GLANDULAR DIFFERENTIATION IN EPSTEIN-BARR VIRUS RNA-EXPRESSING NASOPHARYNGEAL CARCINOMA

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Nasopharyngeal carcinoma (NPC) is described in the 2005 WHO Classification of Head and Neck Tumours as a carcinoma arising in the nasopharynx having light microscopic or ultra-structural evidence of squamous differentiation. In the current definition, adenocarcinoma is excluded. Rare adenocarcinomas of the nasopharynx show papillary growth or are of salivary gland-type, and are not associated with Epstein-Barr virus (EBV).

We report the case of a 37-year-old Southeast Asian Chinese male with a non-keratinising carcinoma, undifferentiated sub-type arising in the nasopharynx. Within the tumour, there were glandular structures with distinct lumens which were highlighted with mucicarmine. Cytokeratin AE1/3 and epithelial membrane antigen were diffusely positive in the tumour. Like typical non-keratinising NPC, the tumour demonstrated EBV encoded early RNA (EBER) by in-situ hybridisation. Biopsy from recurrent tumour 2 years later, after radiotherapy and chemotherapy, showed no evidence of glandular differentiation.

Glandular differentiation in NPC is exceptional. To our knowledge only 2 previous cases have been reported in white males in the United States where nasopharyngeal carcinoma is rare. We report the first case of NPC with glandular differentiation in Southeast Asia where the tumour is prevalent among ethnic Chinese and Southeast Asians.

A CASE OF CUTANEOUS METASTASIS OF THE SCALP FROM COLORECTAL ADENOCARCINOMA

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Background: Cutaneous metastases from internal malignancies occur in 0.6–10.4% of all patients with cancer¹ and account for 2% of all skin tumours.² Presented is a rare case of cutaneous metastases of the scalp from primary colorectal adenocarcinoma.

Clinical record: A 55-year-old woman with known colorectal adenocarcinoma presented with two scalp lesions. One resolved with systemic chemotherapy. The remaining 25×22 mm ulcerated, brown nodule in the left parietal region was excised. Histopathology demonstrated a dermal lesion composed of atypical glandular structures with central necrosis and overlying ulceration. Immunohistochemistry was negative for cytokeratin 7 and positive for cytokeratin 20 and carcinoembryonic antigen. Oestrogen and progesterone receptors and thyroid transcription factor-1 were negative. This pattern of staining is consistent with metastatic colorectal adenocarcinoma.

Discussion: Up to 4.4% of metastatic colorectal adenocarcinoma is manifest as cutaneous metastases.³ Presentation on the scalp, far removed from the primary site of cancer, is rare. Between 29 to 45% of cutaneous lesions are not initially suspected of being metastases.⁴ Early biopsy of any new or suggestive lesion in patients with known malignancy, with confirmation of origin through histopathology, is critical for patient care.

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A CASE OF PERIVASCULAR EPITHELIOID CELL TUMOUR (PECOMA)-NOS

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A 30-year-female presented with an incidental left adnexal mass. Macroscopically, the mass was a well circumscribed fleshy nodule with no recognisable adnexal tissue. Microscopically, the mass was encapsulated, composed of closely packed nests of polygonal cells with prominent nucleoli and abundant granular eosinophilic to clear cytoplasm. There is occasional whorl formation. Mitosis or necrosis are not seen. Immunohistochemically, neuroendocrine markers and muscle markers are negative. It is HMB45 and TFE3 positive. The features are of PECOMA NOS type which is associated with TFE3 gene rearrangement. It is a rare mesenchymal tumour with no normal counterpart. Most cases are benign, but a minority are unpredictably malignant. The histological and immunohistochemical features of this rare tumour will be discussed followed by review of the literature.

WELL DIFFERENTIATED LIPOSARCOMA OF THE PARATESTIS: AN UNUSUAL AND VARIABLE MORPHOLOGY

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Case presentation: A 60-year-old gentleman presented with a 45 mm solid right paratesticular mass. On cut sectioning, the mass was a well circumscribed, lobulated, yellow tumour with prominent fibrous bands and haemorrhage. The mass did not involve the testis. It was associated intimately with the spermatic cord which was surrounded by macroscopically normal appearing fat.

Microscopically the tumour was a well differentiated liposarcoma which showed three distinct different morphologies, including areas of inflammatory liposarcoma, sclerosing liposarcoma and lipoma-like liposarcoma. The tumour extended much further than was anticipated at macroscopy with the lipoma like component extending to the spermatic cord margin, up to 150 mm in maximum extent. The lipoma-like areas were positive for MDM2.

Discussion: Liposarcomas of the paratesticular tissue are rare and areas of inflammatory liposarcoma are exceedingly rare and usually occur in the retroperitoneum. However, this case highlights that liposarcoma needs to be considered in the differential diagnosis of inflammatory lesions and tumours of the paratestis. The subtle lipoma-like component involved the surrounding macroscopically normal fat. The implications of this and need for

extensive sampling of the surrounding adipose tissue away from the tumour will be discussed.

TUMOUR TO TUMOUR METASTASIS IN A PERIPHERAL NERVE SHEATH TUMOUR

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Case Presentation: A 68-year-old woman with known metastatic breast cancer developed an ataxic gait, lower limb weakness and urinary retention over the course of one week. A magnetic resonance imaging (MRI) scan was performed which showed a T10/T11 intradural tumour. She was subsequently taken to theatre for decompression and resection of the tumour. The bulk of tumour was composed of densely packed bland tapered spindle cells arranged in fascicles. There were no features of schwannoma identified. Admixed within the tumour were cords and single cells of metastatic poorly differentiated adenocarcinoma with mucin droplets. Immunohistochemistry within the spindle cells confirmed the presence of a peripheral nerve sheath tumour, and within the epithelioid cells confirmed the presence of metastatic breast carcinoma.

Discussion: Tumour to tumour metastasis (TTM) is a well described phenomenon. It involves lung, breast and gastrointestinal tract malignancies as the most common donors. Meningiomas and schwannomas are common receptive tumours. However in this case it is difficult to ascertain if the receptive tumour was a neurofibroma or a schwannoma. Distinguishing a TTM from a sarcomatous biphasic malignancy is an important consideration, especially in the setting of a primary diagnosis.

GASTRIC-TYPE ADENOCARCINOMA OF THE CERVIX: A CASE REPORT

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Gastric-type adenocarcinoma of the cervix (GAC) is an uncommon and malignant tumour to human papilloma virus infection. Patients often present at an advanced stage and have a worse prognosis than those with usual type endocervical adenocarcinoma. We describe a case of stage IV GAC diagnosed in our institution. This case report illustrates the distinct morphological and immunohistochemical profile of these tumours and serves as basis for a brief discussion of prognosis and associated syndromes.

CLEAR CELL MENINGIOMA: A CASE REPORT WITH REVIEW OF THE LITERATURE

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Clear cell meningioma (CCM) is a rare, aggressive variant of meningioma, usually affecting young females with frequent

recurrence and CNS metastasis. Herein, we report a case of intracranial CCM in a 39-year-old female. The patient presented with severe headache and facial pain. MRI demonstrated a large extra-axial lobulated mass in the right cerebellopontine angle cistern with post-contrast enhancement. Histopathology of the tumour showed typical features of CCM. The tumour cells were PAS positive, diastase sensitive and immunopositive for epithelial membrane antigen (EMA). This case illustrates typical features of a rare variant of meningioma. It also highlights the importance of incorporating immunohistochemistry in the diagnostic workup to exclude CCM mimics, each having distinctive biological behaviour and prognostic outcome.

HEPATOCELLULAR MALIGNANT NEOPLASM NOS: CASE REPORTS OF A NEW PROVISIONAL ENTITY

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Hepatoblastoma (HB) is the most common paediatric liver malignancy, occurring almost exclusively in infancy. Paediatric hepatocellular carcinoma (HCC) is much less common. The International Pediatric Liver Tumors Consensus Classification (2014) suggested a provisional entity, 'hepatocellular malignant neoplasm, NOS' (previously known as 'transitional cell liver tumour') for difficult to classify tumours with overlapping morphological features, but generally very high alpha-fetoprotein levels at diagnosis. These tumours occur in a relatively older age group than classic HB, and are associated with poorer prognosis and response to treatment than expected for HB. We present two such cases of multifocal liver tumours, in an 8-year-old girl and a 7-year-old boy, both with no evidence of underlying liver disease. These tumours both showed histological features favouring HCC, including large tumour cells with a single prominent nucleolus and intranuclear pseudoinclusions, arranged mostly in trabeculae. There was no associated cirrhosis. Focal extra-medullary haemopoiesis was present in case 2, but seen only at resection (not on biopsy). Both had AFP levels higher than expected for HCC that decreased following chemotherapy, as expected with HB.

Conclusion: Hepatocellular malignant neoplasm (NOS) has been suggested as a provisional category for paediatric tumours not readily classifiable as either HB or HCC.

PARATHYROID LIPOADENOMA WITH BROWN FAT RICH FEATURES: CASE REPORT

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A 52-year-old man with primary hyperparathyroidism underwent a right superior parathyroidectomy. Pathological examination confirmed the presence of a lipoadenoma with a brown fat-rich stroma. This is a new, previously undescribed variant which expands the morphological range of patterns for this rare entity.

Review and discussion: Parathyroid lipoadenomas are a rare variant of parathyroid adenomas, with ~35 reported cases in the literature. Case series from Mayo Clinic¹ and The University of Pittsburgh Medical Centre² have shown that they behave similar