

The 16th Annual Scientific Meeting of the College of Pathologists, Academy of Medicine of Malaysia was held at the Royale Chulan Seremban Hotel, in Seremban, Negeri Sembilan on 12th- 13th October 2017. Abstracts of paper (poster) presented are as follows:

AP-01. A palatal swelling transpires out as a nasal B-cell NHL- a case report

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Introduction: Primary sinonasal Non-Hodgkin's Lymphoma's (NHLs) is a rare condition, which emulates the presentation of a benign inflammatory disease. It is challenging to distinguish morphologically as well as radiologically sinonasal lymphomas from other malignant neoplasms. *Case Report:* We report a 37-year-old male patient who was presented with nasal obstruction, rhinorrhoea, bloody discharge/epistaxis, post nasal drip, facial swelling, orbital symptoms and fever. Endoscopic examination and CT scan of the paranasal sinuses with adequate amount of biopsy tissue is required for a definitive diagnosis. Considering this, endoscopic sinus surgery was performed to eradicate the disease as well as obtain a definite histological diagnosis. The mass was histologically proven as a Nasal diffuse large B-cell lymphoma(DLBCL) and confirmed by immunohistochemistry. Immunohistochemically, the cells were strongly positive for CD20, CD79a, BCL2, BCL6 and MUM1.CD10 was focally positive. Ki-67 index was <99%. After confirmation of the histological diagnosis, chemotherapy was started and with the first cycle, the patient improved with resolution of the facial swelling as well as pain and visual defects. *Conclusion:* The diagnosis of a sinonasal lymphoma is a challenge for otorhinologists. Results reveal that patients with sinonasal NHL tend to be missed as their symptoms are vague, and a definitive diagnosis usually requires a repeat and deep biopsy. A high index of suspicion, appropriate histopathological examination and immunohistochemistry is necessary to differentiate sinonasal lymphomas from other possibilities.

AP-02. Histopathological correlation for fine needle aspiration cytology of breast lesions, Hospital Melaka

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Introduction: Breast carcinoma is one of the leading causes of malignancy in females. The purpose of this research is to study the histopathological correlation for Fine Needle Aspiration Cytology (FNAC) of breast lesions in Hospital Melaka. *Materials and Methods:* This was a retrospective cross-sectional study done in our hospital from January 2016 to December 2016. All the patients with histopathology reports of breast lesion during these periods with prior FNAC were included. Patients with unsatisfactory smear (C1), non-representative samples, nipple discharge, papillary lesion and Phyllodes tumour based on Histopathology reports were excluded. *Results:* Total of 457 histopathological reports of breast lesions were collected, in which 186 reports with prior FNAC was available. We have accuracy of 98% for benign lesions and 91.67% for malignant lesions. Thus, the sensitivity for FNAC in diagnosing breast lesion is 91.67%, specificity is 98%; whereas Positive Predictive Value is 91.67% and Negative Predictive Value is 98.13%. Diagnostic accuracy is 96.77%. *Discussion:* Among the 186 cases, 150 cases were benign and 36 cases were malignant on histopathology. Out of 150 cases reported as benign via FNAC, 147 were confirmed benign on histopathology, while 34 cases were confirmed positive from 37 cases reported as malignant. Mean age is 22 years and 67 years for benign lesion and malignant lesion respectively. *Conclusion:* From this study, we can conclude that FNAC has an association with histopathological findings and ought to be performed on standard premises due to its accuracy and cost effectiveness. Thus, maximizes the availability of health care for patients with breast-related pathologies.

AP-03. Endometriosis associated ovarian clear cell carcinoma

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Introduction: Endometriosis is a benign condition and ovary is one of the common site affected by endometriosis. Malignant transformation associated with endometriosis is a rare complication. Sampson et al in 1925, first describe histological criteria to link ovarian endometriosis and malignancy. For ovarian endometriosis the commonest type of malignancy seen is clear cell carcinoma. *Case report:* A 43-year-old lady presented with dysmenorrhea. Radiological examination reveals a bilateral complex ovarian cyst with malignant features. She undergoes total abdominal hysterectomy with bilateral salpingo-oophorectomy and staging laparotomy. Grossly, the uterus and the left ovary are enlarged. The left ovary exhibits solid cystic tumour with an intact capsule. The right ovary, cervix and the endometrium are unremarkable. Microscopically, the left ovarian solid tumour shows clear cell carcinoma. with stromal and capsular invasion. Whereas, the cystic left ovarian tumour is composed of an endometriotic cyst. Endometriotic foci are also seen at the right ovary, both parametrium and the right fallopian tube. A final

diagnosis of left ovarian clear cell carcinoma with endometriosis and adenomyosis is made. *Discussion:* Endometriosis is common involving woman in reproductive age group. Majority presents with dysmenorrhea, pelvic pain and infertility. Previous studies have shown link between ovarian endometriosis and malignancy. It is found that patients with longstanding ovarian endometriosis have a high relative risk of ovarian cancer. An intermediary lesion i.e atypical endometriosis may play a role in endometriosis malignant transformation. Oxidative stress, inflammation and hyperoestrogenism have been implicated in the carcinogenic pathways. *Conclusion:* Biopsy of endometriosis should be considered establishing the diagnosis and to exclude underlying malignant disease.

AP-04. Key diagnostic features that delineates solid pseudopapillary neoplasm of pancreas from pancreatic neuroendocrine tumour: A case report and literature review

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Introduction: Both solid pseudopapillary neoplasm (SPN) and neuroendocrine neoplasm (PNET) are rare pancreatic neoplasms with overlapping histological features that may cause unnecessary diagnostic and treatment delay. It is crucial to distinguish between these two types of tumours because as compared to SPNs which are most often benign, PNETs have greater malignant potential. *Case report:* We describe a case of an asymptomatic 20-year old lady, who is a Hepatitis B carrier, found to have a head of pancreas incidentaloma during her annual surveillance hepatobiliary ultrasound. Pre-operatively, the solid pancreatic mass was misdiagnosed as PNET based on clinical findings, markedly raised serum chromogranin A, local infiltration seen in CT abdomen and fine needle aspiration cytology (FNAC). *Discussion:* This study summarizes the key diagnostic features of SPN so that prompt and accurate histological diagnosis can be made with careful assessment of the gross, microscopic and immunohistochemical findings. Pathognomonic microscopic features of SPNs that distinguishes them from PNET are the presence of papillary-like structures, degenerative features, characteristically grooved or reniform nuclei, clear cells, cercariform cells and the presence of typically periodic acid-Schiff positive and diastase resistant hyaline globules. Immunohistochemically, diagnosis of SPN can be confirmed by loss of membrane expression of beta-catenin and E-cadherin with nuclear positivity, classical CD99 expression and negative or focally positive expression of Chromogranin A. As seen in this case report, paranuclear dot positivity expression pattern of chromogranin A has also been described in literature. In a recent study, ERO1L-beta is found as a new biomarker specific to PNET.

AP-05. Simultaneous occurrence of breast carcinoma and mantle cell lymphoma: A case report

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Introduction: Patients with breast cancers have increased risk of developing non Hodgkin lymphoma following radio/chemotherapy, but the two malignant tumours co-exists rarely. This report describes a rare case of a breast cancer patient with simultaneous occurrence of metastatic carcinoma and mantle cell lymphoma in axillary lymph nodes. *Materials & Methods:* A 58-year-old Malay lady was first diagnosed as breast abscess, and incision and drainage was performed. She was referred to cancer centre after the diagnosis of breast carcinoma was made. A further left breast mastectomy and axillary lymph node dissection was done. *Results:* The breast showed residual invasive micropapillary carcinoma. The tumour cells were ER3+/PR2+/Her2Neu-. Of 37 dissected axillary lymph nodes, two showed metastatic breast carcinoma. There were various degrees of nodal effacement of all lymph nodes, and were characterized by monomorphic proliferation of small to medium sized lymphoid cells. The tumour cells were immunoreactive for CD5, CD20 and cyclin D1. Mantle cell lymphoma was confirmed. She received chemotherapy for both tumours subsequently. *Conclusion:* This case is unique in two aspects. First, the histological feature of breast carcinoma was invasive micropapillary carcinoma. Second, both metastatic carcinoma and MCL were identified within the same lymph nodes. Altogether three cases of concurrent breast carcinoma and mantle cell lymphoma have been described in English literatures previously. The simultaneous occurrence of both breast carcinoma and mantle cell lymphoma is more likely to be co-incidental findings.