THROMBOSPONDIN TYPE-1 DOMAIN-CONTAINING 7A AND MEMBRANOUS NEPHROPATHY – THE FIRST RETROSPECTIVE ANALYSIS OF PODOCYTE ANTIGEN PREVALENCE AND PROGNOSIS IN AN AUSTRALIAN COHORT

Katharine Hegerty¹, Pedro Gois²,
Dwarakanathan Ranganathan², Andrew Kassianos³,
Arti Raghubar³, Leo Francis⁴

¹Department of Nephrology, Princess Alexandra Hospital, Brisbane, Qld, Australia; ²Department of Nephrology, Royal Brisbane and Women's Hospital, Brisbane, Qld, Australia; ³University of Queensland, Brisbane, Qld, Australia; and ⁴Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, Qld, Australia

Background: Membranous nephropathy (MN) is the most common cause of nephrotic syndrome in adults. Antibodies to M-type phospholipase A2 receptor 1 (PLA2R) define primary MN and those to thrombospondin type 1 domain-containing 7A (THSD7A) are of growing interest. THSD7A is present in 10% of PLA2R negative MN¹ and 20% of cases are associated with malignancy.² THSD7A immunohistochemistry (IHC) has identified positive cases.³

Method: We performed retrospective THSD7A IHC on renal biopsies collected 01/01/2014 to 31/12/2018 at a single centre. PLA2R status was determined. We assessed for clinical concern of primary MN and malignancy.

Results: Tissue was available for 77 of 81 identified cases. IHC showed positivity for PLA2R in 35 cases (45%) and THSD7A in 1 case (1%). The positive case had no known malignancy but died of pneumonia within 5 months. Following interpretation of IHC, a separate study using mass spectrometry confirmed a relative abundance of THSD7A protein.

Conclusion: IHC for THSD7A was positive in 1% but interpretation of the IHC was challenging and lacked a gold standard for validation of results. This study was unable to provide meaningful interpretations about the significance of THSD7A IHC reactivity in the Queensland population and further study is needed.

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ROUND LIGAMENT POLYPOID ENDOMETRIOSIS PRESENTED WITH SHOULDER TIP PAIN, A CASE REPORT

Abeer Hagelamin, Leonardo D. Santos

Anatomical Pathology Department, Liverpool Hospital, South Western Sydney Local Health District, NSW, Australia

Endometriosis is a disease characterised by the presence of endometrial glands and stroma out of the endometrial cavity. The lesions are usually brown and nodular and often seen on the peritoneal surfaces of the intra-abdominal and pelvic organs. The disease affects about 15% of women of reproductive age with associated symptoms starting as early as puberty. The main symptoms are usually unexplained cyclical pelvic pain. Polypoid endometriosis is considered an uncommon variant of the disease with a limited number of reported cases. We hereby present a case of polypoid endometriosis of the round ligament with diaphragmatic nodules.

The patient presented with cyclical pelvic and shoulder pain. On surgery the ovaries and tubes were entrapped with fibrosis and the diaphragm was adherent to the liver surface. Microscopically, the round ligament nodule was a polypoid nodule lined by columnar cells and contained secretory endometrial-like glands with mucinous metaplasia supported by endometrial-like pseudodecidualised stroma. The same features were seen in the diaphragmatic lesion.

For this patient, the polypoid morphology and the type of pain were considered as an unusual presentation of the disease.

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INTRAPLACENTAL CHORIOCARCINOMA: A CASE REPORT

Enas Hamad¹, Wafa Al Omari², Lyndal Anderson^{3,4},
Zaid Housseh^{1,4}

¹Anatomical Pathology Department, Liverpool Hospital and NSW Health Pathology, Liverpool, NSW, Australia;

²Department of Obstetrics and Gynaecology, Fairfield Hospital, Prairiewood, NSW, Australia; ³Department of Tissue Pathology and Diagnostic Oncology, Royal Prince Alfred Hospital and NSW Health Pathology, Sydney, NSW, Australia; and ⁴School of Medicine, Western Sydney University, Campbelltown, NSW, Australia

Choriocarcinoma is an aggressive trophoblastic malignancy. Gestational choriocarcinoma occurs in 1 in 40,000 pregnancies. Most of cases follow the diagnosis of complete hydatidiform mole. Of all forms of gestational choriocarcinoma, asymptomatic intraplacental choriocarcinoma after non-molar pregnancies is the rarest.

We hereby present a case of incidental choriocarcinoma confined to the placenta with no evidence of dissemination to the mother or infant.

A 31-year-old female delivered a viable infant at 37 weeks gestation. Macroscopically, placenta disc demonstrated a 28 mm intraparenchymal firm fairly defined lesion with necrotic centre. Microscopically, the lesion showed extensive necrosis surrounded by solid aggregates of atypical syncytiotrophoblasts,