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| Pt. Name: | شروق صالح يحيى سراج | | Lab Number: | 1731-2026 | |
| Pt. Age: | 33 years. | Gender: | Female | Received date: | 2026-03-25 |
| Referred By: | م / الحزم | | Reported date: | 2026-03-30 | |

PATHOLOGY REPORT

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| Clinical Information. | Four-year history of an ovarian cyst presented with acute, sharp abdominal pain and was diagnosed with ovarian torsion. |
| Nature of specimen. | Ovarian cystectomy. |

GROSS:

The specimen consisted of an ovarian cyst measuring 9 x 8 x 7 cm, with an attached segment of fallopian tube measuring 3 cm in length. The external surface of the cyst was smooth. Upon sectioning, the cystic cavity was found to be filled with gelatinous material. The inner wall exhibited multiple solid, whitish nodular growths, the largest of which measured 1.5 x 1 cm.

MICROSCOPIC:

Sections reveals a fibrotic cyst wall exhibiting architectural changes consistent with adnexal torsion. The inner surface shows broad and sessile fibrotic projections protruding into the lumen, characterized by a paucicellular, fibrocollagenous stroma. Both these projections and the adjacent cyst wall are lined by a monolayered nonmucigenic low-cuboidal to attenuated epithelial cells. There is no evidence of epithelial piling up, stratification, or tufting.

The underlying stroma shows interstitial hemorrhage, marked vascular congestion, and stromal edema, indicative of subacute to chronic ischemic insult from twisting of the pedicle. The epithelial component is devoid of cytological atypia, pleomorphism, or mitotic activity. No evidence of infiltrative growth or malignancy is identified. Fallopian tube is congested. The findings are consistent with a benign serous cystadenofibroma undergoing reactive remodeling secondary to torsion. Fallopian tube is congested.

DIAGNOSIS:

Ovarian cystectomy:

- Serous cystadenofibroma with histological features of adnexal torsion and hemorrhagic infarction.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
30-03-2026

Nerveen Tahoun