Head and Neck Pathology Grossing Guidelines

Do not cut any HN specimens unless you are fully oriented anatomically

- Orient by anatomic structures (oral tongue, junction of buccal/gingival mucosa, alveolar ridge, angle of jaw, hard palate, etc)
- For mandibulectomies/maxillectomies, please ask for help if unsure
- Ink resection margins
- Describe all abnormalities: size (staging cutoffs: 2 cm, 4 cm), location, extent, depth (staging cutoffs: 0.5 cm, 1 cm), distance to margins
- Sample all margins (if grossly close, e.g. 1 cm, submit perpendicular section; otherwise submit a shave of the margin closest to tumor)
- Sample tumor:
  - Show relationship to peripheral/deep margins
  - Show maximum depth of invasion
- Specimens containing mandible or maxilla:
  - Bone margins
  - Sections of bone adjacent to tumor or gross involvement of bone
- Diagrams and gross photos are appreciated

Specimen Type: SALIVARY GLAND RESECTION (partial/total)

Neoplastic:
- Ink surface and bread loaf
  - If un-oriented ink one color
  - If oriented, ink to maintain orientation
- Document size (see salivary gland CAP protocol for staging size cutoffs) describe lesion, location
- Small tumors (3 cm or less): submit entirely
- Large tumors should be sampled to demonstrate tumor type, margins, involvement of contiguous structures
- Look for areas of necrosis, hemorrhage, invasive, and sclerotic areas and submit if present
- Look for and submit lymph nodes
- Section of uninvolved gland

Non-neoplastic:
- Small specimens (less than 10 cassettes): submit entirely
- Large specimens: representative sections
  - One section is adequate for incidental removal of gland (and no gross lesions)
- Look for lymph nodes and submit
Gross Template:
Labeled with the patient’s name (last name, first name), medical record number (#), designated “***”, and received [fresh/in formalin] is an [intact/disrupted] *** gram, *** x *** x *** cm salivary gland. Sectioning reveals [describe lesions including size, number color, consistency, involvement of nerve trunks, relationship to remainder of gland and capsule, relationship to resection margin]. The remaining parenchyma is [tan, lobulated, fibrotic]. [Describe size/number of lymph nodes identified]. Representative sections are submitted [describe cassette submission].

Ink key: Black-external surface