54 Cervista HPV+ cases, ISH HPV was positive in 52 cases. Three cases were tested negative by both Cervista HPV and ISH HPV testing assay. There were 5 cases with an equivocal result by ISH HPV testing assay but a negative Cervista HPV testing result. Overall, the concordance between the two assays was 88.7% (55/62).

Conclusions: The Cervista HPV assay shows a high concordance with the ISH HPV assay. Consequently, Cervista HPV assays can be used as a valid HPV testing assay in FFPE tissue of oropharyngeal squamous carcinomas.

31. ADULT WILMS' TUMOUR: A CASE REPORT WITH REVIEW OF LITERATURE

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Background: Wilms' tumor is the commonest primary malignant renal tumor in childhood. Rarely, it may present in the adult age group.

Case presentation: We report a 48-year-old male presenting with flank pain and haematuria. Abdominal ultrasound revealed a right renal mass measuring 11×10 cm, and a clinical diagnosis of renal cell carcinoma was made. Nephrectomy was performed, and a final diagnosis of adult Wilms' tumor was made based on the criteria proposed by Kilton *et al.*

Conclusion: The possibility of an adult Wilms' tumor should be considered when a patient presents with pain in the flank and a renal mass. Rarity of the tumor favors documentation in literature.

32. CLINICOPATHOLOGIC SIGNIFICANCE OF MIR-221/222 EXPRESSION IN BREAST CANCER

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Backgrounds: MicroRNAs (miRNAs) are known to play an important role in the tumorigenesis of breast cancer. Especially, miR-221/222 has been reported to be associated with promotion of epithelial-mesenchymal transition (EMT), down-regulation of estrogen receptor (ER)-alpha and tamoxifen resistance.

Aims: We aimed to study expression levels of miR-221/222 in human breast cancer samples and to analyze their relationship with clinicopathologic features of the tumor including hormone receptor status, breast cancer subtype, expression of EMT markers and clinical outcome of the patients.

Methods: Quantitative RT-PCR was performed to detect expression levels of the miR-221/222 in 129 invasive breast cancers. EMT marker expression [expression of vimentin, smooth muscle actin (SMA), osteonectin and N-cadherin; loss of E-cadherin] was evaluated by immunohistochemistry.

Results: miR-222 expression level was significantly higher in tumors with high histologic grade and high Ki-67 proliferation index. High expression of miR-222 was associated with ER-positivity and HER2 amplification. It expression was significantly higher in luminal B and HER2-enriched subtypes than in

luminal A subtype. However, miR-222 expression level was lower in tumors showing EMT marker expression (vimentin, SMA and osteonectin). Expression of miR-221 was not associated with any clinicopathologic features of breast cancer and EMT marker expression. In survival analysis, expression level of miR-221/222 was not associated with patients' prognosis.

Conclusions: The association of miR-221/222 expression with EMT is not evident in this study. Although miR-222 expression was increased in ER-positive breast cancers, its expression level was much higher in luminal B subtype than in luminal A subtype, suggesting that miR-222 may be related to aggressiveness and endocrine therapy resistance in ER-positive breast cancer.

33. THE CLINICOPATHOLOGICAL FEATURES OF EXTRANODAL NK/T-CELL LYMPHOMA NASAL TYPE (NKTCL) IN UNIVERSITAS INDONESIA/CIPTO MANGUNKUSUMO HOSPITAL JAKARTA

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Background: Extranodal NK/T-cell lymphoma nasal type (NKTCL) is more common in Asia than in the Western countries. Classic morphological features of NKTCL include necrosis, angiocentricity and polymorphism. In small biopsy sample, these features are not always found, meanwhile there is no data regarding percentage of these features.

Aims: To identify the demographic profiles of our NKTCL cases, its morphological and immunohistochemistry (IHC) features and EBV positivity.

Methods: NKTCL cases during period of January 2010 to July 2014 were retrieved from our database. Data of age, sex, tumor location and initial diagnosis were recorded. Hematoxylin and eosin (HE), IHC, and EBER ISH slides were reviewed.

Results: Thirty seven cases were found increasing within years, showing male predominance (M:F=2:1) ranging from 18 to 67 years old with mean age of 43. Nasal region (75.7%) was the most affected sites, meanwhile skin and soft tissue (13.5%), nasopharyngeal (5.4%), intestinal (5.4%) were the most common extranasal sites involved. Percentages of histopathological features found consecutively were: atypical cells (100%), necrosis (91.9%), angiocentricity (70.3%), polymorphism (64.9%), monomorphism (27%), but none of granuloma (0%) was found. Percentage of IHC positivity were 100% for granzyme B (35/35) and perforin (34/34), 97.3% (36/37) for CD3, 94.6% (35/37) for CD56, 94.4% (17/18) for CD16. EBER was positive in 83.3% (20/24) of cases.

Conclusion: Pathologists should always be cautious of NKTCL in the presence of atypical cells found in nasal biopsy regardless of the classic histopathological features. In our center, CD16 positivity was relatively high with lower EBER positivity.

34. DISSEMINATED EPITHELIOID ANGIOSARCOMA PRESENTING AS MULTIPLE INTESTINAL POLYPS WITH ACTIVE BLEEDING

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Background: Angiosarcoma is a rare malignant neoplasm that usually involves the skin and subcutaneous tissue. Angiosarcoma of the gastrointestinal tract is extremely uncommon and may demonstrate multicentric epithelioid morphology.

Design: We report a case of a 51-year-old male patient with disseminated epithelioid angiosarcoma (DEA) involving both small and large intestine, who presented with anemia, jaundice, melena and active lower gastrointestinal (GI) bleed since two months. The patient also gave a history of hip surgery two months back and long term analgesic abuse. Endoscopic examination of upper GIT and colon revealed erosions and actively bleeding ulcers respectively. Computed tomography (CT) arteriography revealed active contrast extravasation into proximal ileum. Emergency exploratory laparotomy revealed multiple ulcers in right colon and multiple polyps with erosions in the ileum. Surgical resection-anastomosis of the lesions were done. Histopathological and immunohistochemical assessment revealed a diagnosis of DEA.

Results: On post operative day three the patient developed disseminated intravascular coagulopathy and could not be revived.

Conclusions: Intestinal angiosarcoma is a diagnostic challenge because it is rare and presents with non specific symptoms. A high index of suspicion is warranted in patients presenting with multiple polyps and active GI bleeding. The appropriate classification and treatment of angiosarcomas is important as they are clinically aggressive tumors. Angiosarcomas of the gastrointestinal tract commonly display epithelioid cytology, are often positive for cytokeratins and only show subtle signs of vascular differentiation, creating potential diagnostic confusion with primary or metastatic carcinoma. Immunohistochemistry with vascular markers, CK20, and S-100 protein may be helpful in differentiating angiosarcoma from carcinoma and melanoma.

35. A MITOTICALLY ACTIVE SOMATIC SOFT TISSUE TUMOUR OF UNCERTAIN POTENTIAL IN A 16 YEAR OLD MALE

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Background: A 16 year old male underwent core biopsy of a painless, deep-seated L pectoralis major lesion, which was reported as possible myofibroma. Complete excision was recommended.

Pathology: Macroscopically the lesion weighed 8.9g as was irregular and thinly encapsulated and had a homogenous, firm and white cut surface. Microscopically, the tumour consisted of bundles of spindle cells consistent with smooth muscle, with mild nuclear atypia but no evidence of infiltrative growth. Mitoses were 2/high power (×40) field. Immunohistochemically, there was strong positive staining for desmin, SMA and actin, confirming smooth muscle histogenesis. The Ki67 index was 10%. Melanocytic markers were negative and there was patchy positivity for pancytokeratin.

Discussion: Deep soft tissue/somatic leiomyomas in adolescent patients are exceedingly rare. A vascular smooth muscle origin has been postulated. Smooth muscle tumours in childhood with features like those encountered in this case have been considered

as leiomyosarcomas by some authorities. However, in such cases no patient developed metastasis, raising the question of whether they are truly malignant or mitotically active leiomyomas, similar to those found in the adult female reproductive tract. Based on the absence of major cytological atypia and necrosis, and the only mildly increased mitotic rate and proliferation index, we favour a diagnosis of mitotically active smooth muscle tumour of uncertain malignancy potential for the current case. The diagnosis was reached in consultation with an expert in soft-tissue tumour pathology. At three year follow up, the patient has experienced no confirmed recurrence.

36. ELEVATED BETA-HCG IN A NON-PREGNANT WOMAN? ALSO CONSIDER LUNG ADENOCARCINOMA: A CASE REPORT

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An elevated beta-hCG level (Beta subunit of human chorionic gonadotropin) in a non-pregnant woman raises the suspicion of a germ cell tumour especially choriocarcinoma. Paraneoplastic syndrome involving beta-hCG secretion in other malignancies can be easily overlooked. We encountered a case in which the patient was found to have an elevated beta-hCG level and the clinical diagnosis was further confounded by the finding of a pelvic mass. A 50-year-old post-menopausal woman with a history of smoking was found to have a high beta-hCG level (128 IU/L) during investigation following motor vehicle accident. Pelvic ultrasound at that time showed no evidence of intrauterine or ectopic pregnancy and no tumour. CT scan of the chest showed a 3 mm nodule in the right middle lobe. No other tumour markers were elevated. Within three months, serum beta-HCG level rose up to 1206 IU/L, and CT scan and PET scan showed multiple lesions in lungs, mediastinum, liver, left pelvis, bone and right adrenal gland.

Subsequent biopsy of the left pelvic mass showed an adenocarcinoma with DPAS-positive cytoplasmic vacuoles and positive expression of pan-cytokeratin, CK7 and TTF-1. Beta-HCG was diffusely positive in the malignant cells as well as in background stroma. PLAP, CD117, CD30, AFP, CK20, CDX-2, PAX-8, ER, PR, P63 and WT-1 were negative. Overall features were consistent with a metastasizing pulmonary adenocarcinoma with paraneoplastic beta-hCG secretion. The possibility of sampling limitation of a somatic malignancy arising from mixed germ cell tumour was considered but there were no pelvic tumour identified in initial presentation and no evidence of germ cell tumour in the biopsy sample.

37. PSEUDOANGIOSARCOMA OF THYROID – A WORRISOME HISTOLOGICAL ALTERATION FOLLOWING FINE NEEDLE ASPIRATION (WHAFFT)

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