Rosai-Dorfman disease is a rare non-malignant proliferation of histiocytes typically involving the cervical lymph nodes. A small subset of cases present with extranodal manifestations. Case series and individual case reports discuss occurrences of Rosai-Dorfman disease in virtually every anatomical site. We discuss a case of a 63-year-old male presenting with multiple raised nodular lesions on multiple cutaneous sites. Biopsy of these lesions ultimately suggested a diagnosis of cutaneous extranodal Rosai-Dorfman disease. We discuss the histopathological, clinical and immunohistochemical features that allowed for this diagnosis. This is a rare pathological diagnosis with variable manifestations. Clinical suspicion and recognition of its classical histological features are essential for correct diagnosis, and in avoiding unnecessary treatment.

References

1. Komaragiri M, Sparber L, Dardik M. Extranodal Rosai–Dorfman disease: a rare soft tissue neoplasm masquerading as a sarcoma. *World J Surg Oncol* 2013; 11: 63.
2. Mantilla J, Goldberg-Stein S, Wang Y. Extranodal Rosai-Dorfman disease: clinicopathologic series of 10 patients with radiologic correlation and review of the literature. *Am J Clin Pathol* 2016; 145: 211–22.

CLEAR CELL CARCINOMA OF THE HARD PALATE – A CASE REPORT

Sebastian Rosca, Michael Christie, Seve Kranz, Anand Murugasu

Anatomical Pathology Department, Royal Melbourne Hospital, Vic, Australia

Salivary gland neoplasia is a challenging area of diagnostic surgical pathology due to significant histomorphologic overlap between benign and malignant entities with the resultant risk of misdiagnosis and inappropriate treatment.

Clear cell carcinoma is a rare infiltrative, low grade salivary gland neoplasm with an indolent clinical course, little metastatic potential and a propensity for local recurrence.

This case reports a 32-year-old woman who presented with a 1-year history of a mass on her hard palate. The clinical history, histomorphologic, immunophenotypic and molecular features are described and discussed with emphasis on diagnostic pitfalls.

A LIPOMATOUS VARIANT OF SCROTAL ANGIOMYOFIBROBLASTOMA – A CASE REPORT

Priya Susan Roy, Sagarika Tripathy

Anatomical Department, Australian Clinical Labs, Bendigo, Vic, Australia

Angiomyofibroblastoma-like tumour of the male genital tract is a rare benign mesenchymal tumour arising in the scrotum, perineum or inguinal region. It is usually seen in females of reproductive age. Clinical presentation has no pathognomic findings. In the largest series to date, Iwasa and Fletcher¹ reported 25 cases in men with the mean age being 52 years. This case report is of an 18-year-old male with a scrotal angiomyofibroblastoma that was 35 cm in maximum dimension, in the paratesticular tissue separate from testicular parenchyma. Macroscopically, the lesion was a fibrous, fatty and mucoid mass. Histologically, it showed a lobulated pattern of epithelioid and spindle cells arranged around various calibre vessels.

Other differential diagnoses including myxoid liposarcoma and rhabdomyosarcoma were ruled out with the help of FISH studies for FOX 10 and PAX3. DDIT3 and FUS were negative. To date, in all open-access literature, there has only been 34 cases reported of this rare tumour, of which there is only one reported case <20 years of age; this will be the second case in the <20 age group in men. The poster will describe the clinical presentation, imaging, macroscopic findings, histology and immunohistochemistry along with a literature review.

Reference

1. Iwasa Y, Fletcher CD. Cellular angiofibroma: clinicopathologic and immunohistochemical analysis of 51 cases. *Am J Surg Pathol* 2004; 28: 1426–35.

EXTRAMAMMARY PAGET'S DISEASE WITH LYMPH NODE METASTASIS – ROLE OF IMMUNOHISTOCHEMISTRY AND DIAGNOSTIC PITFALLS

Hema Parag Salkade¹, Tan Chien Sheng¹, Ng Kok Kit², Poh Wee Teng¹

¹Department of Laboratory Medicine, Changi General Hospital, Singapore; and ²Department of Urology, Changi General Hospital, Singapore

Extramammary Paget's disease (EMPD) is an uncommon skin disease that is limited to the epidermis but has the potential to invade the dermis and metastasise. We describe a case of primary scrotal EMPD with lymph node metastasis.

A 78-year-old male presented with an irregular thickening of the right scrotal skin with lymphadenopathy. Fine needle aspiration (FNA) of the inguinal lymph node revealed a poorly differentiated metastatic malignancy. Metastatic melanoma and poorly differentiated adenocarcinoma were considered in the differential diagnosis.

Subsequently, an incisional biopsy of the scrotal lesion showed epidermal acanthosis, acantholysis and elongation of the rete ridges with atypical cells. The tumour cells were diffusely positive for CK 5/6 and CK7, and p63 highlighted the basal cells. Acantholytic squamous cell carcinoma was our initial diagnostic consideration. However, in view of coexpression of CK5/6 and CK7, and a metastatic lymph node, the case was reviewed and additional immunohistochemical stains were performed. The lesional cells were immunoreactive for mCEA, BerEP4 and GATA3, and negative for CK20 and MelanA stains.

Immunohistochemistry was helpful in arriving at the final diagnosis of EMPD. EMPD although rare, should also be considered in the differential diagnosis of metastatic poorly differentiated adenocarcinoma in appropriate clinical settings.

PARATHYROID ADENOMA WITH PROMINENT LYMPHOCYTIC INFILTRATION: A POTENTIAL PITFALL IN FROZEN SECTIONS AND CYTOLOGY REPORTING

Nassim Saremi^{1,2}, Admire Matsika^{1,3}

¹Anatomical Pathology, Mater Pathology, South Brisbane, Qld, Australia; ²Pathology Queensland, Gold Coast university Hospital, Southport, Qld, Australia; and ³Biomedical Sciences, Faculty of Medicine, University of Queensland, Herston, Qld, Australia