

CARDIAC MYXOMA

1. Received, labelled as X, is a fragment measuring XXX cm // a multifragmented specimen measuring XXX cm in aggregate / several fragments ranging from X to X cm.
2. Externally, the specimen shows an irregular / smooth surface and a whitish / brownish / violaceous / dark red coloration // a soft tissue patch measuring XXX cm is identified.
3. The surface is inked.
4. On serial sectioning, the cut surface is dark brown / homogeneous / heterogeneous, with a myxoid appearance / with areas of haemorrhage / necrosis involving X% of the specimen.
5. Representative sections are submitted as follows:

1st Example (Large cardiac myxoma):

- A1 - A2: one complete section of the lesion.
- A3 - A4: second complete section of the lesion.
- A5 - A8: additional representative sections.

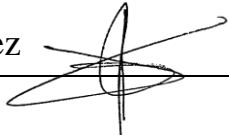
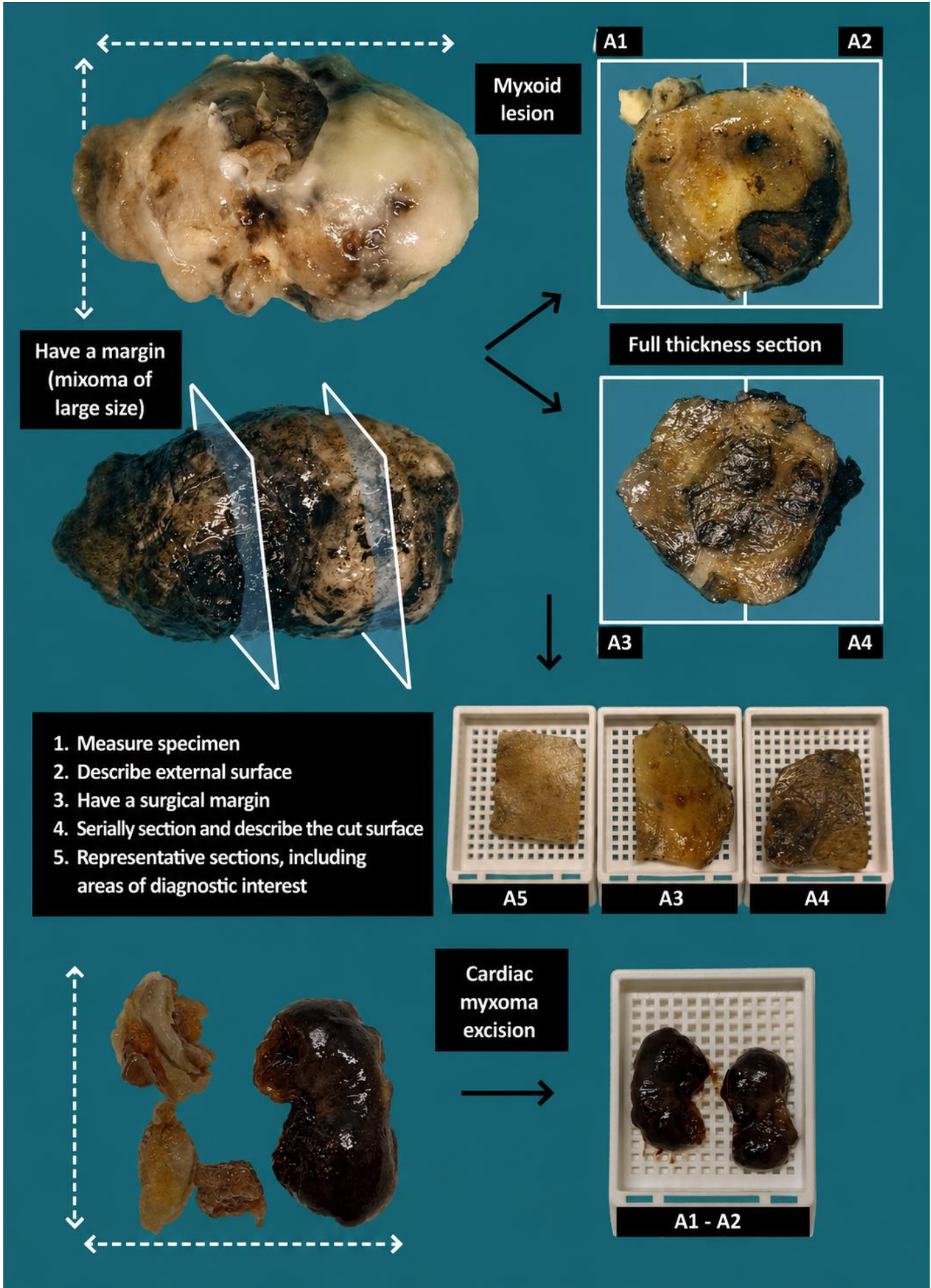
2nd Example (Small cardiac myxoma):

- A1 - A2: entire specimen submitted.

TO CONSIDER

- Cardiac tumour lesions of benign nature. Although uncommon, cardiac sarcomas with a myxoid appearance may occur.
- Measure and describe the external surface.
- In most cases, the tumour surface does not represent a surgical margin but rather a free edge (intracardiac lesions). However, in lesions with attached soft tissue fragments (such as valvular patches or cardiac muscle), margin inking is recommended.
- Serially section and describe the cut surface.
- If areas of necrosis are identified, indicate the percentage relative to the total tumour volume.
- Section submission:
 - If a soft tissue fragment is present, submit it (surgical margin).
 - As a general rule, submit at least one section per centimetre of the greatest dimension of the lesion.
 - In heterogeneous or large lesions, ensure adequate representation of the lesion.





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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.

