

<b>Pt. Name:</b>	سحر عبد الوهاب عمر با عبيد		<b>Lab Number:</b>	0351-2026	
<b>Pt. Age:</b>	40 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-01-19
<b>Referred By:</b>	د/ بسام الصنوي		<b>Reported date:</b>	2026-01-24	

### PATHOLOGY REPORT

<b>Clinical Information.</b>	Rt breast hypoechoic lobulated mass, Lt breast three similar masses.
<b>Nature of specimen.</b>	Excision biopsy.

#### GROSS:

Received two container labeled as;

- 1- Right breast: two fibrofatty soft tissue pieces collectively measured 6.5x4x2 cm. Serial sectioning revealed whitish rubbery area 3x1.3x 1 cm.
- 2- Left breast: four fibro-fatty soft tissue fragments collectively measured 8.5x6.5x2.5 cm, with the largest measuring 6.5x4.5 2.5 cm, partially covered by skin in an area of 4x0.8 cm. Serial sectioning revealed rubbery area measuring 1.5x1.3x1 cm.

#### PHOTOGRAPH



#### MICROSCOPIC:

Sections from both specimens revealed preserved normal breast lobular pattern with stromal fibrosis, apocrine metaplasia, 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:

**Bilateral breast masses, excision:**

- **Fibrocystic mastopathy with usual ductal hyperplasia (UDH).**
- **Duct ectasia with periductal mastitis (non-specific).**
- **No evidence of 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  
24-01-2026**

*Nerveen Tahoun*