

<b>Pt. Name:</b>	امين علي احمد العرمي		<b>Lab Number:</b>	2277-2026	
<b>Pt. Age:</b>	45 years.	<b>Gender:</b>	Male	<b>Received date:</b>	2026-04-13
<b>Referred By:</b>	د/ محمد الدعيشي		<b>Reported date:</b>	2026-04-16	

## PATHOLOGY REPORT

<b>Clinical Information.</b>	Hyperemia and fissuring of duodenal mucosa with hyperemic gastric mucosa.
<b>Nature of specimen.</b>	Endoscopic biopsy

### GROSS:

Two biopsies were received:

- 1- Gastric: soft tissue fragments collectively measured 0.8 cm, totally embedded.
- 2- Duodenal: soft tissue fragments collectively measured 1 cm, totally embedded.

### MICROSCOPIC:

- Gastric mucosa showing mild atrophy with superficial erosions and moderate infiltration by lymphocytes and plasma cells. Lymphocytes aggregate in some foci to form lymphoid follicles with active germinal centers. Neutrophils are seen infiltrating glands thus indicating activity. H. pylori characteristic forms are present. There is no evidence of intestinal metaplasia, atypia or malignancy.
- Duodenal mucosa show focal moderate villous atrophy associated intraepithelial lymphocytosis and crypt hyperplasia with submucosal moderate infiltrate of lymphocytes and plasma cells. No evidence of specific granulomas. No evidence of atypia or malignancy.

### DIAGNOSIS:

#### Stomach, endoscopic biopsies :

- H. pylori associated chronic follicular atrophic erosive gastritis with moderate inflammatory activity.
- Negative for intestinal metaplasia, dysplasia or malignancy

#### Duodenum, endoscopic biopsy:

- Focal moderate villous atrophy with associated chronic non-specific duodenitis, consistent with celiac disease.
- Modified Marsh-Oberhuber classification, grade 3a (Corazza & Villanacci grade B1).
- Negative for malignancy.

**Pathologist**

**Prof. Dr. Neveen Tahoun, MD, PhD**  
16-04-2026

*Nerveen Tahoun*