

Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGECTOMY (non-neoplastic resection)

Gross Template:

MMODAL COMMAND: "INSERT FALLOPIAN TUBE"

It consists of a [*disrupted/intact****] salpingectomy measuring [***] cm in length x [***] cm in diameter. Fimbriae are [*present/absent****]. The external surface of the fallopian tube is [*color, texture, adhesions, paratubal cysts****]. The specimen is sectioned to reveal [*describe luminal contents or if unremarkable****]. Representative sections are submitted.

[*insert cassette summary****]

Cassette Submission: 1-2 cassettes

- Grossly unremarkable – submit one representative cross section from proximal, mid, and distal portion and longitudinally bisected fimbriated end
- Adhesions present – submit one section to include adhesions
- Sample cystic areas (if present)
- For **suspected or confirmed high-grade serous carcinoma, BRCA +, PALB2 mutation, or history of breast cancer**, in which **no lesion is grossly identified**, submit entire fallopian tube and ovary using **SEE-FIM protocol**, see sectioning diagram below:
 - Amputate and longitudinally section the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae.
 - The isthmus and ampulla are cut transversely at 0.2-0.3 cm intervals.
 - **In the gross description, mention in the summary of section that the fallopian tube has been submitted in its entirety using the SEE-FIM protocol.**

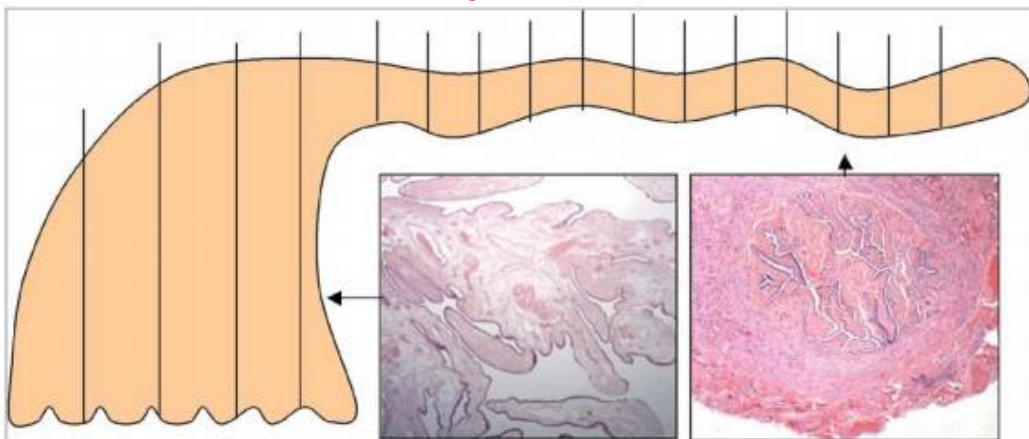


Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al.¹⁰ Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.