Surgical Pathology Report

SPECIMEN(S) RECEIVED.

A:Omentum, biopsy B:Left periureteral, biopsy C:Right ovary

CLINICAL INFORMATION

Deep endometriosis of pelvic peritoneum irregular periods pain in pelvis dysmenorrhea lower abdominal pain menorrhagia dysuria pain associated with defecation abdominal bloating low back pain

PRE OP DIAGNOSIS

DEP ENDOMETRIOSIS OF PELVIC PERITONEUM IRREGULAR PERIODS PAIN IN PELVIS DYSMENORHEA LOWER ABDOMINAL

FINAL DIAGNOSIS

A. Omentum, biopsy:

Fibroadipose tissue with chronic inflammation and scant dystrophic calcification.

Negative for malignancy.

See comment.

B. Left periureteral, biopsy:

Fibroadipose tissue with fibrosis.

Negative for malignancy.

See comment.

C. Right ovary, Oophorectomy:

Corpus luteum cyst.

Physiologic changes

Negative for malignancy.

COMMENTS-

A-B. Findings are suggestive of burnt out endometriosis with chronic inflammation and fibrosis without identifiable endometrial glands and stroma. Clinical correlation is recommended.

GROSS DESCRIPTION

The specimen is received in three parts.

Part A, received in formalin is (are) 1 piece(s) of yellow soft tissue measuring 2.3 cm. in greatest dimension/or aggregate: Entirely submitted in Africa or a submitted in

Part B, received in formalin is (are) 1 piece(s) of pale tan soft tissue measuring 0.6 cm. in greatest dimension/or aggregate. Entirely submitted in B1.

Part C, received in formalin is (are) 1 piece(s) of pale tan ovarian soft tissue measuring 3.8 x 2.0 x 1.2.cm. in greatest................dimension/or aggregate. Representative sections submitted in C1.

MICROSCOPIC DESCRIPTION

Unless "gross only" is specified, the final diagnosis for each specimen is based on a microscopic examination of representative sections of tissue.

