NG 3 cases, majority of the BCs belonged to Luminal B HER2 negative subtype (44.14%).

Conclusion: This study shows that molecular classification of BC by IHC is practical and is necessary for therapeutic decision and prognosis as molecular testing is not always feasible in routine laboratories.

68. DIAGNOSTIC AND PROGNOSTIC UTILITY OF MYB GENE REARRANGEMENT DETECTED BY FLUORESCENT *IN-SITU* HYBRIDISATION (FISH) IN ADENOID CYSTIC CARCINOMA

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Background: MYB rearrangement has been described in a proportion of adenoid cystic carcinoma (ACC).

Aims: This study evaluates the diagnostic and prognostic utility of MYB rearrangement in ACC.

Methods: Salivary gland malignancies at the Sydney Head and Neck Cancer Institute (1989-2014) were reviewed. Histopathologic evaluation, and fluorescent *in-situ* hybridization (FISH) studies were performed on ACCs and their morphologic mimics. Clinical follow-up was obtained.

Results: 39 cases of ACC were identified with approximately 50% arising within the parotid gland. The age range was 19 to 80 years (median: 45 years). The tumor size ranged from 9-44mm (mean: 22mm). There were 3 locoregional recurrences, 7 distant metastases and 8 ACC related deaths seen over a 22-year follow-up period. Nodal metastases, although uncommon, were the most significant predictor of disease specific survival ($p=0.019$). 34 cases were suitable for FISH and 16 (47%) cases showed MYB rearrangement. MYB rearrangement was not seen in any cases of polymorphous low grade adenocarcinoma or epithelial myoepithelial carcinoma. MYB rearrangement was not seen in any of the high grade ACC or those with high grade transformation. MYB rearrangement was seen in 5 (50%) patients with recurrence/metastases and in 11 (45%) of those without.

Conclusions: FISH for MYB rearrangement has high specificity but low sensitivity for ACC. MYB rearrangement did not provide prognostic information in this cohort.

69. ANALYSIS OF KIT AND BRAF MUTATIONS IN CHINESE MELANOMA

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Background: Malignant melanoma is a rare disease in Asia, and knowledge of the status and the clinical significance of KIT and BRAF mutations in the Asian population is limited.

Aims: This study is designed to investigate the mutation status of KIT and BRAF in Chinese melanoma patients.

Methods: 144 cases of melanoma were analyzed for KIT mutations (exon9, 11, 13, 17) and BRAF (V600E, V600K, V600R) mutations by DNA sequencing using paraffin-embedded tissues.

Results and conclusions: There were 36.1% of acral lentiginous melanoma (ALM), 24.3% of mucosal melanoma (MCM), 4.8% of melanoma on skin with chronic sun-induced damage (CSD), 25.0% of melanoma on skin without chronic sun-induced damage (non-CSD), and others were unclassifiable disease. The overall incidence of somatic mutations within the BRAF and KIT genes was 25% and 9.0%, respectively. The incidence of BRAF mutation in acral, mucosa, CSD and non-CSD MM tissues was 15.4% (8/52), 2.9% (1/35), 57.1% (4/7) and 50.0% (18/36), respectively. Among the 36 patients with BRAF mutations, 88.9% (32/36) had V600E mutations. Melanomas with chronic sun-induced damage (CSD) were more likely (57.1%) to show BRAF mutations. KIT mutation in acral, mucosa, CSD and non-CSD MM tissues was 7.7% (4/52), 20% (7/35), 14.3% (1/7) and 2.8% (1/36), respectively. Mucosal melanoma were most likely (20%) to show KIT mutations. Among the 13 patients with KIT mutations, one had mutation in exon 9, 9 in exon 11 and 3 in exon 13. The most prevalent type in BRAF mutation is V600E while that in KIT mutation is p.L576p of exon 11. They could be considered as potential drug targets in advanced melanoma therapy.

70. TERMINAL DEOXYNUCLEOTIDYL TRANSFERASE (TDT)-NEGATIVE T-CELL LYMPHOBLASTIC LYMPHOMA DOES EXIST: A CASE REPORT

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Background: T-cell acute lymphoblastic leukaemia/lymphoma (T-ALL/LBL) is an aggressive neoplasm derived from T-cell progenitors that represents approximately 15% of childhood ALL cases. In conjunction with other features, TDT-positivity is considered as a hallmark for ALL/LBL. We report a case of TDT-negative T-LBL.

Case report: A 6 months-old male patient presented for an isolated anterior mediastinal mass with airway compression and elevated LDH. Histological assessment of needle core biopsy showed sheets of intermediate lymphocytes with monomorphic nuclei and high N:C ratio. Most tumour cells showed central eosinophilic nucleoli or small peripheral nucleoli. Apoptotic cells and mitoses were frequent. Immunohistochemistry showed expression of CD45, CD99, CD2, CD3, CD5, CD8, and BCL-2. Ki67 proliferation index was 80%. AE1/AE3, CD20, CD10, CD4, myeloperoxidase, EBER-ISH, and TDT were negative. Flow cytometry was concordant and detected surface alpha-beta TCR chains. Monoclonal rearrangement of both TCR-Gamma and TCR-Beta genes was detected. The features were consistent with T-LBL, medullary stage.

Discussion: T-ALL/LBL typically presents with blastic features. The mature morphology observed in this case may represent effect of steroids prior to biopsy. Cases of TDT-negative T-ALL/LBL are rare. T-LBL, medullary stage is the most mature stage of thymic development, for which lack of TDT expression is

characteristic. As patients with TDT-negative T-ALL/LBL tend to show worse outcome, it is important to remember that lack of TDT expression is expected in subsets of T-ALL/LBL. This pitfall should not preclude a correct diagnosis.

71. INTESTINAL GANGLIONEUROMATOSIS WITH PERI-INTESTINAL NEUROFIBROMA LIMITED TO THE GASTROINTESTINAL TRACT MIMICKING CROHN'S DISEASE

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Introduction: Ganglioneuroma is a benign neurogenic tumor composed of ganglion cells, nerve fibers and Schwann cells. Intestinal ganglioneuromas are rare tumors more often identified in the adults as solitary polypoid ganglioneuromas, ganglioneuromatous polyposis and diffuse ganglioneuromatosis, presenting with abdominal pain, diarrhoea, thickening of the bowel wall and stricture formation. Diffuse ganglioneuromatosis is typically associated with multiple endocrine neoplasia, neurofibromatosis type 1 and Cowden syndrome. In this case report, we describe a case of diffuse and polypoid ganglioneuromatosis along with peri-intestinal neurofibroma in a 30 year old female with no syndromic afflictions.

Case report: 30 year old female was investigated for recurrent alternating episodes of constipation and diarrhoea since 15 days associated with abdominal distension and palpable mass per abdomen. On CECT abdomen and pelvis, multifocal strictures with subacute intestinal obstruction was noted with possibilities of Crohn's disease or tuberculosis. Surgically resected terminal ileum and ascending colon showed multiple linear ulcers, pseudopolyps and cobblestone appearance. On histopathological examination of the resected specimen, diagnosis of intestinal ganglioneuromatosis (polypoid and diffuse) with suture granuloma and peri-intestinal neurofibroma was given. History elicited for similar prior complaints showed nonspecific ileocolitis on biopsy 2 years earlier. She also gave history of surgery for resection and anastomosis 6 years back.

Conclusion: We report a patient with intestinal ganglioneuromatosis in whom clinical and radiological findings mimicked those of Crohn's disease/tuberculosis. Despite its rarity, intestinal ganglioneuromatosis should be considered in patients with findings of Crohn's disease/tuberculosis on radiological investigations who have intractable symptoms despite medical treatment.

72. HISTOPATHOLOGICAL STUDY OF UPPER GASTROINTESTINAL ENDOSCOPIC BIOPSY IN PATIENTS WITH DYSPHAGIA AND DYSPEPSIA IN SOUTH WESTERN COAST OF INDIA

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Background: Patients with non-neoplastic and neoplastic lesions of upper gastrointestinal tract (GIT) exhibit important alarming symptoms like dysphagia and dyspepsia. Upper gastrointestinal endoscopic biopsy is an effective and appropriate investigation to assess these patients.

Aims: The aim of this study is to identify various lesions of the upper GIT in patients presenting with dysphagia and dyspepsia along with endoscopic and clinical correlation. For early identification of malignant lesions, screening of premalignant lesions and to differentiate non neoplastic lesions from neoplastic lesions and thus help in its appropriate management.

Method: 200 consecutive endoscopic biopsy samples received in histopathology laboratory in and around Mangalore, India for a period of two years was subjected for histopathological examination. All the samples received in the histopathology laboratory sent in 10% formalin was processed, haematoxylin and eosin staining was done. Special stains were done wherever necessary.

Results: 80% of the patients presented with dyspepsia. The most common lesion encountered in the oesophagus was malignant lesions followed by premalignant lesions, benign neoplasms and non-neoplastic lesions. The most commonly encountered gastric lesion were non neoplastic lesions followed by malignancy, premalignant lesions and benign neoplasm. Among the duodenal biopsies, non-neoplastic lesions were most common followed by malignancy.

Conclusion: The fibreoptic diagnostic upper GI endoscopic biopsy is relatively less invasive, simple, safe, well tolerated procedure, cost effective and provides good diagnostic yield in confirming various upper GIT lesions. There is concordance of endoscopic biopsy findings with post biopsy resected specimens. In routine clinical practice, histopathology is the 'gold standard' for the definitive diagnosis of various lesions.

73. INTRAVASCULAR HISTIOCYTOSIS (IVH): A CASE REPORT

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Intravascular histiocytosis is a rare reactive cutaneous lesion of unknown pathogenesis. It is characterised by dilated vessels in the dermis containing aggregates of mononuclear histiocytes within the lumina. Most cases are reported in association with rheumatoid arthritis and cutaneous eruption typically occurs near swollen joints. The skin changes have included erythematous and violaceous macules, papules, plaques and indurated patches. We report a case of 80 years old female presented with a large erythematous patch around the right anterior shoulder joint where surgery was performed about 2 months previously. The erythematous patch was clinically thought to be erysipelas or cellulitis and treated with antibiotics without response.

We received a punch biopsy of skin measuring 4×6 mm. Microscopic examination of routine H&E stains revealed ectatic thin walled vessels in the dermis, the lumina of which are filled with histiocytes (macrophages). The vessels are lined by flattened single layer of endothelial cells. CD 68 and CD 31 immunostains demonstrate the macrophages within thin walled vessels. Morphological features and immunostains are consistent with intravascular histiocytosis.