

GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

Specimen Type: ESOPHAGECTOMY

Procedure:

- Portions of the esophagus are usually resected to remove neoplasms, and less frequently because of strictures.
- 1. Measure length of segment and diameter or circumference. Make sure to stretch the esophagus when measuring its length because it shrinks.
- 2. Ink adventitial surface of the esophagus at the lesional site.
- 3. Describe external surface noting areas of retraction, induration, extension of tumor, perforation, presence of enlarged lymph nodes.
- 4. Open esophagus longitudinally. Record thickness of wall. Describe appearance of the mucosa, noting any areas of ulceration, glandular mucosa (which appears pink or tan), tumors, and the degree of narrowing of the lumen caused by such lesions.
- 5. Measure and describe appearance (size, color, texture) of ulcers, tumors and strictured segments. Measure the distance from such lesions to the margins of resection and/or GE junction.
- 6. Stretch and pin the opened esophagus on a board and fix in 10% formalin. If the tumor is large, make several cuts to allow proper fixation.
- 7. After fixation, cut through tumor or ulcer to assess depth of invasion through esophageal wall.
- 8. If no tumor is grossly identified (which is often the case after neoadjuvant therapy of the GEJ tumors), then generally the entire ulcerated area is blocked off and submitted.

Gross Template:

MMODAL COMMAND: INSERT ESOPHAGECTOMY

It consists of an [*intact/disrupted****] esophagectomy with [*two stapled ends, one opened and one stapled end, etc.****]. [*Indicate orientation, if provided****]The esophagus measures [***] cm in length x [***] cm in average open circumference, with a [***] cm average wall thickness. [*Describe other adherent structures if present - parietal pleura, etc.****]

The adventitial surface of the esophagus is [*unremarkable, remarkable for****]. The esophageal mucosal surface is remarkable for a [*describe lesion: size (___ x ___ x ___ cm), shape (e.g. polypoid, ulcerated, fungating), color, consistency (e.g. soft, firm, friable), associated ulceration****]. Sectioning of the lesion reveals a [*white-tan and firm, etc.****] cut surface with a maximum depth of [***] cm. The lesion measures [***] cm from the proximal margin, [***] cm from the distal margin, and [***] cm from the esophageal adventitial margin.

The remainder of the esophageal mucosa is [*pink-tan and glistening with unremarkable longitudinal folds or describe any additional lesions, such as ulcers/erosions, polyps, anastomoses, smooth areas with loss of folds, fibrotic areas, etc****]. [*Number, multiple****] lymph nodes are identified ranging from [*smallest to largest****] cm in greatest dimension.

All identified lymph nodes are entirely submitted. [*The tumor/fibrotic area is entirely submitted (if applicable, otherwise skip to next sentence)****]. Representative sections of the remaining specimen are submitted. Gross photographs are taken.

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INK KEY:

Black Esophageal adventitial margin

*[Additional inking description if proximal/distal margins taken perpendicularly***]*

*[insert cassette summary***]*

Cassette Submission: 15-20 cassettes

- Proximal resection margin, shave
 - o Submit perpendicular section if lesion is close to margin
- Distal resection margin, shave
 - o Submit perpendicular section if lesion is close to margin
- One cassette per 1 cm of lesion (OR at least 5 sections of tumor, OR if small enough, entirely submit)
 - o Show maximum depth of invasion
 - Show nearest approach of tumor to esophageal adventitial margin
 - o Show relationship to unremarkable mucosa
- One cassette of uninvolved esophagus
- One cassette of uninvolved stomach
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.)
- Submit all lymph nodes identified and adventitial soft tissue
 - o Separate gastric and esophageal lymph nodes
 - o No number of lymph nodes is recommended. Usually the entire adventitial soft tissue is submitted for lymph nodes.
- **Note: If no gross tumor is present, block out ulcerated/fibrotic area and entirely submit**