

SPLENECTOMY

1. A splenectomy specimen weighing X g and measuring XXX cm is received.
2. Externally, the specimen shows a violaceous capsular surface without remarkable features // demonstrates a capsular laceration / a defect measuring XXX cm / a superficial lesion measuring XXX cm, located at the upper pole / middle third / lower pole and showing X characteristics.
3. Ink the hilar margin.
4. On serial sectioning, the splenic parenchyma is red-brown and congested in appearance, without other alterations // a lesion measuring XXX cm is identified, in contact with / located X cm from the hilum and capsule respectively.
5. The lesion is homogeneous / heterogeneous / nodular / multilobulated, with well-defined / poorly defined borders, brownish / whitish in colour, with foci / without foci of necrosis and/or haemorrhage involving X % of the specimen.
6. The remaining parenchyma shows no significant abnormalities // demonstrates a secondary lesion measuring X cm with X characteristics.
7. At the hilum, X nodular formations measuring X cm in diameter are palpated // vascular structures measuring X cm are identified, etc.
8. Representative sections are submitted as follows:

1st Example (Metastatic Splenectomy)

- A1: representative section of hilar margin.
- A2: representative section of capsule / uninvolved parenchyma.
- A3 to A6: one complete section of the lesion.
- A7: section of the lesion in relation to the capsular margin.

2nd Example (Splenectomy with Pseudocyst)

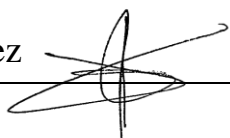
- A1: section of hilar margin.
- A2 – A4: representative sections of the specimen.

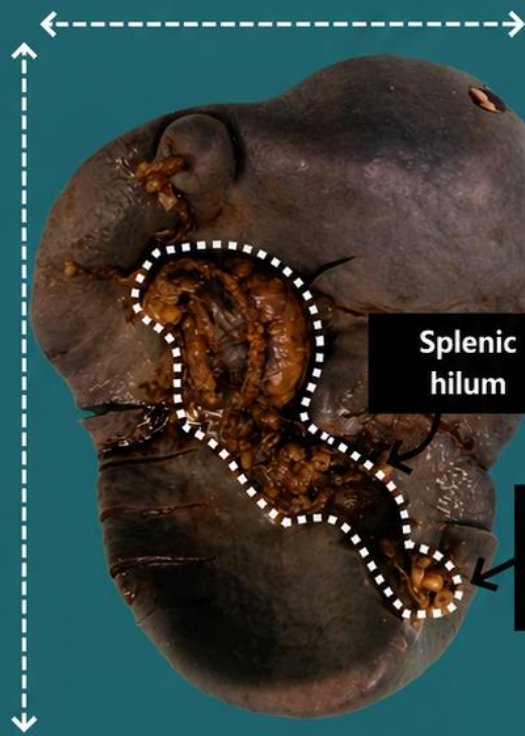
3rd Example (Splenectomy with Splenic Marginal Zone Lymphoma)

- A1: section of hilar margin.
- A2 – A7: representative sections of the specimen.

POINTS TO CONSIDER

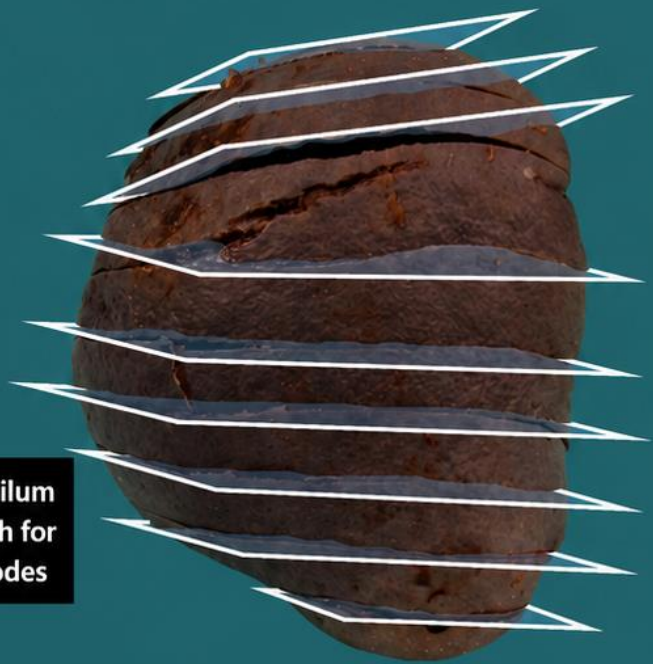
- Splenic resections may be performed for a variety of lesions, including malignant neoplasms (lymphomas, lymphoproliferative disorders, metastases, etc.) and other conditions (infarctions, cysts, trauma, etc.).
- Review the clinical history for the indication for surgery and correlate with imaging findings.
- Measure, weigh, and describe the external surface of the specimen.
- Ink the hilar margin and serially section the specimen. Localise and measure any abnormalities.
- Submit representative sections:
 - Include the hilar margin.
 - If a neoplastic lesion is identified, submit at least one section per centimetre of the lesion's greatest dimension, including its relationship to the splenic hilum and capsule.
 - If no well-defined lesions are identified, submit a minimum of two sections (capsule + hilum + parenchyma).
 - Include at least one section of uninvolved splenic parenchyma to assess for concomitant pathology.
- Examine the hilum for nodular structures (lymph nodes versus accessory spleen).
- If lymphoma is suspected, consider fresh tissue sampling for flow cytometry according to institutional protocols.





Splenic hilum

Identify hilum and search for lymph nodes

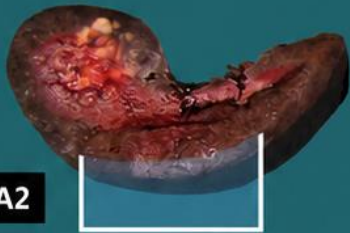


Splenectomy for metastatic disease

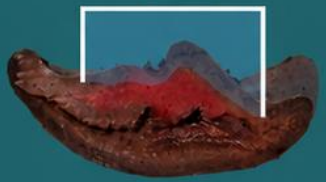
Emilio S. Abecia



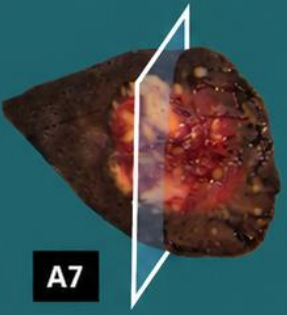
A2



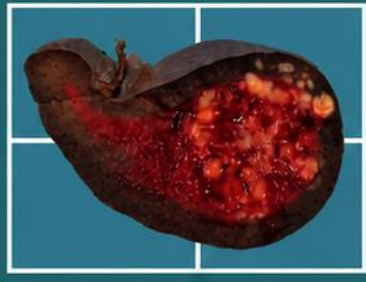
A1



A7



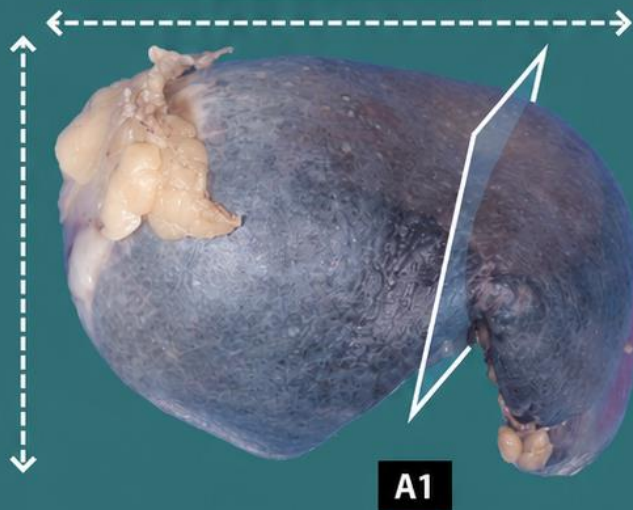
A3 - A6



1. Measure the specimen
2. Describe the external capsular surface
3. Identify the hilar margin
4. Record and measure lesions and their distance to hilum and capsule
5. Describe the cut surface of the lesion
6. Identify any secondary deposits / satellite nodules
7. Palpate the hilum for nodular lesions
8. Representative sections

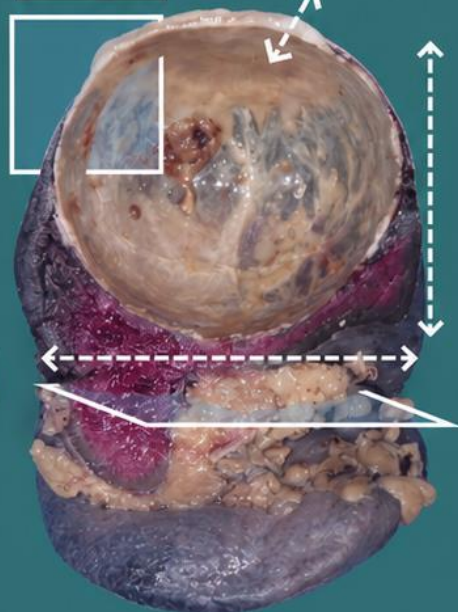


**Splenectomy for
pseudocyst**



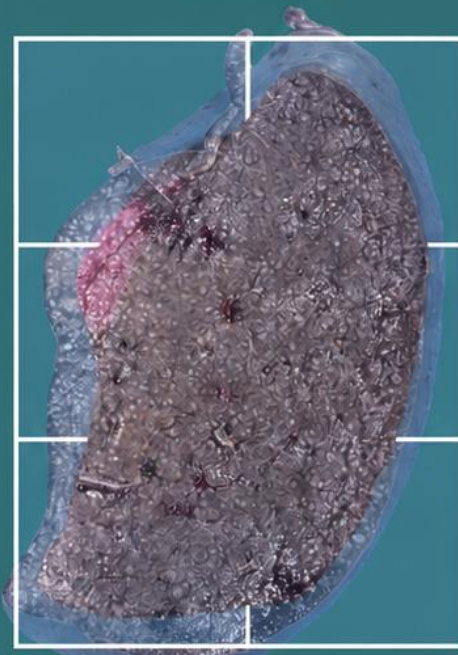
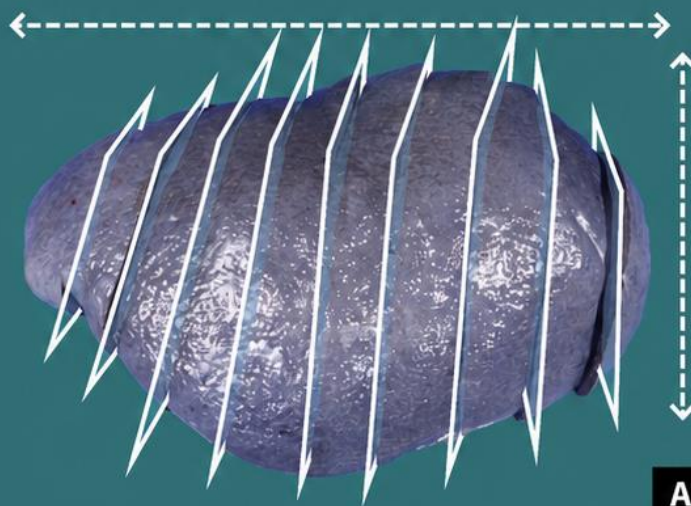
A2 - A4

A1



Emilio I. Abecia

**Splenectomy with
marginal zone
lymphoma**



Emilio I. Abecia

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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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