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: TONSILLECTOMY/ ADENOIDECTOMY

Gross Template:
Labeled with the patient’s name (last name, first name), medical record number (#), designated “***”, and received [fresh/in formalin] is a ***gram, *** x *** x *** cm [tonsillectomy/adenoidectomy]. Sectioning reveals [tan, smooth, homogenous cut surfaces with cryptic architecture]. Representative sections are submitted [describe cassette submission].

Cassette Submission: 1 cassette with representative cross section(s)