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.

References

1. Menniti A, Moschettoni L, Liccardo G, *et al.* Low-grade primary meningeal lymphoma: case report and review of the literature. *Neurosurg Rev* 2005; 28: 229–33.
2. Venkataraman G, Rizzo KA, Chavez JJ, *et al.* Marginal zone lymphomas involving meningeal dura: possible link to IgG4-related diseases. *Mod Pathol* 2011; 24: 355–66.
3. Kulkarni KM, Sternau L, Dubovy SR, *et al.* Primary dural lymphoma masquerading as a meningioma. *J Neurophthol* 2012; 32: 240–2.

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 Grieco-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-