

Pt. Name:	نوال محمد أحمد علي الكبسي		Lab Number:	1373-2026	
Pt. Age:	50 years.	Gender:	Female	Received date:	2026-03-02
Referred By:	أ.د/ خالد معصار		Reported date:	2026-03-05	

PATHOLOGY REPORT

Clinical Information.	Sessile sigmoid polyp.
Nature of specimen.	Endoscopic biopsy.

GROSS:

Soft tissue fragments collectively measured 1 cm, totally embedded.

MICROSCOPIC:

Tubulovillous adenomatous polyp featuring a complex architectural mixture of elongated villous fronds and branching tubular glands. The epithelium exhibits high-grade dysplasia with pseudostratified, hyperchromatic nuclei and a complete loss of goblet cell polarity. Within this precursor lesion, focal intramucosal adenocarcinoma is identified, characterized by back-to-back, glandular proliferations infiltrating the lamina propria. Neoplastic cells exhibit marked nuclear pleomorphism, vesicular chromatin, and prominent nucleoli.

There is no evidence of submucosal invasion or a desmoplastic stromal response in the current material.

DIAGNOSIS:

Sigmoid colon, sessile polyp; excision:

- **Intramucosal adenocarcinoma (Carcinoma in situ / pTis).**
- **Arising within a tubulovillous adenoma with high-grade dysplasia.**
- **Recommended for complete excision of the polyp to assess for concomitant invasive component.**

COMMENT

Because the colonic mucosa lacks lymphatic channels above the level of the muscularis mucosae, there is a negligible risk of regional lymph node metastasis. Complete endoscopic resection with clear margins is recommended to assess for more invasive component and it is generally considered curative.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
05-03-2026

Nerveen Tahoun