

## NON-NEOPLASTIC APPENDECTOMY

1. An appendectomy specimen measuring XXX cm is received / with mesoappendix measuring XXX cm.
2. Externally, the serosa appears dull and violaceous, without other remarkable features // fibrinopurulent plaques measuring XX cm are identified // a perforation measuring XXX cm is identified // a nodular lesion at the tip measuring XXX cm is identified.
3. On serial sectioning, a pinpoint lumen containing faecalith material / purulent material is identified, without other abnormalities // a dilated lumen measuring X cm in diameter is identified // X appendicoliths measuring X cm in diameter are identified.
4. Representative sections are submitted as follows:

### **1st Example (Acute Phlegmonous Appendicitis)**

- **A1:** Representative sections.

### **2nd Example (Acute Gangrenous Appendicitis)**

- **A1:** Representative sections.

### **3rd Example (Appendiceal Inflammatory Mass I)**

- **A1 – A2:** Entire submission of the nodular lesion at the tip.
- **A3:** Distal resection margin.

### **4th Example (Appendiceal Inflammatory Mass II)**

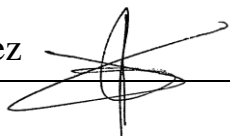
- **A1:** Section from the tip.
- **A2:** Transverse section of the nodular lesion at the tip.
- **A3:** Section of the nodular lesion in relation to the appendiceal body.
- **A4:** Distal resection margin.

### **5th Example (Appendiceal Inflammatory Mass III)**

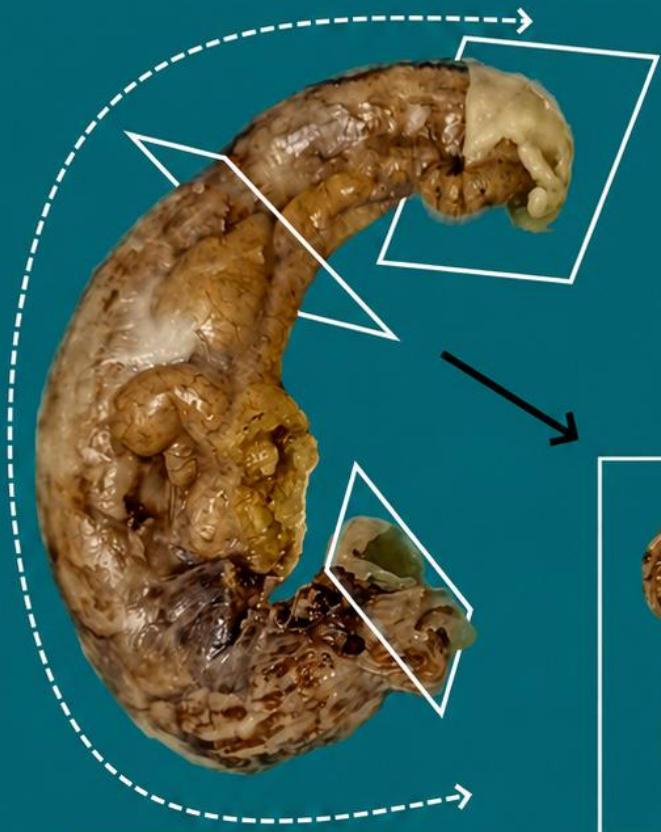
- **A1:** Section from the tip.
- **A2 – A3:** Transverse sections of the nodular lesion at the tip.
- **A4:** Distal resection margin.

## POINTS TO CONSIDER

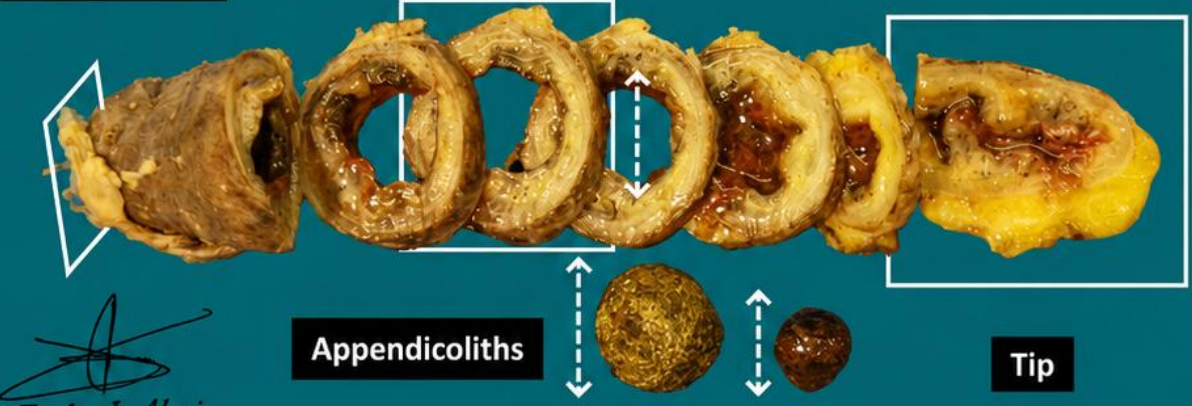
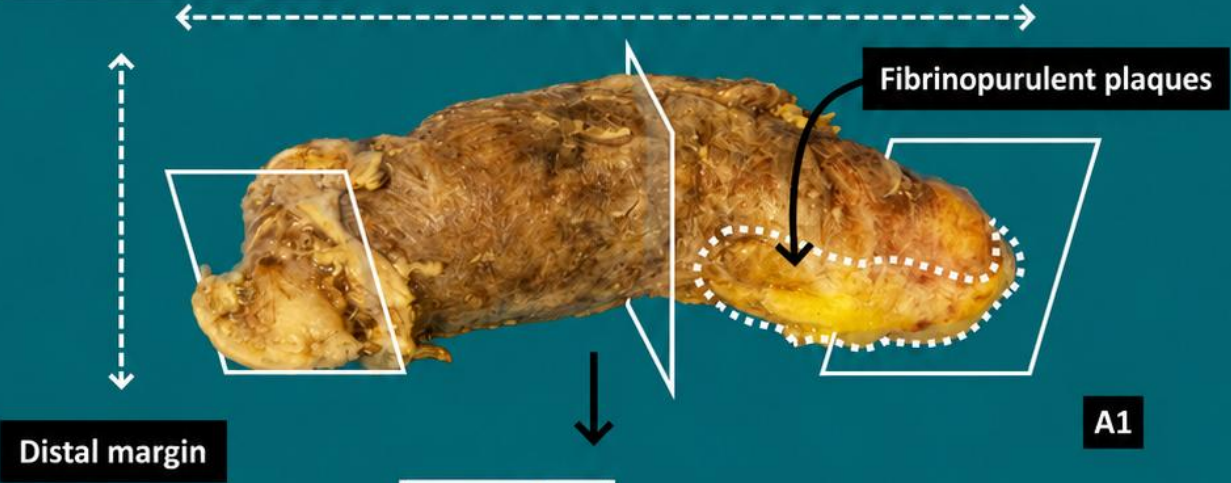
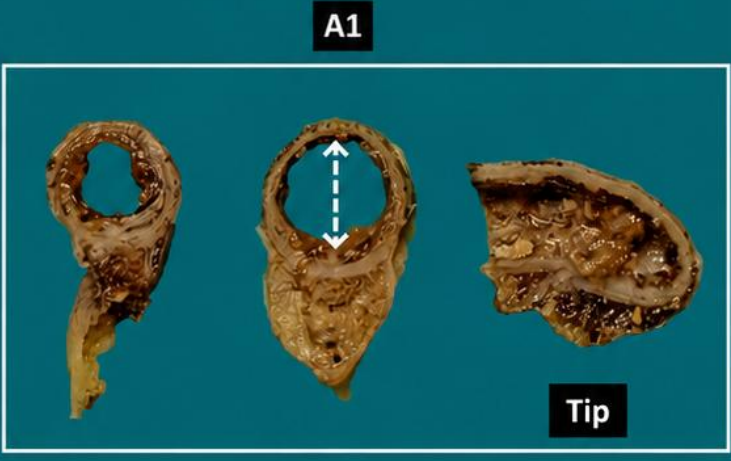
- Common surgical procedure in the hospital setting due to inflammation of the vermiform appendix.
- Measure and describe any fibrinopurulent plaques or perforations identified; serially section the body transversely and the tip longitudinally.
- Inspect for incidental findings (carcinoid tumours, polyps, mucinous neoplasms, etc.), particularly in patients older than 50 years.
- Appendices with subacute or indolent pathology that have developed an inflammatory mass (examples III, IV and V) are often received with a clinical suspicion of neoplasia; however, on gross examination the wall is preserved and no well-defined lesions are identified.
- Submit representative sections:
  - Include the base (relative frequency of adenocarcinomas).
  - Include the tip (relative frequency of carcinoid tumours).
  - Include sections from the central portion to assess appendicitis.
  - In cases with an inflammatory mass, submit additional sections to exclude a neoplastic process.
  - If the specimen is non-neoplastic but large, the resection margin and the tip (longitudinally sectioned) may be submitted in one block, with representative sections in another block. This allows identification of the surgical margin.
  - Do not submit appendicoliths.



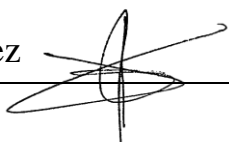
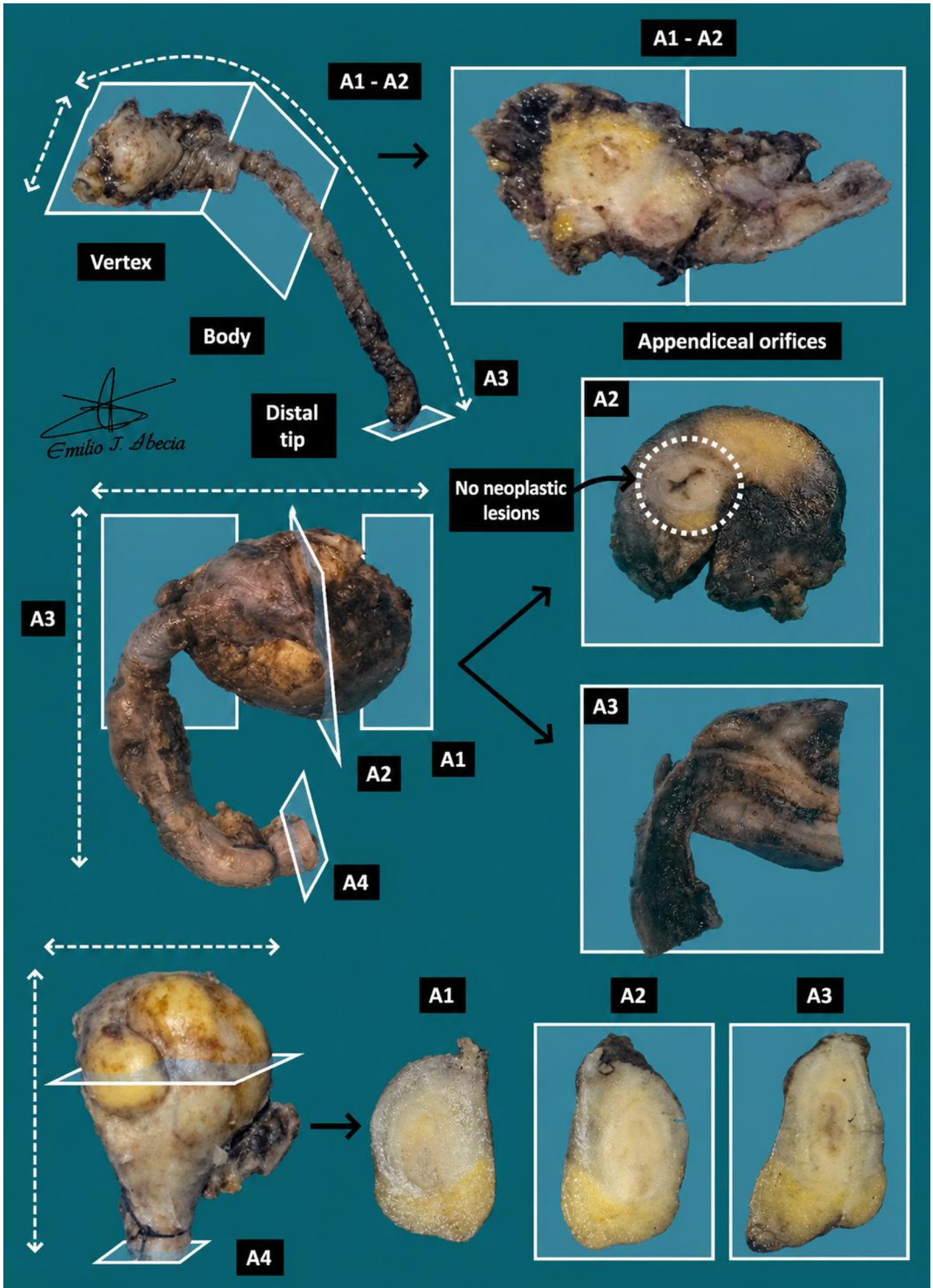
1. Measure the specimen
2. Describe the external surface, including the presence of plaques, exudates or continuity solutions
3. Serially section the specimen transversely and longitudinally at the tip; describe appendiceal lumen and contents
4. Representative sections



**Appendix specimens (acute appendicitis)**



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## 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.

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