

PAEDIATRIC COLON (ATRESIA / MECKEL'S DIVERTICULUM)

1. A segmental intestinal resection measuring XX cm is received, labelled as "X".
2. Externally, no remarkable features are identified // the serosal surface appears violaceous / congested / ischaemic // a dilated / stenotic segment measuring X cm is identified // a defect measuring X cm, compatible with perforation, is identified // an external lesion measuring XX cm with X characteristics is identified, located X cm from the nearest surgical margin.
3. On opening, no remarkable features are identified // the mucosa shows flattened folds // a mucosal outpouching compatible with a diverticulum is identified // obliteration of the intestinal lumen with a blind-ending configuration is identified // an X lesion measuring X cm with X characteristics is identified.
4. Representative sections are submitted as follows:

1st Example (Meckel's diverticulum):

- A1: surgical margin.
- A2: opposite surgical margin.
- A3–A4: representative sections of the lesion.

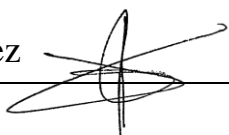
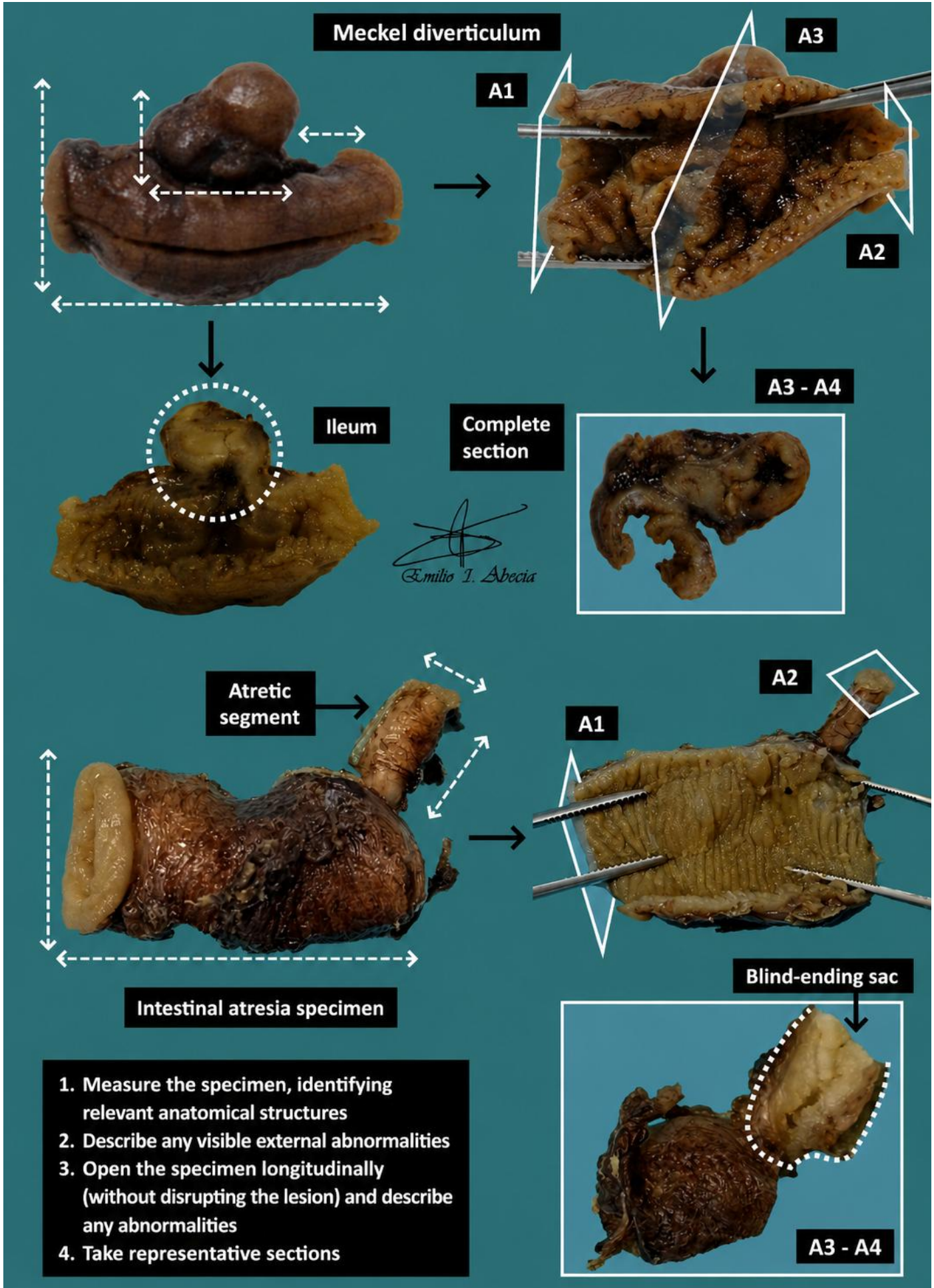
2nd Example (Intestinal atresia):

- A1: surgical margin.
- A2: opposite surgical margin.
- A3–A4: representative sections of the lesion.

TO CONSIDER

- Paediatric colonic resections are commonly related to congenital malformations, traumatic pathology, ischaemia, mechanical alterations, and related conditions.
- Review of the clinical history is recommended in order to document the indication for surgery, including imaging studies, genetic investigations, and related findings.
- In many cases, a detailed macroscopic description is important, together with photographic documentation.
- Measure the specimen and identify and describe any abnormalities.
- Submit representative sections:
 - Include surgical margins.
 - Include a minimum of two representative sections of the pathological lesion





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.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

