

NON-NEOPLASTIC ORCHIECTOMY

1. Labelled as XXX, a right / left orchiectomy specimen weighing X g is received, consisting of a testis measuring XXX cm and a spermatic cord measuring XXX cm.
2. Externally, no remarkable features are identified // a superficial lesion measuring X cm is identified, located X cm from the spermatic cord margin.
3. The external surface of the specimen is inked black.
4. On sectioning, testicular parenchyma measuring XXX cm and epididymis measuring XXX cm are identified.
5. On inspection, the testis appears atrophic with X features // an ischaemic / haemorrhagic / necrotic area measuring XXX cm with X characteristics is identified // an abscessed area measuring XXX cm / located X cm from the X surgical margin is identified.
6. Representative sections are submitted as follows:

1st Example (Orchiepididymitis)

- A1: spermatic cord margin.
- A2 – A3: complete sections of the lesion.
- A4 – A5: sections of uninvolved testicular parenchyma / epididymis.

2nd Example (Testicular Torsion)

- A1: spermatic cord margin.
- A2 – A3: complete section of the specimen.

3rd Example (Traumatic Orchiectomy)

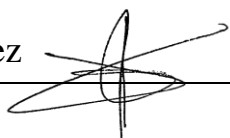
- A1: spermatic cord margin.
- A2 – A3: sections from traumatic areas.
- A4: representative section of testicular parenchyma.

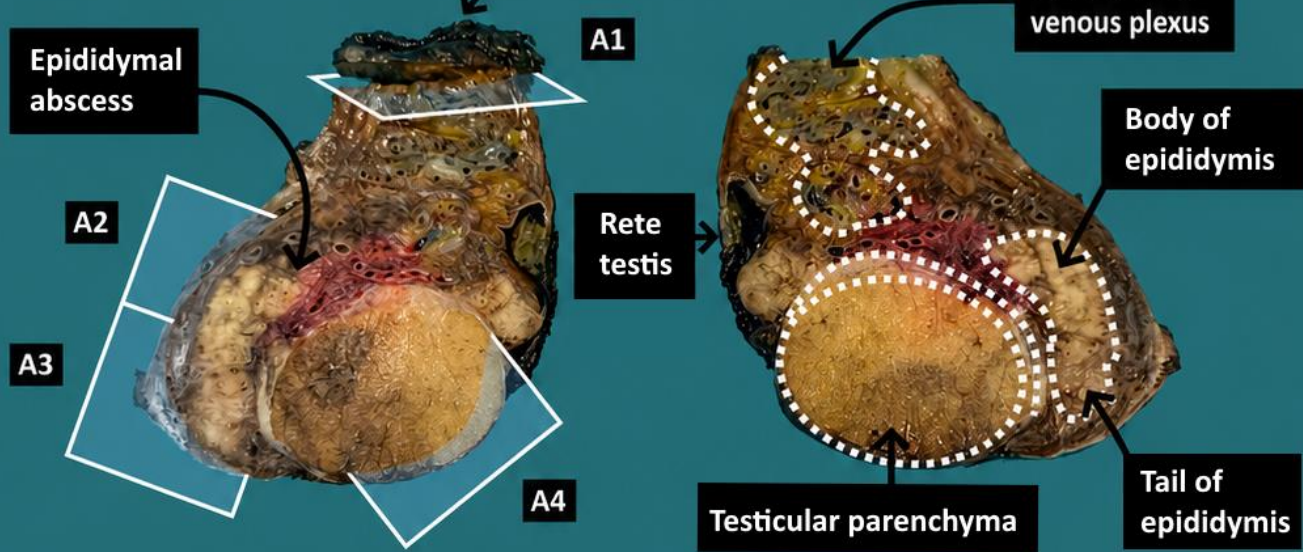
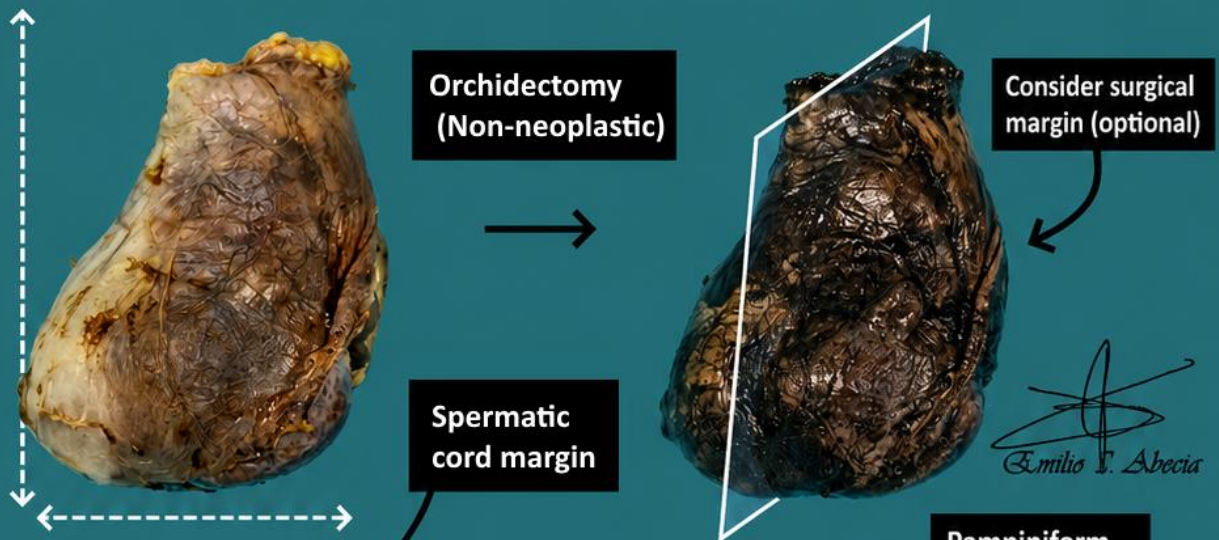
4th Example (Orchiepididymitis + Hydrocele)

- A1: spermatic cord margin.
- A2: section of abscessed area.
- A3: representative section of hydrocele.
- A4 – A5: sections of uninvolved testicular parenchyma / epididymis.
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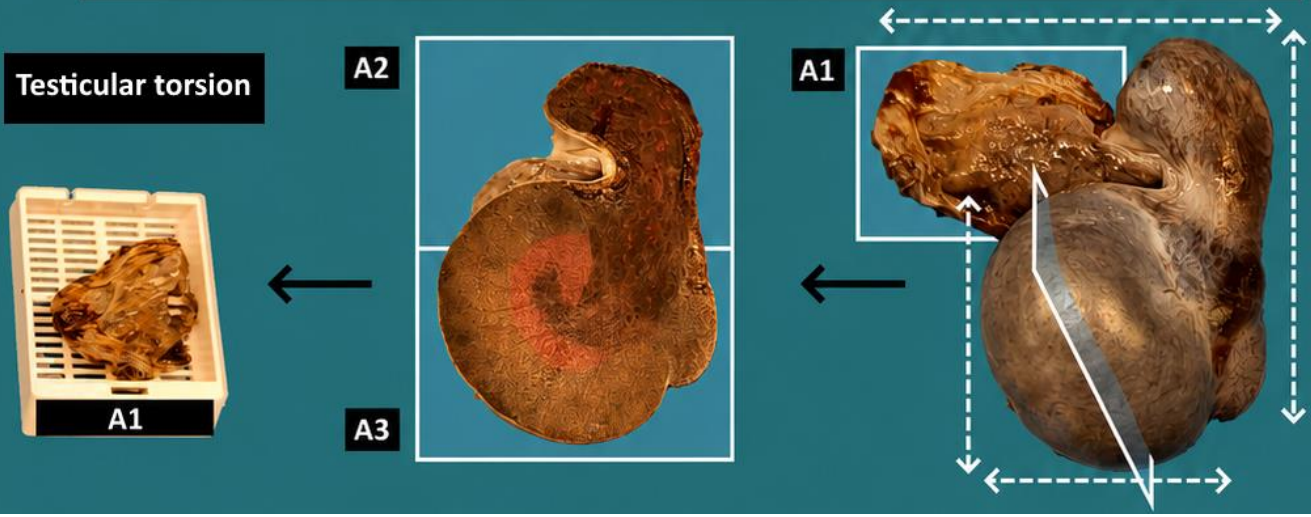
TO CONSIDER

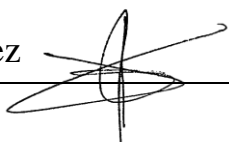
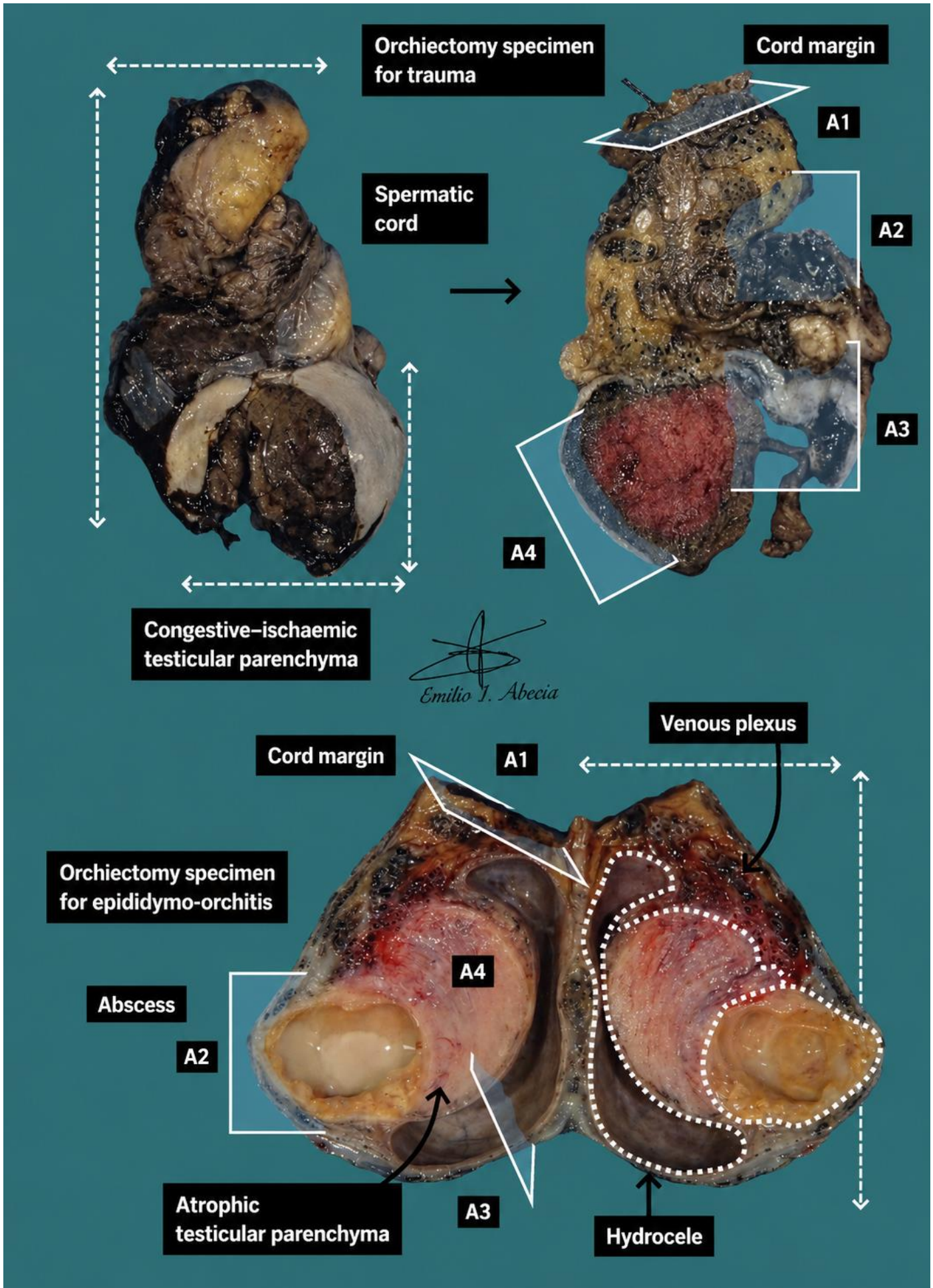
- Testicular excision performed for non-neoplastic conditions, such as infections, gangrene, testicular torsion, trauma, etc.
- A total orchiectomy specimen consists of testis + epididymis + spermatic cord. Otherwise, it should be considered a partial orchiectomy.
- Measure, weigh, orientate, and describe the external surface of the specimen.
- Consider inking the surgical margin according to institutional protocol.
- Section and describe the cut surface, including the presence of lesions / abnormalities.
- Submit representative sections:
 - Include the spermatic cord margin.
 - Include sections of parenchyma (testis and epididymis).
 - If pathological abnormalities are identified, represent them with at least a couple of sections.





1. Orient, measure and weigh the specimen, including any attached structures.
2. Describe the external surface.
3. Ink the surgical margin (optional in non-neoplastic specimens).
4. Serially section the specimen and identify and measure the testicular parenchyma.
5. Describe any pathological abnormalities.
6. Submit 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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