

## Gynecologic Pathology Grossing Guidelines

**Specimen Type:** TOTAL HYSTERECTOMY/SUPRACERVICAL HYSTERECTOMY WITH ATTACHED PLACENTA

**SPECIMEN INFORMATION:** These procedures are done for uncontrolled bleeding, placenta accreta and dysplasia. Gross photos are extremely important. Take multiple external (anterior, posterior and cervical stump) and cut surface photos with cut surface photos showing the deepest involvement of the myometrium. Also include the lower uterine segment and any previous C-section site.

### **Reference:**

<https://pubmed.ncbi.nlm.nih.gov/26758078/>

Dannheim K, Shanker SA, Hecht JL. Hysterectomy for placenta accreta; methods for gross and microscopic pathology examination. Arch Gynecol Obstet. 2016 May;293(5):951-8. doi: 10.1007/s00404-015-4006-5. Epub 2016 Jan 12. PMID: 26758078.

This full text paper may be consulted for a thorough discussion of grossing for placenta accreta spectrum hysterectomies.

### **Gross Template:**

The specimen is received \*\*\* [fresh/in formalin] in \*\*\* containers, each labeled with the patient's name (\*\*\*), medical record number (\*\*\*), and designated sources.

Part \*\*\* is designated "\*\*\*\*". It consists of a \*\*\* gram [intact/previously incised/disrupted] [total/ supracervical hysterectomy/ total hysterectomy and adherent placenta. The uterus measures \*\*\* cm (cornu-cornu) x \*\*\* cm (fundus-lower uterine segment) x \*\*\* cm (anterior - posterior). The cervix measures \*\*\* cm in length x \*\*\* cm in diameter. The endometrial cavity measures \*\*\* cm in length, up to \*\*\* cm wide. A C-section incision is (describe the location and type of incision). The endometrium measures \*\*\* cm in average thickness. The myometrium ranges from \*\*\* to \*\*\* cm in thickness. The right ovary measures \*\*\* x \*\*\* x \*\*\* cm. The right fallopian tube measures \*\*\* cm in length [with/without] fimbriae x \*\*\* cm in diameter, with a \*\*\* cm average luminal diameter. The left ovary measures \*\*\* x \*\*\* x \*\*\* cm. The left fallopian tube measures \*\*\* cm in length [with/without] fimbriae x \*\*\* cm in diameter, with a \*\*\* cm average luminal diameter.

The serosa is [pink, smooth, glistening, unremarkable/has adhesions, mention any sutured previous C-section sites]. Adherent to the endometrium is a \*\*\* x \*\*\* x \*\*\* cm singleton placenta. The placenta is adherent to the [anterior/posterior uterine corpus/fundus and does/not extend to the lower uterine segment]. The adherent placenta does/not involve the sutured previous surgical site. The placenta invades the uterine wall for a maximum depth of \*\*\* cm where the uterine wall measures \*\*\* cm in maximum thickness.

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There is an attached tan-white, [*eccentrically, centrally, peripherally, velamentously*] located trivascular umbilical cord (\*\* cm in length x \*\* cm in average diameter), which inserts \*\* cm from the margin. There [*are/are no*] cord knots, thromboses, or focal lesions present.

The fetal surface is [*pink-purple and smooth*]. There is [*scant, moderate, extensive-quantify if extensive*] subchorionic fibrin present. There [*is/is no*] squamous metaplasia, amnion nodosum, or gross meconium. Surface vessels are [*normal/congested/focally thrombosed*]. The [*pink-tan, thin and translucent, green, thickened, opaque*] membranes insert [*peripherally, circummarginate, circumvallate over #% of the disc circumference*]. There [*is/is no*] accessory lobe present.

Sectioning reveals [*a red-brown cut surface, describe lesions-intervillous hematomas and infarcts (color, consistency, location)-provide % of placental disc involved*]. The remaining parenchyma is [*dark red-purple or light pink-red*] and soft with [*normal, increased*] calcifications.

The remaining uninvolved myometrium is [*pink-tan, remarkable for trabeculations, cysts, leiomyoma-(location, size)*]. The leiomyoma are sectioned to reveal [*smooth/whorled/nodular cut surfaces, with/without areas of hemorrhage, necrosis, or calcification*]. The cervix is [*grossly unremarkable, presence of Nabothian cysts, lesions*]. The right and left ovary are [*unremarkable, show atrophic changes, describe presence of lesions*]. The right and left fallopian tubes are [*grossly unremarkable, remarkable for adhesions, show evidence of prior tubal ligation, etc.*].

No additional lesions or masses are grossly identified. Representative sections are submitted [*describe cassette submission*]. Gross photographs are taken.

Ink Key:

Black - right paracervical soft tissue

Blue - left paracervical soft tissue

### **Cassette Submission:** (10-20 cassettes)

Uterus

- Show deepest point of placental invasion (3-5 cassettes depending on extent)
- Show relationship of placenta to previous C-section site
- Anterior cervix (if present)
- Posterior cervix (if present)
- Representative uninvolved uterine wall, full thickness
- Representative leiomyoma

Adnexa

## Gynecologic Pathology Grossing Guidelines

- Fallopian tube cross sections and fimbriae
- Cross sections of ovaries

### Placenta

- Two sections of cord and membrane roll
- 1 cassette placenta adjacent to cord insertion
- Any additional pathology (infarcts/intervillous thrombi)

