

Pt. Name:	علي حسين قاسم العمري		Lab Number:	3261-26	
Pt. Age:	65 years.	Gender:	Male	Received date:	2026-05-11
Referred By:	د/ احمد عتيق		Reported date:	2026-05-17	

## PATHOLOGY REPORT

Clinical Information.	Gangrenous cholecystitis with a cholecystocolic fistula underwent an en bloc excision of the gallbladder along with a segment of the transverse colon.
Nature of specimen.	Right Hemicolectomy and Cholecystectomy

### GROSS:

The transverse colon component measured 17 x 2.5 x 2 cm, with attached mesenteric fat measuring 8.5 x 6. Also attached was an opened gallbladder measuring 6.5 x 3 cm, which displayed a gray-brown cut surface upon sectioning. No distinct mass was identified macroscopically within the examined structures.

### MICROSCOPIC:

Sections of the colon and gallbladder show extensive, floridly reactive fibroinflammatory process. The mucosa, submucosa, subserosa and adventitia are markedly expanded by a dense, polymorphic infiltrate of neutrophils, plasma cells, lymphocytes, and clusters of foamy histiocytes, accompanied by prominent capillary proliferation and deep mural hemorrhage amounting at abscess formation and inflammatory fistula. The adjacent mesenteric adipose tissue shows a loose stromal proliferation featuring delicate, thin-walled vessels, extravasated erythrocytes, and focal fat necrosis consistent with an organizing abscess wall. No cellular atypia, atypical mitotic figures, or malignant epithelial cells are identified. Five regional lymph nodes exhibit follicular hyperplasia and sinus histiocytosis. No evidence of specific granulomas. No evidence of atypia or malignancy.

### DIAGNOSIS:

#### Right Hemicolectomy and Cholecystectomy:

- Suppurative peri-cholecystitis with abscess formation and inflammatory fistula.
- Reactive follicular lymphoid hyperplasia of regional lymph nodes.
- Negative for specific granulomas or malignancy.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD  
17-05-2026

Nerveen Tahoun