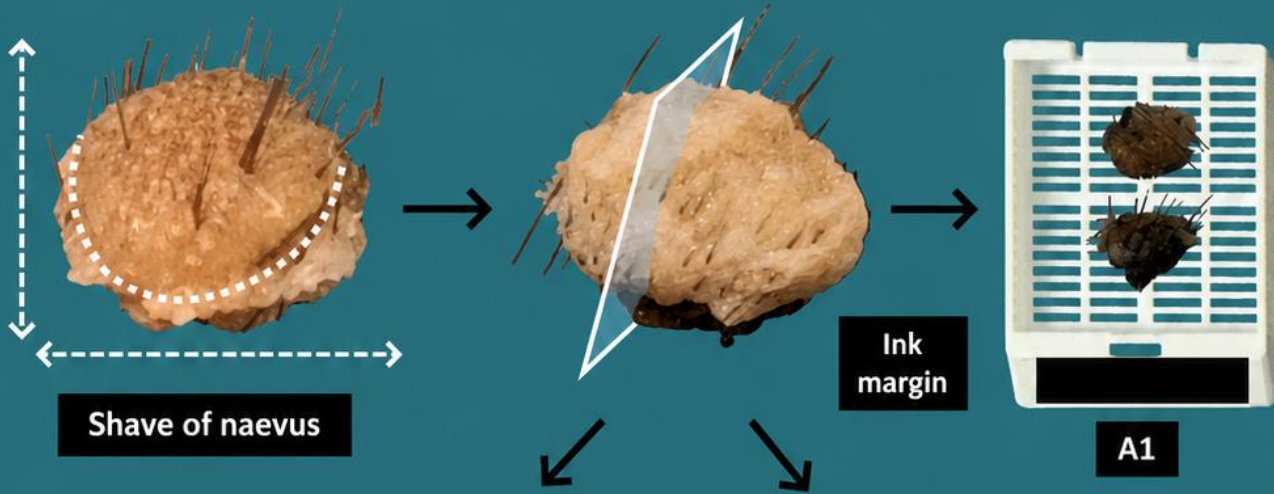
### **2nd Example (Shave Biopsy of a Fibroma):**

- A1: Entirely submitted in one block.

## POINTS TO CONSIDER

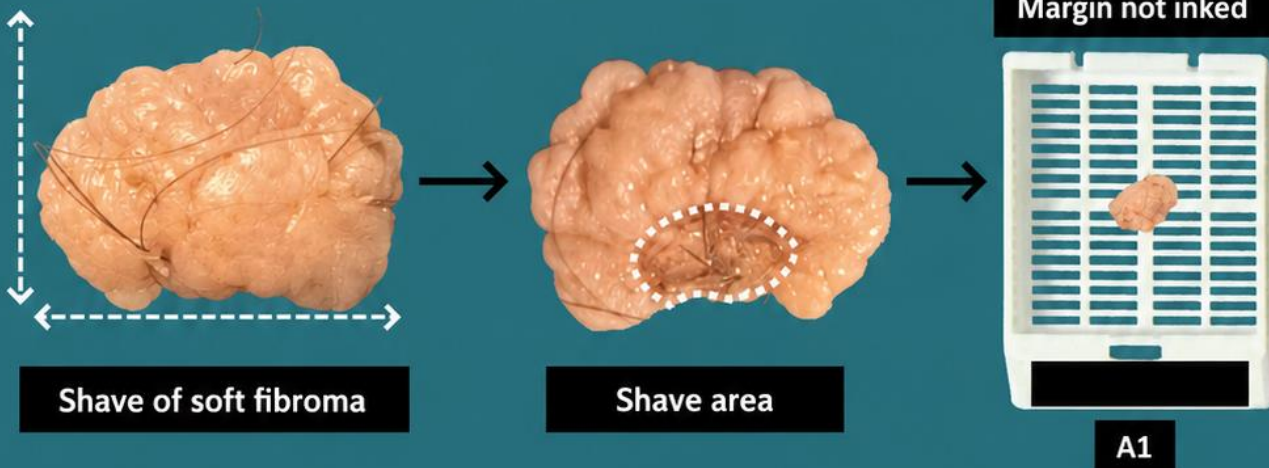
- Skin shave biopsies are local excisions performed for diagnostic purposes, without adequate excision of the surgical margin. Spatial orientation is also usually not provided.
- The resection margin is frequently involved; therefore, it is recommended to follow institutional guidelines (some laboratories routinely ink the surgical margin, whereas others do so depending on the lesion type).
- Measure and describe the external surface.
- Submit the specimen entirely:
  - If < 5 mm, submit entirely without manipulating the specimen.
  - If > 5–10 mm, bisect and submit entirely.
  - If sufficiently large (>10 mm), some specialists recommend serial sectioning into three slices.



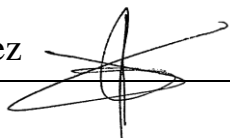


Specimen > 5–10 mm  
(hemisected)

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1. Measure and describe the specimen
2. Describe externally the specimen, indicating any visible lesions
3. Ink margin (as per the laboratory protocol)
4. Section and describe cut surface (if sufficiently large)
5. Total inclusion in one block



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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.

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