

<b>Pt. Name:</b>	صباح فتيني مهدي حسن		<b>Lab Number:</b>	2168-2026	
<b>Pt. Age:</b>	30 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-04-09
<b>Referred By:</b>	د/ أنيسة الحرازي		<b>Reported date:</b>	2026-04-14	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Right ovarian torsion.
<b>Nature of specimen.</b>	Right oophorectomy

### GROSS:

Ovary shows extensive devitalization of ovarian tissue with marked interstitial hemorrhage (hemorrhagic infarct) and dilated congested blood vessels. Rest of ovarian tissue shows fibrotic cyst wall with partial coverage by non-mucigenic cuboidal cells. No evidence of epithelial piling up or stromal invasion. Wall of cyst shows marked interstitial hemorrhage and dilated congested blood vessels. Other parts of ovarian tissue shows hemorrhagic corpus luteum. Fallopian tube is congested, Picture is consistent with strangulated simple serous cyst. No evidence of atypia or malignancy.

### MICROSCOPIC:

Fibrotic cyst wall showing partial coverage by non-mucigenic cuboidal cells. No evidence of epithelial piling up or stromal invasion. Wall of cyst shows marked interstitial hemorrhage (hemorrhagic infarct) and dilated congested blood vessels. Adherent part of ovarian tissue shows coproa albicans. Fallopian tube is congested,

### DIAGNOSIS:

#### Oophorectomy:

- Strangulated ovary (hemorrhagic infarct).
- Strangulated simple serous cyst.
- Hemorrhagic corpus luteum.
- Negative for malignancy.

*Pathologist*

Prof. Dr. Neveen Tahoun, MD, PhD  
14-04-2026

*Nerveen Tahoun*