أ.د. نيفين سمير إبراهيم طاحون
استشاري تشخيص أنسجة وخلايا الأورام
معهد الأورام القومي - جامعة القاهرة
استاذ ورئيس قسم الهستوباثولوجي والسيتوباثولوجي بمعهد الأورام القومي
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نيو لاب new LAB
مختبرات نيولاب التخصصية
NEW LAB SPECIALIZED LABS
مختبر الأنسجة التخصصي

Pt. Name:	البراء عبد اللطيف آدم علي المكحل			**Lab Number:**	1251-2026
Pt. Age:	13 years.	**Gender:**	Male	**Received date:**	2026-02-23
Referred By:	د/ عبد الكريم الصبري			**Reported date:**	2026-02-25

PATHOLOGY REPORT

Clinical Information.	The patient underwent an arthroscopic synovectomy of the left knee, with a tissue sample sent for histopathological examination to investigate a suspected diagnosis of Pigmented Villonodular Synovitis (PVNS).
Nature of specimen.	Biopsy.

GROSS:

Soft tissue fragments collectively measured 3x2.5x0.6 cm, totally embedded.

MICROSCOPIC:

Sections show a florid villonodular synovial proliferation with a dense, subsynovial infiltrate. The hypercellular stroma features a mononuclear population of small histiocyte-like cells and larger polygonal cells with eosinophilic cytoplasm. Multinucleated osteoclast-like giant cells and lipid-laden foamy macrophages are interspersed throughout. Prominent intra- and extracellular coarse hemosiderin deposition is present. The stroma exhibits focal fibrosis, cleft-like spaces, and peripheral extension into adjacent mature adipose tissue, lacking significant cytologic atypia, atypical mitoses, or necrosis.

DIAGNOSIS:

Left knee synovectomy:

- **Diffuse Tenosynovial Giant Cell Tumor (Pigmented Villonodular Synovitis).**

COMMENT

According to the current World Health Organization (WHO) Classification of Tumours, the entity traditionally known as Pigmented Villonodular Synovitis (PVNS) is officially designated as a Diffuse Tenosynovial Giant Cell Tumor (D-TGCT).

?It is important to note that the WHO classifies this as a locally aggressive neoplasm with a significant propensity for local recurrence, particularly if surgical synovectomy is incomplete. Furthermore, these tumors are typically driven by a *CSF1* gene translocation. Mentioning the current WHO terminology is clinically useful, as this underlying *CSF1* overexpression provides a specific rationale for targeted systemic therapies (such as CSF1R inhibitors) in the event of severe, recurrent, or surgically unresectable disease.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD
25-02-2026

Neveen Tahoun