Gynaecological Specimens

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Gynaecological Specimens

Approach to cut up

Benign conditions
Cancer Specimens

Benign Conditions

- Vulval biopsies – like skin samples, levels
- Cervical biopsies – usually pre-cassetted, levels x 3 minimum
- Cervical polyps – describe, bisect if necessary
- Endometrial curettings – embed all
- Endometrial polyps – describe, bisect or multiple sections if necessary. Good to block everything
- TCRE – sensible sampling
- POC – weight, dimensions, note vesicles and fetal parts

Benign Conditions

- Hysterectomy – weight, dimensions, comments on cervix and serosa, endometrium and myometrium, lesions (eg fibroids and adenomyosis). Useful to have cervical cytology screening history. If significant, sample more or all of the cervix
- Tubes for sterilisation – embed clean X-sections
- Tubes for ectopics – length and diameter, sample across dilated portion and away from it for underlying pathology
- Tubes for prophylaxis – embed all with longitudinal sections of fimbria
- Ovarian cysts – comment on lining, solid areas, sensible sampling

Gynaecological Cancer Specimens

Gynaecological Cancer Pathology

Recent Developments

- Guidelines (IOG, RCPath, FIGO, NHSCSP)
- Unit -vs- Centre
- Specialisation
- Networking
- Minimum Datasets
- Molecular biology

Gynaecological Cancer Pathology

	Unit	Centre
Endometrial Cancer	Low grade	High grade
Cervical Cancer	Early stage (loop treatment)	All others
Vulval Cancer	-	All
Ovarian Cancer	Some/ non-complex	Complex cases/ All

Importance of Cut-up

To comply with minimum data-sets

To answer specific questions

To stage

- endometrial (lymph nodes)
- ovarian (borderline tumours, lymph nodes)
- vulval (lymph nodes)
- cervical (early invasive and margins)

To assess effect of therapy (ovarian cancer debulking)

Endometrial Cancer Pathology

Role of Pathology

- Subtype
- Grade
- Stage (corpus and cervix sampling, lymph nodes, omentum)

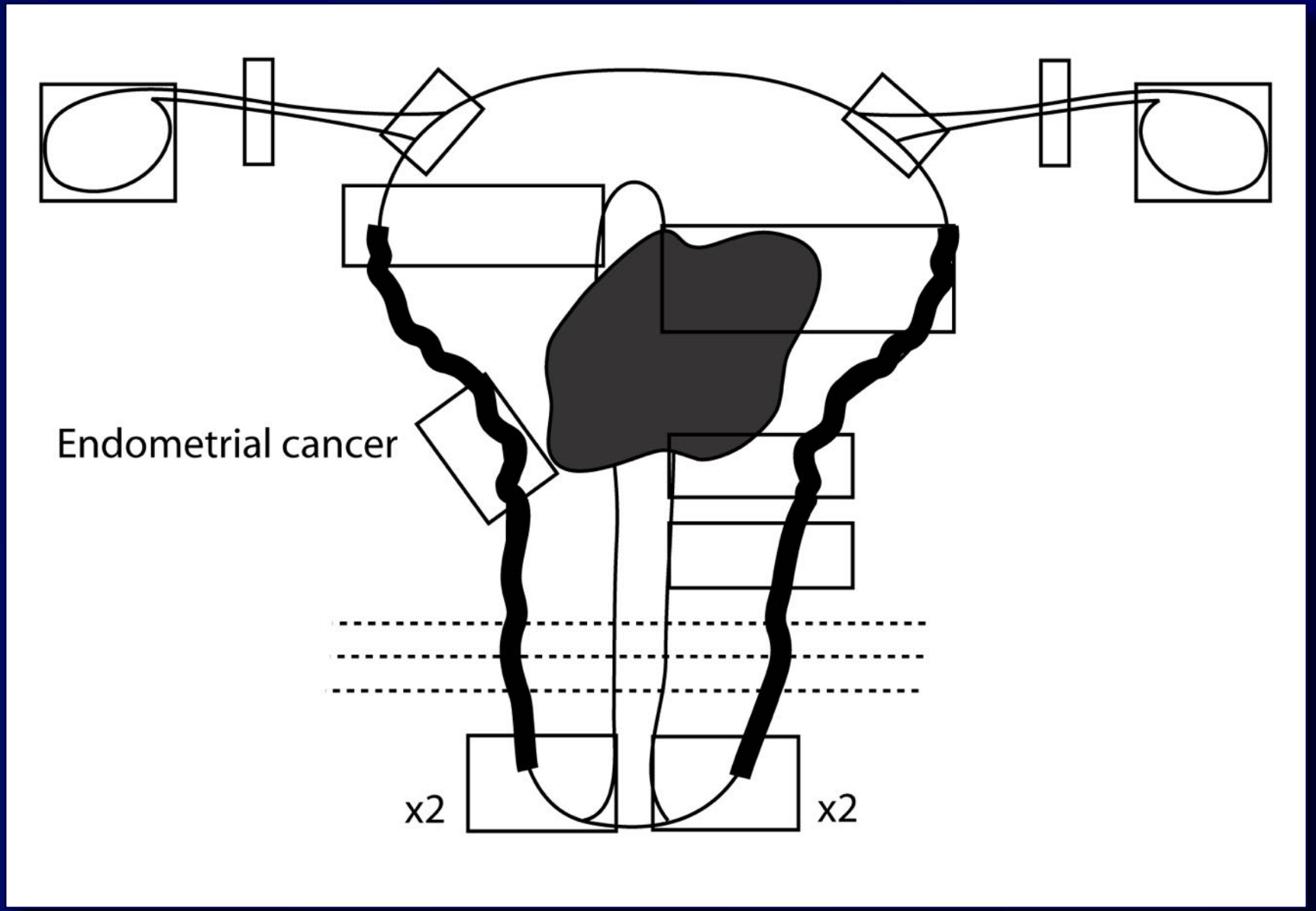
Endometrial Cancer

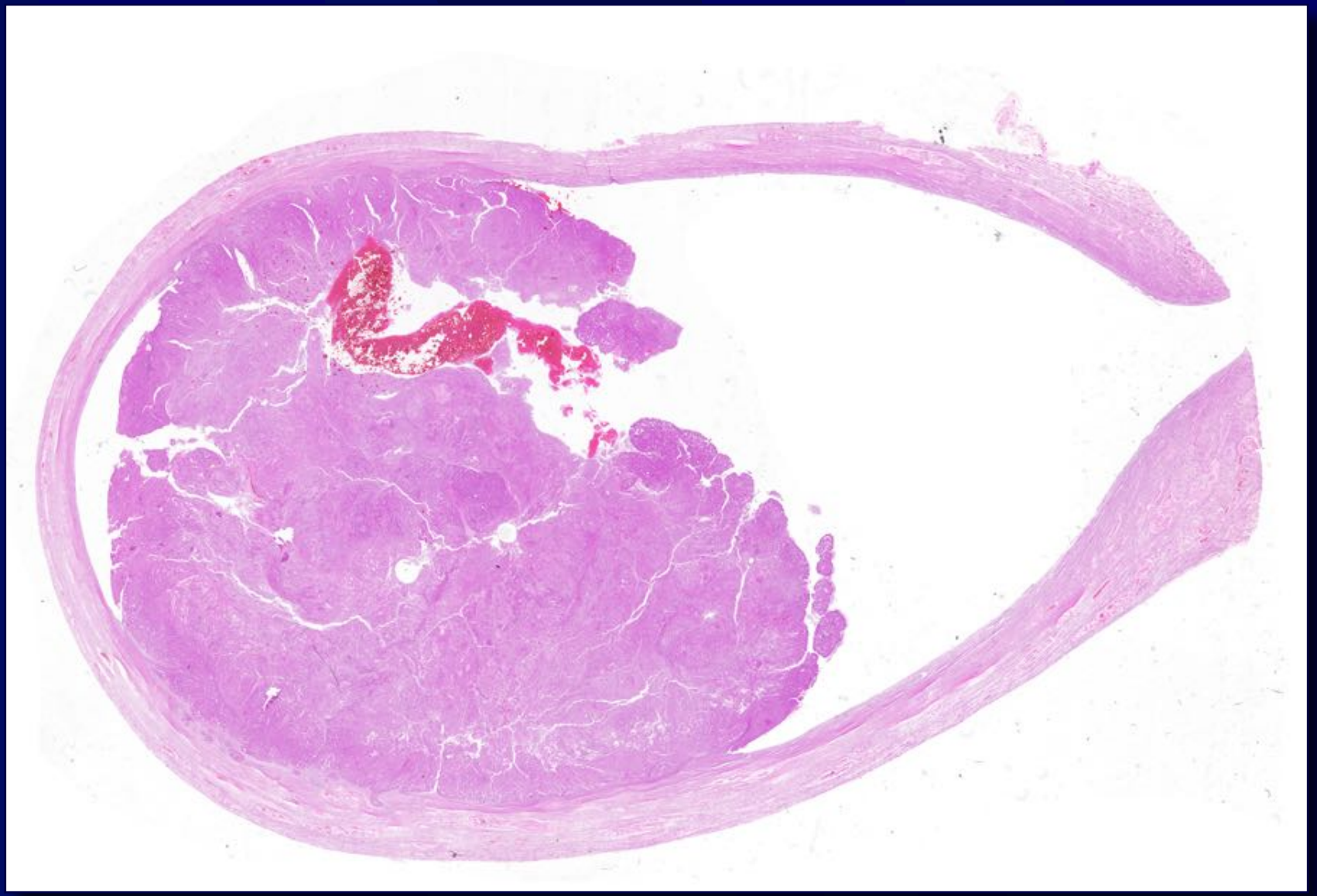
Usually H/BSO +/- Omentum +/- Lymph nodes

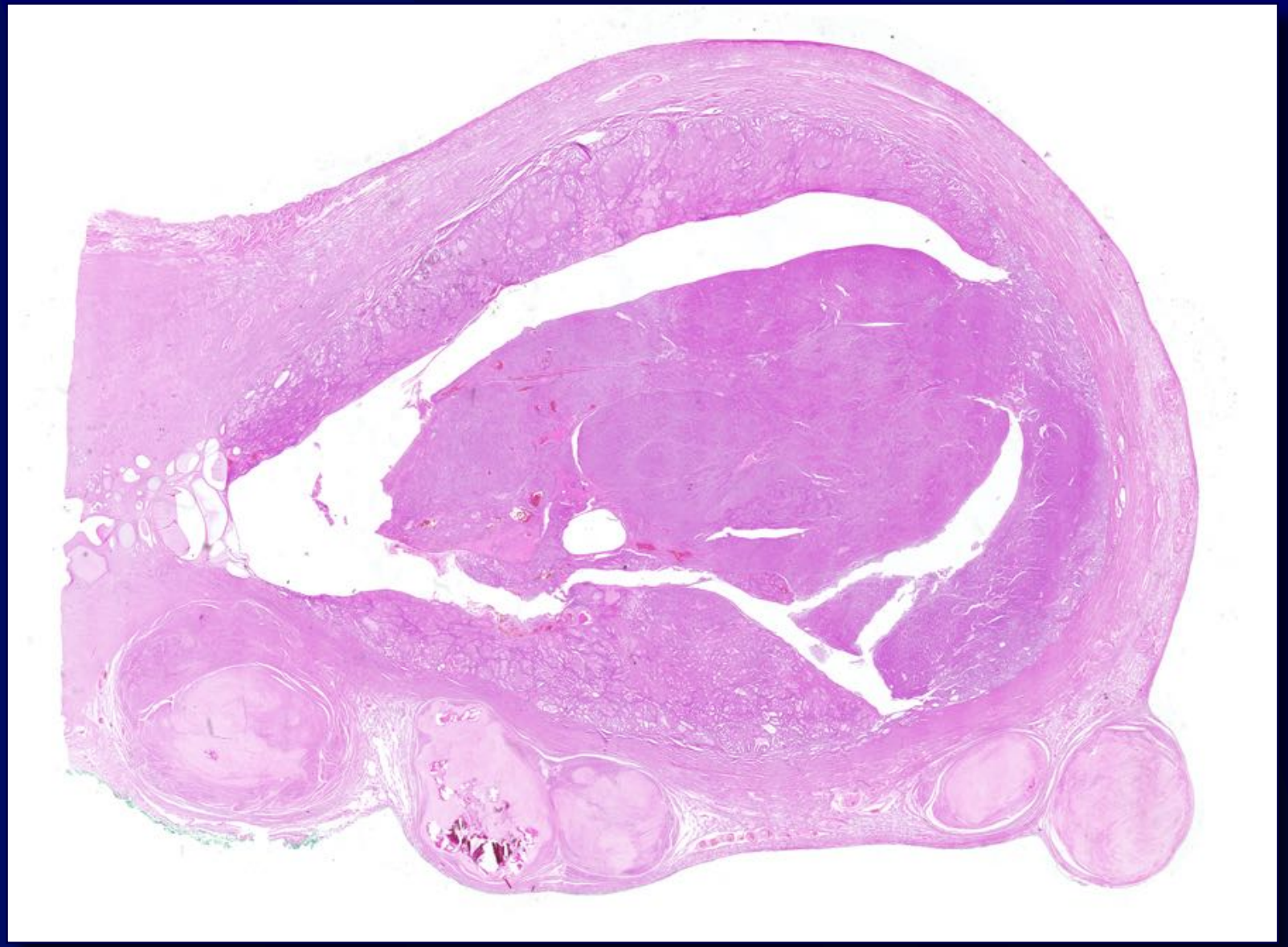
Important points at cut-up:

- measure tumour
- cervical sampling
- junction of normal with tumour endometrium
- deepest part of invasion (need serosal margin)
- cornual and parametrial tissues
- tubo-ovarian sampling
- Embed all lymph nodes

Big blocks useful


Endometrial cancer
x2
x2





Cervical Cancer Pathology

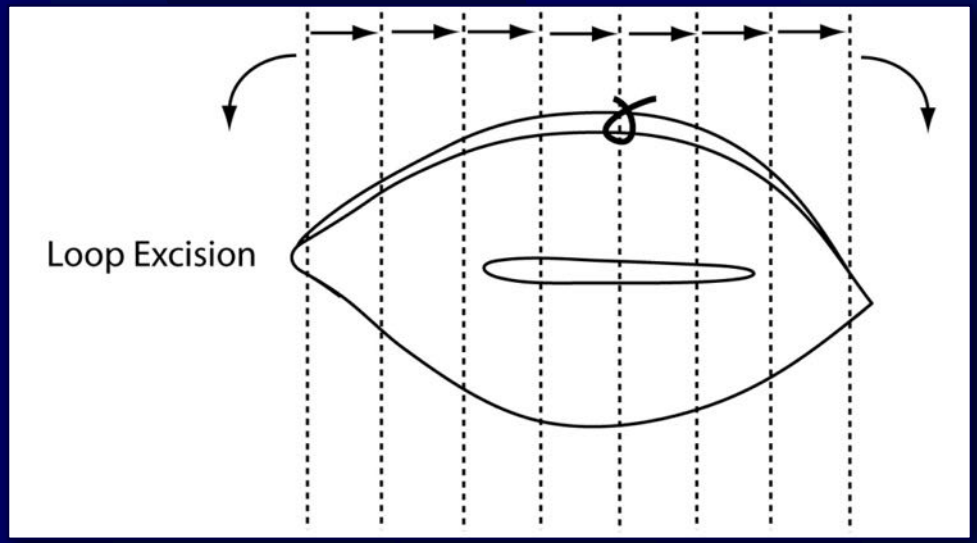
Role of Pathology

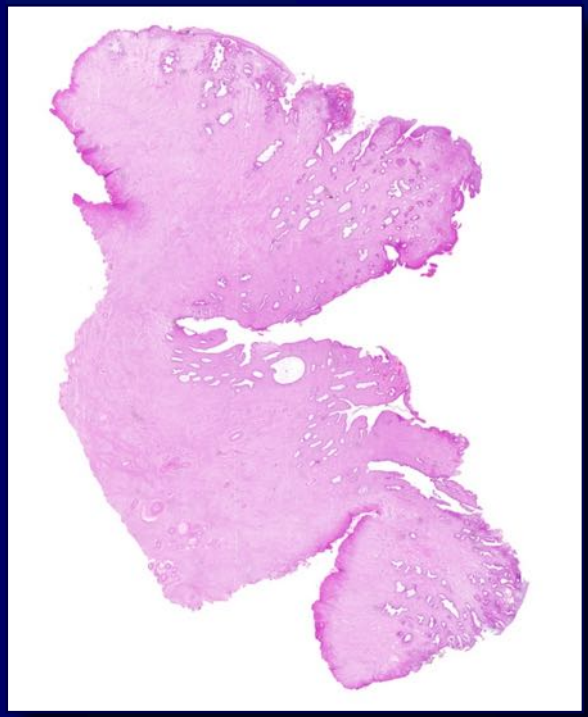
- biopsy -vs- loop -vs- hysterectomy
- subtype
- stage (clinico-pathological)
- grade
- margins
- background disease

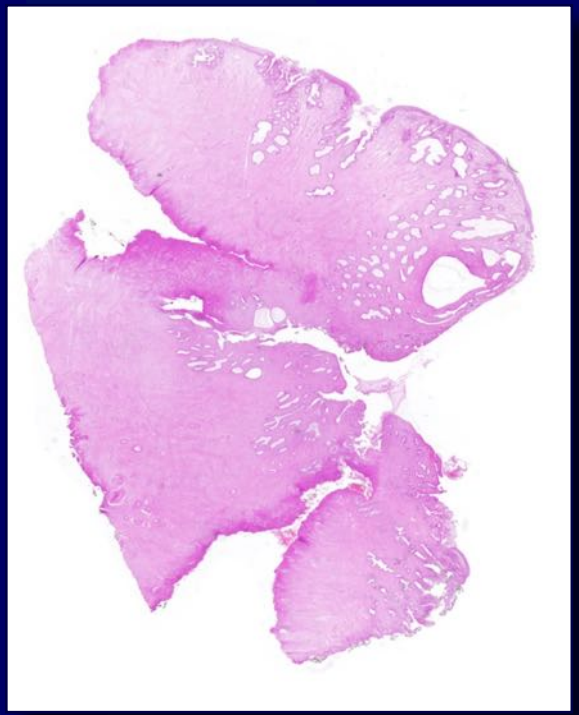
Cervical Cancer

Loop Excisions

- often incidental findings of early invasive neoplasia
- thin blocks
- levels (at least 3) at outset useful
- levels with extensive CIN 3 or CIN 3 with deep gland involvement mandatory
- levels for excision margins


Loop Excision





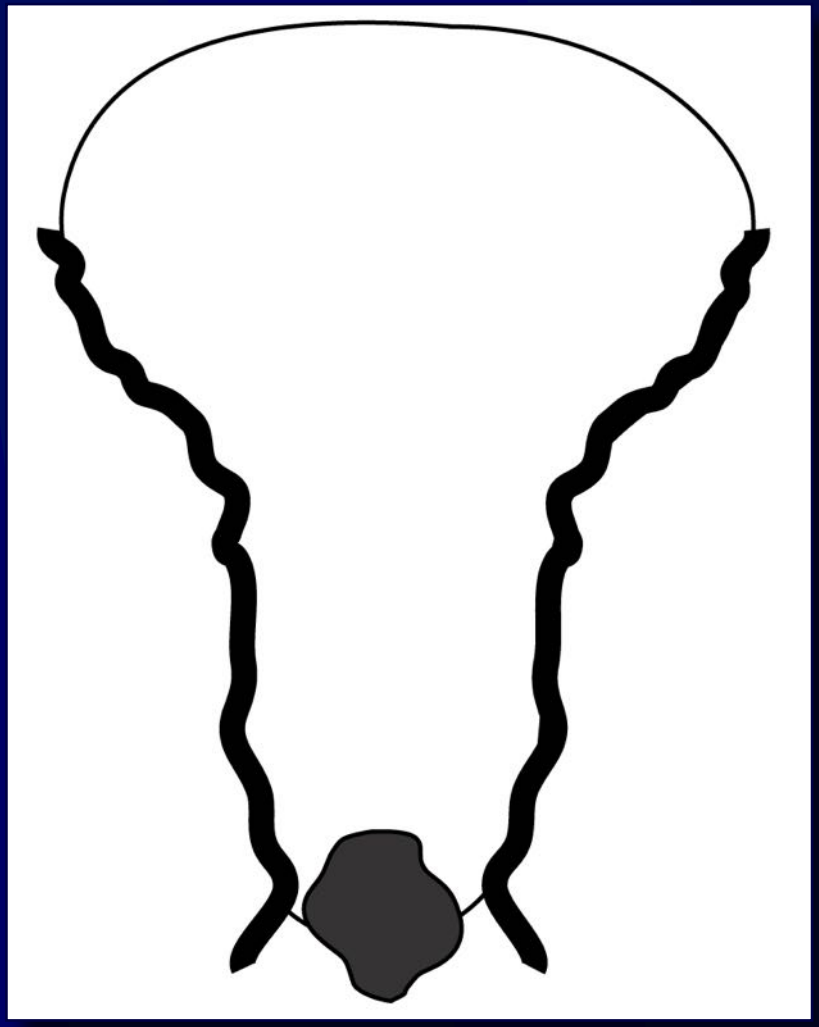
Cervical Cancer

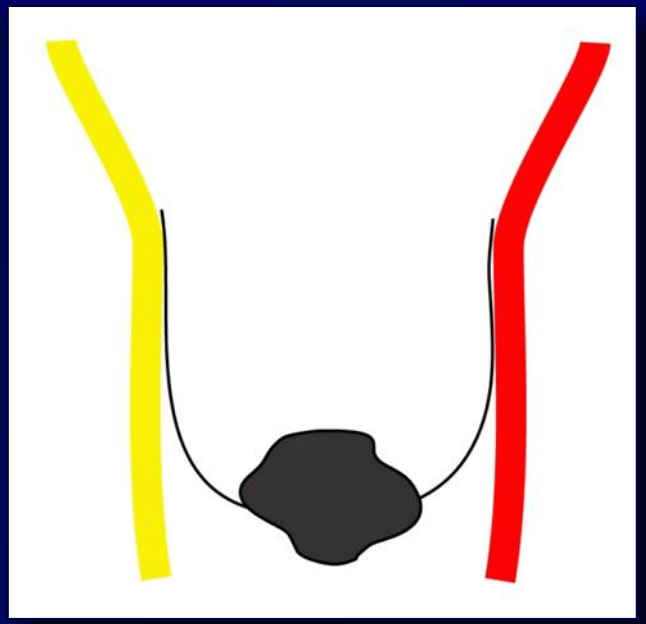
Wertheim's/Radical Hysterectomy

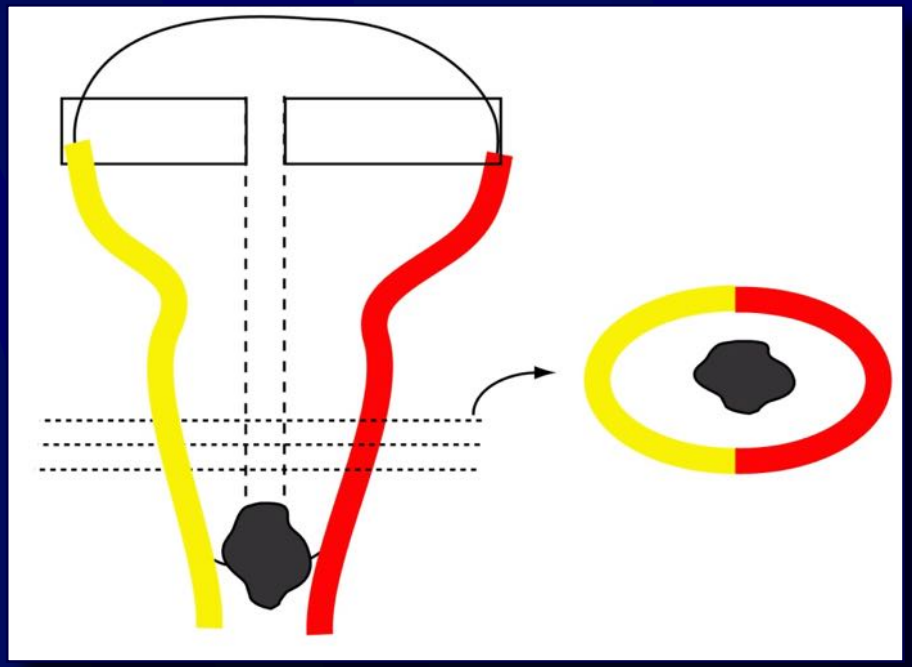
Important points at cut-up:

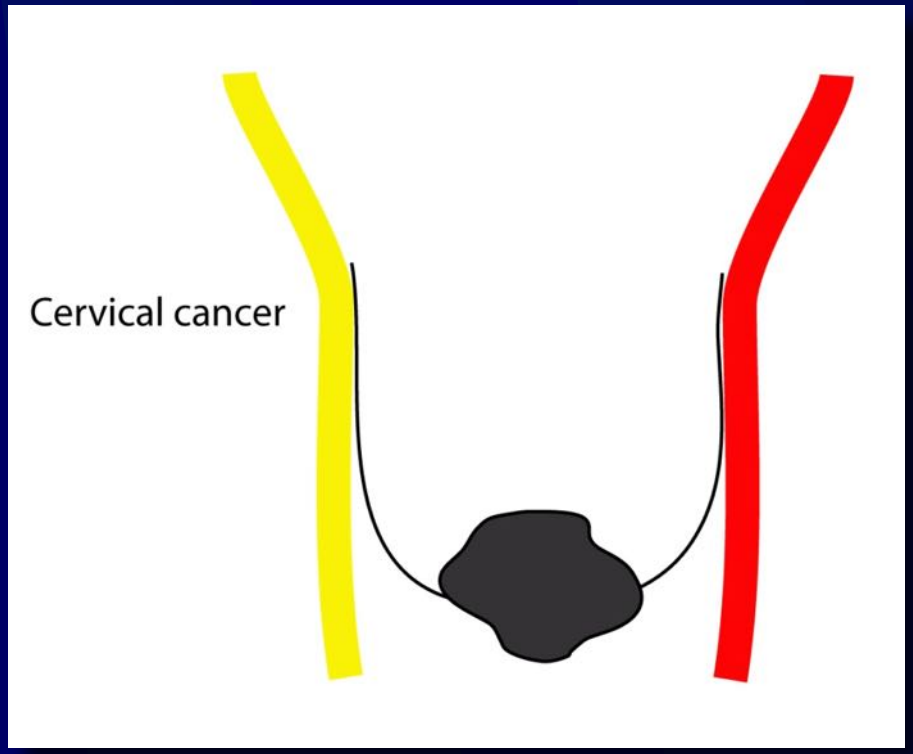
- vaginal margins
- paracervical/parametrial margins
- embed all cervix
- ink margins
- block all lymph node tissue

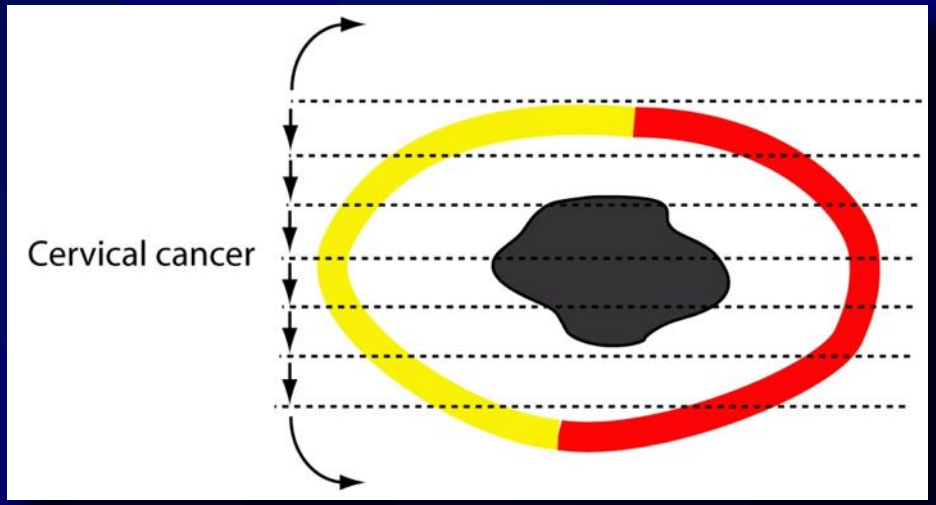
Big blocks useful

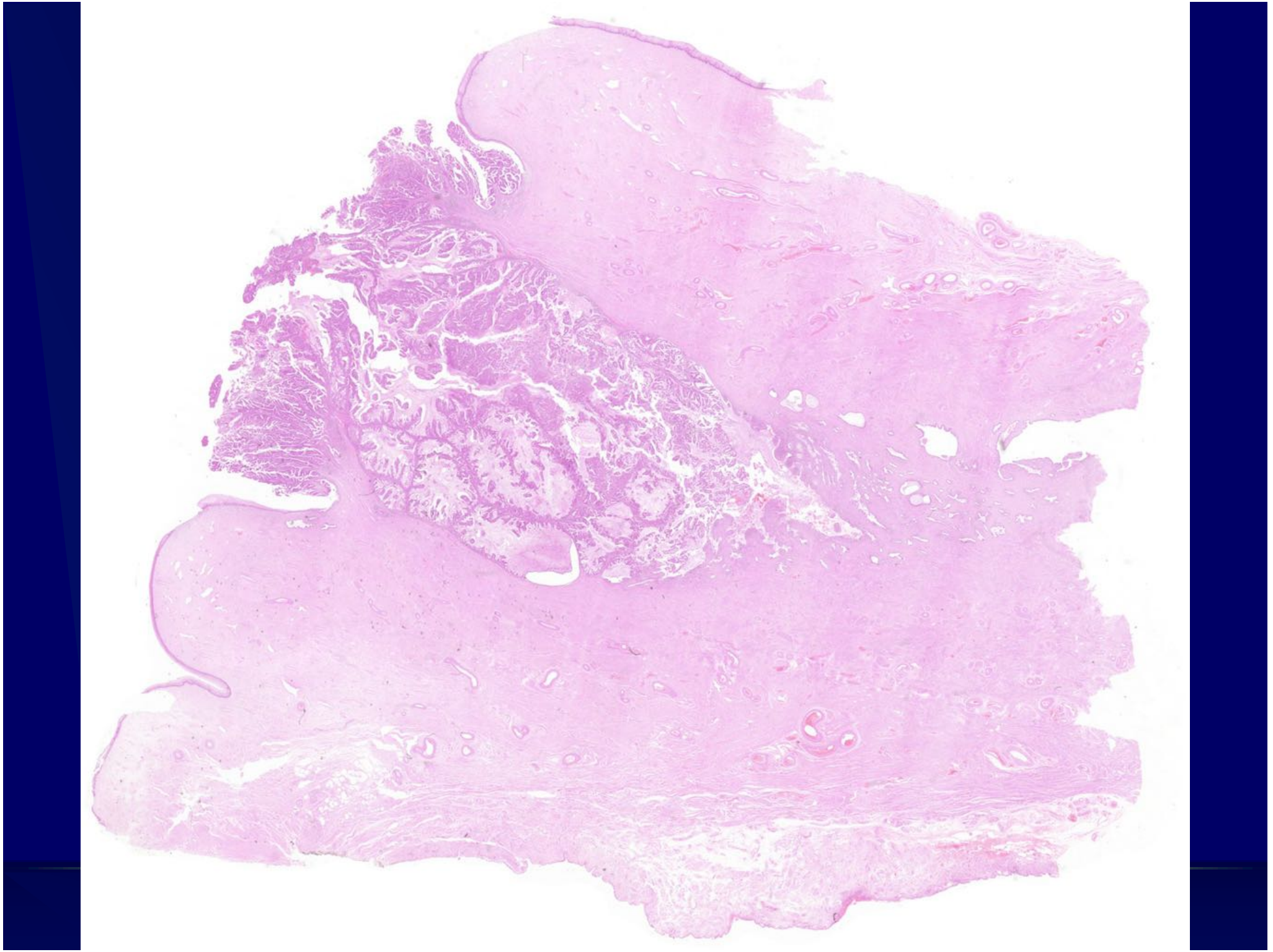







Cervical cancer


Cervical cancer



Vulval Cancer Pathology

Role of Pathology

- biopsy -vs- vulvectomy
- subtype
- grade
- stage (lymph nodes)
- margins
- background disease

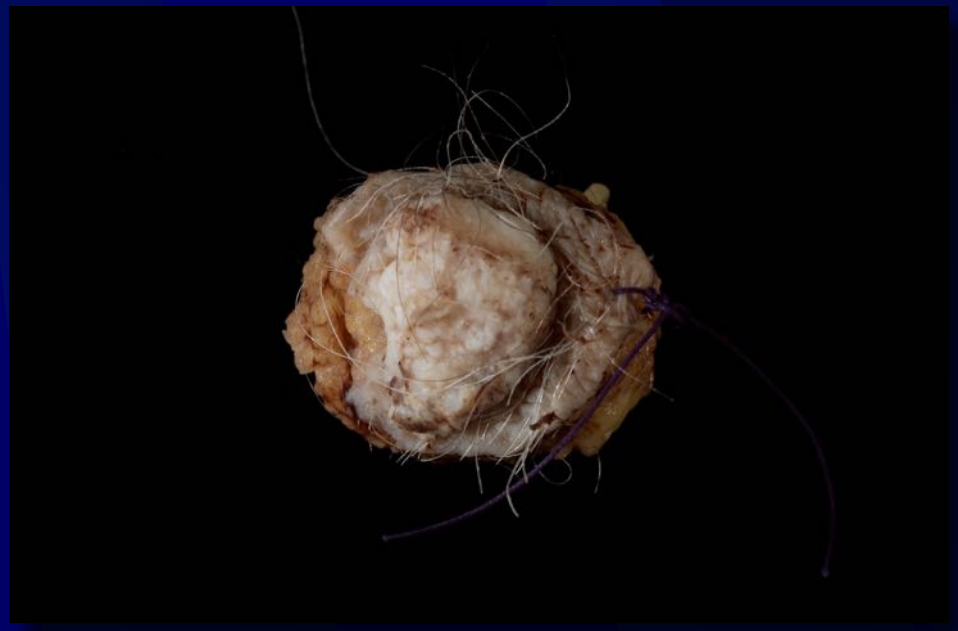
Vulval Cancer

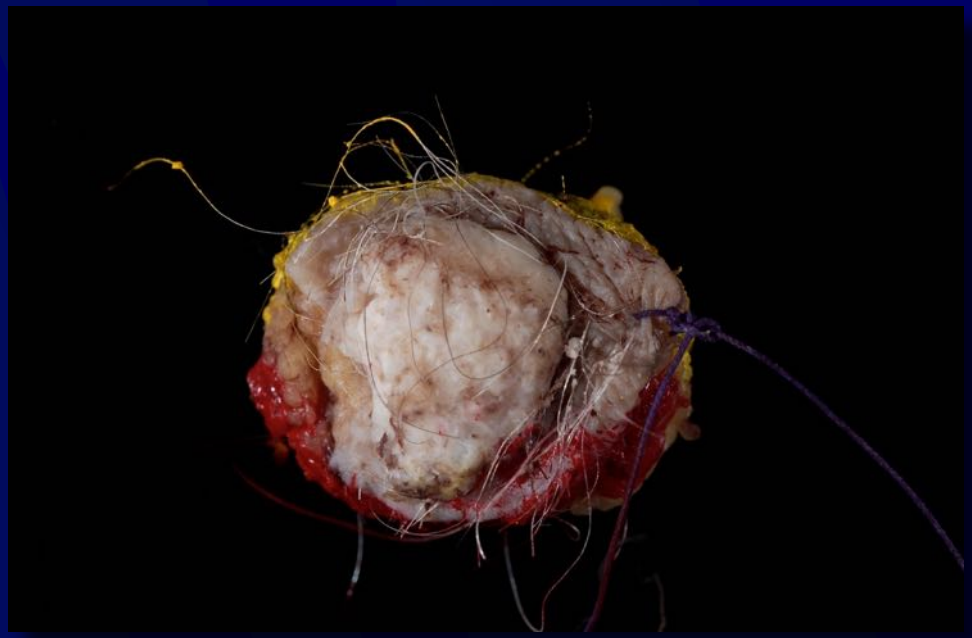
Wide local excision ± groin lymph nodes

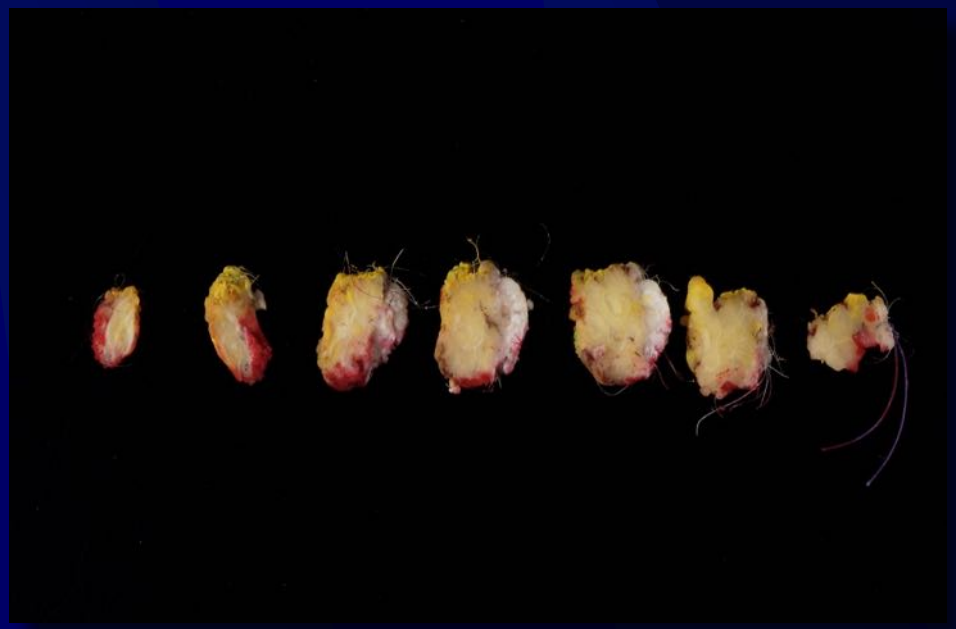
Important points at cut-up:

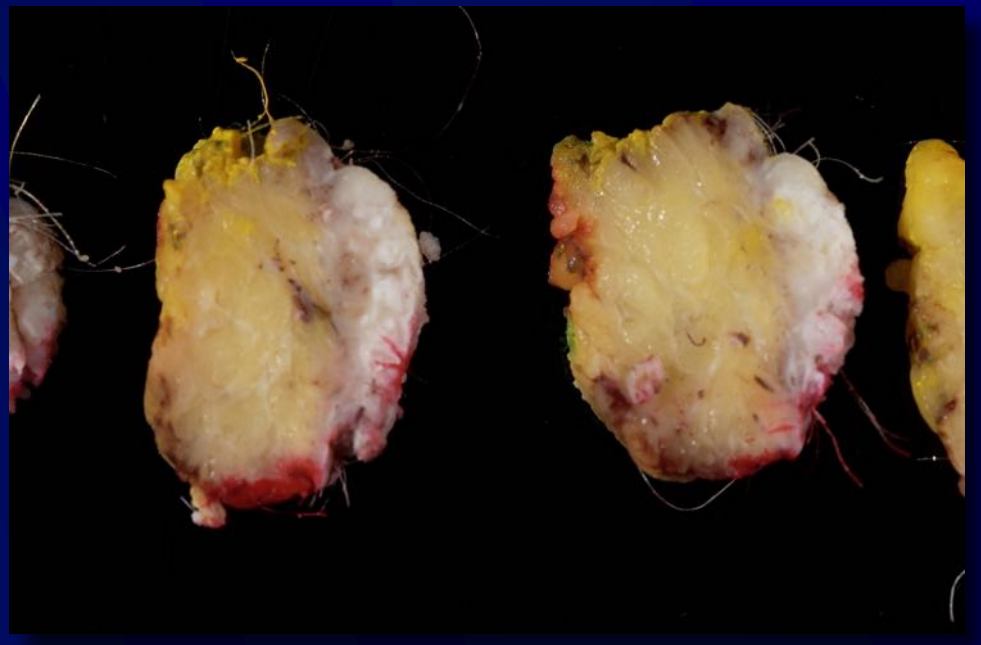
- measure tumour
- orientation (especially for medial and clitoral margins)
- levels for margins
- block all lymph node tissue

Big blocks useful

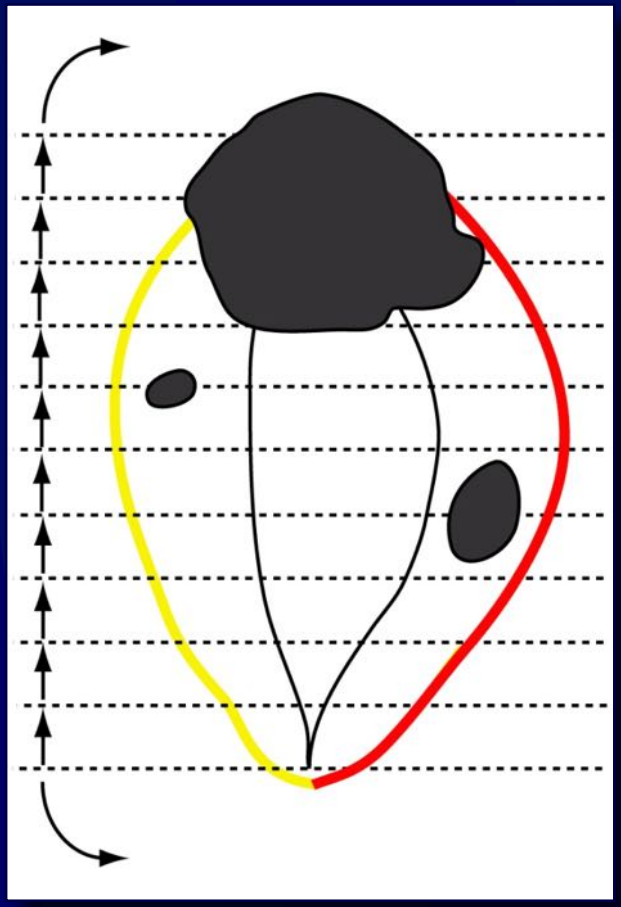


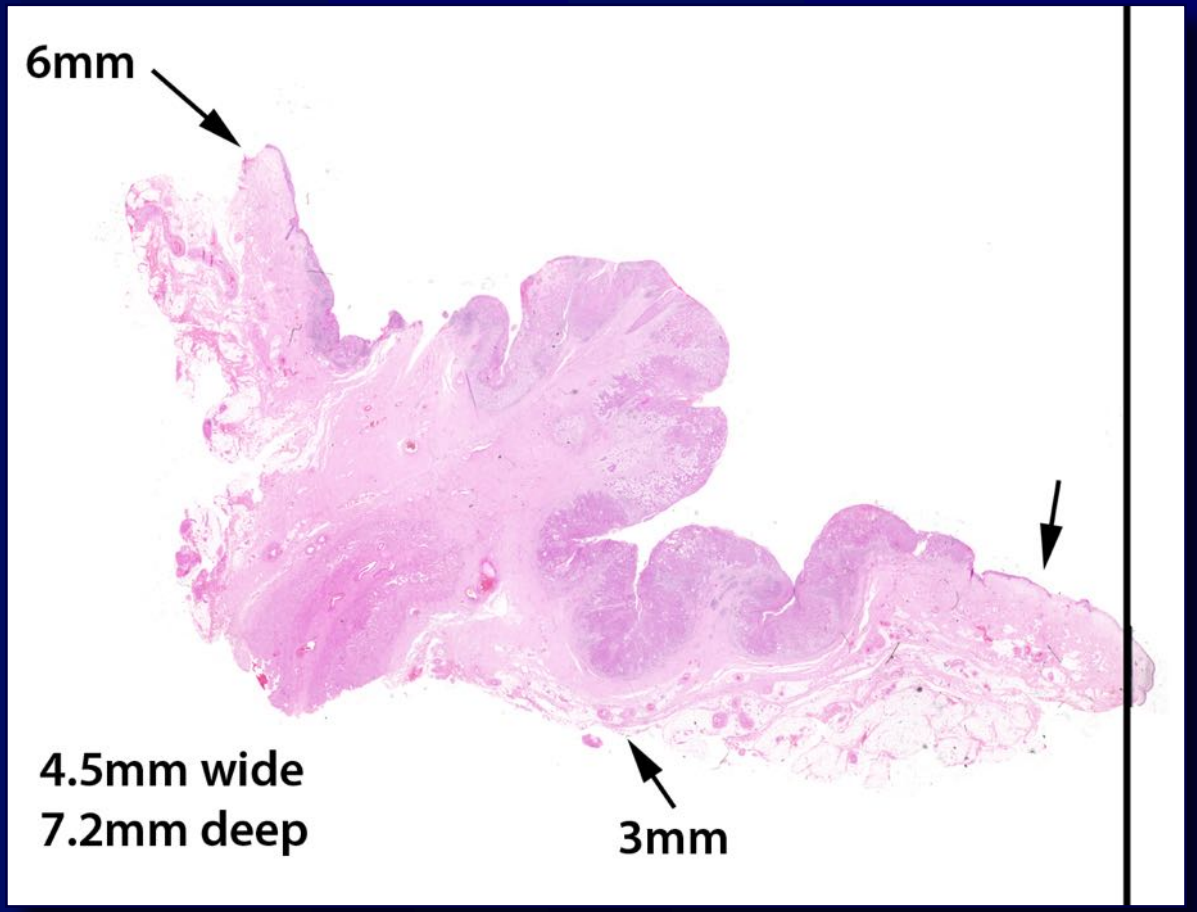






Vulval Cancer





Fallopian Tubes

- For all high grade endometrial and ovarian cancers and for cases being considered as primary peritoneal cancer, embed all of the tubes
- Longitudinal sections from fimbria
- Rest as multiple transverse sections

Ovarian Cancer Pathology

Role of Pathology

- subtypes (epithelial,sex-cord,germ cell,borderline)
- grade
- stage (omentum, peritoneal biopsies, fluid)

Ovarian Cancer

Usually ovarian mass ± H + Omentum + Peritoneal Fluid + Debulking samples +/- Lymph nodes

Important points at cut-up:

- capsule sampling (especially areas of breach)
- viable areas
- abundant blocks in borderline neoplasms, especially mucinous
- all of omentum, if macroscopically normal
- embed all of the lymph nodes
- include cytology findings in histology report

Big blocks useful for omentum

Gynaecological Specimens

Benign Specimens

Sample sufficient to give a diagnosis and confidently exclude any malignant process

Cancer Specimens

Sample to subtype, grade, stage and assess margins and to allow ancillary testing