Results: We identified 3 cases of invasive SMILE and described their pathological features.

Discussion: All cases showed cytologically bland nuclear features and distinct palisading. Mitotic figures and apoptosis were easily identified in all 3 cases. 2 out of 3 cases were mucin rich and showed a neutrophilic infiltrate. One case was mucin poor and lacked a neutrophilic infiltrate. We found co-existent CIN in 66% of cases and ACIS in 33% of cases. There are clear morphological and immunohistochemical features supporting the designation of invasive SMILE as a distinct entity in the spectrum of cervical neoplasias.

Reference

1. Lastra R, Park J, Schoolmeester K. Invasive stratified mucin-producing carcinoma and stratified mucin-producing intraepithelial lesion (SMILE): 15 cases presenting a spectrum of cervical neoplasia with description of a distinctive variant of invasive adenocarcinoma. *Am J Surg Pathol* 2016; 40: 262–9.

OSTEOCHONDROMA OF HOFFA'S FAT PAD

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Infrapatellar osteochondroma is a rare benign osteochondromatous proliferation involving the infrapatellar fat pad. The pathogenesis of these lesions is unclear, but is thought to result from metaplasia of mesenchymal cells as a consequence of chronic infra-patella fat pad infringement or end stage of Hoffa's disease¹. Given its uncommon occurrence, it can be mistaken for more common conditions about the knee. The extra-articular location is distinct from cartilaginous loose bodies and synovial chondromatosis, which involve the joint space. Despite the name, this condition is not related to osteochondroma of bone. We report a case of infrapatellar fat pad osteochondroma and discuss features to distinguish this condition from morphologically similar lesions.

Reference

1. Turhan E, Doral MN, Atay AO, *et al.* A giant extrasynovial osteochondroma in the infrapatellar fat pad: end stage Hoffa's disease. *Arch Orthop Trauma Surg* 2008; 128: 515–9.

TACTILE CORPUSCLE-LIKE BODIES IN LARGE BOWEL MUCOSA – AN UNUSUAL BUT HARMLESS INCIDENTALOMA

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Tactile corpuscle-like bodies (TCLB) are lesions that morphologically resemble Wagner-Meissner corpuscles occurring in sites where these mechanoreceptors are normally absent.¹ They are rare, but have been described in multiple sites, either in isolation or as a component of other neurally-derived lesions.¹ It has been suggested that they may represent a reactive neural proliferation.¹ It is important to distinguish TCLB from granulomata, amyloid or other lesions of neural origin, such as

ganglioneuroma, as they have no known syndromic associations or clinical sequelae.¹ We present a case of TCLB occurring in the sigmoid colon.

A 57-year-old female with ulcerative colitis of twelve years duration was found to have a long-standing scarred-looking area of the sigmoid colon with a slightly undulant architecture. Biopsies from this area showed multiple lesions in the lamina propria and one submucosal lesion. The lesional cells had bland, eccentric, spindled nuclei partly encircling lamellated and fibrillary-looking eosinophilic cytoplasm. Immunohistochemistry showed strong, diffuse staining with S100 and SOX-10, weak non-specific staining with CD56, and no staining with EMA, CD163, synaptophysin, Claudin 1, NeuN, NFP, ERG, SMA, CD117 and Glut 1. The morphological and immunohistochemical features were of tactile corpuscle-like bodies.

Reference

1. Huber AR, Agostini-Vulaj D, Drage MG, *et al.* Tactile corpuscle-like bodies (Wagner-Meissner corpuscles) of the colorectum: a series of 5 cases. *Int J Surg Pathol* 2017; 25: 684–7.

A RARE CAUSE OF AN ADRENAL INCIDENTALOMA

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Case summary: A 65-year-old gentleman was referred for consideration of adrenalectomy for an adrenal mass. This mass was initially incidentally discovered 13 years prior. The most recent CT scan reported the enlarging large adrenal mass of soft tissue density with areas of calcification and irregular peripheral enhancement with possible necrosis, measuring 58x45x41 mm (TRxAPxCC).

A laparoscopic adrenalectomy was performed, given the enlarging nature of the mass and subclinical hypercortisolism. Histopathological examination showed adrenal cortex surrounding a central area of haemorrhage and necrosis. Surrounding the area of haemorrhage were some atypical ectatic vessels, extending into the cortex. The findings were consistent with an adrenal haemangioma.

Discussion: Adrenal incidentalomas are an increasingly common finding with the rising availability and quality in medical imaging. Less than 100 case reports of adrenal haemangiomas have been reported in the English literature. In the majority of cases, adrenal haemangiomas are detected incidentally.

Conclusion: With the increasing detection of adrenal incidentalomas, it is important to consider the differential diagnoses of such masses. Although rare, adrenal haemangiomas are a well-documented cause, and may be associated with non-specific symptoms, and electrolyte and endocrinological abnormalities. Once resected, they can be diagnosed by their characteristic histological features.

WARTHIN-FINKELDEY GIANT CELLS IN AN AXILLARY LYMPH NODE DISSECTION SPECIMEN FOR BREAST CARCINOMA – A CASE REPORT

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