MAOP is a rare variant, comprising 0.38–0.43% of prostatic carcinoma. It is characterised by tumour cells floating in >25% of extracellular mucin excluding any intraluminal mucin. The diagnosis should only be made in resection specimens, and following exclusion of secondary deposits of extra-prostatic origin of mucinous adenocarcinoma by clinical-radiological correlation and with confirmatory immunohistochemistry. Grading and scoring for MAOP should be performed according to the growth pattern similar to conventional adenocarcinoma. The prognosis appears to be similar to non-mucinous prostatic adenocarcinoma.

ADENOMA MALIGNUM AND OVARIAN SEX CORD TUMOUR WITH ANNULAR TUBULES IN A PATIENT WITH PEUTZ–JEGHERS: A CASE REPORT

Bradley J. Allsopp, Gayanie Ratnayake
Royal Women's Hospital, Melbourne, Australia

Peutz–Jeghers polyposis syndrome is characterised by pigmented melanotic lesions, hamartomatous gastrointestinal polyps and increased risk of multiple cancers, including those of the female genital tract. The genetic defect is autosomal dominant, affecting the *STK11* gene, which normally functions as a tumour suppressor. We report the case of a 48-year-old female who presented with dysfunctional uterine bleeding who was found to have a cervical mass, which on resection was diagnosed as minimal deviation adenocarcinoma (adenoma malignum). In addition, there was extensive local involvement and ovarian metastases, with associated concurrent ovarian sex cord tumour with annular tubules.

AN UNUSUAL CAUSE OF A MULTIFOCAL BONE LESION: EPSTEIN–BARR VIRUS-ASSOCIATED SMOOTH MUSCLE TUMOUR (EBV-SMT) INVOLVING BONE

Sameer Ansar¹, Richard Boyle², Wendy Brown³, Rooshdiya Karim¹, Peter Luk¹, Fiona Maclean⁴, Alison Cheah⁴, Fiona Bonar⁴, Annabelle Mahar¹

¹Department of Tissue Pathology and Diagnostic Oncology, Royal Prince Alfred Hospital, Sydney, NSW, Australia;

²Department of Orthopaedic Surgery and Oncology, Royal Prince Alfred Hospital, Chris O'Brien Lifehouse, Sydney, NSW, Australia; ³Department of Radiology, Royal Prince Alfred Hospital, Sydney, NSW, Australia; and ⁴Department of Anatomical Pathology, Douglass Hanly Moir Pathology, Sydney, NSW, Australia

Epstein–Barr virus-associated smooth muscle tumours (EBV-SMTs) are rare neoplasms of uncertain biological potential, which occur in the setting of immunodeficiency of a variety of causes, including HIV infection and post-transplant immunosuppression. The association between SMTs and immunosuppression was first described by Pritzker *et al.* in 1970. They have a male predominance and occur at unusual sites in adults. The CNS is the most common site in the setting of HIV while post transplantation cases are more likely to occur in liver, lungs and GIT. Other sites have also been reported including bone. We report a case of an EBV-SMT presenting as multifocal, lucent lesions of proximal tibia, proximal fibula and distal femur

in a 45-year-old female patient with previous lung transplantation. A biopsy of the tibial lesion showed a smooth muscle tumour with positive staining for EBER (EBV ISH) supporting a diagnosis of EBV-SMT.

EBV-SMTs of bone are rare and to our knowledge this is the first example of multifocal EBV-SMT confined to bone.

STUMP APPENDICITIS – A RARE CASE REPORT

Varsha Baldwa¹, Adam Scarlett¹, Turab Pishori²

¹Department of Anatomical Pathology, Dorevitch Pathology, Latrobe Regional Hospital, Traralgon, Vic, Australia; and

²Department of Surgery, Bairnsdale Regional Health Service, Bairnsdale, Vic, Australia

Acute appendicitis is perhaps the commonest cause of acute abdomen and the most common operation performed worldwide is appendicectomy. Stump appendicitis is interval re-inflammation of remnant appendix due to incomplete removal of the appendix. Stump appendicitis is rare, only 61 cases were reported in the literature between 1945 and 2005,¹ however, it is under recognised and has been estimated to occur in 1:50,000 appendicectomy patients.²

We present the case of a 66-year-old woman with a history of appendicitis with acute perforation treated with appendicectomy who represented 3 years later with the symptoms of an acute abdomen. She did not improve with conservative management and a limited right hemicolectomy was performed. Gross examination showed extensive purulent exudates around the caecum and H&E stained sections from the appendiceal stump revealed transmural inflammation with a neutrophilic abscess extending into the remnant mesoappendix with overlying fibrinous serositis.

Although appendicitis is usually dismissed as a cause of an acute abdomen where there is a history of appendicectomy, it is important to be aware of stump inflammation in patients who may re-present years after their original surgery.³

References

1. Subramanian A, Liang MK. A 60-year literature review of stump appendicitis: The need for a critical view. *Am J Surg* 2012; 203: 503–7.
2. Johnston J, Myers DT, Williams TR. Stump appendicitis: surgical background, CT appearance, and imaging mimics. *Emerg Radiol* 2015; 22: 13–8.
3. Reddan T, Corness J, Powell J, *et al.* Stumped? It could be stump appendicitis. *Sonography* 2016; 4: 36–9.

MUCINOUS TUBULAR AND SPINDLE CELL CARCINOMA OF KIDNEY: A CASE REPORT OF A MUCIN AND STROMA POOR TUMOUR CAUSING DIAGNOSTIC DIFFICULTY

Sapna Balgobind, Mrudula Krishnaswamy

Department of Anatomical Pathology, Concord Repatriation General Hospital, Sydney, Australia

Mucinous tubular and spindle cell carcinoma (MTSCC) is a rare and unusual variant of renal cell carcinoma (RCC). We report an unusual tumour in an 81-year-old male with an incidental finding of a tumour in the lower pole of the left kidney. The core biopsy showed a renal cell carcinoma with mostly tubular morphology and an immunophenotype indistinguishable from papillary renal cell carcinoma. The partial nephrectomy showed a tumour

comprising predominantly tubular structures with focal abortive papillae, psammomatous calcifications and scattered small aggregates of foam cells. Only focal areas showed myxoid change and spindle cells, but this made the diagnosis of a mucinous tubular and spindle cell carcinoma more straightforward. This case highlights the importance of recognising a mucin/stroma poor variant of MTSCC of the kidney and how the entity can cause diagnostic confusion with papillary renal cell carcinoma as there is morphologic and immunophenotypic overlap, particularly on core biopsy.

DUODENAL POLYP WITH MIXED FEATURES – A CASE REPORT

Luke Beaumont, Stefan Wawryk, Deepali Kamra
Department of Histopathology, Dorevitch Pathology, Albury West, NSW, Australia

Epithelial polyps are a common finding in the colorectum. They are less common in small bowel in the absence of any polyposis syndromes. These polyps are conventionally divided into adenomatous polyps and serrated polyps, with the latter further subdivided into hyperplastic polyps, traditional serrated adenomas and sessile serrated polyps. Polyps with mixed features displaying more than one type of morphology have been described but are less common. Tubular adenomas are common in the colorectum with a lifetime prevalence of 30–50% in industrialised countries.¹ Mixed adenoma-serrated polyps comprise only <1% of all colorectal polyps,¹ with few duodenal variant case reports identified in the literature. We present a case of a mixed polyp in the duodenum without any known history of polyposis syndrome.

Reference

1. Greenson JK. *Diagnostic Pathology: Gastrointestinal*. 2nd ed. Elsevier, 2015.

PRIMARY NEUROENDOCRINE TUMOUR OF THE GALLBLADDER – A CASE REPORT

Luke Beaumont, Lisa Newland
Department of Anatomical Pathology, Alfred Health, Melbourne, Australia

Neuroendocrine tumours can develop in many organs, and while are extremely rare in the gallbladder and extrahepatic bile ducts, have been reported, and as such are an entity recognised by the World Health Organization. Histologically they resemble neuroendocrine tumours of other organs, and are graded in a similar fashion, based on mitotic rate and Ki-67 proliferative index. There is currently no formal staging system and are recommended to be staged like other gallbladder carcinomas. While prognostic data is limited, it is felt that tumours measuring >20 mm are at an increased risk of malignant behaviour. We present a case of a 64-year-old female who underwent a routine laparoscopic cholecystectomy for recurrent biliary colic. Gross dissection revealed an 8 mm pink polyp, which was shown to be a low-grade neuroendocrine tumour histologically. In context of no prior or concurrent primary neuroendocrine lesions and with negative imaging, the case was thought to be a primary neuroendocrine tumour of the gallbladder and staged according to other gallbladder carcinomas.

TWO CASES OF ANTI-MDA5 ASSOCIATED INTERSTITIAL LUNG DISEASE IN TASMANIA

Jessica Beechey, Peter Jessup
Department of Anatomical Pathology, Royal Hobart Hospital, Hobart, Tas, Australia

Clinically amyopathic dermatomyositis (CADM) is an uncommon subtype of dermatomyositis. CADM is characterised by cutaneous features of classic dermatomyositis without features of myopathy.¹ CADM associated with anti-MDA5 antibody is more likely to be associated with interstitial lung disease and show a more aggressive clinical course.^{2,3} We present two cases of anti-MDA5 associated interstitial lung disease. Two male patients, aged 34 and 52, presented with progressive respiratory symptoms. Both were noted to have cutaneous manifestations consistent with dermatomyositis, but neither showed features of myopathy. Anti-MDA5 antibody was positive in both cases. Lung biopsy revealed changes of a non-specific interstitial pneumonia and superimposed organising pneumonia in one case, and changes of an organising pneumonia in the other. A diagnosis of CADM with associated interstitial lung disease was made in both instances.

References

1. Parperis K, Kiyani A. Clinically amyopathic dermatomyositis associated with anti-MDA5 antibody. *BMJ Case Rep* 2018; Jan 4: bcr-2017-222060.
2. Moghadam-Kia S, Oddis CV, Sato S, *et al.* Anti-melanoma differentiation-associated gene 5 is associated with rapidly progressive lung disease and poor survival in US patients with amyopathic and myopathic dermatomyositis. *Arthritis Care Res* 2016; 68: 689–94.
3. Sato S, Hirakata M, Kuwana M, *et al.* Autoantibodies to a 140-kd polypeptide, CADM-140, in Japanese patients with clinically amyopathic dermatomyositis. *Arthritis Rheum* 2005; 52: 1571–6.

EXTRAPULMONARY LYMPHANGIOLEIOMYOMATOSIS OF THE UTERUS AND PELVIC LYMPH NODES: A CASE REPORT

Marie Bertrand-Philippe, Megan Turner, Diane Cominos, George Tsiklas
Sullivan Nicolaides Pathology, Bowen Hills, Qld, Australia

Extrapulmonary lymphangioleiomyomatosis (LAM) is a rare neoplasm of spindle cells with a myoid appearance and a unique immunophenotype exhibiting melanocytic, myoid and oestrogen receptor expression. This neoplasm is part of the perivascular epithelioid cell tumour family (PEComa) and can be associated with pulmonary LAM and more uncommonly with tuberous sclerosis complex. It arises as a mass in the mediastinum, retroperitoneum, uterine wall and/or retroperitoneal lymph nodes and is composed of bland myoid spindle cells closely associated with abnormal lymphatic vessels.

We present an incidental case of LAM in uterine corpus and pelvic nodes resected during a hysterectomy for an urothelial carcinoma of bladder in a 72-year-old woman with no known pulmonary LAM or tuberous sclerosis complex. This case supports the current hypothesis that the uterus may be the primary site of LAM.¹

Reference

1. Ando H, Ogawa M, Watanabe Y, *et al.* Lymphangioleiomyoma of the uterus and pelvic lymph nodes: a report of 3 cases, including the potentially earliest manifestation of extrapulmonary lymphangioleiomyomatosis. *Int J Gynecol Pathol* 2019; Feb 14: (Epub ahead of print).