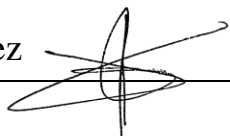


## PROPHYLACTIC GASTRECTOMY (E-CADHERIN)

1. A gastrectomy specimen measuring XXX cm is received / accompanied by greater / lesser omentum measuring XXX cm.
2. Externally, no remarkable abnormalities are identified // a serosal defect measuring XXX cm is identified / a lesion / area of induration measuring X cm is identified, located at X.
3. On opening, no remarkable abnormalities are identified // a polypoid / ulcerative / ulceroinfiltrative / diffuse infiltrative lesion measuring XXX cm is identified, located in the X third / antrum / incisura / body / fundus, on the anterior / posterior wall, with X morphology, and located X cm from the proximal / distal / radial margin.
4. On sectioning, the lesion infiltrates the muscularis propria / serosa / is confined to the mucosa.
5. On serial sectioning and inspection of the omentum, no remarkable abnormalities are identified in the omentum // one / several implants measuring X cm in diameter are identified. On cut section, they show X features.
6. On palpation, X nodular formations are identified along the greater curvature and X along the lesser curvature, the largest measuring X cm in diameter.
7. Representative sections are submitted as follows:
  - A1 to A81: entirely submitted specimen, according to the attached mapping diagram.
  - A82 - A84: 4 nodular formations per block from the lesser curvature.
  - A85 - A87: 4 nodular formations per block from the greater curvature.
  - A88 - A90: representative sections from omentum / omental lesions.

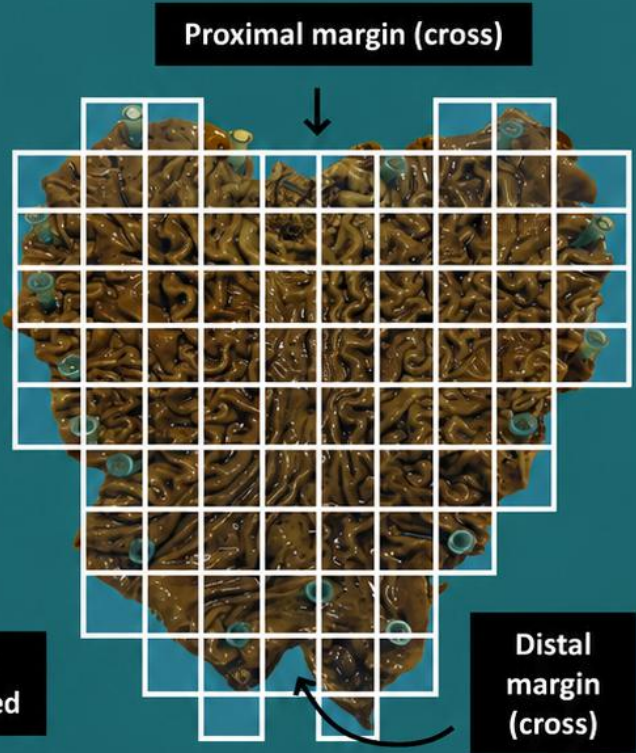
### TO CONSIDER

- Prophylactic gastrectomies are performed in patients carrying mutations associated with a high risk of gastric carcinoma (mutations in the gene encoding E-cadherin). Most cases do not show grossly evident lesions.
- Measure and describe the external surface of the specimen.
- Open the stomach along the greater curvature with care, avoiding damage to the proximal (oesophageal) and distal (duodenal) surgical margins.
- Describe the mucosal surface. Palpate and inspect carefully for advanced or early neoplastic lesions.
- Take a photograph to document the gross appearance of the specimen.
- Due to the nature of the specimen, the surgical margins should demonstrate oesophageal and duodenal mucosa, confirming complete excision of gastric tissue. This may require intraoperative biopsies. Regardless, identify any oesophageal / duodenal segments received with the specimen.
- Submit sections:
  - The entire gastric wall should be submitted (roll up your sleeves and get to work), together with any nodular formations / lymph nodes identified within the perigastric adipose tissue.
  - Surgical margins should be represented perpendicularly (“en face cross-section” technique).
- It is strongly recommended to document the complete sampling protocol using a diagram or annotated photograph.

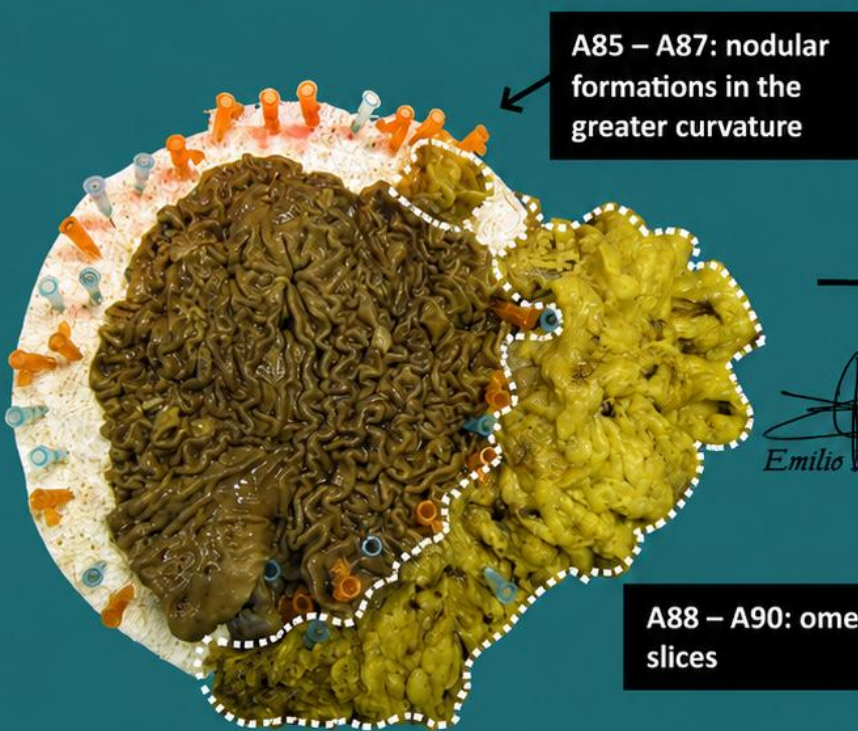




**A1 – A81: entire stomach submitted**



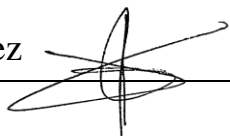
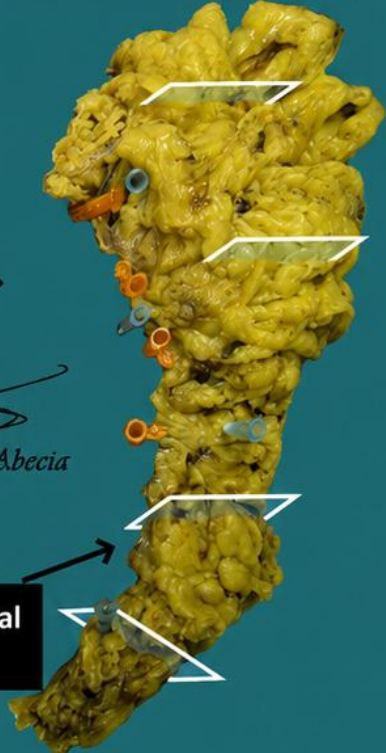
1. Measure and orient the specimen and its distinct components
2. Describe the external surface of the specimen
3. Open along the greater curvature; locate and measure any observable lesions (if present)
4. Section lesion(s) and record depth of invasion (if present)
5. Inspect, palpate and serially section the omentum for abnormalities
6. Look for nodular formations in the perigastric adipose tissue
7. Schematic submission of the entire stomach (cross margins)



**A85 – A87: nodular formations in the greater curvature**

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**A88 – A90: omental slices**



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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.

