

NON-NEOPLASTIC BONE RESECTION

1. Labelled as X, a specimen measuring XXX cm is received / with an attached soft tissue / muscle fragment measuring XXX cm // multiple fragments measuring XXX cm in aggregate are received.
2. Externally, the specimen shows a whitish / violaceous surface, without remarkable features // a smooth / irregular / anfractuous surface is identified, with a degenerative appearance / with a fissure / discontinuity measuring XXX cm // a superficial lesion measuring XXX cm with a haemorrhagic / ischaemic / fibrinopurulent appearance is identified, located X cm from the femoral margin.
3. The surgical margin is inked (optional: non-neoplastic specimen).
4. On serial sectioning, no remarkable features are identified // the cut surface is brownish / whitish, with a well-demarcated / poorly demarcated lesion measuring X cm, showing degenerative / necrotic / haemorrhagic / purulent / etc. features.
5. Representative sections are submitted as follows:

1st Example (Tibial resection for prosthesis-related inflammation):

- A1: distal surgical margin.
- A2–A3: representative sections from the prosthesis-related area.

2nd Example (Coxofemoral resection for degenerative joint disease):

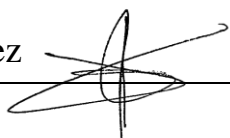
- A1: femoral neck surgical margin.
- A2–A3: representative sections.
- A4: acetabular margin.
- A5–A6: representative sections from the acetabulum.

3rd Example (Femoral head resection for avascular necrosis):

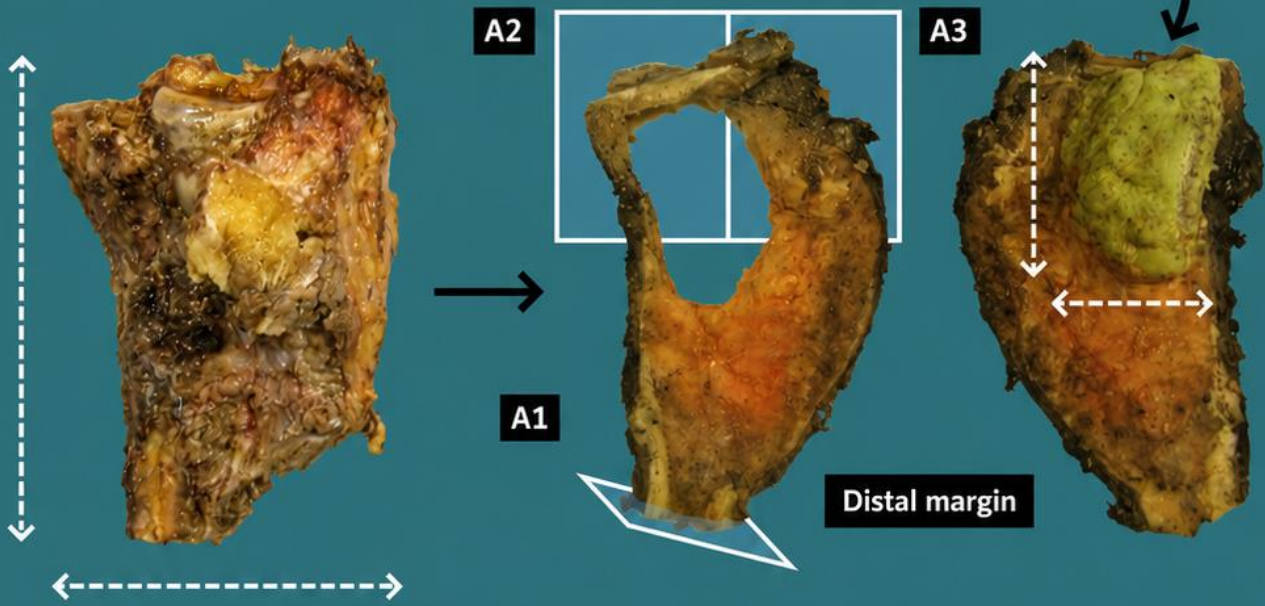
- A1–A3: representative sections in relation to the margin.

TO CONSIDER

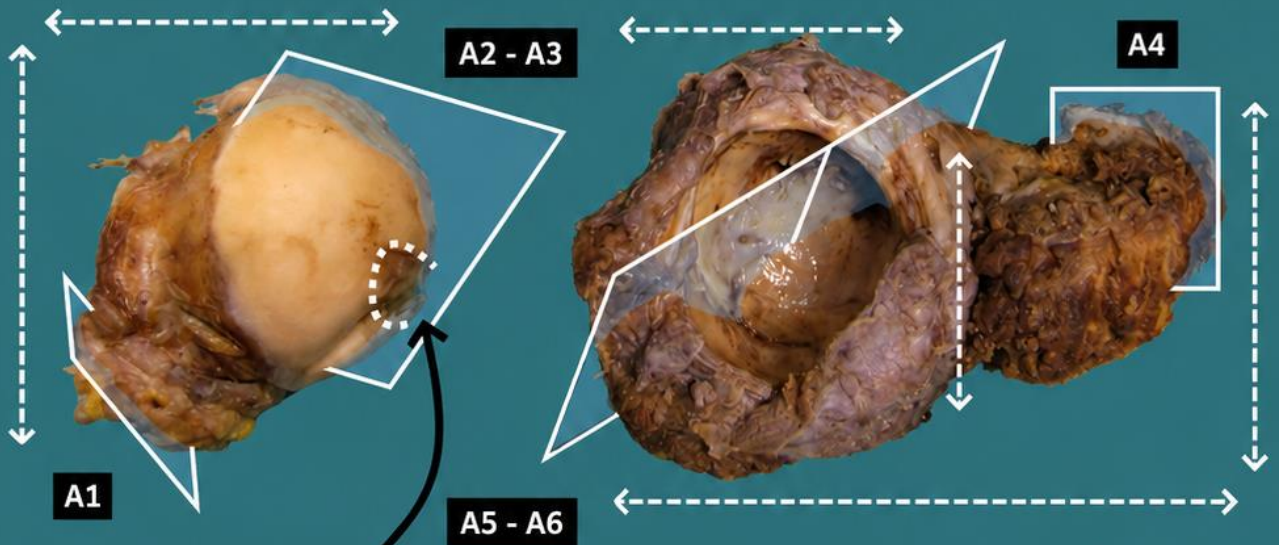
- Surgical specimens from the orthopaedic/trauma setting, resected for non-neoplastic conditions (degenerative disease, osteoarthritis, osteomyelitis, ischaemia, avascular necrosis, etc.).
- Review the clinical history to determine the surgical indication.
- Orient, measure, and describe the specimen surface. Indicate the presence of non-osseous tissues such as soft tissue, muscle, or prosthetic material.
- Consider inking the surgical margins (optional in non-neoplastic specimens).
- Saw the bony specimens along the longitudinal axis. Describe the cut surface and any lesions, although macroscopic delineation may occasionally be difficult.
- If, on serial sectioning, the specimen appears insufficiently fixed, return it to formalin prior to decalcification.
- Decalcify the specimen if required.
- Submit representative sections:
 - Include one surgical margin section either en face or transversely (shave section).
 - Include representative sections of any visible abnormalities.
 - If no grossly evident lesions are present, include sections from anatomical regions of the specimen.
 - Include one representative section of non-osseous tissue, such as muscle or soft tissue.
 - Do not submit surgical or metallic hardware.



Tibial plateau resection for inflammation due to prosthetic material



Coxofemoral resection for degenerative pathology

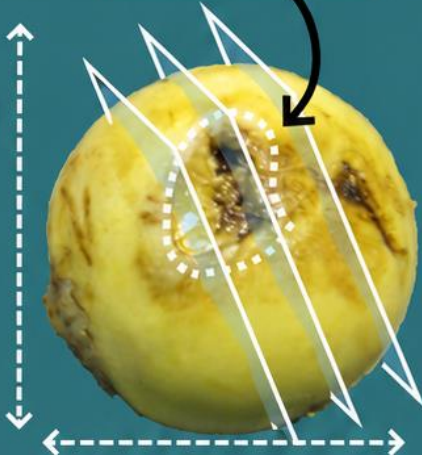


Round ligament

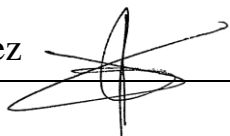
Femoral head resection for avascular necrosis

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A1 - A3



1. Weigh, orientate and measure specimen and anatomical components
2. Describe external surface
3. Ink margin (optional: not tumour)
4. Serially section specimen and describe cut surfaces
5. Include representative sections



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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