

## PLEURAL BIOPSY / PLEURECTOMY

### Non-neoplastic pleural biopsy / pleurectomy

1. A pleural biopsy is received, consisting of a fragment measuring XXX cm // several fragments ranging from X to X cm.
2. Externally, no remarkable features are identified // the specimen shows a brownish / whitish / yellowish coloration // an external lesion measuring X cm in diameter is identified.
3. On sectioning, no remarkable features are identified // a whitish / brownish fibrous wall is identified // calcified areas are recognised / etc.
4. The specimen is entirely submitted in X blocks.

### Tumoural pleurectomy +/- pulmonary wedge resection

1. A pleurectomy specimen measuring XXX cm is received // accompanied by a pulmonary segmental resection measuring XXX cm.
2. Externally, no remarkable features are identified // an external lesion measuring XXX cm with X characteristics is identified // a defect measuring X cm is identified in the pulmonary resection specimen.
3. The staple line is removed and the surgical margin is inked (if pulmonary resection is present).
4. On sectioning, the lesion shows a homogeneous / heterogeneous cut surface, with a whitish / brownish coloration and areas of fibrous / haemorrhagic / necrotic / calcified appearance.
5. The pulmonary parenchyma is infiltrated / does not appear infiltrated by the lesion, and the lesion is X cm from / is in contact with the pulmonary parenchymal margin. The remaining pulmonary parenchyma shows an anthracotic / emphysematous / "honeycomb" appearance / etc.
6. Representative sections are submitted as follows:
  - A1 - A2: sections of the lesion in relation to the pulmonary parenchyma.
  - A3 - A5: sections of the pleural lesion.

### TO CONSIDER

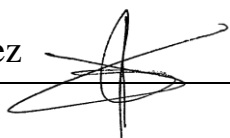
- Resections of pleural lesions. Depending on the type of surgery, small pleural biopsies or larger pleurectomy specimens may be received, sometimes accompanied by a pulmonary wedge resection.
- Measure and describe the external surface.
- Ink the surgical margin (if accompanied by a pulmonary wedge resection).
- Serially section and describe the cut surface.
- Submit representative sections:

#### Pleural biopsies:

- Small pleural biopsies should preferably be entirely submitted, as they are often performed in severe cases with inconclusive diagnoses.
- In non-neoplastic pleurectomy specimens, submit 2 or 3 sections if no macroscopic abnormalities are identified.

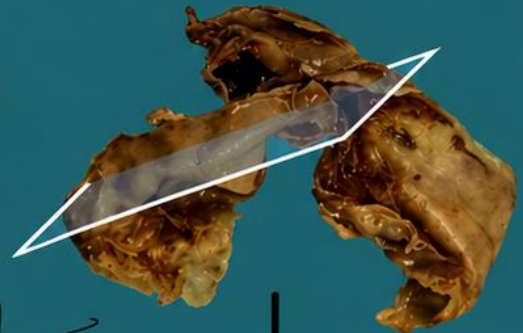
#### Pleurectomies with pulmonary wedge resection:

- Demonstrate the relationship between the pleural lesion and the pulmonary wedge resection.
- Submit one section of non-neoplastic pulmonary parenchyma to assess for possible concomitant pathology.
- In cases of tumoural pleurectomy, serially section the specimen meticulously and extensively sample the lesion.





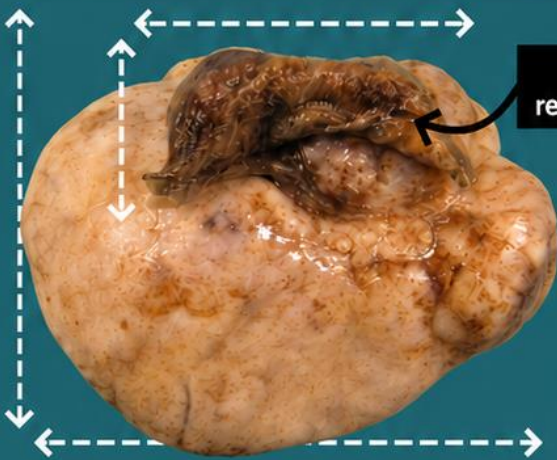
Parietal pleural fragment



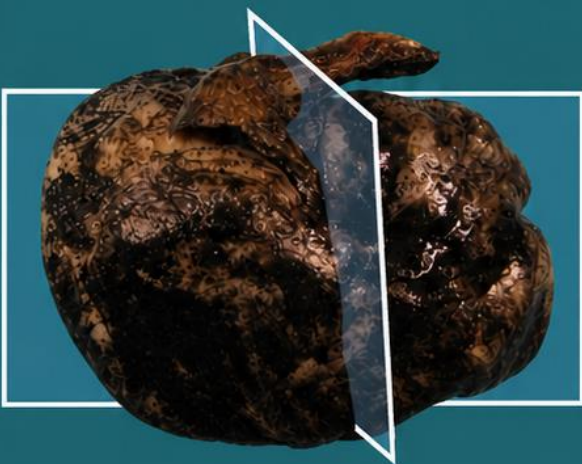
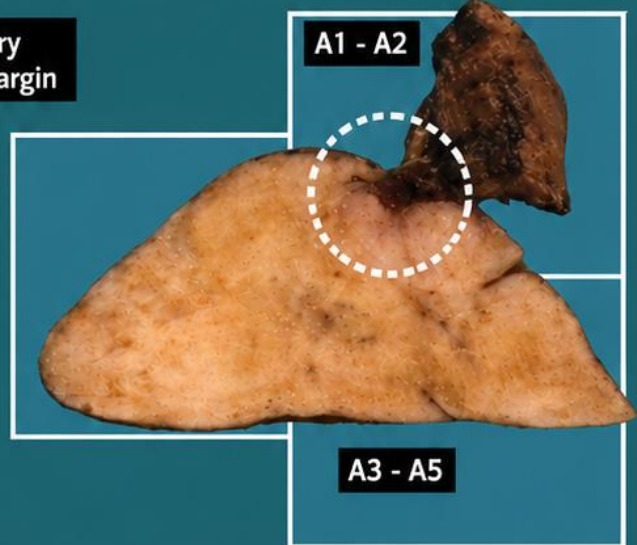
*Emilio I. Abecia*



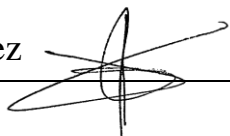
1. Measure the specimen
2. Describe the external surface and any abnormalities present
3. Serially section and describe the cut surfaces
4. Include representative sections (including "en face" sections)



Pulmonary resection margin



1. Measure both components of the specimen
2. Describe external surface and any visible lesions
3. Remove line of structure and maintain pulmonary parenchymal margin
4. Serially section and describe pleural lesion / pleural patch
5. Describe pulmonary parenchyma, stating whether it is involved by the lesion
6. Representative sections



## BIBLIOGRAPHY

- Cipriani N., Rose S. (2019). *Pleura (Thorax & Peritoneum)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/thoracic/pleura/>
- *Pleural Biopsy (Pulmonary)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/Pleural%20Biopsy.pdf>
- *Pleurectomy (Pulmonary)*. Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/Pleurectomy.pdf>
- Schneider F., Roden A., Dacic S., Baker T.P. (2021). *Pleural Mesothelioma* (v4.1.0.0). College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: [https://documents.cap.org/protocols/PleuraPericard\\_4.1.0.0.REL\\_CAPCP.pdf?\\_gl=1\\*1av0k6b\\*\\_ga\\*MTc4Nzk0MDczNC4xNzE0NDczNzAy\\*\\_ga\\_97ZFJSQQ0X\\*MTcxNDQ3MzcxNDQ3NDExMy4wLjAuMA](https://documents.cap.org/protocols/PleuraPericard_4.1.0.0.REL_CAPCP.pdf?_gl=1*1av0k6b*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxNDQ3NDExMy4wLjAuMA)
- WHO Classification of Tumours Editorial Board (2021). *Thoracic Tumours* (5th ed., vol. 5). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours/Thoracic-Tumours-2021>
- 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 Iacson. (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.

