

## GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

**Specimen Type:** HIRSCHSPRUNG DISEASE

**Procedure:**

1. Measure the length, diameter or circumference, and wall thickness of resected bowel.
2. Describe serosal surface, noting color, granularity, and presence of indurated or retracted areas, perforation, and presence of enlarged lymph nodes.
3. Open specimen longitudinally.
4. Describe mucosal surface.
5. Pin and fix the specimen overnight
6. Photograph the specimen and create a tissue map, if not entirely submitted.

**NOTE:**

It is very important that the Pathologist can determine the length of the aganglionic segment, so **sections need to be taken sequentially along the length of the bowel.**

**For short segments of bowel** → section and entirely submit, sequentially in order

**For long segments of bowel** → Discuss with the Attending on how to proceed with processing.

**Gross Template:**

**MMODAL COMMAND: INSERT HIRSCHSPRUNG**

[READ DETAILED INSTRUCTIONS IN GROSS MANUAL BEFORE GROSSING]It consists of a segment of [*oriented-provide orientation/un-oriented\*\*\**] bowel measuring [\*\*\*] cm in length x [\*\*\*] cm in open circumference with two stapled ends. The [*Mesenteric/Pericolic\*\*\**] fibroadipose tissue extends [\*\*\*] cm from the bowel wall.

The serosal surface is remarkable for [*describe adhesions, plaques, absence of serosa, full-thickness defects\*\*\**]. The mucosal surface is [*pink-tan and unremarkable or describe lesions/ulcerations/etc.\*\*\**]. Sectioning reveals a [*white, hemorrhagic, etc.\*\*\**] bowel wall with a [\*\*\*] cm average wall thickness.

No lesions or masses are grossly identified. Gross photographs are taken. A photomapping diagram is provided. Representative sections of the specimen are submitted.

**INK KEY:**

Blue        Proximal  
Black       Distal

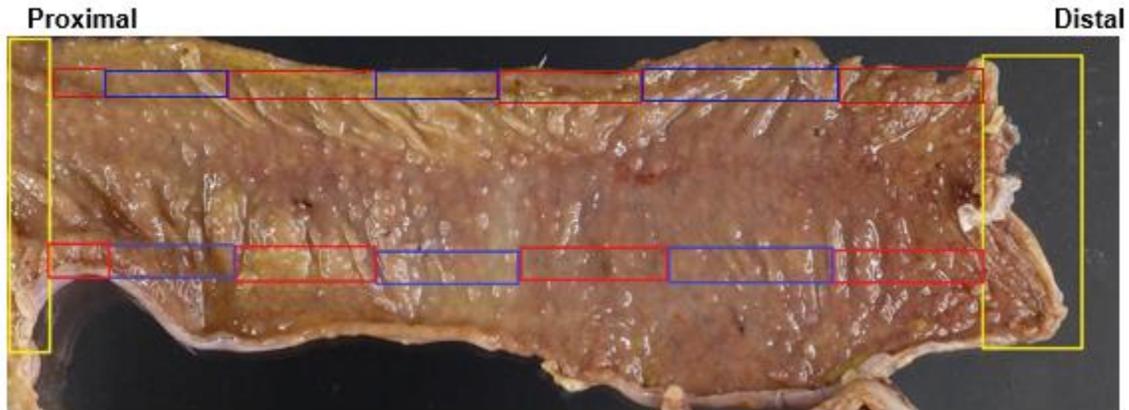
**CASSETTE SUMMARY:**

[\*\*\*]1        Proximal full circumferential margin, shave  
[\*\*\*]2        Distal full circumferential margin, shave  
[\*\*\*]        Mesenteric full longitudinal sections of bowel wall, sequentially submitted from proximal to distal  
[\*\*\*]        Anti-mesenteric full longitudinal sections of bowel wall, sequentially submitted from proximal to distal

## GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

**Cassette Submission:** 5-10 cassettes (*sample submission for a short segment of bowel; see NOTE, above and the diagram below*)

- Proximal (or one end) shave (full circumferential) margin
- Distal (or opposite end) shave (full circumferential) margin
- Full longitudinal sections of bowel wall, sequentially submitted from proximal to distal (or one end to opposite end)



### **How to take longitudinal sections for a short segment of bowel**

1. Take shaves of proximal and distal margins.
2. Section two full length strips of the bowel approximately 180 degrees from each other (mesenteric and antemesenteric aspects) and differentially ink proximal and distal end on each section, submit the sections in order so the entire length of the bowel can be evaluated on the slides.
  - Example of section with proximal end inked blue and distal end inked black

