

Amputation, Non-Tumor

(3.3 Amputation_Non_Tumor); Created October 28th, 2019 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____; ____) Received ____ [fresh/in formalin] is a __ x __ x __ cm [transmetatarsal, below the knee, above the knee] amputation. The foot measures __ x __ x __ cm, the extremity proximal to the foot __ cm in length. A __ cm length of [tibia and fibula / femur bone] extends from the soft tissue amputation margin. All five toes and toenails are intact [or list prior digit amputations in major findings below].

Major pathologic finding(s): A __ x __ cm ulcer is present __ [location]. The ulcer [does/does not] involve the underlying bone, which is [softened/firm]. There is mummification of digits __ [numbers]. The arteries show calcific arteriosclerosis, with up to __ percent luminal stenosis.

Other findings: The skin and soft tissue at the proximal amputation margin are unremarkable. The bone at the amputation margin is firm and homogeneous.

Specimen Handling: (RS, ____ caps)

SUGGESTED SAMPLING

- 1: Distal skin and soft tissue with ulceration
- 2: Bone underlying ulceration (decalcified)
- 3: Vasculature with most severe area of luminal stenosis
- 4: Skin and soft tissue from amputation margin
- 5: Bone from amputation margin (decalcified)

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A

ADDITIONAL CONSIDERATIONS

- A disarticulation through a joint space **is not a margin**. Sampling of bone margins is not indicated when the proximal bone is disarticulated (not resected).
- Bone that is grossly softened, particularly if softened enough to cut with a scalpel blade, is always pathologic, usually indicating osteomyelitis.
- Sampling full-thickness normal bone sections is not typically needed; a normal firm bone has a low chance of involvement by osteomyelitis. Also, cortical extremity bone (particularly the thick bone at the amputation margin) requires a very long time for decalcification, delaying case completion. Using a scalpel blade to **carefully** shave chips of cortical bone from the periosteal aspect and coring out marrow tissue from the cut surface is useful for obtaining bone from grossly normal proximal margin bone is sufficient for histologic evaluation.