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:

MMODAL COMMAND: INSERT SMALL BOWEL

It consists of a segment of [*provide orientation/un-oriented****] bowel measuring [***] cm in length x [***] cm in open circumference with two stapled ends. The 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 __ cm), shape (e.g. polypoid, ulcerated, fungating), color, consistency (e.g. soft, firm, friable)****]. Sectioning of the lesion reveals a [*describe color, consistency, white-tan and firm****] cut surface and grossly [*is superficial, extends into the bowel wall, extends through the bowel wall into the fibroadipose tissue****]. The lesion has a maximum depth of [***] cm. The lesion measures [***] cm from the proximal margin, [***] cm from the distal margin, [***] cm from the mesenteric margin, and [***] cm from the serosal surface.

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, unremarkable* or *describe any additional lesions, such as ulcers/erosions, polyps, smooth areas with loss of folds, fibrotic areas, etc.****]. The uninvolved wall thickness ranges from [smallest to largest***] cm. Multiple lymph nodes are identified, ranging from [*smallest to largest****] cm in greatest dimension.

All identified lymph nodes are entirely submitted. [*The lesion/mass is entirely submitted (if applicable, otherwise skip to next sentence)****] Gross photographs are taken. 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

[*insert cassette summary****]

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.