

*Histology Cytology Report*

**Clinical Information**

Preoperative diagnosis: Abnormal estrogens; symptomatic postprocedural ovarian failure; Deep endometriosis of diaphragm

Clinical data:

Postoperative diagnosis: Pending

Special instructions:

Specimen source: A. Left Adnexal Adhesion; B. Uterine Serosa; C. Left Bladder Flap; D. Right Bladder Flap; E. Left Ovarian Adhesion; F. Rectal Wall Adhesion; G. Left Ovarian Cyst; H. Left Pelvic Sidewall; I. Left Abdominal Wall; J. Sigmoid; K. Right Periureteral; L. Right Uterosacral Ligament; M. Left Periureteral; N. Fibroid; O. Right Pelvic Sidewall; P. Right Adnexal Adhesion

**Diagnosis**

**A. LEFT ADNEXAL ADHESION, EXCISION:**

FIBROMEMBRANOUS TISSUE, CONSISTENT WITH PERITONEAL ADHESION.

**B. UTERINE SEROSA, EXCISION:**

GRANULOMATOUS PERITONITIS WITH PERITONEAL ADHESION.

**C. LEFT BLADDER FLAP, EXCISION:**

NO SIGNIFICANT HISTOPATHOLOGIC ABNORMALITY.

**D. RIGHT BLADDER FLAP, EXCISION:**

SUBPERITONEAL FIBROSIS.

**E. LEFT OVARIAN ADHESION, EXCISION:**

FIBROFATTY TISSUE WITH FOCAL ENDOMETRIOSIS.

**F. RECTAL WALL ADHESION, EXCISION:**

FIBROMEMBRANOUS TISSUE, CONSISTENT WITH PERITONEAL ADHESION.

FRAGMENT OF FALLOPIAN TUBE FIMBRIA WITH SEROSAL ENDOSALPINGOSIS.

**G. LEFT OVARIAN CYST, EXCISION:**

CORPUS LUTEUM CYST.

Diagnosis

H. LEFT PELVIC SIDEWALL, EXCISION:  
GRANULOMATOUS PERITONITIS.

I. LEFT ABDOMINAL WALL, EXCISION:  
SUBPERITONEAL FIBROSIS.

J. SIGMOID COLON, EXCISION:  
FRAGMENT OF OVARIAN CORTEX WITH ADHESED FIBROFATTY TISSUE.

K. RIGHT PERIURETERAL PERITONEUM, EXCISION:  
SUBPERITONEAL FIBROSIS.

L. RIGHT UTEROSACRAL LIGAMENT, EXCISION:  
GRANULOMATOUS PERITONITIS.

M. LEFT PERIURETERAL PERITONEUM, EXCISION:  
FRAGMENT OF OVARIAN CORTEX WITH SURFACE ADHESIONS.

N. FIBROID, EXCISION:  
LEIOMYOMA.

O. RIGHT PELVIC SIDEWALL, EXCISION:  
MILD SUBPERITONEAL FIBROSIS.

P. LEFT ADNEXAL ADHESION, EXCISION:  
HEMORRHAGIC FIBROMEMBRANOUS TISSUE, CONSISTENT WITH PERITONEAL ADHESION.

Gross Description

A. In formalin labeled "left adnexal adhesion": 1 x 1 x 0.1 cm aggregate of tissue piece(s). Totally submitted, 1 block.

B. In formalin labeled "uterine serosa": 1, 0.7 cm tissue piece(s). Totally submitted, 1 block.

C. In formalin labeled "L bladder flap": 1, 1 x 0.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

D. In formalin labeled "R bladder flap": 1, 1 x 1 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

**Gross Description**

E. In formalin labeled "L ovarian adhesion": 1, 1 x 1 x 0.5 cm fatty tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

F. In formalin labeled "rectal wall adhesion": 1.5 x 1 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

G. In formalin labeled "L ovarian cyst": 1, 2 x 1 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

H. In formalin labeled "L pelvic sidewall": 1, 0.5 cm tissue piece(s). Totally submitted, 1 block.

I. In formalin labeled "L abdominal wall": 1 x 1.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

J. In formalin labeled "sigmoid": 1, 1.5 x 0.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

K. In formalin labeled "periureteral": 2, 0.6-1 x 0.5 x 0.2 cm tissue piece(s). Totally submitted, 1 block.

L. In formalin labeled "R uterosacral ligament": 1, 1.1 x 0.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

M. In formalin labeled "L periureteral": 1, 1 x 0.9 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

N. In formalin labeled "fibroid": 1, 2 x 1.5 x 0.5 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

O. In formalin labeled "R pelvic sidewall": 1, 1 x 0.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

P. In formalin labeled "R adnexal adhesion": 1, 0.6 cm tissue piece(s). Totally submitted, 1 block.

**Microscopic Description**

A through P. Gross description reviewed and microscopic examined.