

## DERMATOPATHOLOGY GROSSING GUIDELINES

### RUSH CASES:

**For all RUSH cases, the dermpath fellows AND the skin service resident should be notified via email about the case.**

### Specimen Type: MOH'S MARGIN RE-EXCISION

#### Gross Template:

Labeled with the patient's name (\*\*), medical record number (\*\*), designated "\*\*\*\*", and received [fresh/in formalin] is an [*oriented/unoriented*] skin excision measuring \*\* x \*\* cm, and is excised to a depth of \*\* cm. [*Describe orientation if provided*]. The epidermis [*Describe any lesions – including size, type, borders, color, shape, distance to all margins*]. The specimen is entirely submitted, unsectioned in [*describe cassette submission*].

INK KEY (if unoriented):

Red- deep (for embedding orientation)

#### Cassette Submission: All tissue submitted

- Do NOT section, ink deep & peripheral margin red and place skin up in cassette
- If the tissue is too thick, consult with a pathologist
- **Add embedding case flag for histology**

#### Sample Gross Descriptions:

Labeled with the patient's name, medical record number, designated "right upper back, 12-3 o'clock", and received in formalin is an oriented semilunar-shaped hair-bearing skin excision specimen with a black suture at 12 o'clock. The specimen measures 2.2 (12-3 o'clock) x 0.5 cm, and is excised to the depth of 0.2 cm. The epidermis is pink-tan, hair bearing and grossly unremarkable. The specimen is entirely submitted, unsectioned, for Mohs processing.

INK KEY (if oriented):

Blue - 12 o'clock

Green - 3 o'clock

Red- deep (for embedding orientation)

## DERMATOPATHOLOGY GROSSING GUIDELINES

Labeled with the patient's name, medical record number and "right medial shin, stage 2 excision" is an un-oriented elliptically-shaped hair-bearing skin excision specimen measuring 3.0 cm long x 0.4 cm wide. The specimen is excised to a maximum depth of 0.2 cm. The new margin is differentially inked with blue and green surgical ink with no provided orientation. The epidermal surface is pink-tan and grossly unremarkable. A definitive lesion or mass is not grossly identified. The specimen is entirely submitted, un-sectioned, for Moh's processing.

### INK KEY:

Blue – one half of new margin

Green – opposite half of new margin

Red- deep (for embedding orientation)

### Notes:

- The new margin (**red**) is often more smooth than the old margin (**black arrow**).
- The old margin may look slightly ulcerated or jagged. If orientation is ever unclear consult with another PA or Dermatopathologist before proceeding.
- These specimens may come from the clinic pre-inked. If so, indicate this in the gross (even though we may not have been provided with the color designations) and do not change the color of the ink!
- If the specimen is large, as in the photo below, and the margin will be difficult for histology to embed in one plane → grosser may cut the specimen in half (**dashed line**) and place each half into a separate cassette. The grosser **MUST** indicate what portion is in which cassette if the specimen is orientated and ensure they are inking the entire peripheral margin!

