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.