

COLONIC DONUTS

1. One / several tissue fragments measuring XXX cm respectively are received in a metallic device, labelled as X.
2. Externally, the specimen shows a brownish coloration and a soft / indurated consistency, without other remarkable features.
3. On serial sectioning, no well-defined lesions are identified // a focus with X characteristics is identified.
4. The specimen is entirely submitted as follows:

1st Example (Quadranted surgical donut)

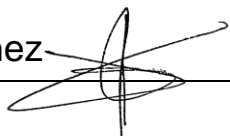
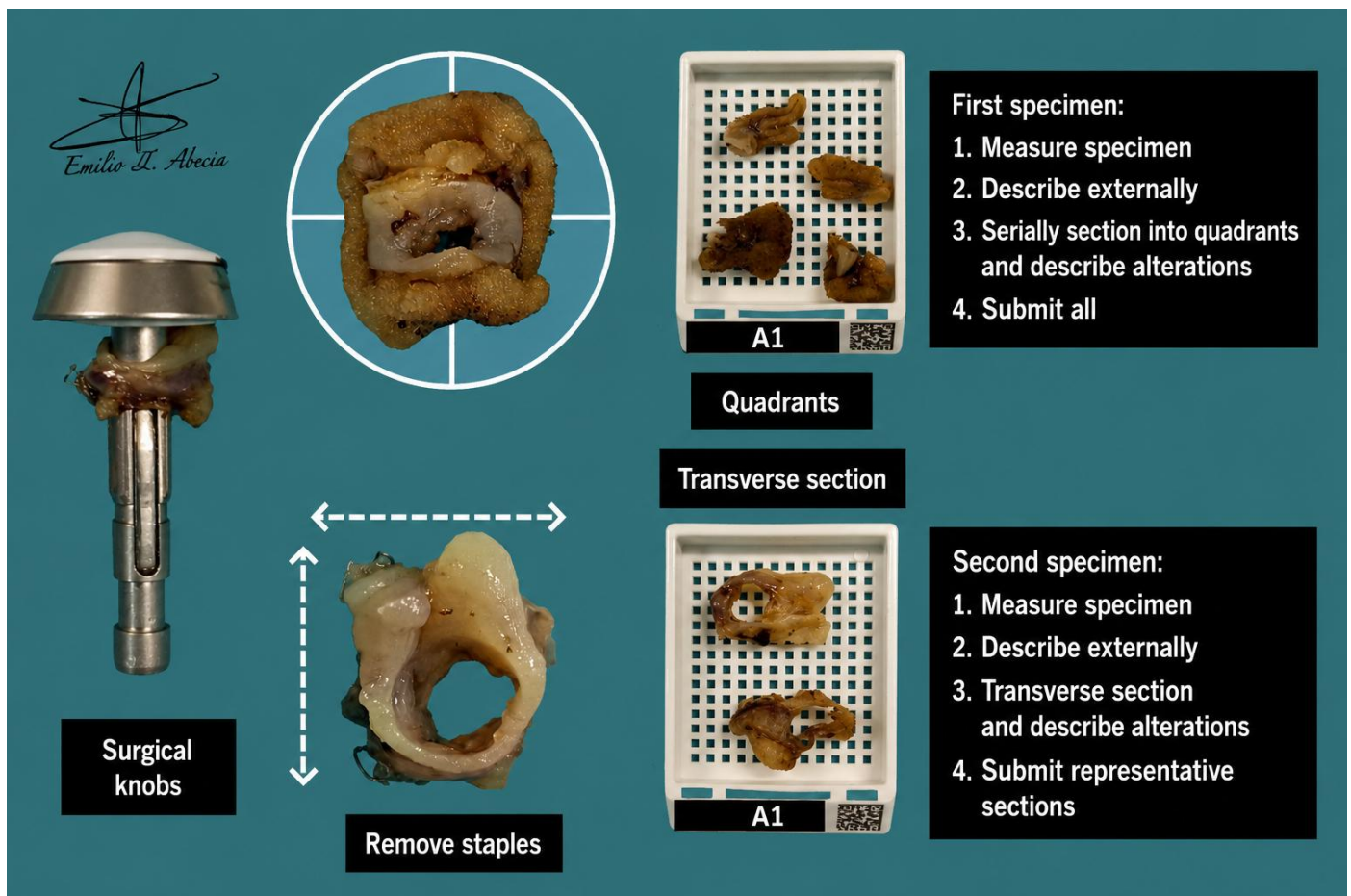
- A1: first donut
- A2: second donut

2nd Example (Transversely sectioned or “shaved” surgical donuts)

- A1: first donut
- A2: second donut

POINTS TO CONSIDER

- Donuts are fragments of colonic wall corresponding to the “true margin”, immediately distal to the resection margin of the surgical specimen (right hemicolectomy, sigmoidectomy, etc.).
- They are generally sutured or stapled, without orientation provided. Care should be taken not to damage the tissue while removing sutures or staples during handling.
- Submit entirely using serial sections (“quadrants”) or by transverse sectioning (“shaved” technique).



BIBLIOGRAPHY

- *Anastomotic Ring/Donut*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/0b/anastomotic-ringdonut-13123.pdf?f=968fae69>
- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
- Susan C. Lester, French, C. A., & Curtis, S. G. (2010). *Manual of Surgical Pathology: Expert Consult* (ed. 3). Elsevier. <https://www.sciencedirect.com/book/9780323065160/manual-of-surgical-pathology>
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- Westra, W. H., Ralph H. Hruban, Timothy H. Phelps, & Christina Iacson. (2003). *Surgical Pathology Dissection: An Illustrated Guide* (ed.2). Springer. <https://link.springer.com/book/10.1007/b97473>

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.

