GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: INFLAMMATORY BOWEL DISEASE- Ulcerative Colitis

Procedure:

1. Measure the length and range of diameter or circumference.
2. Measure the terminal ileum and right colon separately for right hemicolectomy specimens.
3. Describe the presence or absence of the appendix for right hemicolectomy and total colectomy specimens. Measure the length and diameter of the appendix if present.
4. Describe the serosal surface of the bowel, noting color, granularity, indurated areas, perforations, stricture, fistula, anastomoses, distribution of fat, adhesions.
5. Open the specimen longitudinally along the antimesenteric border, and make sure to identify the terminal ileum for total colectomy specimen, which is usually 1-2 cm in length and stapled.
6. Measure thickness of the bowel wall.
7. Describe mucosal surface, noting color, ulcers, pseudopolyps, velvety or indurated areas, cobblestoning.
8. Measure the length, diameter or circumference, wall thickness, location (distance from the closest margin or ileocecal valve) and appearance of any stenosis/stricture.
9. Describe the length, diameter, location and appearance of fistula.
10. Indicate extent of disease involvement, and whether it is diffuse, patchy, focal or multifocal. Measure the length or area if focal disease, and document the location (distance to closest margin or ileocecal valve).
11. Describe appearance of the mucosa at the resection margins.
12. Examine mesenteric tissue for lymph nodes, noting size and appearance of representative nodes.

Gross Template:

Labeled with the patient's name (***), medical record number (***), designated ***, and received [*fresh/in formalin*] is a segment of [*oriented-provide orientation/un-oriented*] ileocectomy with two stapled ends. The ileum measures *** cm in length x ***cm in open circumference and is in continuation with a *** cm in length x *** cm in open circumference segment of colon. The appendix measures ***cm in length x ***cm in diameter. Fibroadipose tissue extends ***from the bowel wall. Mesoappendiceal tissue extends up to ***cm away from the appendiceal wall.

The serosal surface is remarkable for [*describe presence of fat wrapping, fistulas, or perforations*]. [*Describe presence of strictures- length, location, luminal circumference, mucosa in this region, and distance to nearest margin].* The mucosal surface is [*tan, red, granular, shows flattened folds]* that involves [*the entire colon/ the distal __cm, which extends to the distal margin]*. Sectioning reveals [*no gross evidence of perforation or abscess formation/ a perforation and/or abscess formation (describe location, size, and distance to nearest margin)*]. There is a ***cm ileal wall thickness and a ***cm average bowel wall thickness.

The remaining ileal and colonic mucosal surface, including the resection margins, is grossly unremarkable. [*No stricture/fistula/lesions are identified*]. The appendiceal

serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions/perforations*]. The appendiceal mucosa is [*tan, glistening, folded, and unremarkable* or *describe any additional lesions*]. The appendix has a ***cm luminal diameter and a ***cm wall thickness. *** of lymph nodes are identified, ranging from *** to *** cm in greatest dimension. Representative sections are submitted.

Cassette Submission: 10-12 cassettes

- Proximal resection margin, shave
- Distal resection margin, shave
- For diffuse mucosal disease (ulcerative colitis) take 1-2 representative sections (in one cassette) every 10 cm sequentially (either from proximal to distal or vice versa).
    - Include transition zone(s)
- Representative sections from diseased areas such ulceration, stricture, adhesion and fistulae. This is usually for Crohn's disease. In that case, there is no need to take sections every 10 cm.
    - Include transition zones of normal and involved areas
- Sections of pseudopolyps/polyps. Submit representative polyps (such as the larger ones) if too many.
- A representative section(s) from anastomosis if present. The location and appearance of anastomosis should be described.
- Look carefully for possible dysplasia or carcinoma (e.g. areas of induration, polyps).
- Representative areas of relatively normal mucosa and transitional areas between relatively normal and dissected bowel.
- Standard sections of the appendix in one cassette, if present
- Representative section(s) of the terminal ileum in one cassette if it is long enough (such as that in a right hemicolectomy specimen); otherwise, a shave of the proximal (ileal) margin will be adequate. However, if the resection is for Crohn's disease in the terminal ileum, sections should be taken for diseased areas as described above
- Representative lymph nodes
    - In an ulcerative colitis case, lymph nodes are generally inflamed and easy to identify grossly. Avoid the temptation to submit all of the grossly identified lymph nodes.
    - No more than 5 lymph nodes need to be submitted, if there is no cancer.