origin of a tumour with statistically significant ($p < 0.001$) odds ratios (ORs) that range from 19.4 to 333.3. The combination of CK7, CK20, and SATB2 was identified as the smallest panel with the highest sensitivity (85.1%) and specificity (100%) for predicting tumour origin with an ROC area-under-curve (AUC) of 0.965 ($p < 0.001$; SE 0.018, 0.930–1.000 95% CI).

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GYNAECOMASTIA-LIKE HYPERPLASIA OF AXILLARY ECTOPIC BREAST TISSUE – A CASE REPORT

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Aim: To highlight the incidental finding of gynaecomastia-like hyperplasia of axillary ectopic breast tissue in a female patient, with review of the literature.

Case report: A 36 year old multiparous female presented for surgical management of right axillary ectopic breast tissue on a background history of a previously excised right lower quadrant breast lesion one year prior that showed a 29mm grade 3 invasive breast carcinoma of no special type with triple negative immunophenotype. The sentinel nodes were uninvolved and excision margins were clear. She underwent neoadjuvant chemotherapy and local radiotherapy. There was no radiological or clinical evidence of recurrence at the one year mark. Excised axillary fibroadipose tissue histologically showed benign breast ducts without lobules demonstrating occasional micropapillary hyperplasia, as well as stromal pseudoangiomatous stromal hyperplasia (PASH). There was no evidence of in-situ or invasive malignancy. The overall appearance was that of gynaecomastia-like hyperplasia.

Discussion: Gynaecomastia-like hyperplasia is a rare finding in breast specimens in female patients. It is exceedingly rare in ectopic breast tissue, with only a single case report in the literature to date. The spectrum of histologic changes are characteristic, although the pathogenesis is poorly understood due to the rare nature of this process.

RENAL INVOLVEMENT BY MITOCHONDRIAL ENCEPHALOPATHY, LACTIC ACIDOSIS, AND STROKE-LIKE EPISODES (MELAS) SYNDROME – A CASE REPORT

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Mitochondrial encephalopathy, lactic acidosis, and stroke-like episodes (MELAS) is a clinical syndrome caused by mutations in mitochondrial DNA, which is maternally inherited. This disruption to mitochondrial function manifests primarily as neurological signs and symptoms that result in progressive functional decline, although multiorgan system involvement has also been described. We report a case of a 70-year-old man recently diagnosed with MELAS syndrome who was referred for nephrology review due to acute on chronic renal impairment, with a background history of Type 2 Diabetes Mellitus and hypertension. A renal biopsy was performed to delineate the cause of the acute decline in renal function. The kidney biopsy showed marked chronic damage consistent with diabetic and hypertensive nephropathy, which was corroborated by electron microscopy findings. In addition, occasional tubular cells showed mitochondria with large vacuoles and abnormal cristae. This case highlights the ultrastructural changes within the kidney that are indicative of MELAS syndrome. These changes can be focal, and should not be overlooked in the presence of other causes of chronic kidney damage.

MALIGNANT ADENOMYOEPITHELIOMA IN SITU OF THE BREAST: A CASE REPORT

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Adenomyoepithelioma (AME) of the breast is a rare biphasic neoplasm characterised by inner luminal ductal cells and proliferation of enlarged and prominent abluminal myoepithelial cells.¹ The majority of AMEs follow a benign clinical course and complete surgical excision is curative, but it is currently regarded as a neoplasm of low malignant potential due to its potential for metastasis and malignant transformation from either epithelial or myoepithelial components.¹ Cases with malignant transformation are termed malignant AME, further categorized into malignant AME *in situ*, malignant AME invasive, and AME with invasive carcinoma.² Awareness of AME as a diagnostic consideration is important to differentiate it from the myriad of breast epithelial-myoeplithelial proliferations. We hereby report a case of a 40-year-old female with malignant AME *in situ* of the left breast, presenting as a periareolar lump of 3 years' duration which was reported as a sclerosing papilloma on recent core biopsy, with the diagnosis only evident following subsequent excision biopsy.

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TONSILLAR LYMPHANGIOMATOUS POLYP

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Tonsillar lymphangiomatic polyp is a rare lesion that is believed to be hamartomatous in nature. It presents as a polypoid outgrowth