

DERMATOPATHOLOGY GROSSING GUIDELINES

QI Project Potocol:

- Process margins separately as **RUSH**
 - For larger excisions which require consulting with attending still **RUSH** en face sampled margins or any margin sampled
- Use a case flag for cases that a HN surgeon performs the skin excision

RUSH CASES:

For all RUSH cases, the dermpath fellows AND the skin service resident should be notified via email about the case.

Specimen Type: LARGE or WIDE SKIN EXCISION

Procedure:

1. Photograph specimen
2. Measure and orient, if applicable
 - a. You may re-designate a suture to a clockface orientation. However, if a suture is designated in a clockface pattern, you must keep provided orientation.
 - i. Suture on tip indicates superior. May be redesignated as 12:00.
 - ii. Suture on long edge indicates 12:00. This may NOT be redesignated as 3:00.
3. Describe epidermis and note presence of lesion and/or scar- describe size, shape, borders, and distance to margins.
 - a. If lesion is far from peripheral margins- take a thin shave of the peripheral margin and submit, en face. Designate clockface orientation in cassette summary.
 - b. If lesion is close to peripheral margin submit perpendicular sections to closest margin. Submit the remainder of the peripheral margin, en face.
4. Serially section and describe cut surface of lesion, measuring the maximum thickness of the lesion and the distance from the deep margin.

Gross Template:

Labeled with the patient's name (**), medical record number (**), designated "****", and received [fresh/in formalin] is an [oriented-describe orientation if provided/unoriented] skin ellipse measuring ** x ** cm, excised to a depth of ** cm. The epidermis [Describe any lesions – including size, type, borders, color, shape, distance to all margins].

The specimen is serially sectioned to reveal [describe cut surface and depth of invasion]. [Describe remaining cut surface and presence of satellite lesion(s)]. The specimen is entirely submitted/Representative sections are submitted.[describe cassette submission].

INK KEY (if oriented):

Blue- 12-3 o'clock

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Red- 3-6 o'clock

Green- 6-9 o'clock

Orange- 9-12 o'clock

Deep -Purple

INK KEY (if unoriented):

Green- resection margin

Cassette Submission: up to 20 cassettes

- Tips
- Melanoma- block out and submit entire scar/lesion and satellite nodules
- BCC/SCC- submit entirely, unless very large. You may consult with attending

