أ.د. نيفين سمير إبراهيم طاحون
استشاري تشخيص أنسجة وخلايا الأورام
معهد الأورام القومي - جامعة القاهرة
استاذ ورئيس قسم الهستوباثولوجي والسيتوباثولوجي بمعهد الأورام القومي
دكتوراه باثولوجيا الأورام - جامعة القاهرة

Pt. Name:	آمنة صلاح عبد الله العجري			**Lab Number:**	C3827-2026
Pt. Age:	65 years.	**Gender:**	Female	**Received date:**	2026-06-08
Referred By:	د/ علي الاشول + د / محمد القيسي			**Reported date:**	2026-06-10

PATHOLOGY REPORT

Clinical Information.	Pleural effusion
Nature of specimen.	Pleural fluid for cytology

GROSS:

One smear was prepared and stained from submitted 10 ml pale yellow fluid.

MICROSCOPIC:

Smear shows a dense background of small lymphocytes with few reactive mesothelial cells. No evidence of atypical or malignant cells.

DIAGNOSIS:

Pleural fluid, conventional cytology:

- **Marked lymphocytic**
- **Negative for malignant cells.**
- **Category II according to The International System for Reporting Serous Fluid Cytology, ISRSFC.**

COMMENT:

The cytological examination reveals a markedly cellular specimen dominated by a monotonous population of small, mature lymphocytes, with a notable scarcity of mesothelial cells and no evidence of epithelial malignancy or atypia. This pattern of lymphocytic predominance, particularly when mesothelial cells are sparse (less than 5%), is highly suggestive of tuberculous pleuritis, which should be considered the primary differential diagnosis in this clinical setting. Other etiologies for a lymphocytic exudate include chronic parapneumonic effusion, connective tissue disorders such as rheumatoid pleurisy, or lymphoproliferative disorders (lymphoma). Given the negative cytomorphology for carcinoma, ancillary testing including Adenosine Deaminase (ADA) levels, microbiologic cultures, and potentially flow cytometry is recommended to further characterize the effusion and exclude specific infectious or hematolymphoid processes.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
10-06-2026

Neveen Tahoun