

Pt. Name:	فؤاد صالح يحيى المجلبي	Lab Number:	5775-2025
Pt. Age:	43 years.	Gender:	Male
Received date:		Reported date:	2025-12-28
Referred By:	م/ ياس لاب	Reported date:	2026-01-05

PATHOLOGY REPORT

Clinical Information.	Referred block for immunostaining of endoscopic biopsy from sigmoid mass.
Nature of specimen.	Referred block for immunostaining.

GROSS:

One referred block.

MICROSCOPIC:

Totally ulcerated mucosal fragments by related Diffuse infiltrate consists mainly of small to intermediate-sized mononuclear cells displaying mildly irregular nuclear outlines, condensed chromatin and scant to moderate cytoplasm. Plasmacytoid and plasma-cell-like cells are variably present, ranging from scattered to focally conspicuous, characterized by eccentric nuclei and eosinophilic cytoplasm. Overall cytologic atypia is mild, mitotic figures are infrequent.

The infiltrating cells show diffuse strong positivity for LCA (CD45), confirming hemato-lymphoid origin. CD20 highlights a focal subset of the small lymphoid cells, while CD3 is negative. CD5 is expressed aberrantly within the lymphoid population in the absence of CD3 expression. BCL2 is focally positive. Cyclin D1 and CD56 are negative. The plasmacytoid component demonstrates positivity for CD138 and EMA. Markers of melanocytic differentiation (HMB45, SOX10), epithelial lineage (AE1/AE3 cytokeratin) and neuroendocrine differentiation (synaptophysin, chromogranin) are all negative. Ki-67 is about 12%.

DIAGNOSIS:

Sigmoid mass, endoscopic biopsy, immunostaining:

- Extra-nodal marginal zone lymphoma (MALT-type) with marked plasmacytic differentiation.

COMMENT:

CD5 expression is reported in a minor subset of MALT lymphomas (roughly 5–10% in most series) It is more often seen in advanced-stage or disseminated disease, especially in extra-gastric type. It is considered aberrant, not defining

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
05-01-2026

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