

Pt. Name:	رؤية أبو بكر محمد سكاريب		Lab Number:	2188-2026	
Pt. Age:	43 years.	Gender:	Female	Received date:	2026-04-11
Referred By:	د/ وليد الجنيدى		Reported date:	2026-04-16	

PATHOLOGY REPORT

Clinical Information.	The patient underwent a laparotomy that revealed fibrous adhesions and a gush of pus, prompting a hysterectomy and omental sampling, suspected tuberculosis or malignancy.
Nature of specimen.	Panhysterectomy and omental sampling.

GROSS:

Two specimens were received:

1- Panhysterectomy: uterus measuring 9x 7x4 cm, with a cervix measuring 3 cm. Sectioning revealed a uterine wall measuring 2 cm in thickness and an endometrium 0.5 cm in thickness. The right ovary is ~ 11x7.5x4 cm, and is almost entirely replaced by a 9.5 cm cyst showing friable shreddy lining. Left ovary ~2.5x 2x1.3, showing areas of breaking down. Rt & Lt fallopian tubes measured 5.5 cm & 5 cm, respectively. Additionally, there are two separate, open cysts received measuring 4 x 3.5 x 1 cm.

2- Omental sampling: fatty tissue measured 5.5x5x1.5 cm showing areas of breaking down with related foci of indurations.

MICROSCOPIC:

1- Sections from both ovaries, attached tubes, wall of intact ovarian cyst and the separate one show dense infiltration by lymphocytes, plasma cells, neutrophils and macrophages with vascular endothelial proliferation and attempt at abscesses formation. Endometrium is non-secretory and hyperplastic, it is formed of branching glands exhibiting moderate crowdedness and lined by 1-3 layers of cells. Glands show focal complexity of their contour. Stroma is cellular. No evidence of atypia or malignancy. Some of these hyperplastic glands are seen embedded within superficial myometrium. Cervix shows Nabothian cyst with mild endocervicitis. No evidence of specific granulomas. No evidence of malignancy.

2- Omental tissue showing infiltration by dense inflammatory cells rich in neutrophils and cell debris amounting at abscess formation with related areas of fat necrosis and mild fibrosis. No evidence of granulomas. No atypia or malignancy.

DIAGNOSIS:

Panhysterectomy:

- **Bilateral tubo-ovarian abscesses.**
- **Moderate adenomatous (complex) endometrial hyperplasia.**
- **Superficial adenomyosis.**
- **Leiomyoma.**
- **Nabothian cysts with mild endocervicitis.**
- **Omentum with suppurative inflammation, fat necrosis and fibrosis.**
- **No evidence of specific granulomas.**

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD

16-04-2026

Nereen Tahoun