

Gynecologic Pathology Grossing Guidelines

Specimen Type: TOTAL HYSTERECTOMY and SALPINGO-OOPHORECTOMY (benign)

Orientation: The reflection is higher and blunter on the anterior surface where the posterior surface will extend further down to more of a point



Gross Template:

MMODAL COMMAND: "INSERT UTERUS BENIGN"

It consists of a [weight***] gram [intact/previously incised/disrupted***] [total/ supracervical hysterectomy/ total hysterectomy /bilateral salpingectomy /bilateral salpingo-oophorectomy***]. The uterus weighs [***] grams and measures [***] cm (cornu-cornu) x [***] cm (fundus-lower uterine segment) x [***] cm (anterior - posterior). The cervix measures [***] cm in length x [***] cm in diameter. The endometrial cavity measures [***] cm in length, and up to [***] cm in width. The endometrium measures [***] cm in average thickness and is [pink-tan and roughed, smooth, unremarkable, presence/absence of lesions/polyps***]. The myometrium ranges from [smallest to largest***] cm in thickness. The right ovary measures [measure in three dimensions***] cm. The left ovary measures [measure in three dimensions***] cm. The right fallopian tube measures [***] cm in length [with/without***] fimbriae x [***] cm in average luminal diameter. The left fallopian tube measures [***] cm in length [with/without***] fimbriae x [***] cm in average luminal diameter.

The serosa is [pink, smooth, glistening, unremarkable***]. The endometrium is [tan-red, unremarkable, describe lesions/polyps***]. The myometrium is [tan-pink, remarkable for trabeculations, cysts, leiomyoma (list subserosal, intramural, or submucosa***)]. [Sectioning reveals a white-tan and whorled cut surface with no areas of hemorrhage, necrosis, or calcification***]The right and left fallopian tubes are [grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation***]. The cervix is [grossly unremarkable, presence of Nabothian cysts, lesions***]. The right and left ovary are [unremarkable, show atrophic changes, describe presence of lesions***].

No lesions or masses are grossly identified. Representative sections are submitted.

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CASSETTE SUMMARY:

[**]	Anterior cervix
[**]	Posterior cervix
[**]	Anterior uterine corpus
[**]	Posterior uterine corpus
[**]	Uterine fundus
[**]	Representative right ovary
[**]	Representative left ovary
[**]	Representative right fallopian tube
[**]	Representative left fallopian tube

Cassette Submission:

Benign conditions (prolapse, fibroids, adenomyosis): 5-8 cassettes

The endometrium should be entirely submitted in prophylactic hysterectomy specimens with **Lynch syndrome**. After submitting your standard (3) full thickness uterine sections, you can take 'strips' of endometrium with superficial myometrium – please do not submit full thickness sections of entire endometrial cavity. Ask if you need assistance.

- Anterior cervix
- Posterior cervix
- Anterior uterine corpus, full thickness (include leiomyomata if present)
- Posterior uterine corpus, full thickness (include leiomyomata if present)
- Uterine fundus, full thickness (include leiomyomata if present)
- Right and left fallopian tube
 - o Two cross sections and fimbriated end
- Right and left ovary
- If any polyps are present, submit in entirety
 - o If you need to transect, keep the relationship of base of the polyp to the endometrium to assess for invasion, if malignant
- Representative sections of leiomyomata (use judgement)
 - o 3 cassettes if all are grossly unremarkable
 - o Sample as many myomas as possible with emphasis on larger myomas.
 - o Sections should include periphery of myoma. If submucosal should include endometrium in section of myoma.
 - o **If myomas do not have characteristic appearance and have any change in color or consistency, should be brought to attention of the pathologist and additional sampling is indicated.**
- Note: Supracervical hysterectomy - Ink the resection margin of lower uterine segment at the line of excision.

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