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A MIMIC OF INFLAMMATORY BOWEL DISEASE – A CASE REPORT OF MONOMORPHIC EPITHELIOTROPIC INTESTINAL T-CELL LYMPHOMA

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Monomorphic epitheliotropic intestinal T-cell lymphoma (MEITL) is a rare primary intestinal T-cell lymphoma. It is commonly seen in the Asian and Hispanic populations and is usually not associated with celiac disease, unlike type I enteropathy associated T-cell lymphoma.

It commonly occurs in the small intestine, and patients usually present with clinical features of obstruction or perforation. Patients usually have a late clinical presentation and have advanced stage disease at the time of diagnosis.

We present a case of a gentleman who had recurring abdominal pain with CT scans demonstrating thickened small bowel wall and biopsies showing chronic inflammation, features suggestive of inflammatory bowel disease. He was managed as having Crohn's disease without significant improvement. Further investigations revealed the diagnosis of MEITL.

A CASE REPORT ON FINE NEEDLE ASPIRATION OF MAMMARY ANALOG SECRETORY CARCINOMA IN THE PAROTID GLAND

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Mammary analog secretory carcinoma is a recently described salivary gland neoplasm defined by its t(12;15)(q13;q25) translocation that results in a ETV6-NTRK3 gene fusion. Fine needle aspiration of mammary analog secretory carcinoma poses a diagnostic challenge as it has overlapping features of other primary salivary gland neoplasms including acinic cell carcinoma and mucoepidermoid carcinoma. We report a case of a 65-year-old male who presented with a parotid lump. Fine needle aspiration was performed which showed a hypercellular smear containing abundant neoplastic epithelial cells with a background of proteinaceous material. The lesional cells had relatively uniform, intermediate size nuclei with pale, granular chromatin and some had small, discrete nucleoli. The cells had abundant delicate and vacuolated cytoplasm. The lesional cells were uniformly positive for S100, cytokeratin 7 and beta-catenin; they were negative for myoepithelial markers p63 and SMA. A diagnosis of mammary analogue secretory carcinoma was made

on cytology which was confirmed on histopathology and molecular studies performed on the resection specimen. This case highlights the importance of awareness of this entity, and describes the cytological clues and ancillary testing that would be helpful in identifying this lesion on fine needle aspiration.

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PERICARDIAL ROSAI-DORFMAN DISEASE: THE ROLE OF NEXT GENERATION SEQUENCING

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Rosai-Dorfman disease otherwise known as sinus histiocytosis with massive lymphadenopathy is an uncommon disease of histiocytic differentiation. The classification of histiocytic diseases including Rosai-Dorfman, Erdheim-Chester and Langerhans cell histiocytosis were previously believed to be reactive processes. Recent advances in molecular pathology including next generation sequencing has identified some somatic mutations within proportion of these lesions, giving evidence to at least a subset of these lesions being neoplastic. BRAFv600e mutations have been found in Erdheim-Chester and Langerhans cell histiocytosis, however it is rarely seen in Rosai-Dorfman disease. We report a case of a 72-year-old female who presented with shortness of breath and on imaging had an infiltrative pericardial mass that encased the heart. Histopathology showed predominately mixed inflammatory cells with focal areas of histiocytic aggregates. Focal emperipolesis was seen. Micro-organisms were not seen. The histiocytes were S100, CD68 positive; CD1a, langerin negative. Next generation sequencing was performed which showed a BRAFv600e mutation. This case report highlights the importance of next generation sequencing as an ancillary test for histiocytic lesions as it aids in diagnosis, adds to the understanding of aetiology, as well as allowing for targeted therapies to be a part of the treatment regime.

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MYOID DIFFERENTIATION IN DERMATOFIBROSARCOMA PROTUBERANS: A RARE PHENOMENON

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