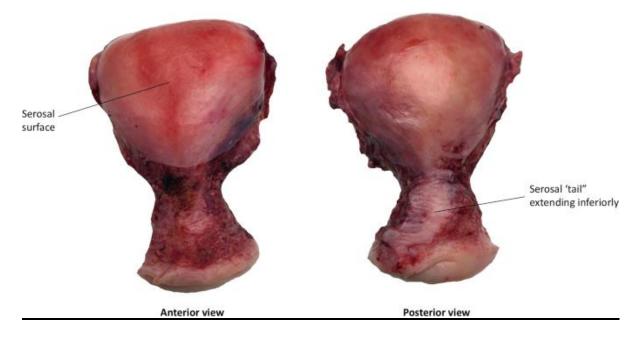
Gynecologic Pathology Grossing Guidelines

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

<u>Orientation</u>: 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 submucosal*^{***}]. [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 ovarv
- Representative right fallopian tube
- [***] Representative left fallopian tube

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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 _
 - Two cross sections and fimbriated end
- Right and left ovary
 - If any polyps are present, submit in entirety
 - 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)
 - 3 cassettes if all are grossly unremarkable
 - Sample as many myomas as possible with emphasis on larger myomas.
 - Sections should include periphery of myoma. If submucosal should include endometrium in section of myoma.
 - 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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