

NAIL RESECTION

1. Labelled as X, a nail resection measuring XXX is received, with a nail measuring XXX cm.
2. Externally, no remarkable features are identified // a nail with X coloration is observed // a superficial lesion measuring XXX cm is identified, located in the nail / skin, at X cm from the surgical margin, with X characteristics.
3. The lesion is flat / raised / nodular / verrucous / arcuate, with X coloration and a crusted / ulcerated / smooth surface, and indurated / friable / soft-elastic consistency, etc.
4. The surgical margin is inked // the nail plate is separated from the remainder of the specimen (consider separating it or performing central sections).
5. On inspection and serial sectioning, no well-defined lesions are identified // a subungual lesion measuring XXX cm is identified, located X cm from the margins and with X characteristics (see "point 3") // the superficial lesion measures X cm in thickness and is located X cm from the deep margin.
6. The lesion demonstrates well-defined / poorly defined borders, with brownish / whitish coloration and heterogeneous / haemorrhagic / necrotic areas, etc.
7. The nail tissue is processed in potassium hydroxide.
8. Representative sections are submitted as follows:

1st Example (Nail resection + skin):

- A1 and A2: central sections of the specimen.
- A3 and A4: cruciate lateral margins.
- A5: distal margin.
- A6: central nail section.

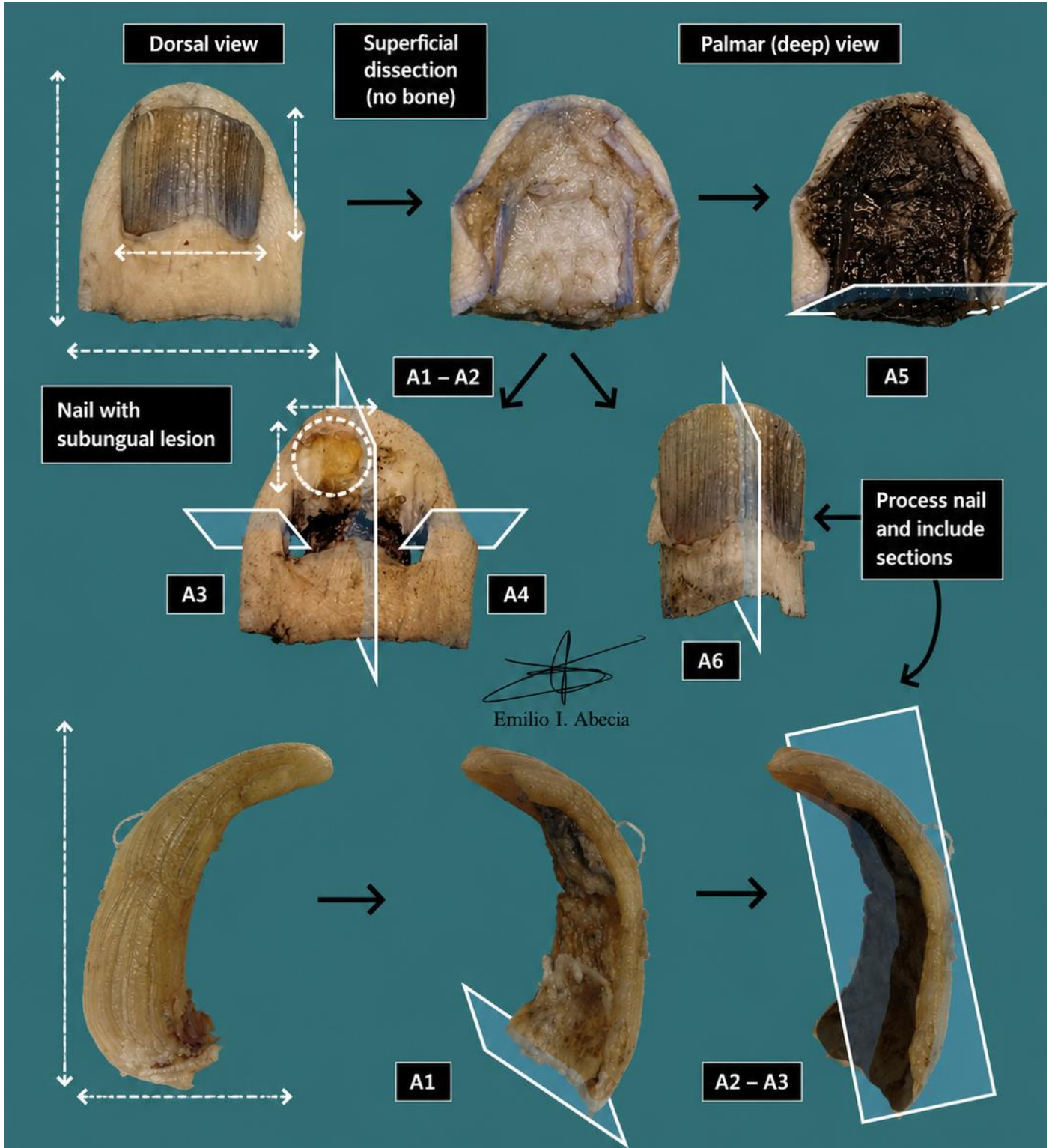
2nd Example (Nail resection):

- A1: distal margin.
- A2–A3: representative sections of the specimen.

TO CONSIDER

- Resection of the nail alone or together with the underlying skin of the distal phalanx, without excision of bone or muscle tissue. These specimens are usually submitted for localised neoplastic or infectious (fungal) pathology, among others.
- Measure and orientate the specimen using surgical or anatomical landmarks.
- Identify and describe any external lesions.
- Consider inking the margins depending on the indication for excision (optional in non-neoplastic lesions).
- If received with attached skin, section or separate the nail plate to examine the subungual bed.
- For proper histological processing, the nail should be treated with substances such as potassium hydroxide.
- Submit sections to:
 - Represent all surgical margins.
 - Include sections of the identified lesions in relation to the nail tissue and cutaneous tissue.
 - As a general rule, submit at least one section per centimetre of the greatest dimension of the lesion.
 - If no clearly well-defined lesions are identified, attempt total / subtotal submission of the specimen.





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1. Measure and describe the specimen, including anatomical components (nail, digit, soft tissue parts, etc.)
2. Measure identifiable superficial lesions (if present)
3. Describe external lesions (if present)
4. State surgical margin (optional: non-tumour)
5. Section / separate nail unit; measure thickness of lesion
6. Describe cut surface of the lesion
7. Process nail unit
8. 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.

