# **GASTROINTESTINAL PATHOLOGY GROSSING GUIDELINES**

## **Specimen Type:** APPENDECTOMY (TUMOR)

### Procedure:

- 1. Measure the length and range of diameter.
  - 2. Measure the width of mesoappendix
  - 3. Describe the external surface and mesoappendix. Note variation in color, presence of exudates, signs of perforation, tumors.
  - 4. Describe the presence or absence of perforation. Measure the size and location of perforation if present.
  - 5. Section the entire appendix transversely at 3 mm intervals except for the tip, which is sectioned longitudinally.
  - 6. Note wall thickness, state of the lumen, luminal contents (mucin, pus, fecaliths, *etc.*). Look for tan or yellow nodules within the wall of the appendix especially at the tip (carcinoid tumor). Note size, location, color and consistency of any tumors

# Gross Template:

## MMODAL COMMAND: "INSERT APPENDIX TUMOR"

It consists of an [*intact/ruptured*\*\*\*] appendix measuring [\*\*\*] cm in length x [\*\*\*] cm in diameter. The attached mesoappendiceal fibroadipose tissue extends [\*\*\*] cm from the wall. There is a [\*\*\*] cm in length staple line at the resection margin. The serosa is [*pink-tan and smooth, red, roughened, describe perforation if present and provide location and distance to margin-check for fecalith in lumen, note presence of tumor deposits and mucin\*\*\*]. The lumen ranges from [<i>smallest to largest\*\*\**] cm in diameter and contains [*mucin, purulent fluid, hemorrhagic fluid, fecal material, fecalith\*\*\**]. The mucosa is remarkable for [*describe lesion-measure in 2 dimensions, color, shape, and location to margin\*\*\**]. Sectioning reveals the lesion [*is grossly superficial, extends into the wall of the appendix, extends to the serosa\*\*\**] and measures [\*\*\*] cm from the appendectomy margin, and [\*\*\*] cm from the serosal surface.

The remainder of the serosa is [*tan, smooth, glistening, and unremarkable* or *describe any additional lesions*\*\*\*]. The remainder of the mucosa is [*tan, glistening, folded, and unremarkable* or *describe any additional lesions*\*\*\*]. Gross photographs are taken. [*Representative sections of the specimen are submitted*/The specimen is entire submitted\*\*\*].

#### INK KEY:

Blue mesoappendix/serosa overlying lesion

[insert cassette summary\*\*\*]

#### Cassette Submission: 8-10 cassettes

- Proximal resection margin, shave
  - Perpendicularly section if lesion approaches the margin (ink the margin if this is the case)
- Longitudinally bisected tip
- Remaining cross sections, entirely submitted sequentially from proximal to distal
  - Only in cases of mucinous neoplasm
- Note: Cases of suspicious or proven appendiceal tumors should typically be submitted entirely. If you have any questions, discuss the case with the assigned pathologist prior to prosecting.