

Pt. Name:	نوال عبد الواسع أحمد عطاء			Lab Number:	4207-2026
Pt. Age:	37 years.	Gender:	Female	Received date:	2026-06-24
Referred By:	د/ أنور عثمان			Reported date:	2026-06-27

PATHOLOGY REPORT

Clinical Information.	Paraffin block for immunostaining.
Nature of specimen.	Referred paraffin block of excision biopsy of cervical lymph node for reveiw.

GROSS:

Sections immunostained for CD20, Cd3, Bcl2, CDd10, CD15, CD30 and Ki-67 and DAB detection system was used.

MICROSCOPIC:

Lymph node architecture is partially effaced by a polymorphous paracortical infiltrate composed of small lymphocytes, numerous histiocytes, scattered immunoblast?like large cells, and foci of karyorrhesis without definite necrosis. Immunohistochemically, lymph node in the effaced are show the background lymphoid population is predominantly CD3-positive T cells with sparse CD20-positive B cells. Scattered large cells express CD30, while CD20, CD10 and BCL2 are negative in the large cells. CD15 highlights mainly small cells. The Ki-67 proliferation index in the involved areas is approximately 40%. No definite Reed-Sternberg-type cells or overt features of lymphoma are identified. Rest of lymph node stained as reactive process pattern of immunostaining.

DIAGNOSIS:

Cervical lymph node, excision biopsy, immunostaining:

- Reactive paracortical lymphadenitis with immunoblastic/histiocytic features, favor viral-associated lymphadenitis.
- Follow up is recommended.

COMMENT:

- Overall features are those of a reactive paracortical lymphadenitis, most in keeping with a viral-associated process (e.g. infectious mononucleosis-like or other viral infection).

Correlation with clinical findings and appropriate viral serologic studies (e.g. EBV and others as clinically indicated) is recommended.

- In view of the presence of scattered CD30-positive immunoblasts, clinical and radiologic follow-up is advised, and repeat biopsy may be considered if lymphadenopathy persists or progresses to exclude an evolving lymphoproliferative disorder.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
27-06-2026

Nereen Tahoun

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