

LUNG LOBECTOMY – BRONCHIAL LESION

1. A left / right pneumonectomy / upper / middle / lower lobectomy specimen is received, weighing X g and measuring XXX cm // with an attached patch of parietal pleura / chest wall measuring XXX cm.
2. Externally, the pleural surface is violaceous / anthracotic and intact, without other remarkable features // a pleural retraction / superficial lesion / defect measuring XXX cm is identified at the base / apex / etc.
3. A staple line measuring XX cm is removed and the hilar margin is inked.
4. The airway is probed and the specimen is sectioned; located within the main / segmental / interbronchial spur / intermediate bronchus there is a lesion measuring XXX cm, situated X cm from the bronchial margin and X cm from the hilar margin, which does not appear // appears to infiltrate the pulmonary parenchyma / pleura / vascular structures / etc.
5. On inspection and serial sectioning, the lesion shows a papillary / solid / irregular morphology; it is homogeneous / heterogeneous, with a brownish / whitish coloration and a smooth / ulcerated / etc. surface.
6. The remaining parenchyma is unremarkable // shows emphysematous change / a “honeycomb” appearance / bullous lesions ranging from X to X cm are identified.
7. X hilar / intraparenchymal anthracotic nodular formations measuring X cm in diameter are identified.
8. Representative sections are submitted as follows:

1st Example (pneumonectomy for tumour in the main bronchus):

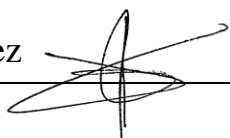
- A1: bronchial margin, transverse section.
- A2: vascular margins.
- A3: section of lesion in relation to the bronchial margin.
- A4 – A6: transverse sections of the lesion from proximal to distal.
- A8: section of unremarkable pulmonary parenchyma.
- A9: two hilar / intraparenchymal nodular formations in one block.

2nd Example (lobectomy for tumour in segmental bronchus I):

- A1: bronchial margin, transverse section.
- A2: vascular margins.
- A3: section of lesion in relation to the bronchial margin.
- A4 – A5: sections of lesion in relation to the mediastinal pleura.
- A6: section of lesion in relation to a vascular structure. X hilar / intraparenchymal nodular formations per block.
- A7 – A10: sections of the lesion (A8 in relation to nodular formation).
- A11 – A12: one hilar / intraparenchymal nodular formation per block.

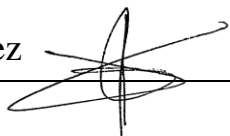
3rd Example (lobectomy for tumour in segmental bronchus II):

- A1: bronchial margin, transverse section.
- A2: vascular margins.
- A3: section of lesion in relation to the bronchial margin.
- A4 – A7: transverse sections of the lesion from proximal to distal.
- A8: section of unremarkable pulmonary parenchyma.
- A9: three hilar / intraparenchymal nodular formations in one block.

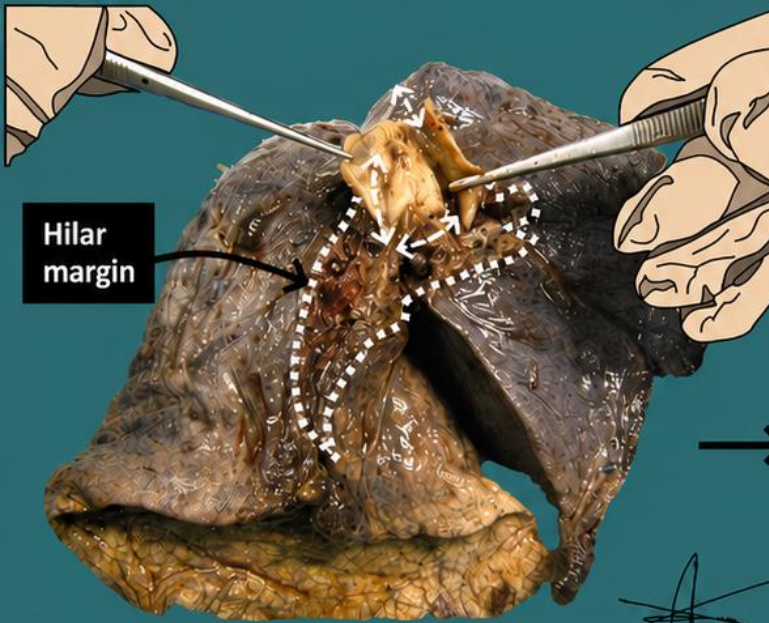


POINTS TO CONSIDER

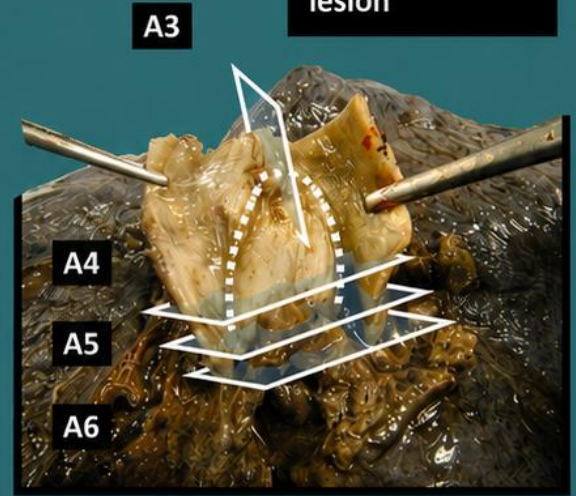
- Extensive surgical resections performed for neoplastic lesions involving the main, segmental, or intermediate bronchi.
- It is recommended to review the clinical history and radiological investigations before handling the specimen, in order to determine the location of the lesion, multifocality, or associated lesions.
- Inflate the specimen with formaldehyde; weigh, measure, describe, and ink the hilar margin.
- Due to the location of the lesion, it is recommended to first section and submit the hilar margins; subsequently, longitudinally section the specimen through the airway using a probe / forceps as guidance. Locate and measure the lesion (with reference to imaging studies).
- Submit representative sections:
 - At least one section per centimetre along the axis of the lesion, demonstrating its relationship to the bronchial margin, mediastinal pleura / hilar margin, and surrounding parenchyma.
 - If satellite or incidental secondary lesions are identified, submit one representative section.
 - One section of non-neoplastic pulmonary parenchyma to assess for possible concomitant pathology.
 - Perihilar or intraparenchymal nodular formations for staging purposes.



Pneumonectomy for endobronchial lesion

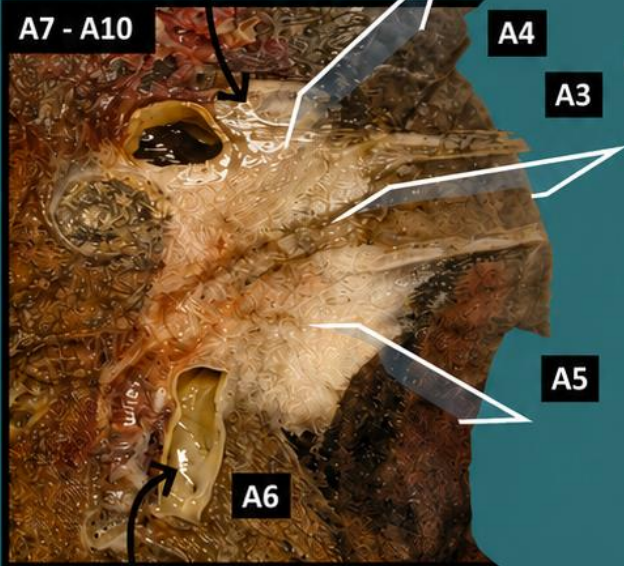


Main bronchus lesion



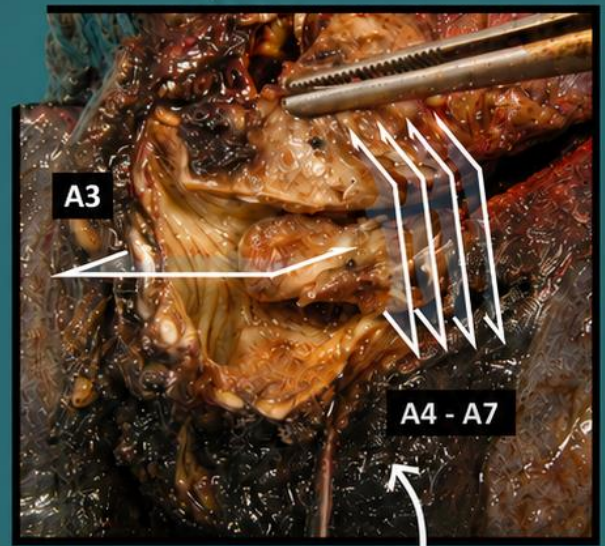
Bronchial margin including perpendicular section

Infiltrated lymph node



Infiltrated vessel

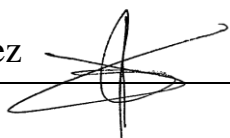
Lobectomy for segmental bronchus lesion



Hilar margin

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1. Weigh, orient and measure the specimen
2. Describe the external surface of the specimen
3. Remove hilar staple line and ink the margin
4. Probe via the airways and serially section the bronchus longitudinally; locate and measure the lesion, indicating infiltration of structures
5. Serially section the lesion and describe morphology / cut surface of the lesion
6. Describe the remaining non-neoplastic pulmonary parenchyma
7. Palpate the hilum and search for nodular formations for locoregional staging
8. 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.

