AN UNEXPECTED CAUSE OF PREMATURE MENOPAUSE

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Presenting complaint: A 42-year-old female presented with 6 weeks of bloody vaginal discharge, as well as a history of abrupt early menopause 2 years prior, with no post-menopausal symptoms. Her last known pregnancy was 14 years ago.

Investigations and results: The patient had a serum bHCG level of 59,000. An ultrasound scan revealed a 42 mm intrauterine mass with a complex cystic structure, and she underwent a total abdominal hysterectomy for suspected gestational trophoblastic neoplasia. Histology showed a 90 mm mixed choriocarcinoma and placental site trophoblastic tumour (PSTT) arising in the uterus and extending into the proximal cervix. Immunohistochemical stains supported this diagnosis. The tumour underwent quantitative fluorescent PCR analysis (QF-PCR), and was found to be gestational in origin.

Case discussion: We will review the clinical, histological and immunohistochemical features of choriocarcinoma and placental site trophoblastic tumour. We will demonstrate how QF-PCR analysis may be used to determine whether a tumour is gestational,¹ and discuss the clinical significance of this finding for this patient.

Reference

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A STUDY OF GATA-3 IN MALIGNANT PLEURAL MESOTHELIOMA

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Background: Malignant pleural mesothelioma is an asbestos-associated tumour with high incidence in Australia.¹ Diagnosis and prognostication remain difficult.² We investigated the usefulness of GATA-3 and BAP-1 immunohistochemistry for diagnosis and prognostication in pleural mesothelioma.

Methods: We scored immunohistochemical labelling for GATA-3 and BAP-1 in 116 malignant pleural mesotheliomas and correlated labelling with clinical parameters, histological subtypes and survival. SPSS version 23 statistical software was used for analyses.

Results: Median age at diagnosis was 74.5 years (93 males:23 females). GATA-3 was positive in 56/116 (48%) cases (23/62 (37%) epithelioid, 22/32 (69%) sarcomatoid and 11/22 (50%) biphasic). 73% of the biphasic subtype showed either positivity or negativity on both components. There was a trend to better survival in GATA-3 positive cases with epithelioid histology

($p=0.081$) and among women ($p=0.001$). GATA-3 was not an independent prognostic marker on multivariate analysis. BAP-1 loss was seen in 44/106 (42%) and was associated with the epithelioid subtype ($p<0.001$) on Chi square analysis but not independently with survival.

Conclusion: Almost half our cohort of malignant pleural mesotheliomas labelled for GATA-3 with highest incidences among sarcomatoid mesotheliomas. Discordance in GATA-3 labelling among the components of the biphasic subtype was unexpected. Neither GATA-3 nor BAP-1 showed clear association with survival.

References

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SIMPLE YET RARE: SIMPLE PANCREATIC CYST IN AN ADULT – A CASE REPORT

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Pancreatic cysts (PC) are very common, and with the increased use of cross-sectional imaging the incidence of PC seems to increase too. Simple pancreatic cysts are very rare and most are found in children in the context of other congenital anomalies, such as von Hippel-Lindau disease and polycystic kidney disease. Here, we report a case of a simple pancreatic cyst in a 69-year-old female. A 6 cm cyst in the tail of the pancreas was incidentally discovered on a computerised tomography colonography. Due to the size and morphological pattern on the imaging mimicking a mucinous cystic neoplasm, laparoscopic spleen-preserving distal pancreatectomy was performed. Macroscopically the pancreatic cyst was unilocular, filled with runny clear fluid. No solid component or papillary projection was seen within the cyst lining. Microscopically, the cyst was lined by a single layer of cuboidal epithelium, and there was no ovarian-like stroma. The surrounding pancreatic parenchyma was unremarkable. The immunohistochemical stains for the cyst lining were positive for panCK (strong) and EMA (weak). They were negative for calretinin, inhibin, synaptophysin, CD56, chromogranin, CEA and S100. ABPAS and DABPAS staining did not show mucin or glycogen.

References

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DIFFUSE DERMAL ANGIOMATOSIS – A CASE REPORT

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Diffuse dermal angiomatosis (DDA) is usually considered as a variant of reactive angioendotheliomatosis (RAE). Awareness of