this condition is necessary to differentiate it from more aggressive vascular malignancies such as Kaposi's sarcoma and angiosarcoma. We present a case of DDA in a patient with end-stage renal disease (ESRD) on haemodialysis who was clinically diagnosed with calciphylaxis.

DDA presents as painful, livedoid, erythematous plaques commonly occurring in the extremities and occasionally in the breasts. Clinically, it is associated with atherosclerosis, peripheral vascular disease, ESRD on haemodialysis and smoking. Histologically, DDA is characterised by dermal proliferation of benign endothelial cells and vascular channels which are interstitially arranged between collagen bundles. Although the cells generally lack atypia, there can be focal spindled cells with vacuolated cytoplasm. Immunohistochemistry is useful in confirming the endothelial phenotype of the cells, they are positive for CD31, CD34, ERG and typically negative for D-240 (marker of lymphatic endothelium). Though the cutaneous lesions of DDA are clinically indistinguishable from those of RAE, divergent histological features dictate the two to be regarded as separate entities.

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ERDHEIM CHESTER DISEASE: A TRIO OF INTRIGUING CASES

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Histiocytoses are a group of heterogeneous diseases that comprise Langerhans cell histiocytosis (LCH) and non-LCH. Erdheim Chester disease (ECD) is a non-LCH, clonal systemic proliferation of histiocytes resulting in lesions that can manifest in virtually any tissue within the body. Diagnosis is based on the combined clinical features, histology and characteristic radiological findings. We present three cases.

These cases include a 63-year-old woman investigated for bony abnormalities discovered on staging investigations following a diagnosis of breast cancer, a 71-year-old male presenting with diminishing renal function and left ureteric obstruction and a 67-year-old man with fatal multi-systemic ECD involvement, including retroperitoneal fibrosis, dilated cardiomyopathy and bone pain that was diagnosed late in its course. BRAF^{V600E} mutational analysis was performed and a mutation was detected in each of the three cases.

Recent research into such cases has described an association between LCH and ECD and it is suggested that BRAF^{V600E} has an important role in the emergence of both diseases. Like LCH, the majority of ECD patients harbour acquired activating mutations in the MAPK/ERK pathway genes with BRAF^{V600E} and

NRAS mutations the most prevalent. These findings open the gateway to the possibility of targeted therapeutic treatment for those with significant clinical disease.

INCIDENTAL DYSPLASIA IN ROUTINE CHOLECYSTECTOMY SPECIMENS. SHOULD ADDITIONAL SECTIONS BE TAKEN?

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The finding of incidental dysplastic epithelium in the histological analysis of routine cholecystectomy specimens is common. There is no protocol which addresses how this finding should be handled by the pathologist. We present a case of a 68-year-old woman who underwent routine cholecystectomy with no macroscopically described lesion. Routine sections showed low grade gallbladder dysplasia, an additional two blocks showed high grade dysplasia, and upon submission of the entire gallbladder she was found to have T2 invasive adenocarcinoma. After encountering this case we performed a retrospective analysis of all cases of incidental dysplasia found in routine cholecystectomy specimens performed at a tertiary centre from 2011–2019. This analysis revealed an additional case of invasive carcinoma which was identified only in additional sections. These findings suggest that additional sampling of incidental gallbladder dysplasia is warranted.

INTESTINAL ADENOMYOMA – AN UNUSUAL CAUSE OF INTUSSUSCEPTION IN AN INFANT

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Intestinal adenomyoma is a rare benign tumour which can occur in infancy. We report a case of a 1-year-old boy who presented with neurological symptoms who was found to have intussusception with an anatomic lead point. Histopathology demonstrates a nodule within the submucosa, characterised by variably dilated glands lined by mucin-secreting columnar epithelium which are accompanied by smooth muscle bands within the stroma. Awareness of this benign entity is useful as it may be mistaken for clinically relevant entities such as a hamartomatous polyp or well differentiated adenocarcinoma.

PAPILLARY THYROID CARCINOMA IN STRUMAL CARCINOID TUMOUR

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Strumal carcinoid tumour is a type of ovarian germ cell tumour characterised by an admixture of thyroid tissue and carcinoid tumour. The finding of papillary thyroid carcinoma (PTC) within strumal carcinoid is rare, with only two described cases in the literature. We present a case of a 37-year-old woman who had removal of a large complex ovarian cyst. Initial histological