who presented with anaemia and melena. He proceeded to have an endoscopy which identified an ulcer suspicious for carcinoma. Histological examination showed sheets of lymphoid cells along with abundant *Helicobacter* organisms. The case was initially worked up as a case of lymphoma with an immunohistochemical panel of lymphoid markers being completed. The dense lymphoid infiltrate was distracting from the inconspicuous epithelioid cells camouflaged in the dense inflammatory infiltrate. The tumour cells were found to be EBER-ISH and cyto-keratin positive, supporting the clinical impression of gastric carcinoma. Gastric carcinoma with lymphoid stroma is critically important to recognise and communicate to the treating clinicians as it provides prognostic information that may affect surgical management.^{1,2} This rare variant should always be considered in cases with dense inflammation, even when a presumed cause such as *Helicobacter* infection is found.

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DIFFUSE LARGE B-CELL LYMPHOMA MASQUERADING AS A PROSTHETIC JOINT INFECTION

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Diffuse large B-cell lymphoma (DLBCL) is a well-reported form of non-Hodgkin's lymphoma (NHL) which arises in extranodal sites in up to 40% of cases, producing an array of non-specific signs and symptoms.¹ Although the cause of DLBCL is unknown, many of the described risk factors ultimately cause immunodeficiency.¹ Metallic joint prosthetics are of common use in Australia, however some studies have suggested metallic prosthetics may be associated with malignancy due to the theorised carcinogenic properties of metallic ions and the chronic inflammation related to both joint disease and replacement.² Herein we report a rare case of DLBCL in a woman who presented three years post-total knee replacement for rheumatoid arthritis related joint disease. She presented with vague symptoms that were in keeping with prosthetic joint loosening or infection, however light microscopy and immunohistochemical analysis of bone biopsies identified DLBCL as the cause. Some studies have suggested there may be a cohort of metallic-joint prosthetic related lymphomas which could be likened to the well-recognised breast-implant associated anaplastic large cell lymphoma (ALCL).³ This case discussion highlights the need for further international cohort studies that include a broad analysis of potential patient and prosthetic specific risk factors for malignancy.

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A RARE CASE OF METASTATIC BALLOON CELL MELANOMA

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The balloon cell melanoma is one of the rarest variants of malignant melanoma with a distinctive but non-specific morphology.¹ Balloon cells are typically large cells with abundant amphophilic to eosinophilic granular cytoplasm. The diagnosis of this variant is made when more than fifty percent of tumour cells are ballooned.¹ This is a case of metastatic balloon cell melanoma in a 42-year-old male with a known history of melanoma who self-detected an enlarging axillary lymph node. The primary cutaneous lesion was described as having both spindled and ballooned cells, in contrast to the nodal disease which was almost entirely composed of melanocytes with balloon cell morphology. The exact mechanism and trigger that results in this morphology is still unclear, however electron microscopy analysis has identified the granular-appearing cytoplasm to be composed of dilated and merging melanosomes.² This case highlights the importance of considering this rare variant, even in cases where the primary melanoma has more classical features and does not meet the criteria for balloon cell melanoma.

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INVASIVE STRATIFIED MUCIN-PRODUCING CARCINOMA. A CASE SERIES WITH ASSOCIATED PATHOLOGICAL FINDINGS

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Background: Stratified mucin producing intraepithelial lesion (SMILE) is associated with high risk HPV carcinogenesis and morphologically overlaps with cervical intraepithelial neoplasia (CIN) and adenocarcinoma in situ (AIS). In 2016, Schoolmeester *et al.*¹ described a case series of SMILE in which they observed unambiguous invasive adenocarcinomas resembling SMILE and proposed the term 'invasive SMILE' for such lesions.

Aims: To describe a case series of a recently named group of endocervical adenocarcinomas.

Methods: A retrospective search of the practice records was performed using the last year of records. Eight cases were identified, 3 of which had a component of invasive carcinoma resembling SMILE.