

Pt. Name:	ليان محمد محمد عبد الله		Lab Number:	1932-2026	
Pt. Age:	3 years.	Gender:	Female	Received date:	2026-04-04
Referred By:	د/ حمود هديش		Reported date:	2026-04-05	

PATHOLOGY REPORT

Clinical Information.	3x2 cm solid, hypoechoic nodule in the right submandibular gland with associated non-specific cervical lymphadenitis, highly suspicious for a pleomorphic adenoma.
Nature of specimen.	Tru-cut biopsy

GROSS:

Tissue cores up to 1.5 cm, totally embedded.

MICROSCOPIC:

Core biopsy fragments totally effaced by a severe, chronic inflammatory process. There is numerous well-formed, non-necrotizing granulomas composed of cohesive clusters of plump epithelioid histiocytes. These granulomatous nodules are deeply embedded within a dense, reactive background infiltrate consisting predominantly of mature lymphocytes and plasma cells, which occasionally organize into distinct lymphoid aggregates. There is no evidence of a biphasic epithelial and myoepithelial proliferation, chondromyxoid stroma, or cellular atypia; no features of pleomorphic adenoma or malignancy are identified.

DIAGNOSIS:

Right submandibular gland, core needle biopsy:

- Severe chronic granulomatous sialadenitis.
- Negative for pleomorphic adenoma or evidence of malignancy.

Comment

The histological findings demonstrate an extensive granulomatous inflammatory process replacing the submandibular salivary gland parenchyma. In a 3-year-old patient, this pattern strongly favors an infectious etiology, most notably atypical (non-tuberculous) mycobacterial infection or cat-scratch disease (*Bartonella henselae*). There is no morphological evidence to support the suspicion of a pleomorphic adenoma. Clinical correlation with targeted microbiological cultures, molecular testing (PCR), and appropriate serology is strongly recommended to identify the definitive causative organism.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
05-04-2026

Nerveen Tahoun