

<b>Pt. Name:</b>	سميرة محمد أحمد الجعدي		<b>Lab Number:</b>	1913-2026	
<b>Pt. Age:</b>	40 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-04-02
<b>Referred By:</b>	أ.د/ أمة الكريم الحوري		<b>Reported date:</b>	2026-04-08	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Endometrium hyperplasia.
<b>Nature of specimen.</b>	Panhysterectomy.

### GROSS:

Panhysterectomy specimen showing uterus 9.5x7x5 cm with 3 cm thick wall showing focal trabeculation, an intracavitary polyp 5.5x2.5 cm and an intramural fibroid 0.5x0.5 cm. Endometrial thickness in 1.5 cm. Cervix is 2.5 cm long. Ovaries are 2.5x2 cm each, grossly unremarkable. Fallopian tubes are 5 cm, long.

### MICROSCOPIC:

Myometrial tumor is a benign leiomyoma formed of whorly bundles of mature smooth muscles separated by a fibrous stroma. Polyp and endometrium is hyperplastic and non-secretory, formed of moderately branching glands separated by cellular stroma exhibiting pseudodecidual change possibly due to hormone therapy. Glands are lined by 1-2 layers of cells. Polyp shows thick wall blood vessels. Islands of these endometrial glands and stroma are seen entrapped deep within myometrium. No evidence of complex glandular pattern. Cervix shows Nabothian cysts. Ovaries show cystic follicles. Fallopian tubes are unremarkable. No evidence of specific granulomas. No evidence of malignancy.

### DIAGNOSIS:

#### Panhysterectomy:

- Leiomyoma.
- Hyperplastic endometrial polyp.
- Moderate simple endometrial hyperplasia with diffuse stromal pseudodecidualization.
- Deep adenomyosis.
- Bilateral ovarian cystic follicles.
- Cervical Nabothian cysts.
- Unremarkable fallopian tubes.
- Negative for atypia and malignancy.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**08-04-2026**

*Nerveen Tahoun*