

PULMONARY PATHOLOGY GROSSING GUIDELINES

Specimen Type: LUNG WEDGE BIOPSY

NOTE: An open lung biopsy, other than performed for a neoplastic mass, is often a medical urgency, done in very ill or dying patients, when the clinicians need a tissue diagnosis to guide potential life-saving therapy for the patient. It is our responsibility to assure that the specimen is processed correctly. If lymphoma is clinically suspected, please request lymphoma work up from the Hemepath team.

Cassette Submission: All tissue submitted – ALL OF THESE BIOPSIES ARE **RUSH SPECIMENS**

Protocols that can be ordered:

Beaker Protocol	Clinical Information	Order
WED	Non-specific	1 HE
WEB	Non-neoplastic/ Non-infectious	Masson-EVG 2 HE
WEG	Non-neoplastic/ Infectious	Masson-EVG AFB GMS fungus 2 HE

Procedure:

1. Measure and weigh.
2. Describe pleural surfaces, noting color and granularity. Describe state of inflation and consistency.
3. If possible, perfuse the specimen with 10% formaldehyde and section the specimen after several hours of fixation. Small wedge biopsies of lung can be shaken vigorously in formalin to expand alveoli.
4. Describe parenchyma, noting color, size, consistency, content of airways and focal lesions.
5. If received very late in the day, such that adequate fixation is a concern, one cassette of the most abnormal tissue should be processed, and the remainder may be held overnight.
6. If fixation is not an issue, the specimen should be entirely embedded and submitted the day received.
7. In any type of case, special stains need not be done on all blocks, only the one that is most abnormal grossly.
 - a. Special stains for infectious diseases should be ordered
8. Submit entire specimen if small or representative sections if large.

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Gross Template:

MMODAL Command: "INSERT LUNG WEDGE"

It consists of a [***] gram, [*** x *** x ***] cm lung wedge. There is a [***] cm in length staple line present at the resection margin. The pleural surface is [*intact/ruptured/smooth/glistening/roughened****]. There is a [*minimal, moderate, extensive****] amount of anthracotic pigmentation. Sectioning reveals [*describe all lesions including size, color, involvement of pleura, and distance from margin****]. The remaining lung parenchyma is [*emphysematous/spongiform/fibrotic/unremarkable****]. The specimen is entirely submitted in [*describe cassette submission****].

INK KEY:

Blue stapled resection margin

[Green pleura overlying mass-**delete if not applicable*****]

Cassette Submission: All tissue submitted.