

LYMPH NODE

1. Labelled as X, a nodular specimen measuring XXX cm is received // a fragmented specimen measuring XXX cm in aggregate // several fragments ranging from X to X cm in maximum dimension are received.
2. On external examination, no remarkable features are identified // the surface is smooth / brownish / whitish // the specimen is partially / completely covered by adipose tissue.
3. On sectioning / serial slicing, no remarkable features are identified // the cut surface is brownish / blackish / multinodular // a whitish focus measuring X cm in diameter is identified, suggestive of metastasis / lesion.
4. Representative sections are submitted.

1st Example (Metastatic Squamous Cell Carcinoma):

- A1: entirely submitted, bisected.

2nd Example (Hodgkin Lymphoma):

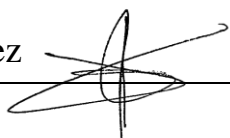
- A1: entirely submitted in transverse sections.

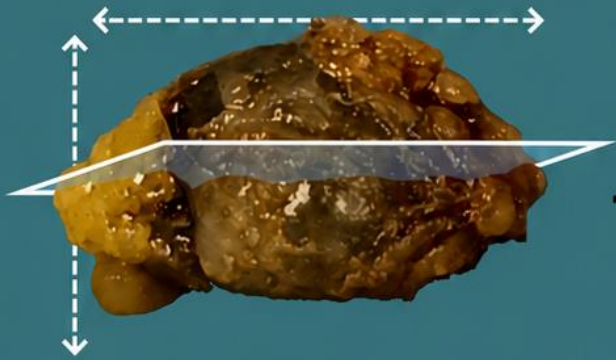
3rd Example (Metastatic Carcinoma):

- A1: entirely submitted in transverse sections.

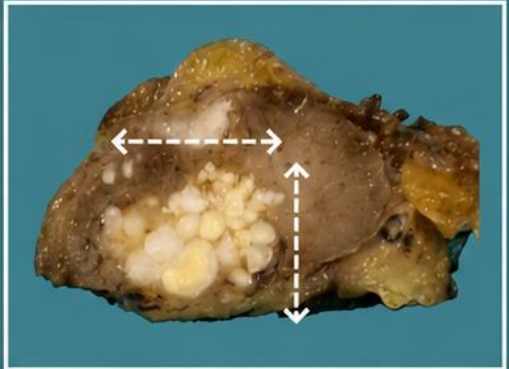
POINTS TO CONSIDER

- Lymph node resections are commonly performed to exclude lymphoid neoplasia or metastatic disease.
- Measure and describe the external surface.
- Depending on the size of the lymph node or the suspected pathology, bisecting or serial sectioning with complete submission is recommended:
 - In general, if a neoplastic process is suspected and technically feasible, submit transverse sections to maximise the surface area for examination.
 - Otherwise, as an approximate guide:
 - < 2 mm: submit entirely without manipulation.
 - 2–5 mm: bisect and submit entirely.
 - 5 mm: submit following transverse sectioning.
 - In all cases, submit all lymphoid tissue and perinodal adipose tissue, whether attached to or separate from the main specimen.
- If performed as an intraoperative frozen section biopsy, adipose tissue should be separated due to suboptimal processing characteristics.
- If lymphoma is suspected, consider sampling fresh tissue for flow cytometry according to the institution's standard protocol (if not previously performed).

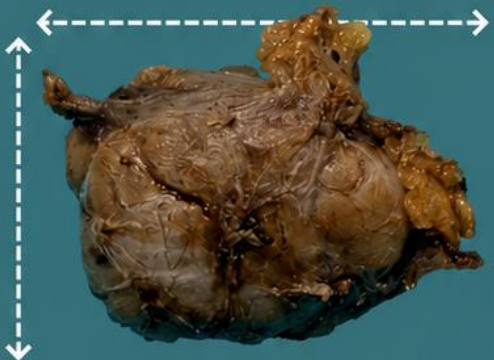




A1



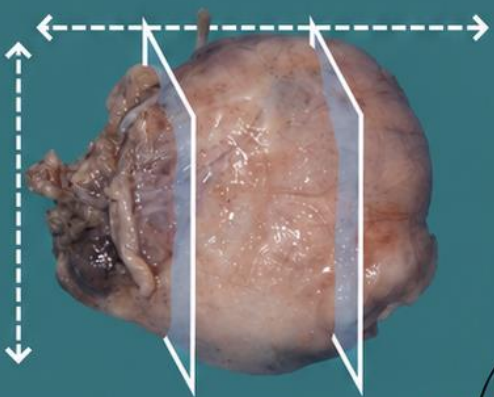
Lymph node metastasis from carcinoma



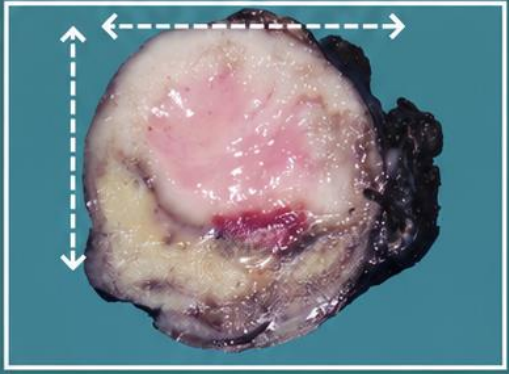
A1



Nodular lymphocyte predominant Hodgkin lymphoma



A1



Lymph node metastasis from carcinoma

Emilio J. Abecia

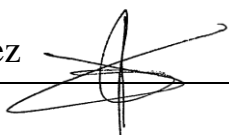
1. Measure the specimen
2. Describe the external surface
3. Section the specimen (longitudinal vs transverse) and describe the cut surface
4. Submit entirely



Longitudinal section



Transverse section



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.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

