**Purpose**

To establish a procedure for the handling and grossing of small bowel specimens for PA’s and residents in the department of pathology.

**Procedure**

1. Open the specimen along the antimesentaric border, taking care to avoid cutting through mass if possible, and leaving the margins intact. Let fix.
2. Measure the length and diameter/open circumference, noting any strictures or dilated areas.
3. Ink serosa and/or mesenteric margins if lesion appears close.
4. Give 3 dimensional measurement and description of mass including depth of invasion. (Ulcerated, polypoid, fungating, etc.)
5. Give the distance to margins.
6. If more than one, give distance between masses.
7. Wall thickness. Does it appear thin, thickened or edematous?
8. Search adipose tissue for all lymph nodes.

Sections for histology:

1. Margins if less than 2cm from mass.
2. Mass with deepest depth of invasion.
3. Lymph nodes.
4. Any other gross abnormalities

Sample dictation:

1. Labeled “Ileum”. Received in formalin in a large container is a 16.5 cm in length unoriented portion of small bowel. The serosa is pink-tan and smooth with a scant amount of attached mesenteric adipose tissue. Opening reveals an open circumference measuring 4.2 cm. The mucosa is remarkable for 2 yellow rubbery lesions measuring 0.9 x 0.9 cm, and 1.4 x 1.2 cm, both with a depth of invasion of 0.2 cm. Both lesions are located greater than 1 cm for each margin, and are located 7.3 cm from each other. The remaining mucosa appears grossly unremarkable. The wall measures 0.3 cm in thickness.

Palpation and dissection of the adipose tissue reveals 7 lymph node candidates ranging from 0.2 cm to 0.8 cm in greatest dimension.

Cassette summary:

A1-A2. Smallest mass including greatest depth of invasion (2ss each).

A3-A4. Largest mass including greatest depth of invasion (1 ss each).

A5. 4 intact lymph node candidates (4ns).

A6. 3 intact lymph node candidates (3ns).