

Pt. Name:	دانة إبراهيم داهل مسعود		Lab Number:	2154-2026	
Pt. Age:	67 years.	Gender:	Male	Received date:	2026-04-09
Referred By:	د/ عمر بامشموس		Reported date:	2026-04-16	

PATHOLOGY REPORT

Clinical Information.	Left colonic perforation due to diverticulitis.
Nature of specimen.	Left hemicolectomy

GROSS:

Left hemicolectomy measuring 35 cm long, with attached mesenteric fat measuring 11 x 5 cm. Macroscopic examination showed no gross masses or ulceration; however, sectioning revealed a perforated area measuring 2 cm. No lymph nodes are identified within the mesenteric fat. Additionally, there is a separate nodule measuring 2.5 x 2 cm showing dark brownish homogenous cut section.

MICROSCOPIC:

- Sections show colonic wall with diverticular outpouchings of mucosa and submucosa through the muscularis propria. There is marked acute inflammatory infiltrate rich in neutrophils involving the diverticular wall and extending into the muscularis propria and surrounding pericolic fat. Areas of wall necrosis and microabscess formation are identified. A focal transmural defect is present, consistent with perforation, associated with extraluminal inflammatory exudate and fibrin deposition. The overlying mucosa shows focal ulceration and reactive changes. No evidence of specific granulomas. No dysplasia or malignancy is seen.
- Sections from the separately submitted nodule shows mature splenic tissue with preserved architecture and evidence of sinus histiocytosis as well as congestion of the red pulp. White pulp is attenuated. No evidence of specific granulomas. No evidence of atypia or malignancy.

DIAGNOSIS:

Lt. hemicolectomy:

- Acute diverticulitis with perforation.
- Associated splenule with chronic venous congestion and sinus histiocytosis.
- negative for tumors.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
16-04-2026

Nerveen Tahoun