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

نيو لاب new LAB
مختبرات نيولاب التخصصية
NEW LAB SPECIALIZED LABS
مختبر الأنسجة التخصصي

Pt. Name:	ازال عبده قائد العيلي			**Lab Number:**	4376-2026
Pt. Age:	35 years.	**Gender:**	Female	**Received date:**	2026-06-24
Referred By:	م/ الوطني الاول			**Reported date:**	2026-06-28

PATHOLOGY REPORT

Clinical Information.	Recurrent left breast cyst.
Nature of specimen.	Excision

GROSS:

Received soft tissue fragments collectively measured 4x2.5x1 cm, the largest measuring 3x1.5x1 cm, totally embedded.

MICROSCOPIC:

Sections revealed preserved normal breast lobular pattern with stromal fibrosis, cystic change of ducts and adenosis. In areas, breast ducts are dilated with dense periductal infiltration by lymphocytes, plasma cells, macrophages and neutrophils. In many areas inflammatory infiltrate appears to destroy ductal epithelium with related areas of fat necrosis and fibrosis. Some ducts show distention by proliferating hyperplastic ductal epithelium assuming cribriform configuration. In these distended ducts lining hyperplastic cells are devoid of cytologic atypia (usual ductal hyperplasia = UDH). No evidence of malignancy.

DIAGNOSIS:

Recurrent left breast cyst:

- **Fibrocystic mastopathy with focal usual ductal hyperplasia (UDH).**
- **Duct ectasia with periductal mastitis (non-specific).**
- **Negative for malignancy.**
- **Recommended for follow up.**

COMMENT:

About 4% of patients with ductal hyperplasia without atypia (usual ductal hyperplasia, UDH), will develop breast cancer within 15 years, this is 2 fold increase in risk compared to the general population and women with benign breast disease lacking evidence of epithelial hyperplasia. Accordingly, follow up may be advised.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
28-06-2026

Nereen Tahoun