

Hepatobiliary Pathology Grossing Guidelines

Specimen Type: CHOLECYSTECTOMY (TUMOR)

Gross Template:

The specimen is received [fresh/in formalin] in a container labeled with the patient's name (***), medical record number (***), and as "***." The specimen consists of a [intact/previously opened] gallbladder measuring *** x *** x *** cm. The wall thickness ranges from *** cm in [location] to *** cm in [location]. The attached portion of cystic duct measures *** cm in length x *** cm in diameter. The cystic duct resection margin is closed by a clip. The serosal surface is remarkable for [describe, if applicable]. The mucosal surface is remarkable for a [describe lesion: size (*** x *** x *** cm), shape (e.g., polypoid, ulcerated, fungating), color, consistency (e.g., soft, firm, friable)]. The [lesion/mass] comes to *** cm from the cystic duct resection margin. On sectioning, the [lesion/mass] has a [describe color, consistency] cut surface with gross invasion into the [muscularis propria/serosal surface]. The [lesion/mass] comes to *** cm from the hepatic resection margin and *** cm from the serosal surface. The hepatic resection margin measures *** x *** cm and is [tan, rough] without grossly identifiable adherent liver tissue [or with *** x *** x *** cm of firm, brown, adherent liver parenchyma]. The remainder of the serosal surface is [tan, smooth, glistening, and unremarkable or describe any additional lesions]. The gallbladder lumen contains *** mL of [viscous, green/yellow] bile [or describe hemorrhagic fluid, mucus, etc., as necessary]. The remainder of the mucosal surface is [green/yellow, smooth/velvety/trabeculated, stippled; specifically mention polyps, ulcers/erosions, cysts and describe (size, shape, color, consistency), as necessary]. [***/multiple (>10)] [shape, color, consistency] calculi are identified in the [lumen/container] measuring *** x *** x *** cm in aggregate, ranging from *** cm to *** cm in greatest dimension [or No calculi are identified in the lumen or specimen container (confirmed by ***)]. *** possible lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

Ink key:

Black – hepatic resection margin

Green – serosa adjacent to tumor

All identified possible lymph nodes are entirely submitted. [The lesion/mass is entirely submitted (if applicable, otherwise skip to next sentence)] Representative sections are otherwise submitted as follows:

Cassette Submission:

Ten to fifteen cassettes:

- Cystic duct resection margin (en face) – in a separate cassette
- One cassette per 1 cm of tumor
 - Show maximum depth of invasion
 - Show nearest approach to serosa
 - Show relationship to unremarkable mucosa
 - Show relationship to hepatic resection margin and any adherent organs
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- One cassette with 2-4 sections of uninvolved gallbladder

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- Submit pericyclic lymph node(s), if identified

