

A5 Minimum datasets and best practice for examinations and reports on internal organs

The following organ systems should be examined and commented upon. If an organ or system is not examined, this should be noted.

A5.1 Cardiovascular system

- Pericardium including effusion
- Myocardium: atria and ventricles (size, morphology and isolated ventricular weights where indicated)
- Coronary arteries including orifices
- Valves
- Aorta (atheroma)
- Major branches of aorta (particularly in relation to sites of pathology elsewhere)
- Pulmonary arteries and veins (thrombi and emboli)
- Inferior and superior vena cavae, other major and systemic veins

A5.2 Respiratory system

- Mediastinum (including thymus if identifiable)
- Pleural cavity surfaces (visceral and parietal) and effusions
- Lung parenchyma (oedema, consolidation, tumour, infarct, etc.)
- Larynx, trachea and bronchi

A5.3 Gastrointestinal system (including nature of contents of viscera)

- Mouth and tongue
- Salivary glands
- Pharynx
- Oesophagus
- Stomach
- Small and large bowel
- Peritoneum, omentum and mesentery
- Liver
- Gall bladder and bile ducts
- Portal vein
- Pancreas

A5.4 Genitourinary and reproductive system

- Kidneys and renal pelvis
- Ureters
- Bladder
- Urethra (where clinically indicated)
- Male: prostate, testis and penis
- Female: ovaries, uterus and cervix
- Breasts

A5.5 Endocrine system

- Thyroid
- Parathyroids (where clinically indicated)
- Adrenals
- Pituitary

A5.6 Locomotor system

- Bones and joints examined as appropriate to case
Particularly note fractures and operation sites
- Presence of osteoporosis/infection/arthritis, etc.

A5.7 Reticuloendothelial system

- Spleen
- Lymph nodes – mediastinum, hilar para-aortic, intra-abdominal, cervical, axillary, inguinal
- Bone marrow (vertebral/rib/femur/pelvis, etc.) where clinically indicated
- Thymus if identifiable

A5.8 Central nervous system (CNS)

- Skull
- Cranial cavity
- Dura and dural sinuses
- Meninges
- Circle of Willis
- Cranial nerves
- Brain: external and following sectioning
- Spinal cord (if examined)

A5.9 Routine brain examination

See Section 8.7.6, point 1, in the main document concerning best practice of systematic organ examination. It must be acknowledged that in some cases where there is no pre-mortem clinical indication of CNS disease, examination of the brain may not uncover any significant pathology. It is acceptable practice in consented post-mortems for the brain not to be examined if (a) the pathologist has no reason to believe, on the basis of the clinical information and external examination of the body, that CNS pathology is likely to be present, and (b) it is perceived that brain removal will cause significant distress to the relatives. It is stressed that these cases should be exceptional and that the brain should be examined in all post-mortems authorised by a Coroner or Procurator Fiscal.

Fixation of brain: this will depend of the authorisation for brain removal and retention and on clinicopathological requirements.