significant. GPC3 and E-cadherin positivity rates were significantly interrelated in NMA, but not MA groups. In NMA group, there was no significant relation between GPC3, E cadherin expressions and the clinicopathological features. Conversely, high E-cadherin expression in MA cases was associated with old age, fungating tumor configuration, mucoid adenocarcinoma rather than signet ring carcinoma subtypes and negative intra-tumoral lymphocytic response. Neither GPC3 nor E-cadherin expression showed a significant impact on disease-free survival or overall survival.

Conclusion: GPC3 and E-cadherin expressions are not independent prognostic factors in CRC. However, expressions of both are significantly interrelated in NMA patients, suggesting an excellent interplay between both, in contrast to MA. Further molecular studies are needed to explore the relationship between GPC3 and E-cadherin in colorectal carcinogenesis.

22. DIFFUSE COLLAGENOSIS OF THE GASTROINTESTINAL TRACT – A CLINICOPATHOLOGICAL STUDY OF 10 CASES

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Background: Pathological subepithelial collagen deposition (collagenosis) is described in all parts of the glandular gastrointestinal tract. In many cases an aetiology is not established. Immune dysfunction and medications are responsible for some cases. Chronic diarrhoea is the most frequent presentation in adults. Generally only one site is involved. Collagenosis affecting both upper (stomach and/or duodenum) and lower (colon $\pm$ ileum) gastrointestinal tract (diffuse collagenosis, DC) is rare and has not been systematically studied.

Design: Cases of DC from the authors' institution were reviewed. Recorded clinical data included presenting symptoms, medication use and presence of co-morbidities. Histological parameters included maximum collagen band thickness, intra-epithelial lymphocyte (IEL) density, degree of lamina propria chronic inflammation, extent of eosinophil and neutrophil infiltration and degree of villous architectural change (if applicable).

Results: There were 10 cases (9 females, 1 male) with age range of 30–74 (mean 62). Diarrhoea was the presenting symptom in eight cases. Gluten-sensitive enteropathy was present in two patients and other autoimmune disease in three patients. In available data, there was no consistent pattern of medication use prior to development of symptoms. Follow-up ranged from 1 month to 3 years, with one case showing collagen disappearance. In available data, treatment included prolonged Budesonide therapy. Collagen deposition spared the duodenum in three patients.

Conclusions: DC is a rare condition most commonly presenting with diarrhoea. Clinical course is variable with some patients requiring immunosuppressive therapy. Autoimmune disorders are common and an immune dysregulation mechanism is probably responsible for most cases. The reason for the sparing of the duodenum in some cases is unclear.

23. LIPONEUROCYTOMA WITH UNUSUAL FEATURES

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Cerebellar liponeurocytoma is a fairly rare adult CNS neoplasm though to have a good prognosis. It occurs most often in the cerebellum but supratentorial cases have been reported. The WHO classification and grading of this tumour is currently under neuronal and mixed neuronal-glial tumours and the grade is II, as increasing numbers of reports of unusual features have been found and follow up of earlier cases have shown a recurrence rate of up to 60%. This neoplasm has previously been known under several different names: lipomatous medulloblastoma, lipidized medulloblastoma, medullocytoma, lipomatous glioneurocytoma and lipidized mature neuroectodermal tumour of the cerebellum. In 2000 WHO adopted the term cerebellar liponeurocytoma.

The lesion is composed of neurocytic cells with a varying degree of lipidization, this feature of lipid laden cells resembling adipocytes is the hallmark of liponeurocytomas.

24. GLIOSARCOMA WITH A PRIMITIVE NEUROECTODERMAL TUMOUR COMPONENT

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Background: Gliosarcomas are rare and highly aggressive biphasic malignancies containing a mix of gliomatous and mesenchymal components. Gliosarcoma represents 2–8% of glioblastomas, with no influence on clinical course or prognosis in comparison to glioblastoma of no special type.

CNS primitive neuroectodermal tumour (PNET) is defined as a predominantly neuronal but multi-potential non-cerebellar embryonal neoplasm with medulloblastoma-like histology. Adult supratentorial PNETs are well recognised CNS tumours with combined features of malignant glioma and primitive neuroectodermal tumour (MG-PNET). These are rare and poorly characterised, providing difficulties in diagnosis and therapeutic approach.

The PNET component of MG-PNET commonly consists of sharply demarcated nodules which are hypercellular and show evidence of neuronal differentiation. The PNET component is believed to arise in pre-existing gliomas, most often glioblastoma of 'secondary' type, rather than representing either a PNET with extensive glial differentiation or a 'collision' tumour. The clinical implications of this diagnosis include increased rates of CSF seeding and possible response to platinum based chemotherapies, a therapeutic approach not typically used in the treatment of adult glioblastoma or gliosarcoma.

Objectives: To discuss a rare entity with potential for misdiagnosis and implications for treatment.

Case description: 55-year-old man with 4 weeks of headaches and right temporal lobe lesion on CT head. Histologically the glioma demonstrated a complex mixture of patterns, with conventional GBM, areas of gliosarcoma, and distinct nests of PNET. A diagnosis of gliosarcoma with PNET component, the patient received platinum based chemotherapy and cranio-spinal radiotherapy.

Conclusion: CNS tumours with combined elements of a malignant glioma and PNET are both rare and poorly characterised,

and can present difficulties in diagnosis. Their recognition is important as it possible they respond to platinum based chemotherapies.

25. *HELICOBACTER PYLORI* ASSOCIATED 'LYMPHOCYTIC GASTRITIS' UNRAVELLED

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Background: The knowledge of pathological features of gastric inflammation due to *Helicobacter pylori* (HP) infection is mostly derived from chronically infected, symptomatic patients. Inflammatory patterns described in HP infection include active chronic gastritis (ACG), chronic gastritis (CG), lymphocytic gastritis (LG) and focal enhancing gastritis (FEG). None of these patterns are pathognomonic without demonstrable organisms. LG pattern (LGP) is defined as intraepithelial lymphocytosis of gastric mucosa (≥ 25 per 100 gastric epithelial cells), which is also seen in other diseases, particularly coeliac disease.

Aim: To describe the evolution of HP related LGP, based on a unique group of subjects who were voluntarily infected with HP as a part of an ethically approved trial.

Method: Of 36 *H. pylori* sero-negative individuals with normal endoscopic and biopsy findings, 30 subjects were infected with 5 different *H. pylori* strains, the rest given placebo. Biopsy, serology and culture results were obtained from all subjects at 2 and 12 weeks and were independently assessed by a blinded pathologist.

Results: Of the challenged group, 29/30 showed active inflammation over the 12 weeks. LGP was restricted to 2 HP strains. HP was demonstrated in only 1/16 biopsies from the 8 recruits that showed LGP, compared to 33/44 biopsies of 22 recruits without the LGP. All LG cases showed activity.

Conclusions: LG is associated with specific strains of *H. Pylori*, appears to be self-limiting and organisms are demonstrated very infrequently. LGP may be responsible for a significant proportion of 'non HP gastritis' in clinical practice. The presence of activity may help differentiate LGP due to HP from coeliac disease.

26. CAPTIVATING CASES OF CAVITATING MESENTERIC LYMPH NODE SYNDROME

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Background: Cavitating mesenteric lymph node syndrome (CMLNS) is a rare and poorly understood complication of coeliac disease. The pathogenesis is incompletely understood and cavitation may occur and progress, even with adherence to a gluten-free diet, with an associated mortality rate of approximately 50%.

Objectives: We present two cases of a rare complication of a commonly encountered disease.

Case description: *Case 1:* Patient with no known history of coeliac disease was transferred for investigation of malaena, weight loss and anorexia. He was found to have a perforated duodenal ulcer and milky fluid oozing from lymph nodes during surgery. Small bowel resection showed widespread ulceration, villous blunting consistent with coeliac disease and enteropathy associated T-cell lymphoma (EATL). A single cystic lymph node with a peripheral rim of distorted lymphoid tissue was identified, consistent with CMLNS. Following a lengthy admission and failure to respond to treatment, the patient passed away.

Case 2: Patient with no history of coeliac disease presented with two months of altered bowel habits, rectal bleeding and abdominal pain. Endoscopy revealed duodenal ulceration which microscopically revealed villous atrophy with intra-epithelial lymphocytosis suggestive of coeliac disease. The T-cells demonstrated an aberrant phenotype, without overt evidence of EATL. Lymph node fine needle aspiration of an enlarged mesenteric node to exclude lymphoma aspirated milky fluid, which appeared microscopically as proteinaceous material with few small reactive T-cells. Followup revealed symptomatic improvement and stable weight after institution of a gluten-free diet.

Conclusion: Cavitating mesenteric lymph node syndrome is a rare complication of a commonly encountered disease. Our experience with 2 cases supports the notion that not all patients with CMLNS show an aggressive outcome.

27. AXILLARY SENTINEL NODE IMPRINT CYTOLOGY: COMPARISON OF SENSITIVITY OF DETECTION OF MACROMETASTASES FROM LOBULAR AND DUCTAL CARCINOMAS

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Background: Imprint cytology (IC) is a useful method of detecting metastatic breast carcinoma in sentinel lymph nodes (SLN). Identifying invasive lobular carcinoma (ILC) may be difficult and depends on critical attention to node examination, imprint technique and cytological evaluation.

Aims: Determine sensitivity of detection of sentinel lymph node macrometastases in breast carcinomas by imprint cytology and compare results with other centres.

Methods: All reports from cases of ILC with IC of SLN during 2010-2014 were reviewed. A comparable size series of invasive ductal carcinomas (IDC) was created using 20 cases/year over the same period. Imprint slides with discordance between intraoperative assessment and histopathology reports were reviewed.

Results: There were 90 cases of ILC. 13 of 19 macrometastases were diagnosed by IC (sensitivity 68%). Of 6 false negative cases, 2 were 'positive' on review. There were 102 cases of IDC. 10 of 12 macrometastases were diagnosed by IC (sensitivity 83%). Neither of the 2 false negative cases by IC was 'positive' on review. No false positive diagnoses of malignancy were recorded. None of the cases with micrometastases or isolated tumour cells were positive by IC for ILC (5, 4 respectively) or