Reference

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PARAGANGLIOMA IN AN UNEXPECTED LOCATION – A CASE REPORT

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Paragangliomas are non-epithelial neuroendocrine neoplasms most commonly occurring in the head and neck. When they arise in unexpected locations such as the gallbladder, they can create diagnostic errors. This is a case report of a rare gallbladder paraganglioma in a 78-year-old patient who underwent cholecystectomy for a gallbladder mass. Histopathological examination revealed a well-circumscribed subserosal nodule with no connection to the biliary mucosa. The lesion was composed of nests and trabeculae of polygonal cells with round to oval nuclei with granular chromatin and eosinophilic cytoplasm staining positive for synaptophysin and chromogranin, features which could have led to misdiagnosis of a metastatic neuroendocrine tumour. However, further ancillary studies demonstrated negative CAM 5.2 expression, consistent with paraganglioma. Making this diagnostic distinction has important clinical implications.

IMMUNOPROFILE OF BREAST CANCER AT PROF. DR. W. Z. JOHANNES KUPANG HOSPITAL, EAST NUSA TENGGARA, INDONESIA

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Breast cancer is the most prevalent malignancy among women in Indonesia. The present study aimed to describe the immunoprofile of breast cancer patients in Prof. Dr. W. Z. Johannes Kupang Hospital and the correlation with metastasis events. In this descriptive retrospective study, we reviewed records of immunohistochemistry results of patients of breast cancer at our hospital in 2018. Data with respect to findings of clinical data, histological and immunohistochemistry features were obtained. Among 22 cases, mean age of presentation was 50.14 (range 29–75 years). Most patients had invasive carcinoma of no special type and with histological grade 2. Immunoprofile showed most subtype was Luminal A (45%), followed by Luminal B, Her-2 and basal-like. We documented metastasis in 18 patients. ER and PR were positively correlated with each other ($r^2=0.649$, $p=0.001<0.05$). There was correlation between Ki-67 expression and metastasis event ($r^2=0.463$, $p=0.30<0.05$). In summary, our findings indicate of Ki-67 expression as one of important prognostic factors in breast cancer.

MONOMORPHIC EPITHELIOTROPIC INTESTINAL T-CELL LYMPHOMA – A CASE REPORT

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Monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL) is a rare, aggressive T-cell lymphoma derived from intraepithelial lymphocytes without associated coeliac disease. We report an 89-year-old male with hypertension and hyperlipidaemia who presented with generalised abdominal pain of one week duration. There was no prior history of chronic malabsorption. Computed Tomography scan of the abdomen revealed dilatation and irregular wall thickening of the duodenum with surrounding fat stranding. The resected segment of bowel showed a grey, fleshy tumour measuring 6.5 cm in maximum dimension involving the bowel wall and surrounding soft tissue. Microscopy demonstrated sheets of malignant lymphoid cells featuring medium to large, round to slightly irregular nuclei with small nucleoli and scant to abundant pale cytoplasm. There was focal prominent epitheliotropism of the adjacent villous epithelium but preserved villous architecture away from the tumour. The tumour cells expressed CD3, CD56 and TIA-1 as well as patchy, weak aberrant expression of CD20. There was loss of CD5 expression in addition to partial loss of CD4 and CD8. CD30, EBER and PAX5 staining were negative. Monoclonal T-cell receptor beta and gamma rearrangements were detected. The overall clinical presentation as well as tumour morphology and immunoprofile were most consistent with a diagnosis of MEITL.

DIFFUSE GANGLIONEUROMATOSIS AND PLEXIFORM NEUROFIBROMATOSIS OF SMALL INTESTINE WITH NO ASSOCIATED PHENOTYPIC FEATURES OF SYSTEMIC SYNDROMES: CASE REPORT AND LITERATURE REVIEW

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Diffuse ganglioneuromatosis and plexiform neurofibromatosis of the gastrointestinal tract are closely associated with multiple endocrine neoplasia type 2B and neurofibromatosis type 1. Isolated cases of intestinal ganglioneuromatous lesions without additional features of a systemic syndrome are very rare. We report a rare case of diffuse ganglioneuromatosis with plexiform neurofibromas limited to the small intestine in a 16-year-old female with an initial preoperative diagnosis of inflammatory bowel disease. The patient had no associated phenotypic features of a systemic syndrome.

REVIEW OF HER2 IMMUNOHISTOCHEMISTRY AND *IN SITU* HYBRIDISATION CONCORDANCE IN BREAST CANCER

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As per current Royal College of Pathologists of Australasia (RCPA) recommendations for practice from the American Society of Clinical Oncology/College of American Pathologists (ASCO/CAP) 2018 HER2 testing for breast cancer guidelines, routine HER2 *in situ* hybridisation (ISH) testing of immunohistochemistry (IHC) 0 or 1+ cases is not recommended. In light of the updated guidelines, we performed an audit of up to 4,000 cases from 2011–2019 at our institution with the aim of identifying