

Pt. Name:	جميلة أحمد محمد السيلة		Lab Number:	2976-2026	
Pt. Age:	40 years.	Gender:	Female	Received date:	2026-05-04
Referred By:	د/ شكيب القباطي		Reported date:	2026-05-05	

PATHOLOGY REPORT

Clinical Information.	Tongue and buccal mucosal lesions, previous incisional biopsy diagnoses at our lab (pathology number 2807-2026 on 2 May 2026) as Verruca vulgaris.
Nature of specimen.	Excision

GROSS:

Two specimens were received:

- Specimen 1: Buccal Mucosa: one mucosal fragment with underlying soft tissue measuring 2.3 x 2.2 x 1.7 cm. The tissue shows rubbery an ulcerated area measuring 2.1 x 1.8 x 1.7 cm with a grey colour. Margins of excision ranged from 0.2 to 0.3 cm. Additionally, there are three separate soft tissue pieces measuring 1 x 1.5 cm in aggregate.
- ?Specimen 2: Tongue: mucosal fragment with underlying soft tissue measuring 2.5 x 2.2 x 1 cm, showing a rubbery area measuring 2.2 x 1.7 x 0.7 cm with a grey colour. Margins of excision ranged from 0 to 0.3 cm.

MICROSCOPIC:

Sections from buccal mucosa revealed a benign exophytic mucosal lesion, formed of broad papillary formations of hyperplastic and acanthotic stratified squamous epithelium. Submucosa shows infiltration by few lymphocytes and plasma cells. Squamous cells show koilocytosis indicative of HPV infection. No evidence of atypia or malignancy and excision looks complete.

Sections from tongue lesion revealed an exo-endophytic malignant tumor formed of broad papillary formations of hyperkeratotic squamous cells with mild atypia. Tumor show a rounded pushing than infiltrating border. However, in some foci tumor appears to be infiltrative and formed of irregular solid groups and solid nests of atypical squamous cells. Cells show mild to moderate anaplasia. Stroma shows moderate inflammatory reaction formed of lymphocytes and plasma cells. Tumor extends to lateral and deep excision margins.

DIAGNOSIS:

Buccal lesion, excision:

- Verruca vulgaris.
- Negative for malignancy.

Tongue lesion, excision:

- Verrucous squamous cell carcinoma, grade 1.
- No evidence of lymphovascular or perineural invasion.
- Margins of excision are positive.

Pathologist

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

Nereen Tahoun