

<b>Pt. Name:</b>	محمد فايد محمد عبيد		<b>Lab Number:</b>	1349-2026	
<b>Pt. Age:</b>	97 years.	<b>Gender:</b>	Male	<b>Received date:</b>	2026-02-28
<b>Referred By:</b>	د/ خلدون		<b>Reported date:</b>	2026-03-02	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Dysphagia with food impaction, and inability to swallow the saliva. Endoscopy: lower esophageal erosion and strictural lesion with pan-gastritis, and lesser curvature lesion.
<b>Nature of specimen.</b>	Endoscopic biopsy.

### GROSS:

Two biopsies were received:

- 1- Esophageal bioosy: 2 soft tissue fragments collectively measured 0.4 cm, with endometrial.
- 2- Gastric biopsy: soft tissue fragments collectively measured 0.6.cm, totally embedded

### MICROSCOPIC:

- (1) Esophageal biopsy is superficial material showing tiny fragments of hyperplastic stratified squamous epithelium. No evidence of atypia of malignancy in this biopsy.
- (2) Biopsy shows gastro-esophageal junction dominantly formed of inflamed mucosa with one focus showing malignant tumor formed of irregular & crowded glandular formation lined by malignant columnar epithelial cells. Anaplasia and mitosis are moderate.

### DIAGNOSIS:

(1) Esophagus, endoscopic biopsy:

- Hyperplastic squamous epithelium.
- Negative for malignancy.

(2) Gastro-esophageal junction, biopsy:

- Adenocarcinoma, tubular type, grade 2.

### COMMENT:

This tumor could be extending from cardia of stomach or arising primarily in the esophagus on top of Barrett's esophagus. Please correlate with endoscopic findings to decide primary site of origin.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**02-03-2026**

*Nerveen Tahoun*