found to harbour mutations in the isocitrate dehydrogenase 2 (IDH2) gene. The patient presented with an impalpable 8 mm right breast lesion, detected on staging CT scan for known endometrial carcinoma. The lesion was well defined and hypo-echoic on ultrasound, and occult on mammogram. Core biopsy demonstrated a papillary neoplasm with focal atypical features. Excisional biopsy revealed a circumscribed papillary neoplasm composed of cuboidal to tall columnar cells with abundant granular eosinophilic cytoplasm. Nuclei were notably aligned away from the basal aspect of the cells and exhibited PTC-like nuclear features including grooves and intranuclear pseudo-inclusions. The cells diffusely expressed cytoplasmic CK5/6 and there was very focal nuclear positivity for ER. Calretinin was patchy and cytoplasmic. No intact myoepithelial layer was demonstrated. A diagnosis of SPCRP was made and ancillary molecular testing revealed a novel IDH2 variant c520G>A, p.(Ala174Thr). SPCRP is a rare tumour with a favourable prognosis, which exhibits distinctive histological and immunophenotypical features that are readily recognisable to pathologists.

UTERINE INFLAMMATORY MYOFIBROBLASTIC TUMOUR: A CASE REPORT

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Inflammatory myofibroblastic tumour (IMT) is a mesenchymal neoplasm with intermediate biological potential, which may be under-recognised in the uterus.^{1–3}

Morphological and immunophenotypic overlap exists between uterine IMT and some other uterine mesenchymal neoplasms, including smooth muscle tumours.² Morphological features suggestive of IMT may be subtle or focal and include myxoid change, tapered nuclei, and a lymphoplasmacytic infiltrate.¹

Chromosomal rearrangements involving the *anaplastic lymphoma kinase (ALK)* gene appear to be frequent in uterine IMT,^{1–3} and absent in other uterine mesenchymal neoplasms.² Therefore, ALK immunohistochemistry (IHC) and *ALK* fluorescent *in situ* hybridisation (FISH) appear to be useful tools to confirm the diagnosis of uterine IMT.³

Although most uterine IMTs follow a benign clinical course, local recurrence and metastases have been observed in a small subset.¹ Correct diagnosis is important to ensure accurate prognosis and optimal management, which may include a tyrosine kinase inhibitor.

We present a case of uterine IMT with morphology and IHC suggestive of a leiomyosarcoma with myxoid change. ALK IHC was positive and an *ALK* rearrangement was demonstrated with FISH, confirming the diagnosis of uterine IMT.

This case illustrates the importance of a low threshold for ALK testing in uterine mesenchymal tumours with morphological features suggestive of IMT.

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LOCALISED PULMONARY CRYSTAL-STORING HISTIOCYTOSIS WITH UNDERLYING EXTRANODAL MARGINAL ZONE LYMPHOMA: A CASE REPORT

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Crystal-storing histiocytosis (CSH) is a rare entity, composed of a proliferation of non-neoplastic histiocytes with an accumulation of intracytoplasmic crystalline material. It is often associated with an underlying lymphoproliferative disorder, most often those that express monoclonal immunoglobulins, such as multiple myeloma and lymphoplasmacytic lymphoma. Here we report a case of localised pulmonary CSH in an asymptomatic 54-year-old man, found to have an incidental solid lesion in the right lung on computed tomography (CT). The lesion was composed of sheets of CD68 positive histiocytes that contained refractile eosinophilic crystalline inclusions, scattered lymphoid follicles of CD20 positive B lymphocytes, and occasional plasma cells. PCR for immunoglobulin heavy chain gene rearrangement confirmed the presence of a monoclonal population of B cells. These findings were supportive of a diagnosis of CSH with an underlying B cell/ plasma cell lymphoproliferative disorder, which was favoured to be an extranodal marginal zone lymphoma after clinical and radiological workup. Recognition of this rare entity is important as it may obscure an underlying lymphoproliferative disorder. A diagnosis of CSH should prompt careful exclusion of neoplasia, including clinical workup for systemic disease. In this case report we also discuss clinical features and diagnostic pitfalls.

WHOLE EXOME SEQUENCING (WES) ENHANCES THE DIAGNOSTIC RATE OF PERINATAL AUTOPSY: A PROSPECTIVE CLINICAL UTILITY TRIAL WITH IMPLICATIONS FOR PRENATAL DIAGNOSIS

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