

GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: APPENDECTOMY (TUMOR)

Procedure:

1. Measure the length and range of diameter.
2. Measure the width of mesoappendix
3. Describe the external surface and mesoappendix. Note variation in color, presence of exudates, signs of perforation, tumors.
4. Describe the presence or absence of perforation. Measure the size and location of perforation if present.
5. Section the entire appendix transversely at 3 mm intervals except for the tip, which is sectioned longitudinally.
6. Note wall thickness, state of the lumen, luminal contents (mucin, pus, fecaliths, etc.). Look for tan or yellow nodules within the wall of the appendix especially at the tip (carcinoid tumor). Note size, location, color and consistency of any tumors

Gross Template:

Labeled with the patient's name (***), medical record number (***), designated ***, and received [*fresh/in formalin*] is an [*intact/ruptured*] appendix measuring *** cm in length x *** cm in diameter. Attached mesoappendiceal fibroadipose tissue extends *** cm from the wall. There is a *** cm in length staple line at the resection margin. The serosa is [*pink-tan and smooth, red, roughened, describe perforation if present and provide location and distance to margin-check for fecalith in lumen, note presence of tumor deposits and mucin*]. The lumen ranges from *** to *** cm in diameter and contains [*mucin, purulent fluid, hemorrhagic fluid, fecal material, fecalith*]. The mucosa is remarkable for [*describe lesion-measure in 2 dimensions, color, shape, and location to margin*]. Sectioning reveals the lesion [*is grossly superficial, extends into the wall of the appendix, extends to the serosa*] and measures *** cm from the appendectomy margin and *** cm from the serosal surface.

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable or describe any additional lesions*]. The remainder of the mucosa is [*tan, glistening, folded, and unremarkable or describe any additional lesions*]. *** lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

All identified lymph nodes and the resection margin are submitted. Representative sections of the remaining specimen are submitted [*describe cassette submission*].

Ink key:

Blue –mesoappendix overlying lesion

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Cassette Submission: 8-10 cassettes

- Proximal resection margin, shave
 - o Perpendicularly section if lesion approaches the margin (ink the margin if this is the case)
- Mesoappendiceal fat margin, shave
 - o Usually marked with a staple line or cautery. Place margin down in cassette
- Longitudinally bisected tip
- Remaining cross sections, entirely submitted sequentially from proximal to distal
 - o Only in cases of mucinous neoplasm
- **Note: Cases of suspicious or proven appendiceal tumors should typically be submitted entirely. If you have any questions, discuss the case with the assigned pathologist prior to prosecting.**