

GLOSSECTOMY / HEMIGLOSSECTOMY

1. A glossectomy / left hemiglossectomy / right hemiglossectomy specimen measuring XXX cm is received, oriented with X indicating the X surface // received unoriented.
2. Externally, a lesion measuring XXX cm is identified, located X cm from the anterior / posterior / lateral / medial / right / left margin.
3. The lesion has a flat / ulcerated / exophytic morphology, with an indurated / soft-elastic consistency and a whitish / brownish coloration, etc.
4. The surgical margins are inked.
5. On sectioning, the lesion measures X cm in thickness and is located X cm from the deep margin.
6. The cut surface is homogeneous / heterogeneous, with well-defined / poorly defined borders and a whitish / brownish coloration, etc.
7. Representative sections are submitted.

1st Example (Glossectomy for squamous cell carcinoma):

- A1: lingual free-edge margin.
- A2 - A3: posterior margin, cruciate section.
- A4 - A5: one section of the specimen from left to right.
- A6 - A7: second section of the specimen from left to right.
- A8 - A9: third section of the specimen from left to right.

2nd Example (Right hemiglossectomy for squamous cell carcinoma):

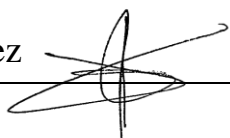
- A1: anterior margin.
- A2: posterior margin, cruciate section.
- A4 - A6: entire submission of the specimen from anterior to posterior.

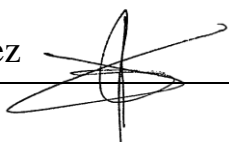
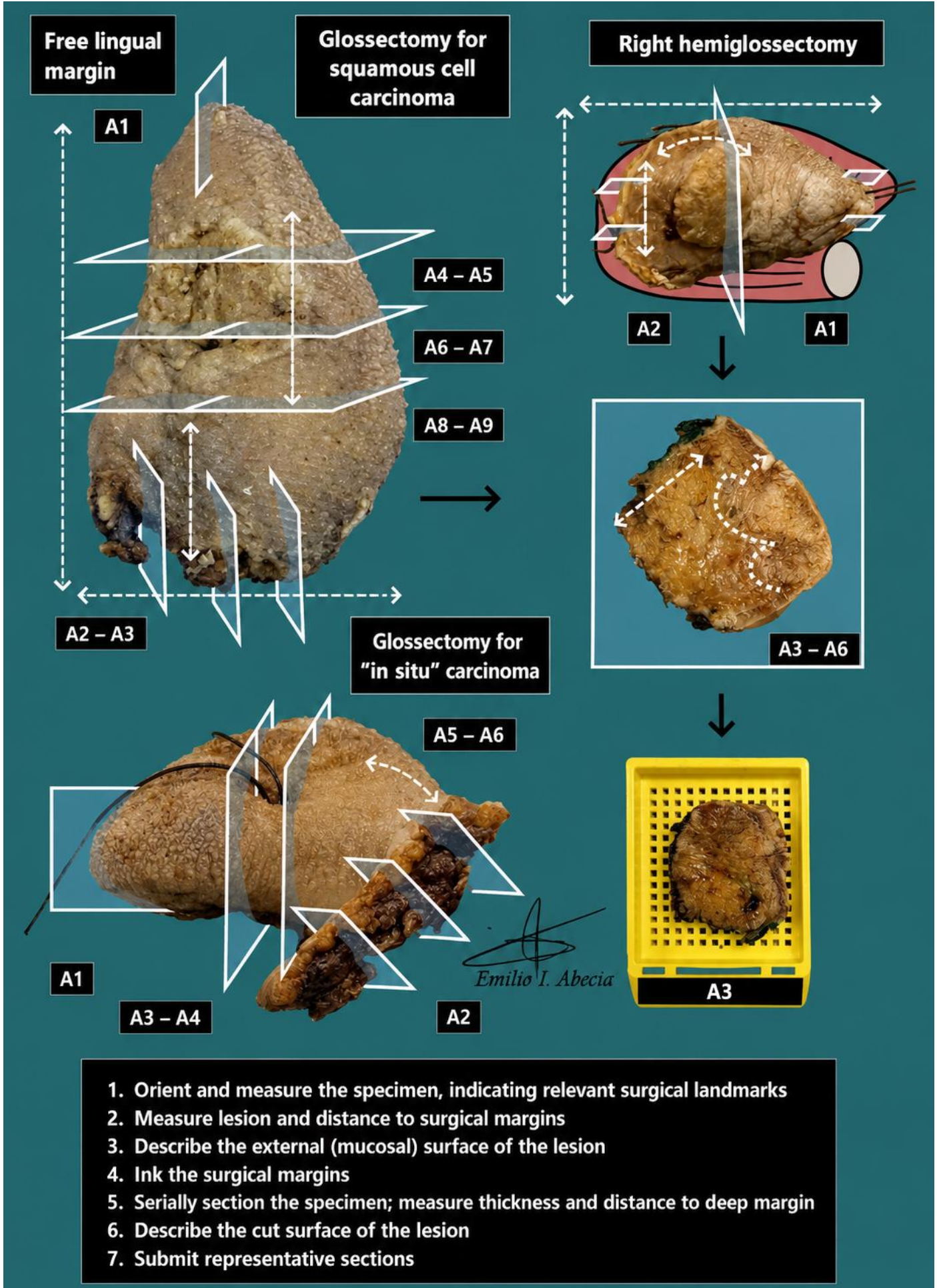
3rd Example (Glossectomy for carcinoma *in situ*):

- A1: lingual free-edge margin.
- A2: posterior margin, cruciate section.
- A4 - A5: one section of the specimen from left to right.
- A6 - A7: second section of the specimen from left to right.

POINTS TO CONSIDER

- Partial (hemiglossectomy) or total (glossectomy) resections of the tongue, generally performed for neoplastic lesions (most commonly squamous cell carcinoma).
- Orient the specimen anatomically using spatial references or identifiable anatomical landmarks. Identify the lesion and document its distance to all margins.
- Measure both the specimen and the lesion, including the distance to all resection margins.
- Provide a morphological description of the lesion and ink the surgical margins. The use of at least two ink colours is recommended (one colour for each hemisection), and serial sectioning should be performed along the transverse axis.
- Submit representative sections:
 - Include the deep margin, anterior margin / lingual free edge, and the remaining margins (lateral vs medial / right vs left).
 - As a rule, submit at least one section per centimetre of the greatest dimension of the lesion.





BIBLIOGRAPHY

- *Glossectomy, Partial or Total (Head and Neck)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024:
<https://www.uclahealth.org/sites/default/files/documents/Glossectomy%2004.14.22.pdf>
- Seethala R.R., Bishop J.A., Faquin W.C., Hui Huang S., Katabi N., Lydiatt W., O'Sullivan B., Patel S., Pettus J.R., Williams L. (September 2023). *Pharynx* (v4.3.0.0). College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024:
https://documents.cap.org/protocols/HN.Pharynx_4.3.0.0.REL_CAPCP.pdf?_gl=1*h2tafb*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxwMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- Cipriani N., Rose S. (2019). *Tongue / Mucosal Excision (Head & Neck)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024:
<https://voices.uchicago.edu/grosspathology/head-neck/tongue/>
- *Head & Neck Mucosal Biopsies (Head and Neck)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024:
<https://www.uclahealth.org/sites/default/files/documents/HeadandNeckMucosalBiopsy060319.pdf>
- Cipriani N., Rose S. (2019). *Oral Biopsies (Head & Neck)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024:
<https://voices.uchicago.edu/grosspathology/head-neck/oral-biopsies/>
- Seethala R.R., Bishop J.A., Faquin W.C., Hui Huang S., Katabi N., Lydiatt W., O'Sullivan B., Patel S., Pettus J.R., Williams L. (2023). *Oral Cavity* (v4.2.0.0). College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024:
https://documents.cap.org/protocols/HN.Oral_4.2.0.0.REL_CAPCP.pdf?_gl=1*h2tafb*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxwMi4xLjEuMTcxNDQ3NDExMy4wLjAuMA
- WHO Classification of Tumours Editorial Board (2024). *Head and Neck Tumours* (5th ed., vol. 9). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours/Head-And-Neck-Tumours-2024>
- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
- Susan C. Lester, French, C. A., & Curtis, S. G. (2010). *Manual of Surgical Pathology: Expert Consult* (ed. 3). Elsevier. <https://www.sciencedirect.com/book/9780323065160/manual-of-surgical-pathology>
- Shameem Shariff. (2019). *Fundamentals of Surgical Pathology* (ed.2). Jaypee Brothers Medical Publishers. <https://www.jaypeedigital.com/book/9789388958967>
- Westra, W. H., Ralph H. Hruban, Timothy H. Phelps, & Christina Iacono. (2003). *Surgical Pathology Dissection: An Illustrated Guide* (ed.2). Springer.
<https://link.springer.com/book/10.1007/b97473>

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.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

Emilio I. Abecia Martínez

