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Dermatofibrosarcoma protuberans (DFSP) is a slow growing malignant tumour usually identified at the dermal/subcutaneous junction with a tendency for recurrence after incomplete resection, however metastatic disease is rare. In addition to the classic monotonous storiform arrangement of spindled cells, a number of histologic variants have been identified including myxoid, pigmented, and plaque-like variants. Fibrosarcomatous variants have been described which represent high grade transformation of the DFSP with acquisition of metastatic potential and these tumours have an increased tendency for recurrence. These are distinguished from the lower grade myoid variant.

We present a case of a 25-year-old male who presented with a right groin mass. Microscopically the majority of the tumour showed the characteristic cytomorphologic features of a dermatofibrosarcoma protuberans with mild to moderately pleomorphic spindled cells arranged in a well developed storiform pattern with CD34 positivity. Within the storiform areas there was a striking perivascular proliferation of myoid spindle cells. In other areas away from vessels, the myoid spindle cells were arranged in fascicles, raising the possibility of fibrosarcomatous transformation, but these lacked obvious nuclear atypia or increased mitotic activity. The myoid appearing cells were focally positive for SMA and negative for CD34.

Dermatofibrosarcoma protuberans with areas of myoid differentiation do not appear to behave more aggressively than conventional DFSP and it is therefore important to distinguish them from the fibrosarcomatous variant.

ESOPHAGEAL INVOLVEMENT IN PEMPHIGUS VULGARIS: A CASE REPORT

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Pemphigus vulgaris is an autoimmune blistering disorder characterised by skin and mucosal involvement and an incidence of 0.5–3.2 per 100,000. It affects men and women with equal frequency, most commonly during 4th and 5th decade of life. It is a potentially life threatening disease, with a mortality rate of 5–15%, attributed to the disease itself as well as complications secondary to corticosteroids and immunosuppressive therapy. Oesophageal involvement is rare and usually presents with dysphagia and odynophagia. Even when present, it may be under-recognised or misdiagnosed without a proper endoscopic and histopathologic evaluation.

We present a case of 76-year-old gentleman who developed swollen gums and severe oral ulceration which was associated with pain and difficulty swallowing along with significant loss of weight. He was admitted to hospital and required intravenous fluids and nasogastric tube feeding given substantial

dehydration and malnutrition. He went onto develop flaccid blisters on abdomen and upper back. Skin biopsy was performed and histopathology supplemented with direct immunofluorescence (DIF) confirmed pemphigus vulgaris. The patient was commenced on prednisolone and was planned to undergo whole body PET scan, upper GI endoscopy and colonoscopy to rule out paraneoplastic pemphigus. The esophago-gastroscopy revealed multiple ulcers that were biopsied and histopathology showed suprabasal blister formation and acantholysis compatible with the diagnosis of pemphigus vulgaris.

AN ATYPICAL PRESENTATION OF GIANT CELL ARTERITIS INVOLVING THE FACIAL ARTERY

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Giant cell arteritis (GCA) is a large vessel vasculitis that characteristically involves the temporal arteries. Rarely, it may involve other arteries with varying manifestations. We present a case of atypical location for GCA – the facial artery.

To date, there are only several case reports of GCA with facial artery involvement with no larger-scale studies. Our patient initially presented with 2–3 weeks of bilateral jaw pain, sub-mandibular swelling, lethargy, and oral paraesthesia. Following admission, she had visual changes diagnosed as transient ischaemic neuropathy, indicative of GCA. Her past medical history included polymyalgia rheumatica diagnosed 13 months prior. Her inflammatory markers (CRP, ESR and ferritin) were elevated. CT scans and MRI did not reveal any pathology, however on vascular ultrasound, a section of her left facial artery showed 'halo sign', increased thickness of the arterial walls and decreased compressibility; this section was subsequently biopsied.

Histology showed the presence of multinucleated giant cells which would be consistent with GCA. Also present was extensive disruption and fragmentation of the internal elastic lamina. There was an inflammatory infiltrate within the arterial wall, with lymphocytes, plasma cells, and histiocytes present. The tunica intima was also hyperplastic, and in some sections thrombosis of the artery was present.

CD34-NEGATIVE SOLITARY FIBROUS TUMOUR OF THE BROAD LIGAMENT WITH DOEGE-POTTER SYNDROME: A CASE REPORT

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Solitary fibrous tumours (SFT) are rare fibroblastic mesenchymal tumours that can occur in various anatomical sites but are extremely rare in the female genital tract. The broad ligament itself is a rare location for primary tumours and SFT in the broad ligament has only been described twice before in the literature. We report on a case of CD34-negative SFT in a 61-year-old