Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGECTOMY (non-neoplastic resection)

Gross Template:
Labeled with the patient’s name (**), medical record number (**), designated “***”, and received [fresh/in formalin] is a [disrupted/intact] salpingectomy measuring *** cm in length x *** cm in diameter. Fimbriae are [present/absent]. The external surface of the fallopian tube is remarkable for [color, texture, adhesions, paratubal cysts]. The specimen is sectioned to reveal [describe luminal contents]. Representative sections are submitted [describe cassette submission].

Cassette Submission: 1-2 cassettes

- Grossly unremarkable – submit one representative cross section from proximal, mid, and distal portion and longitudinally bisected fimbriated end
- Adhesions present – submit one section to include adhesions
- Sample cystic areas (if present)
- BRCA or breast cancer- entirely embed using SEE-FIM protocol

Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube. This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al.15 Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.