

Head and Neck Pathology Grossing Guidelines

Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (*staging cutoffs: 2 cm, 4 cm*), location, extent, depth (*staging cutoffs: 0.5 cm, 1 cm*), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
 - Show relationship to peripheral/deep margins
 - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
 - Bone margins
 - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

Specimen Type: SALIVARY GLAND RESECTION (partial/total)

Neoplastic:

- Ink surface and bread loaf
 - If un-oriented ink one color
 - If oriented, ink to maintain orientation
- Document size (see salivary gland CAP protocol for staging size cutoffs) describe lesion, location
- Small tumors (3 cm or less): submit entirely
- Large tumors should be sampled to demonstrate tumor type, margins, involvement of contiguous structures
- Look for areas of necrosis, hemorrhage, invasive, and sclerotic areas and submit if present
- Look for and submit lymph nodes
- Section of uninvolved gland

Non-neoplastic:

- Small specimens (less than 10 cassettes): submit entirely
- Large specimens: representative sections
 - One section is adequate for incidental removal of gland (and no gross lesions)
- Look for lymph nodes and submit

Head and Neck Pathology Grossing Guidelines

Gross Template:

Labeled with the patient's name (last name, first name), medical record number (#), designated "****", and received [*fresh/in formalin*] is an [*intact/disrupted*] *** gram, *** x *** x *** cm salivary gland. Sectioning reveals [*describe lesions including size, number color, consistency, involvement of nerve trunks, relationship to remainder of gland and capsule, relationship to resection margin*]. The remaining parenchyma is [*tan, lobulated, fibrotic*]. [*Describe size/number of lymph nodes identified*]. Representative sections are submitted [*describe cassette submission*].

Ink key: Black-external surface