

TUMOUR URETERECTOMY

1. A tubular specimen labelled as X, measuring XXX cm, is received, without orientation provided / oriented with X at X // with an attached bladder cuff measuring XXX cm.
2. Externally, the specimen has a smooth surface, with a brownish / whitish coloration, without other abnormalities // there is mural thickening / a superficial nodular lesion measuring XXX cm // on palpation, an indurated area is identified in the proximal / middle / distal third.
3. The surgical margin is inked with India ink.
4. The specimen is opened longitudinally; on inspection, a lesion measuring XXX cm is identified, involving the proximal / middle / distal third and located X cm from the proximal / distal margin.
5. On sectioning, the lesion measures X cm in thickness and infiltrates the ureteric wall, lying X cm from the radial surgical margin // appears confined to the mucosa.
6. The lesion shows a papillary / ulcerated morphology / with a homogeneous / heterogeneous / whitish / brownish cut surface / etc.
7. The specimen is entirely submitted as follows:

1st Example (Ureterectomy for tumour in the distal third, with bladder cuff):

- A1: proximal margin.
- A2: distal margin.
- A3–A5: transverse sections of the specimen from proximal to distal.

2nd Example (Tumour ureterectomy for tumour in the middle third):

- A1: proximal margin.
- A2: distal margin.
- A3–A5: transverse sections of the specimen from proximal to distal.

POINTS TO CONSIDER

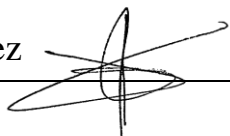
- Surgical resections of the ureter are generally performed for urothelial carcinoma, usually detected due to obstructive symptoms, urinary cytology findings, or imaging studies. Occasionally, they may be performed for other causes (traumatic, inflammatory, etc.).
- Review the clinical history and imaging studies to determine tumour location (proximal, middle, or distal ureter), multifocality, and the presumed diagnosis.
- Confirm whether the specimen is orientated, identifying proximal and distal margins. Some specimens are received with an attached bladder cuff.
- Measure the specimen, ink the entire adventitial surface, and open longitudinally.
- Identify and measure the lesion (generally papillary). As these lesions may be highly friable, adequate fixation before manipulation is recommended.
- Serially section transversely and submit representative sections:

Tumour specimens:

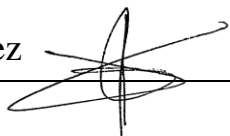
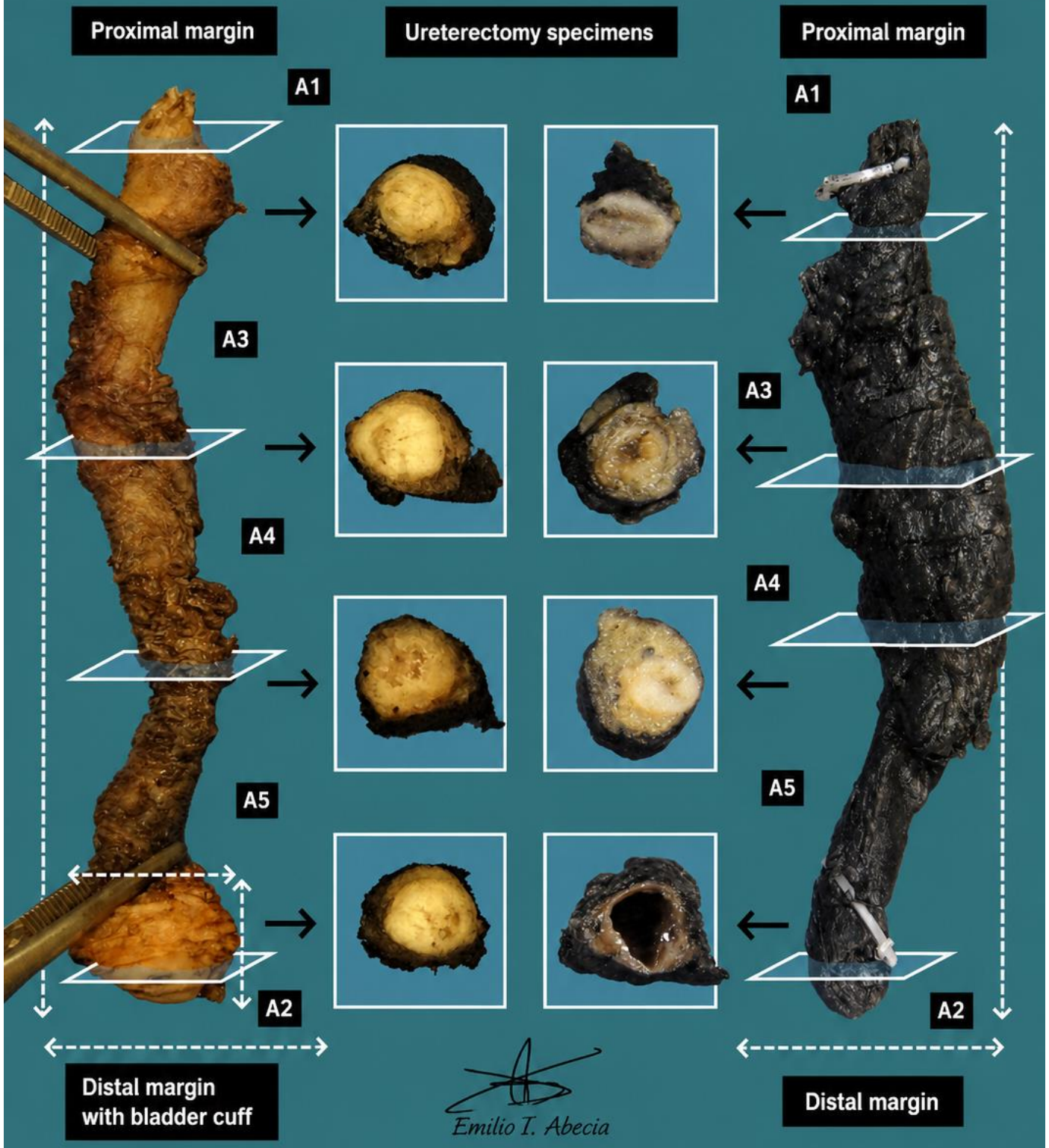
- Submit surgical margins as transverse sections.
- Submit the lesion in total / subtotal transverse sections.
- Do not submit longitudinal sections, as this prevents accurate assessment of the depth of invasion and proximity to surgical margins.

Other causes:

- Submit surgical margins as transverse sections.
- Submit a couple of representative sections of the specimen.



1. Orientate and measure the specimen, indicating whether surgical margin(s) are present
2. Describe any external features or palpable abnormalities
3. State radial surgical margin
4. Open the specimen longitudinally; identify, measure and describe the lesion and its distance to margins
5. Section the lesion; measure thickness, distance to radial margin and level of infiltration
6. Describe the lesion morphologically
7. Representative sections



BIBLIOGRAPHY

- Cipriani N., Rose S. (2019). *Ureterectomy (Or Nephroureterectomy) (GU & Renal)*. Gross Pathology Manual (University Of Chicago). Recuperado el 13 de Mayo de 2024: <https://voices.uchicago.edu/grosspathology/gu-renal/ureterectomy-or-nephroureterectomy/>
- *Nephroureterectomy* (Genitourinary). Gross Manual. UCLA Health. Recuperado el 13 de Mayo de 2024: <https://www.uclahealth.org/sites/default/files/documents/96/nephroureterectomy-21023.pdf?f=662d4516>
- WHO Classification of Tumours Editorial Board (2022). *Urinary and Male Genital Tumours* (5th ed., vol. 8). International Agency for Research on Cancer. <https://publications.iarc.fr/Book-And-Report-Series/Who-Classification-Of-Tumours/Urinary-And-Male-Genital-Tumours-2022>
- Harik L.R., Paner G.P., Al-Ahmadie H.A., Allan R.W., Hansel D.E., Giannico G.A., McKenney J.K., Spiess P.E., Tamboli P., Tsuzuki T., Wasco M. (2023). *Urethra, Resection* (v4.2.0.0). College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/Urethra_4.2.0.0.REL_CAPCP.pdf?_gl=1*bgob7s*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxNDQ3NDExMy4wLjAuMA
- Harik L.R., Paner G.P., Al-Ahmadie H.A., Allan R.W., Humphrey P.A., McKenney J.K., McKiernan J.M., Olgac S., Rao P., Raspollini M.R., Srigley J.R. (2023). *Ureter, Renal Pelvis, Resection* (v2.3.0.0). College of American Pathologists (CAP). Recuperado el 13 de Mayo de 2024: https://documents.cap.org/protocols/UreterRenalPelvis_2.3.0.0.REL_CAPCP.pdf?_gl=1*bgob7s*_ga*MTc4Nzk0MDczNC4xNzE0NDczNzAy*_ga_97ZFJSQQ0X*MTcxNDQ3MzcxNDQ3NDExMy4wLjAuMA
- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
- Susan C. Lester, French, C. A., & Curtis, S. G. (2010). *Manual of Surgical Pathology: Expert Consult* (ed. 3). Elsevier. <https://www.sciencedirect.com/book/9780323065160/manual-of-surgical-pathology>
- Shameem Shariff. (2019). *Fundamentals of Surgical Pathology* (ed.2). Jaypee Brothers Medical Publishers. <https://www.jaypeedigital.com/book/9789388958967>
- Westra, W. H., Ralph H. Hruban, Timothy H. Phelps, & Christina Iacono. (2003). *Surgical Pathology Dissection: An Illustrated Guide* (ed.2). Springer. <https://link.springer.com/book/10.1007/b97473>

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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