

Gynecologic Pathology Grossing Guidelines

Specimen Type: TOTAL HYSTERECTOMY/SUPRACERVICAL HYSTERECTOMY WITH ATTACHED PLACENTA

SPECIMEN INFORMATION: These procedures are done for uncontrolled bleeding, placenta accreta and dysplasia. Gross photos are extremely important. **Take multiple external (anterior, posterior and cervical stump) and cut surface photos with cut surface photos showing the deepest involvement of the myometrium. Also include the lower uterine segment and any previous C-section site.**

Reference:

<https://pubmed.ncbi.nlm.nih.gov/26758078/>

Dannheim K, Shanker SA, Hecht JL. Hysterectomy for placenta accreta; methods for gross and microscopic pathology examination. Arch Gynecol Obstet. 2016 May;293(5):951-8. doi: 10.1007/s00404-015-4006-5. Epub 2016 Jan 12. PMID: 26758078.

This full text paper may be consulted for a thorough discussion of grossing for placenta accreta spectrum hysterectomies.

Gross Template:

MMODAL COMMAND: "INSERT PLACENTA UTERUS"

It consists of a [*weight****] gram [*intact/previously incised/disrupted****] [*total/ supracervical hysterectomy and adherent placenta****]. The uterus 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, and up to [*****] cm in width. The endometrium measures [*****] cm in average thickness. The myometrium ranges from [*smallest to largest****] cm in thickness. The right ovary measures [*measure in three dimensions****] cm. The left ovary measures [*measure in three dimensions****] cm. The right fallopian tube measures [*****] cm in length [*with/without****] fimbriae x [*****] cm in average luminal diameter. The left fallopian tube measures [*****] cm in length [*with/without****] fimbriae x [*****] cm in average luminal diameter.

The serosa is [*pink-tan, smooth, unremarkable, remarkable for adhesions****]. [*Describe presence or absence of prior surgical incision site [C-section] –location and if open or closed with sutures***.*] Adherent to the endometrium in the [*anterior/posterior uterine corpus/fundus and does/does not extend to the lower uterine segment****] is a [*measure in three dimensions****] cm singleton placenta. The adherent placenta [*does/does not****] involve the previously mentioned surgical site. The placenta invades the uterine wall for a maximum depth of [*****] cm where the uterine wall measures [*****] cm in maximum thickness.

There is an attached tan-white, [*eccentrically, centrally, peripherally, velamentously****] located [*trivascular/two vessel****] umbilical cord, which inserts [*****] cm from the disk edge. The umbilical cord measures [*****] cm in length x [*****] cm in diameter with [*number****] twists per 10 cm. There [*are/are no****] cord knots, thromboses, or focal lesions present.

The fetal surface is [*pink-purple and smooth****] with [*normal/congested/focally thrombosed****] surface vessels. There is [*scant, moderate, extensive (quantify if extensive)****] subchorionic fibrin present. The [*pink-tan, thin and translucent, green, thickened, opaque****] membranes insert [*peripherally, circummarginate, circumvallate over #% of the disk circumference****]. Sectioning reveals [*describe cut*

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surface and any lesions-intervillous hematomas and infarcts (color, consistency, location)-provide % of placental disk involved***].

The remaining uninvolved myometrium is [pink-tan, remarkable for trabeculations, cysts, nodules-(location, size)***]. [The nodules are sectioned to reveal smooth/whorled/nodular cut surfaces, with/without areas of hemorrhage, necrosis, or calcification (if not applicable, delete this field***)]The right and left fallopian tubes are [grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation***]. 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 additional lesions or masses are grossly identified. Representative sections are submitted. Gross photographs are taken.

INK KEY:

Black Right paracervical soft tissue
Blue Left paracervical soft tissue

CASSETTE SUMMARY:

[***] Anterior cervix
[***] Posterior cervix
[***] Deepest point of placental invasion
[***] Representative previous C-section site
[***] Representative uninvolved uterine wall, full thickness
[***] [Representative leiomyoma's***]
[***] Representative right ovary
[***] Representative left ovary
[***] Representative right fallopian tube
[***] Representative left fallopian tube
[***] Placenta, two sections of cord and membrane
[***] Placenta, base of umbilical cord
[***] Placenta, representative central placenta
[***] [any additional pathology***]

Cassette Submission: (10-20 cassettes)

Uterus

- Show deepest point of placental invasion (3-5 cassettes depending on extent)
- Show relationship of placenta to previous C-section site
- Anterior cervix (if present)
- Posterior cervix (if present)
- Representative uninvolved uterine wall, full thickness
- Representative leiomyoma

Adnexa

- Fallopian tube cross sections and fimbriae
- Cross sections of ovaries

Placenta

- Two sections of cord and membrane roll

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- 1 cassette placenta adjacent to cord insertion
- Any additional pathology (infarcts/intervillous thrombi)

UTERUS—HYSTERECTOMY FOR ENDOMETRIAL HYPERPLASIA OR CARCINOMA

