

Pt. Name:	ولاء حمد حامد سويد		Lab Number:	1302-2026	
Pt. Age:	13 years.	Gender:	Female	Received date:	2026-02-24
Referred By:	د/ بسام		Reported date:	2026-03-01	

PATHOLOGY REPORT

Clinical Information.	Posterior nasal cavity mass extending to nasopharynx causing nasal obstruction for two years ago.
Nature of specimen.	Nasopharyngeal biopsy.

GROSS:

One friable fragment measures 2.7x2 cm showing grayish cut section.

MICROSCOPIC:

Unencapsulated neoplasm with papillary and glandular growth patterns. The papillae are complex with arborization and fibrovascular cores. Complex (back-to-back) glandular and cribriform/microcystic architectures. The cells vary in appearance from pseudostratified columnar to cuboidal. The nuclei are round to oval with vesicular to optically clear chromatin, indistinct nucleoli, and eosinophilic cytoplasm. Mild to moderate nuclear pleomorphism is seen. Scattered mitotic figures is also seen, but no evidence of atypical mitoses. No evidence of squamous differentiation, spindle cell component or psammoma bodies. Tumor is infiltrative into the submucosa. Few foci showing transition from surface epithelium, supporting a primary nasopharyngeal origin. Confirmatory marker study (CK, TTF-1, Thyroglobulin and PAX-8) is recommended.

DIAGNOSIS:

Posterior nasal and nasopharyngeal mass, biopsy:

- Nasopharyngeal papillary adenocarcinoma, low grade.
- Recommended for confirmatory marker study.

COMMENT:

Surgical excision is the treatment of choice and is curative.

The slow-growing tumor has the potential to recur if incompletely excised.

Metastatic disease is has not reported.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
01-03-2026

Nerveen Tahoun