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A RARE CASE OF AN EPITHELIOID HAEMANGIOENDOTHELIOMA PRESENTING IN THE SKULL OF AN 11 YEAR OLD GIRL

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Epithelioid haemangioendothelioma is a rare low grade malignant vascular tumour with an estimated prevalence of less than one in one million. It may occur at any age with a mean age of presentation of 36 years and most commonly affects the liver and lung. Approximately 14% of epithelioid haemangioendotheliomas occur as primary lesions of bone of which the long bones of the extremities are the most common sites of involvement. We present a rare case of an epithelioid haemangioendothelioma involving the skull of an 11 year old girl. The patient initially presented with a protuberant mass in the parietal-occipital region on a background of recurrent headaches. MRI and CT scanning revealed a large partially calcified temporal-parietal-occipital mass in continuity with the calvarium. Biopsy of the lesion was performed which revealed a vasoformative tumour composed of polygonal and spindled cells in a focally chondromyxoid stroma. No multilayering of cells was seen and mitotic activity was inconspicuous. Immunohistochemistry showed co-expression of CD31 and cytokeratin. The patient underwent tumour embolisation and subsequent craniotomy with subtotal tumour resection. The clinical and pathological features of this case will be discussed with a review of the literature.

A RARE CASE OF RENAL LEIOMYOMA – CASE REPORT AND LITERATURE REVIEW

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Introduction: Renal Leiomyomas are rare tumours of the kidney with a prevalence of 4.2–5.2% based on incidental findings at autopsy. They represent 1.5% of benign and 0.3% of overall renal tumours.

Case history: A 47-year-old female presented with 4 weeks history of ongoing right iliac fossa pain, weight loss and nocturnal diarrhoea. An MRI of the abdomen showed a 158×110×110 mm mass arising from the upper pole of the kidney and compressing the adrenal gland. There was no evidence of renal vein invasion or lymph node metastasis. The preoperative diagnosis was primary renal cell carcinoma and the patient proceeded to right radical nephrectomy and adrenalectomy.

Macroscopically, the upper pole of the right kidney showed a well circumscribed mass, 145×95×90 mm, with a tan cream, homogenous, whorled cut surface, arising from the renal capsule. The histology showed a leiomyoma of the kidney, comprising of low grade spindled cells with eosinophilic cytoplasm and rare mitoses. On immunohistochemistry, the spindled cells were

positive for h-caldesmon, colponin and negative for HMB45 and Melan A, thus a diagnosis of leiomyoma was made.

Discussion: Leiomyomas of the kidney mostly arise from the smooth muscle of renal capsule, vessels or renal pelvis. Kidneys are the most common site in the genitourinary tract. The main histological differential is angioleiomyoma.

PLEOMORPHIC HYALINISING ANGIECTATIC TUMOUR: A CASE REPORT

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Pleomorphic hyalinising angiectatic tumour (PHAT) is a rare non-metastasising soft tissue neoplasm of uncertain lineage usually occurring in subcutaneous tissue of the lower extremities. There is 30–50% rate of recurrence and no metastasis has been reported. Histologically it is characterised by clusters of ectatic thin-walled vessels throughout a sheet-like proliferation of spindle cells. Organising thrombus is frequently present within the vessels and fibroind and hyaline material in the vessel wall is a common finding. We report a case of PHAT in a 79-year-old male who presented with three months history of slow growing painless inguinal lump. He had surgical excision and microscopy showed a circumscribed and unencapsulated tumour composed of scattered thin-walled ectatic vessels. The vessels contained intra and extravascular fibrin associated with perivascular hyalinisation. The immunohistochemistry showed diffuse positivity for CD34 and vimentin. S100 was negative. The six month follow up showed no evidence of local recurrence.

References

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SINONASAL EPITHELIAL-MYOEPITHELIAL CARCINOMA: A CASE REPORT

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Epithelial-myoepithelial carcinoma is a rare tumour representing around 1% of the salivary gland tumours. We present a rare case of epithelial-myoepithelial carcinoma of the sinonasal cavity in an 82-year-old female. She presented with intermittent nasal obstruction and nasal bleeding. The CT scan of the sinuses revealed a polypoid lesion in the posterior nasal space 16 mm in diameter. Microscopy