tumours and 18% of benign tumours in the paediatric population, with a male to female ratio of 2:1.¹ Rarely, adult cases have been reported with an age range of between 19 and 69 years of age, with a female predominance. We report a case of MHL in a 45-year-old Filipino female, who presented with symptoms of reflux and headaches for investigation. Cytogenetic analysis was performed and revealed loss of 19q13. This is similar to what had been reported previously in the literature.

Reference

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BENIGN BLUE NAEVI INVOLVING LYMPH NODES: A CASE SERIES WITH ACCOMPANYING MOLECULAR DATA AND LONG TERM FOLLOW-UP CONFIRMS CLINICAL BEHAVIOUR

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Background: Blue naevi are common, benign, cutaneous melanocytic neoplasms. Like other naevi, these can occur within lymph nodes, and can mimic metastatic melanoma. Few cases of this rare entity have been reported. We present the largest case series to date, as well as novel molecular data and accompanying clinical and follow-up data.

Methods: Cases of capsular blue naevi were identified from the archives of Sydney Hospital and the Royal Prince Alfred Hospital, Sydney. DNA was extracted from suitable cases and underwent sequencing using a custom capture panel and ddPCR for GNA11 Q209L, GNAQ Q209L and GNAQ Q209P. Clinical and follow up data were also analysed.

Results: We collected 15 cases with capsular blue naevi between 1981 and 2018. 3 were atypical blue naevi, 3 were cellular blue naevi and 9 were common blue naevi. The patients were between 3 and 72 years of age, and 8 were female. Follow up of two patients (for 10 and 12 years) showed no recurrence. 9 cases were available for molecular testing, with 6/9 cases having a detectable mutation (GNAQ Q209L in 5/9, GNA11 Q209L in 1/9).

Conclusion: Both histopathologically and genetically, nodal blue naevi show the same features as their cutaneous counterparts and exhibit clinically benign behaviour.

ATYPICAL HYPERPLASIA OF THE VULVA – A CASE REPORT

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The presence of ectopic mammary tissue in the vulva is rare. During embryonic development, paired ectodermal thickenings produce mammary ridges which extend from the axillae to the medial thigh. Incomplete resorption can lead to ectopic breast tissue.¹ Ectopic breast tissue can be subjected to the same physiological and pathological changes seen in the breast. We report a case of a post-menopausal woman presenting with a vulvar swelling which had been present for one year. Examination showed a 2x2 cm cystic lesion on the right labia minora which was clinically consistent with a benign epithelial inclusion cyst. Histologically the lesion showed ectopic breast tissue with an atypical proliferative process with features consistent with atypical hyperplasia. The lesion involved the surgical resection margin and patient was offered further surgical resection, however opted for regular follow up.

Reference

1. Mikhael S, Nilsson W, Patel K, *et al*. Ectopic breast tissue of the vulva in a postmenopausal woman. *Case Rep Obstet Gynecol* 2017; 2017: 7581750.

'BALLS TO THE INTESTINAL WALL': AN UNUSUAL CASE OF METASTATIC SEMINOMA

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Introduction: Metastatic testicular germ cell tumours arising within the gastrointestinal tract is uncommon, comprising approximately 5% of cases.¹

Case description: We present an unusual case of metastatic seminoma of the small intestine in a 57-year-old man who presented with anaemia, abdominal pain and nocturia. A computed tomographic scan revealed thickening of the small intestinal wall without mesenteric lymphadenopathy. Open small bowel resection was performed and subsequent histology and immunohistochemistry confirmed the diagnosis of two deposits of metastatic seminoma within the small bowel. Subsequent scrotal ultrasonography revealed 3 solid testicular nodules within the left testis, consistent with testicular primary.

Conclusion: Metastatic germ cell tumour should be considered in any poorly differentiated tumour arising in a male.

Reference

1. Brown RS, Yassin J, Hayne D, *et al*. First report of an isolated jejunal seminoma: presentation with melaena and iron deficiency anemia. *Clin Oncol* 2001; 13: 455–7.

WHIPPLE DISEASE: A GREAT MIMICKER

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Whipple disease is a rare systemic infection caused by the bacterium *Tropheryma whippelii*, and often presents a diagnostic