# PULMONARY LOBECTOMY – PERIPHERAL LESION

1. Labelled as left / right pulmonary lobe X, a lobectomy specimen weighing X g and measuring XXX cm is received // with an attached parietal pleural patch / chest wall segment measuring XXX cm.
2. Externally, the pleural surface is violaceous / anthracotic and intact, without other remarkable features // a pleural retraction / superficial lesion / area of surface disruption measuring XXX cm is identified at the base / apex / etc.
3. A staple line measuring XX cm is removed and the surgical margin is inked / the parietal pleural patch is inked.
4. On sectioning, a lesion measuring XXX cm is identified, located X cm from the inked margin and X cm from the pleural surface.
5. The lesion is homogeneous / heterogeneous, with a nodular / multilobulated morphology, well / poorly defined borders, and a brownish / whitish cut surface, showing central cavitation measuring X cm in diameter / a focus of necrosis or haemorrhage occupying X% of the lesion volume.
6. The remaining parenchyma is unremarkable // shows emphysematous change / a “honeycomb” appearance / bullous lesions ranging from X to X cm are identified.
7. On inspection, X hilar / intraparenchymal anthracotic nodular formations measuring X cm in diameter are identified.
8. Representative sections are submitted as follows:

**1st Example (Lobectomy with Adenocarcinoma)**

- A1: bronchial margin.
- A2: vascular margins.
- A3: 2 hilar nodular formations in one block.
- A4–A7: one complete section of the lesion.
- A8: additional section in relation to pleura.
- A9: section in relation to hilar margin.
- A10: section of unremarkable pulmonary parenchyma.
- A11: section of lesion with bullous changes.

**2nd Example (Lobectomy with Adenocarcinoma and Pleural Patch)**

- A1: bronchial margin.
- A2: vascular margins.
- A3: 1 hilar nodular formation.
- A4–A7: one complete section of the lesion.
- A8–A10: additional sections of lesion in relation to parietal pleura.
- A11: section of pulmonary parenchyma.

**3rd Example (Lobectomy with Adenocarcinoma and Pleural Retraction)**

- A1: bronchial margin.
- A2: vascular margins.
- A3: 3 hilar nodular formations.
- A4–A7: one complete section of the lesion.
- A8–A10: additional sections of lesion in relation to pleura.
- A11: section of lesion in relation to hilar margin.
- A12: section of pulmonary parenchyma.

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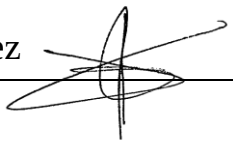

**4th Example (Lobectomy with Chest Wall Resection)**

- A1: bronchial margin.
- A2: vascular margins.
- A3: 2 hilar nodular formations.
- A4–A5: first rib margins.
- A6–A7: second rib margins.
- A8–A9: third rib margins.
- A10–A11: sections of lesion in relation to pleura.
- A12–A14: sections of lesion to assess rib infiltration.
- A15–A20: sections of lesion.
- A21: section of unremarkable pulmonary parenchyma.

## POINTS TO CONSIDER

– Surgical resections of pulmonary lobes or entire lung for neoplastic lesions located within the pulmonary parenchyma.
– Review the clinical history and imaging studies before specimen handling in order to determine lesion location (perihilar vs peripheral), multifocality, or associated lesions.
– Inflate the specimen with formaldehyde; weigh, orientate, and measure.
– Describe the pleural surface, indicating the presence of parietal pleural patches, pleural retraction, neoplastic infiltration, surface disruption, or rib resection.
– Ink hilar margins and parietal pleural patches. If a peripheral tumour is palpable or visible, some pathologists additionally ink the overlying pleural surface.
– It is recommended to first section and submit hilar margins before serially slicing the specimen.
– Identify and measure the lesion (with reference to imaging studies). Assess for satellite lesions or parenchymal abnormalities (emphysema, bronchiectasis, interstitial disease, etc.).
– Submit representative sections:

- Include vascular and bronchial margins.
- Include hilar or intraparenchymal nodular formations (lymph nodes).
- Include at least one section per centimetre along the greatest axis of the lesion, demonstrating its relationship to mediastinal pleura and/or hilar margin if close or infiltrated.
- If satellite or incidental secondary lesions are identified, include one representative section.
- Include one section of non-neoplastic pulmonary parenchyma to assess for concomitant pathology.

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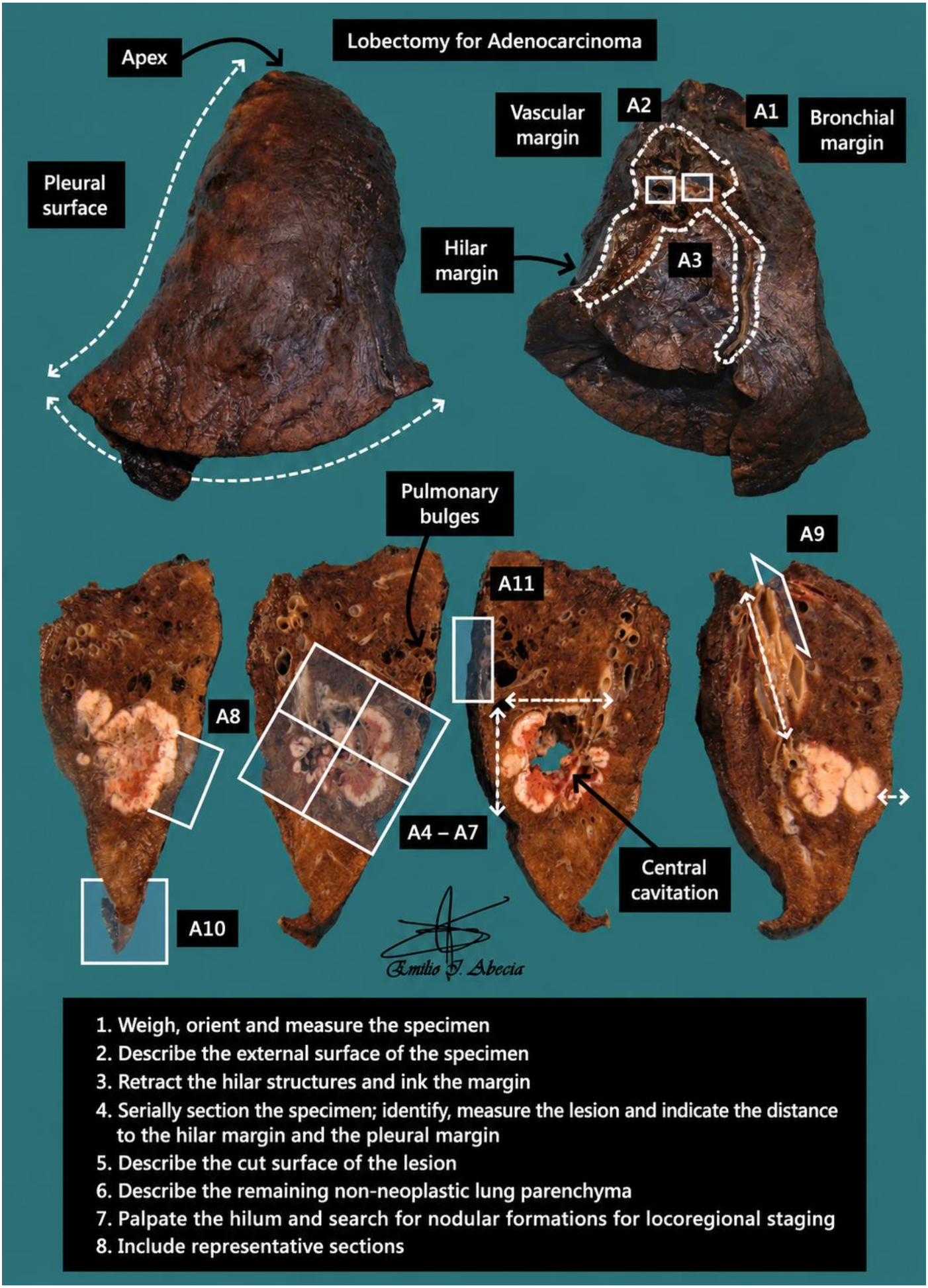


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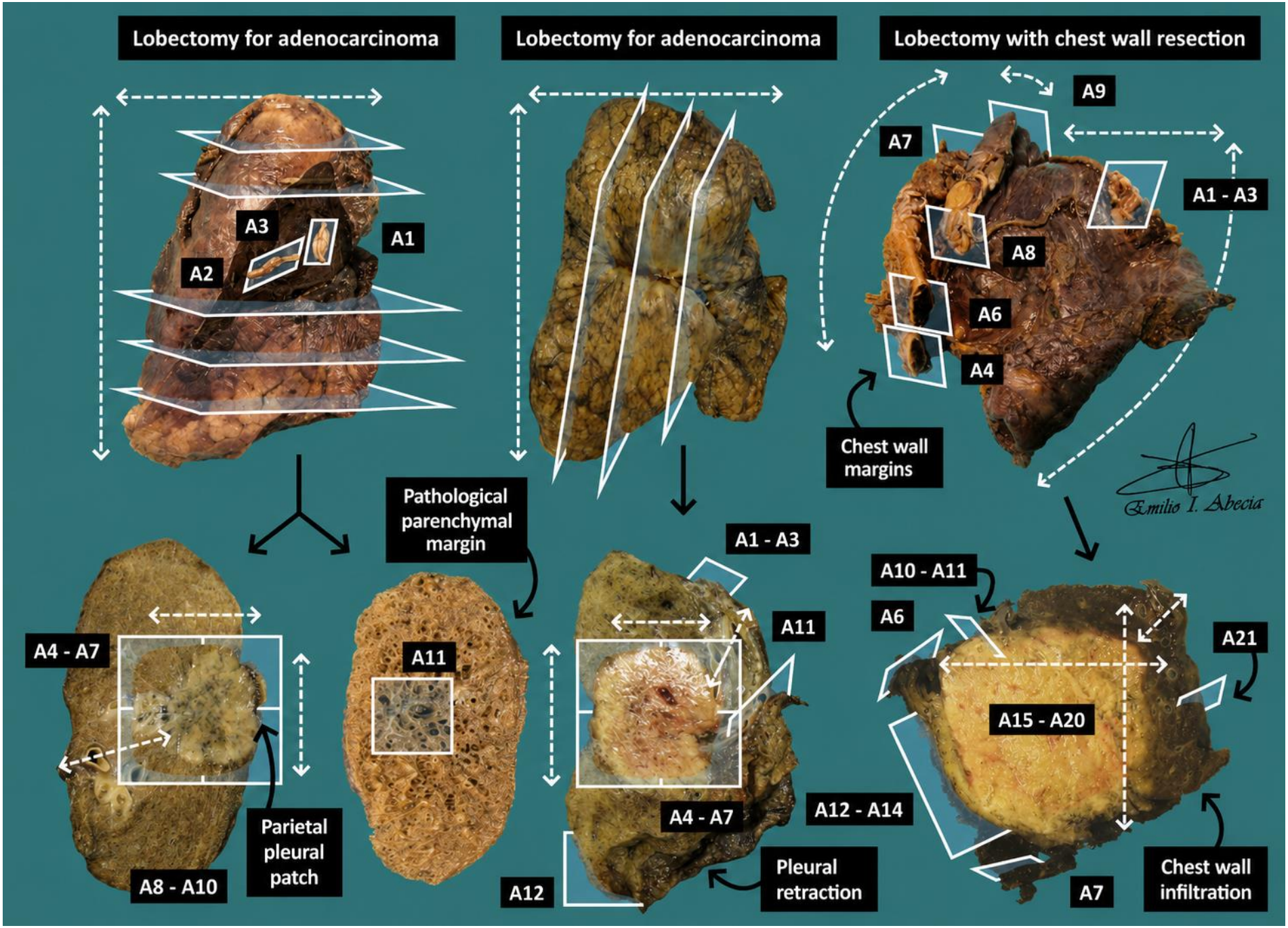


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## DISCLAIMER

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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