

Pt. Name:	محمد أحمد حسن الضبيبي		Lab Number:	1104-2026	
Pt. Age:	70 years.	Gender:	Male	Received date:	2026-02-16
Referred By:	د/ نبيل الحاج		Reported date:	2026-02-21	

PATHOLOGY REPORT

Clinical Information.	Lymphadenopathy, excision of 4 retroperitoneal lymph nodes.
Nature of specimen.	Excision biopsy

GROSS:

Four lymph nodes largest measured 2.5x1 cm.

MICROSCOPIC:

Sections show lymph nodes architecture partially to extensively effaced by an infiltrating adenocarcinoma.? The tumor is composed of cribriform, acinar and irregular glandular structures, along with solid nests, set within a desmoplastic stroma. The neoplastic cells display moderate cytologic atypia, including pleomorphic and hyperchromatic nuclei, prominent nucleoli, and frequent mitoses. The malignant glands focally infiltrate and the lymph node capsule, extending directly into the surrounding perinodal adipose tissue (positive extra-nodal extension).

Based on the patient's age, morphologic features and the location of the lymph nodes (retroperitoneal), possible primary origin is prostate. However, for confirmation of this possibility and exclusion of other possibilities of GIT or lung origin, metastatic work up and marker study (NKX3.1, CDx2, SATB2, CK20, CK7, Synaptophysin and Ki-67) is recommended.

DIAGNOSIS:

Retroperitoneal Lymph Nodes, Excision:

- All lymph nodes are (4/4) positive for metastatic cribriform adenocarcinoma, grade 2.
- Metastatic work up and marker study (NKX3.1, CDx2, SATB2, CK20, CK7, Synaptophysin and Ki-67) is recommended.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
21-02-2026

Nerveen Tahoun