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.

Case report: A 3-year-old boy presented with a 6 week history of a lump in the posterolateral thigh. A clinical diagnosis of fat necrosis or fibrous tumour was made and surgical excision performed. Histological sections revealed a linear lesion in the dermis and subcutis consisting of hyperplastic lymphoid tissue and a mixed inflammatory infiltrate with eosinophils, similar to that seen in angiolymphoid hyperplasia with eosinophilia but associated with macrophages containing cytoplasmic basophilic material. Subsequent clinical history confirmed a vaccination injection at the site 2 years previously.

Conclusion: Injection site reactions can present many months after the injection and may show many histological patterns that may mimic other conditions. A high index of suspicion is required to avoid misdiagnosis.

METAPLASTIC PAPILLARY TUMOUR OF FALLOPIAN TUBE (MPTFT) PRESENTING AS AN ADNEXAL CYST DURING CAESAREAN SECTION: A CASE REPORT AND LITERATURE REVIEW

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An incidental adnexal cyst found during a caesarean section procedure in a 25-year-old primigravida was sent in fragments for histology. The lesion was suspected to be an ovarian dermoid cyst clinically.

Histologically, there was a distended fimbrial region of fallopian tube containing progressively branching mucosal papillae. These papillae were lined by plump columnar cells, a few of which were pseudostratified, with abundant eosinophilic granular cytoplasm. Scattered cells contained subnuclear intracytoplasmic mucin vacuoles and some ciliated cells were also present. No significant nuclear atypia or mitotic activity was seen. Luminal extracellular mucin was noted. This epithelial lining strongly expressed PAX8, oestrogen receptor and progesterone receptor. The Ki-67 proliferative index was up to 4%. A diagnosis of MPTFT was made. MPTFT is an exceedingly rare finding, usually associated with pregnancy. Each of the eleven previously reported cases were incidental histological findings, and all except one were found in tubal ligation specimens post-delivery. To our knowledge, this is the first surgically detected case of MPTFT presenting as an adnexal cyst.

The true nature of this entity (reactive versus neoplastic) remains uncertain. It must be recognised as a benign lesion and distinguished from serous borderline tumour.

AN UNUSUAL CASE OF BILATERAL BUMPY ARMS

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We present a diagnostically challenging case of a 36-year-old male with a prolonged history of bilateral upper limb nodular lumps associated with pain and paraesthesia.

Histologically, the nodules were seen in the deep dermis and subcutis, composed centrally of necrobiotic collagen surrounded peripherally by lymphoid aggregates, focally palisaded histiocytes and dispersed eosinophils. There is patchy stromal mucin

and few foci of karyorrhectic debris. There are accompanying intervening myofibroblasts and prominent aggregates of plasma cells. The deep dermal nodule contained aggregates of blood vessels lined by prominent endothelial cells surrounded by lymphocytes, eosinophils and less collagenisation.

The composite features suggest diagnostic possibilities of angiolymphoid hyperplasia with eosinophilia (ALHE), IgG4-related sclerosing disease, inflammatory pseudotumour and subcutaneous granuloma annulare (SGA). Although necrobiotic collagen and stromal mucin suggested SGA; the presence of plasma cells and eosinophils is unusual. We investigated the nature of the plasma cells by performing IgG and IgG4 immunohistochemical stains. Immunohistochemical negativity for ALK did not support the diagnosis of inflammatory pseudotumour. ALHE may rarely be associated with a fibro-granulomatous reaction, including the presence of multinucleate giant cells and may be located in the limbs.

We discuss these close differential diagnoses and consider the possibility of hybrid lesions.

IgG4-RELATED PROSTATITIS CLINICALLY MIMICKING PROSTATIC CARCINOMA: A CASE REPORT

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A wide range of extra-pancreatic manifestations of IgG4-related disease has been described, with prostatitis remaining one of the least studied. We report a first Australian case of IgG4-related prostatitis.

A 76-year-old man with a history of IgG4-related disease underwent investigations for renal impairment which revealed an obstructive uropathy on ultrasound scan. An MRI showed a prostatic peripheral zone tumour which was intensely FDG PET positive. In addition, an elevated prostate-specific antigen level of 26 ng/ml was detected and prostate cancer needed to be excluded.

Trans-perineal prostate biopsies were performed. The prostatic parenchyma showed a florid inflammatory cell infiltrate composed of plasma cells, lymphocytes and some eosinophils. There was also variable sclerosis of prostatic stroma and areas of phlebitis, sparing the adjacent arterioles. Immunohistochemical stains for IgG and IgG4 were positive, in keeping with changes of IgG4-related autoimmune prostatitis.

Albeit a rare manifestation, IgG4-related prostatitis needs to be recognised as a cause of lower urinary tract symptoms in patients with IgG4-related disease, and considered as a possible clinical and radiological mimic of prostatic carcinoma in these patients.

CASE REPORT OF A FOREARM LIPOBLASTOMA

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Case presentation: A 4-year-old boy presented with a soft slowly enlarging left forearm lesion. Imaging showed a 53×56×132 mm lesion expanding the entire dorsal extensor compartment of the forearm. This had previously been imaged