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).