

## GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES

**Specimen Type:** VOLVULUS

**Procedure:**

1. Measure the length, diameter or circumference and wall thickness of resected bowel.
2. Describe the color of serosa and mucosa. Measure the length of discoloration. Describe the color at resection margins.
3. Describe the presence or absence of serosal adhesion(s), and the location (distance to the closest margin) and area of adhesion if present.
4. Describe the presence or absence of perforation, and the size and location (distance to the closest margin) of perforation if present.
5. Describe the dimension or width of mesentery, and the presence or absence of thrombus in mesenteric blood vessels.

**Gross Template:**

**MMODAL COMMAND: INSERT VOLVULUS**

It consists of a segment of [*oriented-provide orientation/un-oriented\*\*\**] bowel measuring [\*\*\*] cm in length x [\*\*\*] cm in open circumference with two stapled ends. [*Mesenteric/Pericolic\*\*\**] fibroadipose tissue extends [\*\*\*] cm from the bowel wall.

[*Describe presence of twisted and/or intussuscepted bowel\*\*\**] The serosal surface is remarkable for [*describe adhesions, plaques, full-thickness defects (perforations or enterotomies)\*\*\**]. The mucosal surface is remarkable for a [*describe areas of ischemia/dyscoloration- size and distance to margins, or presence of pseudomembranes\*\*\**]. Sectioning reveals [*no gross evidence of perforation/ a perforation and/or abscess formation (describe location, size, and distance to nearest margin)\*\*\**].

The remainder of the bowel [*is unremarkable/describe any additional lesions\*\*\**]. Sectioning reveals a [*white-tan, hemorrhagic, etc\*\*\**] bowel wall with a thickness ranging from [*smallest to largest\*\*\**] cm. [*Describe presence of thrombi in mesenteric vessels, if grossly evident\*\*\**] Representative sections of the specimen are submitted. Gross photographs are taken.

[*insert cassette summary\*\*\**]

**Cassette Submission: 2-7 cassettes**

- Proximal resection margin, shave
- Distal resection margin, shave
- 2-3 cassettes of abnormal area/mucosa
  - o Perforations/fistulas should be perpendicular sections showing the relationship of uninvolved mucosa to the defect
- 1 cassette of normal mucosa
- 2 cassettes of large mesenteric blood vessels for ischemic bowel (one cassette can include multiple cross sections of large vessels)
- No lymph nodes are needed