

## TUMORAL APPEUDECTOMY

1. A specimen consisting of an appendix measuring XXX cm / with attached mesoappendix measuring XXX cm is received.
2. Externally, the specimen shows a nodular lesion measuring XXX cm located at the tip / body and situated X cm from the margin // a cystic / dilated / thickened appearance / with an intact surface showing X characteristics // a disruption of continuity measuring XXX cm is identified.
3. The surgical margin is inked.
4. On serial sectioning, the lumen is dilated, measuring X cm in diameter, and contains mucoid / gelatinous material with X coloration.
5. The mucosa does not show clearly demarcated lesions // a lesion measuring XXX cm is identified, located X cm from the surgical margin and appearing / not appearing to infiltrate the appendiceal wall / serosa.
6. The lesion shows a brownish / whitish coloration, with a papillary / nodular / annular appearance; it is homogeneous / heterogeneous and with well / poorly defined borders / etc.
7. Representative sections are submitted as follows:

### **1st Example (Appendiceal neuroendocrine tumour):**

- A1: distal margin.
- A2 - A3: complete submission of the appendiceal tip.
- A4: section from the appendiceal body.

### **2nd Example (Appendiceal mucinous neoplasm I):**

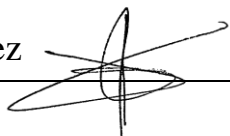
- A1: distal margin.
- A2: section from the appendiceal tip.
- A3 - A4: first complete transverse section.
- A5 - A6: second complete transverse section.
- A7 - A8: perpendicular sections of the lesion in relation to the distal margin.

### **3rd Example (Appendiceal mucinous neoplasm II):**

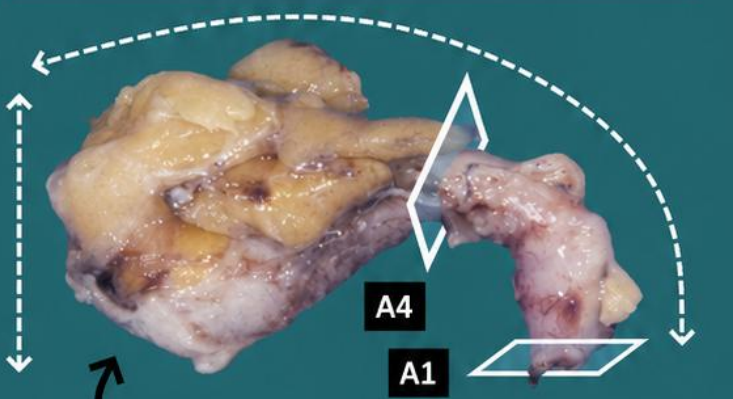
- A1: distal margin.
- A2 - A3: sections from the appendiceal tip.
- A4 - A5: perpendicular sections of the lesion in relation to the distal margin.
- A6 - A7: first complete transverse section.
- A8 - A9: second complete transverse section.

## POINTS TO CONSIDER

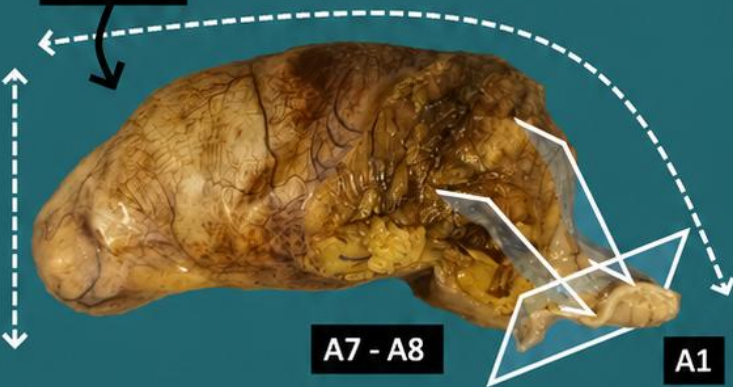
- Resections of the vermiform appendix performed for lesions already identified on imaging studies or as part of surgical protocols (for example, gynaecological procedures). Review of the clinical history is recommended to determine the surgical indication and/or radiological suspicion.
- Measure and describe the specimen, indicating any disruptions of continuity, folds, serosal retraction, etc. In mucinous neoplasms, perforation of the appendix and mucin extravasation may result in ascites (pseudomyxoma peritonei).
- Consider inking the surgical margin (according to institutional guidelines).
- Submit representative sections:
  - Routinely include the surgical margin and the appendiceal tip.
  - If a well-defined solid / papillary lesion is present, submit it entirely.
  - In mucinous neoplasms, the epithelium may be denuded; therefore, generous sampling / complete submission is recommended to detect dysplasia.
  - If the lesion is very close to one of the margins, submit that margin perpendicularly.



**Appendicectomy with Neuroendocrine Tumour**



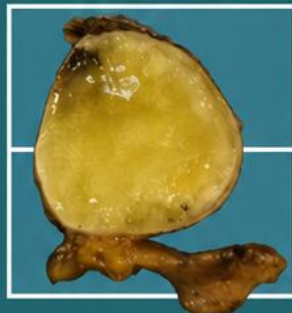
**Proximal**



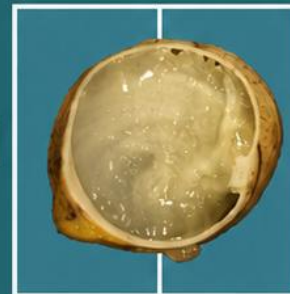
**Transverse sections**



**A2**



**A3 - A4**



**A5**

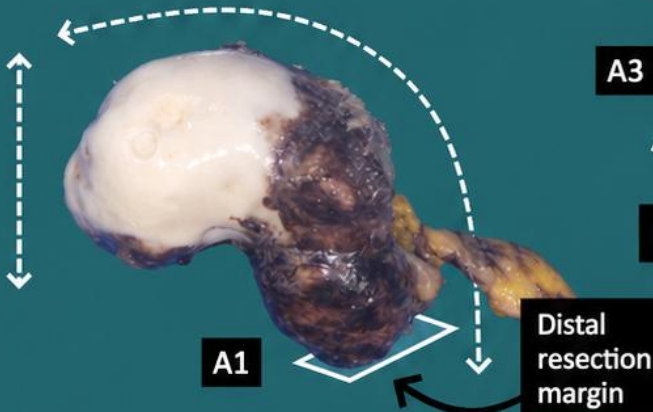
**A6**

**A2 - A3**



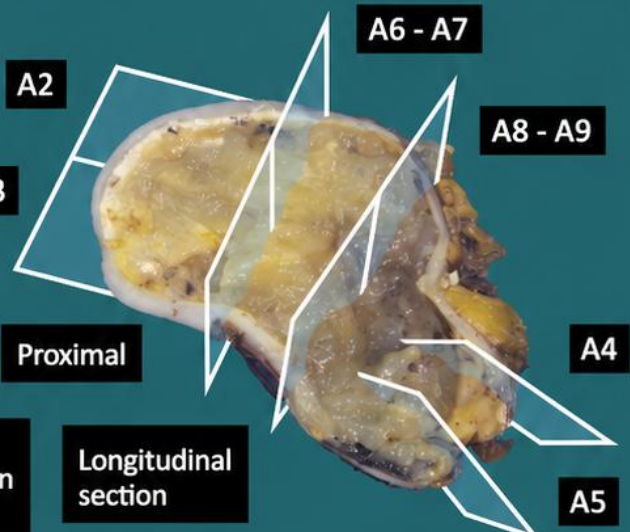
1. Measure specimen
2. Describe external surface
3. Maintain surgical resection margin
4. Serially section and describe cut surfaces and contents
5. Localise and measure observable lesions, including distance to distal resection margin
6. Describe cut surface of lesion (if visible)
7. Include representative sections

**Appendiceal mucinous neoplasm**



**A1**

**Distal resection margin**



**A2**

**A3**

**Proximal**

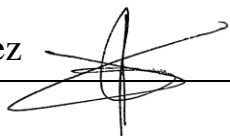
**Longitudinal section**

**A6 - A7**

**A8 - A9**

**A4**

**A5**



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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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