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