

was completely occupied by a solid, white, rubbery mass, with areas of necrosis and hemorrhage, which invaded the epididymis and the mediastinum testis. It had a solid and infiltrative growth pattern, exhibiting small blue round cells, crushing artefacts, rosette formation and severe cytological atypia. Positivity for CK8/18 and Synaptophysin(focal), CD99 and CD56(strong and diffuse) was depicted.

Conclusion: Surgical resection is the treatment of choice for most cases of SM given their chemo-resistance. However, Pathologists should be aware of PNET SM and report it, as PNET-specific chemotherapy was shown to be effective in treating this TGCT subtype.

E-PS-18-004

Clinical case of multifocal primary tumour: Is the additional examination of the body required in case of malignant tumour of the urinary bladder?

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Objective: To determine the histogenesis of the urinary bladder (UB) neoplasia under suspected risk of multifocal pathology.

Method: Histological and immunohistochemical (IHC) examinations were carried out in several stages: 1) Hematoxylin and eosin; 2) CKpan, CD45 and Vimentin; 3) CKLMW, CKHMW, CK7 and 20; 4) AR, PSA, AMACR.

Results: The first stage, presented by histological examination of the formation in the UB revealed the growth of the undifferentiated malignant tumour. At the same time, the lesions with tubular-trabecular nature were revealed. For better understanding of the tumour nature the IHC examination (2,3,4 stages) was carried out. The second stage of IHC showed the epithelial nature of both malignant tumours (CKpan«+», CD45«-», Vimentin«-»). The third stage showed that the tissue of adenocarcinoma of the prostate was heterogeneously positive for CKLMW«+/-» and negative for CKHMW, CK7 and 20, but the tissue of undifferentiated UB tumour expressed all types of CK. The fourth stage of IHC showed that in the tissue of adenocarcinoma the reaction was positive for AR, PSA, AMACR and in undifferentiated UB tumour it was negative for AR and PSA and heterogeneously positive for AMACR«+/-». By comprehensive study the final diagnosis was determined: combined malignant tumour—invasive urothelial carcinoma of the UB and prostate acinar adenocarcinoma (9(5 + 4) according to D.F.Gleason).

Conclusion: This clinical case demonstrates the development of multifocal malignant pathology with lesions of the urinary bladder and prostate. With the presence of the urinary bladder carcinoma, another malignancy can develop within the same topographic area or other systems. For better differentiation of tumour histogenesis the comprehensive histological and immunohistochemical examinations are required.

E-PS-18-005

Histological features with prognostic significance in testicular germ cell tumours

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Objective: Our study aims to identify histological features with prognostic and/or predictive role which may be further used to build a score system to inform clinical decision.

Method: We assessed 39 cases of testicular germ cell tumours (TGCTs), focusing on the following particular features: quantification of different tumour subtypes, presence of intratubular germ cell neoplasia, histological pattern, cytoplasm appearance, nuclear pleomorphism, mitotic index, tumour necrosis, inflammatory lymphocytic infiltrate. These variables

were analyzed in relationship with several clinicopathological characteristics and patients' outcomes. For statistical analysis we used exact tests and Spearman's rho.

Results: The presence of multiple tumour subtypes increased the risk for distant metastases. The glandular pattern was correlated with a better overall survival (OS) as compared to the papillary pattern that increased the risk of death. Cellular pleomorphism was negatively correlated with OS. No similar results were obtained for a high mitotic index. The presence of acidophilic cytoplasm could predict the global therapeutic response rates. The lymphocytic infiltrate, assessed through its qualitative and quantitative expression, could be proposed as a prognostic and predictive marker.

Conclusion: The evaluation of several non-conventional histological features in TGCTs offers complementary data to optimize the prognostic stratification and guide the therapeutic decision.

E-PS-18-006

A case report of a primary renal well differentiated neuroendocrine tumour

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Objective: A 58 year old man suffering from recurrent swelling of his legs and losing weight in the last few months. Direct physical examination was unremarkable, his laboratory values showed decreased hemoglobin (9.57 G/dl), increased WBC (10.2x1000, 80 % neutrophils), proteinuria, and normal Urea and Creatinine. CT scan revealed a mass involving the inferior lobe of the right kidney measuring 7 cm in greatest dimension. Right nephrectomy was performed on the patient.

Method: Gross examination showed a white-beige solid and well demarcated tumour, the renal tissue looked normal. The applied sections showed proliferation of packed trabeculae, nests and cords of cells having eosinophilic granular cytoplasm and uniform nuclei with stippled chromatin, no mitotic activity neither necrosis could be seen despite generous sampling. The tumour growth was limited to the renal borders.

Results: Immunohistochemistry revealed positive staining for CD99, Chromogranin, and negative result for CD10 and CK7 with positive internal control, Ki-67 showed very low index (<1 %).

Conclusion: Microscopic morphology and the applied immunohistochemistry were consistent with well differentiated neuroendocrine tumour (carcinoid).

E-PS-18-007

Retroperitoneal and pulmonary metastases from burned-out testicular germ cell tumour as initial clinical presentation: Report of two cases

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Objective: To present two cases of metastatic deposits from burned-out testicular germ cell tumours (GCTs) as initial clinical presentation of the disease.

Method: Case 1: Retroperitoneal necrotic tumour from a 40-year old male patient, and fragments from the lumbar vertebra were submitted for analysis. Case 2: Core biopsy of a lung mass from a 26-year old male patient was received for analysis. Both cases were routinely processed and additional immunohistochemical analyses were performed.

Results: Case 1: Necrotic retroperitoneal tumour had only a few vital germ cell tumour cells positive for PLAP and CD30. In the testis, an area measuring 17 mm showed hyalinization, sclerosis and calcification with cystic structures presenting mature teratoma positive for cytokeratins 7

and 20. In the surrounding area, a component of germ cell neoplasia in situ (GCNIS) positive for PLAP was found. Case 2: Lung core biopsy revealed 1 mm focus of embryonal carcinoma, positive for PLAP, CK7 and CD30. Testicular tissue had areas of GCNIS positive for PLAP and c-kit and 8 mm focus of hyalinization and calcification.

Conclusion: Testicular burned-out (GCT) is a rare neoplasm that initially manifests as metastatic deposits in the retroperitoneum and lung. Awareness of this phenomenon is mandatory in diagnosis of metastatic deposits.

E-PS-18-008

Large osteoblastic metastasis to the sphenoid bone in a 62-year-old man - a rare first manifestation of prostate cancer

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Objective: Introduction: Prostate cancer is the second most common cancer in men. We present a case of a 62-year-old man with massive metastasis of prostate cancer to the sphenoid bone causing left-sided visual loss and exophthalmos as the first symptoms of the disease.

Method: N/A

Results: Case report: The patient consulted a neurosurgeon due to the left eye blindness with ocular proptosis without any other neurological symptoms. CT examination of the head revealed a tumour of the middle cranial fossa infiltrating the orbit. Histopathological examination of the collected specimens revealed massive invasion of poorly differentiated carcinoma, which immunohistochemical profile matched prostatic adenocarcinoma (PSA(+), AMACR(+), prostein (+)). Analysis of the immunophenotype of cancer cells excluded the primary tumour of glial or meningeal origin. Further diagnostic tests revealed increased serum PSA (46.7 ng/ml), numerous enlarged paraaortic lymph nodes, hypodense lesion in the liver and massive metastatic lesions in bones of the pelvis. Hormonal therapy resulted in an initial 4-fold decrease of serum PSA, followed by another rise after 4 months. The patient is currently treated at the Chemotherapy Clinic at the University Hospital, Wroclaw.

Conclusion: Conclusions: Prostate cancer metastases should be always considered in males with focal neurological symptoms and in histopathological diagnosis of intracranial tumours.

E-PS-18-009

Fetal rhabdomyomatous nephroblastoma in an adult: A rare entity with a challenging diagnostic

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Objective: Fetal rhabdomyomatous nephroblastoma (FRN) is a rare variant of Wilms' tumour with only few cases reported in the literature. Its occurrence in an adult is exceptional. We report a new case in order to illustrate clinical and histopathological features of this entity.

Method: In this study, we present a case of FRN diagnosed in our pathology department.

Results: A 31-year-old-woman was hospitalized with haematuria and left lumbar swelling. Physical examination revealed a left lumbar mass. Ultrasound and computed tomography evidenced a well-circumscribed-15 cm-heterogenous-tumour involving the upper-renal-pole. Magnetic resonance imaging showed a solid-left-renal-tumour measuring 15×10,5×9 cm and containing numerous cystic changes. The diagnosis of nephroblastoma was suggested. A left nephrectomy was immediately performed. The tumour was whitish cut-surface with whorled aspect and several cystic and myxoid changes. Histopathologically, the tumour was well-circumscribed mostly composed of mesenchymatous component

with fetal-striated-muscle-cells in a myxoid background. Both blastemal and epithelial components could not be demonstrated. The diagnosis of FRN was made. After a 3 month follow-up, no metastases or recurrences were detected.

Conclusion: FRN is a rare variant of nephroblastoma with distinctive clinical, pathological and behavioral features. Unilateral FRN have generally favorable outcomes when surgically treated since they are poorly responsive to chemotherapy.

E-PS-18-010

Primary small cell carcinoma of the urinary bladder: A case report

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Objective: Extrapulmonary Small Cell neuroendocrine carcinoma of bladder is a very rare and highly aggressive tumour which usually diagnoses at advanced stages. The origin and pathogenesis of the disease is unknown. We present a case of primary small cell carcinoma of the urinary bladder with explanation of histopathologic and immunohistochemical characteristics.

Method: The Patient is a 75-year-old-man with gross hematuria. Abdominopelvic CT-scan showed an irregular non-enhanced filling defect on posterior wall of urinary bladder. On cystoscopic examination a large vegetative mass measuring 8 cm in maximal diameter was identified on posterior wall. Cystoscopic biopsy performed. Primary pathology report was poorly differentiated carcinoma with invasion into muscularis propria. Radical cystoprostatectomy was done for the patient.

Results: Histopathological examination of the radical cystoprostatectomy showed sheets of small tumoural cells extensively infiltrating the bladder wall, prostate, seminal vesicle and lymph nodes. Immunohistochemical staining showed positivity of tumoural cells with CD56, dot-like positivity for pan-Cytokeratin and focally positive synaptophysin. Ki67 labeling index was positive in about 80 % of tumour cells. Tumoural Cells were negative for chromogranin and LCA which confirmed widespread poorly differentiated small cell neuroendocrine carcinoma.

Conclusion: Presented case is a rare case of aggressive primary Small Cell Carcinoma of urinary bladder with extensive metastasis.

E-PS-18-011

Incidental high grade urothelial carcinoma in a hydronephrotic, nephrolithitic, non functioning kidney: A case report from a medical institute of Rohilkhand region, India

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Objective: To report an incidental finding of high grade urothelial carcinoma in a hydronephrotic, nephrolithitic, non functioning kidney.

Method: Formalin fixed right nephrectomy specimen was processed as per protocol. Hematoxylin and Eosin stained sections were observed microscopically. Relevant immunohistochemical stains were ordered for representative sections. Clinical details and investigations were retrieved from patient's case file.

Results: A 55 year old male presented with right flank pain. There was no gross or microscopic hematuria. Ultrasonography revealed hydronephrosis with nephrolithiasis. Renal diethylenetriaminepentaacetic acid (DTPA) scan showed severely impaired renal function. Clinically diagnosed with right non functioning kidney with calculi and hydronephrosis, the patient underwent right nephrectomy. Macroscopic examination revealed distorted calyces, impacted stones and a tan-white solid area measuring 8 cm × 7 cm. Microscopically, the patient was diagnosed with high grade urothelial carcinoma infiltrating into the renal capsule and perinephric fat. Immunohistochemistry was positive for Anti-