

PULMONARY PATHOLOGY GROSSING GUIDELINES

Specimen Type: WEDGE RESECTION

Procedure:

1. Describe nature of the specimen (entire lung, lobe, wedge resection).
2. Weigh, measure to the mm and photograph
3. Describe pleural surface, noting color, granularity, presence of adhesions, retraction, tumor. Describe state of inflation and consistency.
4. Inflate the specimen with 10% formaldehyde. Margins should be inked. After fixation, serially section the specimen.
5. Describe cut surface of lung, noting color and consistency and focal lesions. For tumors, describe size, color, consistency, location, relationship to bronchi and closest distance to pleura and margin or resection. Photograph all tumors.
6. Describe lymph nodes, noting location, range of sizes and appearance of cut surface.

Gross Template:

Labeled with the patient's name (***), medical record number (***), designated "****", and received [*fresh/in formalin*] is a *** gram, *** x *** x *** cm [*intact/previously incised*] lung wedge resection. There is a *** cm in length staple line present at the resection margin. The pleura is [*intact/ruptured/smooth/glistening/roughened/puckered*]. There is a [*minimal, moderate, extensive*] amount of anthracotic pigmentation. Sectioning reveals [*describe all lesions including size, color, involvement of pleura, and distance from stapled resection margin*]. The remaining lung parenchyma is [*emphysematous/spongiform/fibrotic/unremarkable*]. Representative sections are submitted [*number of cassettes*].

Ink key:

Blue-stapled resection margin

Green- puckered pleura overlying lesion

Cassette Submission: Entirely submit specimen if less than 3 cassettes. If more than 3 cassettes, representatively sample as below:

- Perpendicular section(s) from margin
- One section per 1 cm of tumor
 - o Show relationship to pleura/unremarkable parenchyma/margin)