

## Hepatobiliary Pathology Grossing Guidelines

**Specimen Type:** PARTIAL HEPATECTOMY or LOBECTOMY

### **Gross Template**

#### **MMODAL COMMAND: “INSERT PARTIAL LIVER”**

It consists of a [*lobectomy/partial hepatectomy\*\*\**] weighing [*\*\*\**] grams, measuring [*\*\*\*cm*] (medial-lateral) x [*\*\*\*cm*] (superior-inferior) x [*\*\*\*cm*] (anterior-posterior). The capsule is [*red-tan, smooth, diffusely nodular\*\*\**]. The hepatic resection surface measures [*\*\*\* x \*\*\*cm*].

The specimen is serially sectioned to reveal [*insert # of masses/prominent nodules\*\*\**]. [***For specimens with multiple masses/lesions, state how many are noted, and assign each lesion/mass a designation (such as “mass #1” or “nodule #4”). Duplicate the paragraph below as many times as necessary to document the characteristics of each lesion/mass, use command “insert liver mass” to duplicate paragraph below.***]

Mass/nodule #: [*insert number\*\*\**]

Location: Segment [*\*\*\**]

Necrosis: [*none or %, if necrosis is present state largest dimension of viable tumor in cm\*\*\**]

Description: [*circumscription, shape, color, consistency\*\*\**]

Distance from capsule: [*\*\*\* cm*]

Distance to nearest margin: [*\*\*\* cm from (parenchymal, hepatic artery/vein, portal vein, bile duct) margin (For cholangiocarcinoma, additionally specifically mention the distance to the bile duct margin.)\*\*\**]

Distance from other masses/nodules: [(e.g., 2.0 cm from nodule #1 and 4.5 cm from nodule #2)\*\*\*]

Vascular invasion: [*Not identified [(or describe and identify the vessel, if known/orientable\*\*\*)]*]

The remaining parenchyma is [*firm, red-tan, green-tan, homogeneous, fibrotic, nodular \*\*\**]

Representative sections are submitted. Gross photographs are taken.

#### **INK KEY:**

Black      parenchymal resection margin

Blue      capsule overlying tumor

[*insert cassette summary*]

#### **Cassette Submission:**

##### **Focal Nodular Hyperplasia, Hepatocellular Adenoma, or Hepatocellular Carcinoma:**

Six to ten cassettes:

- One cassette per 1 cm of lesion
  - Show relationship to capsule
  - Show relationship to resection margin
  - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
  - Sample both central and peripheral parts of tumor
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

##### **Cholangiocarcinoma:**

Eight to ten cassettes:

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- Note: Consult pathologist for assistance with orientation before grossing, if needed.
- Intrahepatic/extrahepatic bile duct margins (en face)
- One cassette per 1 cm of lesion
  - Show relationship to capsule
  - Show relationship to resection margin
  - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
  - Sample both central and peripheral parts of tumor
- Sample any bile ducts with grossly thickened walls, strictures, or cystic dilatation
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

### **Metastatic Carcinoma:**

Four to five cassettes:

- One to two cassettes of metastatic lesion
  - Show relationship to capsule
  - Show relationship to resection margin
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor

### **Pediatric Tumors (hepatoblastoma, mesenchymal hamartoma, embryonal sarcoma, etc. **Please also review the Pediatric Grossing Guidelines**):**

Ten to fifteen cassettes:

- Note: If diagnosis is not known, collecting tissue for possible cytogenetics (in RPMI) or electron microscopy (in glutaraldehyde) may be required. If hepatoblastoma is diagnosed on prior biopsy, no additional studies are required.
- One cassette per 1 cm of lesion
  - Show relationship to capsule
  - Show relationship to resection margin
  - Sample all heterogeneous areas (e.g., areas of hemorrhage, fibrosis)
  - Sample both central and peripheral parts of tumor
- Cassettes sampling any additional pathology in the gross description (cysts, hematomas, thrombi, etc.)
- One cassette of unremarkable parenchyma distant from the tumor