

## POSTECTOMY / CIRCUMCISION

1. A specimen labelled as X, consisting of a postectomy / circumcision specimen measuring XXX cm, is received.
2. Externally, the cutaneous surface is parchment-like and brownish, without other remarkable features // oedema / fibrosis of the cutaneous tissue is observed // a lesion measuring XXX cm is identified, located X cm from the surgical margin.
3. The surgical margin is inked with India ink (optional in non-neoplastic cases).
4. On sectioning, no remarkable features are identified // areas of oedema / fibrosis are observed // the lesion is noted to have a thickness of X cm, lies X cm from the inked margin, and demonstrates X features.
5. Representative sections are submitted as follows:

### **1st Example (Circumcision):**

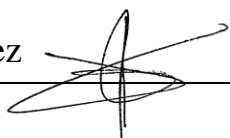
- A1 and A2: subtotal / total submission of the specimen.

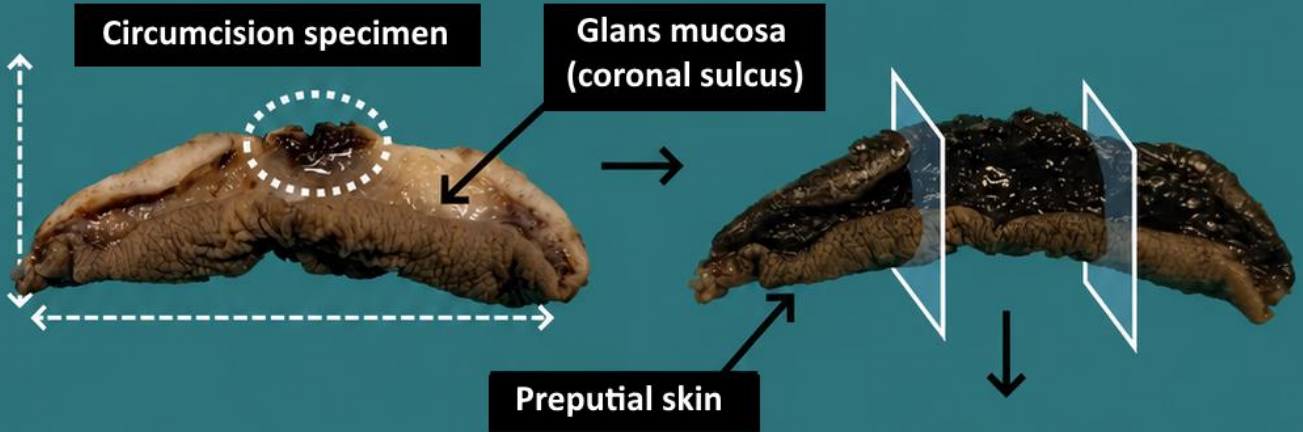
### **2nd Example (Hidradenitis Suppurativa):**

- A1 – A4: representative sections of the specimen from anterior to posterior.

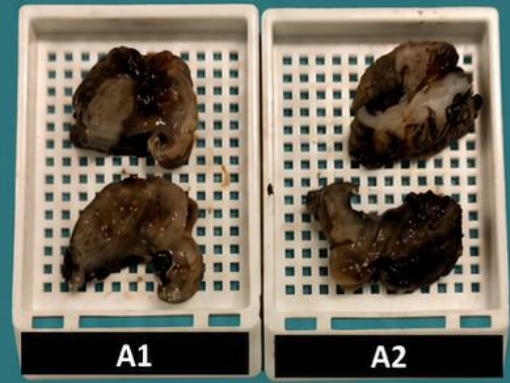
## TO CONSIDER

- Excision of the skin surrounding the penis (prepuce), generally performed for phimosis or inflammatory pathology. Tumour-related postectomies are usually accompanied by partial or total penectomy; nevertheless, it is recommended to be aware of the clinical indication in order to appropriately orient the gross examination.
- Measure and describe the external surface of the specimen.
- Consider inking the surgical margin (optional in non-neoplastic cases), particularly if any lesion suspicious for malignancy is identified.
- Serially section and describe the cut surface.
- Submission of representative sections:
  - If the clinical indication is treatment of phimosis or the patient is a newborn, submit one or two representative sections.
  - If the clinical indication is neoplastic / inflammatory pathology or the patient is an adult, submit two to four sections.





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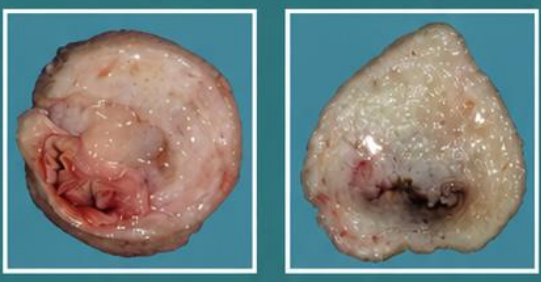


**Postectomy specimen (hidradenitis suppurativa)**

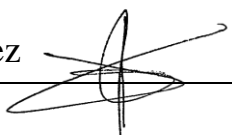
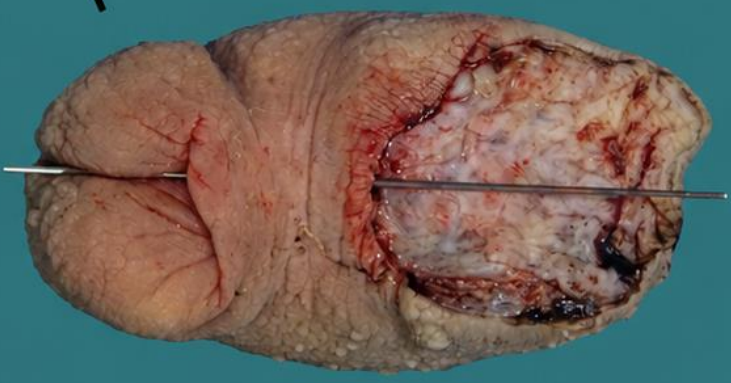
1. Measure specimen
2. Describe specimen, including any incidental findings
3. Comment on surgical margin (optional: not applicable)
4. Submit and describe representative sections
5. Representative sections



**Fibrosis and oedema**



**Representative sections (inflammatory pathology)**



## BIBLIOGRAPHY

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- Lemos, M. B., & Okoye, E. (2019). *Atlas of Surgical Pathology Grossing*. Springer Nature Switzerland AG. <https://link.springer.com/book/10.1007/978-3-030-20839-4>
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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.

