

DISCECTOMY / SYNOVECTOMY

1. Received, labelled as X, is a fragment measuring XXX cm // several tissue fragments measuring XXX cm in aggregate.
2. Externally, the specimen is brownish / whitish in colour, with a soft / elastic consistency // a firm area is palpated, consistent with calcifications // a lesion measuring XXX cm is identified.
3. On sectioning, the specimen shows a smooth and whitish cut surface, without other remarkable features // a calcified focus measuring X cm is identified // the lesion shows X features.
4. Representative sections are submitted as follows:

1st Example (Discectomy):

- A1: entire specimen submitted.

2nd Example (Gouty tophus):

- A1 - A2: representative sections of the specimen.

3rd Example (Rheumatoid nodule):

- A1: representative section of the first nodule.
- A2: representative section of the second nodule.

4th Example (Degenerative synovial hyperplasia):

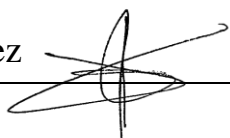
- A1: representative section of the first fragment.
- A2: representative section of the second fragment.

5th Example (Tenosynovial giant cell tumour / villonodular synovitis):

- A1 - A4: representative sections of the specimen.

POINTS TO CONSIDER

- Surgical procedures involving joint lesions, generally performed with therapeutic intent for degenerative or inflammatory pathology (disc disease, rheumatoid nodules, gouty tophi, degenerative joint disease, etc.).
- Occasionally performed for benign or locally aggressive neoplastic lesions (tenosynovial giant cell tumour).
- Review of the clinical history is recommended in order to determine the surgical indication and correlate with imaging findings.
- Measure, describe, and serially section the specimen.
- Decalcify if osseous tissue fragments are present (if required).
- Submit representative sections:
 - For degenerative or inflammatory pathology, submit a couple of representative sections.
 - For neoplastic pathology, generally submit at least one section per centimetre of the greatest dimension of the lesion.



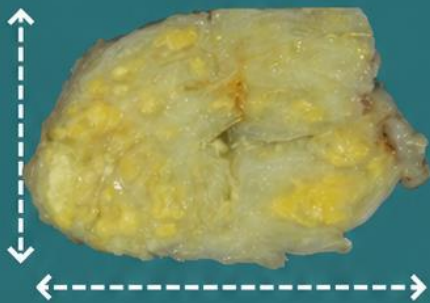
Dissectomy specimen



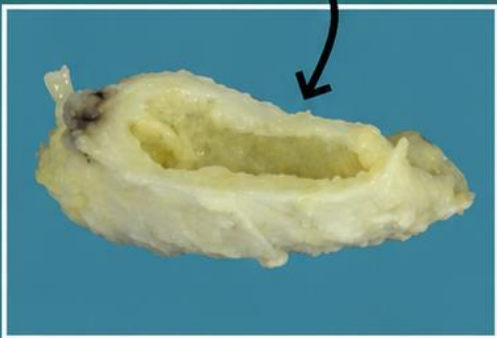
- 1. Measure specimen
- 2. Describe external surface
- 3. Serially section and describe cut surfaces
- 4. Include representative sections

Emilio I. Abecia

Excision of gouty tophus

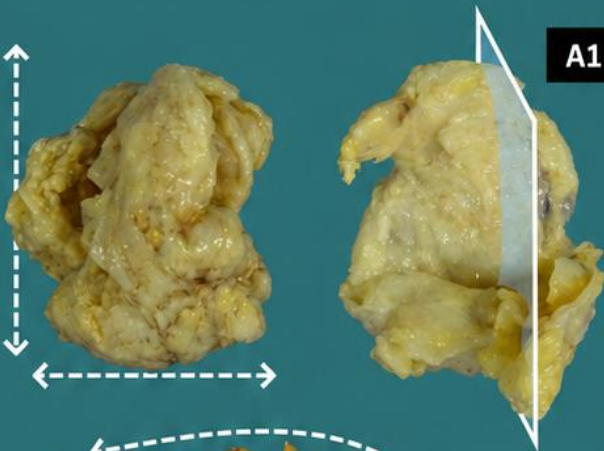


Gouty bursitis

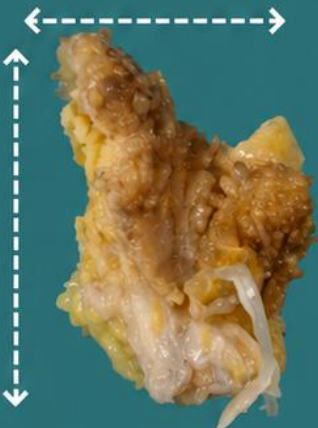


A1 - A2

Excision of rheumatoid nodule

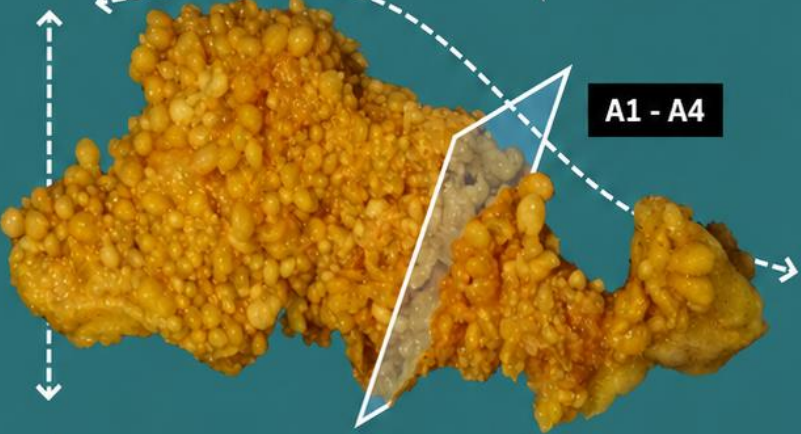


A1 - A2



A1 - A2

Articular degenerative hyperplasia



A1 - A4

Tenosynovial giant cell tumour



Emilio I. Abecia

BIBLIOGRAPHY

- Cipriani N., Rose S. (2019). *Discectomy/Laminectomy (Neuro)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/neuro/discectomy-laminectomy/>
- *Intervertebral Disc (Bone and Soft Tissue)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/72/intervertebral-disc-122022.pdf?f=4efaaf54>
- *Synovium (Bone and Soft Tissue)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/b0/synovium-122022.pdf?f=cedba62e>
- 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.

