

Pt. Name:	سلمى صالح احمد القلمي	Lab Number:	3065-2026
Pt. Age:	35 years.	Gender:	Female
Received date:		Reported date:	2026-05-10
Referred By:	د/ سميرة التوتبي		

PATHOLOGY REPORT

Clinical Information.	Patient with primary infertility, lower abdominal pain, C.T findings revealed complex ovarian cyst and uterine myoma.
Nature of specimen.	Lt. ovarian cystectomy and myomectomies

GROSS:

Two specimens were received and processed.

- Specimen 1 consisted of an opened ovarian cyst measuring 5.5 x 4.5 x 1 cm. The outer surface appeared smooth. The cut section revealed a grey-colored surface. Additionally, five separate fragments of soft tissue pieces were received, measuring 2 x 1.7 cm in aggregate.
- Specimen 2 consisted of three well circumscribed rubbery whitish masses measuring 4.5 x 4 x 1.7 cm in aggregate.

MICROSCOPIC:

- Ovarian fibrotic cyst wall showing partial lining by columnar non-secretory endometrial cells with related endometrial stroma and interstitial hemorrhage. Wall shows islands of irregular and branching endometrial glands with separating stroma. In areas (Slide E), ovary showing proliferating irregular and crowded endometrioid glands lined by atypical columnar cells exhibiting mild anaplasia and mitosis. Glands assume a back to back pattern of arrangement without intervening stroma and focal formation of papillary, cribriform and solid areas. Ovarian capsule is intact. Wall of cyst showing cystic follicles.
- Myometrial tumors are benign leiomyomas formed of wavy bundles of mature smooth muscles separated by a fibrous stroma. No evidence of malignancy.

Procedure / specimens submitted

- Lt. Ovarian cystectomy.
- Myomectomies.

Ovary specimen:

- Histologic type:** Endometrioid borderline tumor / atypical proliferative endometrioid tumor arising in an endometriotic cyst.
- Tumor size:** 2 x 1.8 cm.
- Tumor confined to cyst wall.
- Stromal invasion not identified.
- Microinvasion not identified.
- Architectural patterns present: back-to-back glands with focal papillary, cribriform, and solid areas.
- Cytologic atypia:** mild atypia/anaplasia with mitotic activity.
- Lymphovascular invasion:** not identified.

- **Perineural invasion:** not identified.

Associated findings:

- Endometriotic cyst wall lined by non-secretory endometrial-type epithelium with associated endometrial stroma and interstitial hemorrhage.
- Cystic follicles identified in ovarian tissue.

Myomectomies

- Number of leiomyomas: three.
- Histologic diagnosis: benign leiomyomas.

DIAGNOSIS:

Left Ovarian cystectomy:

- Endometrioid tumor of borderline malignancy.

Uterin, Myomectomies:

- Leiomyomas

COMMENT:

This tumor is borderline lesion and a follow up policy is recommended.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
10-05-2026

Nerveen Tahoun

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