

NON-NEOPLASTIC PULMONARY SEGMENTECTOMY

1. A specimen labelled as X, consisting of a wedge lung resection measuring XXX cm, is received.
2. Externally, the pleural surface is violaceous / anthracotic / torn / intact, without other remarkable features // pleural retraction / a defect measuring X cm in diameter is identified // a bullous / solid lesion is identified, located X cm from the pulmonary parenchymal margin.
3. A staple line measuring XX cm is removed.
4. On sectioning, the parenchyma is brownish-whitish, without other remarkable features // emphysematous / "honeycomb" / fibrotic parenchyma is identified // bullous lesions ranging from X to X cm are observed.
5. Submission is performed as follows:

1st Example (interstitial lung disease + bullae):

- A1 - A2: submission of bullous lesion.
- A3 - A5: entire submission of the remaining specimen.

2nd Example (pulmonary sequestration):

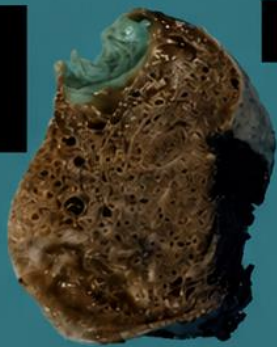
- A1 - A2: representative sections of the specimen.

POINTS TO CONSIDER

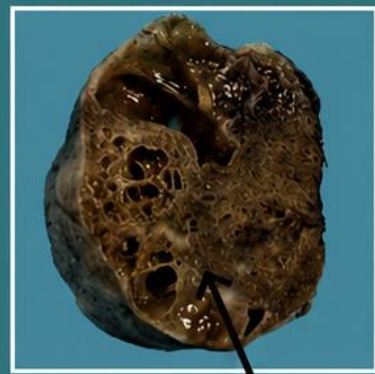
- These are generally small specimens resected for benign lesions (pleural bullae), for diagnostic purposes (interstitial lung disease), or developmental malformations (pulmonary sequestration).
- As interstitial lung diseases require complete submission of the specimen, review of the clinical history is recommended to confirm the surgical indication.
- Measure the specimen and describe the external pleural surface.
- Remove the staple line; in non-neoplastic specimens, inking of the parenchymal margin after staple removal is not strictly necessary, although it is recommended as a precautionary measure.
- Serially section and describe the cut surface.
- Submit representative sections:
 - If well-demarcated lesions are identified (for example, bullae), submit a couple of representative sections.
 - If the specimen corresponds to diffuse interstitial lung disease (ILD), submit the specimen entirely.
 - Include at least one section of uninvolved parenchyma to assess for possible concomitant pathology.



Segmental pulmonary resection

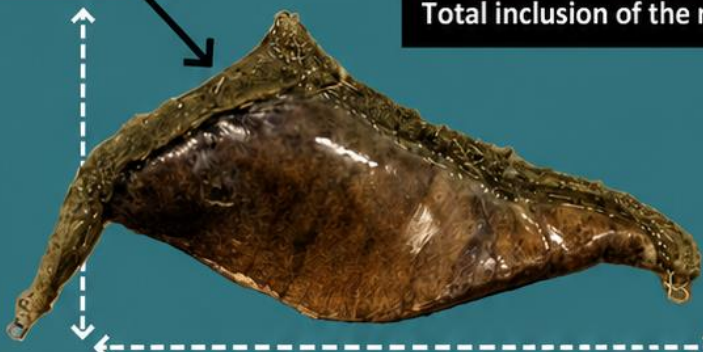


Bulla



Interstitial pathology

Suture line



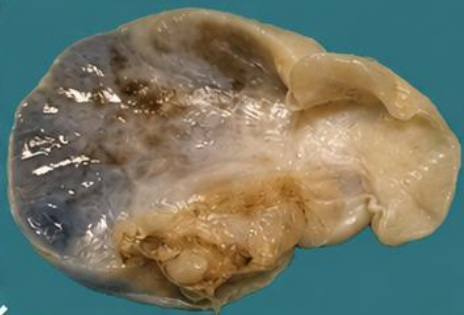
Total inclusion of the resection

A1 – A5



1. Measure the specimen
2. Describe the external / pleural surface
3. Remove staples and ink surgical margin (optional: not for tumours)
4. Serially section and describe the cut surface
5. Include representative sections

Pulmonary sequestration

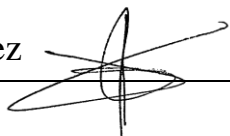


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A1 – A2

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.

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

