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

sections showed thyroid follicles and carcinoid tumour characterised by a rosette-forming uniform cells which were positive for neuroendocrine markers with a low Ki-67 proliferative index. Additional sections of tumour revealed nodules with classic architectural and nuclear features of PTC admixed with the strumal component. This case highlights the importance of careful examination and adequate sampling of ovarian teratomas for features of PTC especially in cases of struma ovarii or strumal carcinoid.

METASTATIC PARAGANGLIOMA AS A DIAGNOSIS FOR A CLEAR CELL-LIKE TUMOUR

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A paraganglioma is a potentially malignant neuroendocrine tumour with the cells derived from the embryonal neural crests. They can arise in the sympathetic paravertebral ganglia of the thorax, abdomen and pelvis as well as along the glossopharyngeal and vagal nerves in the neck and base of skull.¹ The specific incidence of paraganglioma is unknown as it is commonly described in conjunction with pheochromocytoma and together there are approximately 500–1600 cases in the United States per year.¹ Paragangliomas at different sites have been reported to have different rates of metastases, ranging from 2% (carotid and middle-ear type) to 16% (glomus vagale).² Overall metastatic paragangliomas and pheochromocytomas are rare, with an incidence of less than one per one million and with a long latency of up to 20 years.^{2,3} Subsequently metastatic paraganglioma is not commonly encountered in daily practice and can be a mimic of other pathologies. A case demonstrating this is presented and the diagnosis was inevitably made more difficult as the incorrect medical terminology was used.

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LARGE VESSEL VASCULOPATHY ASSOCIATED WITH LUPUS ANTICOAGULANT: A CASE REPORT

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Background: Vasculopathy associated with lupus is a rare form of vascular involvement characterised by non-inflammatory vascular injury resulting in luminal narrowing. Vasculopathy in large vessels is uncommon and should be distinguished from vasculitis.¹

Case report: We report a case of 51-year-old woman with chronic ischemic stricture of the small intestine due to large vessel vasculopathy. She presented with abdominal pain and vomiting and had a history of stroke six months before. CT scan showed focally dilated prominently thickened small intestinal loops. She'd had thrombosis in left external and internal carotid

artery, and multiple emboli to liver, spleen, kidney and lung. Lupus anticoagulant and ANA (in speckled pattern) were positive. Histological examination from the strictured site revealed large areas of ulceration, inflammatory granulation tissue forming pseudomembrane and extensive pyloric metaplasia. The vascular changes were peculiar as the large vessels showed widespread intimal thickening with irregularly narrowed lumen. No thrombosis or vasculitis was seen.

Conclusion: Large vessel vasculopathy may occur in lupus and could be easily overlooked. It should be considered as a potential cause of ischemia in a patient with lupus when no obvious thrombosis is detected.

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IgG4 ASSOCIATED AUTOIMMUNE HEPATITIS: A RARE ENTITY

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Background: IgG4-related disease is an immune mediated multisystem disorder fibroinflammatory condition. Two types of hepatic involvement in IgG4 related disease have been described: IgG4 hepatopathy and IgG4 related autoimmune disease,¹ which is rare with only few cases reported.

Case report: We present a case of 50-year-old lady who presented with a history of malaise and nausea, and had deranged LFTs, raised IgG4 and serum lipase levels, and positive ANA and SMA antibodies. Abdominal CT showed no bile duct abnormality. Liver biopsy showed features of autoimmune hepatitis with grade III activity. Unusually, a significant amount of pericapsular tissue was present which showed fibroinflammatory reaction with infiltration of IgG4 bearing plasma cells. No significant bile duct damage was seen. The patient fulfilled the diagnostic criteria for definite AIH using IAIHG scoring system and responded well with steroid therapy.

Conclusion: The diagnostic criteria for IgG4 associated autoimmune hepatitis are not well defined and additional studies are needed to clarify the clinical significance and diagnostic guidelines.²

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LOW GRADE SEROUS CARCINOMA OF THE TESTIS: A CASE REPORT

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Ovarian-type epithelial tumours of the testis represent rare entities.¹ Due to their relative scarcity these tumours hold the