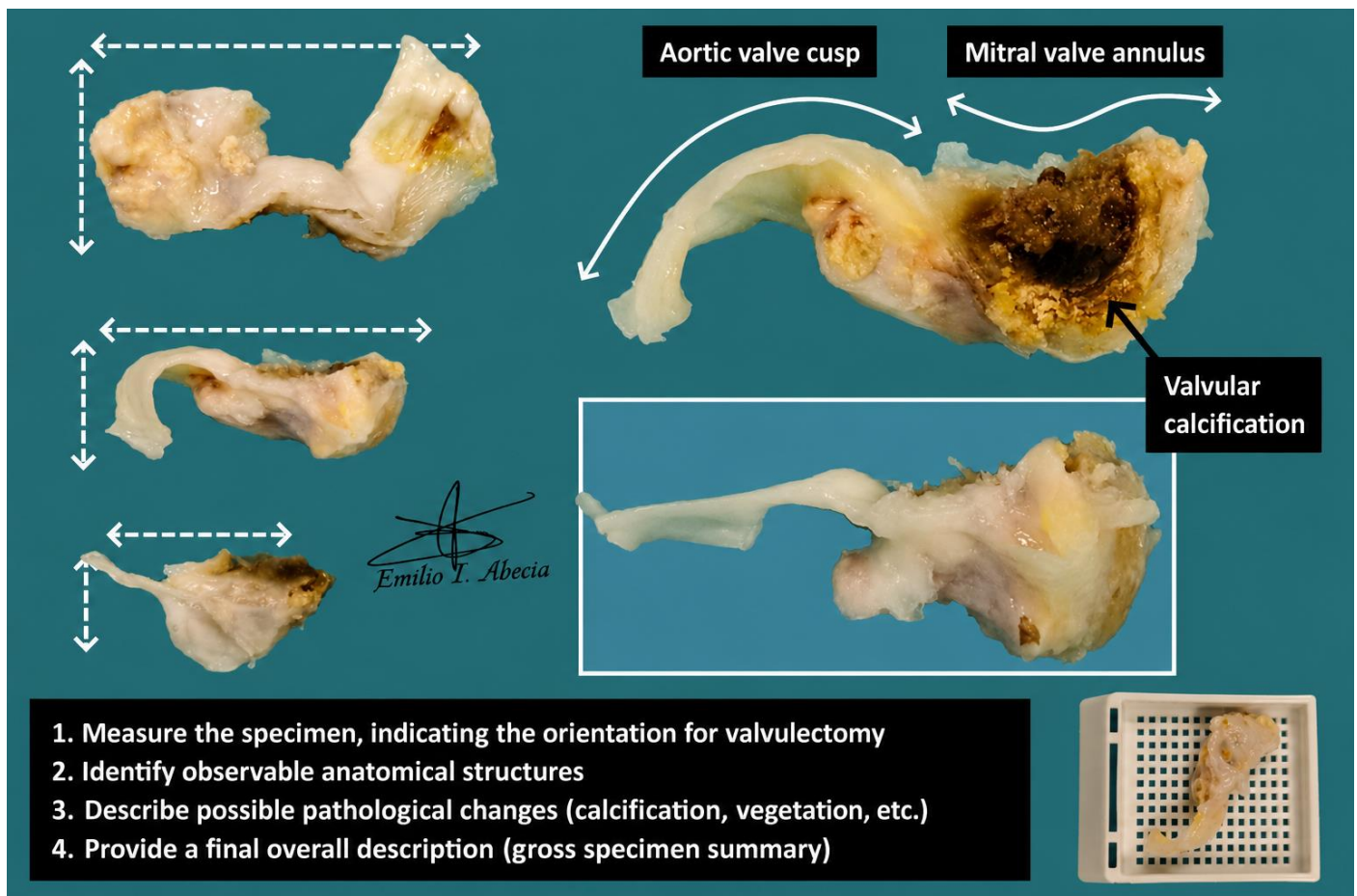


CARDIAC VALVULECTOMY

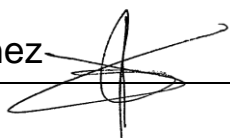
1. Received, labelled as aortic / pulmonary / mitral / tricuspid valve, are one / several tissue fragments measuring XXX cm in aggregate // a prosthetic valve measuring XXX cm, with attached valvular / native tissue measuring XXX cm.
2. Externally, X leaflets / cusps / chordae tendineae intact / torn chordae tendineae / papillary muscle / valvular annulus are identified, measuring XXX cm.
3. X portion shows a brownish / whitish / yellowish coloration, with a soft / friable / indurated consistency, suggestive of calcification // shows a thickened / hypertrophic / atrophic appearance // X lesion is identified, suggestive of vegetation / purulent plaque, compatible with endocarditis / etc.
4. The specimen is entirely submitted in X blocks.

POINTS TO CONSIDER

- Resections performed for valvular disease such as stenosis, rheumatic valvular disease, dystrophic calcification, etc.
- Review of the clinical history is recommended to determine the surgical indication.
- Measure and describe the specimen, indicating identifiable anatomical structures (leaflets, cusps, papillary muscles, etc.).
- A detailed macroscopic description is recommended, as it may provide significant information regarding the underlying pathology (myxoid degeneration, vegetations, endocarditis, fibrosis, etc.).
- Submit sections as follows:
 - Submit the specimen entirely, attempting to demonstrate its relationship to the valvular annulus (peripheral margin).
 - If the valve is prosthetic, include any residual native tissue.



1. Measure the specimen, indicating the orientation for valvulectomy
2. Identify observable anatomical structures
3. Describe possible pathological changes (calcification, vegetation, etc.)
4. Provide a final overall description (gross specimen summary)



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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.

