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

Sushmitha Malpe Gopal¹, Anuradha C.K. Rao²,
Ranjini Kudva², Rajgopal Shenoy²

¹Department of Pathology, Melaka Manipal Medical College, and ²Department of Pathology and Surgery, Kasturba Medical College, Manipal, Manipal University, Karnataka, India

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

Sushmitha Malpe Gopal¹, G.N. Srinivas², Rashmi Vaidya³

¹Melaka Manipal Medical College, Manipal University, Manipal, ²SRL Diagnostics, Mysore, and ³AJ Institute of Medical Sciences, Mangalore, India

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

K. Manoharan, B. Dutta

Department of Anatomical Pathology, Laverty Pathology, NSW, Australia

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.

Diagnosis of IVH is important and may necessitate further clinical evaluation to exclude the possibility of co-existent systemic disease.

74. PRIMARY MENINGEAL MALT LYMPHOMA MIMICKING LYMPHOPLASMACYTIC MENINGIOMA: A CASE REPORT

H.M. Manuchehri, M. Yan

Department of Anatomical Pathology, SEALS, Prince of Wales Hospital, Randwick, NSW, Australia

Primary meningeal lymphomas are rare. Here, we discuss a case of a 59 year old female who underwent an operation to remove a dural based frontal mass that was thought to be meningioma preoperatively. Histopathological assessment revealed the tumour to be a meningeal MALT lymphoma with amyloid deposition. Dural lymphomas may mimic meningiomas and subdural hematomas radiologically. Distinction of a primary meningeal MALT lymphoma from a lymphoplasmacytic meningioma may be difficult based solely on morphological grounds and ancillary tests are often necessary.

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75. A 5-YEAR RETROSPECTIVE STUDY OF MEDIASTINAL LESIONS

Mary Mathew

Department of Pathology, Kasturba Medical College, Manipal University, Karnataka, India

Background: Mediastinal lesions pose diagnostic difficulties due to its location, small, inadequate and crushed biopsies and relative inexperience of pathologists in diagnosing these lesions.

Aim: The purpose of this study was to record our institutional experience and compare it with similar studies in the literature as well as to address the diagnostic challenges in mediastinal biopsies.

Method: This is a retrospective 5 year study of 37 patients who had undergone biopsy for mediastinal lesions in our institution. All pertinent clinical details were obtained from the case records. Out of 37 cases, 7 cases were excluded from the study due to specimen inadequacy.

Results: The male to female ratio was 1.3:1 and the ages ranged between 3 years to 65 years. Majority were anterior mediastinal lesions followed by lesions in the posterior mediastinum. Out of 30 cases, the benign lesions included 8 cases of thymomas, 2 cases each of mature cystic teratoma, and 1 case of mixed tumor of the bronchial glands. The malignant lesions were 7 lymphomas, 4

malignant germ cell tumors, 3 metastatic tumors and 1 case of atypical carcinoid. An additional case of hemangiopericytoma-solitary fibrous tumor (HPC-SFT) of intermediate grade malignancy was diagnosed.

Conclusions: Mediastinal lesions are rare and can confound the pathologists due to small biopsy specimens and associated crush artifacts. The most common lesions were thymomas in this study which was comparable with other studies. An accurate diagnosis is imperative and misdiagnosis would result in unnecessary surgical intervention.

76. BAP1 STATUS IN PATIENTS WITH MALIGNANT MESOTHELIOMA AND MELANOCYTIC SKIN LESIONS; AN IMMUNO-MORPHOLOGICAL STUDY IN WESTERN AUSTRALIA

Nima Mesbah Ardakani¹, Benjamin A. Wood^{1,2}

¹Department of Anatomical Pathology, PathWest, QEII, and

²School of Pathology and Laboratory Medicine, University of Western Australia, Perth, Australia

Background: BAP1 is a tumour suppressor gene located on chromosome 3p21. Bi-allelic inactivation of BAP1 gene results in loss of protein function and has been attributed to a range of neoplasms including mesothelioma, melanocytic tumours and renal cell carcinoma in a familial or sporadic setting.

Methods: A cohort of patients with dual diagnosis of mesothelioma and melanocytic skin tumours were retrospectively identified. The melanocytic lesions were reviewed for histological attributes of BAP1 related lesions and immunohistochemical studies utilising BAP1 and BRAF V600E antibodies were performed.

Results: 29 melanocytic lesions including benign naevus (18/29), dysplastic naevus (2/29), blue naevus (1/29), melanoma *in-situ* (7/29) and melanoma (1/29) from 21 patients were examined. 82.7% of the lesions showed a positive BRAF V600E immunophenotype. While at least 2 naevi exhibited an epithelioid morphology, there was no lesion with BAP1 abnormality as detected by immunohistochemistry.

Conclusions: We demonstrated a range of melanocytic lesions in patients with mesothelioma with a BRAF mutation rate of 82.7%, which is similar to previous studies in general population. We could not identify cases with BAP1 abnormality in the targeted cohort of patients with dual disease.

77. DETECTION OF EGFR MUTATIONS IN LUNG ADENOCARCINOMA; COMPARING COBAS 4800 EGFR ASSAY WITH SANGER BI-DIRECTIONAL SEQUENCING

Nima Mesbah Ardakani, Tindaro Giardina, Cleo Robinson, Fabienne Grieu-lacopetta, Yordanos Tesfai, Dominic Spagnolo, Benhur Amanuel

Department of Anatomical Pathology, PathWest, QEII, Perth Australia

Background: Accurate detection of EGFR mutation is crucial in management of patients with lung adenocarcinoma and would qualify them for targeted therapy. Historically Sanger bi-