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.