

# Lymph Nodes, Dissection (Not Lymphoma)

(8.1 Lymph\_Nodes\_Dissection); Updated October 30th, 2018 by Shawn Maclary, PA(ASCP)

## **SAMPLE DICTATION**

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Labeled (Last name, First name; \_\_\_) Received \_\_\_ [fresh, in formalin] is a \_ x \_ x \_ cm fragment of fibroadipose tissue. Within the soft tissue are multiple candidate lymph nodes ranging from \_ cm to \_ cm. Within the largest node is a \_\_\_ [discrete mass] measuring \_ cm in greatest dimension. The remaining lymph nodes are unremarkable. [describe any additional findings, such as salivary gland]

Specimen Handling: The identified candidate lymph nodes are [entirely submitted / representative sections] in \_ caps.

Block key:

- A1. Largest lymph node with mass, bisected
- A2-4. Two differentially inked and bisected candidate nodes in each block
- A5-8. Intact candidate nodes for count

## **SUGGESTED SAMPLING**

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Entirely submit identified grossly benign lymph nodes in as many blocks as needed. For lymph nodes with obvious tumor deposit or matted lymph nodes, submit at least one full cross section. Refer to separate guidelines for proper lymph node submission.

## **STAGING CRITERIA (AJCC 8TH EDITION)**

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- Head and Neck: The N stage is dependent on size of the metastasis and presence of extranodal extension (ENE) in HPV negative cases
- Uterus: The N stage is dependent of size of metastasis
- Breast: The N stage is dependent on the number of lymph nodes involved and size of metastasis
- Prostate: The N stage is dependent on any identified metastasis in regional nodes

## **ADDITIONAL CONSIDERATIONS**

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- Identification of lymph nodes in a dissection and submission should follow a standard format as outlined in the separate lymph node submission guide
- Submit all grossly benign or suspicious lymph nodes in their entirety
- For grossly positive lymph nodes from any site, submission of one cross section demonstrating the largest dimension is adequate; focus on areas of gross extranodal extension, if present.
- For head and neck primary tumors, identification of clinical extranodal extension is necessary and may require more than one section to demonstrate