

RADICAL PENECTOMY

1. A partial / total penectomy specimen is received, measuring XXX cm. The foreskin / glans / periurethral soft tissues / etc. are identified and measure XXX cm.
2. Externally, no remarkable features are identified // a superficial lesion measuring X cm is identified, located on the skin / glans / corpora cavernosa / at X, and lies X cm from the radial / urethral surgical margin.
3. The surgical margin is inked.
4. The specimen is sectioned longitudinally / transversely and, on inspection, a lesion measuring XXX cm is identified, located in the corpus spongiosum / right / left corpus cavernosum / glans. It lies X cm from the radial / urethral surgical margin and appears macroscopically to infiltrate anatomical structure X.
5. The lesion is well / poorly circumscribed, heterogeneous / homogeneous, whitish / brownish in colour, with / without foci of necrosis and/or haemorrhage, comprising X% of the tumour volume.
6. The remainder of the specimen shows no abnormality // an erythematous area measuring X cm / a secondary lesion X is identified.
7. Representative sections are submitted as follows:

1st example (longitudinally sectioned penectomy):

- A1 and A2: distal surgical margin.
- A3–A8: one complete section of the lesion.
- A9 and A10: sections in relation to the right radial margin.
- A11 and A12: sections in relation to the left radial margin.
- A13: section in relation to the foreskin.
- A14: section in relation to the glans / other anatomical structures.

2nd example (transversely sectioned penectomy):

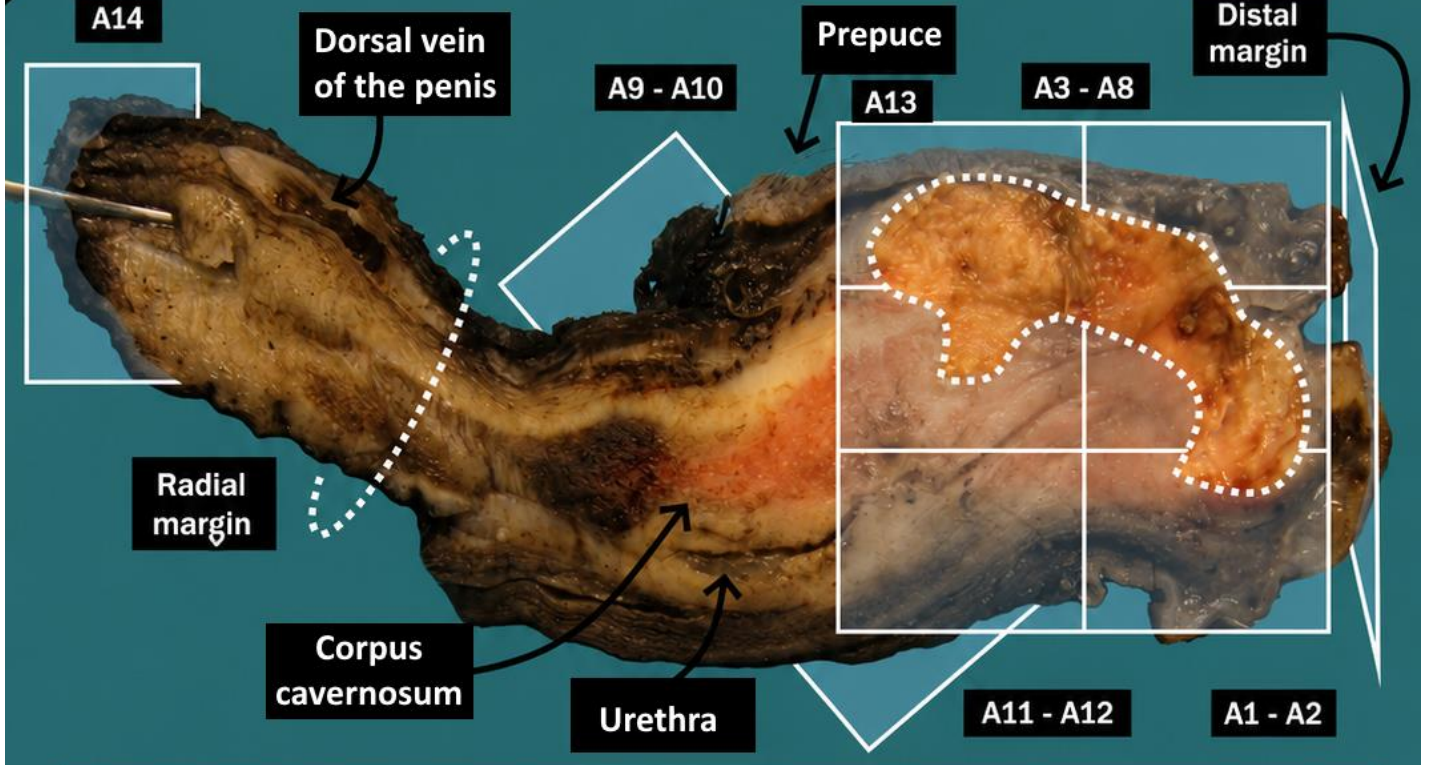
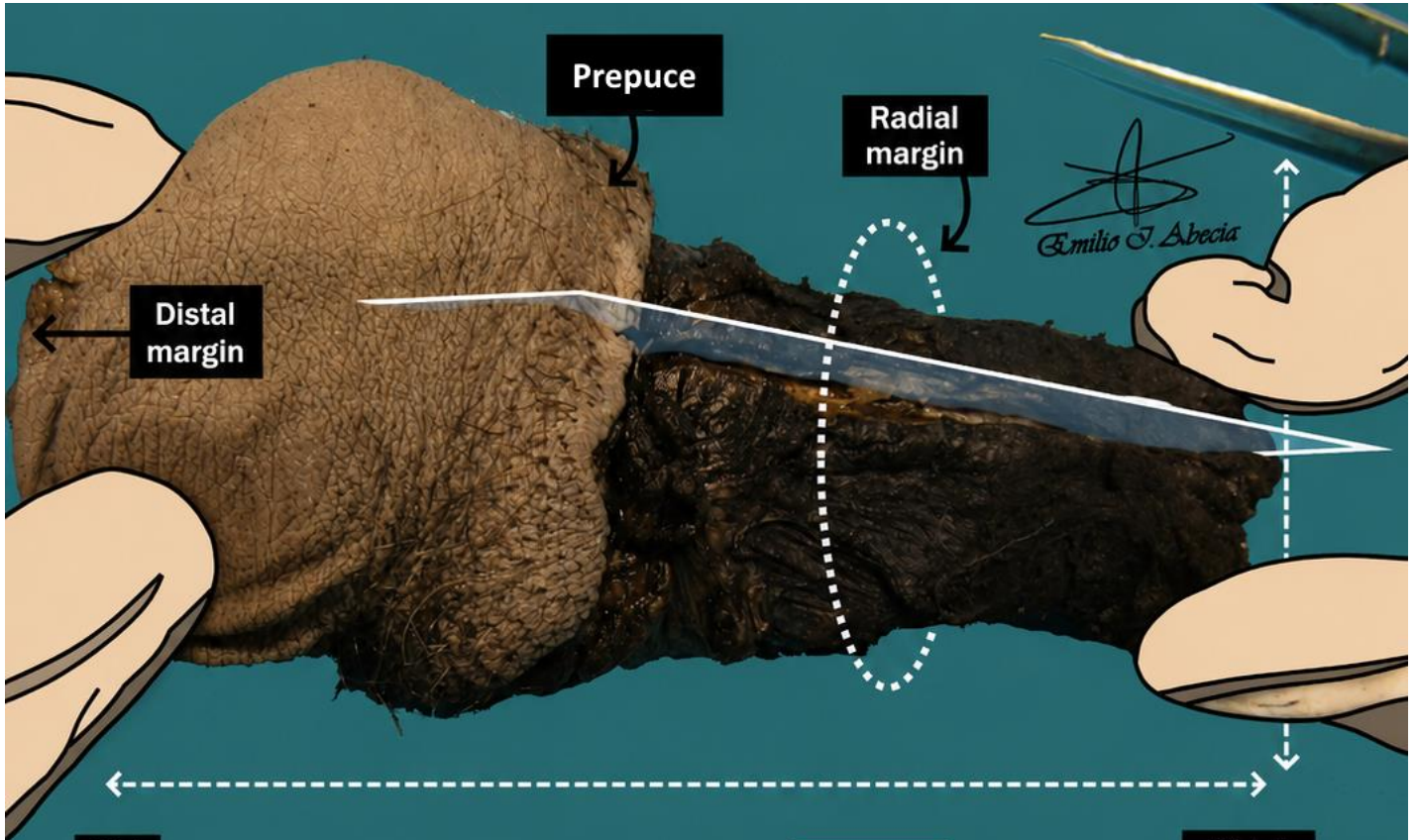
- A1 and A2: distal surgical margin.
- A3: section in relation to the glans.
- A8–A9: transverse sections from proximal to distal.

TO CONSIDER

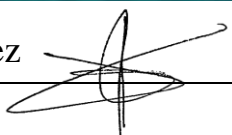
- Penectomy specimens are generally resected for neoplastic disease, although other indications may include gender affirmation surgery, gangrene, etc.
- Review of the clinical history is recommended to determine the indication for resection, lesion location, clinical diagnosis, etc.
- Measure and describe all identifiable anatomical structures present, including the glans, scrotum, testes, prostatic urethra, soft tissues, etc.
- Once the margin has been inked, probe the urethra and section the specimen longitudinally or transversely. Some authors recommend sectioning the glans transversely before sectioning the remainder of the specimen.
- Identify, measure and describe the cut surface of the lesion, as well as any infiltration of anatomical structures.
- Submit representative sections:
 - If the lesion is very close to one of the margins, consider representing that end longitudinally in relation to the lesion rather than transversely.
 - Submit at least one section of the lesion per centimetre of greatest dimension. Represent the lesion in relation to margins and anatomical structures to assess infiltration, including skin, corpora cavernosa / corpus spongiosum, urethra, etc.
 - Consider submitting sections of parenchyma without neoplastic lesions.
- Squamous cell carcinomas / dysplasias usually arise in the glans or in the mucosa underlying the foreskin. Retract the skin and carefully examine any abnormalities present.

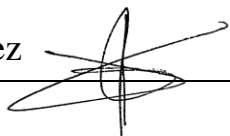
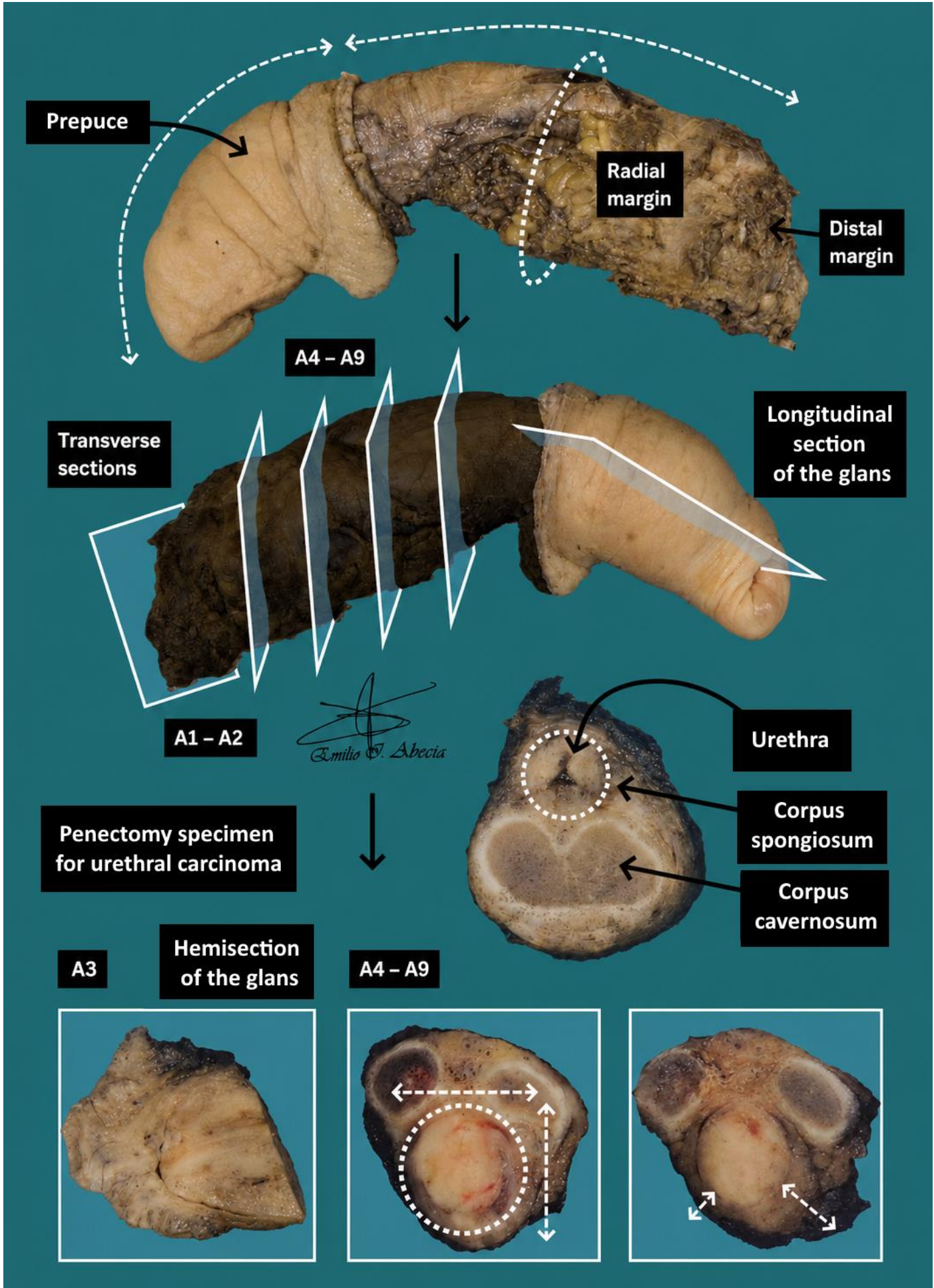
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1. Orientate and measure the specimen, including accompanying anatomical structures
2. Describe the external surface
3. Describe the surgical margins
4. Section the specimen, assess the lesion and describe involvement of accompanying anatomical structures
5. Describe the cut surface of the lesion
6. Identify any possible secondary changes
7. Include 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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