

<b>Pt. Name:</b>	أفراح محمد علي الزرقا		<b>Lab Number:</b>	1420-2026	
<b>Pt. Age:</b>	55 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-03-03
<b>Referred By:</b>	د/ عقيل الشامي		<b>Reported date:</b>	2026-03-04	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Dysphagia and heartburn. Endoscopy: multiple irregular nodules started at 25 cm below the dental arch and extends downwards, the largest is about 3 cm and irregular infiltrative circumferential tumor growth started at 30 cm from gastroesophageal junction, this growth extending down to the cardia with severe luminal narrowing. On background of previous barrettes esophagus.
<b>Nature of specimen.</b>	Endoscopic biopsies.

### GROSS:

Two biopsies were received:

- 1- Esophageal biopsy: soft tissue fragments collectively measured 0.5 cm, totally embedded.
- 2- Gastroesophageal junction biopsy: soft tissue fragments collectively measured 1 cm, totally embedded.

### MICROSCOPIC:

Sections reveal partially ulcerated mucosal fragments infiltrated by an invasive moderately differentiated adenocarcinoma. The tumor is composed of crowded, irregular, and angulated glands exhibiting fused and back-to-back architecture with minimal intervening stroma. These neoplastic structures are set within a desmoplastic background and are lined by atypical epithelial cells demonstrating nuclear enlargement, hyperchromasia, pleomorphism, loss of polarity, and prominent nucleoli.

### DIAGNOSIS:

Gastroesophageal junction mass, endoscopic biopsy:

- Tubular adenocarcinoma, grade 2.

### COMMENT

The tumor may have originated from Barrett's esophagus or extended from the gastric cardia.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**04-03-2026**

*Nerveen Tahoun*