

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** TOTAL HYSTERECTOMY and SALPINGO-OOPHORECTOMY (benign)

**Orientation:** The reflection is higher and more blunt on the anterior surface where the posterior surface will extend further down to more of a point



### Gross Template:

#### **MMODAL COMMAND: "INSERT UTERUS"**

It consists of a [weight\*\*\*] gram [intact/previously incised/disrupted\*\*\*] [total/ supracervical hysterectomy/ total hysterectomy /bilateral salpingectomy /bilateral salpingo-oophorectomy\*\*\*]. 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, and up to [\*\*\*] cm in width. The endometrium measures [\*\*\*] cm in average thickness and is [pink-tan and roughed, smooth, unremarkable, presence/absence of lesions/polyps\*\*\*]. 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, smooth, glistening, unremarkable\*\*\*]. The endometrium is [tan-red, unremarkable, describe lesions/polyps\*\*\*]. The myometrium is [tan-pink, remarkable for trabeculations, cysts, leiomyoma (list subserosal, intramural, or submucosa\*\*\*)]. [Sectioning reveals a white-tan and whorled cut surface with no areas of hemorrhage, necrosis, or calcification\*\*\*]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 lesions or masses are grossly identified. Representative sections are submitted.

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### **CASSETTE SUMMARY:**

[**]	Anterior cervix
[**]	Posterior cervix
[**]	Anterior uterine corpus
[**]	Posterior uterine corpus
[**]	Uterine fundus
[**]	Representative right ovary
[**]	Representative left ovary
[**]	Representative right fallopian tube
[**]	Representative left fallopian tube

### **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
  - o Two cross sections and fimbriated end
- Right and left ovary
- If any polyps are present, submit in entirety
  - o 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)
  - o 3 cassettes if all are grossly unremarkable
  - o Sample as many myomas as possible with emphasis on larger myomas.
  - o Sections should include periphery of myoma. If submucosal should include endometrium in section of myoma.
  - o 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.

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