

Ophthalmic Pathology Grossing Guidelines

Specimen Type: ENUCLEATION (for specimens with clinical histories such as phthisis bulbi). If removed for melanoma, it is best to email Dr. Glasgow or the pathologist on the service. The eye should be re-fixed in 50% ethanol, after formalin fixation, for easier photography and less exposure to formalin by you!

Procedure:

1. Ink the cut end of the optic nerve margin green.
2. Transilluminate the eye to identify the shadow of a tumor. Ink this area
3. Bisect the eye superior to the optic nerve in the horizontal plane or slightly tilted to cut through the tumor. Then photograph. Examine under dissecting microscope to describe findings.
4. Print two red cassettes and submit (in the outer pocket of the specimen bag) with the eye sections (in a new specimen container) to Histology.
 - a. Remember to keep the original specimen container with Surgical Pathology to hold per standard retention policy.
5. **Place Task Note:** “*Embed both halves in separate cassettes. Section the callotte with the optic nerve.*”

Gross Template:

Labeled with the patient’s name (***), medical record number (***), designated “****”, and received [*fresh/in formalin and transferred to 50% ethanol for 2 days of equilibration*] is a right/left enucleation. [**You can orient the specimen by the position of the inferior oblique and superior oblique muscles**]. The specimen measures *** (AP) x *** (H) x *** (V) cm. The cornea measures *** (V) x *** (H) and the nerve measures < 1 mm in length and appears (***). Trans illumination reveals an opacity measuring *** x *** mm in dimensions. The opacity is located in the *** quadrant and appears *** mm from the limbus and *** mm from the optic nerve. Brightfield stereomicroscopy of the sclera does/does not show discrete superficial pigmentation. The vortex veins are negative/positive for pigmentation.

The eye is cut in the horizontal plane above the optic nerve. Stereomicroscopy reveals a brown pigmented dome shaped mass approximately *** mm at the chord length of the scleral cut and *** mm in tumor height. The retina appears [*attached/detached*] with underlying exudate. The optic nerve appears (***). Gross photographs are taken. The specimen is entirely submitted in [*describe cassette submission*].

Cassette Submission: 2 cassettes

- Submit both halves to histology.
 - Histotech will embed half of eye with optic nerve and keep remainder for permanent sections, if needed.
- **Retinoblastoma** □ consult attending prior to grossing as studies on fresh tissue may need to be performed.
- **Melanoma** □ consult attending. Careful stereomicroscopic examination of sclera, vortex veins, etc. with transillumination and

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inking of certain lesions. The way you cut the specimen will depend on the location of the lesion.