

## NASAL RESECTION

1. A nasal resection specimen measuring XXX cm is received, oriented with X at the X o'clock position, with nares measuring XXX cm / bone measuring XXX cm / cartilage / muscle measuring XXX cm, unoriented // oriented with X at X.
2. Externally, no remarkable features are identified // a lesion measuring XXX cm is identified, located X cm from the closest surgical margin.
3. The lesion is flat / raised / nodular / verrucous / arcuate, with X coloration and a crusted / ulcerated / smooth surface, with indurated / friable / soft-elastic consistency, etc.
4. The surgical margins are inked.
5. On sectioning, the lesion measures X cm in thickness, is located X cm from the deep margin, and appears to infiltrate / does not appear to infiltrate the nasal cartilage / muscle / soft tissues / etc.
6. The cut surface is homogeneous / heterogeneous, brownish / whitish in colour, with well-defined / poorly defined borders, etc.
7. Representative sections are submitted as follows:

### 1st Example (Nasal Hemisection):

- A1: anterior-deep margin, en face.
- A2: posterior-deep margin, en face.
- A3–A4: central sections of the specimen.

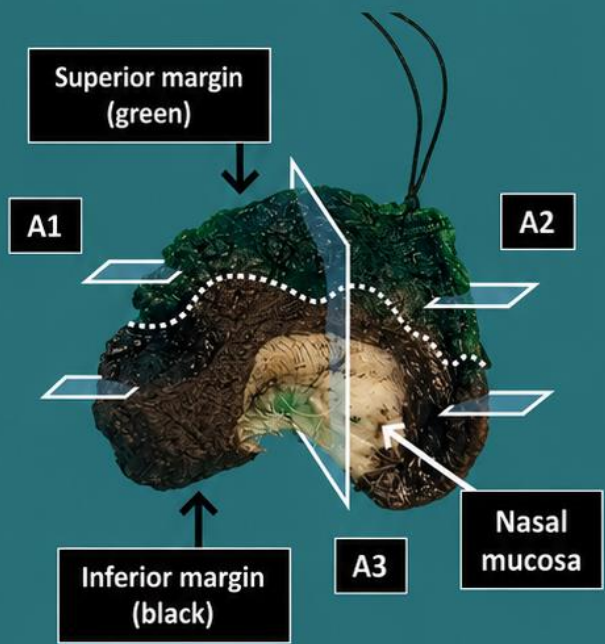
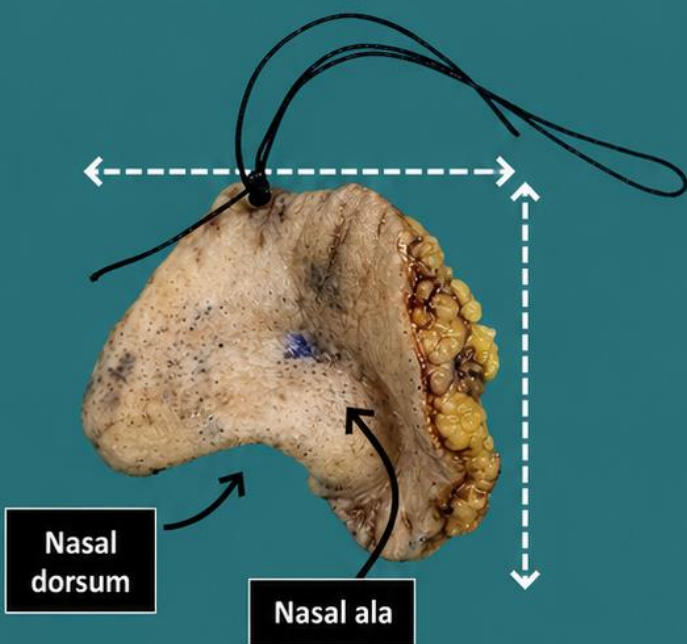
### 2nd Example (Total Nasal Resection):

- A1: superior margin, en face.
- A2: inferior margin, en face.
- A3–A5: central sections of the specimen.

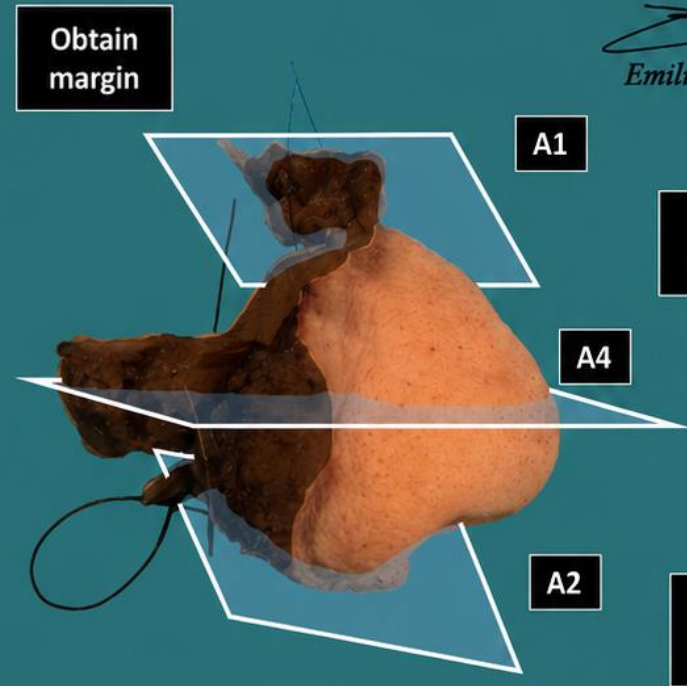
## TO CONSIDER

- Total or partial nasal resections may be performed for neoplastic, inflammatory, or other conditions; review of the clinical history is recommended to determine the surgical indication.
- Orient the specimen using the surgical spatial references provided. Anatomical orientation may also be possible in total resections or when laterality (left vs right) is known.
- Measure the specimen and its different components, including nares, cartilage, muscle, bone, etc.
- Measure and describe the superficial lesion, including the distance to surgical margins.
- Ink the surgical margins. The use of more than one ink colour or the placement of notches is recommended to identify resection boundaries.
- Serially section along the short axis; measure tumour thickness and the distance to the deep or lateral-deep margins.
- Describe the cut surface of the lesion and submit representative sections:
  - Include all surgical margins.
  - As a general rule, submit at least one section per centimetre of the greatest dimension of the lesion.
  - Include sections showing the lesion in relation to the nasal fossae, cartilage, or other anatomical structures present.
  - If incidental / secondary lesions are present, these should also be submitted.

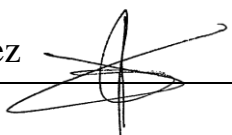
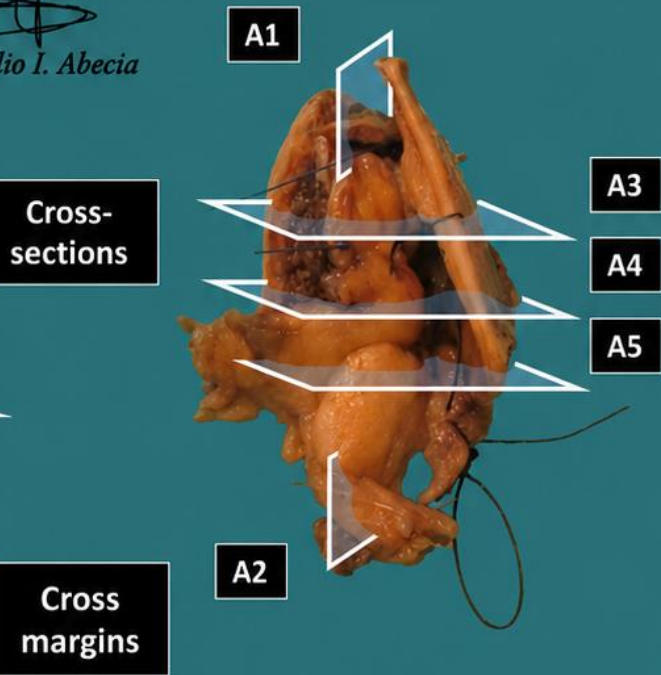




1. Orientate and measure the specimen, identifying the anatomical structures present
2. Localise and measure the superficial lesions
3. Describe visible lesions
4. Inking of surgical margins
5. Serially section the specimen, measure the thickness of the lesion, distance to deep margin and infiltration of structures
6. Describe the cut surface of the lesion
7. Representative sections



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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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