

<b>Pt. Name:</b>	صفية غالب سيف ثابت		<b>Lab Number:</b>	C3086-26	
<b>Pt. Age:</b>	Adult.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-05-06
<b>Referred By:</b>	د/ امة الرزاق المتوكل		<b>Reported date:</b>	2026-05-08	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Vaginal pap smear
<b>Nature of specimen.</b>	Pap smear for cytology examination.

### GROSS:

Three unstained smears labeled as vaginal wall were submitted and pap stained.

### MICROSCOPIC:

The smears are of adequate cellularity, displaying superficial and intermediate squamous cells amid a dense inflammatory exudate of neutrophils and mucus. Numerous cells exhibit koilocytosis—marked by nuclear enlargement and perinuclear halos—diagnostic of Low-Grade Squamous Intraepithelial Lesion (LSIL) and possible HPV cytopathic effect. The background reveals a polymicrobial infection, including elongated pseudohyphae and budding yeast morphologically consistent with *Monilia* (*Candida*), alongside a shift in bacterial flora. This shift is evidenced by coccobacilli obscuring cell borders as clue cells, characteristic of Bacterial Vaginosis. These findings collectively confirm a diagnosis of LSIL with concurrent fungal and bacterial cervicitis.

### DIAGNOSIS:

#### Cervical Cytology (Conventional Smear)

- Low-Grade Squamous Intraepithelial Lesion (LSIL)
- Fungal organisms morphologically consistent with *Candida* species (*Monilia*).
- Bacterial flora shift suggestive of Bacterial Vaginosis.
- Acute Inflammation/Cervicitis.

#### Comment

Clinical correlation is recommended to address the underlying infections, and follow-up should be managed according to established guidelines for LSIL, which may include HPV co-testing or colposcopy.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**08-05-2026**

*Nerveen Tahoun*