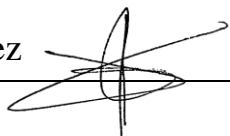


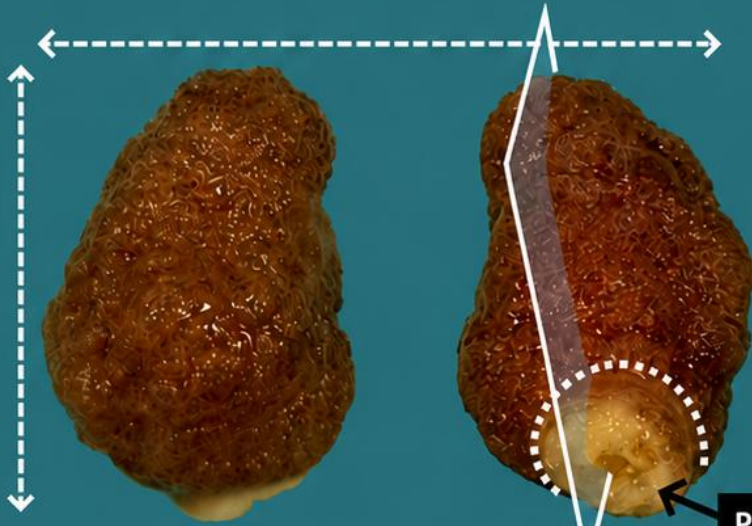
COLON POLYPECTOMY

1. Received labelled as "X from X location", a polypoid fragment measuring XXX cm // X polypoid fragments measuring between X and X cm are received.
2. Externally, the specimen shows a brownish coloration, with a sessile / flattened appearance, whitish / brownish coloration, and a rough / multilobulated surface.
3. The specimen is entirely submitted after bisection in one block // the first fragment is submitted in X block and the second in X block // the fragments are entirely submitted in X blocks.

TO CONSIDER

- Endoscopic resections of polypoid lesions, either as part of screening protocols, incidentally detected lesions, positive faecal occult blood testing, etc.
- Review the clinical suspicion; if adenocarcinoma is suspected, attempt to prioritise submission as a biopsy specimen, according to institutional protocol.
- Measure and describe the specimen. Size is important; extensive morphological description is generally less necessary.
- Submit representative sections:
 - If the specimen is received fragmented and a stalk is identified, bisect and submit to assess the resection base.
 - If biopsies are from different anatomical locations (caecum, transverse colon, rectum, etc.), attempt to arrange them topographically from proximal to distal.
 - In the case of an anal canal polyp, review the clinical suspicion, as the differential diagnosis may be varied (wart, fistula, polyp, etc.).

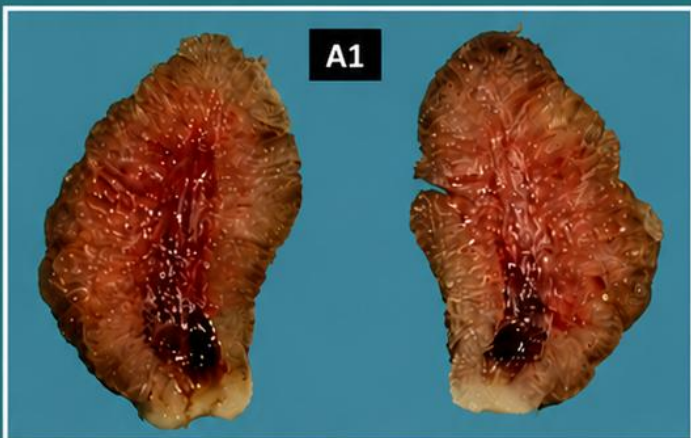




1. Measure the specimen, indicating the number of fragments / polyps
2. Describe the external appearance of the specimen
3. Submit the entire specimen (bisect if a stalk is present)

Emilio I. Abecia

Colon polypectomy

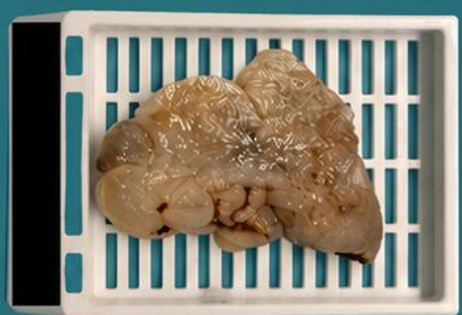
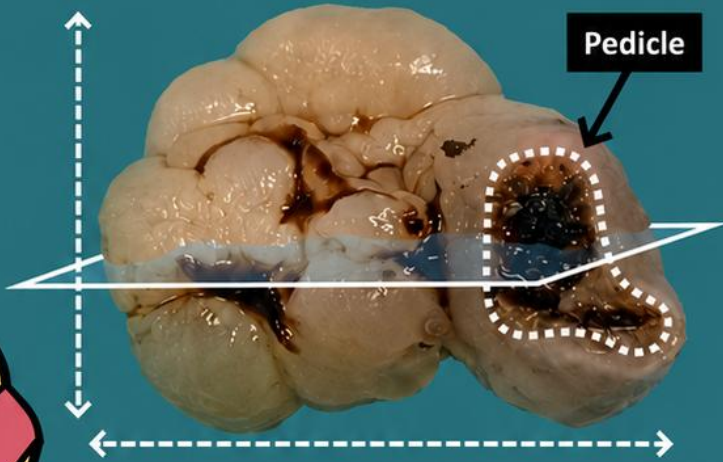
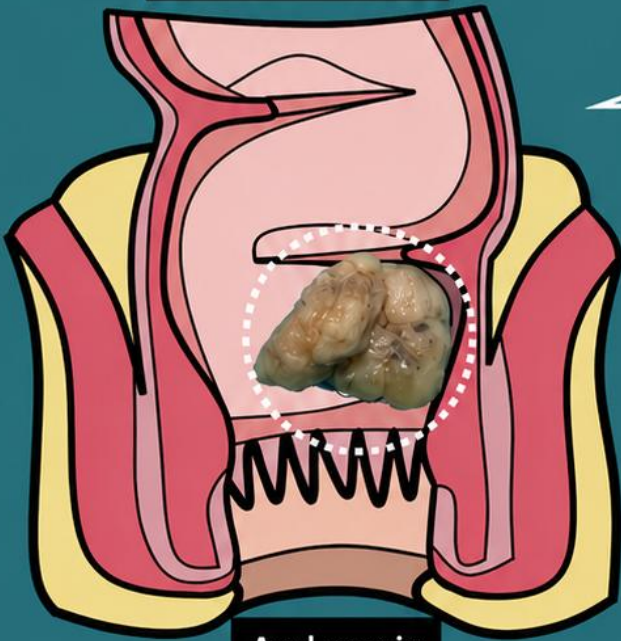


A1



Submit the entire polyp bisected at the pedicle

Anal polypectomy



A1

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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.

