

Eyelid, RFS

(11.4 Eyelid, RFS); Updated August 23rd, 2019 by George W. Saukel, MD

SAMPLE DICTATION

(Labeled: ____, ____, ____; ____) Received ____ is a _ x _ x _ cm triangular portion of skin and conjunctiva, orientated as follows: _.

Major pathologic finding(s):

Specimen Handling: (The entire specimen is submitted for RFS examination; TE, ____ caps) Ink Key: _

SUGGESTED SAMPLING

These specimens are usually only 4-5 mm in greatest dimension and thin, separate sampling of surgical margins is not possible. As such, the entire specimen should be submitted in the following fashion to assess the margin (typically for RFS, but this procedure can also be followed for routine histology).

1. Identify skin and conjunctival surfaces: The skin is typically less translucent and the lashes protrude over its surface. If not done before inking, ink may over-run and obscure which side is which.
2. Differentially ink the medial and lateral margins from lid edge to apex
3. Use the smallest freezing well which will fit the specimen: This permits maximizing the number of slices which can be examined on each slide
4. Embed the specimen flat, with the skin surface down (cut first): Most of the carcinomas start on the skin surface, so any positive margins are likely to be detected in early step sections, obviating the need to perform large numbers of steps through the entire specimen.
5. Cut steps with the saved slices as close as possible on the slide: The closer the slices are placed, the smaller the number of slides which will be required to perform the examination. In small specimens, side by side slices can be saved, but larger ones may require staggered levels along the length of the slide, but either should permit more than the usual 2 slices per IOC slide.
6. Perform step sections until either tumor is exhausted, both margins are found to be positive or the specimen has been stepped through: The tumor typically stands out on the frozen block as a white nodule, so the number of slices between stained sections can be tailored to how close the tumor is to a margin. If close, thin steps should be used to best ensure determining how close any microscopic tumor tongues come to the margin, but if widely clear grossly, more steps can be made between stained sections

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A

ADDITIONAL CONSIDERATIONS

- N/A