

## PARATHYROIDECTOMY

1. A parathyroidectomy specimen weighing X grams and measuring XXX cm is received.
2. Externally, no remarkable features are identified // the specimen shows a smooth / nodular external surface with a reddish-purple / brownish coloration and a firm / soft-elastic consistency.
3. The surgical margin is inked with India ink.
4. On sectioning, the cut surface appears homogeneous / heterogeneous, with a brownish / whitish coloration, without well-defined lesions // a lesion measuring XXX cm is identified, showing X characteristics and located X in relation to the inked margin.
5. Sections are submitted as follows:

### **1st Example (Parathyroid Hyperplasia):**

- A1: Entire specimen submitted bisected in one block.

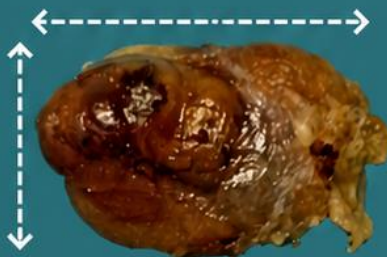
### **2nd Example (Parathyroid Adenoma):**

- A1 – A2: Representative sections submitted.

## TO CONSIDER

- Resection of parathyroid glands for glandular hyperplasia (hormonal hypersecretion of PTH) or neoplastic pathology.
- Specimens are frequently submitted as intraoperative biopsies to identify parenchyma or lesion (record size and weight).
- Measure, weigh, and describe the external surface; specimens usually weigh between 20 and 40 mg (greater weights suggest pathology).
- Although carcinomas are uncommon, it is recommended to ink the external surface before serial sectioning.
- Section and describe the cut surface.
- Submit according to specimen weight:
  - If the specimen weighs < 2 g, submit entirely in one block.
  - If the specimen weighs > 2 g, submit representative sections in one or two blocks.
  - If malignant features are identified (stony-hard consistency, heterogeneity, large size, etc.), submit entirely.





**Parathyroidectomy specimen  
with nodular hyperplasia**



**< 2 g (specimen in its entirety)**

**A1**

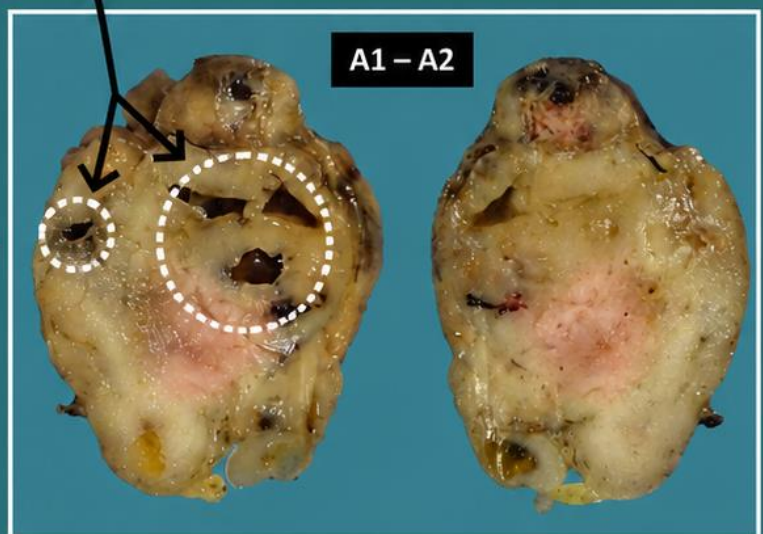


1. Weigh and measure specimen
2. Describe external surface
3. State surgical margin
4. Section and describe cut surface
5. Entire specimen submission

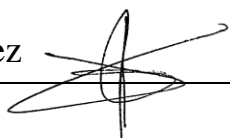
  
Emilio I. Abecia

**Cystic areas**

**Parathyroid adenoma  
with clear cell change**



**> 2 g (representative sections)**



## BIBLIOGRAPHY

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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.

