GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: SMALL BOWEL (for TUMOR)

Procedure:

1. Measure the length and range of diameter or circumference.
2. Describe serosal surface, noting color, granularity, presence of indurated or retracted areas, perforation, and presence of enlarged lymph nodes.
3. Measure the width of attached mesentery. Note any enlarged lymph nodes and thrombosed vessels or other vascular abnormalities. Identify the mesenteric margin.
3. Open specimen longitudinally along antimesenteric border, avoiding cutting through the tumor.
4. Measure any areas of luminal narrowing/stricture or dilation (length, diameter or circumference, distance to the closest margin), noting relation to tumor.
5. Describe mucosal surface, appearance and size of tumor, including cut surface. Record distance of tumor from resection margins. Note depth of penetration through intestinal wall. If tumor is a polyp, note presence or absence of stalk, configuration.
6. Ink the serosal surface overlying the tumor. If tumor grossly puckers the serosa, a section must be taken to show the relationship of the tumor to the inked serosa.
7. Mesenteric margin should be examined grossly and documented.

Gross Template:

Labeled with the patient's name (***), medical record number (***), designated ***, and received [*fresh/in formalin*] is a segment of [*provide orientation/un-oriented*] bowel measuring *** cm in length x *** - *** cm in open circumference with two stapled ends. Mesenteric fibroadipose tissue extends *** cm from the bowel wall.

The serosal surface is remarkable for [*describe, if applicable*]. The mucosa is remarkable for a [*describe lesion: size (__ x __ x __ cm), shape (e.g. polypoid, ulcerated, fungating), color, consistency (e.g. soft, firm, friable)*]. Sectioning reveals the [lesion/mass] to have a [*describe color, consistency*] cut surface and grossly [*is superficial, extends into the bowel wall, extends through the bowel wall into the fibroadipose tissue*]. The [lesion/mass] measures *** cm from the proximal margin, *** cm from the distal margin, *** cm from the mesenteric margin and *** cm from the serosal surface [*of the bowel wall/of the mesenteric fibroadipose tissue*].

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions, such as adhesions, plaques, enterotomies, anastomoses, etc.*] The remainder of the mucosa is [*tan, glistening, plicated and unremarkable* or *describe any additional lesions, such as ulcers/erosions, polyps, smooth areas with loss of folds, fibrotic areas, etc.*]. The wall thickness ranges from *** - *** cm. *** of lymph nodes are identified, ranging from *** to *** cm in greatest dimension.

All identified lymph nodes are entirely submitted. [*The lesion/mass is entirely submitted (if applicable, otherwise skip to next sentence)*] Representative sections of the remaining specimen are submitted.

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Ink key:
Black – mesenteric margin adjacent to tumor
Blue –serosal surface overlying the tumor
[*Additional inking description if proximal/distal margins taken perpendicularly*]

Cassette Submission: 10-12 cassettes

- Proximal resection margin, shave
  - Submit perpendicular section if in relationship to lesion
- Distal resection margin, shave
  - Submit perpendicular section if in relationship to lesion
- Mesenteric resection margin nearest to tumor, shave
- One cassette per 1 cm of lesion (OR at least 5 sections of tumor OR if small enough, entirely submit)
  - Show maximum depth of invasion
  - Show nearest approach to serosa
  - Show relationship to unremarkable mucosa
  - Show relationship to any contiguous or adherent organs
  - If lesion is a polyp show the stalk and base in one section if possible
    - If you need to bisect, maintain relationship of base and bowel wall. You may submit the superficial aspect of the polyp separately
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- Submit all lymph nodes identified (no number is recommended)
- **Note:** When a lymphoma is suspected (frequently intramural), submit tissue for flow cytometry and cytogenetics studies. Make touch preps from cut surface.