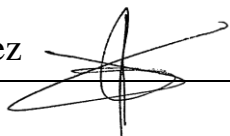
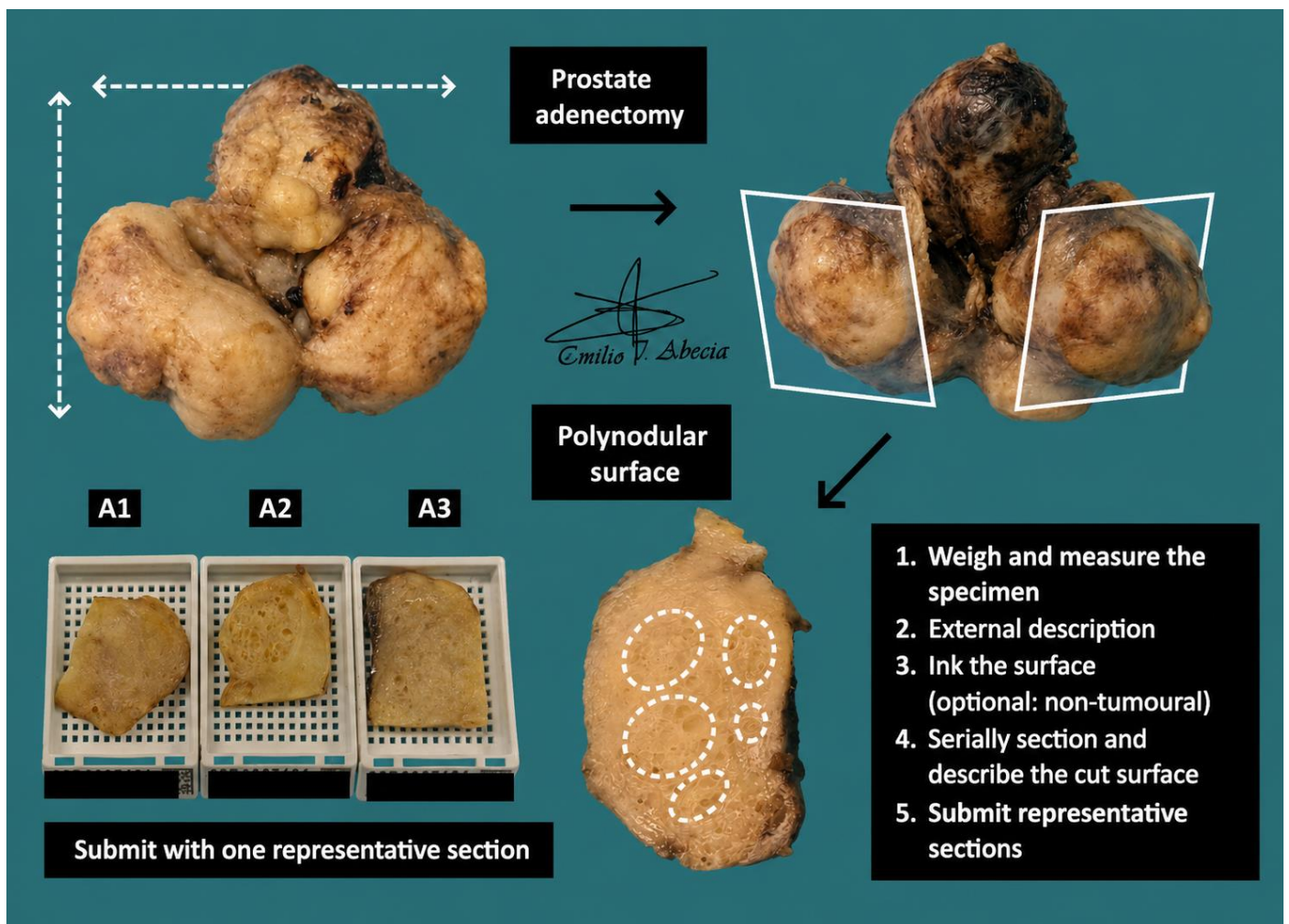


PROSTATE ADENECTOMY

1. A prostatic adenectomy specimen weighing X g and measuring XXX cm is received.
2. Externally, the specimen shows a lobulated / irregular morphology, with a brownish / whitish coloration and a soft-elastic / firm consistency / etc.
3. The surgical margin is inked (optional: non-neoplastic surface).
4. On serial sectioning, the cut surface is polylobulated / smooth / homogeneous / microcystic, with a brownish / whitish coloration, without foci of necrosis or haemorrhage // foci of necrosis / haemorrhage measuring XXX cm are identified.
5. Representative sections are submitted in X blocks.

POINTS TO CONSIDER

- Adenectomies are usually performed for the treatment of obstructive lower urinary tract symptoms, without demonstrable neoplastic pathology.
- Measure, weigh, and describe the external surface of the specimen.
- Due to the frequency of incidental prostatic carcinoma, some specialists recommend inking the external surface of the specimen.
- Serially section and describe the cut surface.
- Submit representative sections according to the institutional protocol. As a general guide, include at least one section per centimetre of the greatest dimension 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.

This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

