Uterus +/- Adnexa, Non-Tumor

(6.3 Uterus_Adnexa_Non-Tumor); Created October 20th, 2019 by Jeremy Deisch, MD; updated January 24th, 2020 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received ___ is a _ gram [intact/fragmented] uterus [with attached ovaries and/or fallopian tubes]. The uterine corpus measures _ x _ x _ cm, right fallopian tube _ x _ x _ cm, left fallopian tube _ x _ x _ cm, right ovary _ x _ x _ cm, and left ovary _ x _ x _ cm. The [attached/detached] uterine cervix measures _ x _, with a _ cm os.

Major pathologic finding(s): The endometrial cavity measures _ x _ cm, with a [thin/gelatinous/glistening] endometrium averaging _ cm thick. The myometrium averages _ cm in thickness. [endometrial polyps, leiomyomata (describe range of size, location), paratubal cysts, etc]

Specimen Handling: (RS, ___ caps) **SEE-FIM protocol followed**: Yes/No/NA

SUGGESTED SAMPLING

1,2: Anterior and posterior cervix (full thickness to demonstrate radial stromal margin of cervix)
3,4: Anterior and posterior lower uterine segment
5: Anterior endomyometrium, full thickness
6: Anterior endometrium, multiple sections [not full thickness]
7: Posterior endomyometrium, full thickness
8: Posterior endometrium, multiple sections [not full thickness]
9-11: Right fallopian tube, totally embedded
12-14: Left fallopian tube, totally embedded
15: Right ovary, representative section
16: Left ovary, representative section
>17: Lesions (polyps, leiomyomata, cysts)

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A

ADDITIONAL CONSIDERATIONS

- The SEE-FIM protocol (Protocol for **S**ectioning and **E**xtensively **E**xamining the **FIM**briated end of the fallopian tube) should be followed in all hysterectomy specimens for BRCA cancer prophylaxis. This protocol increases the sensitivity for detected intratubal precursor lesions that are not grossly apparent
    - The entire fimbriated end and ampulla are sectioned at 2-3 mm intervals and entirely embedded (on average generating six sections per case as opposed to two sections in classic restricted sampling)
    - The entire ovary is sectioned at 2-3 mm intervals and entirely submitted for examination
- For leiomyomata that are **typical** in gross appearance (well-circumscribed, bulging, whorled, and firm), one section per lesion is recommended sampling
- For leiomyomata that are **atypical** in gross appearance (infiltrative periphery, softened/necrotic, often yellow), sample more thoroughly (1 section per cm of lesion - maximal diameter), focusing on areas of varying gross appearance and on interface with adjacent normal structures
- Polyps, unless very large, should be entirely submitted for histologic analysis
- In fragmented hysterectomy specimens (“morcellated”), sampling normal structures is more difficult. In particular, focus on trying to identify and sample endometrium.