

## TOTAL EAR RESECTION

1. Designated as X, a resection specimen measuring XXX cm is received, oriented with X at the X o'clock position, consisting of an ear measuring XXX cm / and a temporal skin patch / soft tissue / parotid gland measuring XXX cm.
2. Externally, no remarkable features are identified // a lesion measuring XXX cm is identified, located X cm from the closest margin.
3. The lesion is flat / raised / nodular / verrucous / arcuate, with X coloration and a crusted / ulcerated / smooth surface, and an indurated / friable / soft-elastic consistency, etc.
4. The surgical margins are inked with India ink.
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 cartilage / muscle / bone / parotid gland / external auditory canal (EAC) / tympanic membrane, etc.
6. The cut surface is homogeneous / heterogeneous, with a brownish / whitish coloration and well-defined / poorly defined borders, etc.
7. Representative sections are submitted as follows:

### 1st Example (Ear Wedge Resection)

- A1 – A2: complete section of the first lesion.
- A3 – A4: cruciate lateral sections of the first lesion.
- A5 – B6: central sections of the second lesion.
- A7: central section of the third lesion.
- A8 – A9: cruciate sections of the third lesion.

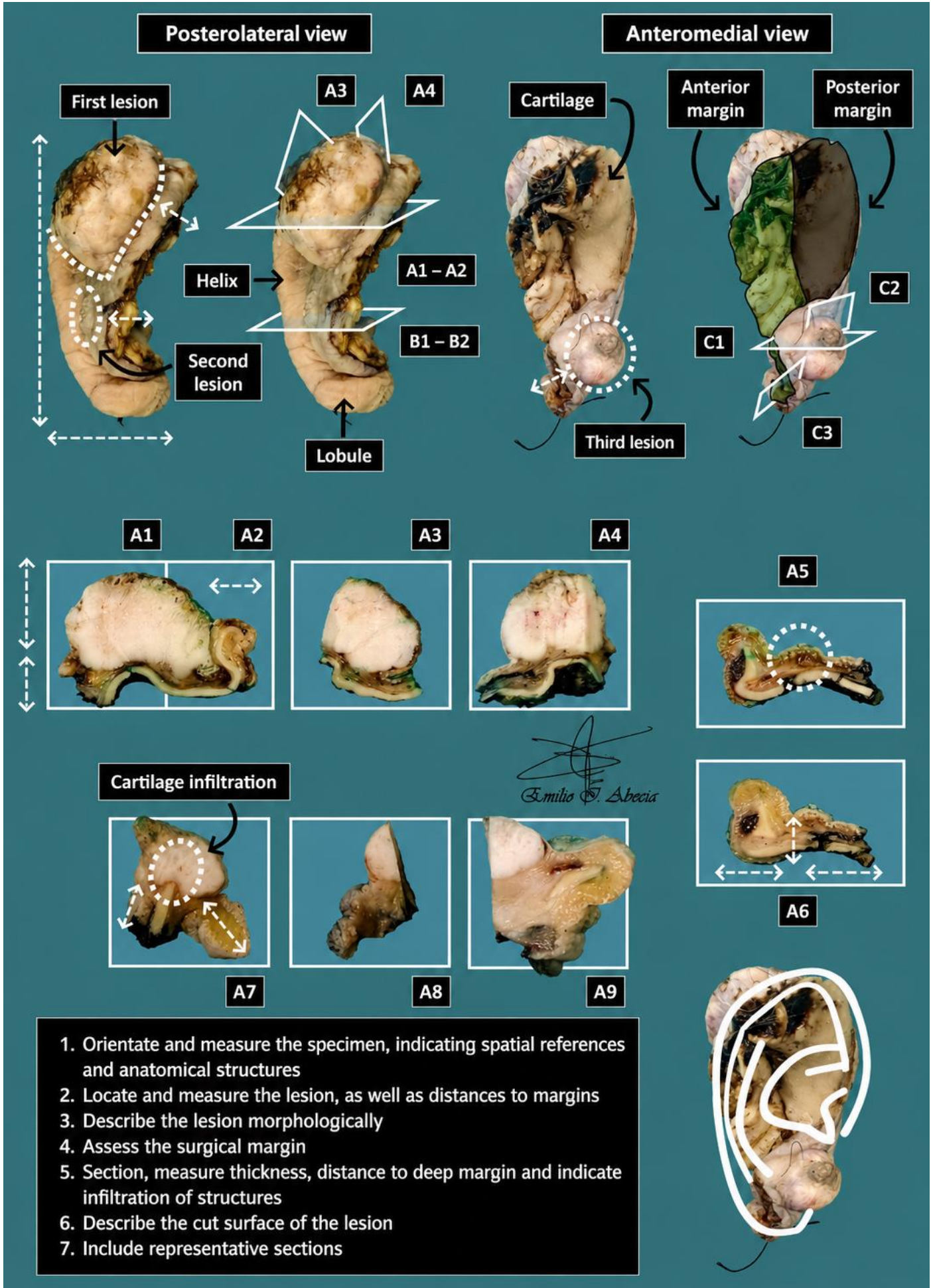
### 2nd Example (Ear Excision with EAC)

- A1: superior margin.
- A2: anterior margin.
- A3: posterior margin.
- A4: inferior margin.
- A5 to A8: auditory canal margin submitted in clockwise orientation.
- A9 to A10: complete section.

## POINTS TO CONSIDER

- Total or partial ear resections may be performed for neoplastic, inflammatory (e.g. chondrodermatitis), 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, which may include auricular cartilage, muscle, bone, parotid gland, external auditory canal (EAC), middle ear, etc.
- Measure and describe the superficial lesion, including its distance to the surgical margins.
- Ink the surgical margins. The use of more than one ink colour or the placement of notches is recommended to identify the resection extremes. The free surface is not considered a true surgical margin (only the internal aspect constitutes a margin).
- Serially section along the short axis; measure lesion thickness and distance to the deep margin.
- Describe the cut surface of the lesion and submit representative sections:
  - Submit all surgical margins.
  - If an auditory canal is present, the internal aspect constitutes a surgical margin. Submit it either en face (shave) or perpendicularly.
  - As a rule, submit at least one section per centimetre of the lesion's greatest dimension.
  - Submit sections demonstrating the relationship of the lesion to the auditory canal, cartilage, or other anatomical structures present.
  - If incidental / secondary lesions are identified, these should also be submitted.





**Posterolateral view**

**Anteromedial view**

First lesion

A3 A4

Cartilage

Anterior margin

Posterior margin

Helix

A1 - A2

C1

Second lesion

B1 - B2

C2

Lobule

Third lesion

C3

A1

A2

A3

A4

A5

**Cartilage infiltration**

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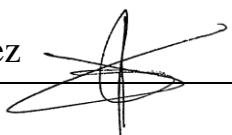
A6

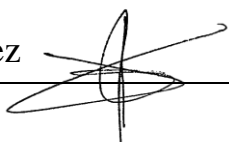
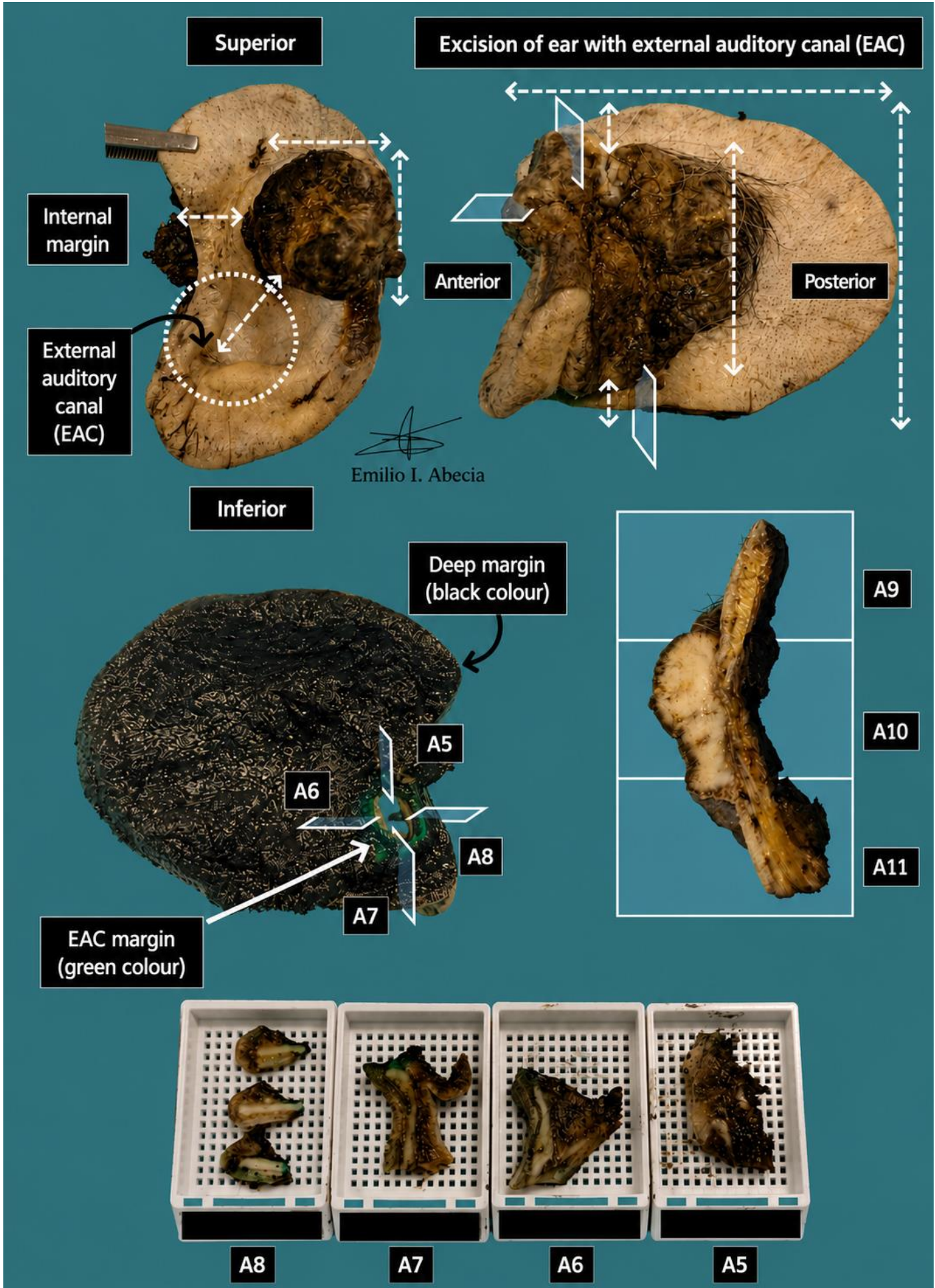
A7

A8

A9

1. Orientate and measure the specimen, indicating spatial references and anatomical structures
2. Locate and measure the lesion, as well as distances to margins
3. Describe the lesion morphologically
4. Assess the surgical margin
5. Section, measure thickness, distance to deep margin and indicate infiltration of structures
6. Describe the cut surface of the lesion
7. Include 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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