

Pt. Name:	اشراق حسين صالح المنتصر		Lab Number:	2217-2026	
Pt. Age:	50 years.	Gender:	Female	Received date:	2026-04-11
Referred By:	أ.د/ أمة الكريم الحوري		Reported date:	2026-04-15	

PATHOLOGY REPORT

Clinical Information.	Enlarged uterus and ovarian cyst.
Nature of specimen.	Panhysterectomy.

GROSS:

Panhysterectomy: uterus measured 19 × 17× 9 cm, cervix measuring 3 cm in length. On sectioning, the myometrial wall thickness. The endometrium 0.3 cm. The uterus showed a large cyst 15× 13×7 cm; on sectioning, it was filled with yellowish fluid. A separately received cyst measured 7×4×3 cm; on sectioning, it revealed gelatinous material. Rt. & Lt. ovaries measured 2x1.5x1 cm and 2x2 x0.9cm, respectively. Rt. and Lt. fallopian tubes measured 5 cm and 5.5 cm long, respectively.

Also received a collapsed thin-walled cystic structure measuring 3.5x3 cm, with the outer smooth surface and showed focal attached adipose tissue.

MICROSCOPIC:

Endometrium shows hyperplastic endometrial glands, is non-secretory, it is formed of slightly branched glands lined by 1-2 layers of cells. Stroma is cellular. No evidence of complex glandular pattern.

Some of the hyperplastic endometrium are seen embedded within superficial myometrium. Cervix shows mild endocervicitis. Both ovaries shows corpora albicans. Fallopian tubes are unremarkable. Sections from a large uterine cyst within show a benign leiomyoma composed of interlacing whorled bundles of mature smooth muscle cells separated by fibrous stroma, with extensive cystic degenerative change. No cytologic atypia, tumor cell necrosis, or increased mitotic activity is identified.

Sections from the separate cyst show cyst wall with focal lining by stratified squamous together with underlying rich adipose tissue. Other areas showing columnar cell lining. Other sections show ulceration of lining with related dense inflammatory infiltration including foreign body giant cells. No evidence of immature elements. No evidence of atypia or malignancy.

Sections from the collapsed small cyst reveal benign mesothelial cyst composed of fibrous wall with an attenuated cuboidal lining and chronic inflammation, characterized by lymphocytic aggregates, vascular congestion, and mild reactive changes in the adjacent adipose tissue, without evidence of atypia or malignancy.

DIAGNOSIS:

Panhysterectomy:

- Leiomyoma with marked cystic degeneration.
- Ovarian mature cystic teratoma.
- Mesenteric cyst, inflamed.
- Moderate simple endometrial hyperplasia without atypia
- Superficial adenomyosis.
- Mild endocervicitis.
- Fallopian tubes are unremarkable.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
15-04-2026

Nerveen Tahoun

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