INGUINAL LYMPHADENECTOMY

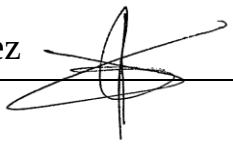
1. Labelled as X nodal chain / X lymphadenectomy, a specimen measuring XXX cm is received // multiple adipose tissue fragments measuring XXX cm in aggregate are received.
2. Externally, the specimen shows an adipose appearance without other abnormalities // one / several nodular formations measuring X cm in diameter are identified // a superficial lesion measuring XX cm with X characteristics is identified.
3. On palpation, X nodular formations are identified, the largest measuring X cm in diameter.
4. On sectioning, no abnormalities are identified // fatty degeneration is observed / a whitish focus measuring X cm, consistent with metastasis, is identified.
5. Representative sections are submitted as follows:
   • A1 and A2: largest nodular formation, bisected.
   • A3: one nodular formation, bisected and submitted in one block.
   • A4: three nodular formations submitted in one block.

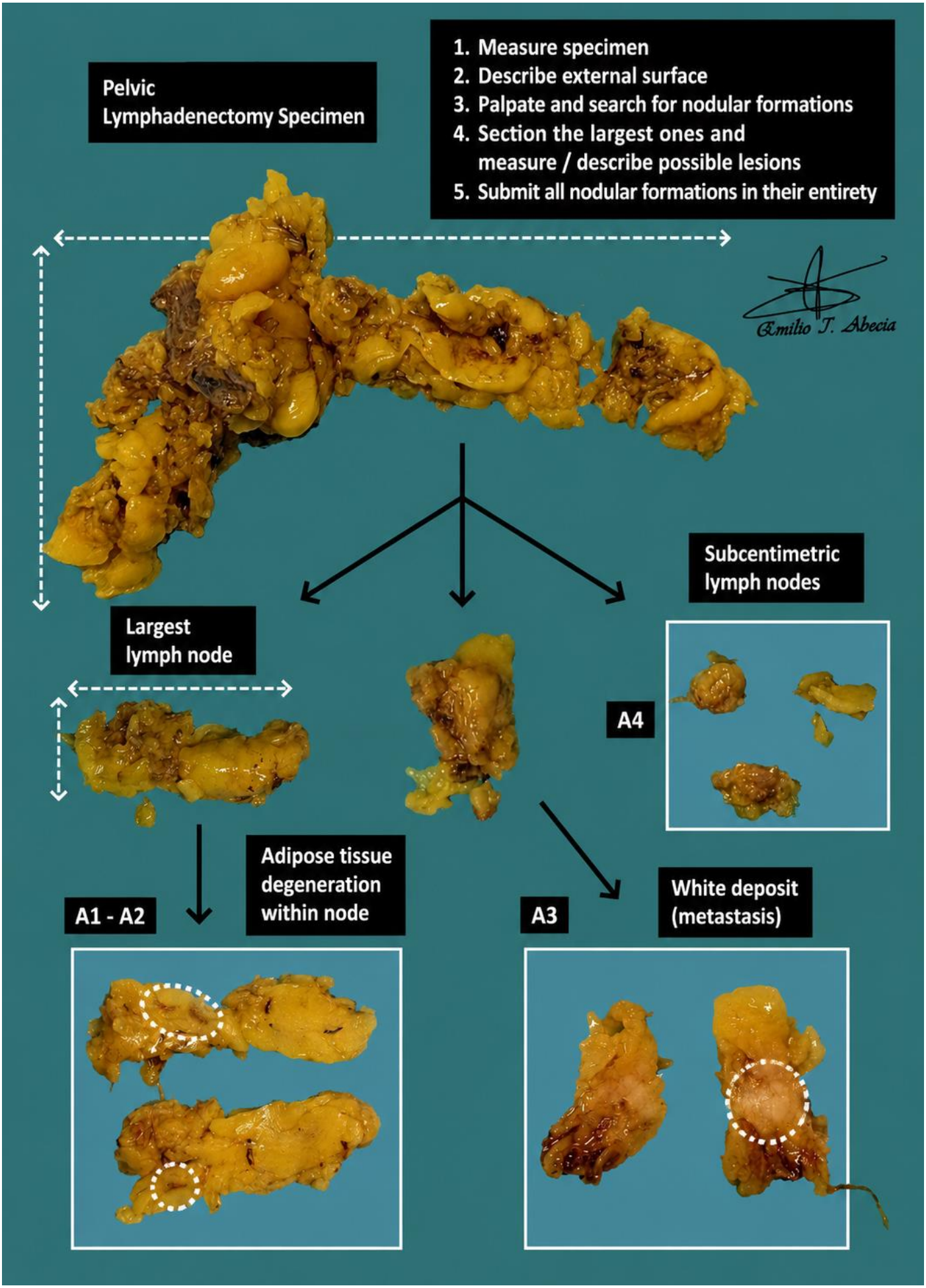
POINTS TO CONSIDER

– Lymph node resections performed as part of surgical protocols for neoplasms of the pelvic region, including obturator, iliac, hypogastric, sacral, and related nodal groups.
– Specimens are generally received unoriented and may be fragmented.
– Measure and palpate nodular formations (lymph nodes). Lymph nodes from the inguinal region may be markedly enlarged and show fatty degeneration, with frequently poor correlation between palpatory size and cut surface appearance.
– Section submission:

- Submit all identified nodular formations entirely.
- If any formation is abnormally large or shows lesions on cut section, this should be specified in both the gross description and block key.
- If no definite nodular formations are identified, submit sections of adipose tissue in search of microscopic lymph nodes.

Emilio I. Abecia Martínez





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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.

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