1. Record Nr. UNINA9910463101603321 Autore Argani Pedram **Titolo** Intraoperative frozen sections [[electronic resource] /] / Pedram Argani, Ashley Cimino-Mathews New York, : Demos Medical Publishing, LLC, 2013 Pubbl/distr/stampa **ISBN** 1-61705-162-4 Descrizione fisica 1 online resource (xvii, 274 pages): illustrations Collana Consultant pathology;; volume 5 Altri autori (Persone) Cimino-MathewsAshley Disciplina 617.07 Pathology, Surgical Soggetti Frozen tissue sections Electronic books. Lingua di pubblicazione Inglese **Formato** Materiale a stampa Livello bibliografico Monografia Note generali Description based upon print version of record. Nota di bibliografia Includes bibliographical references and index. Nota di contenuto Cover; Title; Copyright; Contents; Foreword; Preface; 1. Genitourinary; 1.1 Spindle Cells at Renal Parenchymal Margin of Partial Nephrectomy; Clinical History; Discussion; Bibliography; 1.2 Atypical Glandular Proliferation in Paratesticular Biopsy; Clinical History; Discussion; Bibliography; 1.3 Tubulopapillary Proliferation at Renal Parenchymal Margin of Partial Nephrectomy; Clinical History; Discussion; Bibliography; 1.4 Ureter Margin in Patient With Urothelial Carcinoma of the Bladder; Clinical History; Discussion; Bibliography; 1.5 Clear Cell Mass Lesion on Renal Biopsy; Clinical History DiscussionBibliography: 2. Head and Neck; 2.1 Crushed Small Round Cells in Nasal Biopsy; Clinical History; Discussion; Bibliography; 2.2 Sinusitis in Patient With Acute Leukemia; Clinical History; Discussion; Bibliography; 2.3 Margin for Invasive Squamous Cell Carcinoma; Clinical History; Discussion; Bibliography; 2.4 "Enlarged Cervical Lymph Node" in Patient With Papillary Thyroid Carcinoma; Clinical History; Discussion; Bibliography; 2.5 Epithelial Lesion Involving Bone; Clinical History; Discussion; 2.6 Nasal Small Round Cell Tumor; Clinical History; Discussion; Bibliography 2.7 Salivary Gland Neoplasm With Double Duct PatternClinical History;

Discussion; Bibliography; 2.8 Neck Mass, Rule Out Metastatic

This Squamous Carcinoma In Situ?; Clinical History; Discussion;

Squamous Carcinoma; Clinical History; Discussion; Bibliography; 2.9 Is

Bibliography; 2.10 Nasal Polyp; Clinical History; Discussion; Bibliography: 2.11 Possible Recurrence After Radiation for Squamous Cell Carcinoma; Clinical History; Discussion; Bibliography; 2.12 Is This Invasive Squamous Cell Carcinoma?; Clinical History; Discussion; Bibliography; 2.13 Follicular-Pattern Lesion Identification Clinical History Discussion; Bibliography; 2.14 Psammoma Body in Cervical Lymph Node; Clinical History; Discussion; Bibliography; 2.15 Oncocytic Papillary Neoplasm of the Thyroid; Clinical History; Discussion; Bibliography; 2.16 Crushed Cells at Margin of Squamous Cell Carcinoma Resection; Clinical History; Discussion; Bibliography; 3. Thorax; 3.1 Lung Nodule in Patient With History of Esophageal Squamous Cell Carcinoma: Clinical History: Discussion: Bibliography: 3.2 Mucinous Peripheral Lung Lesion; Clinical History; Discussion; Bibliography; 3.3 Malignant Epithelial Neoplasm in Pleura Clinical History Discussion; Bibliography; 3.4 Lung Nodule on Wedge Resection; Clinical History; Discussion; Bibliography; 3.5 Pleural Nodule in Patient With Pulmonary Adenocarcinoma; Clinical History; Discussion; Bibliography: 3.6 Granuloma in Mediastinal Lymph Node: Clinical History; Discussion; Bibliography; 3.7 Glandular Lesion in Peripheral Lung: Clinical History: Discussion: Bibliography: 3.8 Sclerosing Mediastinal Lesion in Patient With History of Hodgkin Lymphoma: Clinical History: Discussion: Bibliography: 4. Gastrointestinal/Peritoneal; 4.1 Mucinous Appendiceal Lesion Clinical History

Sommario/riassunto

Intraoperative Frozen Sections presents diagnostic challenges involved in the evaluation in the pathology lab of specimens obtained during surgery through the case experience of expert pathologists. Sixty three problems cover the wide range of approximately of problems encountered in intraoperative consultations. Each presentation provides the case information as presented to the consultant, the evaluation and analysis of the specimen, discussion of the results and teaching points observed in the case, and an overall comment providing additional context for the diagnostic problem that has been