

<b>Pt. Name:</b>	عبد الله ناشر حسن علاوي		<b>Lab Number:</b>	3429-2026	
<b>Pt. Age:</b>	54 years	<b>Gender:</b>	Male	<b>Received date:</b>	2026-05-16
<b>Referred By:</b>	د/ فؤاد شمسان		<b>Reported date:</b>	2026-05-21	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Lt. Nasal papillary mass.
<b>Nature of specimen.</b>	Biopsy

### GROSS:

Soft tissue fragments collectively measured 5.5x4.5x1 cm, the largest measuring 2.5,2x1 cm, totally embedded

### MICROSCOPIC:

?Sections show a moderately cellular, unencapsulated neoplasm within the sinonasal mucosa, characterized by a prominent vascular network interspersed with monotonous sheets of stromal cells. The architecture is dominated by branching, staghorn vascular spaces and large, ectatic, cavernous-like channels. The intervascular stroma is composed of a uniform proliferation of bland spindle-to-oval cells arranged in diffuse sheets and vague whorls. These neoplastic cells exhibit indistinct cytoplasmic borders, scant pale cytoplasm, and vesicular, round-to-elongated nuclei with delicate, evenly distributed chromatin. Nucleoli are inconspicuous. There is no significant cellular pleomorphism, nuclear atypia, mitotic activity, or tumor necrosis. Picture of low grade sinonasal spindle cell neoplasm. Possibilities include; biphenotypic sinonasal sarcoma (BSNS), glomangiopericytoma, Solitary fibrous tumor and mesenchymal sarcoma. Marker sturdy (S-100, SOX-10, SMA, Cyclin-D1, Desmin, STAT-6, , B-Catenin, CK, ERG, CD34 and KI-67) is recommended for definitive typing.

### DIAGNOSIS:

#### Nasal Cavity, Mass:

- Low grade sinonasal spindle cell neoplasm.
- Recommended for typing by marker study.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**21-05-2026**

*Nerveen Tahoun*