

<b>Pt. Name:</b>	وائل محمد سالم عمر		<b>Lab Number:</b>	0564-2026	
<b>Pt. Age:</b>	3 years.	<b>Gender:</b>	Male	<b>Received date:</b>	2026-01-28
<b>Referred By:</b>	د/ طارق العيسى		<b>Reported date:</b>	2026-02-01	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Known history of a brain tumor, currently undergoing follow-up assessment. Recent neuroimaging (MRI dated 03-09-2025) reveals significant disease progression when compared to the prior study from 07-05-2025. Current findings are characterized by newly developed, heterogeneously enhancing lesions involving both cerebellopontine (CP) angles. The left CP angle lesion ~2.5x1.8 cm and extends toward the foramen magnum, with involvement of the adjacent brainstem and cerebellum. This lesion appears partially continuous with a 9x6 mm nodule located in the wall of the fourth ventricle. Additionally, a 2.2x1.5x2 cm lesion is noted in the inferior aspect of the right CP angle.
<b>Nature of specimen.</b>	Biopsy.

### GROSS:

Soft tissue fragments collectively measured 3x2.5x0.8 cm, totally embedded in one cassette.

### MICROSCOPIC:

Cellular tumor composed of proliferating monomorphic elongated cells arranged around markedly thickened and extensively hyalinized blood vessels with their nuclei being placed away from the basement membrane of these vessels (ependymal pseudorosettes). In areas, these cells are confluent forming sheet-like masses. In other smaller foci, these cells form pseudorosettes around fibrillary processes. Foci of tumor necrosis are noted. Areas of calcification are observed. Despite marked increase in cellularity, mitotic activity is not increased and cellular features do not show anaplastic features enough to qualify for anaplastic astrocytoma. This is consistent with ependymoma, WHO grade 2.

### DIAGNOSIS:

#### Posterior Fossa (4th Ventricle/CP Angle), Biopsy:

- Ependymoma, CNS WHO Grade 2.
- Molecular Subgroup (Provisional): Likely Posterior Fossa Group A (PFA) given the patient's age and tumor location.

#### COMMENT:

Given the patient's age and the tumor's location in the posterior fossa, these findings are highly suggestive of a PFA (Posterior Fossa Group A) molecular subgroup. Correlation with H3K27me3 immunohistochemistry and/or DNA methylation profiling is recommended, as PFA status is associated with a more guarded prognosis and a higher risk of recurrence regardless of the histological grade.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
**01-02-2026**

*Nereen Tahoun*