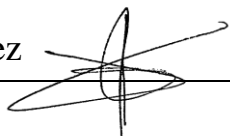


AMPULECTOMY

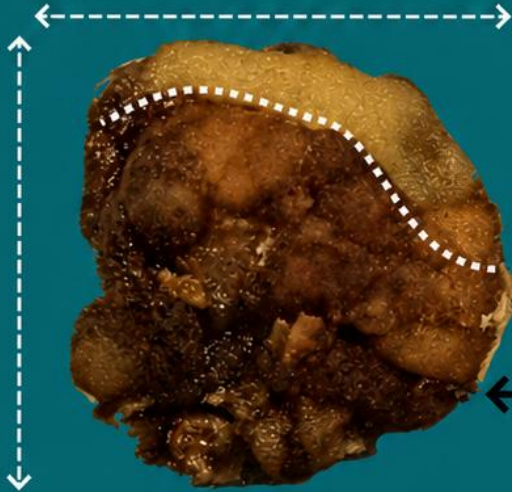
1. An ampullectomy specimen measuring XXX cm is received.
2. Externally, one surface shows structures compatible with the ampulla of Vater / intestinal mucosa // a duct-like structure measuring X cm in diameter, compatible with the common bile duct, is identified // on surface X, a superficial lesion measuring XXX cm is identified, located X cm from the surgical margin.
3. The surgical margin is inked.
4. On sectioning, no well-defined lesions are identified // an intraductal / extraductal lesion measuring XXX cm is identified, located X cm from the surgical margin. The lesion appears to involve / does not involve the common bile duct / intestinal wall / pancreatic parenchyma, etc.
5. The lesion shows a homogeneous / heterogeneous cut surface, with well / poorly defined borders and whitish / brownish coloration, etc.
6. The specimen is entirely submitted as follows:
 - A1 - A2: central transverse sections.
 - A3 - A4: lateral margins submitted en face.

POINTS TO CONSIDER

- These are tumour resections of the ampulla of Vater performed for localised lesions.
- Review the clinical history and radiological or endoscopic investigations (ERCP) to assess tumour size, multifocality, and infiltration of adjacent structures.
- Orient, measure, and describe the specimen.
- Identify the superficial / intestinal surface and the deep / pancreatic surface. Inspect for the presence of a lesion.
- Ink the surgical margins and section through the ampullary lumen; inspect and confirm the presence of a lesion if not previously identified.
- Measure and describe the lesion and its distance to the margins, attempting to determine whether there is involvement of pancreatic parenchyma or digestive wall (infiltration of non-ampullary structures).
- Submit representative sections:
 - Include the lateral surgical margins.
 - Include perpendicular sections of the ampulla (superficial surface versus deep surface).
 - Consider subtotal / total submission of the specimen.



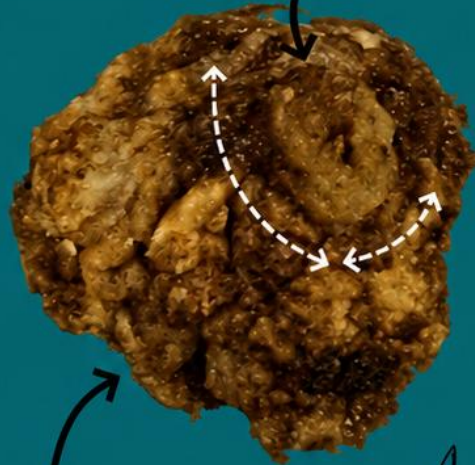
Ampullectomy for adenocarcinoma



Duodenal face

Pancreatic parenchyma

Common bile duct margin

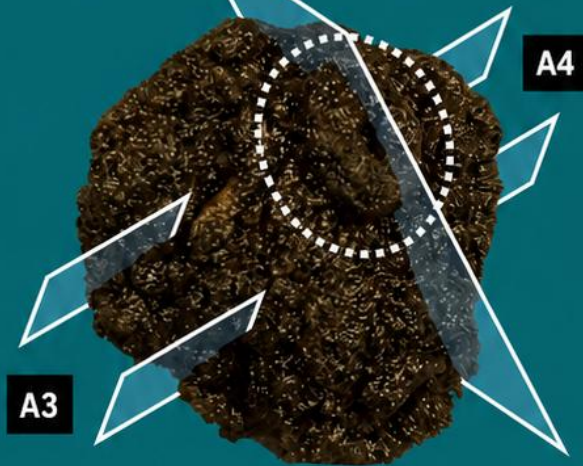


Ampullary tumour

Pancreatic face

Emilio S. Abecia

1. Measure the specimen
2. Describe external surface; if a Vater's ampulla or lesion is identified, measure dimensions
3. Ink surgical margin
4. Section specimen; state lesion thickness and distance to margins
5. Describe cut surface of the lesion
6. Representative sections



A4

A3

Pancreatic face



A1

A2

Duodenal face

Lateral pancreatic margin

Common bile duct



Lesion on duodenal face

Emilio I. Abecia Martínez

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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.

