

Small Bowel, Non-Tumor

(4.7 Small_Bowel_Non-Tumor); Updated Shawn Maclary, PA(ASCP)

SAMPLE DICTATION

Mekel Diverticulum:

(Labeled: Last name, First name; ileum) Received in formalin is an 8 cm long segment of small bowel averaging 4.5 cm in circumference and is stapled at both ends. There is attached mesentery extending up to 2 cm from the wall. A suture at one end indicates proximal. In the center of the antimesenteric side of the bowel is a villiform diverticulum measuring 1.8 x 1.2 x 0.6 cm, 4.8 cm from the proximal margin and 3 cm from the distal margin. The small bowel mucosa immediately adjacent to the diverticulum is red and denuded. Within the diverticulum is a 0.8 x 0.5 x 0.3 cm tan mucosal nodule. The remaining small bowel has an average wall thickness of 0.5 cm and normal tan mucosa with circular folds.

Ink key: Blue - proximal staple line; black - distal staple line

Representative sections are submitted in 5 blocks.

Block key:

- A1. Perpendicular sections of proximal margin
- A2. Perpendicular sections of distal margin
- A3. Central diverticulum with mucosal nodule
- A4. Denuded small bowel mucosa adjacent to diverticulum
- A5. Uninvolved small bowel and mesentery

Ischemic bowel:

(Labeled: Last name, First name; small bowel) Received fresh and subsequently fixed in formalin is a 20 cm long unoriented small bowel segment ranging from 4 to 6 cm in circumference and stapled at both ends. There is attached mesentery extending up to 3 cm from the wall. Within the lumen is bloody fluid. The central 16 cm of the bowel is markedly dusky with transmural dark red discoloration. The mucosa is granular and the wall is focally attenuated to 0.1 cm with loss of normal folding. This region is 3 cm from one margin and 1 cm from the opposite margin. The uninvolved bowel is 0.5 cm thick and has tan mucosa with normal circular folds. Blood clot is found within some of the large caliber vessels of the mesentery. Also, several candidate lymph nodes are identified ranging from 0.5 to 1 cm in greatest dimension.

Ink key: Black - both staple lines

Representative sections are submitted in 4 blocks.

Block key:

- A1. Shave margin of small bowel closer to dusky region
- A2. Opposite shave margin of small bowel
- A3. Dusky attenuated small bowel
- A4. Mesentery with clot-filled vessels and candidate lymph nodes

SUGGESTED SAMPLING

5 blocks for meckel diverticulum

4 blocks for ischemic bowel and other non-neoplastic small bowel resections (small bowel obstruction, anastomosis revision, etc.)

STAGING CRITERIA (AJCC 8TH EDITION)

- Not applicable

ADDITIONAL CONSIDERATIONS

- Review clinical history, which will help focus the description and sections needed. Small bowels are typically resected as a part of a larger case. If removed for tumor or inflammatory bowel disease, use appropriate template.

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