

## URINARY TRACT TUMOUR

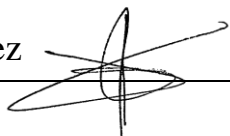
1. A left / right nephroureterectomy specimen is received, weighing X g and measuring XXX cm in total, including perirenal adipose tissue. It is accompanied by a segment of ureter / renal vein / renal artery / bladder cuff measuring X cm in length and X cm in diameter.
2. Externally, no remarkable features are identified // the ureter shows a thickened area measuring XXX cm, located X cm from the distal ureteric margin // the renal sinus shows a nodular / globular lesion / a cystic / solid lesion measuring X cm in diameter.
3. The ureteric margin and perihilar adipose tissue are inked.
4. Upon longitudinal opening, in the proximal / mid / distal ureter / renal sinus / pelvicalyceal system, there is a lesion measuring XXX cm, with papillary / solid / cystic morphology, whitish / brownish coloration, and indurated / friable consistency, etc.
5. On sectioning, the lesion appears to infiltrate the full thickness of the ureteric wall / renal sinus / pelvicalyceal system / renal cortex / hilar adipose tissue / perirenal adipose tissue / Gerota's fascia.
6. The kidney measures XXX cm and shows preserved / atrophic cortex, with a cortical thickness of X cm and a dilated / preserved pelvicalyceal system // X subcapsular cysts measuring X cm in diameter are identified, located in X.
7. On palpation, no hilar nodules or adrenal gland are identified // an adrenal gland measuring X cm in diameter is identified // X hilar nodular lesions measuring between X and X cm in diameter are identified.
8. Representative sections are submitted.

### 1st Example (Nephroureterectomy for ureteric tumour)

- A1: vascular margin / renal hilum.
- A2: distal ureteric margin.
- A3: representative sections of distal ureter.
- A4: representative sections of mid ureter.
- A5: representative sections of proximal ureter.
- A6: representative section of renal sinus.
- A7 - A10: sections of the ureteric lesion / renal sinus lesion / renal pelvis lesion.
- A11: representative section of upper renal pole.
- A12: representative section of mid kidney.
- A13: representative section of lower renal pole.
- A14: representative section of adrenal gland.
- A15: hilar nodular lesion.

### 2nd Example (Nephroureterectomy for renal pelvis / renal sinus tumour)

- A1: vascular margin / renal hilum.
- A2: distal ureteric margin.
- A3: representative sections of distal ureter.
- A4: representative sections of mid ureter.
- A5: representative sections of proximal ureter.
- A6 - A7: sections of renal sinus / renal pelvis.
- A8 - A11: complete section of the lesion.
- A11: representative section of upper renal pole.
- A12: representative section of mid kidney.
- A13: representative section of lower renal pole.
- A14 - A15: sections showing cortical involvement by the lesion.

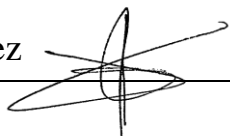


### 3rd Example (Nephroureterectomy for collecting duct tumour)

- A1: vascular margin / renal hilum.
- A2: distal ureteric margin.
- A3: representative sections of distal ureter.
- A4: representative sections of mid ureter.
- A5: representative sections of proximal ureter.
- A6: sections of renal sinus / renal pelvis.
- A7 - A11: sections of lesion in relation to the pelvicalyceal system.
- A11: representative section of upper renal pole.
- A12: representative section of mid kidney.
- A13: representative section of lower renal pole.
- A14: representative section of adrenal gland.

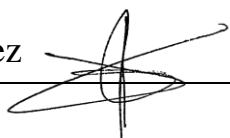
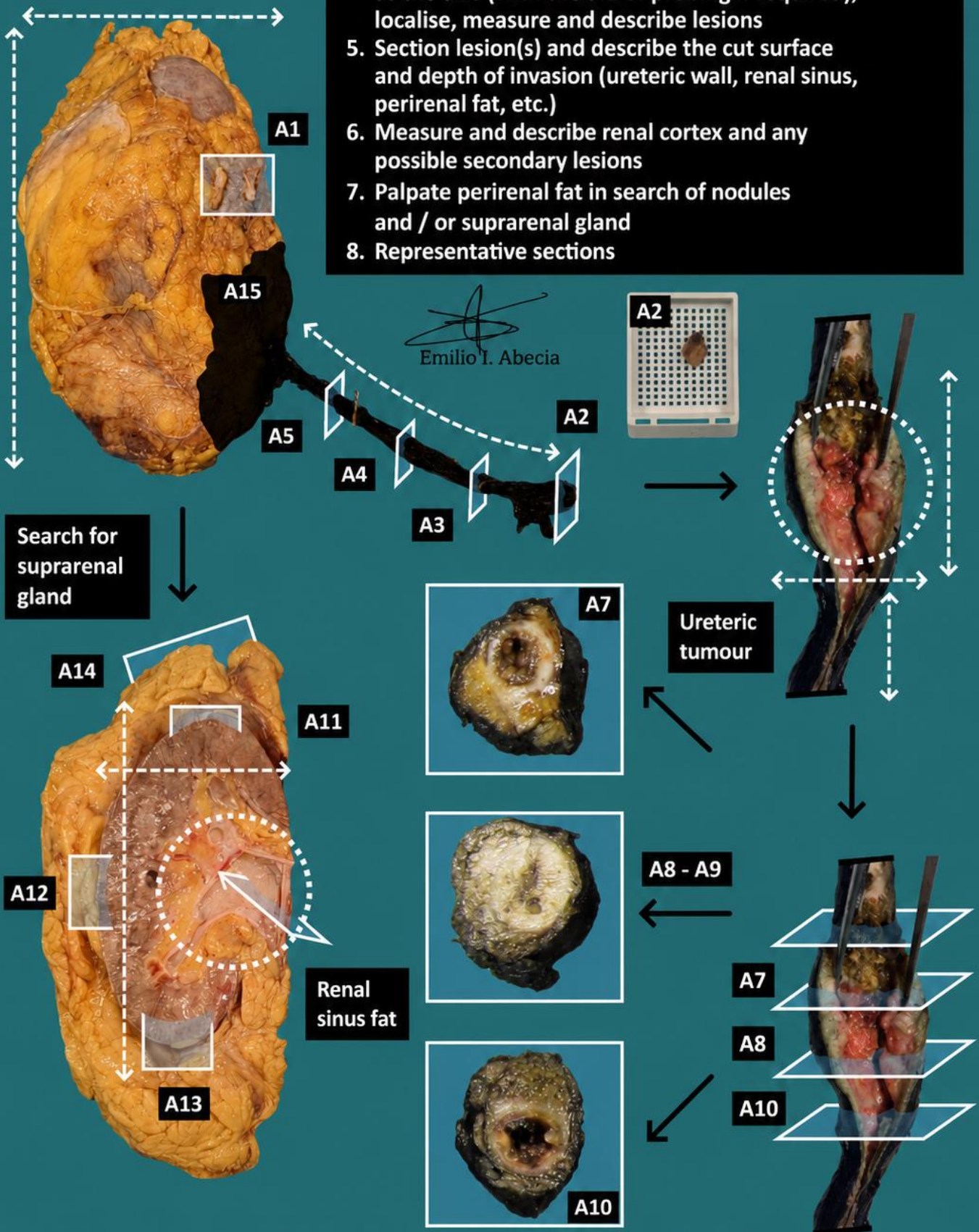
### TO CONSIDER

- Resection of kidney and urinary tract for urothelial carcinoma arising from different urinary tract locations (distal, mid, or proximal ureter, renal sinus, renal pelvis, or pelvicalyceal system).
- Review the clinical history to confirm tumour location, multifocality, neoadjuvant treatment, working diagnosis, etc.
- Weigh and measure the specimen and perform an external description.
- Ink the ureter and hilar adipose tissue. Probe the ureter and open the specimen longitudinally following the urinary tract axis, attempting to visualise the renal sinus and ureteric lumen within the same plane.
- Identify, measure, and describe the lesion. Inspect anatomical structures for tumour involvement (ureter, vessels, tumour thrombi, perirenal adipose tissue, etc.).
- Submission of representative sections:
  - Include vascular margins and ureteric margin / renal sinus.
  - Include sections of uninvolved renal parenchyma.
  - Submit at least one section per centimetre of the lesion's greatest dimension. Small lesions should be entirely submitted, demonstrating their relationship to anatomical structures / ureteric wall.
  - Include sections of benign lesions (if present).
- Palpate adipose tissue to identify adrenal gland / possible hilar nodular lesions.

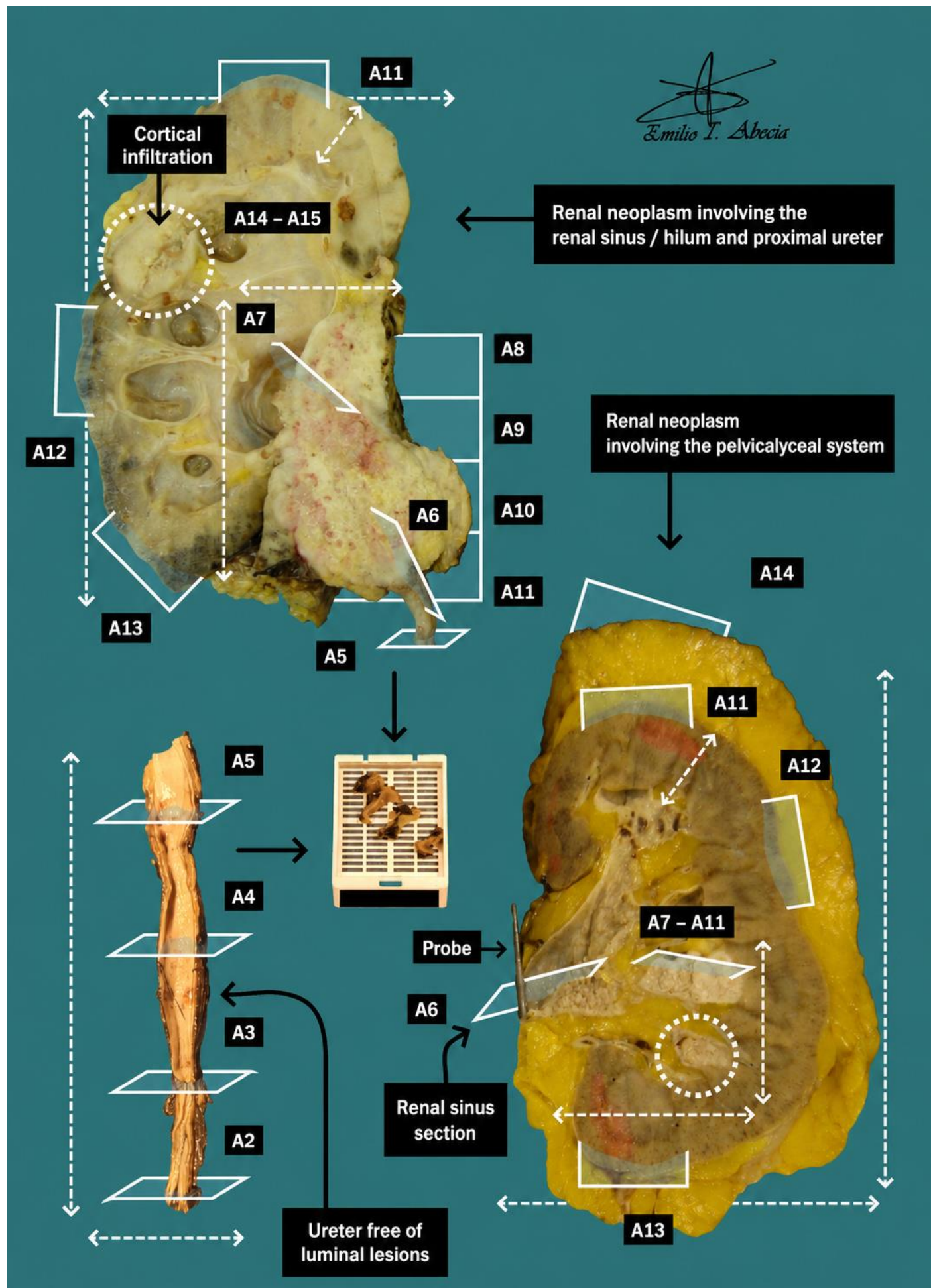


**Nephroureterectomy specimen**

1. Weigh, orient and measure the specimen
2. Describe any external abnormalities
3. Assess ureteric margin and perirenal fat / renal sinus fat
4. Open the specimen longitudinally along the ureter as the axis (with the aid of probing if required); localise, measure and describe lesions
5. Section lesion(s) and describe the cut surface and depth of invasion (ureteric wall, renal sinus, perirenal fat, etc.)
6. Measure and describe renal cortex and any possible secondary lesions
7. Palpate perirenal fat in search of nodules and / or suprarenal gland
8. 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.

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