

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** TOTAL HYSTERECTOMY and SALPINGO-OOPHRECTOMY (benign)

### **Gross Template:**

Labeled with the patient's name (\*\*), medical record number (\*\*), designated "\*\*\*\*", and received [*fresh/in formalin*] is a \*\* gram [*intact/previously incised/disrupted*] [*total/supracervical hysterectomy/ total hysterectomy and bilateral salpingectomy, hysterectomy and bilateral salpingo-oophrectomy*]. The uterus weighs [\*\*grams] and measures [\*\*cm (cornu-cornu) x \*\*cm (fundus-lower uterine segment) x \*\* cm (anterior - posterior)]. The cervix measures \*\* cm in length x \*\* cm in diameter. The endometrial cavity measures \*\* cm in length, up to [\*\*cm wide]. The endometrium measures \*\* cm in average thickness. The myometrium ranges from \*-\*\* cm in thickness. The right ovary measures [\*\*x\*\*x\*\* cm]. The left ovary measures [\*\*x\*\*x\*\* cm]. The right fallopian tube measures \*\* cm in length [*with/without*] fimbriae x \*\* cm in diameter, with a \*\* cm average luminal diameter. The left fallopian tube measures \*\* cm in length [*with/without*] fimbriae x \*\* cm in diameter, with a \*\* cm average luminal diameter.

The serosa is [*pink, smooth, glistening, unremarkable/has adhesions*]. The endometrium is [*tan-red, unremarkable, describe presence of lesions/polyps*]. The myometrium is [*tan-yellow, remarkable for trabeculations, cysts, leiomyoma-(location, size)*]. The leiomyoma are sectioned to reveal [*smooth/whorled/nodular cut surfaces, with/without areas of hemorrhage, necrosis, or calcification*]. The right and left fallopian tubes are [*grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation, etc*]. The cervix is [*grossly unremarkable, presence of Nabothian cysts, lesions*]. The right and left ovary are [*unremarkable, show atrophic changes, describe presence of lesions*]. No lesions or masses are grossly identified. Representative sections are submitted [*describe cassette submission*].

### **Cassette Submission:**

Benign conditions (prolapse, fibroids, adenomyosis): 5-8 cassettes

The endometrium should be entirely submitted in prophylactic hysterectomy specimens with **Lynch syndrome**. After submitting your standard (3) full thickness uterine sections, you can take 'strips' of endometrium with superficial myometrium – please do not submit full thickness sections of entire endometrial cavity. Ask if you need assistance.

- Anterior cervix
- Posterior cervix
- Anterior uterine corpus, full thickness (include leiomyomata if present)
- Posterior uterine corpus, full thickness (include leiomyomata if present)
- Uterine fundus, full thickness (include leiomyomata if present)
- Right and left fallopian tube

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- Two cross sections and fimbriated end
- Right and left ovary
- If any polyps are present, submit in entirety
  - If you need to transect, keep the relationship of base of the polyp to the endometrium to assess for invasion, if malignant
- Representative sections of leiomyomata (use judgement)
  - 3 cassettes if all are grossly unremarkable
  - Sample as many myomas as possible with emphasis on larger myomas.
  - Sections should include periphery of myoma. If submucosal should include endometrium in section of myoma.
  - **If myomas do not have characteristic appearance and have any change in color or consistency, should be brought to attention of the pathologist and additional sampling is indicated.**
- Note: Supracervical hysterectomy - Ink the resection margin of lower uterine segment at the line of excision.

