

## PARTIAL PENECTOMY / GLANSECTOMY

1. A glansectomy / partial penectomy specimen measuring XXX cm is received // with foreskin / urethral meatus measuring XXX cm.
2. Externally, no remarkable features are identified // a lesion measuring X cm is identified, located on the foreskin / glans, at a distance of X cm from the surgical margin.
3. The lesion is flat / raised / nodular / verrucous / arcuate, with X coloration and a crusted / ulcerated / smooth surface, with indurated / friable / soft-elastic consistency, etc.
4. The surgical margin is inked with India ink.
5. The specimen is longitudinally sectioned, and the lesion measures X cm in thickness, is located X cm from the surgical margin, and appears / does not appear to infiltrate the foreskin / urethra.
6. The lesion demonstrates well-defined / poorly defined borders, is heterogeneous / homogeneous, with whitish / brownish / etc. coloration.
7. A second lesion measuring XXX cm with X appearance is identified on the foreskin / mucosa, located X cm from the surgical margin.
8. Representative sections are submitted in:

### **1st Example (Glansectomy with squamous cell carcinoma):**

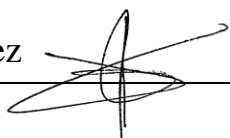
- A1 and A2: central sections of the specimen.
- A3 to A4: cruciate lateral margins.

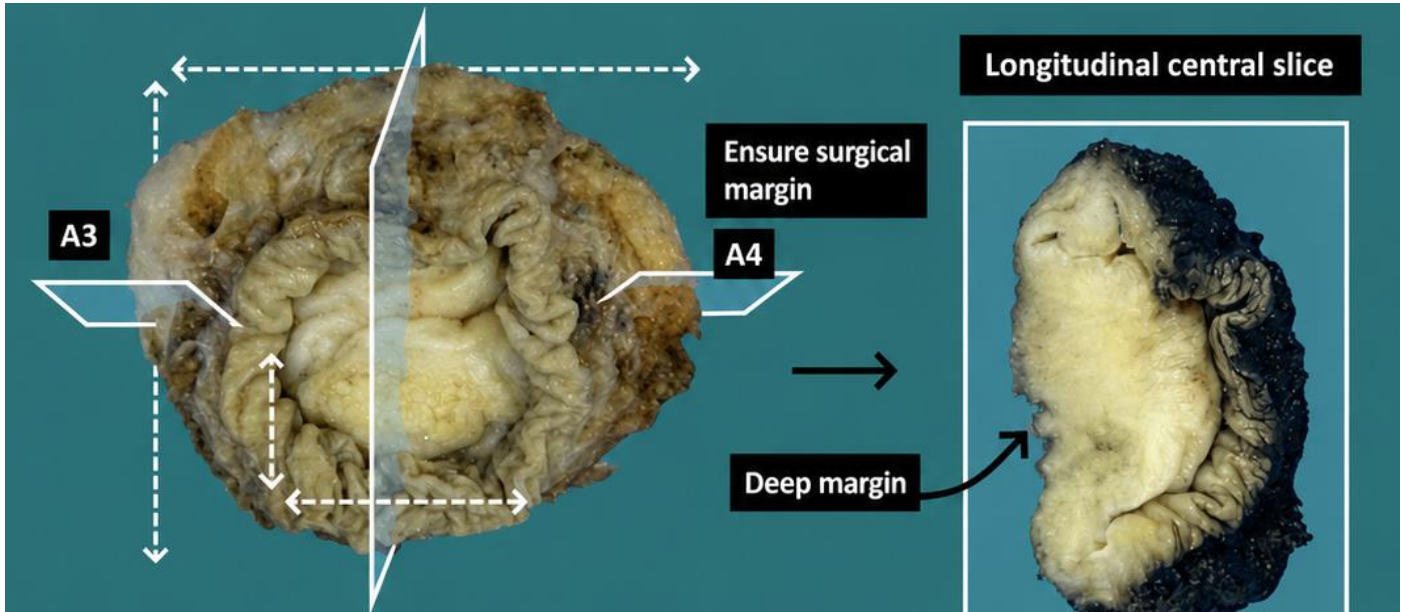
### **2nd Example (Partial penectomy with squamous cell carcinoma):**

- A1 and A2: central sections of the specimen.
- A3 and A4: cruciate lateral sections.
- A5: distal margin.

## POINTS TO CONSIDER

- Partial penectomies and glansectomies are incomplete distal resections performed for infiltrating neoplasms or squamous dysplasias, generally associated with human papillomavirus infection.
- Measure and describe the specimen and external lesions, including the distance to the surgical margin. Retract the skin and carefully examine for existing abnormalities.
- Ink the surgical margin.
- Serially section the specimen and describe the cut surface of the lesion.
- Submit representative sections:
  - Represent the surgical margin. Depending on the proximity of the lesion to the margin, consider submitting the margin longitudinally (in relation to the lesion) or transversely.
  - Include sections of the lesion, preferably in relation to anatomical structures (e.g. urethra). As a general rule, submit at least one section per centimetre along the greatest axis of the specimen.
  - If no obvious lesion is identified, consider subtotal / total submission of the specimen.





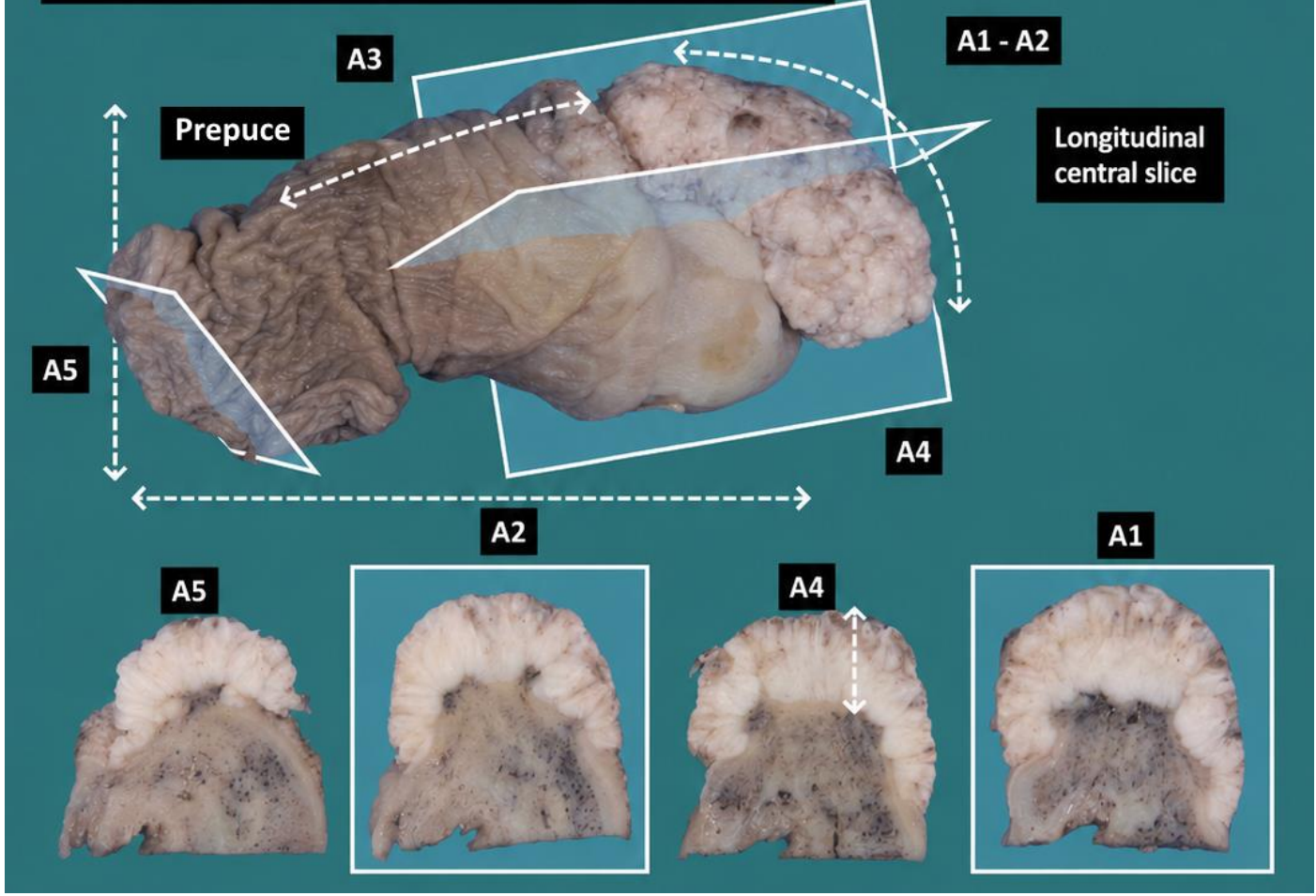
Longitudinal central slice



A1 - A2

1. Orient and measure the specimen
2. Locate and measure the lesion, including distance to margin
3. Describe the lesion morphologically
4. Ensure surgical margin
5. Section the specimen, measure the lesion and distance to margin
6. Describe cut surface of the lesion
7. State whether there are any secondary lesions
8. Include representative slices

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A1 - A2

Longitudinal central slice

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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.

