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Pt. Age:	30 years.	Gender:	Female	Received date:	2026-04-04
Referred By:	د/ عبد السلام الحكيمي. د/ ذكرى الغباري		Reported date:	2026-04-10	

PATHOLOGY REPORT

Clinical Information.	Massive complex solid-cystic pelvic mass obliterating both ovaries and encasing the uterus, accompanied by irregular circumferential thickening at the rectosigmoid junction causing partial large bowel obstruction, highly suspicious for an advanced pelvic malignancy of either primary ovarian or colonic origin with suspected omental metastasis.
Nature of specimen.	Panhysterectomy with sigmoid colectomy.

GROSS:

The specimen consisted of a segment of the sigmoid colon, a separate segment of the colon, a uterus with bilateral fallopian tubes, and two separate ovarian masses. The sigmoid colon segment measured 19 cm long and has attached mesenteric fat measuring 7 x 3 cm. Sectioning revealed a solid, firm, creamy-colored mass measuring 3 x 2.5 x 2.3 cm, located 1.4 cm from the proximal margin and 1.7 cm from the distal margin. Mesenteric fat contained 9 lymph nodes, the largest measured 0.6 cm. A separate segment of the colon measured 7 cm was received. Opening revealed no gross masses or ulceration. The uterus measured 7x5.5x4 cm, cervix measured 2.5 cm, myometrial thickness was 2 cm, and the endometrial thickness measured 0.4 cm. The right fallopian tube measured 5.5 cm, and the left fallopian tube measured 5.8 cm, long. Also received, two separate ovarian masses, both exhibiting a smooth outer surface. The first ovarian mass measured 13 x 8.5 x 7.5 cm, and upon sectioning, revealed a solid, firm, creamy and hemorrhagic mass measuring 11 x 8 x 7 cm. The second ovarian mass measured 11.5 x 7.5 x 7 cm, and upon sectioning, revealed a solid, firm, creamy-colored mass measuring 10.5 x 7 x 6 cm.

MICROSCOPIC:

Tumor Characteristics:

- Histology:** Adenocarcinoma, high grade (morphologically identical in colon and bilateral ovaries).
- Sigmoid Colon Involvement:** Tumor invades through muscularis propria into pericolonic fat.
- Ancillary Features:** Lymphovascular invasion (LVI), perineural permeation (PNI), and intermediate tumor budding (Grade 2) present in sigmoid tumor.
- Tumor Nodules:** Present in pericolonic fat.
- Surgical Margins:** Proximal, distal, and radial margins are negative for malignancy.

Lymph Node Status:

- Nodal Involvement:** Metastatic adenocarcinoma in **2 out of 9** regional lymph nodes.
- Extranodal Extension (ENE):** Present.

Associated Findings:

- Uterus:** Moderate simple endometrial hyperplasia without atypia; superficial adenomyosis.
- Cervix:** Moderate endocervicitis.

- **Fallopian Tubes:** Bilaterally free of tumor.

Differential Diagnosis & IHC:

The primary site of origin is indeterminate based on morphology alone. **Immunohistochemical (IHC) correlation** is recommended:

- **Markers:** SATB2, CDX2, CK7, CK20, WT1 and PAX8.
- **Purpose:** Differentiate between Colorectal primary (expected: SATB2+, CK20+, CK7-) and Ovarian primary (expected: PAX8+, CK7+, WT1+/Napsin A+).

Pathologic Staging Possibilities:

- **Scenario A (Colorectal Primary):** pT3 N1b M1a (Stage IVA) due to bilateral ovarian metastasis.
- **Scenario B (Ovarian Primary):** Stage IIIC.

DIAGNOSIS:

SIGMOID COLON, BILATERAL OVARIES, AND UTERUS (RESECTION):

- Adenocarcinoma, high grade, involving both ovaries and sigmoid colon.
- Recommended for immunohistochemical study to define primary organ of origin.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
10-04-2026

Nerveen Tahoun

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