**Procedure**

**Ectopic pregnancy**

It is important to recognize and specify whether a salpingectomy or salpingotomy has been performed. Salpingectomy is total removal of the fallopian tube while salpingotomy refers to incising the wall, then removing the contents of the fallopian tube

**Handling/description:**

a) Length, greatest diameter, serosal abnormalities (adhesions, hemorrhage, rupture), presence or absence of the fimbriated end

b) Presence of grossly obvious chorionic villi or fetal parts

**Sections:**

a) Submit chorionic villi. If none seen, submit entire specimen

b) Submit representative sections of fallopian tube, if received

**Fallopian tube carcinoma**

The diseased fallopian tube will usually be submitted as part of a hysterectomy specimen. The key here is documenting a tumor mass arising within the fallopian tube, with or without tumor in the ovary, in order to ascertain likelihood of a "fallopian tube primary carcinoma".

**Handling**

a) Remove the affected adnexa from the uterus

b) Handle uterus and ovaries separately

c) Photograph! Photograph! Photograph!

**Description:**

a) Fallopian tube:

1. Weigh the specimen. Give measurements in 3 dimensions
2. Describe the lesion: Size, depth of invasion into muscular wall, serosal and/or ovarian involvement by tumor, cross sectional relationship to the fallopian tube lumen, presence or absence of fimbria

b) Ipsilateral ovary

1. Describe the ovary in relationship to the adjacent fallopian tube, measuring any tumor involvement, cysts, excrescences, papillations, areas of hemorrhage adhesion or necrosis

c) Tubo-Ovarian Complex

1. It may not be possible to distinguish the fallopian tube from the adjacent ovary if the anatomy is distorted due to tumor involvement, previous scarring, previous endometriosis or other processes creating a phlegmon of tube and ovary
2. Describe the mass, identifying any structures and photographing (with annotations) to document sections taken and which sections you suspect contain fallopian tube or ovary

**Sections**

a) Fallopian tube:

1. Submit one section of tumor for each centimeter of largest tumor diameter, including sections from deepest area of invasion, and areas demonstrating transition from "normal" fallopian tube to the tumor.
2. Submit all portions of recognizable fimbria in their entirety
3. The remainder of the ampulla and proximal fallopian tube should be entirely submitted as transverse sections.

b) Ovary:

1. Submit any tumor nodules from the ovarian parenchyma and any portions of the ovary with adjacent fallopian tube in order to document transition from tubal epithelium to ovarian surface. The whole ovary should be submitted (microscopic tumor implants may be present on the ovarian surface).