References

1. Karim F, Loeffen J, Bramer W, *et al.* IgG4-related disease: a systematic review of this unrecognized disease in pediatrics. *Pediatr Rheumatol Online J* 2016; 14: 18.
2. Smerla RG, Rontogianni D, Fragoulis GE. Ocular manifestations of IgG4-related disease in children. More common than anticipated? Review of the literature and case report. *Clin Rheumatol* 2018; 37: 1721–7.

MICRONODULAR THYMOMA WITH LYMPHOID STROMA – A CASE REPORT

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We report the case of a 68-year-old male with a background history of smoking, who presented with left sided abdominal pain. A CT scan of abdomen was performed which showed a small 6mm pulmonary nodule in right lower lobe. A subsequent CT chest performed 4 months after the index CT scan showed no change in the size of previous nodule but an additional 5 mm nodule, multiple calcified and non-calcified pleural plaques (presumably related to work in construction industry in 1970s) and more significantly a 35 mm well circumscribed solid mass in anterior mediastinum with no invasion into adjacent structures. There was no past history of any malignancy. The clinic/radiological differential diagnosis was thymic tumour, lymphoma or a metastatic malignancy. The core biopsy showed features of a thymoma and the histology and immunophenotype of subsequent resection specimen confirmed the tumour to be a micronodular thymoma with lymphoid stroma. Micronodular thymoma with lymphoid stroma is a very rare subtype of thymoma, accounting for about 1% of all cases. The tumour is usually diagnosed as stage I/II disease. There have been no reports of recurrences, distant metastases or tumour related deaths.

References

1. Weis CA, Yao X, Deng Y, *et al.* The Impact of Thymoma Histotype on Prognosis in a Worldwide Database. *J Thorac Oncol* 2015; 10: 367–72.
2. Travis WD, Brambilla E, Nicholson AG, *et al.*, editors. *WHO Classification of Tumours of the Lung, Pleura, Thymus and Heart*. Lyon: IARC, 2015.

GLOMANGIOMA OF THE LUNG – A RARE DIFFERENTIAL DIAGNOSIS OF A PRIMARY LUNG TUMOUR

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We report the case of a 77-year-old male who presented with exertional dyspnoea on a background of history of smoking. A solitary lung mass was found on subsequent CT scan which was PDG avid on PET consistent with malignancy. Initial core biopsies suggested features of a glomangioma. Histopathology of the subsequent surgical resection confirmed the tumour to be a benign glomangioma, which was completely excised. The immunohistochemical phenotype was considered diagnostic of a benign glomangioma, an extremely rare entity in lung.

References

1. Yilmaz A, Bayramgurler B, Aksoy F, *et al.* Pulmonary glomus tumour: a case initially diagnosed as carcinoid tumour. *Respirology* 2002; 7: 369–71.

2. Weiss SW, Goldblum JR, editors. *Enzinger and Weiss's Soft Tissue Tumors*. 4th ed. St Louis: Mosby, 2001; 985–1001.

A NOVEL CASE OF A BENIGN PAROTID ADENOMA WITH DIVERGENT FEATURES

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Introduction: The parotid gland is the most frequent site of salivary gland tumours, most of these are benign.

Case: We present a novel case of an 86-year-old gentleman with a benign adenoma showing divergent features. He presented with a painless swelling in his left parotid gland, which showed scant oncocyctic cells on fine needle aspiration. Parotidectomy was then undertaken for definitive diagnosis and treatment. The surgical specimen showed a 43 mm well circumscribed, heterogeneous tumour expanding the parotid gland. There were solid tan areas intermixed with friable yellow nodules in a background of adipose tissue. Microscopic assessment showed sheets, small nests and single oncocyctic cells scattered throughout a background of mature adipose tissue. There were expanses of lymphoepithelial tissue with squamous metaplasia and variable cystic change alongside sebaceous metaplasia, and Warthin's tumour-like areas. Mitotic activity, necrosis and malignancy were not seen.

Conclusion: Our case is unique as it describes a benign adenoma demonstrating multiple histological tumours sub-types including sebaceous lymphadenoma, Warthin's tumour, oncocytoma, sialolipoma / lipoadenoma. Similar cases, with such wide morphology, have not previously been described in the literature. Although exact prognosis is not known, it is thought likely to behave in a benign fashion.

MAMMARY MYOFIBROBLASTOMA: A CASE REPORT OF A RARE BENIGN TUMOUR IN AN ELDERLY MAN

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Mammary myofibroblastoma is a rare benign stromal tumour, predominantly occurring in menopausal women and older men. We present a case of a 73-year-old man with a tender right breast lump. He underwent a core biopsy assessment followed by a wide local excision. The lesion was a well circumscribed spindle cell nodule with interlacing fascicles and intervening collagen. The cells are elongate with pale cytoplasm and regular nuclei. There are scattered cells showing mild pleomorphism. Mitoses are uncommon. Multiple immunohistochemical stains were performed which were the key to diagnosis of myofibroblastoma. Completely excised lesions are not known to recur.

INVASIVE CARCINOMA OF NO SPECIAL TYPE WITH FOCAL SEBACEOUS DIFFERENTIATION IN BREAST

Kyi Saw Tin, Sonu Nigam