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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