SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-19	Hematopathology	Tei, Shikofumi Toshima Hospital Dept. of Pathology Tokyo Japan	Poster	Komatsu, Akiko Motoi, Toru
Abstract No. 026				
Date 17.10.2018 & 18.10.2018				

ABSTRACT TITLE:
Inflammatory pseudotumor of the spleen: A case report

ABSTRACT TEXT

Objective: Inflammatory pseudotumor (IPT) of the spleen is a rare tumor. We present a case of IPT of the spleen.
Methods: A patient was an 82-year-old man who underwent surgery for a rectal cancer in our hospital before six years. Abdominal CT revealed a mass in the spleen. The splenectomy was performed.
Results: The macroscopic findings of these splenectomy specimens showed a nodular and well-circumscribed mass with a whitish gray cut surface. The mass was 2.5x2.0x2.0cm. Microscopically, the mass showed a mixed inflammatory infiltrate with a proliferation of spindle cells focally in a storiform pattern. The spindle cells revealed positivity for CD68, vimentin, SMA in immunohistochemical study. The pathological diagnosis was IPT. The patient is followed-up for three months after the operation without any trouble.
Conclusion: IPT known as inflammatory myofibroblastic tumor is an uncommon lesion of uncertain origin. It occurs throughout the body, most frequently in the mesentery, omentum, retroperitneum, pelvis and abdominal soft tissue. The splenic presentation is rare in the literature. In this study, we report an additional case of IPT involving the spleen.
Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-02	Breast pathology	Koufopoulos, Nektarios Evangelismos Athens Greece	Poster	Provatas, Ioannis Pigadioti, Eleni Antoniadou, Foteini Kosmas, Konstantinos Khaldi, Lubna
Abstract No. 027				
Date 15.10.2018 & 16.10.2018				

ABSRACT TITLE:
Invasive lobular carcinoma with extracellular mucin production. A new subtype of invasive lobular carcinoma

ABSTRACT TEXT

Objective: Invasive lobular carcinoma (ILC) with extracellular mucin production is a recently described new variant of ILC with few reported cases in the English literature. We report a case of ILC with extracellular mucin production.
Methods: A 56 year-old patient was admitted to the hospital for a palpable lump of the right breast. Physical examination and imaging studies were consistent with malignancy. Frozen section was positive while sentinel lymph node biopsy was negative for malignancy. A right mastectomy was performed. On gross examination the tumor was soft, pale, grayish blue, gelatin-like and well circumscribed. On microscopic examination the tumor measured 22mm. It consisted of a non-mucinous ILC component of the classical and solid type. The mucinous area represented about 70% of the tumor. Extracellular mucin production was seen in the form of relatively circumscribed multiple nodular areas. Tumor cells in the mucinous area were arranged in clusters and single cells. Few scattered signet ring cells were identified. Tumor cells displayed positivity for ER, PR and negativity for HER-2, E-Cadherin, beta-Catenin, Chromogranin and Synaptophysin. Ki-67 stained 20% of tumor nuclei.
Results: The diagnosis of ILC with extracellular mucin production was made. Adjuvant radiotherapy and hormonal therapy was administered.
The patient is alive without evidence of recurrence or metastasis twenty-four months after surgery.
Conclusion: Correct diagnosis is important because both treatment and prognosis are distinct. Differential diagnosis includes mucinous carcinoma, solid papillary carcinoma with extracellular mucin formation and composite mucinous and lobular carcinoma.
Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-06	Gynecological pathology	Kubelka-Sabit, Katerina Acibadem Sistina Skopje Macedonia	Poster	Jasar, Dzengis Filipovski, Vanja Bozinovski, Gorgi Plaseska-Karanfilska, Dijana
Abstract No. 027				
Date 15.10.2018 & 16.10.2018				

ABSTRACT TITLE:
Molecular and histological characteristics of early triploid and partial molar pregnancies

ABSTRACT TEXT

Objective: Molar pregnancy has the highest incidence of all gestational trophoblastic diseases. This is a heterogeneous group of diseases, composed of precancerous lesions and gestational trophoblastic tumors. The hydatidiform mole is characterized by varying degrees of proliferation of syncitiotrophoblastic and cytotrophoblastic cells and stromal edema. Based on established morphological and cytogenetic criteria, molar pregnancy is divided into partial and complete. The risk of persistent trophoblastic disease is higher in complete mole compared with partial mole. The aim of this study was to assess the importance of additional molecular methods as a conjunction to the standard histopathological analysis to accurately determine the type and origin of triploidy and to detect partial molar pregnancy.
Methods: We selected a group of 24 consecutive cases of triploidy from a total group of 231 cases of early spontaneous abortions. All 231 cases were analyzed using Quantitative Fluorescent Polymerase Chain Reaction (QF-PCR). Placental and decidual tissue samples from all cases were formalin-fixed and routinely processed. Hematoxilin and eosin stained slides were analyzed by experienced pathologist.
Results: The QF-PCR results of the placental tissue showed that 10% of the cases were triploid. The extra chromosomal set was of paternal origin in 9 (37.5%) cases, and of maternal origin in 15 cases (62.5%). The genotype 69, XXY more often had maternal origin of the extra chromosomal set (10 vs 5), as well as the genotype 69, XXX (5 vs 2). The difference was not statistically significant. The statistical analysis confirmed the difference in median number of predictor factors between the two groups to be statistically significant (p = 0.04), suggesting that diandric triploidies had significantly greater number of diagnostic parameters suggestive of partial hydatidiform mole.
Conclusion: Due to the histomorphological overlap between partial molar pregnancy and hydropic abortions, concomitant histopathological analysis and molecular analysis of the placental tissue can lead to a correct diagnosis.
Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-17	Gastrointestinal pathology	Mokhtar, Noha Soba University Hospital Al-Neeilan University Khartoum Sudan	Poster	Mekki, Salwa Mudawia, Hatim Sulaiman, Sulaiman El-Tahir, Mohmed Mohmed Ahmed, Tigani Omer, Ilham Fargalla, Ishraga Yousif, Badreldin Dafaallah, Mohmed
Abstract No. 027				
Date 17.10.2018 & 18.10.2018				

ABSRACT TITLE:
Histopathological features of coeliac disease in a sample of Sudanese patients

ABSTRACT TEXT

Objective: This study of coeliac disease with biopsies received in the department of histopathology at 2 hospitals in khartoumm Sudan aimed to gain insight into the demographic profile, clinical presentations and histopathological classification of patients with coeliac disease
Methods: This was a descriptive study carried out at Soba University Hospital and Fedail Hospital during the period from January 2010-December 2013. Haematoxylin & Eosin and CD3-stained slides of small intestinal biopsies of coeliac disease patients were reviewed for various histological features (1) intraepithelial lymphocytes (IEL) count per 100 enterocytes, (2) crypt hyperplasia and (3) degree of villous atrophy. Based on the histopathological findings, the cases were categorized according to the modified Marsh classification. Demographic and clinical data were obtained from the patient request forms. The data were analyzed using Statistical Package for Social Sciences Software (SPSS).
Results: The study included 60 patients. Their age ranged from 2 to 70 years with a mean of 19.5 years (±15.7 SD). The most common age group was below 10 years old (41.6%). Male and female are equally affected. The most common clinical presentation was chronic diarrhoea (55.0%), followed by iron deficiency anemia (41.7%). The degree of villous atrophy ranged from complete atrophy (45.0%), marked atrophy (38.3%) to mild atrophy (16.6%). Marsh grade IIIC was the most common grade. The younger age-groups had a higher prevalence of iron deficiency anaemia and higher Marsh grade
Conclusion: The commonest clinical presentation in our CD cases was chronic diarrhea followed by iron deficiency anemia. The latter was inversely related to age. March grade IIIC was the most common grade followed by IIIB and IIIA.
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