

Pt. Name:	خيرية حسين جومري الجومري		Lab Number:	0409-2026	
Pt. Age:	47 years	Gender:	Female	Received date:	2026-01-21
Referred By:	د/ خالد سويلم		Reported date:	2026-01-26	

PATHOLOGY REPORT

Clinical Information.	Expansile lytic lesion at middle third of right clavicle with basilar calcification. ? Osteoblastoma.
Nature of specimen.	Excision biopsy

GROSS:

Soft tissue and bone fragments collectively measured 11x8.5x2.5 cm, largest is 5.5x4.5x2.5 cm.

PHOTOGRAPH



MICROSCOPIC:

Highly cellular bone-forming neoplasm composed of sheets and nodules of large polygonal to epithelioid osteoblastic cells with abundant amphophilic to eosinophilic cytoplasm and vesicular nuclei with conspicuous nucleoli, associated with irregular seams of un-mineralized osteoid and short trabeculae of immature woven bone produced directly by the tumor cells within a variably loose, fibrovascular stroma containing prominent capillaries and scattered osteoclast-type multinucleated giant cells. The tumor demonstrates moderate nuclear pleomorphism with identifiable mitotic figures but no evidence of abnormal ones. There is nodular aggregates of the tumor cells extending into adjacent soft tissue. No definite chondroid matrix is present. Overall, the histomorphologic features are those of an aggressive osteoblastic neoplasm with extraosseous soft-tissue involvement.

DIAGNOSIS:

Rt clavicle lytic lesion, excision biopsy:

- Osteosarcoma, osteoblastoma-like variant, high grade. (see detailed comment).

COMMENT:

- This tumor displays osteoblastoma-like morphology; however, the presence of focal high-grade cytologic atypia, mitotic activity and extra-osseous extension, supports classification as osteosarcoma.
- In accordance with the WHO Classification of Tumors of Bone, 5th Edition, lesions previously termed aggressive or epithelioid osteoblastoma that demonstrate overt cytologic atypia and destructive growth are best classified as osteoblastoma-like osteosarcoma.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
26-01-2026

Nerveen Tahoun

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