

## MEDICAL ANALYSIS BULLETIN

<b>Registration number :</b>		<b>Entry</b>	<b>Data</b> 22-Jul.-2019	
<b>First and last</b>	<b>Baba ANDREI ALEXANDRU</b>	<b>Age</b>	30	<b>Sex</b> M
<b>Cnp:</b>	1880825324817	<b>Phone</b>	domnicamaria@y	
<b>Address</b>	Sibiu			

**Unit** POLISANO Health Unit  
**Recommended by:** Dr. Aurel Coman  
**Sent Diagnosis** Mediastinal renal pancreatic tumor

**SAMPLES COLLECTED** 1. PP - Tumor fragments


### OTHER RESULTS:


**Hysto-pathology - macroscopy:** There were received two tissue fragments: one pyramidal fragment with a 1,0 cm in size and a fragment with 0,8/0,8/0,6 cm in size, grey-whiteish color, elastic consistency; is fully processed (after sectioning into fragments with a thickness of 0.5 cm), 1 block.

**Ex. Histopathologic - color HE – microscopy:** Fragments of fibro-conjunctive tissue (which incorporates rare ductal structures) with diffuse malignant lymphoid tumor proliferation with large cell, polymorphic, vesicular nucleus, rounded, incised or angulate, 2-3 medium nucleolus, rich cytoplasm, palig-basophile; relatively common mitosis and apoptosis.

**Immuno-histochemical Exam:** Tumor proliferation is with large cell B, diffuse positive for CD20, express CD30 (activated lymphocyte marker) in ~65-70% of tumor cells, has CD10 negative phenotype MUM1 positioniv, is positive for EBV/LMP1 (Epstein-Barr virus) and is negative for CD3 (marker T).  
 PD-L1 testing.  
 Immunohistochemically tested PDL1 with Dako Clone Dako 22C3 on block 64645. Result: POSITIVE in approx. 55% of tumor cells, with circumferential membrane reaction, complete, high intensity, with positive control on the control section of the palatal amygdala, on the blade.

**Conclusion:** Histopathological aspect and immunohistochemical configuration are compatible with a diffuse non-Hodgkin malignant lymphoma with large cell B (DLCLL), positive EBV.

  
**Dr. Carmen Ardeleanu**  
 Doctor in medicine  
 Profesor Universitar  
 Medic primar Anatomie Patologica  
 Cod: 363076

  
**Dr. Camelia Dobrea**  
 M.P.D.-Anatomie Patologica  
 Doctor in medicina  
 369770

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