

# FROZEN SECTIONS

## INDICATIONS FOR INTRAOPERATIVE CONSULTATIONS

**The primary indications for a frozen section are:**

1. To establish the presence and nature of a lesion
2. To determine the adequacy of surgical margins, and
3. To establish whether the tissue obtained contains diagnosable material or whether additional sampling is needed.

**Frozen sections may be considered in the following circumstances:**

- Need an immediate diagnosis when no previous tissue diagnosis is available
- Determination of the extent of a disease process locally or beyond the local resection field
- Assessment of an unsuspected finding at the time of operation
- Determination of resection margins of known malignant process
- Determination of the adequacy of the tissue removed
- The need to obtain fresh tissue for special studies
- The limitations of frozen section diagnoses vary from organ to organ.

**Frozen sections should be avoided in the following circumstances:**

- Mere curiosity
- Architecturally fragile lesions or only small amount of diagnostic material or when type of specimen jeopardizes orientation and interpretation
- Microscopic interpretation of large masses or specimens subject to a high-degree of error.
- Social reasons, for example: “we would like to assure the family today” in pigmented skin lesions, thyroid nodules, lesions consisting largely of bone or fat

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