

NON-NEOPLASTIC INTESTINAL RESECTION

1. A bowel segment measuring XXX cm is received, labelled as X // two anastomosed bowel loops measuring XXX cm and XXX cm respectively are received.
2. Externally, no remarkable features are identified // the specimen shows a congested serosal surface / fibrino-purulent plaques / a sutured area / a dilated / stenotic / prolapsed segment / a defect measuring XXX cm, located X cm from the nearest surgical margin.
3. On opening, no well-defined lesions are identified // the mucosa appears erythematous / ischaemic / cobblestone-like / atrophic / an anastomotic suture line is identified between the bowel loops // X diverticular lesions are identified // a polypoid lesion measuring XXX cm is identified, located X cm from the surgical margins.
4. On sectioning, corresponding to the previously described area, there is an appearance consistent with a fistulous tract / perforation / thrombosed vessels / diverticula / fibrotic / inflammatory foci measuring XXX cm.
5. Representative sections are submitted.

1st Example (Sigmoidectomy for perforated diverticulum):

- A1 - A2: surgical margins.
- A3: section from perforated area.
- A4: sections from additional outpouchings (possible diverticula).

2nd Example (Segmental colectomy for perforated diverticulum):

- A1 - A2: surgical margins.
- A3 - A4: sections from perforated area.

3rd Example (Segmental colectomy for ischaemic colitis):

- A1 - A2: surgical margins.
- A3 - A4: sections from ischaemic / congested areas.

4th Example (Segmental colectomy for necrosis secondary to adhesions):

- A1 - A2: surgical margins.
- A3 - A4: sections from ischaemic / congested areas.

5th Example (Sigmoidectomy for ischaemic colitis):

- A1 - A2: surgical margins.
- A3 - A4: sections from ischaemic / congested areas.

6th Example (Resection of ileocolic anastomosis for suture dehiscence):

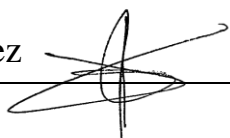
- A1 - A2: surgical margins from first bowel loop.
- A3: section from area of defect / suture line (possible dehiscence).
- A4: surgical margin from second bowel loop (stump).
- A5: representative section from first bowel loop.
- A6: representative section from second bowel loop.

7th Example (Sigmoidectomy for ovarian fistula):

- A1 - A2: surgical margins.
- A3 - A4: complete section of fistulous lesion.

8th Example (Sigmoidectomy for prolapse):

- A1 - A2: surgical margins.
- A3 - A4: representative sections from prolapsed area.

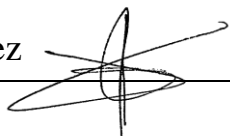


9th Example (Segmental colectomy for prolapse):

- A1 - A2: perpendicular surgical margins.
- A3: representative section of specimen.

TO CONSIDER

- Surgical specimens from different sites of the lower gastrointestinal tract, resected for various non-neoplastic conditions (ischaemia, diverticulitis, perforation, volvulus, prolapse, anastomotic dehiscence, etc.), frequently in an emergency setting.
- Review of the clinical history is recommended to determine the indication for surgery.
- Measure and describe the external surface of the specimen.
- Open along the antimesenteric border and describe the internal surface.
- Ideally, the pathological process should be identified macroscopically, as histological sections often demonstrate non-specific findings such as inflammatory changes, fibrosis, etc.
- Submit sections as follows:
 - Include surgical margins.
 - If a lesion is identified (perforation, diverticulum, prolapse, etc.), submit a couple of representative sections.
 - If the pathology is ischaemic, serially section the specimen thoroughly in search of abnormal vascular structures, atheromatous plaques, thrombosed vessels, etc.
 - If no lesion is identified, submit representative sections of the bowel wall.
 - Retrieval of regional lymph nodes is not required.



A2



A1

1. Measure and orient the specimen and its components
2. Describe the external surface, including any serosal changes (perforations, plaques, etc.)
3. Open longitudinally; identify and measure lesions, and their distance to margins
4. Section lesions and describe cut surfaces
5. Representative sections of the specimen

A3 - A4

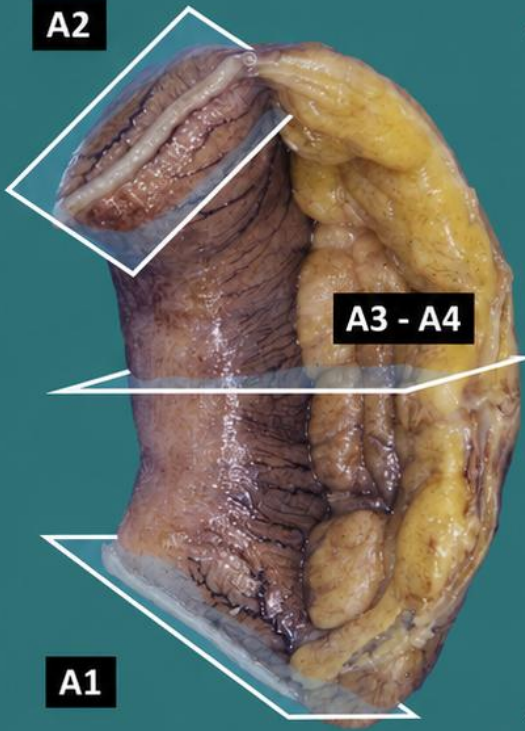


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Colon resection for perforated diverticulitis

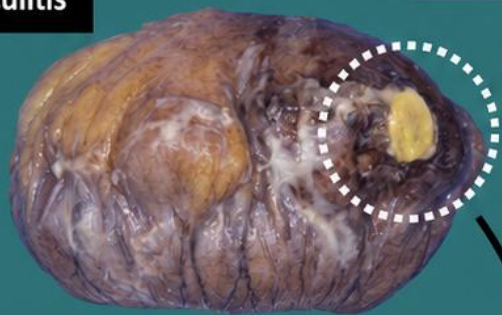
Perforation

A2

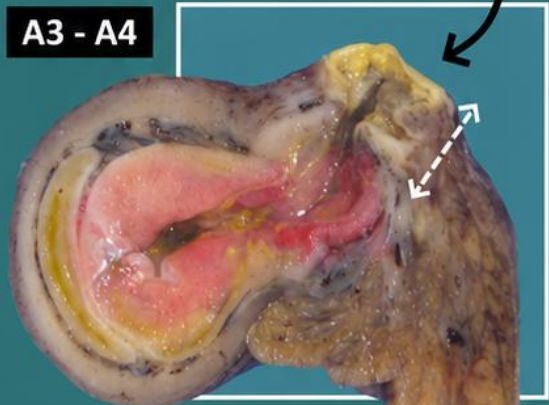


A3 - A4

A1



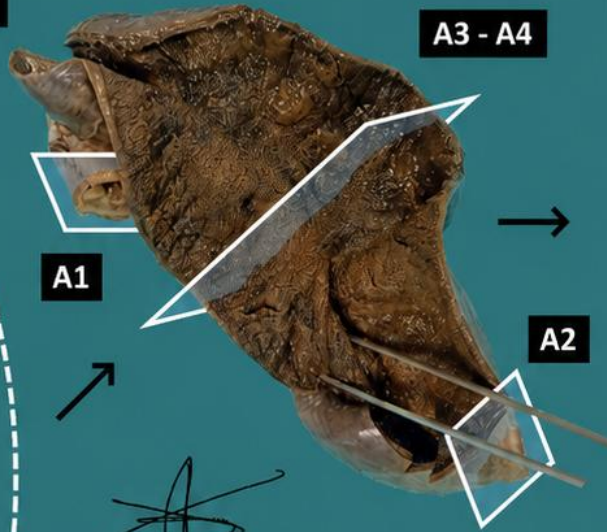
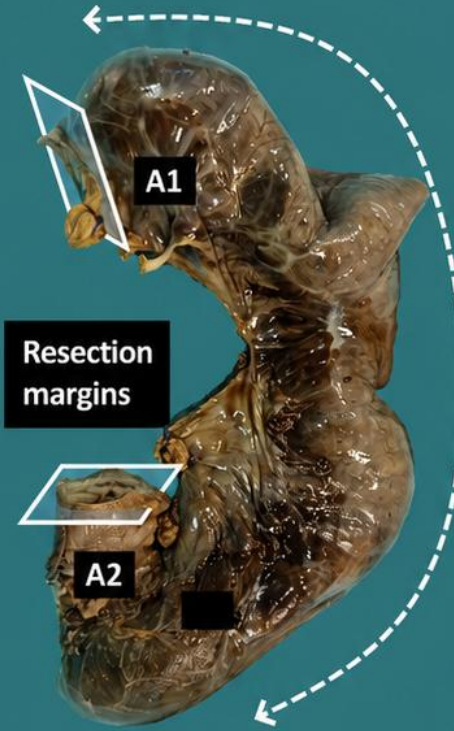
A3 - A4



Perforated diverticulum

Segmental resection of colon for ischaemic colitis

Congested bowel wall and mucosa



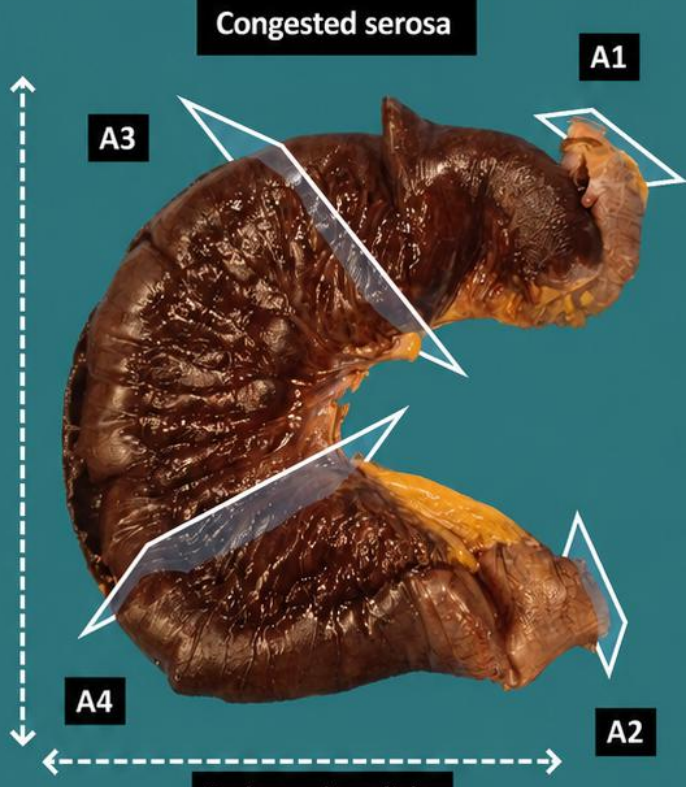
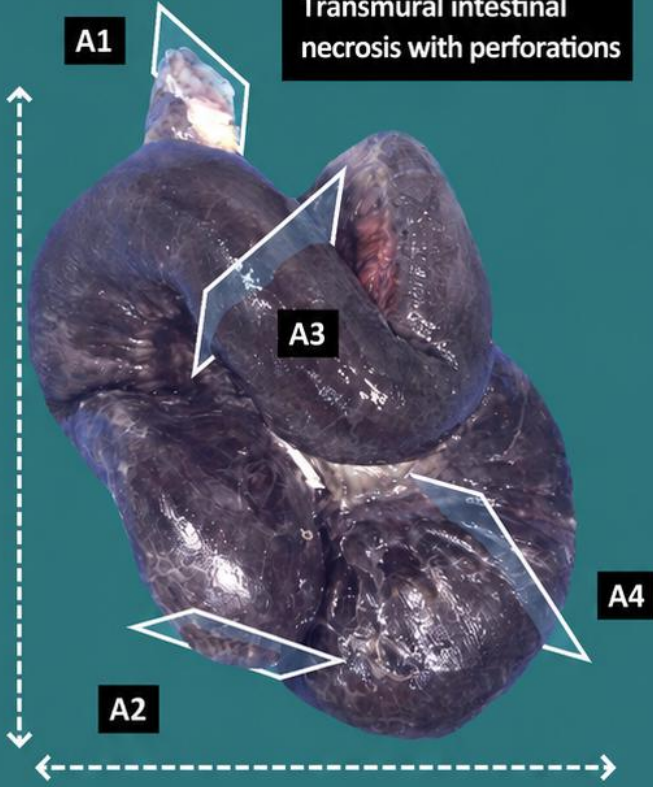
Resection margins

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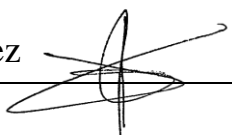


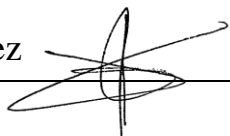
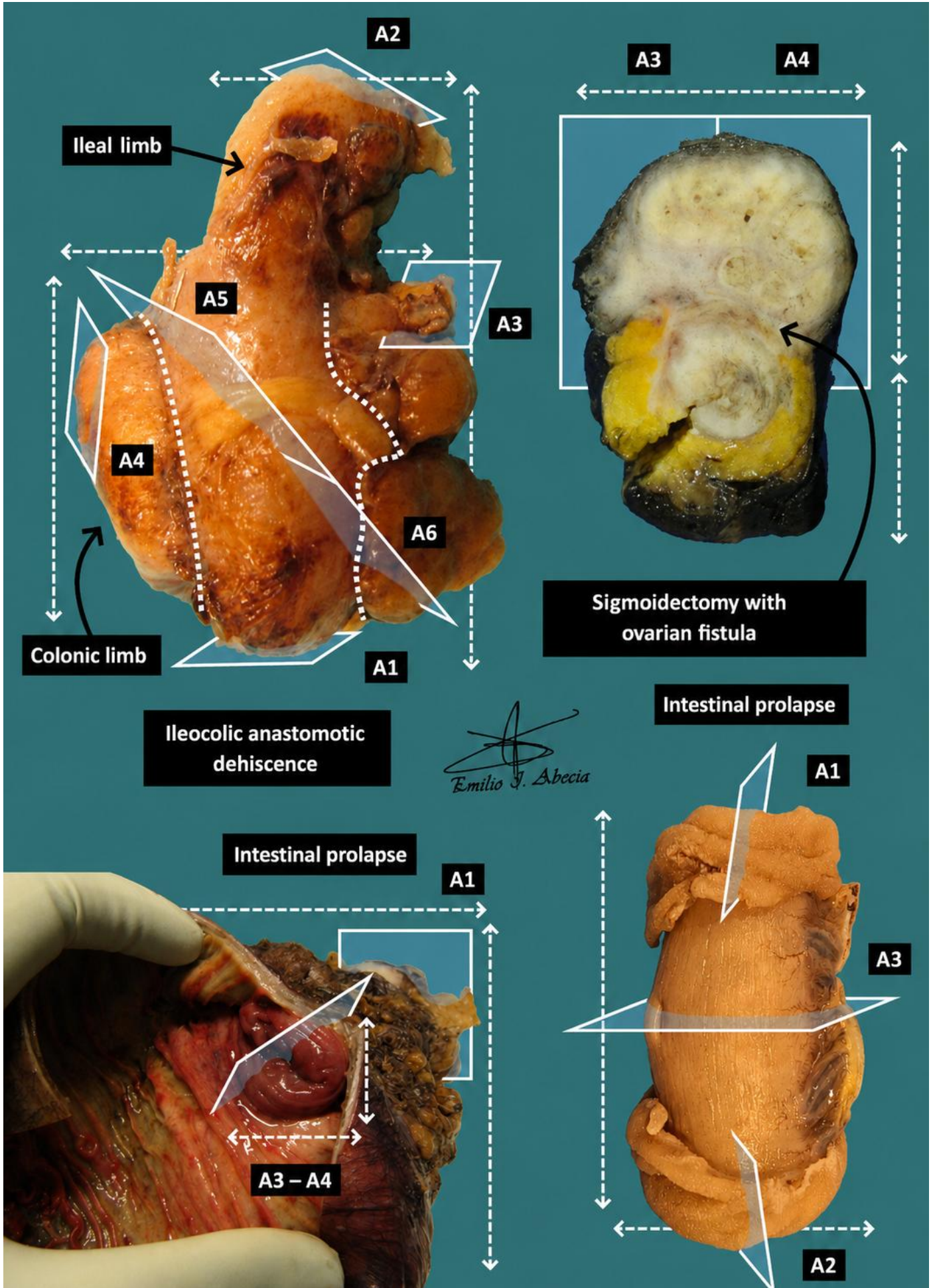
Transmural intestinal necrosis with perforations

Congested serosa



Ischaemic colitis





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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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