

Gynecologic Pathology Grossing Guidelines

Specimen Type: MORCELLATED LAPRASCOPIC HYSTERECTOMY

Gross Template:

MMODAL COMMAND: "INSERT MORCELLATED UTERUS"

It consists of a [*weight****] gram morcellated [*total/supracervical hysterectomy****] received in multiple fragments. The fragments range from [*smallest to largest ****] cm in maximum dimension and amount in aggregate to [*measure in three dimensions*] cm. The cervix measures [*****] cm in length x [*****] cm in diameter. The identifiable serosa is [*pink-tan and smooth****]. There is a [*****] cm average endometrial thickness. The identifiable endometrium is [*red and thickened, yellow and atrophic, denuded****]. The myometrium is [*pink-tan, trabeculated, remarkable for cystic spaces (adenomyosis), nodules****]. Sectioning through the nodules reveals [*white-tan and whorled cut surfaces, and presence or absence of hemorrhage, calcification or necrosis****]. No lesions or masses are identified. Representative sections are submitted.

[*insert cassette summary****]

Cassette Submission: 10-15 cassettes maximum

Sections of Fibroids:

- Any suspicious areas of gross hemorrhage/ necrosis and softer consistency must be sampled.
- If small enough-entirely embed (less than 5 cassettes)

Cassette submission for single fibroids:

- Fibroids <1.0 cm and multiple in number --> use no more than five cassettes, each cassette can contain sections from two distinct fibroids.
- Fibroid >1.0 cm up to 5.0 cm --> sample one section per lesion
- Fibroid >5.0 cm up to 10.0 cm --> sample one section per 2 cm, with up to 2 sections per cassette.
- Fibroid >10 cm, sample one section per 2 cm, with up to 2 sections per cassette.
- Please review the specimen with the attending pathologist if not sure what/how much to submit.

Sections of Uterus:

- 2 cassettes of endometrium/myometrium/serosa
- Anterior and posterior cervix
- upper endocervical stump (if identified), perpendicular