

Hepatobiliary Pathology Grossing Guidelines

Specimen Type: EXTRAHEPATIC BILE DUCT RESECTION

Gross Template:

MMODAL COMMAND: "INSERT EXTRAHEPATIC DUCT"

[REVIEW SPECIMEN WITH ATTENDING] It consists of a resection of *[list all that apply: common bile duct, cystic duct, common hepatic duct, right hepatic duct, left hepatic duct, gallbladder***]*. *[The specimen is received unoriented, or oriented and describe orientation]* The *[list specific duct/common bile duct***]* measures *[***cm]* in length, and ranges from *[give size range of diameter from smallest to largest***]* in diameter. The duct wall thickness ranges from *[give size range from smallest to largest***]* *[Repeat this section for additional duct segments, as necessary-otherwise delete this sentence]*

The *[duct segment/common bile duct***]* is remarkable for *[describe lesion – mass/polyp vs. stricture vs. cystic dilation, size, shape, color, consistency, location; if cystic, describe cyst lining, loculation (uni-/multiloculated), quality of fluid within (serous, mucinous, hemorrhagic, purulent), presence or absence of papillary excrescences or solid nodules, and, if present, describe with the same descriptors listed previously; if strictured, describe, wall thickness, luminal diameter, and mucosal surface of the stricture***]*. The *[lesion***]* is located *[***cm]* from the proximal margin, and *[***cm]* from the distal margin. **[note: in the biliary tree, proximal and distal are designated according to the flow of bile, e.g., the common hepatic duct is proximal to the common bile duct-deleted this from dictation***]** The mass has a maximum depth of *[***cm]*.

The remainder of the mucosal surface of the ducts is *[smooth, tan, glistening, mention any ulcers/erosions, hemorrhagic mucosa, granularity, etc.)***]*. *[Insert number of lymph nodes***]* lymph nodes are identified, ranging from *[give range from smallest to largest***]* in greatest dimension. *[Representative sections are submitted/The specimen is entirely and sequentially submitted from proximal to distal***]*.

INK KEY:

Black radial/adventitial margin
Blue proximal margin
Green distal margin

[Alternatively, separate ink colors can be applied to the radial/adventitial margin of each of the duct segments, e.g., the radial margin of the common hepatic duct is inked black, and the common bile duct is inked blue.*]**

[insert cassette summary]

Cassette Submission:

Ten to fifteen cassettes:

- Note: Consult and show the specimen to pathologist for assistance with orientation before grossing
- Note: All of the ducts in the biliary system are histologically identical: do not include multiple ducts in a single section OR if both are present in a single section, ink them differentially and note the inking in the ink key or cassette summary.
- Proximal duct resection margin (en face)
- Distal duct resection margin (en face)
- Any additional duct resection margins (en face), differentially inked or in separate cassettes
- Sections of tumor

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- Show maximum depth of invasion
- Show nearest approach to radial/adventitial margin
- Cassettes sampling any additional pathology in the gross description (ulcers, polyps, etc.) if not entirely embedding the specimen
- Submit any lymph nodes, if identified

Note: Most extrahepatic biliary resections will typically be submitted entirely. If you have any questions, discuss the case with the assigned pathologist prior to prosecting.