

Pt. Name:	شوعي محمد عبد الله الأسلمي		Lab Number:	1179-2026	
Pt. Age:	70 years.	Gender:	Male	Received date:	2026-02-18
Referred By:	د/عمار قداري		Reported date:	2026-02-24	

### PATHOLOGY REPORT

Clinical Information.	Two-week history of lower back pain and rapidly progressing lower limb paraplegia. MRI of the spine reveals a posterior epidural solid mass at the D3-D4 level causing significant spinal cord compression.
Nature of specimen.	Biopsy.

#### GROSS:

Two biopsies were received :

- 1- Bone fragments collectively measured 6.5x6x1 cm, totally embedded.
- 2- Bone fragments collectively measured 4x3.5x0.8 cm, totally embedded.

#### MICROSCOPIC:

Both samples show mature bony trabeculae and intervening marrow spaces that are focally infiltrated by mostly crushed malignant epithelial neoplasm (Block B). The tumor cells are predominantly arranged in distinct solid sheets, cords and single forms. The neoplastic cells exhibit moderate to marked nuclear atypia, characterized by enlarged, pleomorphic, and hyperchromatic nuclei with prominent nucleoli and a moderate amount of eosinophilic to amphophilic cytoplasm. Desmoplastic stromal reaction is noted in the intervening stroma. Picture is consistent with metastatic high grade undifferentiated carcinoma.

Given the patient's age, the primary differential diagnosis favors metastatic prostate carcinoma, followed by metastasis from the lung or gastrointestinal tract. The following panel is recommended to confirm the primary origin: **PSA NKX3.1, TTF-1, Napsin A, CK7, CK20, and CDX2.**

#### DIAGNOSIS:

Thoracic spine (D3-D4) epidural mass, biopsy:

- Consistent with metastatic undifferentiated carcinoma, high grade.
- Recommended for confirmation and definition of primary origin by metastatic work up and marker study.

Pathologist

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

Nereen Tahoun

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