To date, only four cases of ONB associated with non-neuroendocrine tumours have been reported. We describe a case of ONB with divergent differentiation in a 68-year-old male who presented with a nasal cavity mass extending into the brain and base of the skull. The pathology showed the presence of two distinct cell populations showing features of high grade ONB and poorly differentiated / undifferentiated carcinoma with focal abrupt keratinisation. The differential diagnosis included NUT carcinoma and teratocarcinoma which were excluded since the immune markers and morphology were not supportive.

EPITHELIOID SCHWANNOMA – A RARE VARIANT OF A COMMON LESION

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Epithelioid schwannoma is a rare variant of schwannoma arising in dermis or subcutis of limbs as a circumscribed lesion. Less than 100 cases of epithelioid schwannoma have been reported so far. They are considered benign despite the presence of atypical features such as nuclear atypia.

We present a case of a 26-year-old female who presented with a left posterior thigh lump with the clinical diagnosis of lipoma. The microscopic examination, however, is in keeping with epithelioid schwannoma.

This case demonstrates a very rare variant of a common lesion which can mimic few other soft tissue tumours including some malignant tumours. Hence, this may help pathologists to become familiar with this entity and avoid potential wrong diagnoses.

NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA – CASE REPORT IN A 6 YEAR OLD

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Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL) is a rare subtype of Hodgkin lymphoma in children accounting for 10–20% of paediatric cases of Hodgkin lymphoma. In the paediatric population the reported median age at diagnosis is 13 years with a male preponderance and patients typically presenting with low stage disease.^{1–3} It has a generally good prognosis with less aggressive treatment strategies compared to classical Hodgkin lymphoma. Histologically it is characterised by the presence of atypical Reed-Sternberg cells known as the lymphocytic and histiocytic variant (L&H) which have a vesicular polylobulated nucleus which is referred to as popcorn cells. A 6-year-old boy presented with a single rubbery lymph node mass in the neck with no other systemic symptoms. An excisional biopsy of the node was performed. Microscopically there was a nodular proliferation of small lymphocytes and scattered popcorn cells with the typical morphology and immunohistochemistry of L&H cells. No further treatment was performed and the patient was for regular follow up. One year later the patient is well and free from recurrence.

References

1. Eichenauer DA, Plütschow A, Fuchs M, *et al.* Long-term course of patients with stage IA nodular lymphocyte-predominant Hodgkin lymphoma: a report from the German Hodgkin Study Group. *J Clin Oncol* 2015; 33: 2857–62.

2. Nogová L, Reineke T, Brillant C, *et al.* Lymphocyte-predominant and classical Hodgkin's lymphoma: a comprehensive analysis from the German Hodgkin Study Group. *J Clin Oncol* 2008; 26: 434–9.
3. Shankar A, Daw S. Nodular lymphocyte predominant Hodgkin lymphoma in children and adolescents – a comprehensive review of biology, clinical course and treatment options. *Br J Haematol* 2012; 159: 288–98.

ASPERGILLUS AORTITIS IN A BIOPROSTHETIC AORTIC ROOT AT POST MORTEM

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Aspergillus terreus is a rare cause of endocarditis. Fungal endocarditis represents less than 2% of all cases of endocarditis and of these 20–25% are represented by *Aspergillus* species.¹ *Aspergillus terreus* is especially rare with only one reported case in the literature between 1950–2010.² Immunocompromise and previous cardiac surgery are well recognised risk factors for fungal endocarditis.³ Complications are common and include embolisation to pulmonary, ophthalmic, renal, and other arterial systems. This is a report of an 80-year-old male with a history of *Aspergillus terreus* aortitis treated with aortic root replacement and coronary artery bypass grafting that subsequently died of culture negative sepsis. He was found at autopsy to have extensive *Aspergillus terreus* endocarditis involving a bio prosthetic aortic root replacement complicated by thrombosis of the left renal artery.

References

1. Tattevin P, Revest M, Lefort A, *et al.* Fungal endocarditis: current challenges. *Int J Antimicrob Agents* 2014; 44: 290–4.
2. Kalokhe AS, Rouphael N, El Chami MF, *et al.* *Aspergillus* endocarditis: a review of the literature. *Int J Infect Dis* vol. 2010; 14: e1040–e1047.
3. Beh YY, Lim GLH, Stewart A. Recurrent *Aspergillus* endocarditis in an immunocompetent patient: challenges in diagnosis and management. *Res Medica* 2017; 24: 1567.

INVASIVE BREAST CARCINOMA OF NO SPECIAL TYPE WITH OSTEOCLAST-LIKE STROMAL GIANT CELLS: A CASE REPORT

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Invasive breast carcinoma of no special type (NST) with osteoclast-like stromal giant cells (OSGCs) is a rare tumour type. The literature available for this entity is predominantly limited to case reports and small retrospective studies. The patient is a 46-year-old female who presented to her GP with a 4-month history of a palpable mass in the left breast. An abnormality seen on a mammogram was confirmed to be an invasive cancer on core biopsy. She subsequently underwent a wide local excision of the lesion and sentinel lymph node biopsy. Histopathology showed a grade 2 invasive breast carcinoma NST with OSGCs and focal lymphovascular space invasion. Sentinel lymph node biopsy demonstrated involvement of one in seven lymph nodes with minimal extra-nodal spread. Immunohistochemistry showed a strongly ER/PR positive, HER-2 negative,