Uterus +/- Adnexa, Non-Tumor

(6.3 Uterus_Adnexa_Non-Tumor); Created October 20th, 2019 by Jeremy Deisch, MD; updated July 25th, 2022 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received ___ is a _ gram [intact/fragmented] uterus [with attached ovaries and/or fallopian tubes]. The uterine corpus measures _ x _ x _ cm, right fallopian tube _ x _ x _ cm, left fallopian tube _ x _ x _ cm, right ovary _ x _ x _ cm, and left ovary _ x _ x _ cm. The [attached/detached] uterine cervix measures _ x _, with a _ cm os. The endometrial cavity measures _ x _ cm, with a [thin/gelatinous/ glistening] endometrium averaging _ cm thick. The myometrium averages _ cm in thickness. [endometrial polyps, leiomyomata (describe range of size, location), paratubal cysts, etc]

Specimen Handling: (RS, ___ caps) **SEE-FIM protocol followed**: Yes/No/NA

SUGGESTED SAMPLING

1,2: Anterior and posterior cervix (full thickness to demonstrate radial stromal margin of cervix)
3,4: Anterior and posterior lower uterine segment
5: Anterior endomyometrium, full thickness
6: Anterior endomyometrial junction, multiple sections
7: Posterior endomyometrium, full thickness
8: Posterior endomyometrial junction, multiple sections
9-10: Right fallopian tube, fimbriated end totally embedded
11-12: Left fallopian tube, fimbriated end totally embedded
13: Right ovary, representative section
14: Left ovary, representative section
> 15: Lesions (polyps, leiomyomata, cysts, etc.)

ADDITIONAL CONSIDERATIONS

- For all hysterectomy cases not for tumor or BRCA prophylaxis, totally embed the fimbriated ends of the fallopian tubes; then submit representative sections of the isthmus (usually two caps per side is sufficient). This step aids in detecting incidental precursor lesions in the fallopian tubes.
- The SEE-FIM protocol (Protocol for **S**ectioning and **E**xtensively **E**xamining the **FIM**briated end of the fallopian tube) should be followed in all hysterectomy specimens for BRCA cancer prophylaxis. This protocol increases the sensitivity for detecting intratubal precursor lesions that are not grossly apparent
    - The entire fimbriated end and ampulla are sectioned at 2-3 mm intervals and entirely embedded (on average generating six sections per case as opposed to two sections in classic restricted sampling)
    - The entire ovary is sectioned at 2-3 mm intervals and entirely submitted for examination
- For leiomyomata that are **typical** in gross appearance (well-circumscribed, bulging, whorled, and firm), one section per lesion is recommended sampling
- For leiomyomata that are **atypical** in gross appearance (infiltrative periphery, softened/necrotic, often yellow), sample more thoroughly (1 section per cm of lesion - maximal diameter), focusing on areas of varying gross appearance and on interface with adjacent normal structures
- Polyps, unless very large, should be entirely submitted for histologic analysis
- In fragmented hysterectomy specimens (“morcellated”), sampling normal structures is more difficult. In particular, focus on trying to identify and sample endometrium.