Warthin-Finkeldey giant cell is a distinctive but lesser-known giant cell of lymphoid origin, which is classically associated with the prodrome of measles infection. However, its presence is not pathognomonic for measles, and the cell has been reported in a variety of reactive and neoplastic lymphoid conditions. We report a case where Warthin-Finkeldey giant cells were found in a lymph node dissection specimen for breast carcinoma in a patient who has no concurrent viral infection or lymphoproliferative disorder.

MORE THAN MEETS THE EYE: ADENOSQUAMOUS CARCINOMA OF THE CONJUNCTIVA – A REPORT OF TWO CASES

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Adenosquamous (mucoepidermoid) carcinoma of the conjunctiva is a rare tumour with dimorphic differentiation, showing the morphology of both squamous and adenocarcinoma. In small biopsies or partial resection, the diagnosis can be missed. We report two cases of adenosquamous carcinoma arising from the bulbar conjunctiva; both cases were initially diagnosed as squamous cell carcinoma on superficial excisions because the adenocarcinoma component was only present within the deeper tissue on subsequent resections. The histologic features and immunohistochemical profiles are discussed, followed by a review of the literature.

CALCIFYING PSEUDONEOPLASM OF THE NEURAXIS (CAPNON) – A CASE REPORT

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We report a case of a 32-year-old male with chronic headaches due to two calcified cerebellar lesions. The patient underwent surgical resection. Under microscopy, the tumour consisted of a calcified mass with prominent fibrillary architecture and associated chondroid matrix. The mass had a distinct interface with adjacent cortex, with areas showing a palisaded rim of epithelioid macrophages mixed with occasional meningeal cells. Immunohistochemistry showed that the palisaded rim of macrophages were CD68 positive and the occasional meningeal cells positive for EMA and PR. The morphology and immunoprofile is consistent with a calcifying pseudoneoplasm of the neuraxis (CAPNON).

INFLAMMATORY MYOFIBROBLASTIC TUMOUR OF THE BREAST – A CASE REPORT

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We report a case of a 27-year-old female with a palpable right breast lump. The patient underwent core biopsies of the palpable

lesion. Under microscopy, the cores showed a relatively circumscribed lesion composed of spindle cells arranged in haphazard and intersecting short fascicles in a fibrous stroma. The cells have elongate nuclei with mild nuclear pleomorphism and inconspicuous nucleoli. Immunohistochemistry showed positivity for ALK and SMA. The morphology and immunoprofile were consistent with an inflammatory myofibroblastic tumour.

The patient underwent excision biopsy of the lesion and the diagnosis of inflammatory myofibroblastic tumour of the breast was subsequently confirmed.

EBV POSITIVE INFLAMMATORY FOLLICULAR DENDRITIC CELL SARCOMA OF THE SPLEEN – A CASE REPORT

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We report a case of a 64-year-old lady with a splenic mass. On imaging (CT) multiple lesion splenic lesions within the upper, mid and lower pole of the spleen. The largest was centered at the lower pole and measured 10.3×7.5×7.9 cm with central low density. The lesions were identified 4 years ago and had recently increased in size by 4 cm in the most recent scans. The patient underwent a laparoscopic splenectomy. Under microscopy, the tumour cells showed a proliferation of myofibroblastic and fibroblastic spindle cells accompanied by an inflammatory infiltrate of plasma cells, lymphocytes and eosinophils. Immunohistochemistry showed positivity for the follicular dendritic marker CD35 and in situ hybridisation analysis for Epstein-Barr encoding region (EBER) showed numerous strongly stained spindle cells throughout the lesion. The diagnosis of EBV positive inflammatory follicular dendritic cell sarcoma was established.

LANGERHANS CELL SARCOMA – A CASE REPORT, LITERATURE REVIEW AND DISCUSSION

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Langerhans cell sarcoma is a rare, high-grade malignant neoplasm of the Langerhans cells, characterised by overtly malignant cytologic features, multiorgan involvement and an aggressive clinical course with a poor prognosis. It is generally considered to be a malignant variant of histiocytosis that can develop *de novo* or from antecedent Langerhans cell histiocytosis. Transdifferentiation of non-Langerhans cell lymphoid neoplasms to Langerhans cell neoplasms is not well documented. We report a case of Langerhans cell sarcoma in a 66-year-old male with a history of a stage IIIa follicular lymphoma who presented with multiple lesions in the liver and lung. A biopsy was performed of one of the liver lesions, which yielded lesional tissue composed of discohesive sheets of medium-to-large tumour cells staining positively with CD1a, S100, bcl-2 and CD68 immunohistochemical stains. BRAF V600E mutation analysis yielded negative results. We postulate our case to be an