

Pt. Name:	لطيفة حزام يحيى رفيق		Lab Number:	1167-2026	
Pt. Age:	52 years.	Gender:	Female	Received date:	2026-02-17
Referred By:	د/ علي الزمزمي		Reported date:	2026-02-24	

PATHOLOGY REPORT

Clinical Information.	A well-defined, progressively enlarging mass covered by normal-appearing mucosa within the left posterior maxillary alveolar bone, localizing to the molar-bearing region. The lesion reportedly emerged following a recent dental extraction at the affected site.
Nature of specimen.	Left hemimaxillectomy.

GROSS:

The specimen consists of multiple fragments of soft tissue and associated bone, measuring in aggregate 8.8 x 7 x 1.6 cm, with the largest tissue fragment measuring 5.3 x 3 x 1.6 cm. Largest fragment reveals an ulcerated mass measuring 4.3 x 2.7 x 1.5 cm away, 0.1 cm from the deep margin, 0.8 cm from the lateral margin, 0.1 cm from the posterior margin, and 0.1 cm from the inferior margin. The tumor grossly reaches the medial margin.

MICROSCOPIC:

TUMOR SUMMARY:

- **Tumor Site:** Left Maxilla
- **Histologic Type:** Papillary adenocarcinoma.
- **Histologic Grade:** Low grade.
- **Tumor Size:** 4.3 cm (greatest dimension).
- **Tumor Extension:** Tumor **does not** infiltrate underlying bone.

MARGINS:

- Microscopic Margin Status: **Margins are positive for invasive carcinoma.**
- Lateral Margin: **Uninvolved.**
- All Other Margins: **Involved.**
- Lymphovascular Invasion (LVI): **Present.**
- Perineural Invasion (PNI): **Not identified.**
- Regional Lymph nodes: **Not submitted.**

DIAGNOSIS:

Left maxillary mass, Left Hemimaxillectomy:

- **Papillary adenocarcinoma.**
- **Recommended for metastatic work up and marker study.**

COMMENT

Given the striking papillary architecture in this anatomical location, the primary differential diagnosis lies between a metastasis from a distant site versus a primary neoplasm of the minor salivary glands.

Differential Diagnosis:

1- Metastatic Carcinoma: Most notably Metastatic Papillary Thyroid Carcinoma (PTC), given the prominent true papillae and nuclear features. Other less likely primary sites with papillary features (e.g., lung, breast, kidney) should be considered if thyroid markers are negative.

2- Primary Minor Salivary Gland Malignancy: Papillary Cyst adenocarcinoma.

RECOMMENDED IMMUNOHISTOCHEMISTRY (IHC) MARKERS:

- To definitively classify this neoplasm and guide appropriate clinical staging and management, the following primary IHC panel is strongly recommended:
- To rule out Thyroid Metastasis (Primary suspect based on morphology): TTF-1 (Thyroid transcription factor-1) & PAX8.
- To evaluate for Salivary/Epithelial Origin (If thyroid markers are negative): CK7 and CK20: To help establish the primary site of origin.
- p63 / p40 / S100: To evaluate for basal/myoepithelial cells, which are typically absent in metastatic thyroid carcinoma but can highlight specific patterns in salivary gland tumors.

Additional Metastatic Workup (If the above are inconclusive): GATA-3 (Breast) & Napsin A (Lung).

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
24-02-2026

Nerveen Tahoun

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