

<b>Pt. Name:</b>	خديجة عبده ثابت الذماري		<b>Lab Number:</b>	C0369-2026	
<b>Pt. Age:</b>	30 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-01-19
<b>Referred By:</b>	د/ إبتهاال		<b>Reported date:</b>	2026-01-21	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Cervical erosion with recurrent vaginitis
<b>Nature of specimen.</b>	Pap smear for cytology examination.

### GROSS:

Two smears were submitted labeled as endocervix and ectocervix. Both were stained with pap.

### MICROSCOPIC:

Adequately cellular smear composed predominantly of superficial and intermediate squamous cells exhibiting mild to moderate nuclear enlargement, hyperchromasia, and irregular nuclear contours with mildly increased nuclear-to-cytoplasmic ratio. Chromatin is coarsely granular but evenly distributed; nucleoli are inconspicuous. Cytoplasmic maturation is largely preserved. The background shows variable acute inflammatory cells. Numerous fungal organisms are present in the form of branching pseudohyphae and budding yeast forms, occasionally adherent to squamous cells. No features of high-grade squamous intraepithelial lesion are seen.

### DIAGNOSIS:

#### Pap smear, conventional cytology:

- **Low-grade squamous intraepithelial lesion (LSIL) with concurrent monilial infection.**

### COMMENT:

LSIL may be diagnosed based on HPV-related nuclear atypia even in the absence of classic koilocytosis. Clinical correlation and follow-up according to cervical screening guidelines are recommended, with treatment of candida infection.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**21-01-2026**

*Nerveen Tahoun*