

Pt. Name:	فائزه عبدالله حسن الضبيبي		Lab Number:	1673-2026	
Pt. Age:	47 years.	Gender:	Female	Received date:	2026-03-17
Referred By:	د/ لبيب الأغبري		Reported date:	2026-03-26	

PATHOLOGY REPORT

Clinical Information.	Refractory epigastric pain and gastric outlet obstruction secondary to a large, locally advanced neoplastic mass in the distal stomach with extensive regional lymph node involvement, with superficial biopsies confirming at least high-grade dysplasia consistent with intramucosal adenocarcinoma (diagnosed by previous biopsy at our lab: Pathology number 1529-26).
Nature of specimen.	Near total gastrectomy

GROSS:

Three containers were received.

1 Designated as near total stomach with omentum: Stomach measured 10.5 cm along the greater curvature and 5.5 cm along the lesser curvature, with a proximal circumference of 5 cm and a distal circumference of 2.5 cm. Attached was a greater omentum measuring 40 x 22 x 1.5 cm and an additional fatty tissue measuring 11 x 8 cm. Opening of the stomach revealed an ulcerated, solid, firm, creamy-colored mass measuring 8.5 x 6 cm (depth) . The mass infiltrated the full thickness of the gastric wall. The lesion is located 6 cm from the proximal resection margin and 0.8 cm from the distal resection margin. A total of 13 lymph nodes were dissected from the lesser and greater curvatures, the largest measuring 2.5 cm. The omentum showed four rubbery areas/masses, the largest measuring 1 cm.

2 Disintegrated as small mass?? lymph node from side of colon: soft tissue piece measuring 1.7 x 1.3 x1 cm, totally embedded.

3 Designated as fluid from abdomen (saline wash): 10ml fluid, for cytological examination, one smear was prepared and stained.

MICROSCOPIC:

Surgical Pathology Summary

- **Specimen Type:** Near-total Gastrectomy with Omentum and Paracolic Tissue.
- **Primary Tumor Site:** Stomach (Antrum/pylorus).
- **Histologic Type:** Poorly Cohesive Carcinoma (Non-signet ring cell type).
- **Histologic Grade:** G3 (High-grade / Poorly differentiated).
- **Tumor Size:** 8.5 x 6 cm (Greatest dimension).

Tumor Extension & Invasion

- **Depth of Invasion:** Tumor penetrates through the muscularis propria and subserosal connective tissue into the visceral peritoneum (serosa).
- **Lymphovascular Invasion (LVI): Present.**
- **Perineural Permeation (PNI): Present.**

Margins

- **Proximal Margin: Negative** for invasive carcinoma (Distance: 6 cm).
- **Distal Margin: Negative** for invasive carcinoma (Distance: 0.8 cm).
- **Omental (Radial) Margin: Negative.**

Lymph Nodes & Distant Spread

- **Regional Lymph Nodes: 10 positive** out of 13 total nodes examined (**10/13**).
- **Extranodal Extension (ENE): Present.**
- **Omental Deposits: Positive** (Metastatic carcinoma found in 4 omental masses).
- **Paracolic Tissue: Positive** (Metastatic carcinoma found in tissue adjacent to the colon).
- **Peritoneal Fluid: Negative.**

Peritoneal wash, Cytology:

- **Positive for malignant cells.**

Pathologic Staging (AJCC 8th Edition)

- **Primary Tumor (pT): pT4a** (Tumor involves the serosa).
- **Regional Lymph Nodes (pN): pN3a** (Metastasis in 7 to 15 nodes).
- **Distant Metastasis (pM): pM1** (Presence of omental and paracolic deposits).
- **Anatomic Stage: Stage IV.**

DIAGNOSIS:

Stomach, near-total gastrectomy:

- **Poorly cohesive carcinoma (non-signet ring cell type), grade 3 (high-grade), invading through the serosa (pT4a), with lymphovascular and perineural invasion, metastases to 10 of 13 regional lymph nodes with extranodal extension (pN3a), and positive omental and paracolic deposits (pM1), Peritoneal wash is positive for malignant cells; surgical margins uninvolved (R0).**

Pathologist

**Prof. Dr. Neveen Tahoun, MD, PhD
26-03-2026**

Nerveen Tahoun