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.

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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.

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'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.

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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

challenge to both clinicians and pathologists. The classic symptoms are those of diarrhoea, malabsorption, and weight loss, reflecting infection of the small intestine. Involvement of the colon is uncommon. A range of systemic symptoms, many non-specific, such as arthralgia, fatigue, weakness, fever and anaemia may also occur. Presentation with systemic symptoms without intestinal manifestation may be far more common than previously appreciated, and the diagnosis may be missed, resulting in a protracted and life threatening course. We report a case of Whipple disease in a 47-year-old man with a prolonged extra-GIT presentation, resulting in misdiagnosis and mistreatment with immunosuppression. The diagnosis was finally reached after he developed mild diarrhoea, prompting colonoscopy and endoscopy. We discuss the biopsy findings in both colonic and duodenal biopsies, and highlight the diagnostic difficulties and recent advances in our understanding of this disease.

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UNUSUAL SPINDLE CELL LESION IN THE GASTROINTESTINAL TRACT: WHEN ALL ELSE FAILS

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Follicular dendritic cell sarcoma (FDCS) is a rare neoplasm affecting patients of a wide age range, typically in the young to middle-aged adult years. The primary lesion may be nodal or extra-nodal in more than half of cases. We present a case of FDCS in a 31-year-old male with a caecal mass and adjacent lymphadenopathy. Endoscopic biopsy of the caecum showed an atypical spindle cell lesion, formed by plump cells with indistinct cell borders, showing a vaguely nodular and whorled architecture. A scattering of lymphocytes were seen in amongst the neoplastic cells. Multiple entities from various cell lineages were considered in the wider differential diagnosis. Based on the morphologic features, the immunohistochemical work-up included CD21 and CD23 which confirmed the lesion to be FDCS. This case highlights the importance of awareness of this rare entity when considering the broader differential diagnosis of unusual spindle cell neoplasms in the GI tract. When recognised, it has a characteristic morphology and immunophenotype which allows for correct diagnosis.

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SEEING RED: TWO CASES OF CONGOPHILIC FIBRILLARY GLOMERULONEPHRITIS

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The presence of glomerular fibril deposition poses a diagnostic challenge for the pathologist as it may be seen in multiple disorders, in particular fibrillary glomerulonephritis (FGN) and renal amyloidosis. Traditional teaching dictates that these two entities can be differentiated using Congo red staining, with FGN not demonstrating positivity. However, a number of cases of congophilic FGN have been reported in the literature, suggesting that Congo red positivity can no longer be considered a robust differentiating marker. This case study outlines two separate cases at our institution in which FGN and amyloidosis could not be differentiated using Congo red staining alone. In these cases, other defining characteristics such as the immunoglobulin pattern on immunofluorescence and electron microscopic appearance were necessary to arrive at the final diagnosis. Recent studies have demonstrated that novel immunohistochemical stains such as DNAJB9 can be utilised as an alternative to Congo red staining to aid in differentiating between FGN and amyloidosis.

PULMONARY ADENOFIBROMA: A RARE INCIDENTAL FINDING MIMICKING MALIGNANCY

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Introduction: Pulmonary adenofibroma is a rare soft-tissue tumour, composed of epithelial and stromal components, both of which are histologically benign. The diagnosis is based on histopathological examination.

Case description: We present a 60-year-old ex-smoker male patient with a 21 mm nodule in the right lower lobe of his lung, which was an incidental finding in chest CT-scan. He underwent wedge resection of the right lung for frozen section examination, which was reported as low-grade neoplasm, with epithelial and stromal components.

Pathological findings: Permanent sections showed a reasonably well-defined neoplasm, characterised by cup-shaped papillary structures, surrounded by collagenised bland spindle-cell stroma. The papillary structures were lined by a layer of simple uniform cuboidal epithelium. No mitotic activity or significant nuclear pleomorphism was seen, neither in epithelial nor in stromal component. The epithelial cells were positive for CK7, EMA and TTF1, and negative for CK20 and CD10, whereas the stromal cells were positive for vimentin and Bcl2, and negative for SMA and CD34. The histological and immunohistochemical findings favoured pulmonary adenofibroma.

Discussion: The rarity of this tumour makes it a challenging clinical-radiologic diagnosis. The pathological importance is to distinguish it from other benign lesions, such as hamartoma and