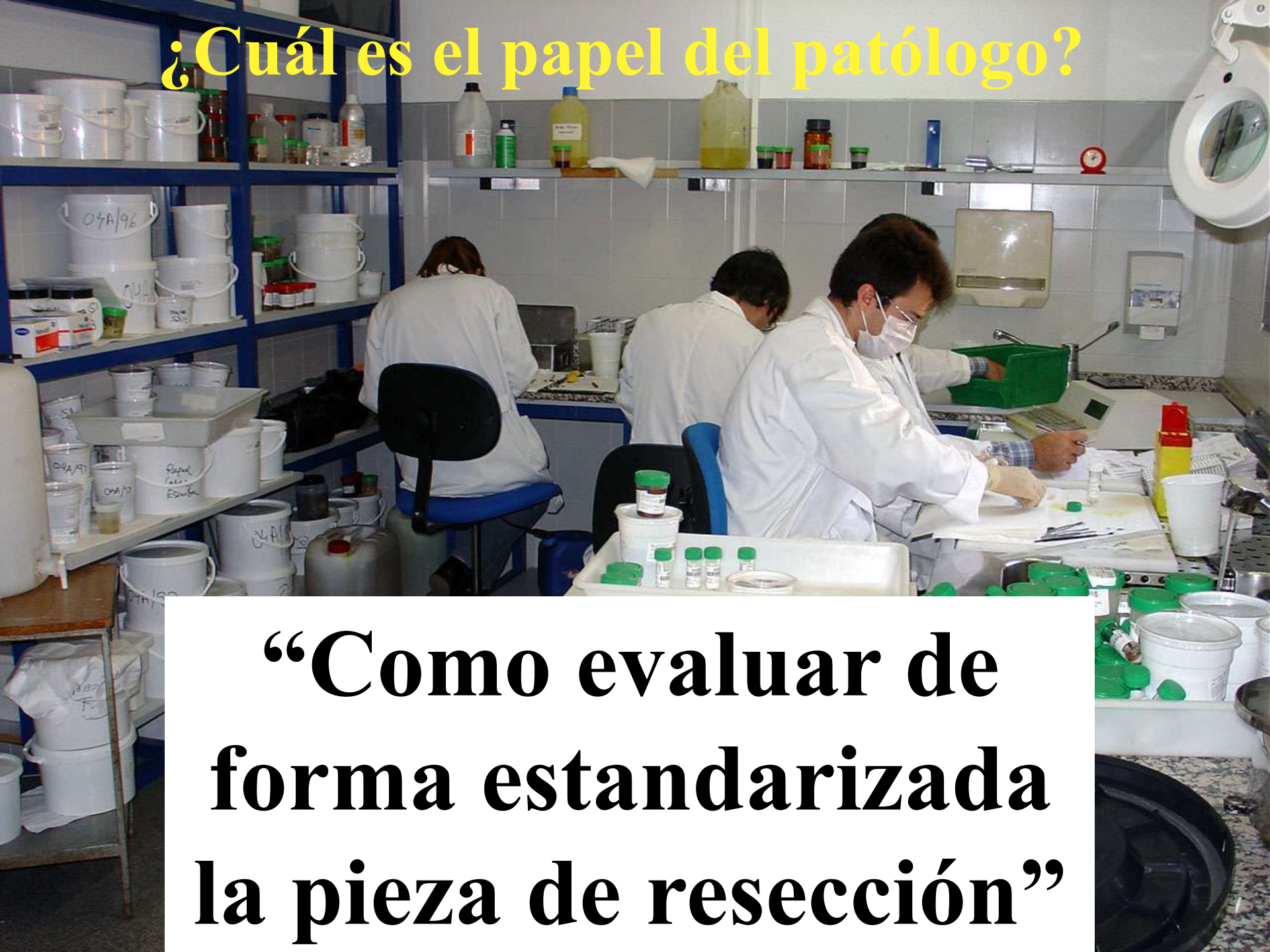




M^a del Carmen Gómez Mateo y Antonio Ferrández Izquierdo
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Departamento de Patología Universidad de Valencia

¿Cuál es el papel del patólogo?

“Como evaluar de forma estandarizada la pieza de resección”







“El páncreas puede intimidar hasta los más experimentados patólogos. La complejidad de su anatomía y la importancia de una buena disección para realizar un correcto diagnóstico suele producir gran estrés en los laboratorios de Anatomía Patológica”

Westra et al. 2003

Anton



Problemas anatómicos y de nomenclatura en los márgenes de resección



Problemas anatómicos y de nomenclatura en los márgenes de resección

Virchows Arch (2009) 454:125–131

129

Table 2 Summary of the terms used in our proposed mapping

Terms used in our proposed mapping	Corresponding terms used by others
Retroperitoneal margin	• Soft tissue margin directly adjacent to the proximal 3–4 cm of SMA [2, 4, 10, 11] • Circumferential resection margin: posterior [9] • Peripancreatic adipose tissue behind the head of the pancreas located dorsally and laterally to the SMA [12]
Uncinate process margin	• Medial margin [5] • Circumferential resection margin: medial [9]
Uncinate margin	• SMA margin [14]
The groove (vascular bed)	• Generally included in the “posterior/dorsal” margin
Medial aspect of the retroperitoneal margin (not in every case)	• Generally included in the “posterior/dorsal” margin

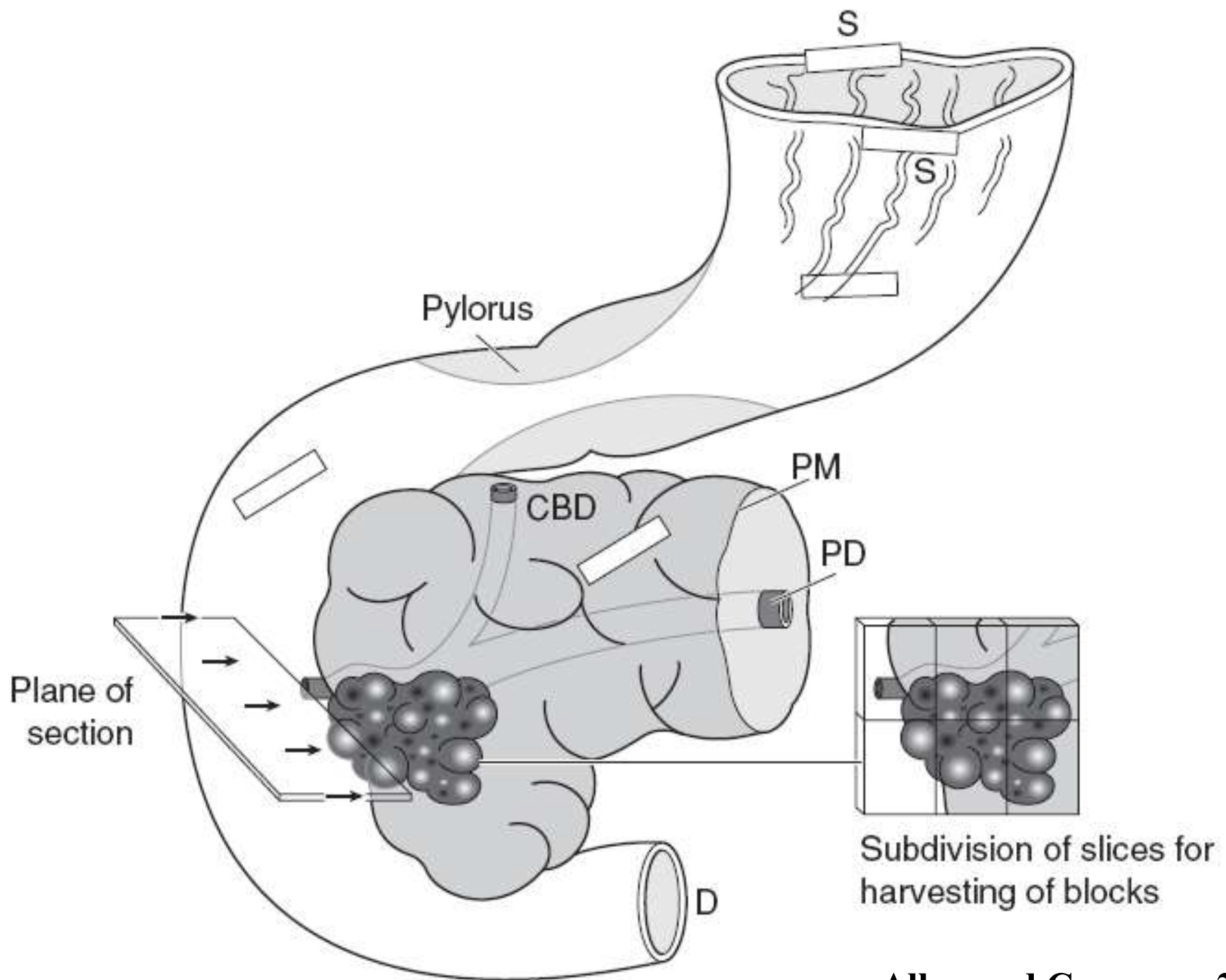
Problemas en los protocolos de tallado: variabilidad

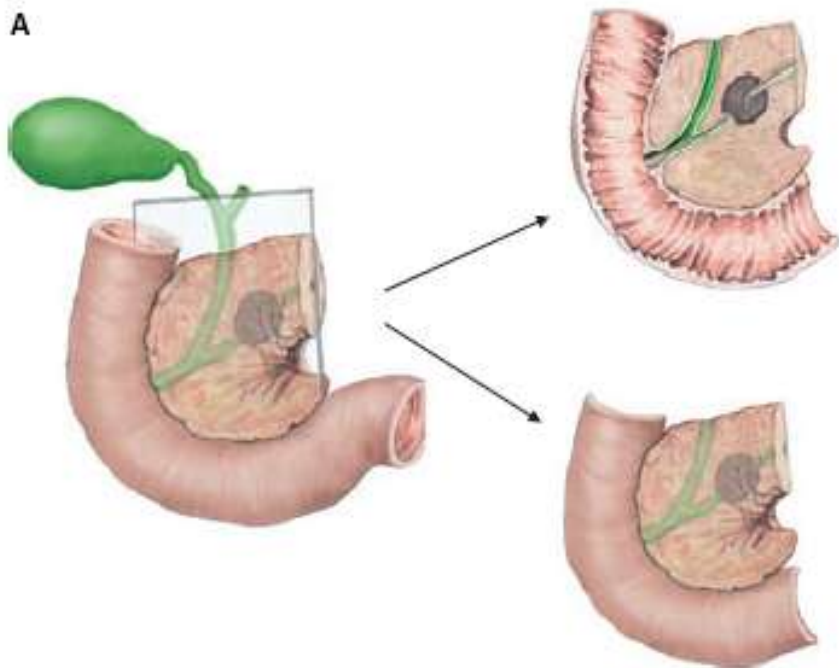
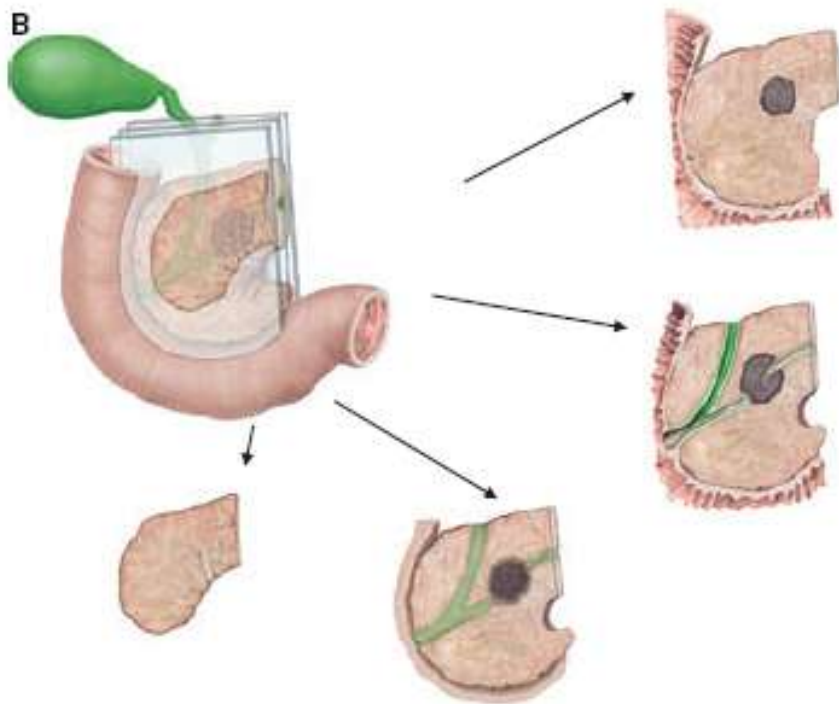


Derek C. Allen and R. Iain Cameron (Eds)

Histopathology Specimens

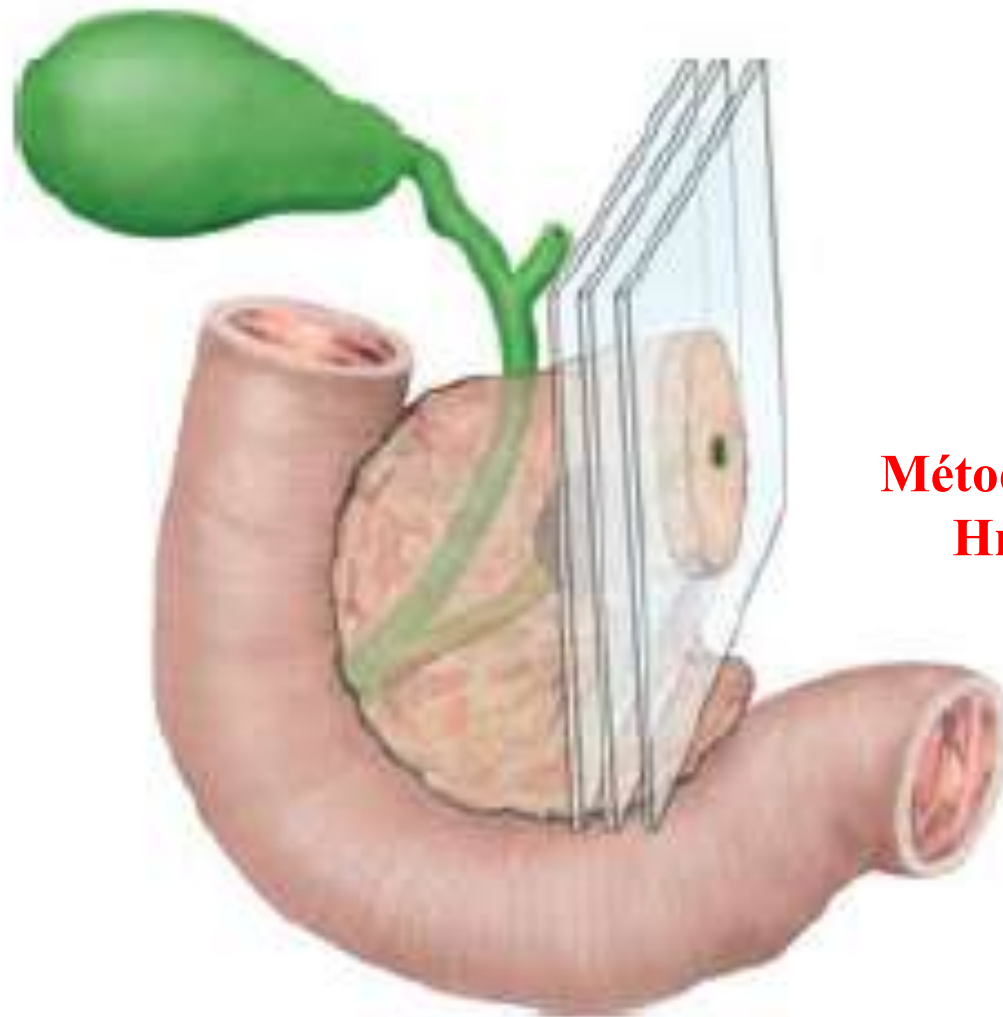
Clinical, Pathological and Laboratory Aspects



A**B**

AFIP, 1997
Lüttges 1999

Figure 4. Slicing of pancreatoduodenectomy specimens. **A,** Bivalve slicing of the pancreatic head, ideally performed in the plane of the pancreatic and common bile duct, produces two large and thick tissue slices. **B,** Multivalve slicing results in a larger but still limited number of specimen slices that usually require further dissection to allow sampling of standard tissue blocks.



Método AFIP-2007
Hruban et al

Figure 5. Slicing perpendicular to the main pancreatic duct delivers an adequate number of slices of varying width. If slicing is performed in the same plane throughout the entire pancreatic head, problems may arise when reaching the ampulla and duodenal wall.

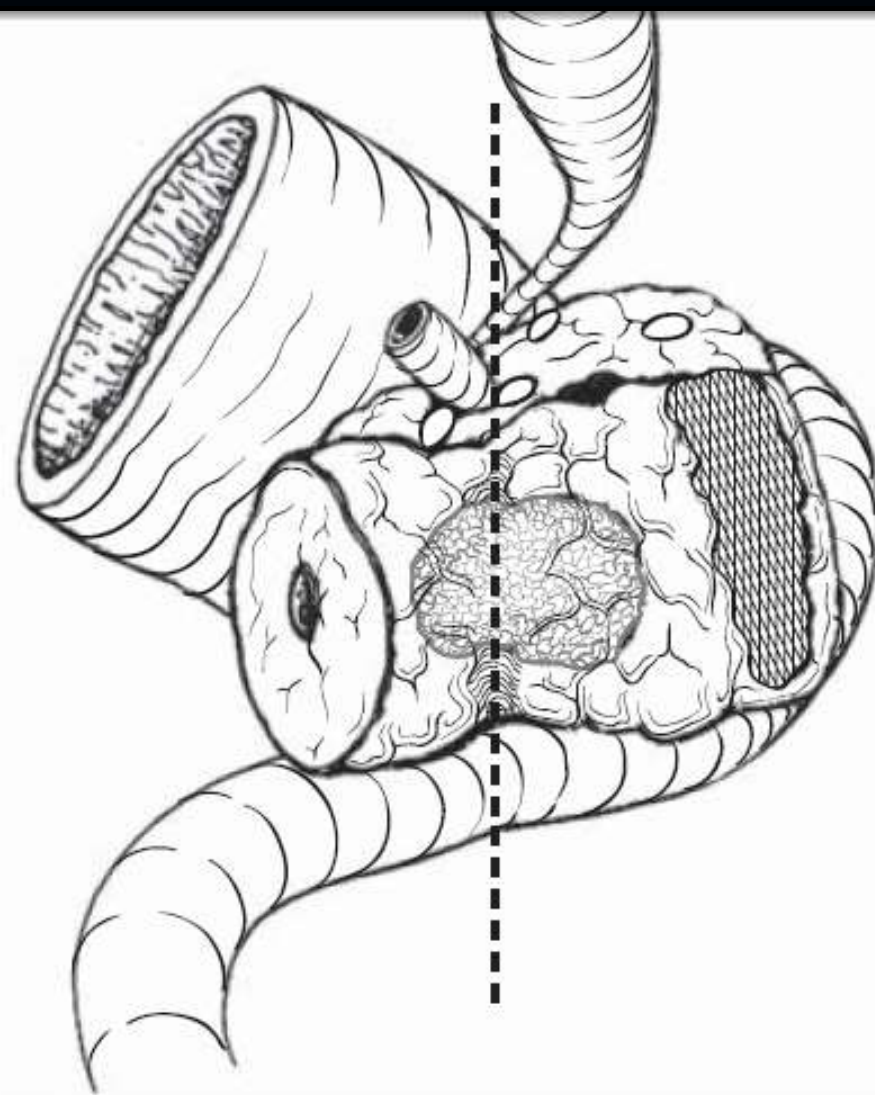


FIGURE 18.2. Posterior view of pancreatic head with dotted line indicating the location of the confluence of the portal and superior mesenteric veins. The hatched area shows the uncinate process margin.

**Surgical Pathology
Dissection:
An Illustrated Guide,
Second Edition**

William H. Westra, M.D., et al.

Proximal
duodenal margin

Hepatic (bile)
duct margin

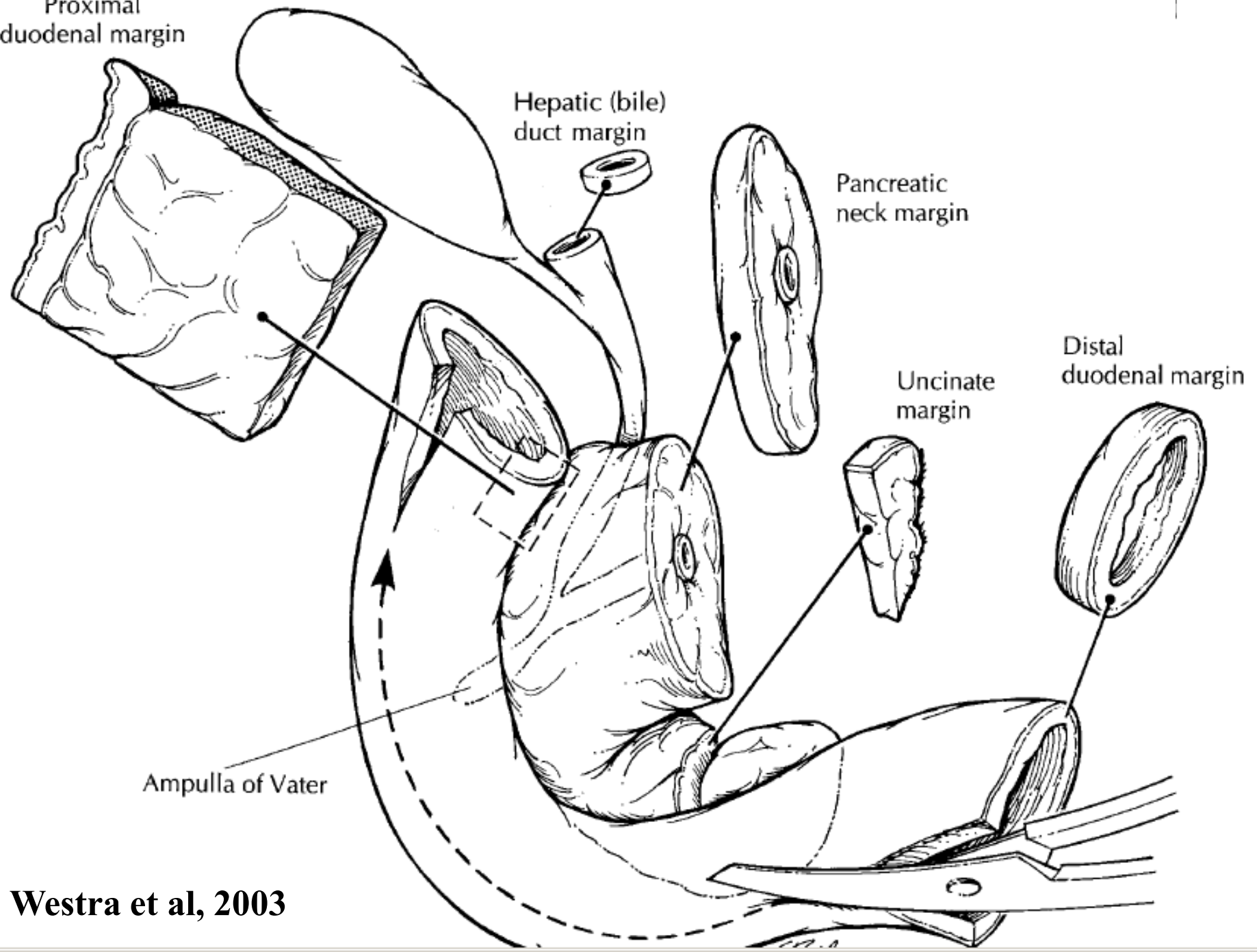
Pancreatic
neck margin

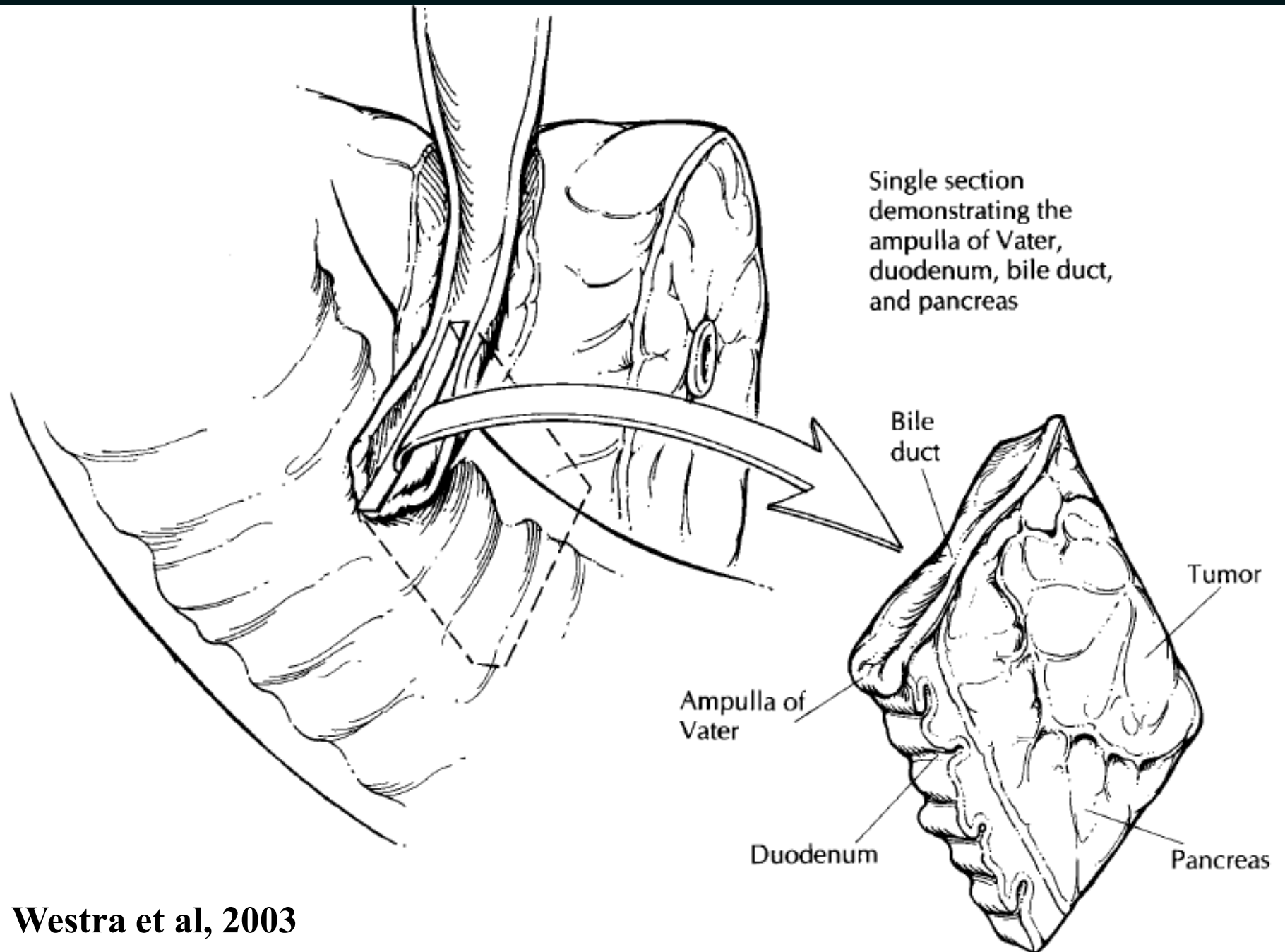
Uncinate
margin

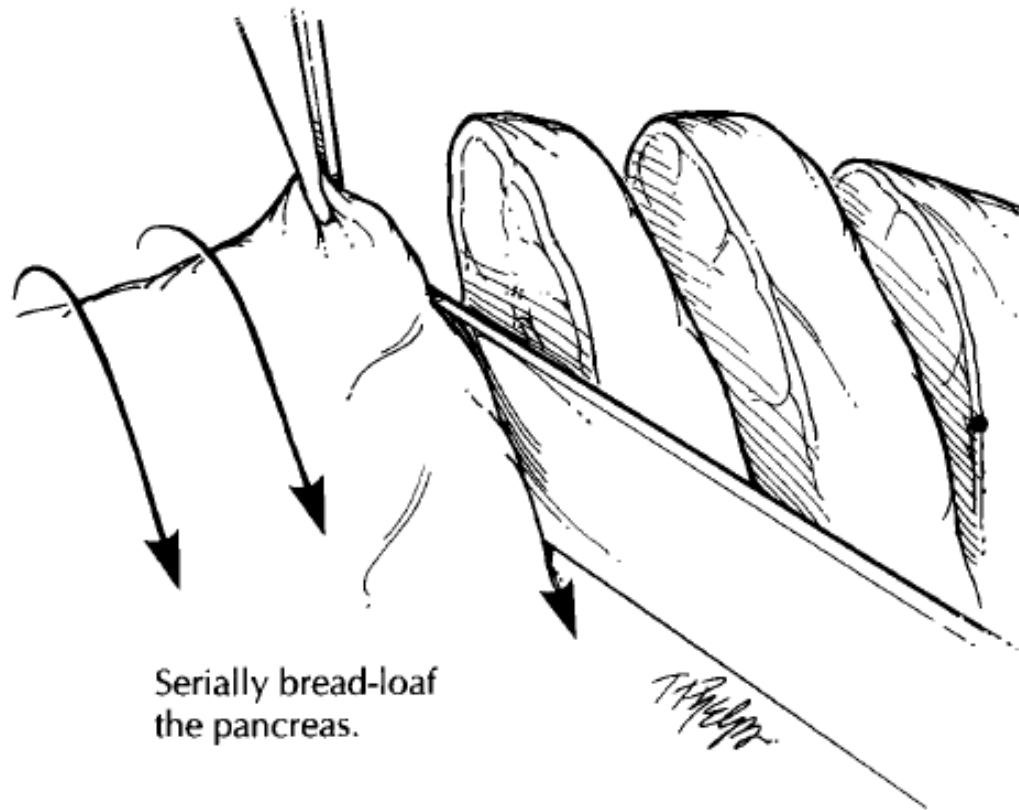
Distal
duodenal margin

Ampulla of Vater

Westra et al, 2003





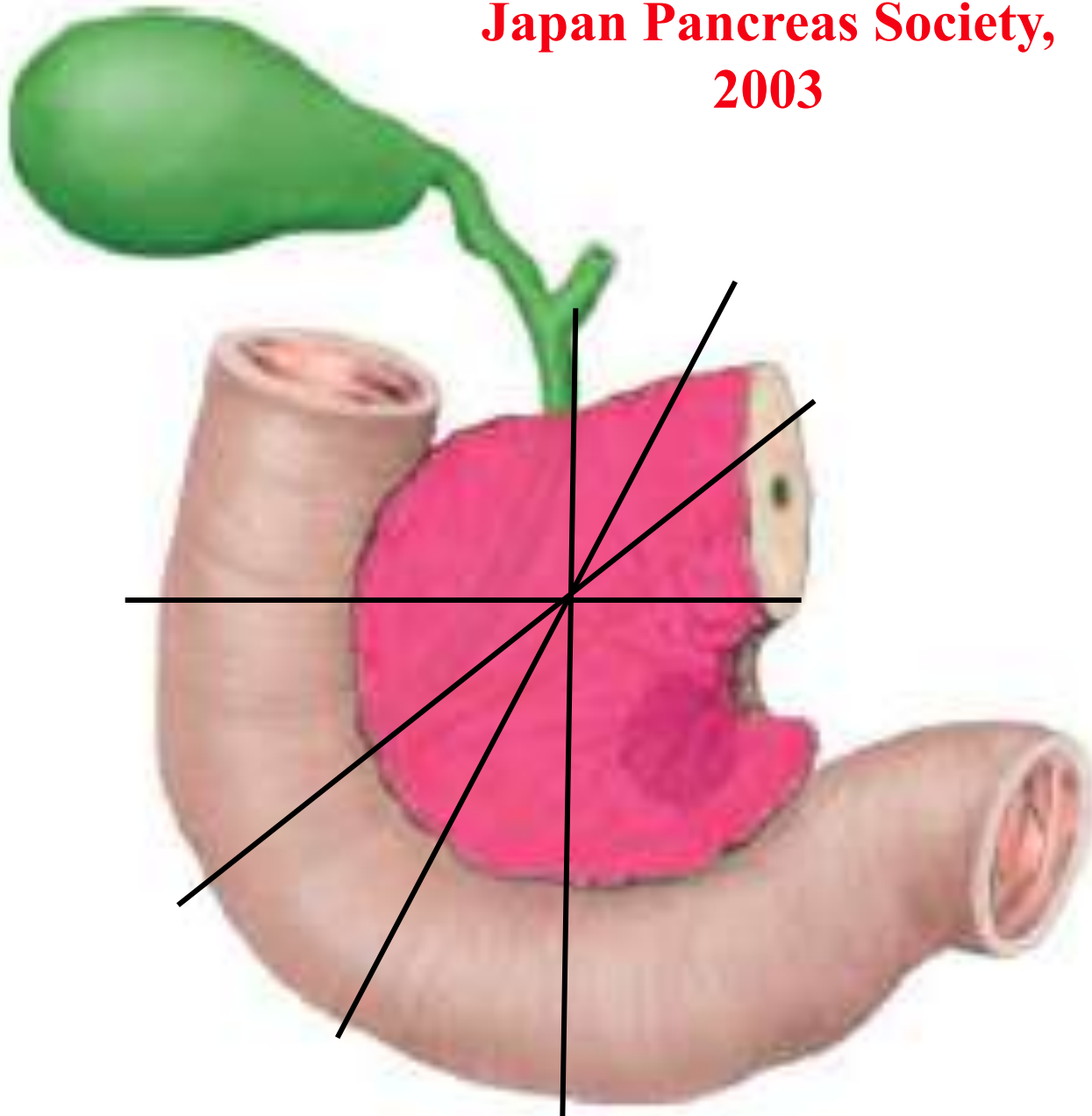


Pancreaticoduodenectomy

1. Remember the four basic components of the specimen: the duodenum, the ampulla of Vater, the bile duct, and the pancreas.
2. Orient the specimen. The distal portion of the duodenum is usually longer than the proximal portion.
3. Shave the distal duodenal, bile duct, and pancreatic neck margins. Take perpendicular sections of the proximal duodenal and uncinate margins.
4. Open the duodenum on the side opposite the pancreas. Open the bile duct, and paint it with orange tattoo powder or orange ink.
5. Section the pancreas at 2-mm intervals.
6. Submit the five margin sections and sections of the tumor, the pancreatic parenchyma, the bile duct, the duodenum, the ampulla of Vater, and each lymph node.

Método Japonés
Japan Pancreas Society,
2003

A



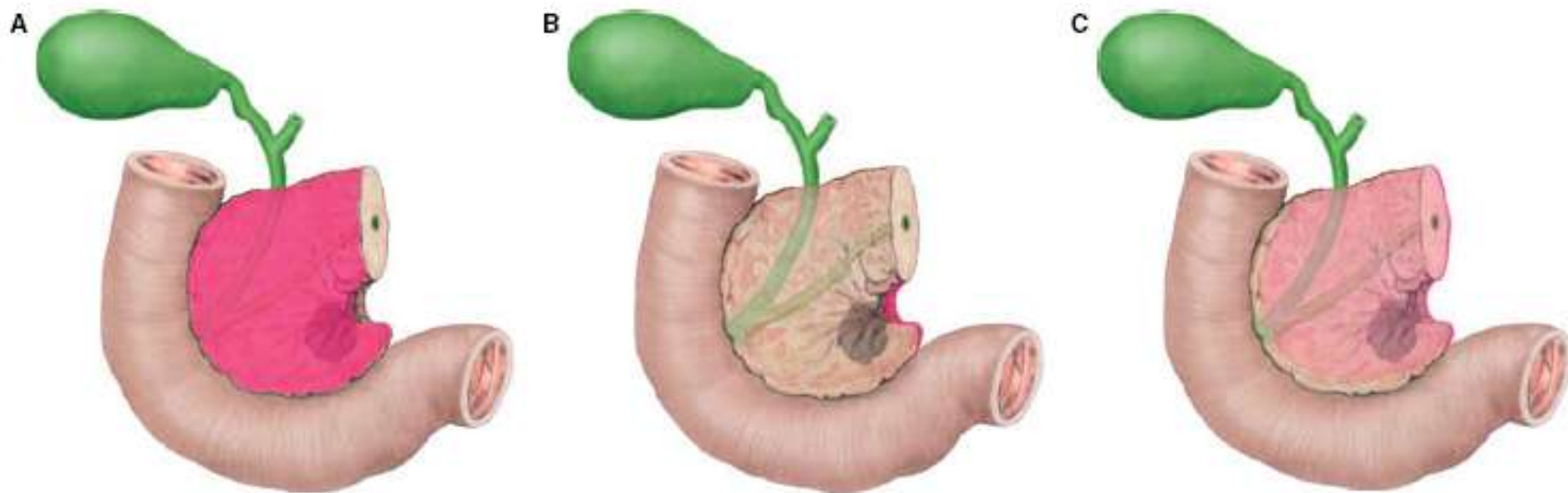


Figure 1. The circumferential resection margin in pancreatoduodenectomy specimens consists of the anterior surface (A), the medial margin (B) and the posterior margin (C).

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Método Europeo

Verbeke, 2007-08
Esposito, 2008

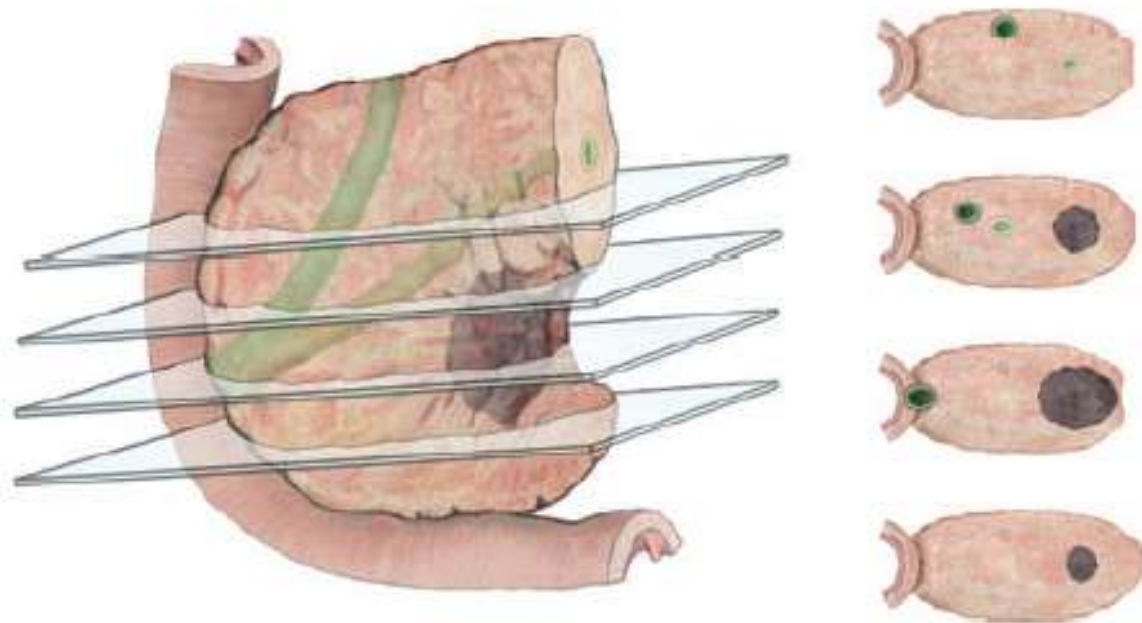


Figure 6. Slicing of the specimen in an axial plane is easy to perform as the duodenal wall is cut in a cross-sectional fashion. The technique produces a large number of specimen slices and provides good views of the tumour and its relationship to the key anatomical structures and the entire circumferential margin.



Diferencias en los diferentes protocolos internacionales

Protocolo Americano
Protocolo Europeo

Problemas en la definición de R0-R1

Protocolo Americano
Protocolo Europeo



Los “Resistentes”



