

<b>Pt. Name:</b>	فائزة عبد الله حسن الضبيبي		<b>Lab Number:</b>	1529-2026	
<b>Pt. Age:</b>	47 years.	<b>Gender:</b>	Female	<b>Received date:</b>	2026-03-09
<b>Referred By:</b>	د/ محمد الحميدي		<b>Reported date:</b>	2026-03-10	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Refractory epigastric pain was found on endoscopy to have a polypoidal circumferential mass in the distal stomach.
<b>Nature of specimen.</b>	Endoscopic biopsies.

### GROSS:

Soft tissue fragments collectively measured 1 cm, totally embedded.

### MICROSCOPIC:

The biopsy consists of multiple fragments of gastric mucosa. A single fragment exhibits a focal area of marked architectural complexity, characterized by crowded, back-to-back glands with irregular branching and cribriforming. The glands are lined by stratified, hyperchromatic columnar epithelium with enlarged, elongated nuclei and significant mucin depletion. The remaining fragments demonstrate chronic active gastritis, showing a moderate lymphoplasmacytic infiltrate and neutrophilic activity. No definitive desmoplastic stromal response or invasive growth is identified.

Due to superficial nature of the sampled material, the presence or depth of underlying invasive growth cannot be assessed.

### DIAGNOSIS:

#### Stomach, Endoscopic Biopsy:

- Minimally represented, High-grade Dysplasia (consistent with Intramucosal Adenocarcinoma).

### COMMENT

The atypical glandular proliferation is present exclusively within superficially sampled mucosa. Consequently, the deeper stromal and submucosal compartments are not available for evaluation. Therefore, while the current findings represent high-grade dysplasia, an underlying invasive adenocarcinoma cannot be definitively excluded.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**10-03-2026**

*Nerveen Tahoun*