Hepatobiliary Pathology Grossing Guidelines

Specimen Type: EXTRAHEPATIC BILE DUCT RESECTION

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 resection of [*list all that apply: common bile duct, cystic duct, common hepatic duct, right hepatic duct, left hepatic duct, gallbladder*]. [*The specimen is received unoriented or oriented with *** denoting ***, per the requisition form/per discussion with the surgeon*.] The [*common bile duct*] measures *** cm in length, ranges from *** cm at [*location*] to *** cm at [*location*] in diameter, and ranges from *** to *** cm in wall thickness. [*Repeat this section for additional duct segments, as necessary.]*
The [*duct segment*] is remarkable for [*describe lesion – mass/polyp vs. stricture vs. cystic dilation, size, shape, color, consistency, location; if cystic, describe cyst lining, loculation (uni-/multiloculated), quantity of fluid within (*** mL), quality of fluid within (serous, mucinous, hemorrhagic, purulent), presence or absence of papillary excrescences or solid nodules, and, if present, describe with the same descriptors listed previously; if strictured, describe, wall thickness, luminal diameter, and mucosal surface of the stricture*]. The [*lesion*] comes to *** cm from the nearest [*proximal/distal*] margin [**note: in the biliary tree, proximal and distal are designated according to the flow of bile, e.g., the common hepatic duct is proximal to the common bile duct**]. [*For polyps/mass lesions, grossly assess the depth of invasion (not grossly identified/into muscularis propria/into adventitia/into adjacent organ), depth of invasion, and distance to the radial resection margin.]*
The remainder of the mucosal surface of the ducts is [smooth, tan, glistening, and unremarkable or describe pathology (ulcers/erosions, hemorrhagic mucosa, granularity, etc.)]. *** possible lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

Ink key:
Black – radial/adventitial margin
Blue – proximal margin
Green – distal margin

[**Alternatively, separate ink colors can be applied to the radial/adventitial margin of each of the duct segments, e.g., the radial margin of the common hepatic duct is inked black, and the common bile duct is inked blue.]**

The specimen is entirely submitted sequentially from proximal to distal, as follows:

Cassette Submission:
Ten to fifteen cassettes:

- Note: Consult and show the specimen to pathologist for assistance with orientation before grossing
- Note: All of the ducts in the biliary system are histologically identical: do not include multiple ducts in a single section OR if both are present in a single section, ink them differentially and note the inking in the ink key or cassette summary.

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- Proximal duct resection margin (en face)
- Distal duct resection margin (en face)
- Any additional duct resection margins (en face), differentially inked or in separate cassettes
- Sections of tumor
    - Show maximum depth of invasion
    - Show nearest approach to radial/adventitial margin
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.) if not entirely embedding the specimen
- Submit any lymph nodes, if identified

Note: Most extrahepatic biliary resections will typically be submitted entirely. If you have any questions, discuss the case with the assigned pathologist prior to prosecting.