

LARGE TUMORAL SKIN EXCISION

1. Designated as X, an ellipse of skin measuring XXX cm is received, oriented with a stitch at X o'clock // unoriented; the closest margin is designated as X o'clock.
2. Externally, no remarkable features are identified // a superficial lesion measuring XX cm is identified, located X cm from the X margin // additionally, a secondary lesion measuring XX cm is identified, located X cm from the closest margin.
3. The lesion is flat / raised / nodular / verrucous / arciform, with X coloration and a crusted / ulcerated / smooth surface, with indurated / friable / soft-elastic consistency, etc.
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 // appears to infiltrate subcutaneous adipose tissue / skeletal muscle, etc.
6. The cut surface is homogeneous / heterogeneous, brownish / whitish in colour, with well-defined / poorly defined borders, etc.
7. Representative sections are submitted as follows:

1st Example (Squamous Cell Carcinoma)

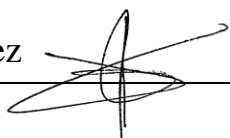
- A1: 9 o'clock margin, cruciate section.
- A2: 3 o'clock margin, cruciate section.
- A3 - A5: full section of the lesion from 12 to 6 o'clock.
- A6 - A8: second full section of the lesion from 12 to 6 o'clock.
- A9: representative section of the 3 o'clock margin.
- A10: section from the second described lesion (if present).

2nd Example (Scalp Tumour Resection)

- A1 - A3: first full section of the lesion from 12 to 6 o'clock.
- A4 - A7: second full section of the lesion from 12 to 6 o'clock.
- A8: 3 o'clock margin, cruciate section.
- A9: 9 o'clock margin, cruciate section.

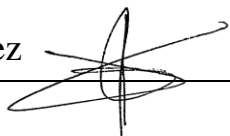
3rd Example (Cutaneous Excision with Muscle)

- A1 - A6: full section of the specimen from 12 to 6 o'clock and from superior to inferior.
- A7: additional section of the deep margin (muscle infiltration).
- A8: 9 o'clock margin, cruciate section.
- A9: 3 o'clock margin, cruciate section.



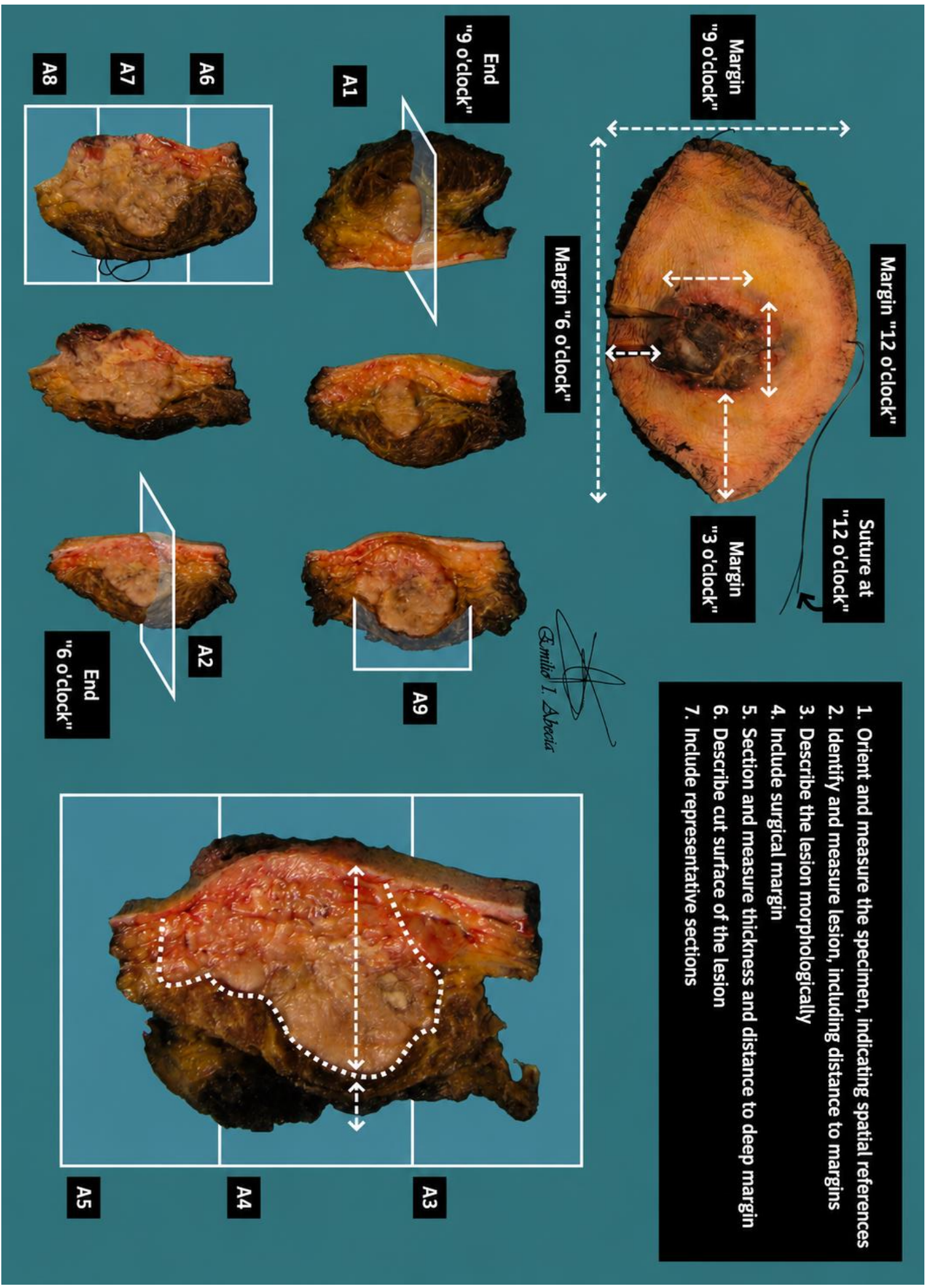
POINTS TO CONSIDER

- Large cutaneous resections due to neoplastic lesions, with or without soft tissue involvement. These usually correspond to surgical resections for infiltrative cutaneous or subcutaneous neoplasms (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 the closest.
- Measure the specimen and lesion, as well as the distance to the resection margins.
- Describe the lesion and ink the margins. If the specimen is oriented and more than one margin will be represented in a single block (central section), the use of more than one ink colour or notches is recommended for topographic identification.
- Serially section along the short axis and measure lesion thickness and distance to the deep margin.
- Submit representative sections:
 - Include all spatial margins.
 - As a general rule, submit at least one section per centimetre along the greatest dimension of the lesion.
 - Include sections demonstrating the relationship to soft tissues, if present.
 - If incidental / secondary lesions are present, submit these as well.
 - If the specimen represents a re-excision of a previously excised melanoma, submit the entire scar.
 - If a sentinel lymph node is received (melanoma cases), submit entirely in transverse sections to maximise the surface area examined.

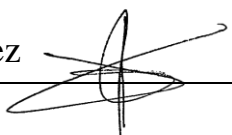
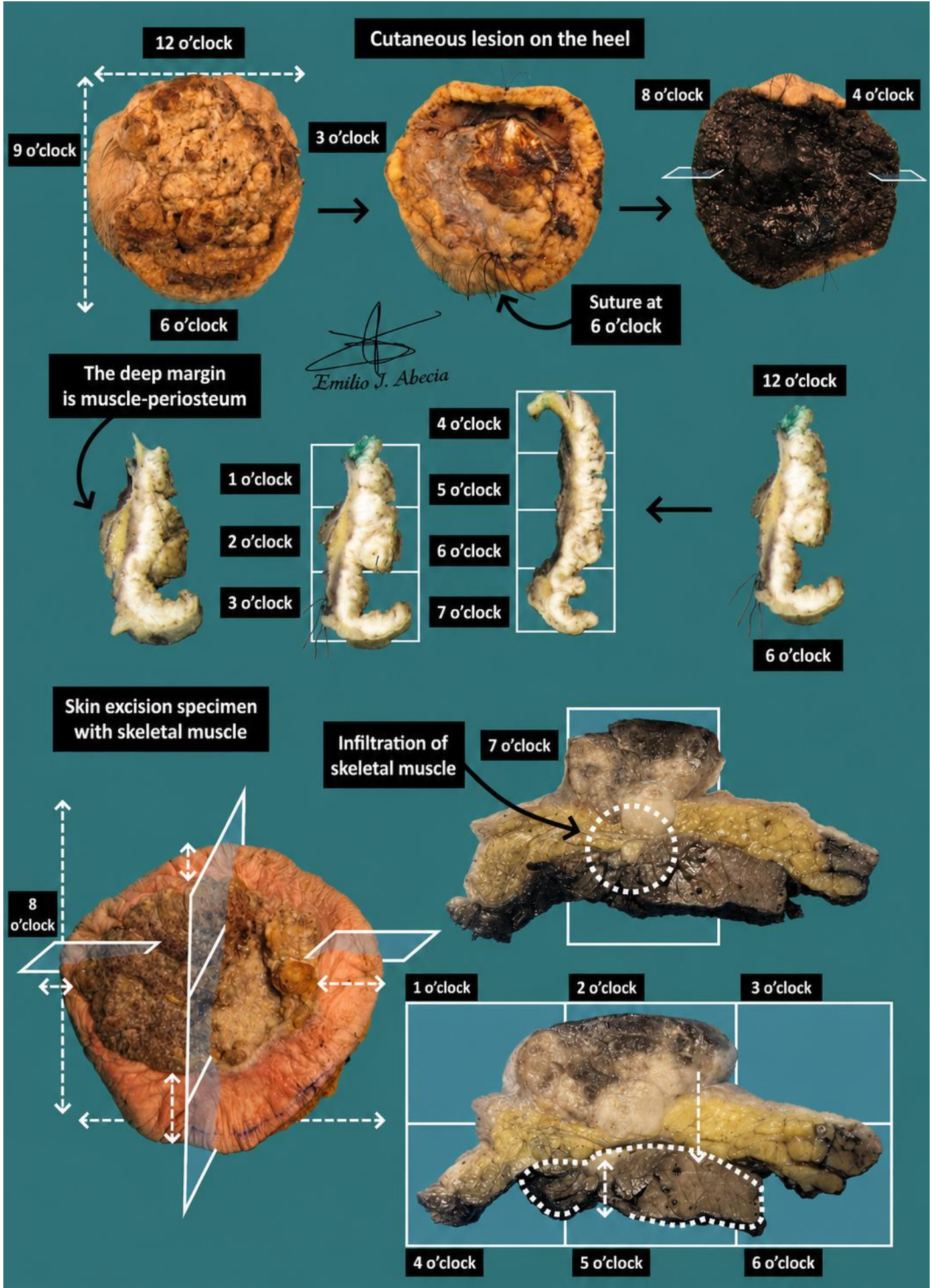


1. Orient and measure the specimen, indicating spatial references
2. Identify and measure lesion, including distance to margins
3. Describe the lesion morphologically
4. Include surgical margin
5. Section and measure thickness and distance to deep margin
6. Describe cut surface of the lesion
7. Include representative sections

Emilio I. Abecia



Emilio I. Abecia



BIBLIOGRAPHY

- Cipriani N., Rose S. (2019). *Skin Excision (Skin)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/skin/skin-excision/>
- *Orientation Guidelines (Dermatopathology)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/Orientation.%20MUST%20READ.pdf>
- *Skin Excision, Large (Dermatopathology)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/f0/skin-excision-large-12723.pdf?f=c79d69f4>
- Smoller B.R., Bichakjian C., Brown J.A., Crowson A.N., Divaris D., Frishberg D.P., Gao L., Gershenwald J., McNiff J.M., Nghiem P., Prieto V.G., Scolyer R.A., Selim M.A., Shalin S.C., Taube J.M. (2021). *Merkel Cell Carcinoma (v4.1.0.0)*. College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/Skin.Merkel_4.1.0.0.REL_CAPCP.pdf?_gl=1*1av0k6b*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- Shon W., Nagarajan P., Frishberg D.P., Gershenwald J., North J., Prieto V.G., Scolyer R.A., Flotte T.J., McCalmont T.H., Smoller B.R. (2023). *Invasive Melanoma of The Skin: Excision, Re-Excision (v1.0.0.0)*. College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/Skin.Inv_Melanoma_1.0.0.0.REL_CAPCP.pdf?_gl=1*1av0k6b*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- WHO Classification of Tumours Editorial Board (2018). *WHO Classification of Skin Tumours* (4th ed.; vol. 11). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours/WHO-Classification-Of-Skin-Tumours-2018>
- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
- Susan C. Lester, French, C. A., & Curtis, S. G. (2010). *Manual of Surgical Pathology: Expert Consult* (ed. 3). Elsevier. <https://www.sciencedirect.com/book/9780323065160/manual-of-surgical-pathology>
- Shameem Shariff. (2019). *Fundamentals of Surgical Pathology (ed.2)*. Jaypee Brothers Medical Publishers. <https://www.jaypeedigital.com/book/9789388958967>
- Westra, W. H., Ralph H. Hruban, Timothy H. Phelps, & Christina Iacson. (2003). *Surgical Pathology Dissection: An Illustrated Guide (ed.2)*. Springer. <https://link.springer.com/book/10.1007/b97473>

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.

