colonic crypts and adhering to the mucosal surface to form the observed pseudomembrane-like material. Secondary findings of acute inflammation and inflammatory pseudopolyp formation were noted. These features are discussed in relation to the single identified previous case report on this condition, and to the neonatal pathologic findings in meconium ileus.

VASCULITIS IN LICHEN SCLEROSUS

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Background: Lichen sclerosus et atrophicus (balanitis xerotica obliterans, BXO) is a rare condition. The true prevalence is controversial and unclear; a range between 0.6% and 0.07% has been reported.^{1,2} The cause is uncertain. Some studies have shown that patients with the condition also show signs of suffering from autoimmune disorders.^{3,4}

Case report: A 78-year-old man presented with phimosis and a white patch on the foreskin. Circumcision was performed and microscopic assessment showed features of lichen sclerosus et atrophicus associated with vasculitis. Multiple blood vessels seen in the dermis showing prominent hyalinisation and infiltrate with lymphocytes and histiocytes.

Discussion: The microscopic and immunohistochemistry assessments of the mentioned case showed strong evidences of small-vessel chronic vasculitis. The peri-vascular and intramural infiltrations of CD4, CD20 and CD68 cells are in favour of involvement of cellular and humoral pathways in an autoimmune process as a possible aetiology of BXO in this case.

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DIFFUSE MALIGNANT PERITONEAL MESOTHELIOMA PRESENTING WITH PSAMMOMATOUS CALCIFICATION ON A CERVICAL SMEAR: A CASE REPORT

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Background: The incidence of psammoma bodies in routine cervical smears ranges from 0.001% to 0.05%^{1–7} and may be associated with a borderline or malignant serous tumour, endosalpingiosis/endometriosis, chronic endometritis or intra-uterine contraceptive devices. Rarely, they can also occur in association with neuroendocrine carcinomas of the cervix, as a consequence

of Tamoxifen treatment in patients with primary breast cancer or as benign granulomatous reactions to a foreign material (aluminum silicate).^{8–10}

Case: A 52-year-old nulliparous woman presented with a two-month history of intermittent vaginal spotting and post-coital bleeding. A cervical smear showed an inconclusive high grade glandular lesion with psammomatous calcification. Previous cervical smears had been normal. This smear contained papillary tissue fragments, occasional spheres/balls of glandular-like cells and frequent psammomatous calcification/bodies. Eventually, the patient had a laparoscopic hysterectomy, bilateral salpingo-oophorectomy and omentectomy. The surface of the omentum and both ovaries contained psammoma bodies with groups of cells identical to those in the cervical smear. Within the omentum, there were invasive malignant epithelioid cells positive for CK 7, CK5/6, Calretinin, D2-40, WT-1, CK5/6, p16 and EMA. Desmin and PAX-8 immunostains were negative. There was also evidence of BRCA1-associated protein 1 (BAP1) dysfunction compatible with diffuse malignant peritoneal mesothelioma (DMPM).

Conclusion: Here we describe the first reported case of DMPM presenting with an abnormal cervical smear; a rare but important differential diagnosis to consider in abnormal cervical smears showing psammomatous calcification. Bi-allelic abnormality of BAP-1 gene is a molecular alteration characteristic of DMPM¹¹ and is a useful adjunct in combination with several other positive (EMA, calretinin, WT1) and negative (BerEP4, PAX-8, desmin, TTF-1, MOC31) immunohistochemical markers.¹²

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