**Purpose**

Appendices are usually removed due to appendicitis or accompanying other operations; however, they also may contain incidental tumors or other lesions. Appendicitis, at times, can be grossly apparent as fibrinous exudate or perforations. Subtle cases of acute appendicitis may appear grossly unremarkable. The most common tumor of the appendix is a well differentiated neuroendocrine tumor, most of which are found “incidentally.” Other important tumors of the appendix include LAMN, goblet cell adenocarcinoma, and sessile serrated polyps. Benign lesions of the appendix include endometriosis, diverticula, and infections.

**Note**: If a LAMN is suspected clinically or grossly, note if mucin is visible in the mesoappendix or on the outside of the appendix, along with the presence of any perforations. In addition, submit the entire appendix and the entirety of any mucin in the mesoappendix

**Procedure**

* Measure length and diameter and note mesoappendix or staple lines.
* Describe serosa (unremarkable, perforations, mucin, fibrinous exudate, edema, hyperemia, etc.)
* Transect and bivalve the tip within at least a 2 cm segment.
* Shave the staple line from the margin and ink margin. Submit the true margin en face.
* Serially section the remaining appendix in 2-3 mm intervals.
* Describe cut surfaces (unremarkable, fecalith, diverticulum, purulent material, mucin, thickened wall or mass)
* If a mass or suspicious focus of thickened wall is identified, measure in 3 dimensions, note location and distance to margin.
* Describe mesoappendix (unremarkable, mucin present, edematous, etc.)
* Take photos if tumor or suspicious areas are identified.

***Sections for Histology***

Generally, most appendices for appendicitis can be submitted in one cassette.

* For minimum sections: In one cassette, submit bi-valved tip, inked margin of resection (en face) and any pertinent cross sections. DO NOT OVER STUFF CASSETTE. SUBMIT AN ADDITIONAL CASSETTE IF NECESSARY.
* If tumor or suspicious areas are identified, submit appendix entirely. MAKE SURE TO INK AND DESIGNATE MARGIN.

**\*All appendectomy resections must have tip and margin of resection submitted. No exceptions.**

***Sample Dictation***

1. Received in a small container filled with formalin is a 5.0 cm in length x 1.0 cm in diameter appendix with attached mesoappendix. The serosa is remarkable for a 0.3 cm perforation located at the tip, with surrounding areas of fibrinous exudate. Sectioning reveals edematous cut surfaces remarkable for purulent material within the lumen. No other abnormalities are identified. The mesoappendix is unremarkable.

Cassette Summary:

A1. Appendix including tip, margin (inked blue) and perforation. (ss)