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LYMPHOEPITHELIOMA-LIKE CARCINOMA OF THE BREAST – A CASE REPORT AND BRIEF REVIEW OF THE LITERATURE

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Introduction: Lymphoepithelioma-like carcinoma (LELC) of the breast is a rare entity, with less than 25 cases reported in the literature. It differs from many other lymphoepithelioma-like lesions in that it lacks an association with Epstein–Barr virus (EBV).

Case Report: A 67-year-old female underwent an excisional biopsy for a firm left breast mass, favoured clinically to represent fat necrosis. Pathological examination revealed a dense mixed lymphoplasmacytic population partially obscuring small groups and dis cohesive sheets of larger atypical cells, initially prompting suspicion of a lymphoma. Immunohistochemistry demonstrated cytokeratin positivity (AE1/3, EMA, CK7) in this atypical population whilst lymphoid markers were restricted to background inflammatory cells. EBER-ISH was negative. ER, PR and HER2 were negative. As the lesion extended to biopsy margins re-excision of margins in addition to sentinel node biopsy were performed. This demonstrated focal residual disease with no evidence of nodal metastasis. The patient remains well at the time of this report.

Discussion: LELC may pose a diagnostic challenge, particularly in small biopsies. We report the clinicopathological findings in this case in conjunction with a brief review of the relevant literature.

CASE REPORT: MALIGNANT GERM CELL TUMOUR WITH PREDOMINANT EMBRYONAL CARCINOMA COMPONENT IN A DYSGENETIC GONAD

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Case summary: The patient is a 24-year-old male without pre-existing medical condition who presented with left testicular swelling. Histopathologic examination of the testis revealed a malignant germ cell tumour with a predominant embryonal carcinoma component (80–90%), focal immature teratoma (less than 1%) and possible yolk sac and seminoma component. At the background are extensive intratubular germ cell neoplasia (ITGCN) and gonadoblastoma-like area suggestive of a dysgenetic gonad. The embryonal carcinoma component is OCT4, CK AE1/AE3, PLAP, CD30 and AFP positive.

Discussion: Testicular tumour is attributed to various aetiologies including disorders of sex development including testis specific protein Y encoded gonadal dysgenesis. Presence of gonadoblastoma is an indicator for gonadal dysgenesis as evident in the case being presented.

Testicular germ cell tumours are morphologically heterogeneous and it is not uncommon to encounter difficulties in classifying them due to overlap in cytologic features. In tumours with an embryonal carcinoma component prompt diagnosis is essential, since these tumours have a tendency for early haematogenous spread and thus often present with metastasis at first diagnosis.

Conclusion: Gonadal dysgenesis increases the risk for development of testicular germ cell tumours. Confirmation of presence of embryonal carcinoma component in a malignant germ cell tumour is essential to render prompt and appropriate treatment.

PARATESTICULAR DEDIFFERENTIATED LIPOSARCOMA WITH RHABDOMYOBlastic DIFFERENTIATION AND HCG PRODUCTION: CASE STUDY AND LITERATURE REVIEW

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Liposarcoma is among the more common soft tissue sarcomas, although its occurrence in a paratesticular location is quite rare, with only relatively small numbers of reported case series to date. We present a case of an 83-year-old male with an unusual paratesticular liposarcoma which demonstrated extensive dedifferentiation with heterologous elements including skeletal muscle differentiation, as well as possible osteosarcomatous and chondrosarcomatous elements. The patient was also noted to have a raised serum hCG, and subsequent immunohistochemistry confirmed the presence of hCG-positive mononuclear and giant cells within the tumour.

CASE REPORT: CRIBRIFORM MORULAR VARIANT OF PAPILLARY CARCINOMA

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Cribiform morular variant is a rare subtype of papillary thyroid carcinoma which is associated with familial adenomatous polyposis (FAP).

We report a case of a 23-year-old female with a history of FAP who had undergone complete colectomy, now presenting with a thyroid tumour. Histology of the lobulated fleshy nodule involving most of the left thyroid showed an encapsulated tumour with a reasonably thick fibrous capsule showing a distinct cribriform architecture composed of fused follicles lined by tall columnar cells with moderate cytoplasm and enlarged crowded nuclei. Small morular proliferation of spindle cells lacking keratinisation was also a feature. The lumens of the follicles were devoid of colloid. In some areas focal full thickness capsular penetration was seen. No lymphovascular invasion was seen.

The tumour was positive for keratin7, keratin19, high molecular weight keratin and TTF-1 but was negative for thyroglobulin.