THYMECTOMY / MEDIASTINAL TUMOUR

1. Labelled as X, a specimen weighing X g and measuring XXX cm is received / accompanied by adipose tissue / a pleural patch / pericardial patch measuring XXX cm.
2. Externally, the specimen shows no remarkable features // has a nodular / multilobulated morphology, with a smooth / irregular surface, violaceous / whitish / brown coloration, and a soft / firm consistency.
3. The surgical margin is inked.
4. On serial sectioning, the lesion is / is not encapsulated, and measures XXX cm // and occupies the entirety of the specimen, with marginal proximity to the resection margins // is located X cm from the X surgical margin // without infiltration of the capsule / adipose tissue / pleural patch / muscular tissue / etc.
5. On inspection, the cut surface is homogeneous / heterogeneous, yellowish / brownish in colour, with myxoid areas / necrosis / haemorrhage measuring X cm in diameter and representing X % of the total tumour volume.
6. In the remainder of the specimen, no nodular lesions are identified within the adipose tissue / X nodular lesions are identified, the largest measuring X cm in diameter.
7. Representative sections are submitted as follows:
   - A1 - A2: one lateral surgical margin.
   - A3 - A4: contralateral surgical margin.
   - A5 - A10: one complete section of the lesion.
   - A11: additional sections from the specimen.
   - A12: submission of peritumoural lymph nodes.

POINTS TO CONSIDER

– Tumour resections of mediastinal masses, most commonly thymomas. However, other neoplastic entities such as lymphomas or seminomas of the anterior mediastinum may also be encountered.
– Review the clinical history to confirm tumour location, clinical diagnostic suspicion, whether neoadjuvant therapy has been administered, etc.
– Weigh, measure, and describe the external appearance of the specimen.
– Ink the surgical margins and serially section the specimen.
– Inspect and document any infiltration of the capsule or surrounding adipose tissue (if present).
– Submit representative sections:
  - At least one section per centimetre of the greatest dimension of the specimen, including spatial representation of the margins.
  - Demonstrate the relationship of the lesion to the capsule / adipose tissue / pleural patches / pericardial patches (important for staging purposes).
  - If atypical foci are identified, these should be specifically represented / entirely submitted.
  - Search for nodular lesions within the surrounding adipose tissue.
– If lymphoma is suspected, obtain fresh tissue for flow cytometry according to institutional protocol.

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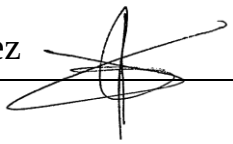

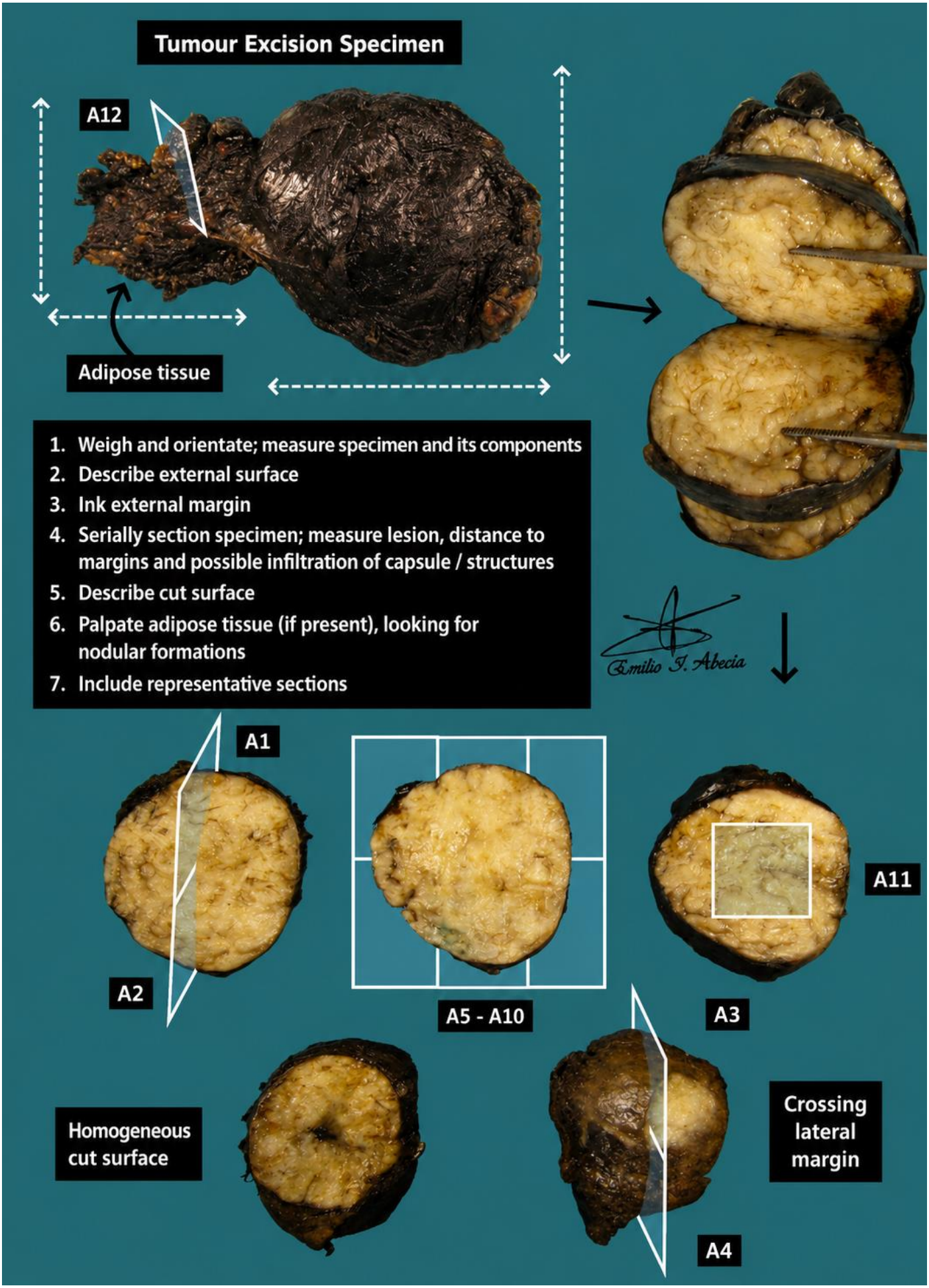

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DISCLAIMER

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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