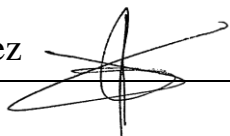
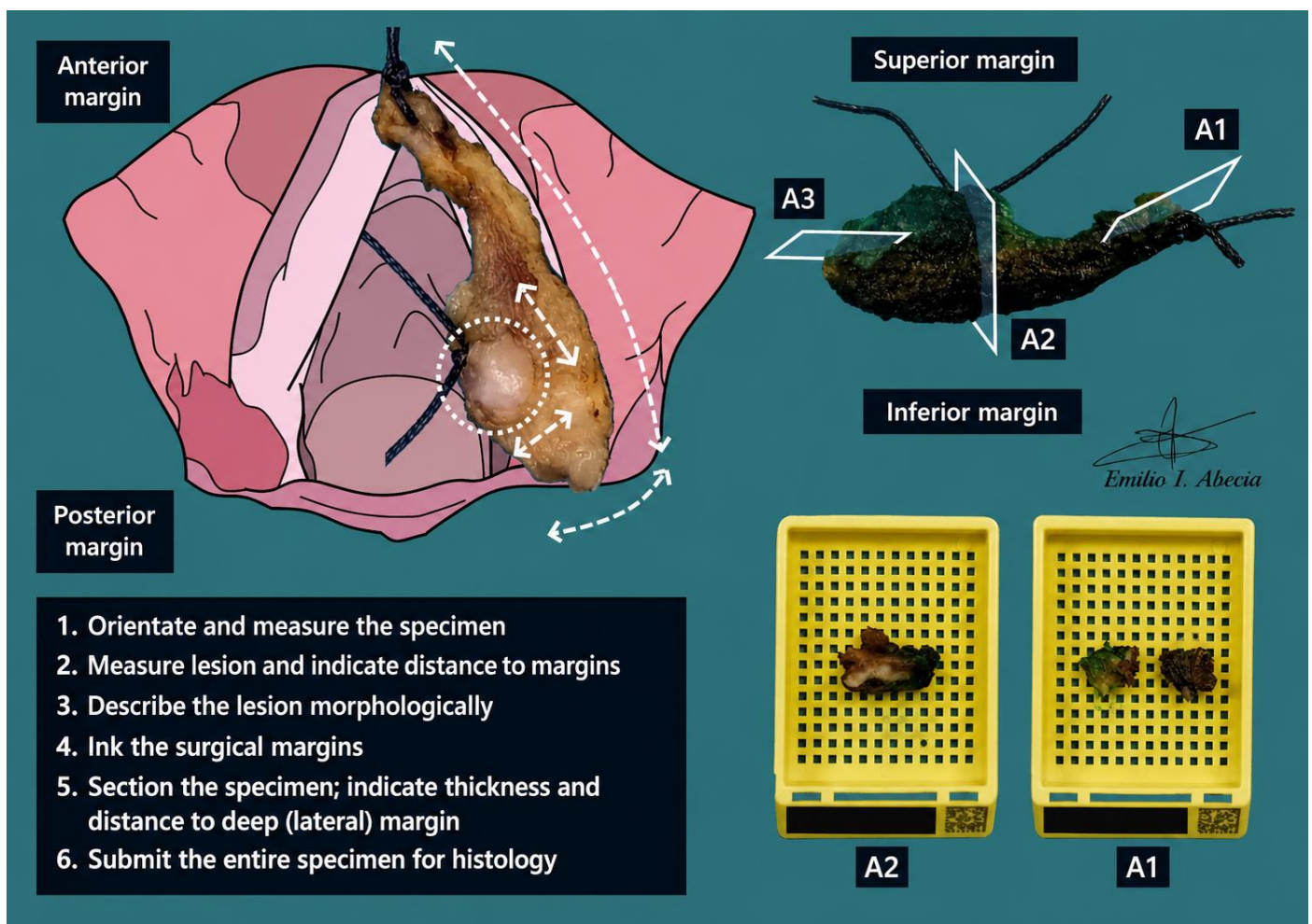


CORDECTOMY

1. A left / right cordectomy specimen measuring XXX cm is received, oriented with X at the X o'clock position.
2. Externally, no remarkable features are identified // a lesion measuring XXX cm is identified, located X mm from the anterior margin and X mm from the posterior margin.
3. The lesion has a flat / exophytic / ulcerated / nodular appearance, with a white / brownish coloration and an indurated / soft-elastic / etc. consistency.
4. The surgical margins are inked.
5. On sectioning, the lesion shows a thickness of X cm and is located X cm from the lateral / deep margin.
6. The specimen is entirely submitted as follows:
 - A1: anterior margin, en face.
 - A2: central sections of the lesion.
 - A3: posterior margin, en face.

TO CONSIDER

- Small specimens from neoplastic lesions of the vocal cords, generally related to dysplasia or squamous cell carcinoma.
- Despite the small size of the surgical specimen, proper spatial orientation is essential.
- Measure both the specimen and the lesion, as well as the distance to the surgical margins.
- Ink the specimen (the use of more than one ink colour is recommended).
- Serially section and submit representative sections:
 - Submit the surgical margins for histological examination (the free glottic edge is not considered a surgical margin).
 - Submit central sections including the lesion / submit the specimen entirely.



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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.

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

