

Histology Cytology Report

Histology-Cytology Report – [REDACTED] – Auth (Verified)

Clinical Information

Preoperative diagnosis: Endometriosis of the pelvic peritoneum, Abnormal uterine and vaginal bleeding

Clinical data:

Postoperative diagnosis: Pending

Special instructions:

Specimen source: A. Omentum; B. Left pelvic sidewall; C. Left periureteral; D. Left ovarian fossa; E. Left uterosacral ligament; F. Right cul-de-sac; G. Right perirectal; H. Right uterosacral ligament; I. Right periureteral; J. Right uterine artery; K. Right ovarian ligament; L. Uterus and bilateral fallopian tubes

Diagnosis

A. OMENTUM, EXCISION:

NO SIGNIFICANT HISTOPATHOLOGIC ABNORMALITY.

B. LEFT PELVIC SIDEWALL, EXCISION:

NO SIGNIFICANT HISTOPATHOLOGIC ABNORMALITY.

C. LEFT PERIURETERAL PERITONEUM, EXCISION:

MILD SUBPERITONEAL FIBROSIS.

D. LEFT OVARIAN FOSSA, EXCISION:

MILD SUBPERITONEAL FIBROSIS AND FOCAL ENDOSALPINGOSIS.

E. LEFT UTEROSACRAL LIGAMENT, EXCISION:

MILD SUBPERITONEAL FIBROSIS.

F. RIGHT PELVIC CUL-DE-SAC, EXCISION:

ENDOMETRIOSIS.

G. RIGHT PERIRECTAL PERITONEUM, EXCISION:

NO SIGNIFICANT HISTOPATHOLOGIC ABNORMALITY.

H. RIGHT UTEROSACRAL LIGAMENT, EXCISION:



Diagnosis

ENDOMETRIOSIS.

I. RIGHT PERIURETERAL PERITONEUM, EXCISION:
MILD SUBPERITONEAL FIBROSIS.

J. RIGHT UTERINE ARTERY, EXCISION:
SUBPERITONEAL FIBROSIS AND BENIGN MESOTHELIAL CYSTS.

K. RIGHT OVARIAN LIGAMENT, EXCISION:
MILD SUBPERITONEAL FIBROSIS.

L. UTERUS AND BILATERAL FALLOPIAN TUBES, EXCISION:
MIXED PATTERN INACTIVE AND POORLY DEVELOPED SECRETORY ENDOMETRIUM.
UTERINE SEROSAL ADHESIONS.
BILATERAL FALLOPIAN TUBES WITH NO SIGNIFICANT HISTOPATHOLOGIC ABNORMALITY.

Gross Description

A. In formalin labeled "omentum": 3.5 x 2 x 0.2 cm fatty tissue piece(s). Totally submitted, 1 block.

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

C. In formalin labeled "left periureteral": 1, 0.8 cm tissue piece(s). Totally submitted, 1 block.

D. In formalin labeled "left ovarian fossa": 1, 0.5 cm tissue piece(s). Totally submitted, 1 block.

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

F. In formalin labeled "right cul-de-sac": 2, 1 x 0.7 x 0 0.5-2 x 1 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

G. In formalin labeled "right perirectal": 1, 0.4 cm tissue piece(s). Totally submitted, 1 block.

H. In formalin labeled "right uterosacral ligament": 1, 2 x 0.5 x 0.2 cm tissue piece(s). The specimen sectioned. Totally submitted, 1 block.

I. In formalin labeled "right periureteral": 1, 2.5 x 0.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

J. In formalin labeled "right uterine artery": 2, 0.7 x 0.5 x 0 0.2-2 x 1.5 x 0.2 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

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Gross Description

K. In formalin labeled "right ovarian ligament": 1, 1.1 cm tissue piece(s). The specimen is sectioned. Totally submitted, 1 block.

L. In formalin labeled "uterus and bilateral fallopian tubes" is a supracervical hysterectomy specimen with amputated bilateral unoriented fallopian tubes. The uterine corpus is 169 gm and 9 cm fundus to cervical resection margin, 8 cm cornu to cornu and 6 cm anterior to posterior. The serosal surface is markedly congested with adhesions. Sectioning demonstrates a triangular, 6 x 3 cm, uterine cavity lined by 0.1-0.2 cm thick endometrium. The myometrium is densely trabeculated and 2.8 cm thick. No discrete intramural masses are noted. The bilateral fallopian tubes are arbitrarily designated A and B. Fimbriated fallopian tube A is 5 x 0.5 cm with congested serosa. Fallopian tube B is fimbriated, 2 x 0.6 cm and surfaced by congested serosa. There is a 2.5 cm long stump of left fallopian tube attached to the uterus that is 0.5 cm diameter and remarkable for a 0.5 cm clear fluid-filled paratubal cyst. Sampled: 1-2-cervical resection margin, 3-4-uterine wall, 5-endomyometrium, 6-fallopian tube A, 7-fallopian tube B, 8-left fallopian tube stump. JRW

Microscopic Description

A through L. Gross description reviewed and microscopic examined.