Chinese descent with chronic sialadenitis. CT imaging showed a 20 mm solid parotid lesion that demonstrated malignant cells of unknown type on FNA. Histologically, parotidectomy and neck dissection showed a LC containing poorly differentiated SCC. LC had lymphoid stroma with germinal centers and benign squamous epithelium. The SCC had a solid nested architecture with keratinization and large malignant, squamous cells. SCC was positive for CK5/6, P63, P16 and C-KIT. EBER ISH and PASD stains were negative making lymphoepithelial carcinoma and mucoepidermoid carcinoma unlikely. SCC was completely excised with no lymph node metastasis. After clinical exclusion of SCC from other sites, PPSCC was diagnosed, and radiotherapy prescribed. To conclude, PPSCC is a rare parotid malignancy that may arise in a LC in the setting of chronic sialadenitis.

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CASE REPORT: ILEAL LOBULAR CAPILLARY HAEMANGIOMA WITH GASTROINTESTINAL BLEEDING, OBSTRUCTION AND INTUSSUSCEPTION

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Haemangiomas of the lower gastrointestinal (GI) tract are rare benign tumours, that present most frequently with GI bleeding and anaemia, and infrequently with obstruction and intussusception. Intussusception is a telescoping of the bowel that may induce intestinal ischaemia and perforation. Causes include tumours, adhesions, previous surgery and inflammatory bowel disease. We present a case of a 33-year-old man that presented with a ten day history of right flank pain and melaena with mild anaemia. CT imaging showed bowel obstruction secondary to ileal intussusception. Intussusception had a length of 94 mm and showed an 80 mm nodular tan tumour. Histologically, this tumour showed a lobular proliferation of thin walled blood vessels lined by bland endothelial cells with perivascular spindle cells consistent with a lobular capillary haemangioma. There was extension into the submucosa with widening and blunting of villi. Immunohistochemistry for vascular markers CD31 and CD34 was positive. HHV8, synaptophysin, chromogranin, AE1/3, HMB45 and Melan A were negative, making Kaposi's sarcoma, melanoma and neuroendocrine tumours unlikely. The lobular capillary haemangioma and intussuscepted ileum, were curatively treated by segmental small bowel resection. Although rare, small bowel haemangiomas and intussusception should be considered in the differential for GI bleeding with anaemia and abdominal pain.

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LEIOMYOMA? INFLAMMATORY MYOFIBROBLASTIC TUMOUR AS A MIMIC

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Presentation: A 23-year-old female presented with a 7 cm fibroid with atypical features on MRI. There was minimal response to Goserelin (GnRH agonist for sex hormone suppression). The decision was made for hysterectomy.

Pathology: Macroscopic examination showed a circumscribed whorled myometrial lesion resembling leiomyoma. Microscopic examination showed a spindle cell lesion predominantly consisting of bland fascicular leiomyoma-like areas and cellular storiform areas. However, the typical thick walled vessels of leiomyoma were notably absent. Other atypical features for leiomyoma included fasciitis-like areas, prominent lymphoplasmacytic infiltrate, and focally infiltrative borders. Immunohistochemistry demonstrated ALK positivity, and FISH studies confirmed ALK rearrangement. The features were of inflammatory myofibroblastic tumour (IMT) of the uterus.

Discussion: Uterine IMT is a rare entity with low malignant potential. It may mimic leiomyoma on macroscopic and microscopic examination. The lack of thick walled vessels, fasciitis-like areas, and lymphoplasmacytic infiltrate raised suspicion of an alternative diagnosis to leiomyoma in this case. ALK is positive in the majority of cases thus, low threshold for ALK testing is advised in all uterine lesions that raise morphologic suspicion of IMT.

A VERY FRUITFUL LIVER – HEPATIC GLYCOGENOSIS IN POORLY CONTROLLED TYPE 1 DIABETES MELLITUS

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Hepatic glycogenosis (HG) is an underrecognised hepatic pathology of diabetes with excess glycogen deposition in the hepatocytes as a result of hyperglycaemia and large doses of insulin administration in type 1 diabetes. This case study reports a 25-year-old female with a constellation of nonspecific symptoms including lethargy, tremors, diaphoresis, and generalized abdominal pain. This in on a background of anti-IA2 antibody positive type 1 diabetes with a HbA1c of 8.9%. The patient also had a persistently elevated lactate level in the absence of sepsis or abdominal pathology. Core liver biopsy showed macrovesicular steatosis, hepatocytes with granular cytoplasm and pseudo inclusions, which stained PAS-positive for glycogen. The hepatocytes also showed