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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.

There was nuclear and cytoplasmic positive staining for beta catenin and ER/PR were positive. BRAF was negative. This variant has a striking female predominance and is often diagnosed at a younger age. Most cases exhibit RET/PTC oncogene rearrangements coexisting with the loss of function of APC. BRAF mutation, on the other hand, is not found.

ARE CLINICIANS PROVIDING ADEQUATE CLINICAL INFORMATION WITH HISTOPATHOLOGY REQUESTS?

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Aims: To audit the adequacy of clinical notes on histopathology requests for a Department of Anatomical Pathology at a tertiary hospital, examining the reasons for inadequacy of clinical information.

Method: 2000 consecutive histopathology requests to Austin Anatomical Pathology during May 2015 were analysed retrospectively. Overall results were compared by specimen type and request source, with significant differences ($p < 0.05$) relative to all requests identified using two-tailed Fisher's exact tests.

Results: 138 (7%) requests had no clinical notes and 178 (9%) were uninformative, leaving 1684 (84%) with adequate clinical information. In addition, 35 (2%) of the notes had one or more illegible words. Requests for private patients ($p = 0.001$), lower gastrointestinal specimens ($p = 0.006$) and skin specimens ($p = 0.007$) were better in adequacy than average. Hepatobiliary ($p < 0.001$) and urological ($p < 0.001$) specimens were worse than average, primarily because requesters only named the surgical procedure or specimen organ in the notes.

Discussion: Clinical information is highly useful to histopathological analysis and an important pre-analytic factor for quality assurance. However, clinicians may be unaware of the importance of clinicopathological correlation or assume the required information is obtainable from an electronic medical record. Our audit shows an area of need for improvement and highlights some contributing factors.

GASTROINTESTINAL CLASSICAL HODGKIN LYMPHOMA ARISING IN CROHN'S DISEASE – CASE REPORT

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Gastrointestinal lymphoma is a potential complication of Crohn's disease, in which classical Hodgkin lymphoma is rarely reported. The pathogenesis of lymphoma in Crohn's disease is not well understood and various factors such as chronic inflammation, immune dysregulation, medical treatment with immunosuppression and presence of Epstein-Barr virus have all been postulated. We described here a case of terminal ileum Hodgkin lymphoma in a 76-year-old male with Crohn's disease which is managed with only mesalazine (5-aminosalicylic acid). He presented with haematochezia due to recurrent PR bleed and CT imaging demonstrated acute flare of Crohn's disease with localised terminal ileum perforation. Subsequently, he underwent surgery and

the resultant terminal ileum resection specimen showed two perforation sites, both of which on microscopy demonstrated an atypical lymphoid proliferation containing CD30 positive, CD20 negative large Reed-Sternberg cells, which are also EBER positive, set within a mixed inflammatory background. In addition, three of the twelve submitted lymph nodes also showed effacement of normal architecture by the same atypical lymphoid proliferation and the diagnosis of classical Hodgkin lymphoma arising on a background of Crohn's disease was made.

IGG4-RELATED DISEASE PRESENTING AS A RETROPERITONEAL CYST

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Objective: Immunoglobulin G4-related disease is a tumefactive fibroinflammatory disorder occurring in a variety of organ systems. Retroperitoneal fibrosis is a known manifestation. However cystic change in IgG4-related disease is exceptional. We report a case of IgG4-related disease presenting as a retroperitoneal cyst.

Methods: A 68-year old female presented with abdominal pain. Computed tomography urography showed right-sided hydronephrosis and hydroureter due to extrinsic compression by a retroperitoneal cyst. Intraoperatively, there was a 6 cm cystic retroperitoneal mass which was adherent to the ureter and duodenum, but separable from both on dissection. Examination of the lesion showed a unilocular cyst with a thickened fibrous wall and a smooth lining. The cyst wall showed storiform-type fibrosis, a dense polyclonal lymphoplasmacytic infiltrate and obliterative phlebitis. There were more than 50 IgG4-positive plasma cells per high power field. The IgG4:IgG ratio was less than 40%. Serum IgG4 levels were not obtained.

Results: According to international consensus criteria for IgG4-related disease (Deshpande 2012), the findings were histologically highly suggestive of IgG4 related disease. There was no disease recurrence at 27 months of follow-up.

Conclusion: To our knowledge, IgG4-related disease presenting as a retroperitoneal cyst has never been described. This case adds to the diverse clinical manifestations of IgG4-related disease.

VACCINATION INJECTION SITE REACTION MIMICKING ANGIOLYMPHOID HYPERPLASIA WITH EOSINOPHILIA

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Introduction: Persistent local reactions rarely occur at vaccination injection sites. Previous case reports suggest these reactions may result from a reaction to adjuvant compounds used to augment the immune response. We present a case of injection site reaction that histologically resembled angiolymphoid hyperplasia with eosinophilia.