COLONIC CARCINOMATOSIS

1. A bowel segment measuring XXX cm is received, labelled as X, without orientation provided // oriented with X marking the X margin.
2. Externally, a lesion / X lesions measuring XXX cm is identified on the serosal surface, located X cm from the proximal margin and X cm from the distal margin.
3. The lesion / lesions are indurated, with a nodular / flat morphology and X coloration.
4. On sectioning, the lesion appears to infiltrate the bowel wall extrinsically, without involvement / involving the muscularis propria / submucosa / mucosa.
5. The cut surface of the lesions is whitish / yellowish, with well / poorly defined borders.
6. The remaining mucosa shows no significant abnormalities // X polypoid / diverticular lesions are identified, ranging from X to X cm, located X cm from the X margin.
7. On palpation, X nodular formations are identified, the largest measuring X cm // following extensive search, no definite nodular formations are identified.
8. Representative sections are submitted as follows:

1st Example (Segmental colectomy with carcinomatosis I):
• A1: surgical margin closest to the lesion.
• A2: contralateral surgical margin.
• A3–A7: one complete section of the implant.
• A8: additional section of the lesion (with possible nodular formation).
• A9–A12: four nodular formations per block.

2nd Example (Segmental colectomy with carcinomatosis II):
• A1: surgical margin.
• A2: contralateral surgical margin.
• A3–A8: one complete section of the implant.
• A9–A12: four nodular formations per block.

TO CONSIDER

– Colonic resections with implants extrinsic to the colon, generally secondary to advanced neoplasms arising at other sites. These specimens may derive from surgeries involving multiple implant biopsies, referred to as cytoreductive surgery with HIPEC (Hyperthermic Intraperitoneal Chemotherapy).
– Review the clinical history to identify relevant patient antecedentes.
– Measure and describe the specimen.
– Localise and describe lesions, including their distance to the surgical margins.
– Section the specimen and document the macroscopic depth of infiltration of the implants.
– Submit representative sections:
- Submit lateral surgical margins en face (shave sections).
- Include representative sections of the lesions / implants. If multiple lesions are present, include one or two sections from each at the area of deepest infiltration.
- Include sections of incidental lesions.

– Palpate carefully for pericolic nodular formations. Unlike primary colonic neoplasms, there is no stipulated minimum number of lymph nodes to be identified.

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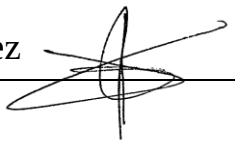

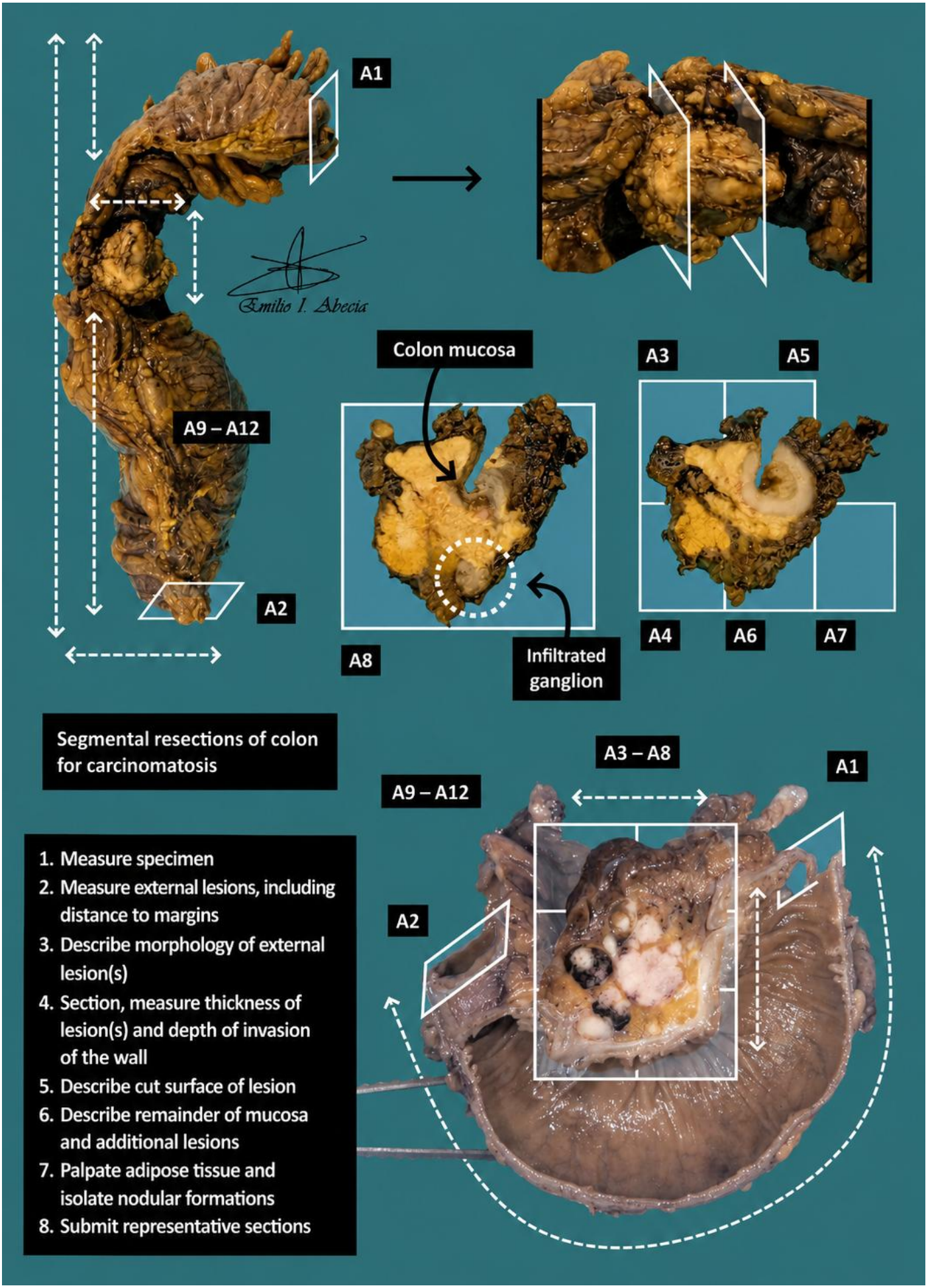

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DISCLAIMER

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.

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