

# Fallopian Tubes, Ligation/Salpingectomy (Not Tumor)

(6.8 Fallopian Tubes); Created January 25th, 2022 by Jeremy Deisch, MD

## SAMPLE DICTATION

---

(Labeled: \_\_\_\_, \_\_\_\_; \_\_\_\_) Received \_\_\_\_ [fresh, in formalin] is a \_\_\_\_ x \_\_\_\_ x \_\_\_\_ segment of fallopian tube [including/lacking] the fimbriated end. Paratubal cyst are identified, the largest measuring \_\_\_\_ cm in diameter. Discrete lesions are otherwise lacking. [if present, describe presence and size of intratubal clotted blood, possible placental tissues, areas of tubal rupture] (RS, cross sections of tube and fimbriated end, 2 caps)

## SUGGESTED SAMPLING

---

- 1: Representative cross sections of ampulla (four well-oriented cross sections in one cap)
  - 2: Fimbriated end (submit one bisected half with cut surface facing down)
- See guidelines below for sampling of fallopian tubes for ectopic pregnancy

## ADDITIONAL CONSIDERATIONS

---

- Terminology: *Ligation* = removal of a short segment of tube, without fimbriated end. *Salpingectomy*: Removal of distal portion of fallopian tube
- Histologic analysis of tubal ligations/salpingectomy specimens for sterilization serves two purposes:
  - 1) Confirmation that the structure resected is actually fallopian tube, not broad ligament or other regional structure
  - 2) Confirmation of *complete transection* (hence the need for careful sectioning and embedding) aids in confirming sterilization.
- Repeat above dictation and sampling for each fallopian tube, in the same specimen dictation if submitted together, in separate specimen dictations if submitted separately.
- After careful serial sectioning of the fallopian tube isthmus, choose the four best sections (full cross section, sectionioned perpendicular to the long axis) for submission. Do not submit more than four tubal cross sections per cap (more sections makes proper embedding difficult).
- These guidelines are for non-tumoral fallopian tubes. For fallopian tubes from patients with serous tumors of the ovary, endometrium, or from prophylactic hysterectomy specimens, always follow the SEE-FIM protocol. See Uterus - Tumor grossing manual entry for instructions on SEE-FIM protocol.
- Fallopian tubes resected for possible ectopic pregnancy
  - If definite placental tissues are identified grossly (spongy brown tissue, fetal membranes), two sections demonstrating intratubal placental tissues (and site of rupture if present) are sufficient sampling.
  - If fallopian tube lumen contains focal hemorrhage but no grossly evident fetal tissues, totally embed the tube segments containing luminal blood (up to 10 caps).
  - If no hemorrhage or intratubal placental tissues are seen grossly, totally embed the fallopian tubes. This step is necessary for pathologic confirmation of intratubal pregnancy and clinical decision making.