

Brain, Biopsy

(9.1 Brain_Biopsy); Updated December 31st, 2018 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ____, ____; ____) Received ____ [is a single/are multiple] fragment(s) of [tan gelatinous/white/red] tissue fragments measuring ____ cm in aggregate.

Specimen Handling: (RS / TE, ____ caps)

SUGGESTED SAMPLING

1-10: Entire specimen

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A - Brain, spinal cord, and peripheral nerve tumors are graded but are not staged

ADDITIONAL CONSIDERATIONS

- Very tiny (0.1 cm or less) biopsy samplings will often have to be entirely frozen at the time of intraoperative consultation. However, larger specimens should have only a small portion frozen/smeared, with the remainder saved for permanent sections. This avoids freeze artifact and improves histologic analysis at the time of final diagnosis. **Consult with pathologist prior to submitting an entire specimen for RFS.**
- Never smear the entire specimen at the time of intraoperative consultation; if specimen is too small to smear and freeze, default to freezing (better chance of having tissue for IHC studies)
- Never do “touch preps” on brain specimens. Glia is latin for “glue”, and these cells seldom stick to the slide as they are sticking to themselves. Smears are useful, however, as they force the cells to separate, allowing visualization of their cellular processes.
- Always totally embed (TE) the specimen if it can fit in 10 caps or less. For those requiring greater than ten caps, consult with neuropathologist on service.
- As brain tumor biopsies are often very small, always carefully wrap and dye specimens when submitting for permanent sections.