

Pt. Name:	فايزة قائد عبده الذهلي	Lab Number:	1310-2026
Pt. Age:	60 years.	Gender:	Female
Received date:		Reported date:	2026-02-25
Referred By:	د/ عقيل الشامي	Reported date:	2026-02-26

## PATHOLOGY REPORT

Clinical Information.	Epigastric pain. Endoscopy: a large ulcerated infiltrating tumor thickening involving the gastric lesser curvature, starting from proximal corpus and extending down to the incisura and multiple ulcerated nodules seen at the duodenal bulb.
Nature of specimen.	Endoscopic biopsies.

### GROSS:

Two biopsies were received:

1- Gastric biopsy: soft tissue fragments collectively measured 1.1 cm, totally embedded.

2- Duodenal biopsy: soft tissue fragments collectively measured 0.6 cm, totally embedded.

### MICROSCOPIC:

1 & 2 Both biopsies show ulcerated mucosal fragments by a hypercellular, poorly differentiated malignant neoplasm infiltrating the gastric tissue in diffuse, solid sheets with extensive necrosis. The tumor comprises medium to large, discohesive cells lacking glandular or nesting architecture. Cytologically, the cells exhibit marked atypia, characterized by irregular hyperchromatic nuclei, and scant to moderate cytoplasm. Frequent mitotic figures and apoptotic bodies are present. Picture is that of high grade large malignant round cell tumor, recommended for typing by marker study (CD20, CD3, CK & Ki-67).

### DIAGNOSIS:

1&2- Gastric mass and duodenal nodules, endoscopic biopsies:

- High grade malignant large round cell tumor.
- Recommended for typing by marker study.

### COMMENT

The morphological features strongly favor a hematopoietic malignancy (such as non-Hodgkin lymphoma, e.g., Diffuse Large B-Cell Lymphoma), though a poorly differentiated carcinoma remains in the differential diagnosis. A panel of immunohistochemical stains (including cytokeratin and lymphoid markers) is recommended to determine the exact lineage of the tumor cells.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD  
26-02-2026

Nereen Tahoun

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