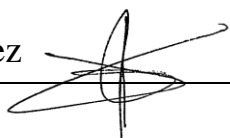


## LARYNGECTOMY

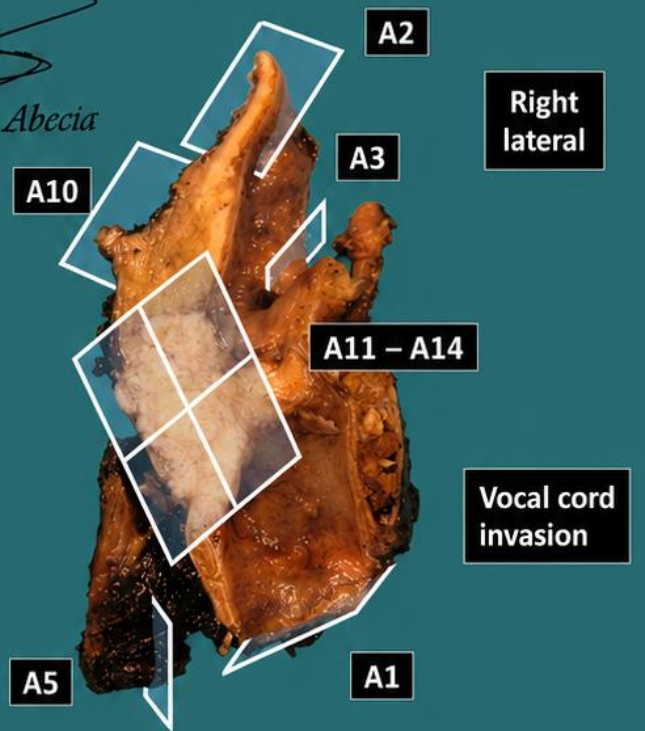
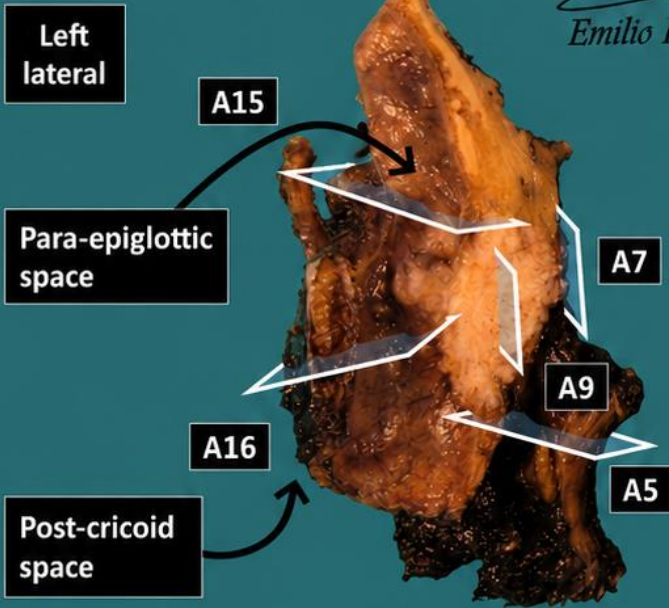
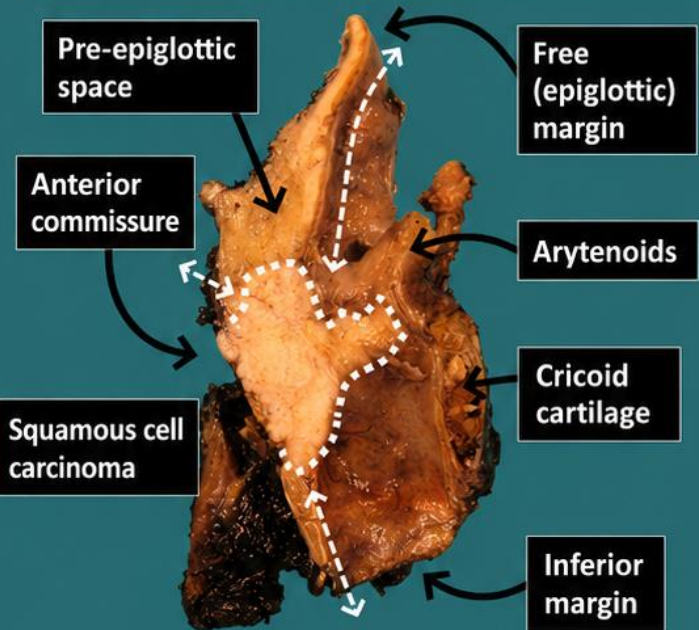
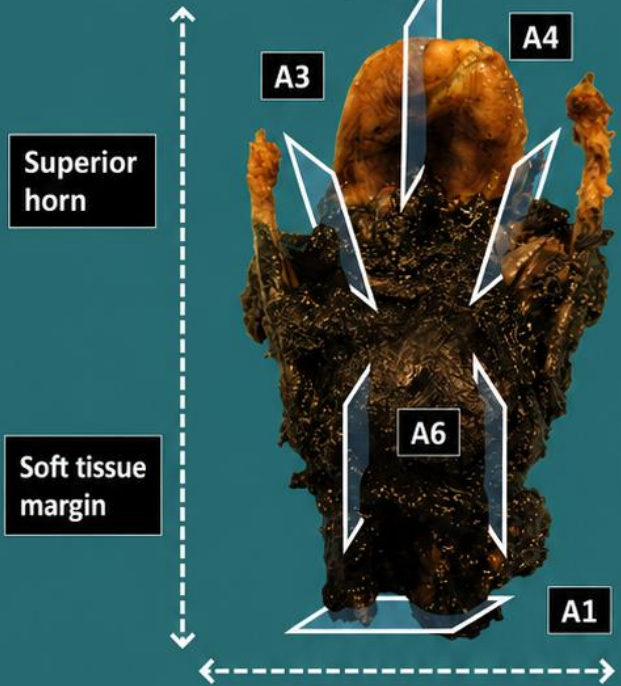
1. A total laryngectomy / hemilaryngectomy specimen measuring XXX cm is received / accompanied by hyoid bone / thyroid gland / tongue / tracheostomy measuring XXX cm.
2. Externally, no remarkable features are identified // a superficial lesion measuring X cm in diameter is identified, located at X, on the right / left lateral aspect.
3. The soft tissue margin is inked.
4. Upon longitudinal opening through the posterior aspect, a lesion measuring XXX cm is identified, located in the glottis / supraglottis / subglottis, involving the right lateral wall / left lateral wall / both sides. The lesion is X cm from the inferior margin and X cm from the free epiglottic margin, and appears to infiltrate the right / left vocal cord / anterior commissure / posterior commissure / aryepiglottic fold / etc.
5. On sectioning, the lesion has a thickness of X cm and appears to infiltrate the thyroid cartilage / cricoid cartilage / anterior soft tissues / posterior soft tissues, lying X cm from the inked margin.
6. The lesion is heterogeneous / homogeneous, brownish / whitish in colour, with well-defined / poorly defined borders and areas of haemorrhage / necrosis comprising X% of the volume.
7. X blocks are decalcified in X at X%.
8. Representative sections are submitted as follows:
  - A1: inferior surgical margin.
  - A2: free epiglottic margin.
  - A3: right aryepiglottic fold.
  - A4: left aryepiglottic fold.
  - A5: anterior soft tissue margin.
  - A6: posterior soft tissue margin.
  - A7: anterior commissure.
  - A8: right vocal cord.
  - A9: left vocal cord.
  - A10: pre-epiglottic space.
  - A11–A14: one complete section of the lesion.
  - A15: section in relation to arytenoid / paraglottic space.
  - A16: section in relation to cricoid / postcricoid space.

### TO CONSIDER

- Laryngectomy and hemilaryngectomy specimens represent some of the most complex surgical specimens to process due to their anatomy.
- Review of imaging studies is recommended to determine lesion localisation and to assess whether neoadjuvant therapy has been administered, as this may alter the gross appearance of the lesion.
- Orient and measure the specimen, ink the soft tissue margins, section the inferior tracheal margin, and open the specimen longitudinally through the posterior aspect.
- Measure, describe, and localise lesions (supraglottic, glottic, and subglottic), including distance to surgical margins and infiltration of anatomical structures.
- Submit representative sections including:
  - Inferior tracheal margin, soft tissue margins, and free epiglottic margin.
  - Routine representation of specific anatomical structures (anterior and posterior commissures, aryepiglottic folds, pre-epiglottic space, vocal cords and ventricles, thyroid cartilage, cricoid cartilage, hyoid bone, thyroid gland, base of tongue, etc.).
  - Tumour sections demonstrating the relationship to anatomical structures / margins, with at least one section per centimetre of greatest tumour dimension as a general rule.
  - If the specimen has received neoadjuvant therapy and no residual tumour is identified, thoroughly sample any indurated / ulcerated areas present.
  - In hemilaryngectomy specimens, entirely submit the mucosal / midline margin.
  - Decalcification of the thyroid or cricoid cartilage may be required.

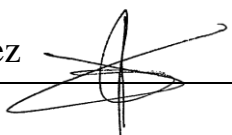


**Laryngectomy for Squamous Cell Carcinoma**



*Emilio I. Abecia*

1. Orientate and measure the specimen, including its anatomical components
2. Describe external surface
3. Describe soft tissue margins
4. Open longitudinally; identify and measure lesion, and distance to margins and invasion of anatomical structures
5. Section lesion, indicate thickness and invasion of anatomical structures
6. Describe the morphology of the lesion
7. Decalcify sections if necessary
8. 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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