

Pt. Name:	رهنف زكي عبد الباسط القاضي		Lab Number:	0300-2026	
Pt. Age:	8 years.	Gender:	Female	Received date:	2026-01-17
Referred By:	د/ عقيل الشامي		Reported date:	2026-01-20	

PATHOLOGY REPORT

Clinical Information.	Intermittent dysphagia. Endoscopy revealed esophagitis, ? Eosinophilic esiphagitis.
Nature of specimen.	Endoscopic biopsy.

GROSS:

Soft tissue fragments collectively measured 0.8x0.5 cm totally embedded.

MICROSCOPIC:

Fragments of squamous-lined esophageal mucosa with prominent intraepithelial eosinophilia, greatest in the superficial and mid-epithelial layers. Peak counts show multiple foci with ?15 eosinophils per high-power field (HPF, 400×), with occasional eosinophil microabscesses (clusters of ?4 eosinophils). There is associated basal cell hyperplasia with expansion of the basal layer, focal elongation of papillae into the upper third of the epithelium, and spongiosis (intercellular edema). Surface epithelial sloughing and scattered degranulated eosinophils are noted. The lamina propria shows a chronic inflammatory infiltrate with variable superficial fibrosis. No evidence of atypia or malignancy in submitted material.

DIAGNOSIS:

Esophageal endoscopic biopsy:

- Consistent with eosinophilic esophagitis.
- Negative for malignancy.

COMMENT:

The histologic findings are most compatible with eosinophilic esophagitis (EoE), an immune-mediated esophageal disorder characterized by dense intraepithelial eosinophilia and epithelial remodeling. Correlation with the clinical history (dysphagia, food bolus impaction, heartburn, atopic history including asthma/allergic rhinitis/eczema) and endoscopic findings (ringing, linear furrows, white exudates, strictures) is advised. A peak eosinophil count ?15 eos/HPF supports the diagnosis, but similar eosinophil infiltrates can be seen with gastroesophageal reflux disease (GERD), proton pump inhibitor-responsive esophageal eosinophilia (PPI-REE), pill esophagitis, and parasitic or systemic eosinophilic disorders; clinical correlation and documentation of treatment/response to PPI therapy are recommended.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
20-01-2026

Nerveen Tahoun