

<b>Pt. Name:</b>	ربي حمد أحمد ناجي		<b>Lab Number:</b>	1263-2026	
<b>Pt. Age:</b>	3 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-02-23
<b>Referred By:</b>	م / الضياء		<b>Reported date:</b>	2026-03-02	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Patient presented by constipation and vomiting and on exploration revealed mass attached to cecum.
<b>Nature of specimen.</b>	Rt. Hemicolectomy for cecal mass.

### GROSS:

Rt. hemicolectomy specimen, colonic segment is 7 cm and small intestine is 6 cm long with attached appendix 3.5x0.5 cm and mesenteric fat 5x3 cm. On opening, the colonic and ileal mucosa are intact and free of tumors. There is a cyst measures 5x3 cm, contains clear fluid with intact capsule, attached to serosal surface (mesenteric side) of cecum not communicating with lumen. The cyst is away 2 and 6 cm from margins of excision. Dissected regional lymph nodes measure 0.2-1.7x1 cm, all are soft.

### MICROSCOPIC:

Sections from the cyst show an enteric duplication cyst where wall is formed of organized two layers of smooth muscles with mucosal lining of the simple and stratified columnar epithelium. The dissected 11 lymph nodes show reactive changes. Omentum show mature adipose tissue entrapping scattered ectatic congested vascular spaces. Colonic and ileal mucosa are intact and free of tumors. Appendix is unremarkable. Margins of excision are free. No evidence of specific granulomas. No evidence of atypia or malignancy.

### DIAGNOSIS:

#### Cecal cyst, Rt. Hemicolectomy:

- Enteric duplication cyst.
- Reactive follicular lymphoid hyperplasia of lymph nodes.
- Margins of excision are free.
- Negative for malignancy.

*Pathologist*

Prof. Dr. Neveen Tahoun, MD, PhD  
02-03-2026

*Nerveen Tahoun*