

SMALL TUMORAL SKIN EXCISION

1. Labelled as X, an ellipse of skin measuring XXX cm is received, oriented with a suture at X o'clock / without orientation provided; the closest margin is designated as X o'clock.
2. Externally, the cutaneous surface is unremarkable // a superficial lesion measuring XX cm is identified, located X cm from the X o'clock margin / closest margin // additionally, a secondary lesion measuring XX cm is identified, located X cm from the X o'clock margin / closest margin.
3. The lesion is flat / raised / nodular / lobulated / verrucous / arcuate, with X coloration and a crusted / ulcerated / smooth surface, with indurated / friable / soft-elastic / etc. consistency.
4. The surgical margins are inked.
5. On sectioning, the lesion has a thickness of X cm and is located X cm from the deep margin.
6. The lesion demonstrates well-defined / poorly defined borders, with a brownish / whitish coloration and heterogeneous / haemorrhagic / necrotic areas, etc.
7. Representative sections are submitted as follows:

1st Example (Oriented skin specimen)

- A1 and A2: central sections of the specimen from 12 to 6 o'clock.
- A3: 3 o'clock margin, en face.
- A4: 9 o'clock margin, en face.

2nd Example (Non-oriented skin specimen)

- A1 and A2: central sections of the specimen.
- A3: lateral margin, en face.
- A4: opposite margin, en face.

3rd Example (Small non-oriented skin specimen)

- A1: central section of the specimen.
- A3: lateral margin, en face.
- A4: opposite margin, en face.

TO CONSIDER

– Small excision specimens containing localised superficial cutaneous or subcutaneous lesions. These usually correspond to surgical resections for benign neoplastic lesions (naevi, actinic keratosis, etc.) or malignant lesions (squamous cell carcinoma, basal cell carcinoma, fibroxanthoma, melanoma, etc.).

– Orient the specimen according to the surgical spatial references provided. If the specimen is not oriented, assign a clock-face scheme / indicate which surgical margin is closest.

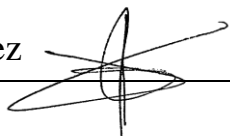
– Measure the specimen and lesion, including the distance to the resection margins.

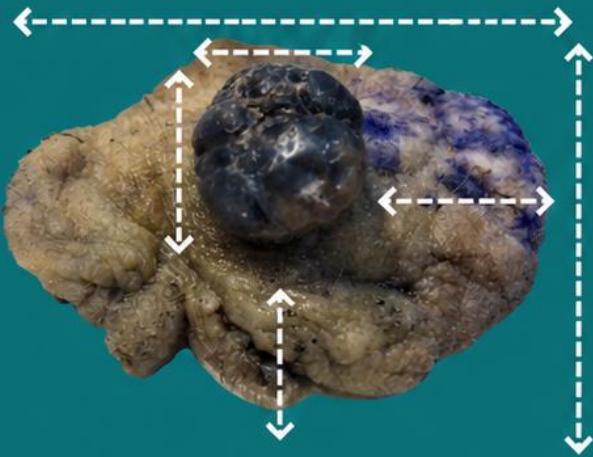
– Describe the lesion and ink the specimen. If the specimen is oriented and more than one margin will be represented in a single block (central section), it is recommended to use different ink colours or notches for topographical identification.

– Serially section along the short axis and measure the lesion thickness and distance to the deep margin.

– Submit representative sections:

- Represent all spatial margins.
- As a general rule, submit at least one section per centimetre along the greatest dimension of the lesion.
- If incidental / secondary lesions are present, submit these as well.
- If the specimen represents a wider excision following prior melanoma removal, submit the entire scar.
- If a sentinel lymph node is received (melanoma cases), submit it entirely in transverse sections to maximise the surface area examined.

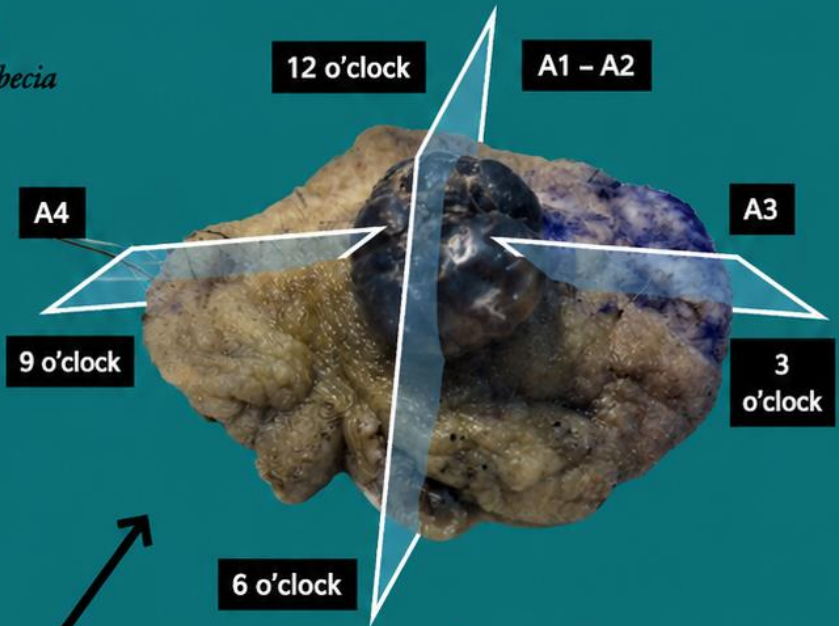




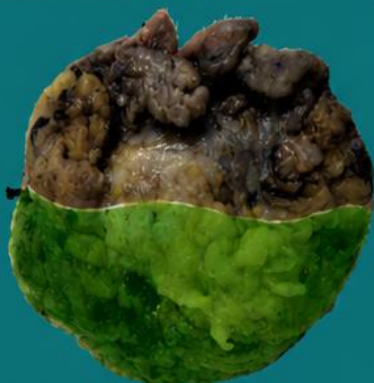
1. Measure and orient the specimen, indicating spatial references
2. Measure the lesion and its distance to margins
3. Describe the lesion morphologically
4. State the surgical margin
5. Serially section the specimen; measure the lesion thickness and its distance to the deep margin
6. Describe the cut surface of the lesion
7. Include representative sections

Spatially orientated skin

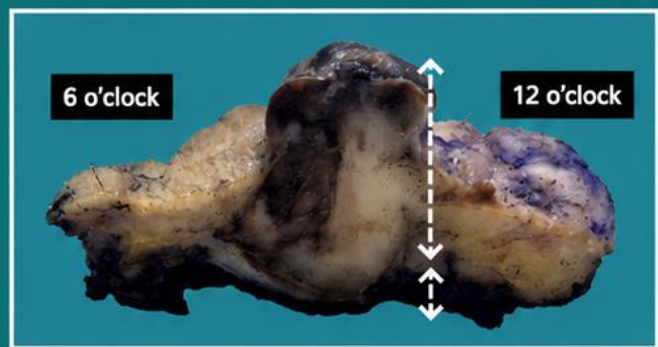
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State the surgical margin

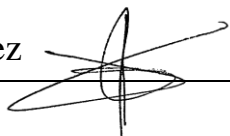


Black: 12 o'clock
Green: 6 o'clock

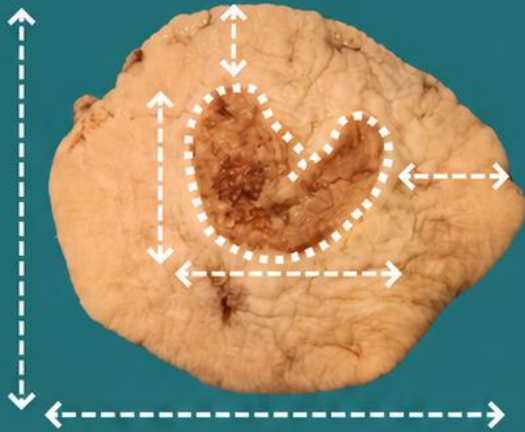


Heterogeneous cut surface

1 mm from deep margin



1. Measure the specimen and state that it is not oriented spatially
2. Measure the lesion and its distance to the margins
3. Describe the lesion morphologically
4. Ink the surgical margin
5. Serially section the specimen; measure the lesion thickness and distance to deep margin
6. Describe the cut surface of the lesion
7. Include representative sections



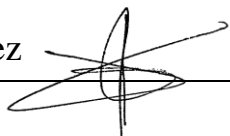
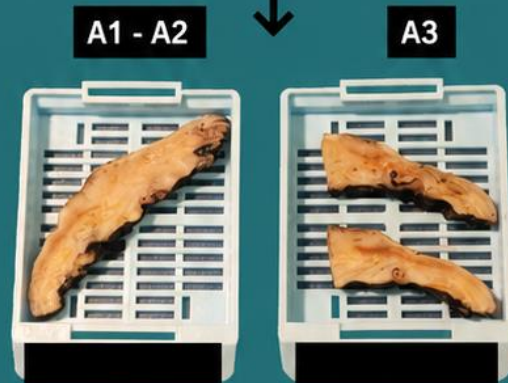
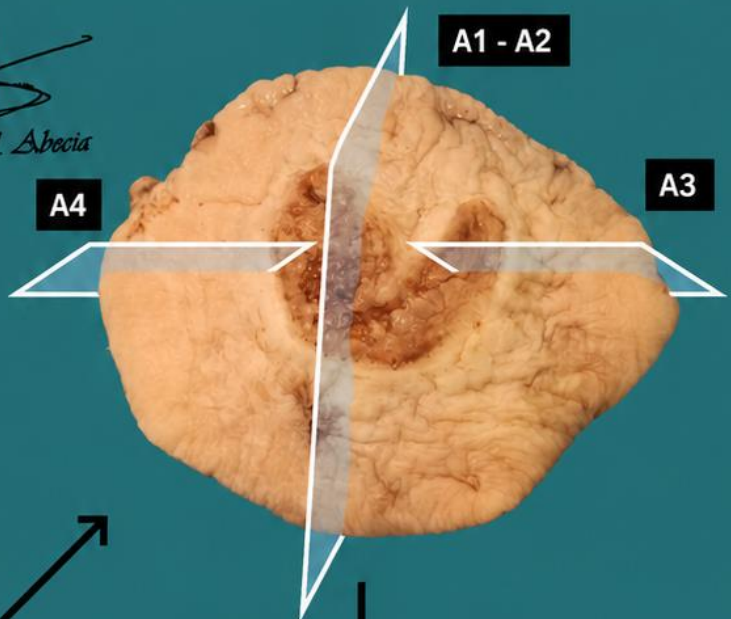
Skin without spatial orientation



Ink the surgical margin



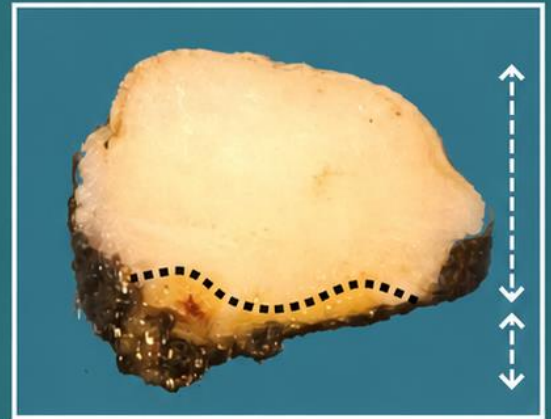
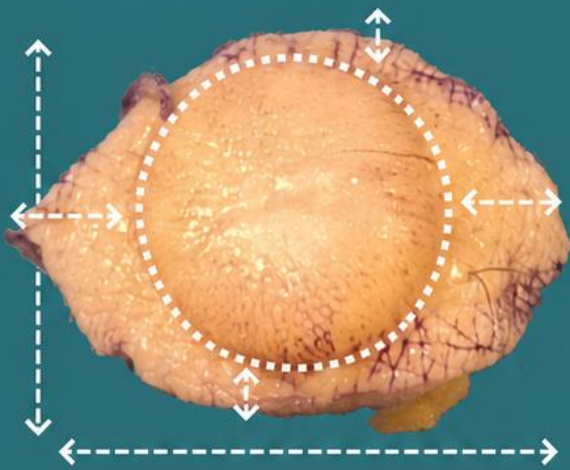
Measure the lesion thickness
Measure distance to deep margin



Cutaneous / subcutaneous lesion

A1

One central section



Skin without spatial orientation

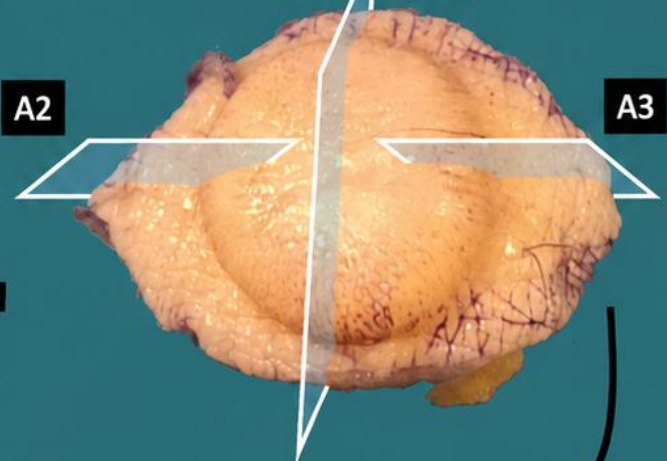
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A2

A1

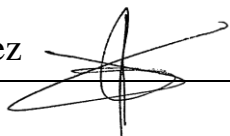
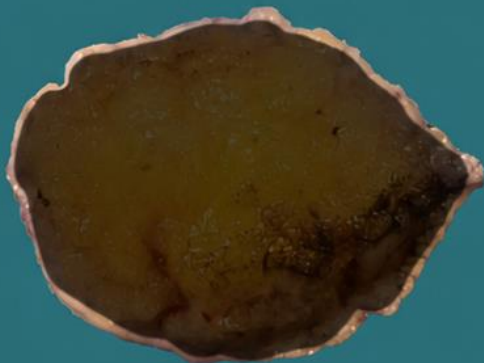
A3



Maintain surgical margin

Cross-sectional lateral margin

A3



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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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