

TUMORAL SIALADENECTOMY

1. A resection of the right / left X salivary gland is received, weighing X g and measuring XXX cm, without orientation provided // oriented with X marking the X margin.
2. Externally, no remarkable features are identified // the specimen shows a nodular / multinodular / irregular surface, with a brownish / whitish / yellowish coloration and a soft-elastic / firm consistency // it is partially / completely covered by adipose tissue.
3. The surgical margin is inked.
4. On serial sectioning, a lesion measuring XXX cm is identified, located X cm from the closest margin // the X margin.
5. The lesion is solid / cystic / encapsulated / multilobulated, brownish / whitish in colour, with well / poorly defined borders, with foci / without foci of necrosis and/or haemorrhage involving X% of the lesion volume.
6. The remaining salivary parenchyma is yellowish, without other remarkable features // a nodular structure (lymph node) measuring X cm in diameter is palpated.
7. Representative sections are submitted in blocks:

1st Example (Parotid Gland with Pleomorphic Adenoma):

- A1: one lateral margin, cruciate section.
- A2: contralateral margin, crossed section.
- A3–A5: one complete section (A5 including adjacent parenchyma).
- A6–A7: additional representative sections of the lesion.

2nd Example (Parotid Gland with Warthin Tumour):

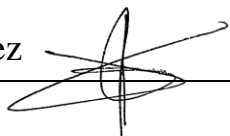
- A1–A2: one central section of the lesion.
- A3–A4: lateral margins of the lesion.
- A5: section of salivary parenchyma / peritumoral adipose tissue.
- A6: one peritumoral lymph node.

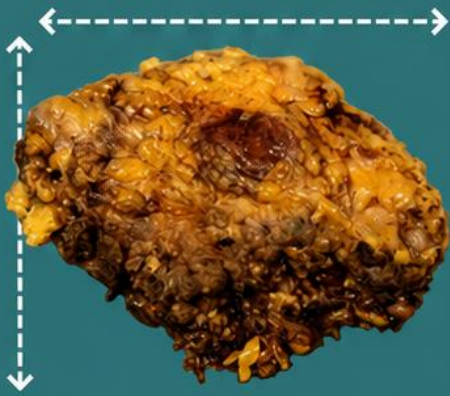
3rd Example (Salivary Gland with Cavernous Haemangioma):

- A1–A2: one section of the lesion.
- A3: one representative section of uninvolved salivary parenchyma.

POINTS TO CONSIDER

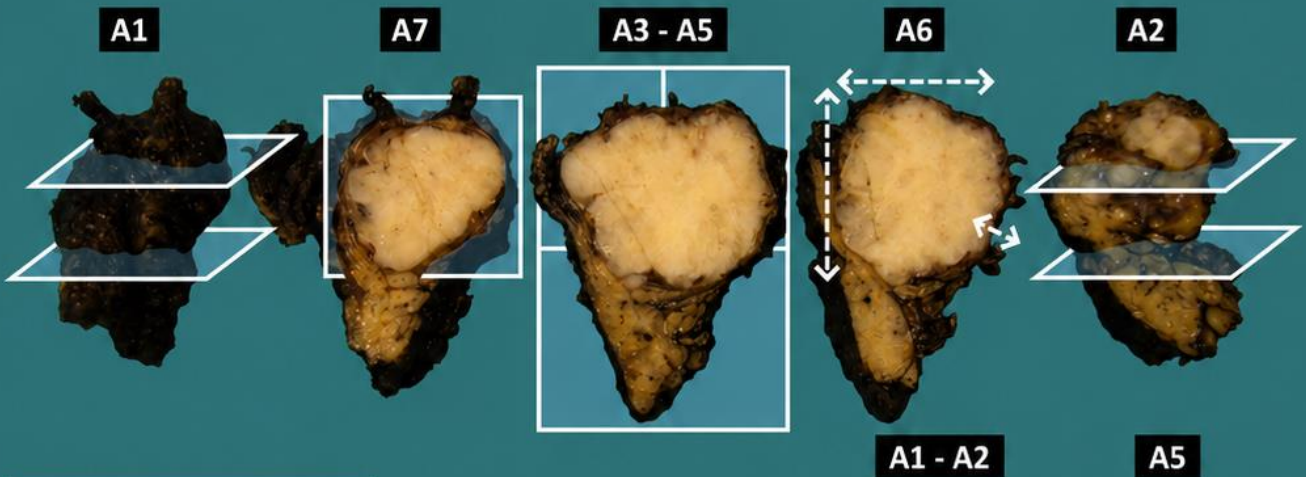
- Resection of salivary glands, generally major salivary glands such as the parotid or submandibular gland, for benign or malignant neoplastic pathology (squamous cell carcinoma, salivary gland tumours, etc.).
- Measure, weigh, and describe the external surface.
- Ink the margins and serially section the specimen.
- Identify, measure, and describe the lesion, including its distance to the surgical margins.
- Submit representative sections:
 - Represent all spatial surgical margins.
 - Submit at least one section per centimetre of the greatest dimension of the lesion. If the tumour is small, submit the lesion entirely.
 - Include one section of non-neoplastic parenchyma to assess for concomitant pathology.
 - Examine the parenchyma or peritumoral adipose tissue for lymph nodes, calculi, or salivary duct abnormalities.



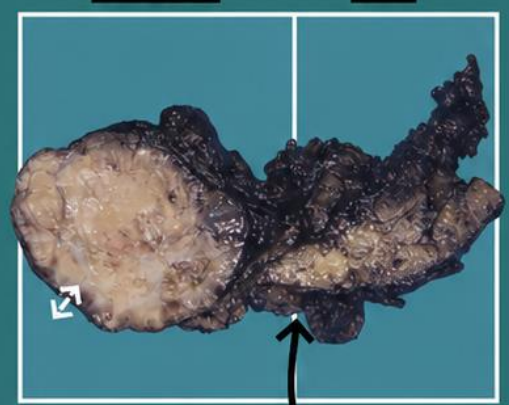
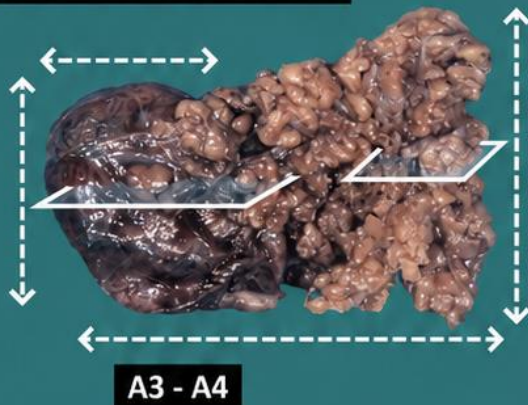


1. Measure the specimen
2. Describe the external surface
3. Ink the external surface
4. Serially section the lesion and measure it, including distance to the margin
5. Describe the cut surface of the lesion
6. Describe the remaining parenchyma / lymph nodes
7. Include representative sections

Parotidectomy for Pleomorphic Adenoma

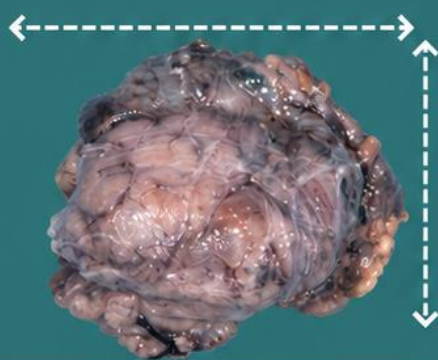


Lesion in the parotid tail

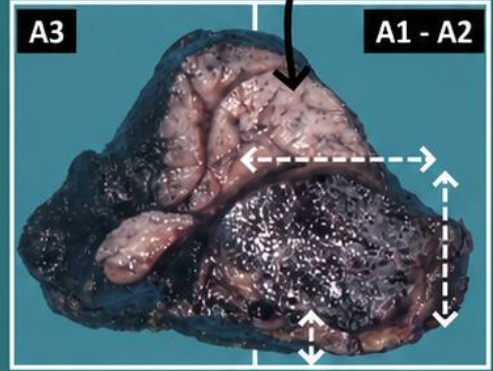


Warthin tumour **Parenchyma (salivary gland)**

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Submandibulectomy specimen



Cavernous hemangioma

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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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