Lung, Wedge Resection, Non-Tumor

(10.4 Lung_Wedge_Resection_Non_Tumor); Updated October 26, 2018 by Lacey Schrader, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received __ (*fresh/in formalin*) and inflated with formalin is a __x__x__ cm, (*right/left*) (*upper, lower, middle*) lobe wedge resection.

Major pathologic finding(s): The pleura is __ (*color, texture, adhesed, fibrotic, retracted*). After removal of the staple line, the exposed surface is free of any lesions.

OR Bulla: There is a __ x __ x __ cm (*unilocular/multiloculated)* bulla with (*fibrotic, ruptured*) walls located __ from the resection margin. The bullous wall thickness ranges from __ to __ cm.

Other: The cut surface shows tan (*firm/spongy/soft*) parenchyma with (*emphysematous changes, fibrosis, consolidation, etc...*).

Specimen Handling: (RS / TE, ___ caps)

SUGGESTED SAMPLING

1-10: For medical lung disease:

- Serially section at 2 mm intervals and submit all tissue if 10 or fewer caps

1-5: For bullectomies and volume reduction

- Submit all if 5 or fewer caps
- If large, submit 5 caps including bulla wall and surrounding tissue

ADDITIONAL CONSIDERATIONS

- A wedge resection may be submitted for a non-neoplastic disease (medical lung disease). Clinical-radiological history can assist in what to grossly expect.
- Occasionally, a lobectomy or wedge is performed for lung trauma. An accurate and thorough gross description and gross photos are the most important aspects of the examination. One section of the injury site, of demonstrating any incidental lesions, and one showing normal parenchyma are adequate for histopathology.