

INFLAMMATORY BOWEL DISEASE

1. A bowel segment measuring XXX cm is received / with an appendix measuring XXX cm.
2. Externally, no remarkable features are identified // matted bowel loops / stenotic-appearing areas / dilated areas measuring X cm in length / a congested serosal surface / a defect measuring XXX cm / fibrinopurulent plaques measuring XXX cm in length are identified / located X cm from the X surgical margin (proximal / distal).
3. Upon opening, no lesions are identified // the mucosa shows a cobblestone / granular / erythematous appearance / X pseudopolypoid / fistulous lesions ranging from X to X cm, located X cm from the closest margin. The involvement is continuous / discontinuous.
4. On sectioning of the previously described areas, no additional alterations are identified // the bowel wall is thickened / fibrotic / with a fistulous tract / perforation / diverticula.
5. On palpation, X nodular lesions with an inflammatory appearance are identified.
6. Representative sections are submitted as follows:

1st Example (Sigmoidectomy for perforated Crohn disease):

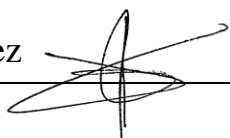
- A1: proximal surgical margin.
- A2: distal surgical margin.
- A3: section of fibrinopurulent plaque / external alterations.
- A4 - A5: sections of erythematous mucosa (in comparison with normal mucosa).
- A6 - A7: sections of pseudopolyp / possible adenomas.
- A8 and A9: 4 nodular lesions per block.

2nd Example (Therapeutic segmental resection for Ulcerative Colitis):

- A1: proximal surgical margin.
- A2: distal surgical margin.
- A3: section of fibrinopurulent plaque / external alterations.
- A4 - A5: sections of erythematous mucosa (in comparison with normal mucosa).
- A6 and A7: sections of pseudopolyp / possible adenomas.
- A8 and A9: sections of stenotic areas / matted bowel loops.
- A10 and A11: submission of 3 nodular lesions per block.

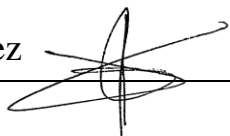
3rd Example (Multiple segmental colonic resections for Crohn disease):

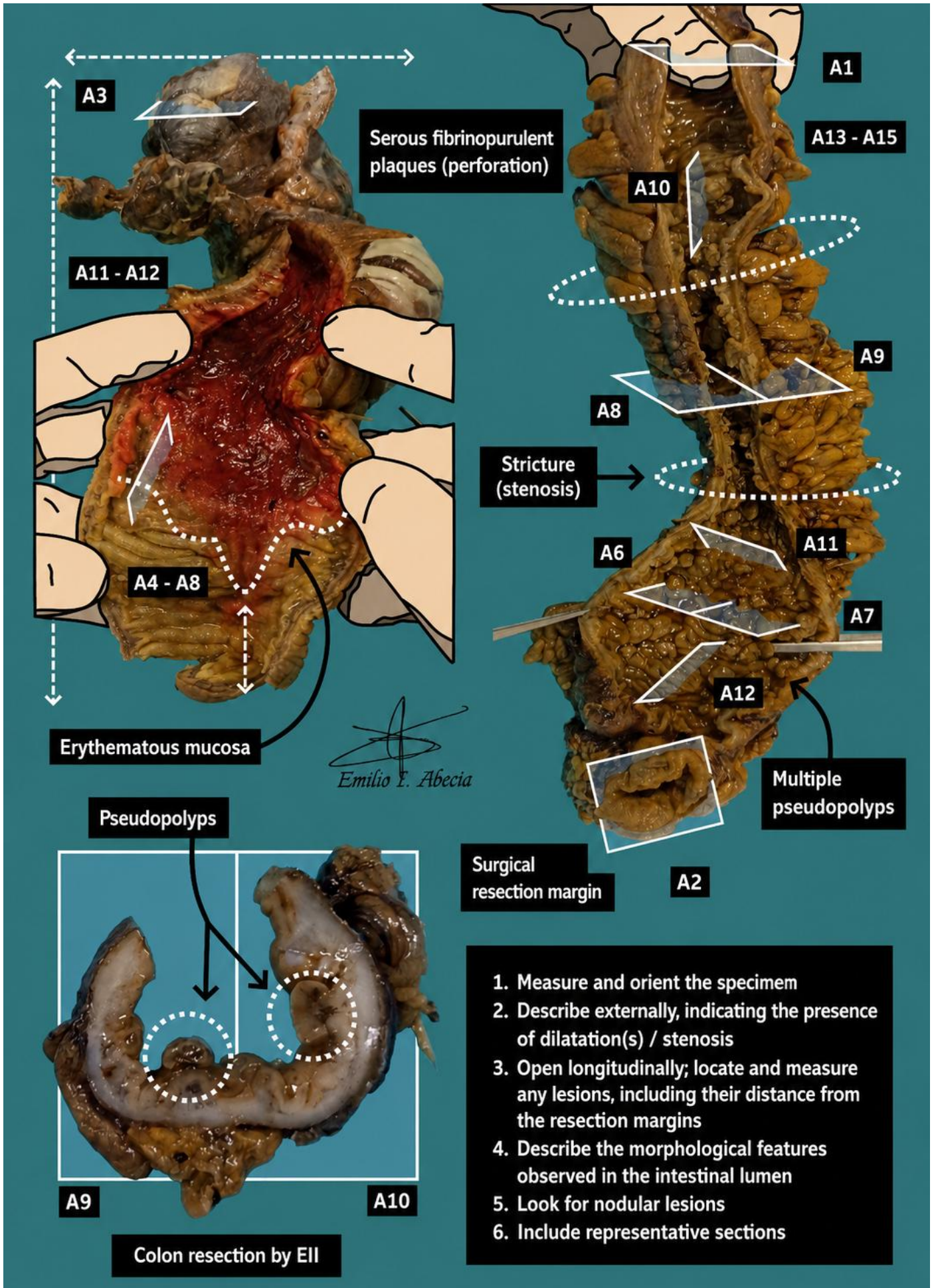
- A1: proximal surgical margin.
- A2: distal surgical margin.
- A3 - A4: sections of the first stenotic area / fistula / perforation.
- A5 - A6: sections of the second stenotic area / fistula / perforation.
- A7 - A8: sections of pseudopolyps / adenomas.
- A9 - A11: additional sections of bowel wall / matted bowel loops.
- A12 - A14: submission of 3 nodular lesions per block.



POINTS TO CONSIDER

- Resections for Ulcerative Colitis or Crohn disease that do not remit / cannot be therapeutically controlled with medical treatment.
- Measure, orient, and open along the antimesenteric border.
- Describe the external and internal surfaces, including all observable abnormalities.
- Carefully inspect the mucosa, looking for areas suspicious for dysplasia (adenomas) or infiltrating carcinoma (ulcers, induration, etc.).
- Submit representative sections:
 - Include surgical margins. If the adjacent mucosa is involved, consider submitting sections perpendicular to the margin.
 - Include all observed abnormalities that may demonstrate disease-specific features (erythematous areas, cobblestone mucosa, pseudopolyps, matted bowel loops, fistulas, stenotic areas, lesions suspicious for malignancy, etc.).
 - If numerous pseudopolyps are present, submit only the largest lesions.
 - If mucosal involvement is diffuse, submit a longitudinal section every 5–10 cm.
 - Isolate possible nodular lesions (lymph nodes).





Colon resections for
Inflammatory Bowel
Disease (IBD)

Assess for fibrosis,
fistulae, perforations...

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A9

A10

A11

A12 - A14

Look for
nodular
lesions

Carefully examine and
represent the specimen
to demonstrate neoplastic
lesions or dysplasia

A7

A8

Inspect
mucosa in
detail

A5 - A6

Retrograde
dilatation

Suture areas

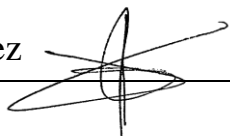
A3 - A4

A1

Stenosis

A2

Surgical
resection
margins



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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.

