Introduction: Parathyroid adenoma with prominent lymphocytic infiltration is rare, with only 12 cases reported in the English scientific literature. All these cases were not related to synchronous autoimmune or IgG4-related disease and presented clinically with primary hyperparathyroidism.

Case presentation: A 65-year-old woman presented with hypercalcemia and a neck mass, suggestive of parathyroid adenoma. She underwent parathyroidectomy and histopathological examination of the specimen showed a hypercellular parathyroid nodule comprising mature lymphoid cells admixed with parathyroid chief cells. A comprehensive immunohistochemistry panel confirmed the benign nature of the lesion. The patient remains asymptomatic a year after the surgery.

Discussion: Parathyroid adenoma with prominent lymphocytic may be misdiagnosed as a lymph node at frozen section or cytology smears by an unsuspecting pathologist or cytologist, if the lymphoid component is predominant on the slide examined. Additionally, the morphology could be misinterpreted as a metastasis of parathyroid carcinoma into a peri-thyroidal lymph node. For this distinction, correlation with clinical and radiological findings is crucial and clues to adenoma include presence of a rim of uninvolved parathyroid parenchyma, low mitotic activity (<5%) and positive staining for parafibrin, bcl-2 and MDM2 on immunohistochemistry.

EOSINOPHILIC SOLID AND CYSTIC RENAL CELL CARCINOMA WITH MONOSOMY OF CHROMOSOMES X AND 3

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Introduction: Eosinophilic solid and cystic renal cell carcinoma (ESC-RCC) is a recently described sporadic counterpart to tuberous sclerosis complex (TSC)-associated RCC that is not yet included in the 2016 World Health Organization (WHO) classification of renal neoplasms. The first series was reported in 2016 and, to date, just over 60 cases have been reported in the literature. The tumour is often asymptomatic and almost exclusive to female patients with a median age of 57 years. ESC-RCC constitutes approximately 0.2% of all renal cell carcinomas and most cases reported have shown a better prognosis than clear cell renal cell carcinoma. About 10% of reported cases have metastasised with four of them dying of the malignancy.

Case report: A 63-year-old woman presented with an incidental 40 mm, ill-defined nodule in the lower pole of the right kidney. Partial nephrectomy was performed and gross examination of the tumour showed a well-circumscribed neoplasm with solid-cystic cut surface. Microscopy revealed acinar and nested architecture with the neoplastic cells showing intracytoplasmic stippling ('Leishmania bodies-like') within the deeply eosinophilic cytoplasm. Macro- and micro-cysts in other fields were lined by hobnailed, eosinophilic tumour cells. Immunohistochemically, the neoplasm showed strong and diffuse staining for CK20 and AE1/AE3. CK7 was negative. Karyotyping of tumour cells showed previously unreported monosomy of chromosomes X and 3. The patient remains alive and well, without evidence of disease progression a year after surgery.

CLINICAL UTILITY OF THE TFE3 BREAK-APART FLUORESCENCE IN SITU HYBRIDISATION (FISH) ASSAY IN MALIGNANT TUMOURS

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TFE3 break-apart FISH probe, located on Xp11.23 is designed to detect TFE3 gene rearrangements in many tumours including renal cell carcinomas (RCC) and alveolar soft part sarcoma (ASPS), and some variants of perivascular epithelioid cell neoplasm (PEComa). FISH test may be deployed as an adjunct tool for diagnosis. Generally, the FISH probe will give a typical FISH signal pattern but unusual patterns can also be encountered. We aimed to evaluate the break-apart FISH patterns and incidence of TFE3 gene rearrangements in soft tissue tumours such as RCC and ASPS.

As the morphological assessment may have overlapping features, TFE3 FISH test is a useful ancillary tool in the confirmation or exclusion of differential diagnosis.

MALIGNANT SOLITARY FIBROUS TUMOUR OF UTERINE CERVIX, MIMICKING HIGH GRADE ENDOMETRIAL STROMAL SARCOMA

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Solitary fibrous tumour (SFT) is an uncommon mesenchymal neoplasm of fibroblastic origin which can be found in any organ, however, its occurrence in the female genital tract (FGT) is extremely rare. To date, around 50 cases of SFTs originating in FGT have been reported (as case report or small case series) of which 12 are in the uterus and 5 in the cervix. These are rare tumours and should be considered in the differential diagnosis of spindle cell lesion in the female genital tract when the immunohistochemistry is not supportive of common lesions. We are reporting a case of a malignant SFT involving primarily the cervix and extending into the isthmus uterus, involving the bladder, presenting with recurrence and distant metastasis to the lung and mesentery.

OLFACTORY NEUROBLASTOMA WITH DIVERGENT DIFFERENTIATION

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Olfactory neuroblastoma (ONB) is an uncommon malignant neoplasm of the nasal cavity that arises from olfactory epithelium. Rare cases of focal histologic changes of divergent cell populations have been reported in ONB. However, these changes are seen mainly in tumours treated with chemo radiation or with distant metastases.