**Purpose**

To establish a procedure on how to gross lung resections for non-neoplastic diseases, most commonly: Congenital pulmonary airway malformation (CPAM) or congenital cystic adenomatoid malformation (CCAM) and Pulmonary sequestration (Bronchopulmonary sequestration, or BPS).

**Procedure**

* Photograph specimen.
* Weigh and measure lung, including hilum and possible feeder vessels.
* Please note that the lung may come fragmented or intact.
* Try to identify hilum and any large abnormal feeder vessels away from the hilum.
* Bivalve specimen. On cut section, the lesion may be well or ill-defined. Measure lesion versus normal lung. Look for spongy, small, or large cystic structures. Measure recognizable cysts.

**Sections for Histology**

* Hilum or hilar structures (bronchus, vasculature, etc.)
* Abnormal vessels to lung tissue, if present
* Multiple sections from lesion to adjacent lung with pleura (4-5). See annotated photo below.
* One section from uninvolved lung
* If tissue fragmented and no recognizable lesion seen, submit many representatives sections. Consult with pathologist as appropriate.

**Sample dictation**

Labeled “lung”, received in formalin is intact or fragmented lung tissue weighing \_ grams and 5.0 x 3.0 x 2.5 cm. Sectioning reveals a ill or well-defined lesion measuring 4.0 x 2.5 x 2.0 cm, made up of cysts varying from \_ to \_ cm occupying about \_ of the lobe. The remaining uninvolved lung is unremarkable.

Cassette Summary:

A1. Hilum (1ss)

A1-A5. Cystic lesions (1ss each)

**Sample Photographs**



Sometimes the pulmonary lesions are difficult to identify, grossly as the specimen above.



Many of the lung resections are laparoscopic and will result in fragmentation.



Classic example of a CCAM. The yellow boxes are annotations of where sections were taken.