phenotype. The patient declined chemotherapy due to concerns about tolerability, and instead elected for adjuvant radiotherapy and endocrine therapy. A search of the Mater Hospital Kestral Pathology Laboratory System identified 3 further cases between 2009 and 2019. In this case report, we describe the morphological and immunohistochemical features of this rare but interesting entity.

HISTOPATHOLOGIC FEATURES OF COLCHICINE TOXICITY IN THE GASTROINTESTINAL TRACT, A REVIEW OF 6 CASES

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Background: Colchicine is an alkaloid drug predominantly used in the treatment and prevention of gout. It has a narrow therapeutic index and toxicity may be associated with gastrointestinal symptoms. Characteristic histopathologic features may be identified in gastrointestinal biopsies.

Aim: To describe the histopathologic features of colchicine toxicity in the gastrointestinal tract.

Methods: Cases were identified using a database search at Envoi Pathology (2007–2019). Demographic data, clinical history, endoscopic features and histopathologic findings (presence of acute and chronic inflammation, ring mitoses and apoptosis) were documented.

Results: Thirteen gastrointestinal biopsies from six patients on oral colchicine therapy were included for analysis. Five patients were male and one was female. The mean patient age was 66 years (range 31–79). Treatment was for gout ($n=5$) and pericarditis ($n=1$). Two patients presented with symptoms of colchicine toxicity, including severe diarrhoea ($n=1$), nausea and abdominal pain ($n=1$). Four patients did not have clinically suspected colchicine toxicity. Histopathologic features included ring mitoses and chronic inflammation with eosinophils in all biopsies. Crypt apoptosis was present in four cases with associated neutrophils in one case.

Conclusion: Colchicine toxicity is characterised by distinct histopathologic features in gastrointestinal biopsies and may be an incidental finding in patients without clinical symptoms.

ENDOMETRIOID BORDERLINE TUMOUR OF THE OVARY ARISING FROM ENDOMETRIOSIS – A CASE REPORT

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Endometrioid borderline tumour of the ovary is rare and constitutes 0.2% of all epithelial ovarian tumours. These tumours are considered as low malignant potential. These tumours often arise in association with endometriosis and endometrioid adenofibroma and often coexists with endometrial pathologies. The prognosis for ovarian endometrioid borderline tumour is excellent including that with features of intraepithelial carcinoma and microinvasion. Here, we describe a case of 45-year-old female with a history of endometriosis who underwent bilateral oophorectomy. Her pre-operative CA-125 was 152 (KU/L) (ref range <36) and CA19.9

3073 KU/L (ref range <38). Macroscopically, there was a single cyst without solid or papillary areas. Microscopic examination revealed glandular proliferation with endometrioid morphology resembling complex endometrial hyperplasia without cytologic atypia and stromal invasion. There are foci of endometriosis and transitional and mucinous metaplasia. These features were diagnostic of endometrioid borderline tumour arising from endometriosis.

FOAMY GLAND VARIANT OF PROSTATIC ADENOCARCINOMA (FGVPA), DIAGNOSTIC PITFALLS: A CASE REPORT AND LITERATURE REVIEW

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A transurethral resection of prostate (TURP) specimen was received from a 72-year-old male who presented with a recent history of urinary tract infection and increased serum prostate specific antigen (PSA) of 15 ng/mL.

There was an atypical glandular proliferation of which a predominant population demonstrated abundant pale xanthomatous cytoplasm with small hyperchromatic nuclei and inconspicuous nucleoli. A minor component of conventional prostatic acinar adenocarcinoma was identified focally in the background. Immunohistochemistry was used to confirm the diagnosis of adenocarcinoma.

FGVPA is a rare variant, with foamy cytoplasm due to intracytoplasmic vesicles not lipid or neutral mucin, and usually with small pyknotic nuclei with minimal atypia. Gleason scoring is performed by the underlying architectural pattern. Immunohistochemistry of basal cell markers and AMACR are often used to confirm a diagnosis of prostatic adenocarcinoma; however, it is to be noted that variants of prostate cancer including FGVPA are labelled with AMACR in only 60–70% of cases. It is important for the pathologist to be aware of FGVPA as in its pure form can easily be missed especially on needle core biopsy. The differential diagnoses of benign mimics with clear cytoplasm include xanthoma, Cowper's glands, clear cell cribriform hyperplasia and mucinous metaplasia.

References

1. Amin MB, Tickoo SK. *Diagnostic Pathology Genitourinary*. 2nd ed. Philadelphia: Elsevier, 2016; 608–28.
2. Cheng L, MacLennan G, Bostwick D. *Urologic Surgical Pathology*. 4th ed. Philadelphia: Elsevier, 2019; 439–71.
3. Arora K. Pathology Outlines. Prostatic carcinoma variants: foamy gland adenocarcinoma. Cited Dec 2019. <https://www.pathologyoutlines.com/topic/prostatefoamy.html>

A COLLISION TUMOUR OF BASAL CELL CARCINOMA AND MELANOMA – REPORT OF TWO CASES

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Basal cell carcinomas (BCC) are known to co-exist with other cutaneous lesions, but the collision of BCC with malignant

melanoma is rare. The most common combinations are BCC with squamous cell carcinoma, BCC with seborrhoeic keratosis and BCC with neurofibroma. The prognosis of each tumour must be considered separately. Melanoma colonising the BCC should still be considered as 'in situ' and not as invasive if no atypical melanocyte is found outside the BCC nests.

Here we report two cases of BCC associated with melanoma. In the first case, BCC was associated with melanoma *in situ*. The atypical melanocytes were confined to the nests of basal cell carcinoma. In the second case, BCC was admixed with invasive melanoma. In this case, the atypical melanocytes were present within the BCC nests, but were also identified within the dermis, outside the nests of BCC. The presence of two coexisting neoplasms was confirmed on immunohistochemistry.

In addition, we compared these cases with a pigmented BCC showing benign melanocytes colonising the tumour cell nests. The key diagnostic features of this collision tumour, its pathogenesis, differential diagnosis and its prognosis will be discussed.

MINERAL OIL INDUCED SCLEROSING LIPOGRANULOMA OF THE PENIS – A CASE REPORT

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Injection into the subcutaneous tissues of the penis for augmentation has been practiced throughout history. With the recognition of complications and sequelae the practice has died out in the developed world. However, it is still practiced in parts of Europe and Asia today, though the extent of the practice is unknown, and today's published literature may only scratch the surface. We report a case of mineral oil induced sclerosing lipogranuloma of the penis in a 55-year-old male from Papua New Guinea who presented with a mass involving the penile prepuce and shaft skin. This case demonstrates the diagnostic challenges and interesting pathology seen in developing countries. The treatment of choice is radical excision of the lesions with skin grafts.

A RANT ABOUT A SANT: A RARE MIMIC OF SPLENIC HAEMANGIOMA

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Sclerosing angiomatoid nodular transformation (SANT) of the spleen is a rare, benign, vascular lesion with characteristic histological features. Often an incidental finding, full excision of the lesion has been shown to be curative. We describe a case of SANT in a 35-year-old woman who presented with a purported splenic haemangioma with atypical imaging features including an uncharacteristic enlargement over a two-year period. Gross examination of the splenectomy specimen revealed a circumscribed 42 mm white, lobulated mass with prominent central sclerosis and dilated vascular spaces at the periphery. Histological examination showed a hyalinised lesion with a nodular architecture imparted by nodules of small capillary channels with red cell extravasation, and scattered admixed chronic inflammatory cells. A rare lesion

of indeterminate aetiology, SANT remains a curiosity and an essential diagnostic consideration among vascular lesions of the spleen with features not typical of haemangioma.

A REVIEW OF BRAIN BANK QUALITY ANALYSIS PROCEDURES FOR HUMAN POST-MORTEM TISSUE SAMPLES

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There are currently 139 international brain bank facilities which collect, store and provide nervous system samples for research purposes. The human post-mortem brains within these brain banks have underpinned the basic understanding of disorders affecting the central nervous system (CNS) and continue to support ongoing work in the fields of neuropathology and neuroscience. Without such services there would be major limitations in the capability of neuroscience research to accurately translate findings from animal models to those in human subjects. As a result, there are tens-of-thousands of published research articles which utilise samples from established brain banks for research, with the goal of gaining a better understanding of the aetiology, pathogenesis and mechanisms of progression of neurological diseases as well as providing advancements in diagnosis and treatments. Contrastingly, there has been little work done to compare the quality control analysis protocols currently being used in different brain banks; including which neurological biomarkers and proteins are commonly analysed. This literature review aims to identify which sampling protocols and analytical methods are currently used in the literature to assess the quality analysis of neurological tissue and to compare the standardisation of these procedures between different brain banks.

MYOID GONADAL STROMAL TUMOUR: A CASE REPORT

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Myoid gonadal stromal tumour is an emerging entity composed of spindle-shaped cells showing features of smooth muscle and gonadal stroma. These are rare tumours (<10 described in the literature), occur over a wide age range (4–59 years), but are typically found in middle-aged men,¹ with a median age of 41 years, who present with a mass.

Here we report a case of a 47-year-old man, NZ European/Pakeha, who presented with 5 weeks of tenderness in the right testicle.

Ultrasound scan showed an incidental, but suspicious 9 mm solid hypoechoic mass in the mid testis and he came forward for orchidectomy. Macroscopic findings revealed a 10 mm well circumscribed, pale soft, solid lesion within the hilar region of the testis. Microscopic examination showed an unencapsulated tumour, centred within the rete testis, composed of densely packed spindle cells which arranged in interweaving fascicles