

## ATYPICAL LIPOMA / LIPOSARCOMA

1. A specimen labelled as X is received, weighing X g and measuring XXX cm // several fragments measuring XXX cm in aggregate are received // accompanied by a skin ellipse / muscle fragment measuring XXX cm // received oriented with X marking X reference point.
2. Externally, the specimen shows a yellowish coloration, with a smooth surface and soft consistency // the skin ellipse / muscle tissue shows no abnormalities / shows X features.
3. The surgical margin is inked.
4. On serial sectioning, the lesion measures XXX cm // the lesion occupies the entirety of the specimen and shows a marginal relationship with the resection ends // it is located X cm from the X surgical margin // infiltrates / does not infiltrate the skin ellipse / muscle tissue / etc.
5. On inspection, the cut surface appears whitish / yellowish, without additional remarkable features // a heterogeneous cut surface is identified, with whitish / fibrous / necrotic / myxoid / haemorrhagic areas measuring X cm and representing X% of the total tumour volume.
6. Representative sections are submitted as follows:

### 1st Example (Excision of Atypical Lipoma)

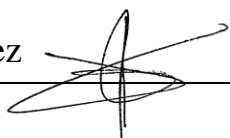
- A1 – A2: one lateral margin, cruciate sections.
- A3 – A4: contralateral margin, cruciate sections.
- A5 – A10: one complete section.
- A11 – A12: additional sections from the lesion.

### 2nd Example (Excision of Liposarcoma)

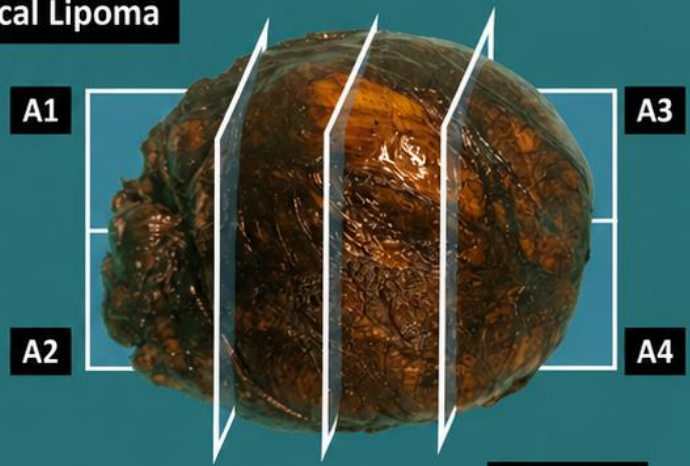
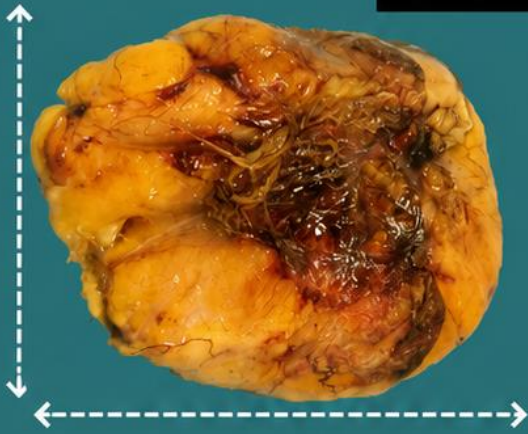
- A1: anterior margin, cruciate section.
- A2: posterior margin, cruciate section.
- A3 – A10: one complete section.
- A11 – A12: additional lateral sections.
- A13 – A14: additional sections from the deep margin / in relation to soft tissues.
- A15 – A16: additional sections from the medial margin.
- A17 – A18: additional sections from the superficial margin.
- A19 – A22: additional sections from the lesion.

## TO CONSIDER

- More or less extensive and complex resections of adipocytic lesions, which may be locally aggressive or malignant. These lesions may already have been diagnosed on core needle biopsy.
- It is recommended to review the clinical history to assess imaging findings, infiltration, multifocality, necrotic foci, or whether neoadjuvant therapy has been administered.
- Weigh, measure, and describe the external surface. These specimens are often received spatially oriented and associated with anatomical structures (nerves, skeletal muscle, bone fragments, skin, etc.).
- Ink the margins and serially section the specimen; indicate lesion size and distance to margins.
- Describe particular features (necrosis, fibrosis, infiltration of adjacent structures). For staging purposes, it is important to estimate the percentage of necrosis relative to the total tumour volume.
- Submit representative sections:
  - Represent all spatial surgical margins.
  - Generally, submit at least one section per centimetre of the greatest dimension of the specimen.
  - If present, include sections from non-adipose anatomical structures such as muscle fragments, skin, etc.
- Consider whether a fresh or frozen tissue sample should be reserved for additional molecular or genetic studies, according to institutional protocol.
- It is advisable to document the submitted sections with a photograph / schematic diagram.



**Excision of Atypical Lipoma**

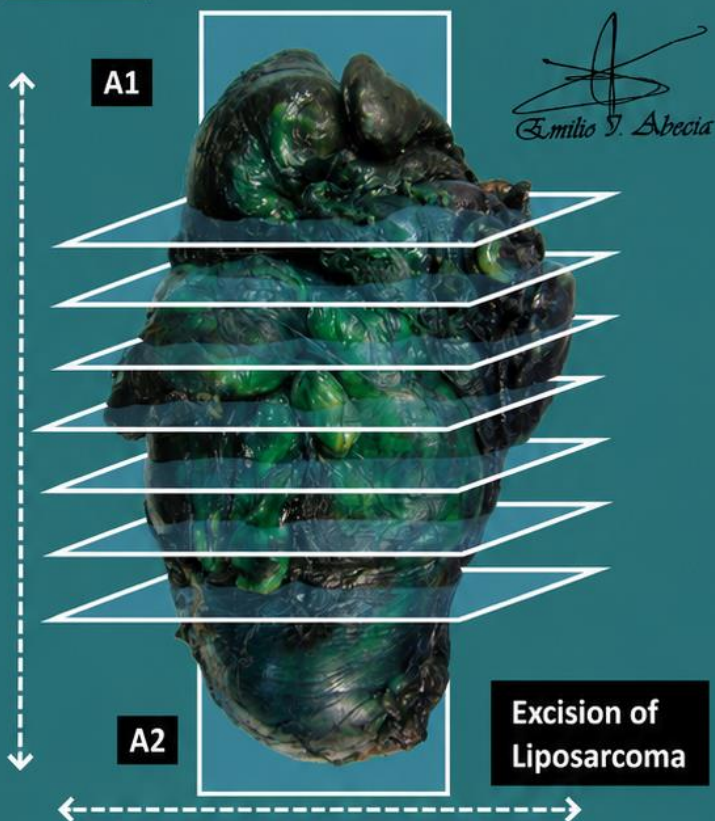
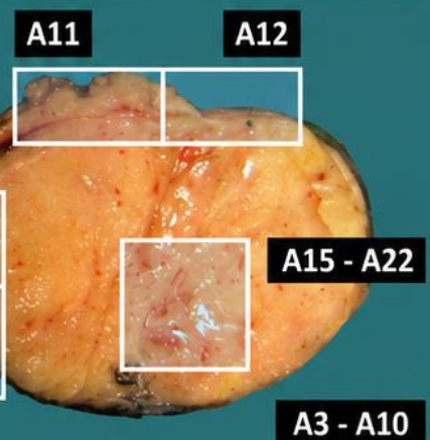


**A11 - A12**

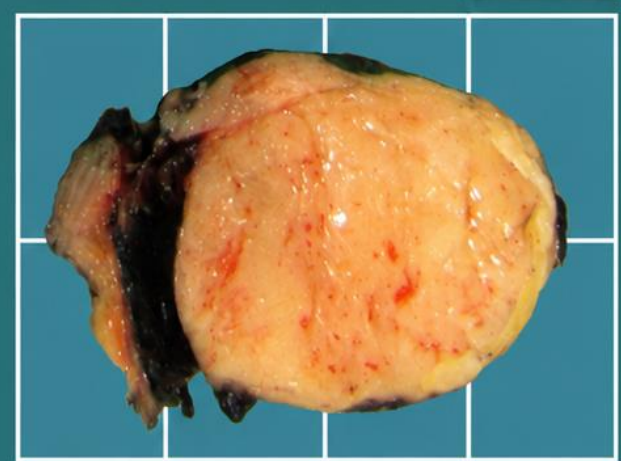
1. Weigh, orient and measure specimen
2. Describe external surface
3. Identify surgical margins
4. Serially section specimen; measure lesion, as well as distance to margins and infiltration of structures
5. Describe cut surface
6. Include representative sections



**A5 - A10**



**Excision of Liposarcoma**



## BIBLIOGRAPHY

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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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