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

features of megamitochondria. Focal lobular inflammation was seen associated with spotty necrosis in one focus. HG arises from disruption of the normal balance between glycogenesis and glycogenolysis, leading to trapping of glycogen within the hepatocytes. This leads to hepatomegaly and consequent liver damage which becomes evident with blood release of amino-transferases.

IDENTIFICATION OF POTENTIALLY MISLEADING TERMINOLOGY IN THE FIVE CURRENTLY PUBLISHED FIFTH EDITION WHO CLASSIFICATION OF TUMOURS: AN UPDATE

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Aim: To describe the frequency of use of a set of potentially misleading terms in the WHO Classification of Tumours, 5th Edition Blue Books (BB).

Methods: We used 26 previously identified potentially misleading pathology-related terms¹ that lack definitional support and performed a second phase descriptive study to report the frequency of use within the 5th edition BB.

Results: The 26 misleading terms were utilised a total of 6450 times in all books: 1477 times in Digestive System Tumours (DST), 574 times in Breast Tumours (BT), 1119 times in Female Genital Tract (FGT), 1899 times in Soft tissue and Bone Tumours (STB) and 1381 times in Thoracic Tumours (TT). In all BB, the suffix 'oid' was the most frequently observed term. Other common terms included 'like', 'epithelioid', 'pseudo', 'dysplasia', 'carcinoid', and 'microinvasion and microinvasive'. In STB, TT and BT, the majority of potentially misleading terms were located in one chapter. FGT and DST showed a more even distribution across chapters.

Conclusion: We detected frequent use of potentially misleading terminology in the WHO Classification of Tumours BB, 5th series. A contextual analysis of the linguistic use is planned to determine possible alternative terminology.

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SCLEROSING PNEUMOCYTOMA – A CASE REPORT

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Sclerosing pneumocytoma is a benign but rare neoplasm of the lungs, usually incidentally found, and with a striking female predilection. Microscopically the key feature of these neoplasms is the presence of two cell populations: surface cuboidal cells and stromal round cells, arranged as papillary, sclerosing, solid and haemorrhagic patterns in variable proportions.

We present a case report of a Caucasian female in her 30s who presented with an incidentally discovered, slowly enlarging mass in

the right upper lung lobe. A subsequent lobectomy was performed and the mass was found to be a sclerosing pneumocytoma.

This case highlights the typical histologic and immunohistochemical features of sclerosing pneumocytoma.

UNUSUAL CLINICAL PRESENTATION OF A CROOKE CELL ADENOMA – A RARE AND AGGRESSIVE PITUITARY ADENOMA VARIANT

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Pituitary adenomas are common intracranial neoplasms, making up approximately 15% of all intracranial tumours.¹ The clinically non-functioning pituitary adenomas that show hormonal or transcription factor production on immunohistochemistry are termed 'silent'. Crooke cell adenoma (CCA) is one of the recently defined high-risk pituitary adenoma subtypes and comprises 4% of corticotroph adenomas.² Most patients with CCAs present with Cushing's disease, however, there are rare cases of silent CCAs reported in the literature.

We present a case of silent CCA in a 65-year-old female who presented with headache and vertigo. Histopathology of the resected macroadenoma showed characteristic immunohistochemical and ultrastructural findings. Pathologists should be aware of the diagnostic criteria for CCA regardless of the tumour's functional status due to the high recurrence rates of CCA after transsphenoidal resection.³

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EFFICACY OF TRAINING A DEEP LEARNING MODEL FOR MITOTIC COUNT IN BREAST CARCINOMA USING OPENSOURCE SOFTWARE

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Mitotic count is a semiquantitative part of the routine histological grading of breast cancers and introduces significant interobserver reliability issues. One potential systematic solution is artificial intelligence (AI) and computer vision algorithms. Previous literature has shown proprietary AI models to be effective at counting breast cancer mitoses.¹

Aim: To evaluate the efficacy of training a deep learning computer vision model using only opensource software, to improve the democratisation of AI in this application.