

Brain, Epilepsy Lobectomy/Resection

(9.3 Brain_Resection_Epilepsy); Created October 14th, 2019 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received ___ is a _ x _ x _ cm portion of white-tan brain tissue, with recognizable gyri and transparent leptomeninges.

Major pathologic finding(s): A _ cm [ill-defined, well-circumscribed/dull-gray, gelatinous] mass is present

Specimen Handling: (RS / TE, ___ caps)

SUGGESTED SAMPLING

1-_: Entire specimen [these specimens are always totally submitted, as the identification of an epileptogenic focus is critical]

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A

ADDITIONAL CONSIDERATIONS

- As mentioned above, these specimens should always be totally embedded. Epileptogenic foci (tumors, cortical dysplasia, etc) are often not grossly apparent, yet are important to identify. If submission of the entire specimen takes > 20 caps, discuss with the neuropathologist who is on service.
- Tissue from lobectomy/epilepsy surgeries should be processed with “brain tissue processing protocol”. This is an extended duration process which is required to dehydrate and infiltrate the lipid-rich brain tissue. To ensure that the specimen is properly processed, follow the steps below:
 - Place caps in formalin jar labeled with **case number** and “**brain tissue**”.
 - Place formalin jar with caps in fume hood in histology (not in the gross room)
 - Place a hold comment on the case that specimen is for brain processing, as this adds significant delay to case turnaround time
- The hippocampus is often received as a separate specimen, always unoriented. It is ideal to section the hippocampus in the coronal plane, as this is the plane that demonstrates proper hippocampal anatomy. The specimens are often elongated, and should be **sectioned perpendicular to the long axis**. Sometimes they are resected piecemeal, and in those cases, cannot be properly oriented. Always submit the entire hippocampus for histologic examination.