

Hepatobiliary Pathology Grossing Guidelines

Specimen Type: PARTIAL HEPATECTOMY or LOBECTOMY

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 [*lobectomy/partial hepatectomy*] measuring *** x *** x *** cm and weighing *** g. [*Measure and describe any adherent organs or structures (adrenal gland, portion of diaphragm, etc.).*] The capsule is smooth, glistening, and unremarkable [*or is remarkable for a *** x *** cm area of disruption or describe size, shape, color, consistency of lesions (plaques/nodules, hemorrhage, subcapsular hematoma, etc.).*]. The hepatic resection surface measures *** x *** cm. sectioning reveals [#] [*masses/prominent nodules*]. [**For specimens with multiple masses/lesions, state how many are noted, and assign each lesion/mass a designation (such as "mass #1" or "nodule #4"). Duplicate the paragraph below as many times as necessary to document the characteristics of each lesion/mass.**]

[*Mass/nodule #:*

[*Location: (segment #)*

[*Necrosis: (none or %) If necrosis is present, then state the greatest dimension of viable tumor in cm.*

[*Description: (circumscription, shape, color, consistency)*

[*Distance from capsule: (***) cm)*

[*Distance to nearest margin: (***) cm) from (parenchymal, hepatic artery/vein, portal vein, bile duct) margin*

[*(For cholangiocarcinoma, additionally specifically mention the distance to the bile duct margin.)*

[*Distance from other masses/nodules: (e.g., 2.0 cm from nodule #1 and 4.5 cm from nodule #2)*

[*Vascular invasion: Not identified (or describe and identify the vessel, if known/orientable)*

[*(If gross invasion of bile ducts is identified, describe)]*

The remaining parenchyma is [*firm, red, homogeneous, and unremarkable or fibrotic or micronodular (nearly all nodules <3 mm) or macronodular (most nodules >3 mm) or with variably-sized nodules (highly variable size with nodules both < and > 3 mm)*].

[*Describe any additional pathology (cysts, hematomas, thrombi, etc. For cysts, describe #, location(s), cyst lining (specifically mention the relationship of any cyst to the biliary system [does/does not communicate], 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.)*] *** possible lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

Ink key:

Black – parenchymal resection margin

Blue – capsule overlying tumor

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[Additional inking description for additional margins (e.g., diaphragmatic margin, bile duct margin), as necessary]

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:

Focal Nodular Hyperplasia, Hepatocellular Adenoma, or Hepatocellular Carcinoma:

Six to ten cassettes:

- One cassette per 1 cm of lesion
 - Show relationship to capsule
 - Show relationship to resection margin
 - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
 - Sample both central and peripheral parts of tumor
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

Cholangiocarcinoma:

Eight to ten cassettes:

- Note: Consult pathologist for assistance with orientation before grossing, if needed.
- Intrahepatic/extrahepatic bile duct margins (en face)
- One cassette per 1 cm of lesion
 - Show relationship to capsule
 - Show relationship to resection margin
 - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
 - Sample both central and peripheral parts of tumor
- Sample any bile ducts with grossly thickened walls, strictures, or cystic dilatation
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

Metastatic Carcinoma:

Four to five cassettes:

- One to two cassettes of metastatic lesion
 - Show relationship to capsule
 - Show relationship to resection margin
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

Pediatric Tumors (hepatoblastoma, mesenchymal hamartoma, embryonal sarcoma, etc. **Please also review the Pediatric Grossing Guidelines):**

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Ten to fifteen cassettes:

- Note: If diagnosis is not known, collecting tissue for possible cytogenetics (in RPMI) or electron microscopy (in glutaraldehyde) may be required. If hepatoblastoma is diagnosed on prior biopsy, no additional studies are required.
- One cassette per 1 cm of lesion
 - Show relationship to capsule
 - Show relationship to resection margin
 - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
 - Sample both central and peripheral parts of tumor
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor