**Purpose**

Very often, cardiac valves are received as a collection of fragments, and adequate gross assessment is difficult or impossible.  Should the valve be received intact or in large enough pieces to be "reconstructed", the specimen should be photographed, preferably from different aspects.

Generally the gross aspects of the valve are of greater diagnostic valve than are the histologic features.  Accordingly, the gross description should include, to the extent possible, the following information:

* Presence or absence of fibrous thickening; the degree (i.e., mild to severe, with measurements of thickness if extreme) and extent (focal, diffuse).
* Presence or absence of calcification; degree and extent.
* Mobility of leaflets.
* Deficiency of leaflets (perforation, retraction, etc.)
* Excess of valvular tissue (hooding, redundancy)
* Condition of commissures (Is fusion present?  To what degree?)
* Condition of the chordae tendineae (fused, shortened, elongated, ruptured)
* Presence or absence of vegetations
* Number of cusps (e.g., bicuspid aortic valve)
* Estimate of valvular stenosis or incompetence (if more or less intact)

**Procedure**

* Measure the valve leaflet fragments in aggregate.
* Describe external surfaces including attached chordae, vegetations, fenestrations or calcific depositions.
* Describe cut surfaces. Myxomatous, calcified, internal atheromas, etc.
* Photograph all valves that are stenotic due to nodular dystrophic calcifications. If stenotic due to dystrophic calcifications, use “valve” template as a gross diagnosis-be sure to choose appropriate site (i.e. aortic valve, pulmonic valve, etc.).

***Sections for Histology***

* Valves with nodular dystrophic calcifications are for GROSS ONLY and must be photographed. No sections are needed.
* For all other valves, a representative section is to be taken. This can usually be accomplished in 1 cassette.