

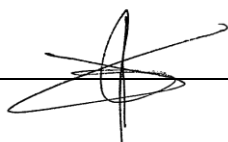
## CYSTOPROSTATECTOMY

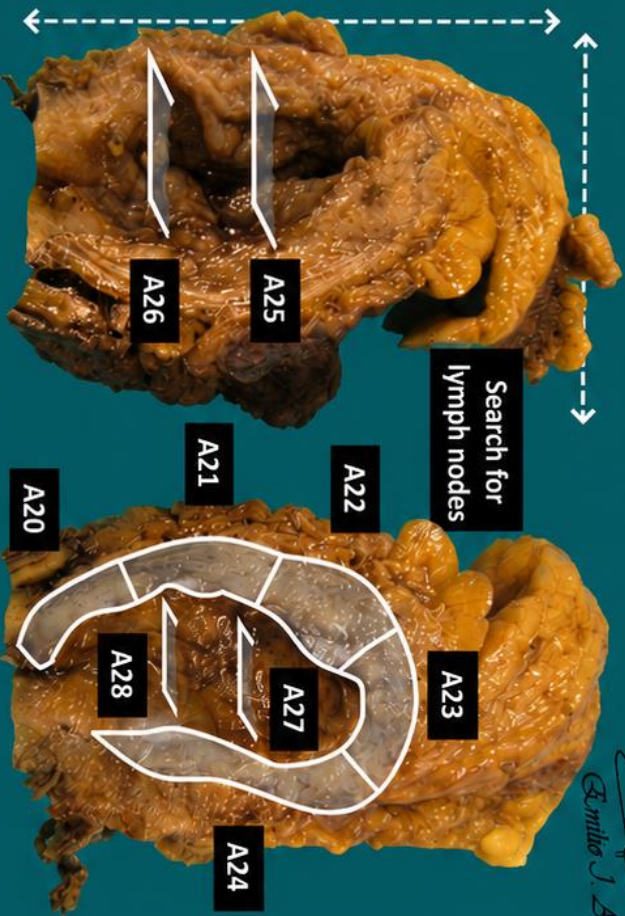
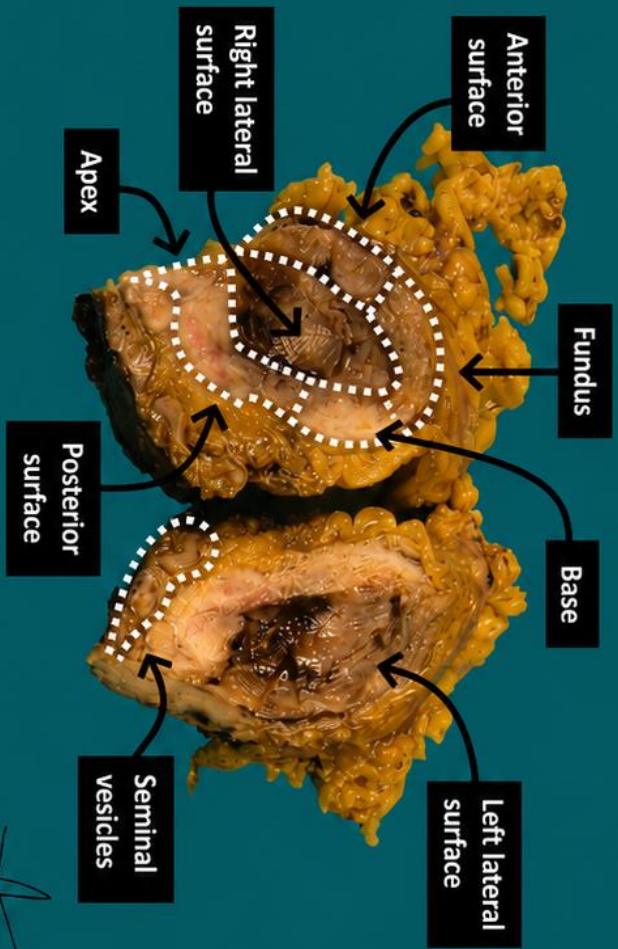
1. A cystectomy / cystoprostatectomy specimen is received, consisting of a bladder measuring XXX cm including the perivesical adipose tissue // with prostate / seminal vesicle / ureter measuring XXX cm.
2. Externally, no remarkable features are identified // a defect measuring X cm in diameter / a superficial lesion measuring XX cm is identified, located at X.
3. The surface of the prostate +/- bladder surface is inked.
4. On opening the bladder, a lesion measuring XXX cm is identified at the trigone / posterior wall / fundus / dome / right lateral wall / left lateral wall.
5. The lesion has an exophytic / papillomatous / ulcerated morphology, with a brownish / whitish coloration and a firm / friable / etc. consistency.
6. On sectioning, the lesion measures X cm in thickness, is X cm from the radial bladder margin, and appears confined to the mucosa / infiltrates the muscular layer / perivesical adipose tissue / left ureter / right ureter / prostate.
7. On serial sectioning of the prostate, the parenchyma shows alternating solid and microcystic areas, without well-defined neoplastic lesions identified // a solid firm / nodular area measuring XXX is identified at X location.
8. On palpation, no nodular formations are identified within the perivesical adipose tissue.
9. Representative sections are submitted as follows:
  - A1: urethral resection margin.
  - A2 and A5: apex.
  - A6 to A19: sections of the prostate from apex to bladder neck.
  - A20: trigone.
  - A21: posterior wall.
  - A22: fundus.
  - A23: dome.
  - A24: anterior wall.
  - A25: upper right lateral wall.
  - A26: lower right lateral wall.
  - A27: upper left lateral wall.
  - A29: lower left lateral wall.
  - A30 to A32: additional sections of the lesion.
  - A31: left / right ureteric margin.

### TO CONSIDER

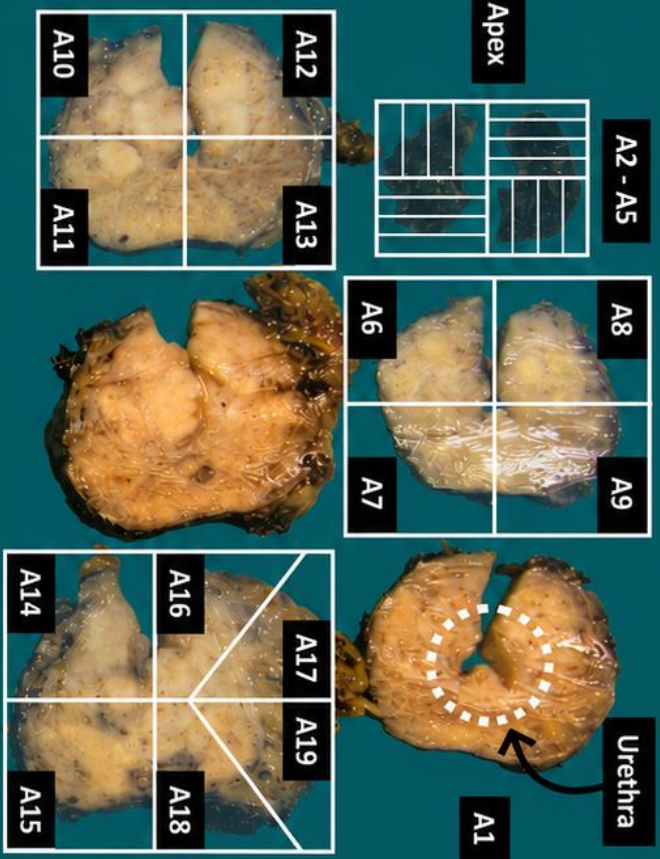
- Radical bladder resections, which may include prostate, seminal vesicles, uterus (anterior pelvic exenteration), lymphadenectomies, or ureteric margins.
- Before handling the specimen, it is recommended to section the ureteric and urethral margins and ensure the specimen has been adequately fixed (bladder tumours may be highly friable).
- Measure, orientate, and describe the external surface of the specimen.
- Open longitudinally and identify the lesion. Section and describe the cut surface.
- Submit representative sections:
  - Always include urethral and ureteric margins.
  - Alternate sections of the prostate / representative sections of the uterus. If abnormalities are identified on subsequent microscopic examination, additional sections should then be submitted
  - Due to the potential multifocality, schematic sections of the bladder are recommended, preferably in relation to the neoplastic lesion (see image).
  - If a single well-defined lesion is identified, representative sections of the lesion may be submitted, including its relationship to margins and the area of deepest invasion.
- Search for nodular formations within the perivesical adipose tissue.
- Embryological remnants (allantoic remnants) may be identified in the bladder dome.

Emilio I. Abecia Martínez



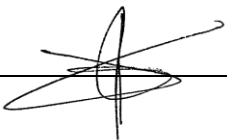


*Emilio I. Abecia*



**Serial sections of the prostate**

1. Orientate the specimen and identify its anatomical components (bladder, prostate, ureters, uterus, etc.)
2. Describe the external surface of the specimen
3. Assess the surgical margin
4. Open the specimen; locate and measure seminal vesicle involvement
5. Describe the lesion morphologically
6. Assess and measure the thickness and level of neoplastic vesical infiltration / infiltration of anatomical structures
7. Assess and describe the cut surface of the prostate
8. Palpate the perivesical adipose tissue for lymph nodes
9. Representative sections of the specimen



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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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