

## BLOOD VESSEL RESECTION

1. A specimen labelled as X is received, consisting of a fragment / multiple fragments measuring XXX cm in aggregate, without orientation provided // oriented with X marking the X margin.
2. Externally, no remarkable features are identified // the specimen shows a tubular / irregular morphology, with a brownish / whitish / yellowish coloration and a smooth / irregular external surface, etc. // a lesion measuring X cm is identified, located X cm from the margin.
3. Surgical margin inked (optional: non-neoplastic).
4. On sectioning / opening, no luminal lesions are identified // yellowish / whitish areas with indurated / calcified consistency are identified, consistent with atheromatous change occluding approximately X% of the lumen // an aneurysm / false lumen / neoplastic lesion measuring X cm is identified, located X cm from the margins and showing X features.
5. Representative sections are submitted as follows:

### 1st Example (Aortic dissection resection):

- A1 - A3: representative sections of the specimen.

### 2nd Example (Aorto-iliac bifurcation resection with grafts):

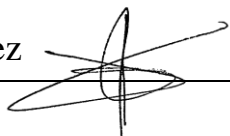
- A1: aortic artery margin.
- A2: iliac artery margin.
- A3: contralateral iliac artery margin.
- A4 - A6: central sections of the specimen.

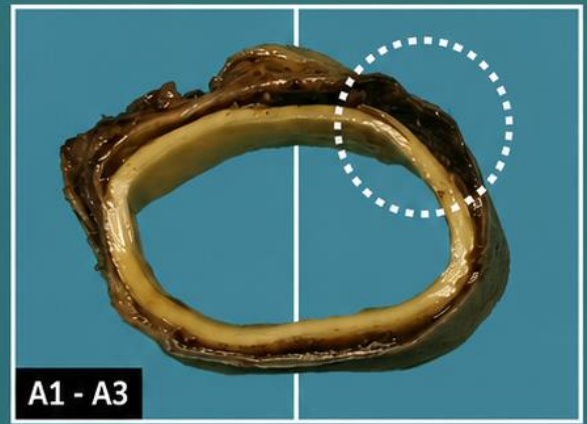
### 3rd Example (Carotid plaque with tumour implant):

- A1: distal margin.
- A2: proximal margin.
- A3 - A5: transverse sections of the specimen.

## TO CONSIDER

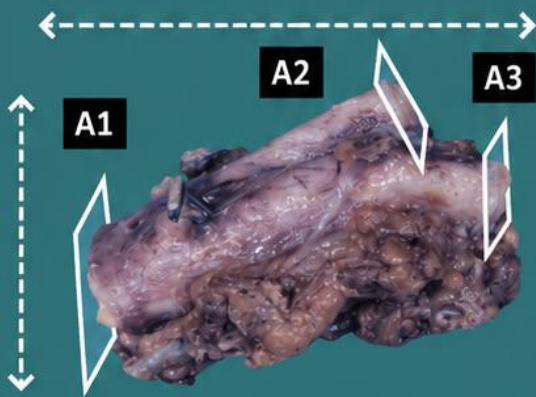
- Vascular surgical specimens are generally resected for non-neoplastic conditions, although localised resections may be performed for tumour infiltration (see examples).
- Review the clinical history to confirm the indication for surgery.
- Measure and describe the specimen; ink margins if the lesion is neoplastic.
- Open / serially section the specimen, searching for possible lesions (atheromatous plaques, calcifications, false lumina, aneurysms, grafts, etc.).
- Submit representative sections:
  - If the indication for surgery is non-neoplastic, identify the abnormalities and submit a couple of representative sections.
  - If the lesion is neoplastic, submit vascular and soft tissue margins (see images). Submit at least one section per centimetre of the greatest dimension of the lesion.
  - Include non-neoplastic sections to assess for possible concomitant pathology.



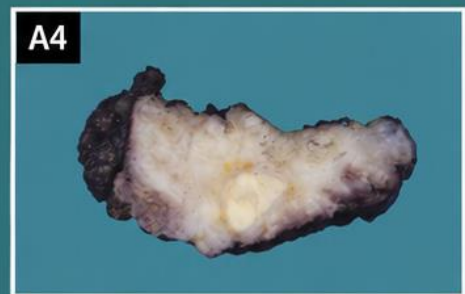
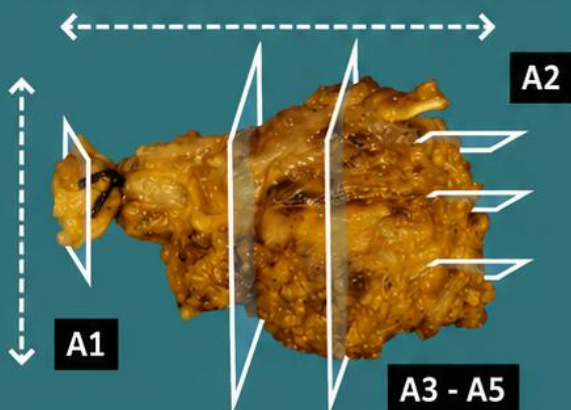
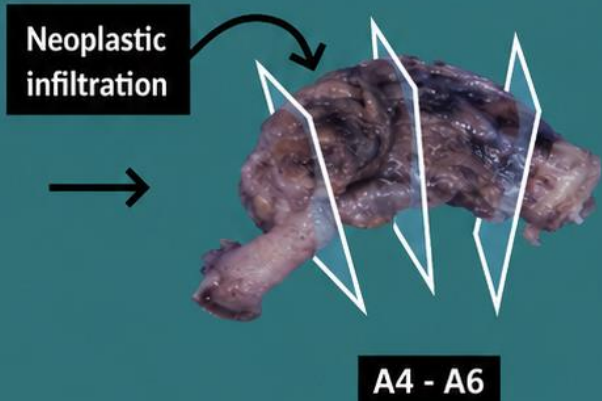


**Aortic dissection specimen  
(pseudolumen in wall)**

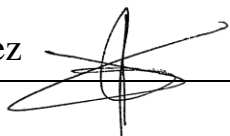
1. Measure and orientate the specimen
2. Describe the external surface
3. Assess the margin (if neoplastic)
4. Serially section the specimen and describe the cut surface
5. Include representative sections



**Aortoiliac bifurcation with implants**



**Carotid plaque with tumour implant**



## BIBLIOGRAPHY

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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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