HEPATIC SEGMENTECTOMY / LOBECTOMY

1. A hepatic segment / hepatic lobe X is received, weighing X g and measuring XXX cm // accompanied by a gallbladder measuring XXX cm.
2. Externally, the capsular surface is violaceous, without other abnormalities // a plaque / superficial lesion measuring X cm in diameter is identified, whitish / brownish in colour and with a flat / raised morphology, located X cm from the closest surgical margin.
3. The surgical margin is inked.
4. On serial sectioning, a lesion / multiple lesions measuring XXX cm are identified, located X cm from the closest surgical margins // and infiltrating / not appearing to infiltrate the gallbladder.
5. The lesion is heterogeneous / homogeneous, with well / poorly defined borders, whitish / brownish in colour, with foci of necrosis / haemorrhage measuring X cm in diameter, representing X% of the tumour volume.
6. The remaining hepatic parenchyma shows no remarkable features // shows a micronodular / macronodular / fibrotic granular appearance / features of X.
7. The gallbladder contains greenish / blackish material and has a velvety / smooth mucosa, greenish / brownish in colour, with a wall thickness of X mm. No calculi are identified within the lumen // one / multiple calculi measuring XXX cm and of X colour are identified.
8. Representative sections are submitted as follows:

1st Example (Hepatic Segmentectomy)

- A1 - A4: complete section of the lesion.
- A5 - A6: additional sections of the lesion (in relation to margin).
- A7: section of the lesion in relation to the lateral margin.
- A8: section of the lesion in relation to the contralateral margin.

2nd Example (Hepatic Lobectomy)

- A1 - A2: vascular / biliary margins.
- A3 - A6: complete section of the lesion.
- A7 - A8: additional sections of the lesion.
- A9: section of hepatic parenchyma without macroscopic lesions.

3rd Example (Hepatic Segmentectomy + Cholecystectomy)

- A1 - A4: complete section of the lesion.
- A5: section of the lesion in relation to the lateral margin.
- A6: section of the lesion in relation to the contralateral margin.
- A7 - A8: sections of the lesion in relation to the gallbladder.
- A9: representative sections of the gallbladder.
- A10: section of the infundibulum / cystic lymph node.

4th Example (Lobectomy for Cholangiocarcinoma)

- A1 - A4: complete sections of the lesion, in relation to the biliary and capsular margins.
- A5: section of hepatic parenchyma without neoplastic lesion.

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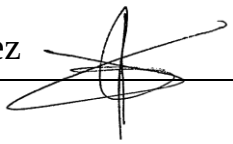

TO CONSIDER

– Partial hepatic resections involving segments or lobes, which may or may not include the gallbladder. These are commonly performed for metastases (possible multifocality), hepatocellular carcinomas or cholangiocarcinomas, although they may also be performed for benign lesions or paediatric tumours.
– Review the clinical history and imaging studies to determine the surgical indication / suspected diagnosis.
– Orient, measure and describe the specimen. The surface should be inspected for lesions or retractions suggestive of capsular or gallbladder involvement.
– Ink the hepatic surgical margin; the capsular margin does not require inking.
– Serially section the specimen; localise and measure lesions and indicate their distance to surgical margins.
– If accompanied by gallbladder, indicate whether the gallbladder wall is intact (possible perforations) and whether calculi are present or absent.
– Submit representative sections:

- Adequately represent the surgical margins, including the capsule and sections in relation to the gallbladder.
- At least one section of the lesion per centimetre of greatest dimension. The following is generally recommended:
  • For metastases: 4–5 sections.
  • For cholangiocarcinomas: 8 sections.
  • For hepatocellular carcinomas, adenomas or nodular hyperplasia: 6–8 sections.
  • For paediatric tumours: 10–12 sections.
  • If unsuspected hepatoblastoma is suspected, obtain tissue for genetic studies.
- Include a section of non-neoplastic hepatic parenchyma and gallbladder to assess for potential concomitant pathology.
- In cases of chronic liver disease or cirrhosis, micronodules are generally <3 mm and macronodules >3 mm. If present, preferentially sample regenerative nodules (different appearance, expansile growth and larger size).
- Include any potential incidental lesions (thrombi, haemorrhages, cystic dilatations, etc.).
- If neoadjuvant therapy has been administered and no tumour is identified, submit the indurated / ulcerated area (tumour bed with regressive changes).

– Attempt to identify and submit the pericystic lymph node.

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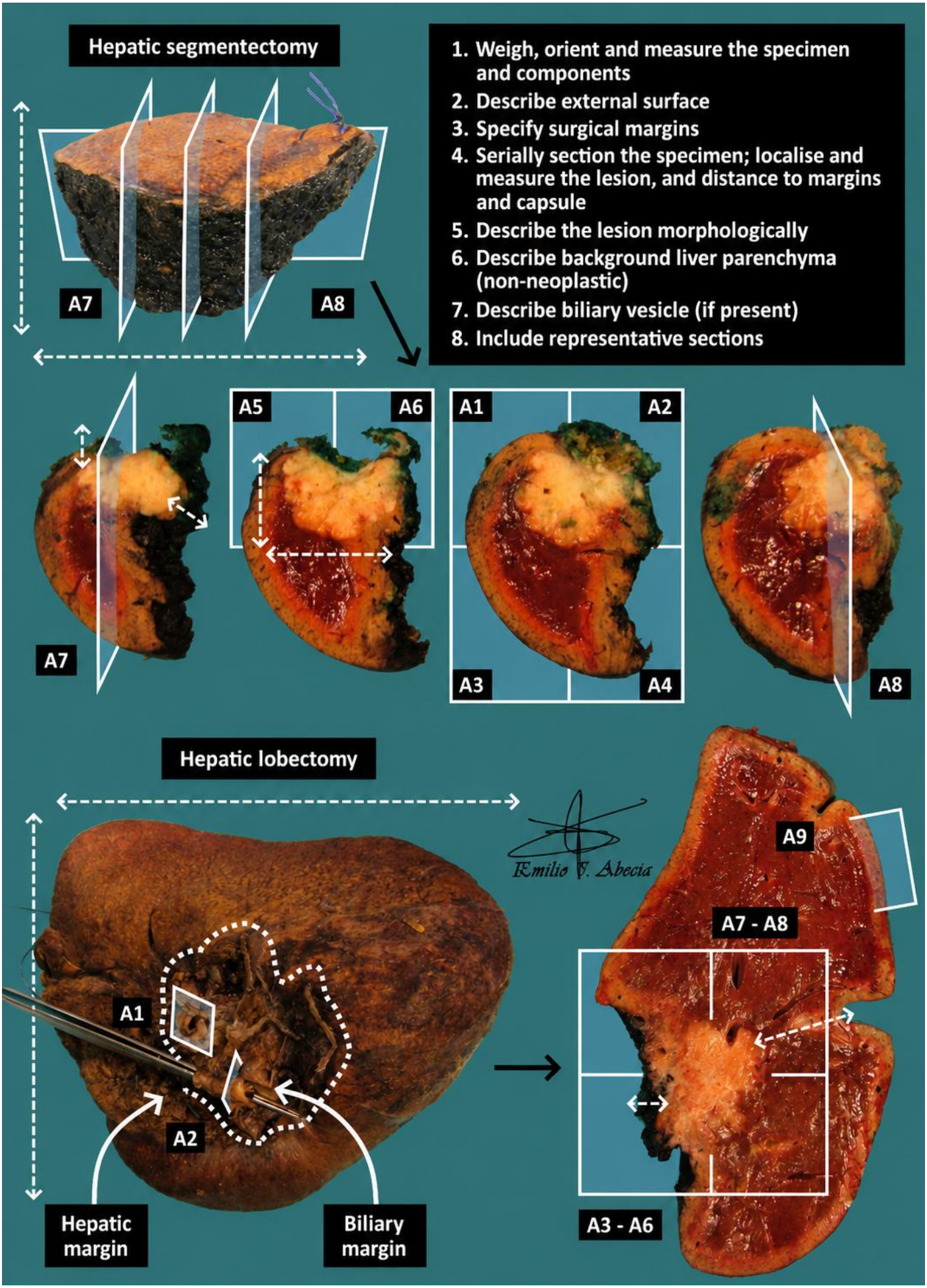

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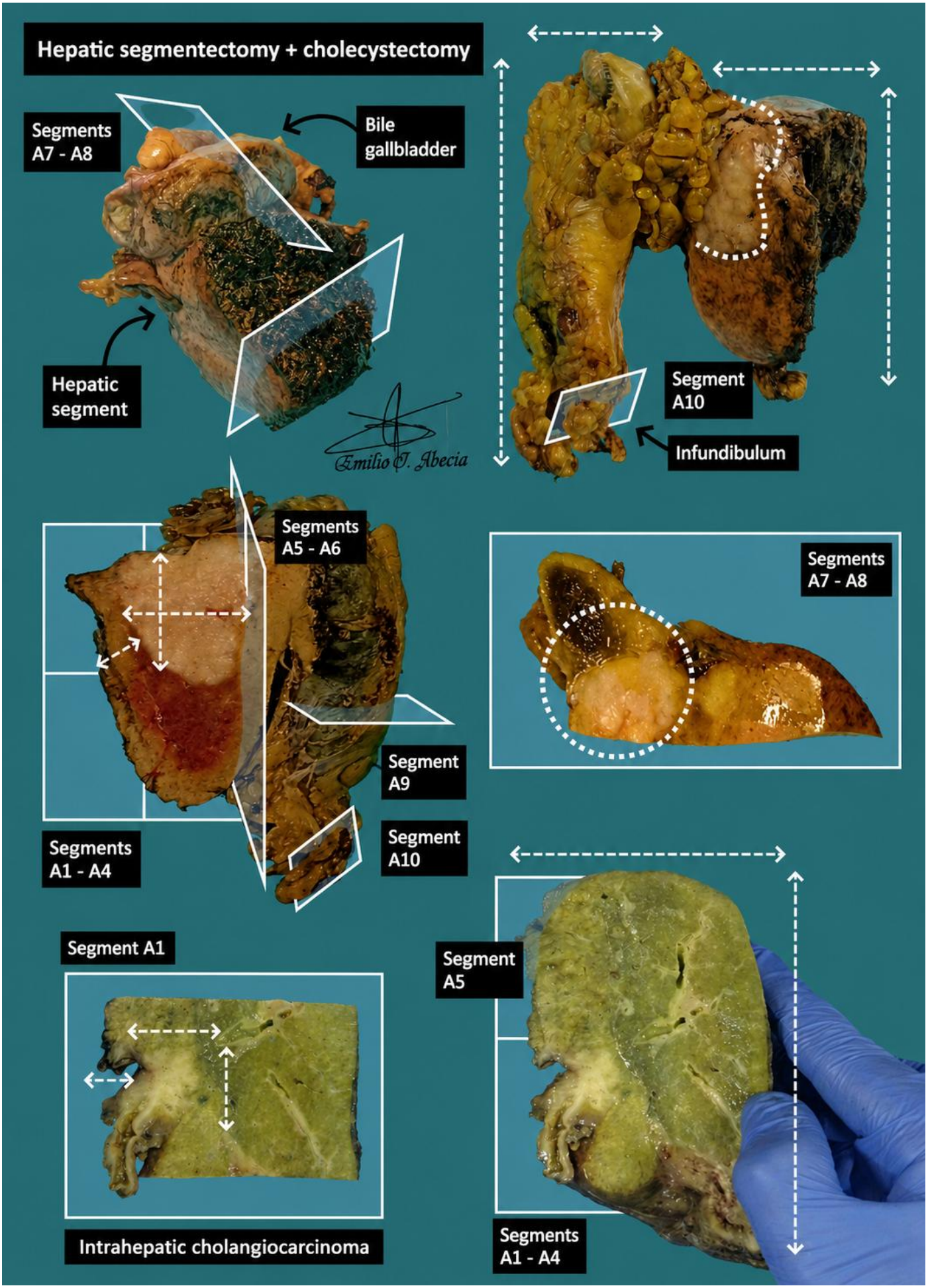

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DISCLAIMER

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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This document has been translated from the original Spanish version using AI-based tools. The text may contain typographical errors or inaccurate translations.

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