

Pt. Name:	سالم عمر عواش كنيدي	Lab Number:	2360-2026
Pt. Age:	50 years.	Gender:	Male
Received date:		Reported date:	2026-04-15
Referred By:	د/ محمد أمين الكمالي	Reported date:	2026-04-20

PATHOLOGY REPORT

Clinical Information.	Suspected tuberculous spondylodiscitis (Pott's disease) at the D5-D6 vertebral level causing epidural thickening and focal cord myelopathy.
Nature of specimen.	Bone and soft tissue biopsy.

GROSS:

Three biopsies were received:

Biopsy 1: Received are pieces of soft tissue, measuring in aggregate 1 x 0.7 x 0.4 cm, totally embedded.

Biopsy 2: Received is one piece of soft tissue, measuring 1 x 0.6 x 0.5 cm, totally embedded.

Biopsy 3: Received are fragments of bone, measuring in aggregate 4 x 3 x 1 cm, totally embedded.

MICROSCOPIC:

Microscopic examination of the submitted materials reveals fragments of necrotic bone (sequestrum), skeletal muscle, and fibroadipose tissue exhibiting marked inflammatory changes.

The tissue is extensively replaced by a dense mixed acute and chronic inflammatory infiltrate. This infiltrate is dominated by numerous neutrophils forming prominent suppurative areas and microabscesses, admixed with lymphocytes, plasma cells, and histiocytes. The inflammation is set within a background of organizing granulation tissue characterized by proliferating small blood vessels and reactive fibroblasts, along with fibrinopurulent exudate, hemorrhage, and necrotic debris. The inflammatory process extends between skeletal muscle fibers with associated degeneration.

No well-formed epithelioid granulomas, caseating necrosis, or multinucleated giant cells are identified to suggest a mycobacterial etiology.

No atypia or evidence of malignancy is seen.

DIAGNOSIS:

Bone and soft tissue (D5-D6 vertebral lesion), multiple biopsies (parts 1, 2, and 3):

- **Marked acute (suppurative) osteomyelitis with extensive adjacent paravertebral soft tissue inflammation, abscess formation, and reactive granulation tissue. See Comment.**
- **Negative for granulomatous inflammation (no morphological evidence of tuberculosis/Pott's disease).**
- **Negative for malignancy.**

COMMENT

The histological features are consistent with an active pyogenic bacterial infection. There is no morphological support for Pott's disease. Correlation with microbiological culture and sensitivity studies is recommended to identify the causative organism and guide antimicrobial therapy.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
20-04-2026

Nerveen Tahoun

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