

Pt. Name:	عثمان محمد القفله		Lab Number:	1971-2026	
Pt. Age:	4 years.	Gender:	Male	Received date:	2026-04-05
Referred By:	د/ حسن الثلايا		Reported date:	2026-04-09	

PATHOLOGY REPORT

Clinical Information.	Painless 2 cm x 2 cm oval-shaped swelling with lipid content located on the middle dorsal tongue, extending laterally and deep to the ventral surface, with no palpable lymph nodes.
Nature of specimen.	Incisional biopsy.

GROSS:

Soft tissue fragments collectively measured 1.3x1x0.5 cm, totally embedded.

MICROSCOPIC:

The sections show a highly cellular, infiltrative mesenchymal proliferation underlying a stratified squamous epithelial surface. The lesion is composed of bundles and fascicles of spindle-shaped cells and epithelioid cells with eosinophilic cytoplasm. Some cells exhibit elongated, "strap-like" appearances with eccentric nuclei, and there are areas suggesting primitive rhabdomyoblastic differentiation (cells with abundant pink cytoplasm). The stroma appears variably myxoid to collagenous with a prominent vascular pattern. While the surface epithelium appears intact in some areas, the dense cellularity and infiltrative growth pattern in a pediatric patient are highly concerning for a malignant small blue round cell tumor or a spindle cell sarcoma.

Differential diagnosis includes Embryonal Rhabdomyosarcoma (specifically the spindle cell variant), Infantile Fibrosarcoma, or a Spindle Cell Tumour with NTPK fusion. Immunohistochemical studies are recommended (Desmin, Myogenin, CD34, S100, ALK, and Ki-67).

DIAGNOSIS:

Middle dorsal tongue mass, incision biopsy:

- Atypical spindle cell proliferation suspicious for spindle cell rhabdomyosarcoma.
- Recommended for confirmatory immunohistochemical studies.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
09-04-2026

Nerveen Tahoun