

Pt. Name:	أيمن يحيى ناصر		Lab Number:	5976-2025	
Pt. Age:	Adult.	Gender:	Male	Received date:	2025-12-30
Referred By:	د/ قاسم شقحان		Reported date:	2026-01-06	

PATHOLOGY REPORT

Clinical Information.	Resected small bowel (perforated viscus).
Nature of specimen.	Small bowel, resection anastomosis.

GROSS:

The small intestinal segment measured 47 cm long, showing perforation in an area of 1 cm, located 25 cm and 21 cm from the far and near ends, respectively. Careful inspection did not reveal any gross masses or ulceration. One lymph node was dissected, measuring 0.7 cm.

MICROSCOPIC:

- Sections from the perforated area show ulceration of small intestinal mucosa with related transmural infiltration by lymphocytes, plasma cells, macrophages, and neutrophils reaching to the serosal covering, with related vascular congestion. Resection margins are viable but inflamed. Lymph node is reactive and free of metastatic deposits, showing sinus histiocytosis. No evidence of specific granulomas. No evidence of malignancy.

DIAGNOSIS:

Small intestinal perforation, segmental resection:

- **Inflammatory perforation with related peritonitis, suggestive of Crhon's disease.**
- **Negative for malignancy.**
- **Recommended for more confirmatory correlation with clinical findings.**

COMMENT:

Review of the case upon request from treating physician asking to find out if the diagnosis could be fit for tuberculosis or Crhon's disease revealed: **Active transmural inflammation with mixed lymphocytic, plasmacytic, macrophagic, and neutrophilic infiltrate, plus ulceration and vascular congestion, favors Crohn's disease over TB given the absence of caseating granulomas.**

If the case is clinically fit, so Crhon's disease is to be considered.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
06-01-2026

Nerveen Tahoun