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Sebaceous carcinoma which is defined as breast carcinoma with prominent sebaceous differentiation in no less than 50% of cells is very rare.¹ Breast carcinoma with sebaceous differentiation is also very rare with only 9 cases reported in the literature to our knowledge.^{2,3} Sebaceous differentiation has been reported in association with invasive ductal carcinoma, adenoid cystic carcinoma and metaplastic carcinoma.² Hormone receptors and lymph node status vary between cases but none of the cases reported positive HER2 status. Here, we report a case of invasive carcinoma of no special type with focal sebaceous differentiation which is ER positive, PR positive, HER2 negative with two involved sentinel lymph nodes.

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EBV-POSITIVE DIFFUSE LARGE B CELL LYMPHOMA, NOT OTHERWISE SPECIFIED IN A MAN WITH CROHN'S DISEASE

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EBV-positive diffuse large B cell lymphoma (DLBCL), not otherwise specified (NOS) is an uncommon aggressive lymphoma subtype associated with a worse prognosis in the elderly.^{1,2} EBV-positive DLBCL has been reported in <5% of Western patients with no documented predisposing immunodeficiency.² There are many lymphoproliferative disorders associated with EBV infection such as lymphomatoid granulomatosis, plasmablastic lymphoma, DLBCL associated with chronic inflammation, EBV positive mucocutaneous ulcer, primary effusion lymphoma, and classical Hodgkin lymphoma.¹ EBV-positive DLBCL, NOS is a diagnosis of exclusion and clinicopathological correlation is required to differentiate between these differential diagnoses. Patients with inflammatory bowel disease (IBD) on immunosuppressive medications are at increased risk of developing Hodgkin and non-Hodgkin lymphomas and EBV has been reported in both.³ Here, we report a case of EBV-positive DLBCL, NOS involving the bowel wall associated with perforation and partial involvement of one lymph node in a 73-year-old man with Crohn's disease.

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EMBRYONAL RHABDOMYOSARCOMA – A CASE SERIES

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Rhabdomyosarcoma is a malignancy derived from primitive mesenchyme with propensity toward myogenesis, which is the most common soft tissue malignancy of childhood. There are four histologic subtypes: embryonal rhabdomyosarcoma (ERMS), alveolar rhabdomyosarcoma, spindle cell/sclerosing rhabdomyosarcoma and pleomorphic rhabdomyosarcoma. ERMS includes the typical, dense and botryoid patterns of rhabdomyosarcoma. ERMS presents as a mass lesion in the head and neck region and genitourinary system. The exact cause of rhabdomyosarcoma is not known. There is no evidence of correlation between ERMS and any specific gene fusions. Diagnosis and prognosis of rhabdomyosarcomas are determined by histologic features, presence of anaplasia, which in ERMS is associated with worse outcome, fusion status and clinical stage.

We present a case series of three paediatric patients who were diagnosed with ERMS at Sydney Children's Hospital, as follows:

- Case 1: 17-month-old female with clitoral ERMS metastatic to an inguinal lymph node.
- Case 2: 15-year-old male with testicular ERMS.
- Case 3: 15-year old male with prostatic ERMS.

We highlight the clinicopathologic features of rhabdomyosarcoma and demonstrate how to differentiate this malignancy from other paediatric small blue cell tumours.

METASTATIC GLIOBLASTOMA FOLLOWING REDO BILATERAL LUNG TRANSPLANTATION – A CASE REPORT

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Extracranial metastases of glioblastoma are uncommon, with those occurring post solid organ transplantation being an extremely rare occurrence.

This case study reports a 67-year-old male with a history of bilateral lung transplantation, presenting with significant weight loss and associated worsening shortness of breath. A CT scan of the chest was performed, showing a 3.8 cm lesion within the right upper lobe, with multiple accompanying grossly enlarged bilateral lower mediastinal and hilar lymph nodes. A subsequent core biopsy of the lesion demonstrated an atypical spindle cell lesion, with immunohistochemical stains and specialist opinion in keeping with metastatic glioblastoma. We will discuss the diagnosis and differentials, and review the literature of this rare occurrence post lung transplantation.