

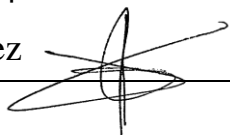
PAEDIATRIC RENAL TUMOUR (WILMS TUMOUR)

1. Labelled as XXX, a fresh nephrectomy specimen weighing X g and measuring XXX cm is received // accompanied by a segment of ureter / renal vein / renal artery measuring X cm.
2. Externally, the specimen shows no remarkable features // shows a nodular / globular external surface / a cystic / solid lesion measuring X cm in diameter, located in X.
3. The external surface is inked.
4. On sectioning, one / several lesions measuring XXX cm are identified, located in the upper / lower / middle third / renal pelvis, lying X cm from the renal sinus and appearing not to involve / involving the perirenal adipose tissue / pelvicalyceal system / Gerota's fascia.
5. The lesion has well-defined / poorly defined borders, with a yellowish / whitish appearance / solid / papillomatous / friable features / with necrosis / haemorrhagic / atypical / myxoid areas accounting for X% of the total neoplasm.
6. The remaining cortex is preserved / atrophic, with a thickness of X cm / shows X subcapsular cysts measuring X cm in diameter. The pelvicalyceal system is normal / dilated / distorted.
7. On opening, the ureter shows no remarkable features // shows a lesion measuring XXX cm in the proximal / mid / distal ureter, with X morphology and appearing on cut section to infiltrate up to the X layer.
8. On palpation, no hilar nodular formations or adrenal gland are identified // an adrenal gland measuring X cm in diameter is identified // X nodular formations measuring between X and X cm in diameter are identified.
9. Representative sections are submitted.
 - Ax: fresh section for molecular studies.
 - A1: ureteric / vascular margin.
 - A2 – A16: one complete section of the lesion.
 - A17 – A20: complete section of second focus / atypical area.
 - A21: section from the upper renal pole.
 - A22: section from the mid renal region.
 - A23: section from the lower renal pole.
 - A24 – A28: additional representative sections from the main lesion.

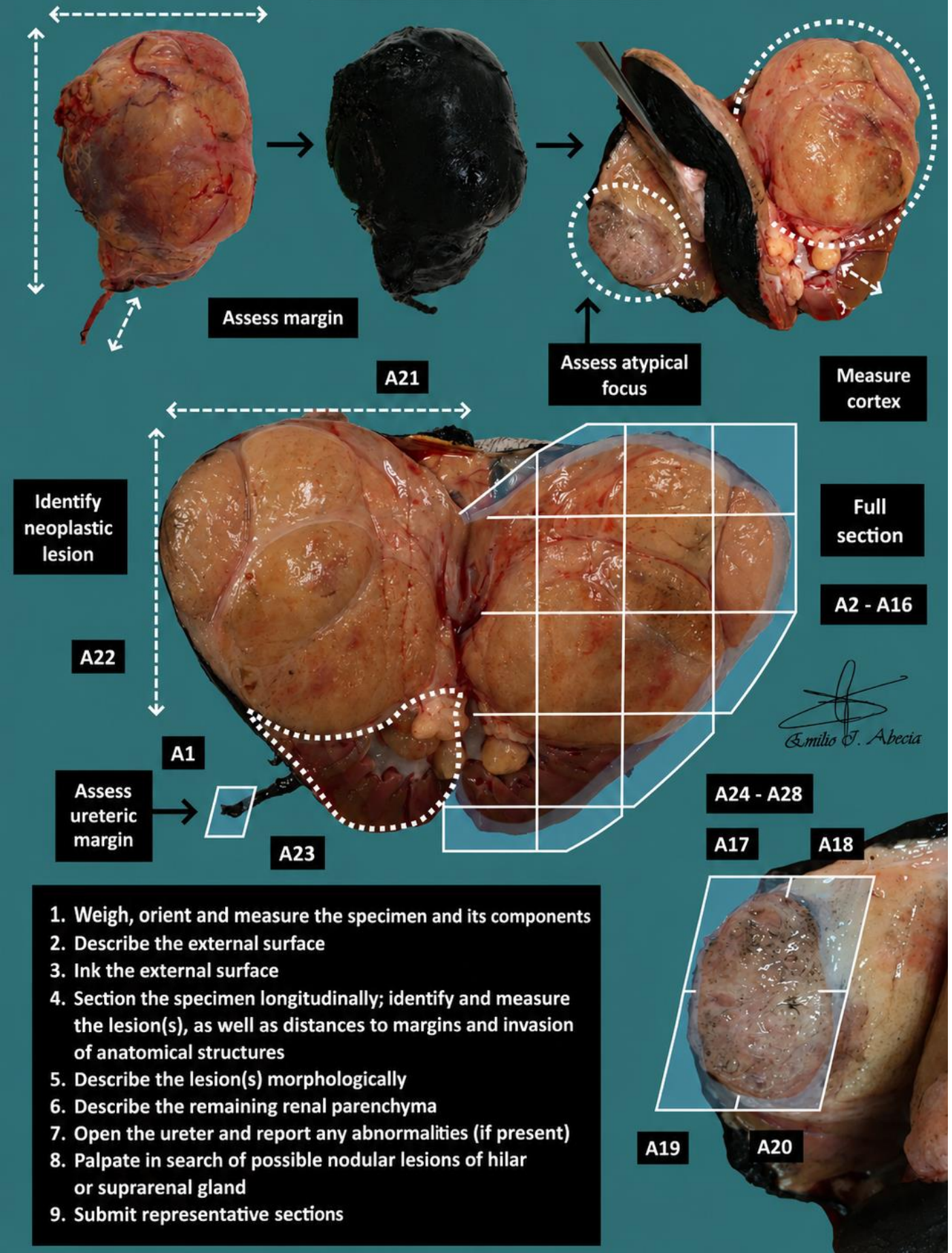
TO CONSIDER

- Paediatric nephrectomy specimens with aggressive tumours (Wilms tumour, congenital mesoblastic nephroma, clear cell sarcoma, rhabdoid tumour, etc.). Review the clinical history and radiological reports prior to gross dissection.
- Weigh and photograph the fresh specimen before manipulation, in order to document the gross specimen and capsule.
- Measure, describe, and ink the external surface of the specimen.
- Open longitudinally; identify, measure, and describe the lesion. Due to the nature of these neoplasms, it is important to assess for localised or diffuse foci of anaplasia, as well as macroscopically heterogeneous / atypical areas.
- Depending on institutional protocols, fresh tissue is often collected and frozen for genetic studies. Confirm whether facilities are available for genetic testing on paraffin-embedded tissue.
- Submit representative sections:
 - Once the specimen is fixed, it is recommended to prepare a diagram / print a photograph in order to document the specimen topographically. Inspect vascular structures and ureter, if present, for tumour involvement, tumour thrombi, etc.
 - Extensively sample the lesion, including at least one complete section.
 - In multifocal tumours, submit at least one section per centimetre of the greatest dimension of each focus.
 - Sample non-neoplastic parenchyma (cortex, renal sinus, and pelvicalyceal system) and its relationship to the neoplasm.
- Palpate carefully for the presence of adrenal gland / possible hilar nodular formations.

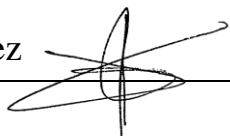
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Nephrectomy for Wilms tumour



1. Weigh, orient and measure the specimen and its components
2. Describe the external surface
3. Ink the external surface
4. Section the specimen longitudinally; identify and measure the lesion(s), as well as distances to margins and invasion of anatomical structures
5. Describe the lesion(s) morphologically
6. Describe the remaining renal parenchyma
7. Open the ureter and report any abnormalities (if present)
8. Palpate in search of possible nodular lesions of hilar or suprarenal gland
9. Submit representative sections



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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.

