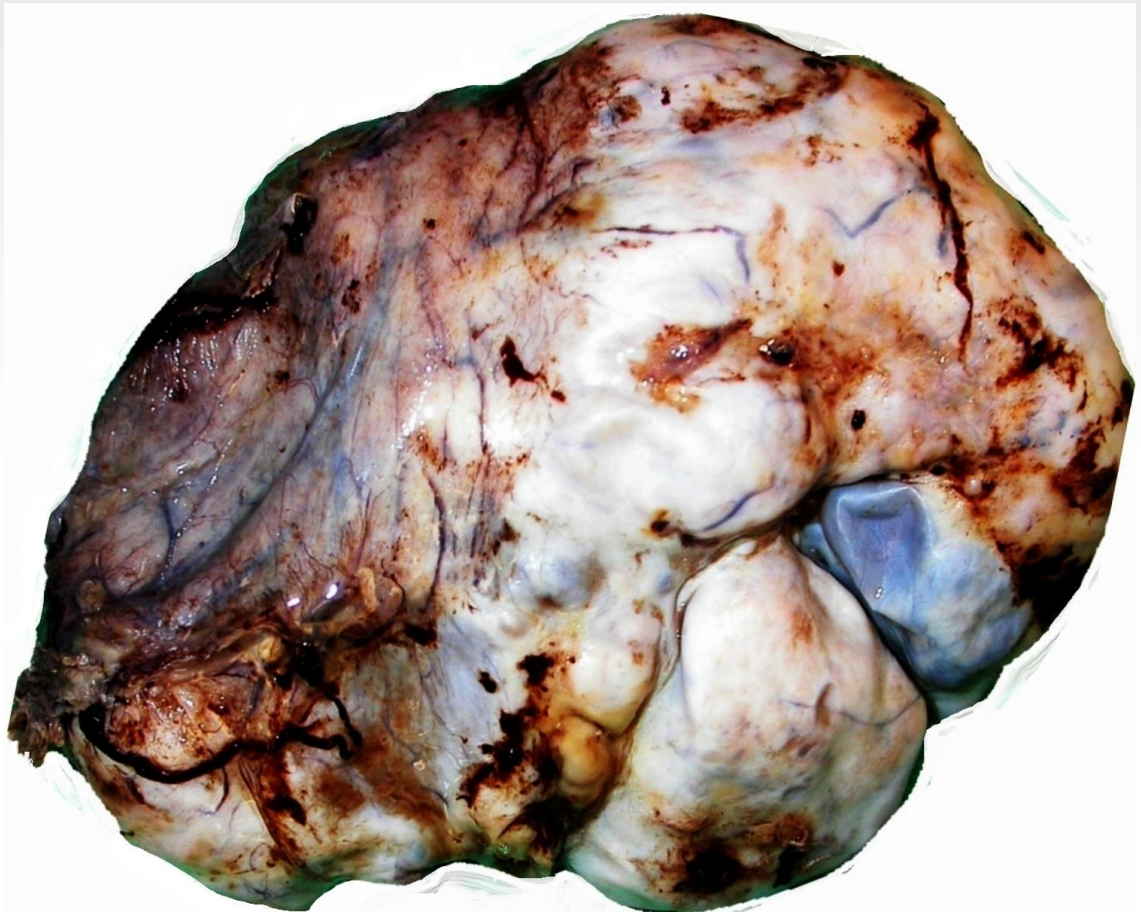


EORLA

Grossing Ovarian Tumours

Joanne Swift CCCPA/CPA, Charge Pathologists' Assistant Surgical Pathology, EORLA

Disclosure

I am participating in a Research Study for Rheumatoid Arthritis by

OBRI
ONTARIO
BEST PRACTICES
RESEARCH INITIATIVE

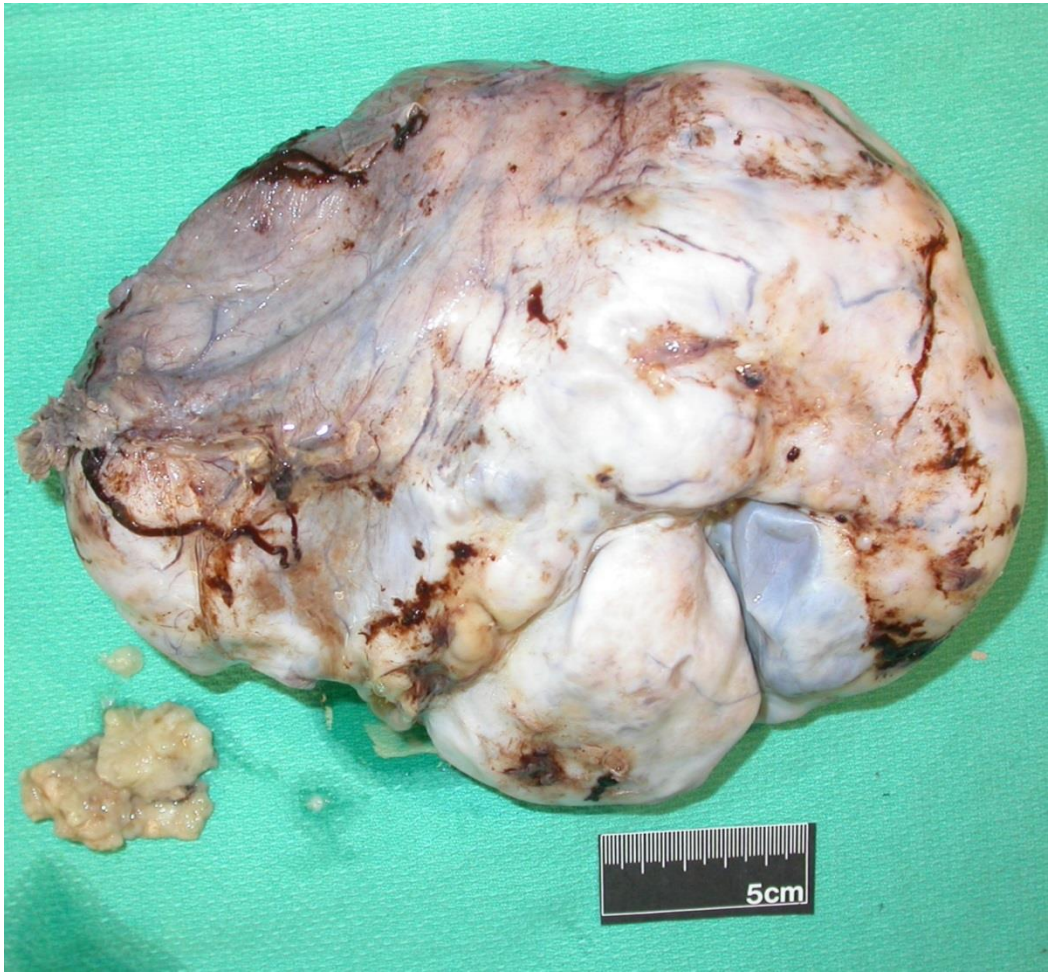
ORLA

Objectives

By the end of the session the participants will:

- Understand the important precautions for grossing mucinous, friable ovarian tumours, masses, and cysts.
- Know the importance in describing/photographing/reviewing the specimen to give the pathologist a clear picture of the gross.
- Understand the importance of the gross review and sectioning of these unique tumours.

The Good and the Bad



Warning


WARNING
Wear goggles, Face Shield gloves and apron when Opening Ovarian Cysts

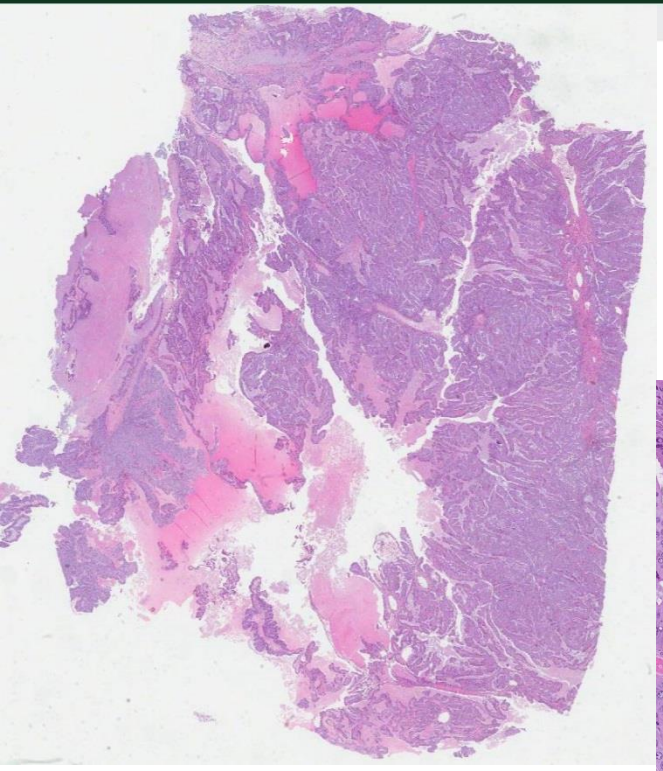
Protection for you and the patient

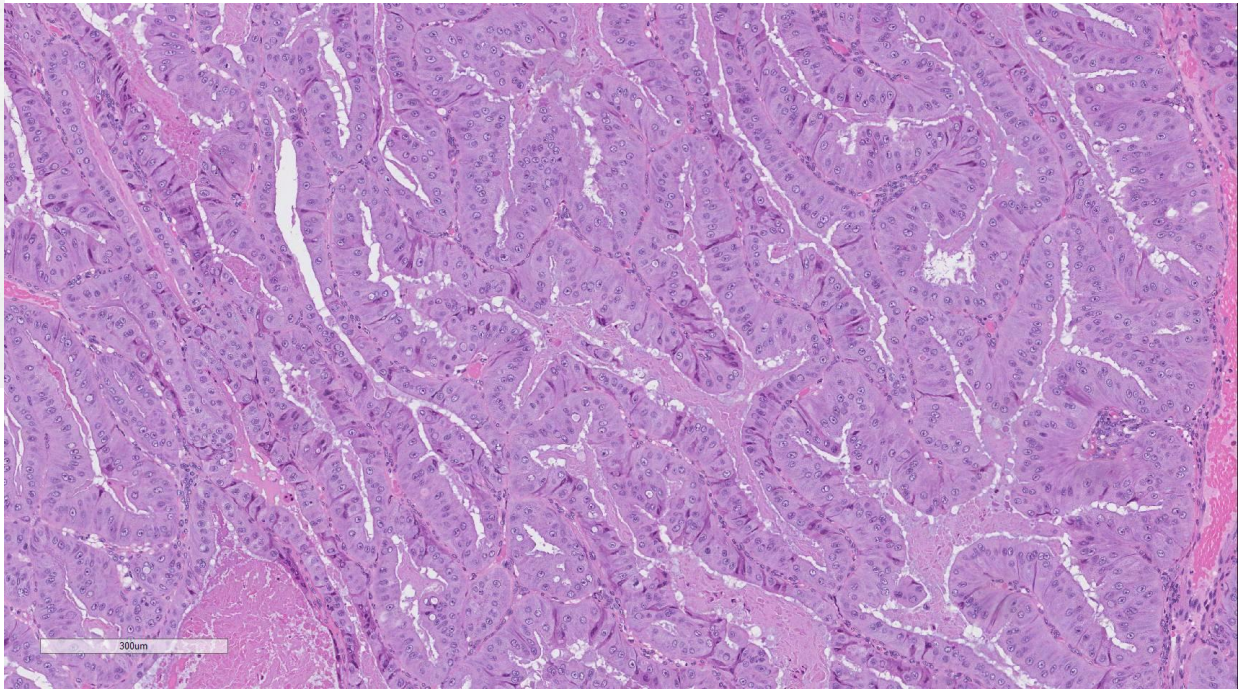
Opening

Grossing

The External Surface

Micro





Gross Description and Sections

Gross Description: Use “Ovary” template

The specimen is received in a container labelled with the patient's name, who has the initials "[___]" and the specimen site "[___]".

Site: [right or left ovary-if both involved do a gross for each separately]

Specimen received: [intact, ruptured, fragmented]

Weight: [___] g

Size: [three dimensions] cm

External surface: [smooth, rough, adhesions, tumour present yes-focal, extensive, no]

Cut surface:

Cysts or locules: [none, single, few (<5), many, describe contents]

Cyst lining: [smooth, granular, papillae, solid nodules]

Cyst wall: [thickness] cm

Solid: [none, minimal (<10%), extensive, describe colour and consistency]

Necrosis: [yes-estimate %, no]

Calcification: [yes, no]

Residual normal ovary present: [yes, no]

Fallopian tube: [present-see S3-50 Fallopian tube and insert appropriate template, absent]

[___]- [representative sections, in toto, serially sectioned, bisected, trisected]

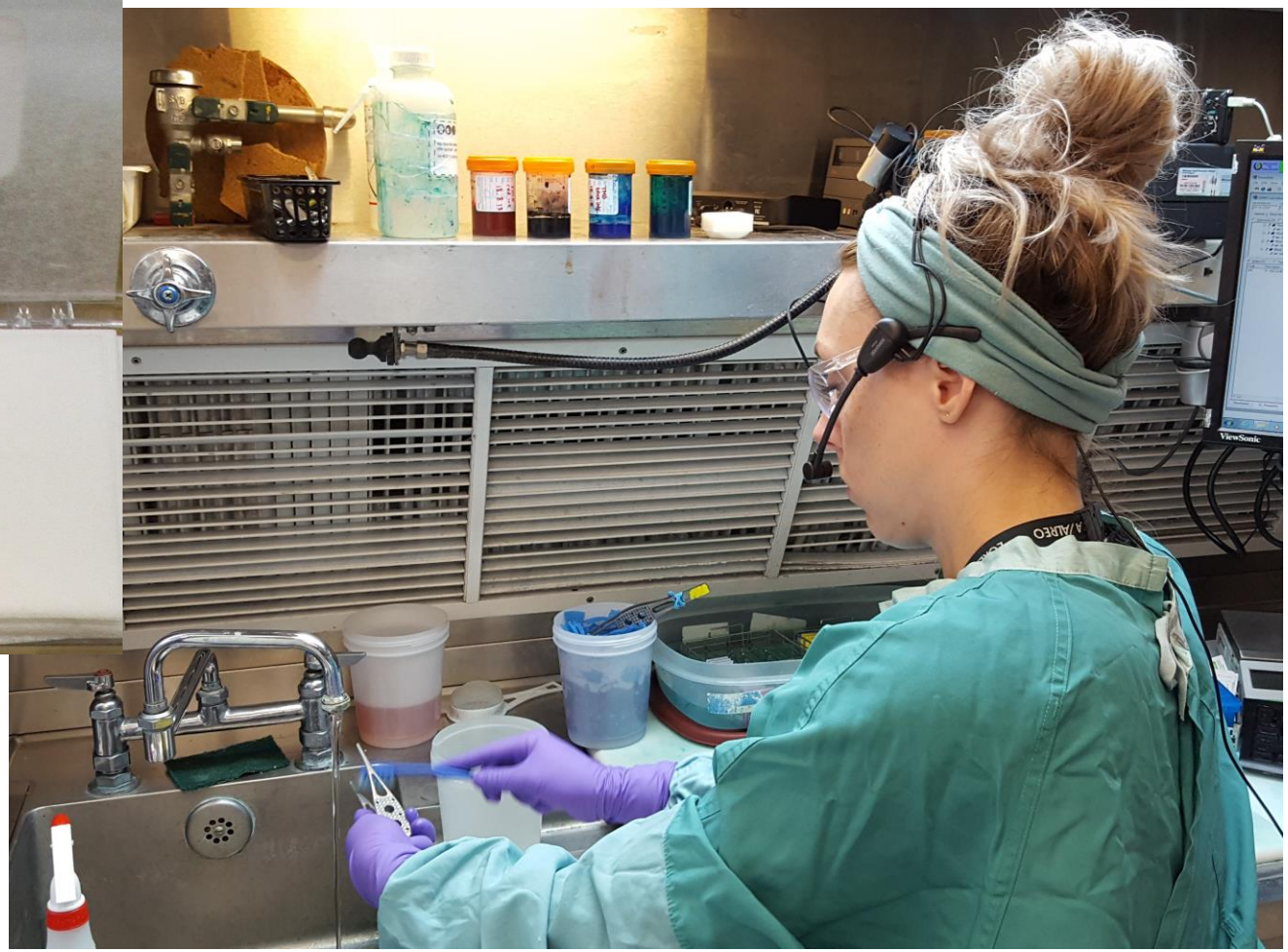
Photos/Mapping

To photograph/map or not to photograph/map that is the question?

Review

If there is a question then you must review with either a senior PA, Resident or a Pathologist.

Quality Control for Sectioning



Quality

Who are our stakeholders?

1. Patient
2. Histology
3. Pathologist
4. Surgeon
5. Oncologist

ORLA

Case Study 1

40 yo female
History Pelvic mass NYD.
Patient 23 +4 weeks pregnant.
Serous and mucinous fluid (in bag – no intraabdominal spill)

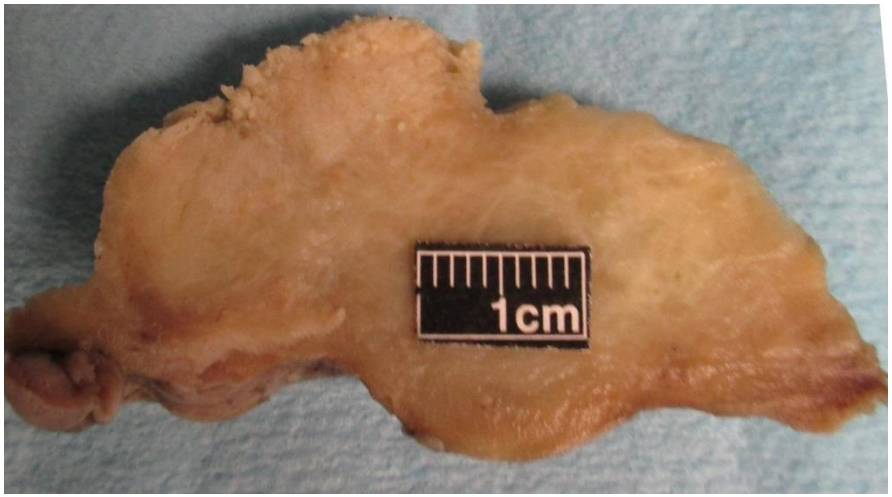
Case Study 2

56 yo female with Atypical complex hyperplasia of endometrium.

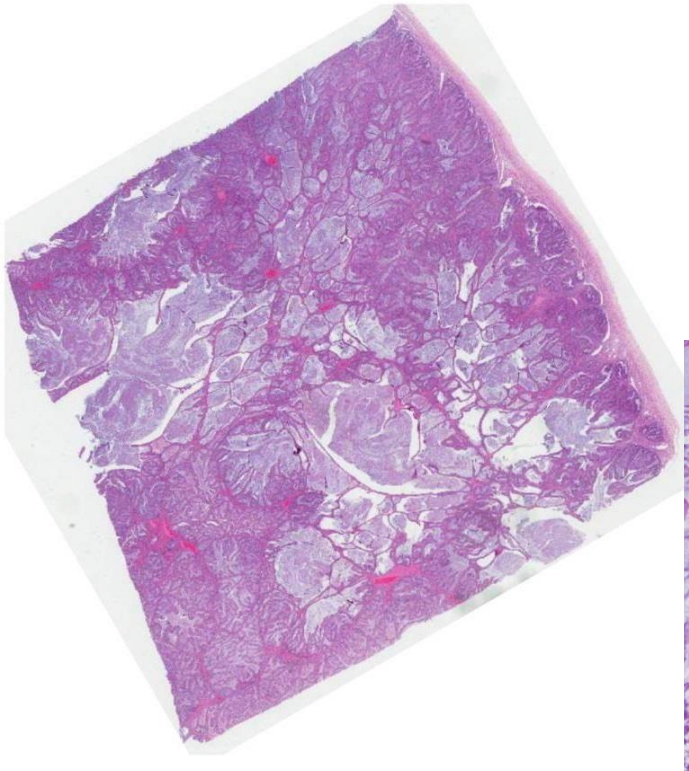
Large mobile Right ovarian cyst at OR and thought to have endometrial ca stage III.

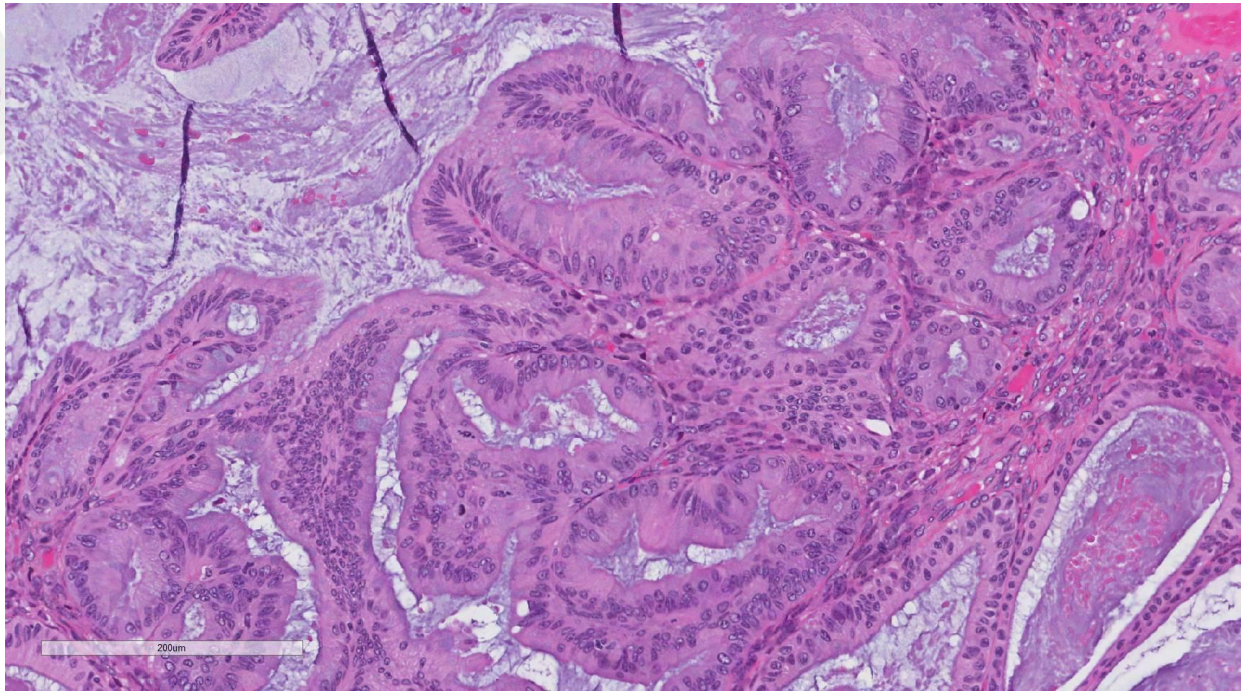
Case Study 2 Cont'd

Case Study 2 cont'd



Case Study 2 Micro





Case Study 3

73 yo female presented with symptoms of bladder pressure in work up for left invasive ductal breast carcinoma – found to have right ovarian mass

Case Study 3 Cont'd

Case Study 3 Cont'd

Conclusion

- We have reviewed The Good, the Bad, and the Messy job of opening and grossing mucinous and friable ovarian tumours and what you need to know for your safety and the patient's safety.
- We discussed when to involve the Pathologist, to photograph and or map.
- We have reviewed what you need to include in your gross and what to section.

Acknowledgments

Sarah Strickland, MD, FRCPC, Assistant Professor, University of Ottawa, Pathologist, EORLA

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Dawn King-Callaghan MLT

Thank you


ASKING QUESTIONS
SMALL QUESTIONS
LEAD TO SMALL DISCOVERIES.
BIGGER QUESTIONS
LEAD TO BIGGER DISCOVERIES.
SOME QUESTIONS
ONLY REVEAL DEEPER MYSTERIES.
EVEN IF YOU KNOW WHAT QUESTION TO ASK
THE ANSWER MAY SURPRISE YOU.