

Pt. Name:	ايمان قائد علي البخيتي		Lab Number:	2187-2026	
Pt. Age:	42 years.	Gender:	Female	Received date:	2026-04-10
Referred By:	د/ فيصل الصبري		Reported date:	2026-04-14	

PATHOLOGY REPORT

Clinical Information.	Lt. carotid body tumor.
Nature of specimen.	Excision biopsy

GROSS:

Lt. cervical lymph nodes excision biopsy: multiple lymph nodes collectively measured 2.7x2.2x1 cm, the largest measuring 1.7x1.5x1 cm, totally embedded.

MICROSCOPIC:

The largest nodule shows an encapsulated tumor with an organoid pattern of nests of rounded large epithelioid-like cells with abundant granular or clear cytoplasm. Cell borders are ill-defined. The nests are separated by a network of fibrovascular trabeculae. Some cells show enlarged nuclei, but there is no evidence of mitotic activity. The tumor capsule appears attenuated in many foci, with evidence of invasion by tumor cell nests.

The remaining nodules show nine lymph nodes with preserved normal nodal architecture and hyperplasia of the lymphoid follicles, which retain active and intact germinal centers with tingible body macrophages. There is associated inflammatory cell infiltrate in subcapsular areas of lymph node with extension into perinodal fibrofatty tissue. No evidence of specific granulomas. No evidence of malignancy.

DIAGNOSIS:

Left carotid body tumor and left cervical lymph nodes, excision biopsy:

- Carotid body paraganglioma
- Reactive follicular lymphoid hyperplasia (0/9) with chronic non-specific lymphadenitis and periadenitis, negative for metastatic deposits.
- Negative for malignancy.

Comment

The biologic potential of carotid body tumors is not predictable by histology. However, the vast majority of carotid body paragangliomas behave in a benign fashion, and fewer than 10% are biologically aggressive. Therefore, follow-up is recommended.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD

14-04-2026

Nerveen Tahoun