

FROZEN SECTIONS IN HEAD AND NECK AND NEUROPATHOLOGY

Traditionally, frozen sections are triaged to a center of excellence (COE) according to the name of the surgeon performing the operation. However, when two or more surgeons from different specialties are operating on the same patient, this may create a problem in deciding which COE should be notified when a frozen section is requested. This is especially so in certain head and neck – neurosurgery cases. In this instance, the frozen section should be triaged to the COE according to the diagnosis or type of tumor, rather than the surgeon. Fellow and staff should review the OR schedule the night before to identify ambiguous cases and when necessary exchange emails to define responsibility for ambiguous cases and clarify appropriate COE. In general the following case designation should be used:

1. Notify neuropathology when the diagnosis is:
 - A. Glioma
 - B. Meningioma
 - C. Ependymoma
 - D. Pituitary tumor
 - E. “Brain tumor”
 - F. “intracranial tumor”

2. Notify head and neck when the diagnosis is;
 - A. Squamous cell carcinoma
 - B. Basal cell carcinoma
 - C. Malignant melanoma
 - D. Olfactory neuroblastoma
 - E. Chordoma
 - F. Chondrosarcoma
 - G. Salivary gland tumor
 - H. Nasal tumor
 - I. Sinus tumor
 - J. Bone tumors of the head and neck
 - K. Any eye lesion
 - L. Any neck mass
 - M. Any ear tumor

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