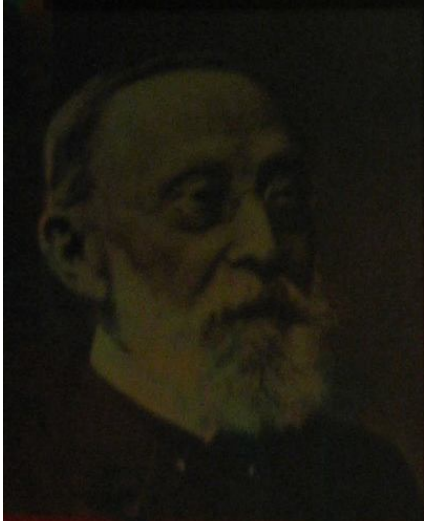


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Abstracts

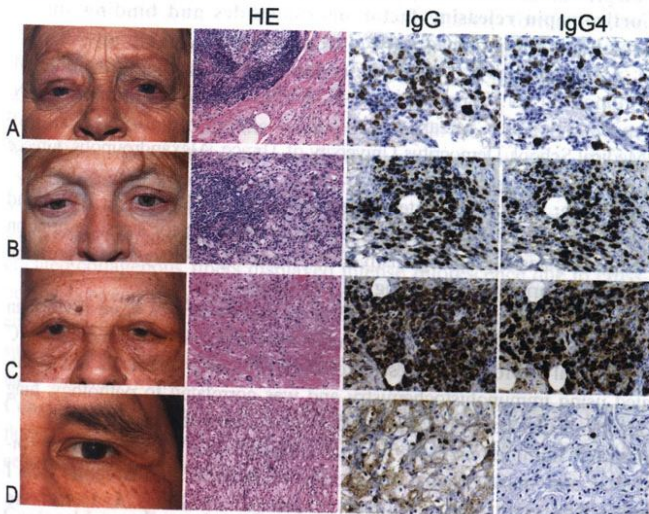


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with IgG4/IgG ratio >0.40 . This seemed to be associated with recurrent disease. The groups were too small to reach statistical significance, however. The morphological features of the cases with high IgG4-positive plasma cell counts conforming to the Boston Consensus Criteria lacked the criteria of storiform fibrosis and phlebitis. None of the patients developed systemic manifestations of IgG4 related disease.

Conclusion: Raised numbers of IgG4-positive plasma cells are a common finding in histopathological specimens of xanthogranulomatous disease of the orbit and are not indicative for IgG4 related systemic disease.

Clinical, histological (H&E) and immunohistochemical images of IgG and IgG4 staining of the different xanthogranulomatous diseases.:



PS-04-005

Atypical pleomorphic adenoma of the lacrimal gland: Report of a case

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Objective: We present a case of an Atypical Pleiomorphic Adenoma of the lacrimal gland.

Method: A 68 year old man with a small painless slow growing mass situated on his right lacrimal fossa. Clinical examination revealed a firm nodular, non pulsatile mass whose overlying conjunctiva was freely movable. Total excision was performed and a biopsy was sent to our laboratory.

Results: The specimen consisted of numerous irregular, ill-defined whitish pieces of tissue deprived of capsule. Histological examination revealed a neoplasm with intimate admixture of epithelial and mesenchymal elements. The latter is focally hyalinized and chondromyxoid. The epithelial component consists of cuboidal cells with enlarged nuclei, arranged in a trabecular fashion forming glands with an associated myoepithelial layer. These cells bear large, slightly atypical nuclei, with prominent nucleoli. Mitoses were rare and necrotic debris within the neoplastic lumen were found.

Conclusion: The diagnosis was atypical mixed tumor of the lacrimal gland. Atypical Pleiomorphic Adenoma is a rare premalignant condition which exhibits at least one of the following: capsule infiltration, hypercellularity, hyalinization, necrosis or cellular anaplasia. The treatment protocol recommends complete en-bloc excision of the tumor without a preliminary biopsy since incisional biopsy is related to an increased rate of recurrence due to incompletely excised mixed tumors.

PS-04-006

Fine-needle aspiration biopsy as prognostic tool in uveal melanoma

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Objective: Fine-needle aspiration biopsy (FNAB) becomes increasingly a valuable tool not only for diagnosis but for prognostication before treatment in an effort to avoid the much distressing enucleation. Our study is meant to ascertain whether sufficiently accurate prognosis information could be gleaned from fine needle aspiration biopsies as this is not used routinely yet in our area.

Method: We have included in our study 29 cases with FNAB prior to enucleation, including cytopathologic features as well as conventional histologic assessment.

Results: We have found that enough material for reliable cytodiagnosis by FNAB has been obtained in 27 (93 %) of cases. By means of appropriate statistical analysis we have found an excellent correlation between the presence of epithelioid melanoma cells observed on FNAB samples and the other histologic features obtained after enucleation. As further research we intend to add flow cytometry and molecular genetics workups to assess the prognostic reliability of a FNAB alone.

Conclusion: Fine-needle aspiration biopsy becomes increasingly compelling in order to assess a patient's prognosis so that the most appropriate and the least distressing treatment can be applied. The ultimate goal is to improve the clinical practice in our area, where enucleation is still the procedure of choice.

PS-04-007

Angiolymphoid hyperplasia with eosinophilia (epithelioid hemangioma) of the orbit

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Objective: Angiolymphoid hyperplasia with eosinophilia (ALHE) is the same condition as epithelioid hemangioma. It is an uncommon vascular tumor that occurs in the orbit extremely rarely. The main differential diagnosis is Kimura's disease (KD). We present a case of an ALHE of the orbit and discuss main differences between ALHE and KD.

Method: Case presentation

Results: An 83-year-old patient presented with a subcutaneous mass of the left lower eyelid. Magnetic resonance imaging revealed a tumor in the left orbit and lower eyelid. An inferior orbitotomy was performed with tumor excision. Histopathological evaluation revealed a lobulated tumor measuring $2.5 \times 2 \times 0.8$ cm, composed of proliferated blood vessels of varying caliber, lined by plump endothelial cells with large cytoplasmic vacuoles. The stroma contained numerous lymphatic follicles with prominent germinal centers and large proportion of eosinophils. The diagnosis of ALHE was made.

Conclusion: ALHE was first characterized by Wells and Whimster and the term epithelioid hemangioma was introduced by Enzinger and Weiss. ALHE shares some features with KD. However, they can be distinguished microscopically: ALHE has swollen, vacuolated endothelial cells; endothelial cells in KD are attenuated, without cytoplasmic vacuoles. Moreover, KD has systemic manifestations. ALHE is treated with surgical excision with approximately 33 % recurrence rate.

Sunday, 1 September 2013, 09.30–10.30, Pavilion 2

PS-05 Poster Session Paediatric and Perinatal Pathology

PS-05-002

Morphological characteristics of thyroid gland of the fetuses from HIV-infected mothers

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Objective: Thyroid diseases are now emerging in the first place among all endocrine diseases in children. Information on immunohistochemical features of thyroid gland in stillbirths from HIV-infected mothers, despite the steadily growing number of HIV-infected women of childbearing age, in the available literature has not been identified. The purpose of research is identification of immunohistochemical features of thyroid gland of the stillbirths from HIV-infected mothers

Method: In this research was used the thyroid glands of the fetuses from HIV-infected mothers. Immunohistochemical study was performed using monoclonal antibody to T3 and T4.

Results: Immunohistochemical study of the thyroid glands of the fetuses from HIV-infected mothers reveal the increased intensity of luminescence of the thyrocytes, compared to the control group, to T4 and T3 monoclonal antibody but light intensity of T4 was higher than T3. Apparently, the increase of the secretory activity of the thyroid gland of the stillbirths from HIV-infected mothers, compared to control group, is a manifestation of compensatory-adaptive mechanisms aimed to maintain homeostasis in the difficult conditions of maternal HIV infection.

Conclusion: In the thyroid gland of the stillbirths from HIV-positive mothers revealed a marked increase of secretory activity.

PS-05-003

Autopsy findings in congenital somatic overgrowth consistant with Beckwith Wiedemann syndrome

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Objective: To make as accurate postmortem diagnosis as possible in a prematurely born neonate showing features of congenital somatic overgrowth.

Method: An autopsy was performed on a male neonate born at 32 weeks gestation after the lethal outcome in the 2nd day of life. The infant was mechanically ventilated, clinical informations were that he developed a right sided pneumothorax and respiratory distress syndrome. Except for acidosis, the laboratory findings also showed hypoglycemia, other results were unremarkable.

Results: The neonate weighted 3,030 g (normal 1,543+/-519 g), the lenght was 50 cm (normal 38.9+/-5.7 cm), at autopsy there was generalized visceromegaly. Microscopically, pancreas showed endocrine hyperplasia, both kidneys contained foci of nephroblastomatosis, both adrenals showed cytomegaly and cystic changes of the definitive cortex. An ectopic focus of adrenal tissue was found in the left lung. Other findings were consistant with prematurity; partial atelectasis, interstitial emphysema, hyaline membranes in the lungs and internal and external hematocephalus. The neonate also exhibited midfacial hypoplasia, macroglossia and ear lobe grooves.

Conclusion: There is a number of syndromes characterized with congenital somatic overgrowth. The findings in this case are most consistant with Beckwith-Wiedemann syndrome. The more sophisticated diagnostic methods (genetic analysis) were not available.

PS-05-005

Case report: Congenital pulmonary lymphangiectasis in fetal autopsy

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Objective: Congenital pulmonary lymphangiectasis (CPL) is a rare developmental disorder involving lung. CPL is a poorly documented disease, characterized by prominent lymphatic dilatation of septal-subpleural-peribronchial tissue of the lung.

Method: Here in we report a 17-week-gestation fetus with anhydramnios. In light microscopy there were marked dilatated channels in the subpleural -peribronchial-subseptal region of the lungs. The channels were lined with flattened cells which were expressing CD 31, negative for CD34. Although pulmonary interstitial emphysema (PIE) was

considered an important differential diagnosis, a giant cell reaction surrounding the interstitial cystic lesions, a histologic hallmark of PIE. The morphological and immunohistochemical findings confirmed to a primary form of CPL, Noonan Group 3.

Results: CPL is characterized by dilatation of the pulmonary lymphatic vessels and occurs as a congenital anomaly. Noonan classified it into three groups. Primary developmental defect of pulmonary lymphatics is group 3. Group 3 is called also as congenital pulmonary lymphangiectasis, normal regression of the connective tissue elements fails to occur after the 16th week of fetal life, associated with an aggressive clinical course, poor prognosis.

Conclusion: We report a rare developmental disorder diagnosed in fetal autopsy examination which was clinically and radiologically not detected.

PS-05-006

Corticotropin releasing factor neuropeptides and binding sites in human fetal lung development and pathology

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Objective: The CRF system (neuropeptides CRF, Ucn I, II, III and binding sites CRF1, CRF2, CRF-BP) is responsible for stress regulation and homeostasis of an organism. Here, we study CRF system expression in human normal and pathological fetal lungs.

Method: Lung tissues from 46 archival human fetuses were divided in Group A (normal), Group B (chromosomal abnormalities) and Group C (congenital disorders). Expression of the CRF system elements was evaluated using immunohistochemistry and was correlated to pathology, lung developmental stage and clinicopathological characteristics.

Results: Immunoreactivity for all antigens was found in both epithelial and mesenchymal lung cells of bronchi and alveoli. Ucn I and CRF1 were more frequently expressed in Group A. Ucn3 were more frequently expressed in the pseudoglandular stage. There was a positive correlation between the expression of the CRF neuropeptides and between CRF1 and CRF. Two fetuses with lung malformations showed no or low expression.

Conclusion: We demonstrated the expression of CRF system in human fetal lungs, being correlated to pathology and developmental stage. Our results comply with findings in experimental animal models, implicating the CRF system to fetal lung development, being more significant in the early stages.

CRF1 expression in fetal lung X200:

