Appendix, Non-Tumor

(4.9 Appendix_Non_Tumor); Created August 9th, 2019 by Robert J. Propst, MD; Last edited January 27th, 2020 by Jeremy Deisch, MD

SAMPLE DICTATION

(Labeled: ___, ___; ___) Received [fresh/in formalin] is a ___ x ___ x ___ cm appendix [without attached/with a ___ x ___ cm attached mesoappendix.

Major pathologic finding(s): The serosa surface is [erythematous/covered in exudate]. There is/is not a defect in the appendiceal wall. The meso-appendix appears ___. The lumen contains ___ [blood clot/pus/mucin/fecalith). Discrete mural nodules [are/are not] identified.

Specimen Handling: (RS / TE, ___ caps). Ink Key: ___ [*not generally needed unless gross tumor or suspicion of malignancy*]

SUGGESTED SAMPLING

1: Distal appendix tip, bisected; Proximal resection margin, shave
2-3: Representative cross sections (one if there is gross purulence; always sample site of mural perforation)

STAGING CRITERIA (AJCC 8TH EDITION)

- N/A

ADDITIONAL CONSIDERATIONS

- If mucin can be seen grossly, or if a mucinous tumor is suspected clinically, then totally embed the appendix (with careful attention paid to mesoappendiceal and proximal margin status).
- If the appendix is removed secondary to appendicitis and the appendix appears grossly normal on exam, then totally embed the appendix.

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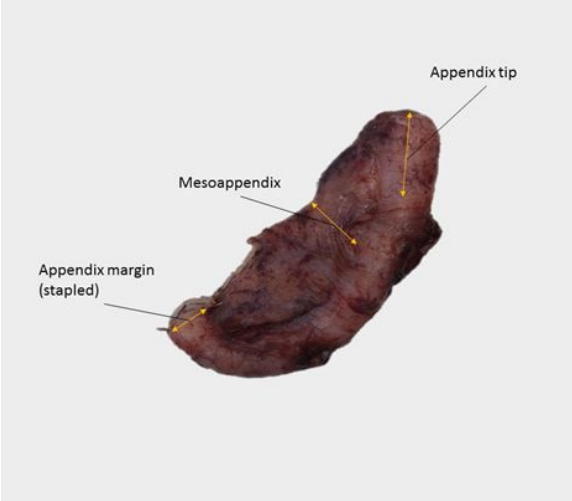
SPECIMEN APPROACH

Appendices are generally removed due to acute appendicitis, occasionally "incidentally" during operations for other reasons, and as part of a right colectomy. Appendices may be received fresh (rarely) or in pre-filled formalin containers. Often, when the surgery is performed laparoscopically, the specimen may be inside a plastic baggie within the container. Non-neoplastic appendices should be grossed the same day they are received. If the appendix is abnormally dilated without evidence of inflammation, it may be due to a neoplasm and would need to be handled as such, refer to the **APPENDIX, TUMOR** page. If an incidental nodule, lesion, or mucinous content is identified during gross examination, refer to the **APPENDIX-TUMOR** page.

1. Identify the margin, messoappendiceal fat, and tip of the appendix. The margin may be stapled or show corrugated indentations from a hemostat



2. Record the dimensions, including the width of the mesoappendix

3. Document the color and any irregularities of the serosa: adhesions, transmural defects, exudate, plaques

4. Remove the staple line at the margin if present. Cut a 3 mm cross section; this will be your appendectomy margin

5. Remove a 2 cm long portion of the tip and bisect longitudinally

6. Serially cross section the remaining appendix in 3 mm slices

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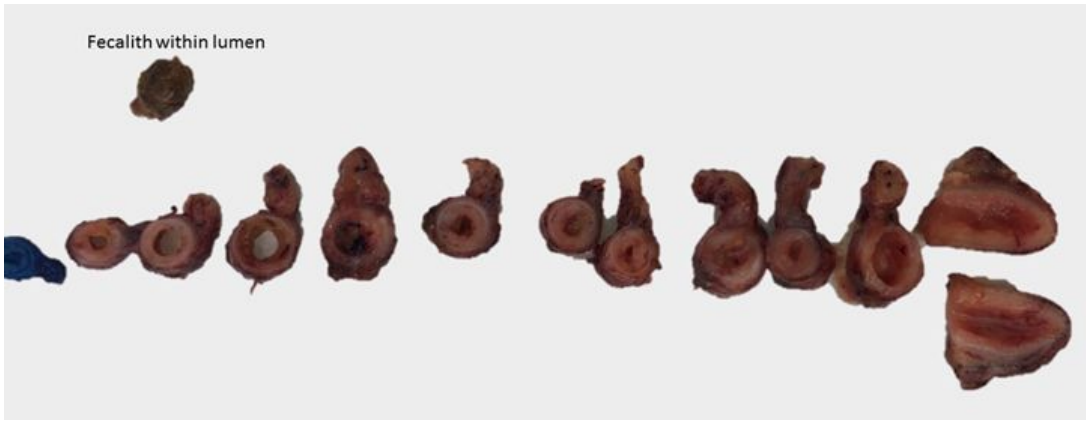

7. Record the wall thickness, lumen diameter, and luminal contents (fecalith, foreign material, pus, blood, or mucoid material

8. Submit as follows:
    a. Cap 1: One section of bisected appendiceal tip, cross section at appendectomy margin
    b. Cap 2: Representative cross sections from mid appendix; include sites of perforation, fecalith, or any other gross abnormality in these sections