Conclusion: Small cell carcinoma of the bladder is an extremely rare tumor. The diagnosis of Small cell carcinoma of the bladder can be made from morphologic ground, although immunohistochemistry can also be a supporting diagnosis. The behavior of the cancers in both cases still requires further observation.

101. THE HISTOLOGICAL DIAGNOSIS AND PREVALENCE OF DEMONSTRABLE MICROORGANISM IN SKIN BIOPSIES TAKEN FROM PATIENTS ATTENDING A REFERRAL CENTRE SPECIALIZING IN INFECTIOUS DISEASES IN MALAYSIA

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Background: Identification of micro-organisms in skin biopsy specimens allows definitive treatment strategy. Fungal infection appears to be more frequent because of expansion of at-risk population but diagnosis may be challenging.

Aim: The aim of this paper is to study the histological diagnosis and type of microorganisms prevalent in the skin biopsies in order to make recommendations for future practice.

Method: A review of skin biopsies received by Anatomic Pathology Laboratory, UiTM, between the periods of March 2013 until February 2015 was undertaken. The cases with clinical history of infection were included.

Results: A total of 52 cases with infectious etiology were found, of which 53.8% were from patients with confirmed human immunodeficiency virus (HIV) infection. Nine of the cases (17.3%) were diagnosed histologically as leprosy, comprising lepromatous (44.4%) tuberculoid (11.1%), and borderline (44.4%) types. All showed presence of acid fast bacilli in macrophages on Ziehl-Neelsen and Wade Fite stains. Sixteen cases (30.8%) had penicilliosis, three (5.8%) demonstrated evidence of co-infection with histoplasmosis. Two patients (3.8%) had histoplasmosis. The demonstrable micro-organisms were in the range of 2–6 µm diameter, although some were slightly larger. The other infections include tuberculosis (ZN positive), syphilis (Warthin Starry positive), herpes and cytomegalovirus infections (both immunohistochemistry positive), involving one patient each. Twenty two cases (42.3%) showed granulomatous inflammation, but no microorganisms were demonstrable. All patients with penicilliosis, histoplasmosis, penicilliosis mixed with histoplasmosis, herpes and cytomegalovirus infections are HIV positive.

Conclusions: Histomorphologic assessment is important in the evaluation of skin biopsies. Sensible deduction on the infecting micro-organism should be based on morphological appearances and tissue reactions to the micro-organism. Definitive diagnosis is crucial when considering treatment with antifungal therapy without which remission may not be achieved.

102. A CASE SERIES OF IGG4 RELATED DISEASE IN A SINGLE CENTRE

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IgG4-related disease (IgG4-RD) is an emerging immune-mediated disease characterised by infiltration of polyclonal IgG4- positive plasma cells into affected organs. It is associated with a growing list of organ-specific manifestations including autoimmune pancreatitis, cholangitis, cholecystitis, pneumonitis, tubulointerstitial nephritis. We hereby report three cases with IgG4-RD in a single centre. The first case was a patient with pneumonitis, the second case was a patient with cholecystitis and the third case was a patient with testicular pseudotumour. Histopathologic and immunohistochemistry examination of the three tissues showed abundant infiltration of IgG4-positive cells. These cases highlight the need to have a high index of suspicion for IgG4-RD and its broad range of presentations as prompt recognition and treatment may prevent significant morbidity.

103. OVARIAN ENDOMETRIOD CARCINOMA WITH SPINDLED AND SEX CORD LIKE AREAS – A POTENTIAL PITFALL FOR MISDIAGNOSIS ESPECIALLY ON FROZEN SECTIONS. CASE REPORT AND LITERATURE REVIEW

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Background: The accuracy rate of pathologist in making a benign vs malignant diagnosis is high on intra-operative assessment¹ and this can determine the extent of the surgery.

Case Report: A cystic ovary measuring 180×160×150 mm was received for frozen section, showing thickened solid areas and having multiloculated appearance and focal small papillary protuberances. Frozen section of solid area was performed and was reported as benign.

The paraffin sections showed a neoplasm, comprising of variably sized focally merging nodules and nests of spindle cells separated by oedematous hyalinised stroma, containing, either in their centre or at their periphery, tubular and irregular malignant glands lined by columnar and stratified epithelial cells.

Discussion: This case represents an ovarian endometrial carcinoma with prominent spindle cell component, resembling ovarian sex cord stromal tumour.^{2,3} Ovarian endometrial carcinoma with prominent spindle cell component can lead a false negative intra-operative assessment. Whilst frozen sections are aimed at solid areas, thorough macroscopic evaluation, and sampling of papillary appearing areas together with the solid areas is recommended at the time of frozen section.

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