ADENOID CYSTIC CARCINOMA METASTATIC TO THE KIDNEY

M. Magazin[1], I. Tomašković[2], D. Trnski[2], B. Krušlin[3]

[1]Department of Pathology and Cytology, Sveti Duh University Hospital; [2]University Department of Urology, [3]Ljudevit Jurak University Department of Pathology, Sestre milosrdnice University Hospital Center, Zagreb, Croatia

Adenoid cystic carcinoma (ACC) is an uncommon form of malignant neoplasm that arises within secretory glands, most commonly major and minor salivary glands of the head and neck. It is a slow-growing but aggressive tumor. Kidney metastases are very rare and here we report such a case. A 76-year-old female patient presented with hematuria and flank pain. CT scan revealed a tumor mass on the right kidney. The patient was treated with right radical nephrectomy. Macroscopically, a well-circumscribed, firm, gray mass measuring up to 7.8 cm was found on one pole of the kidney. The tumor was composed of cribriform, tubular and solid formations of atypical epithelial cells with dark compact angular nuclei and frequent mitotic figures. Tumor cells showed positive immunohistochemical reaction to CKHMW and EMA, and negative to synaptophysin, CD10, CD15, CK8 and RCC. Retrospective history data showed ACC of the lacrimal gland with metastasis to the lung, which had been surgically treated 14 years before. Based on clinical data, histologic appearance and immunohistochemical analysis, the suggested diagnosis was metastatic ACC to the kidney. In conclusion, adenoid cystic carcinoma, formerly known as cylindroma, is a relatively uncommon but highly malignant neoplasm with a remarkable capacity for recurrence. Besides salivary glands, the tumor can arise in the trachea, lacrimal gland, breast, skin and vulva. The tumor is slow-growing but aggressive; 50% metastasize, often silently to the lung or bone; recurrences are frequent and often late. To our knowledge, in the English speaking area (Pub Med), 7 cases of ACC metastatic to the kidney have been described to date.

SAMPUS OR MELANOMA *IN SITU* IN THE SCROTAL AREA

M. Perković[1], M. Ulamec[2], I. Grubišić[3], D. Tomas[2], M. Vučić[2]

[1]Department of Pathology and Forensic Pathology, Pula General Hospital, Pula; [2]Ljudevit Jurak University Department of Pathology, [3]University Department of Urology, Sestre milosrdnice University Hospital Center, Zagreb, Croatia

Superficial atypical melanocytic proliferations of uncertain significance (SAMPUS) is a descriptive term for a heterogeneous group of melanocytic tumors that exhibit some features indicative of possible malignancy, but in number or degree insufficient to justify a malignant diagnosis. Tumors involving the scrotum are rare and primary malignant melanoma is the rarest of these lesions. To our knowledge, only 17 cases have been described since 1949 in the English speaking area. We present a case of a 59-year-old male patient diagnosed with SAMPUS in 2009, after excision of a scrotal skin lesion. Two years later, he presented with a brown pigmented area near the postoperative scar, measuring 0.6 cm in diameter. Histology showed partially thinned epidermis on the surface. In the basal layers of the epidermis, continuous lentiginous proliferation of single atypical melanocytes with nest formation and pagetoid spread to the upper layers of the epidermis was found. The basal membrane was preserved and continuous. Among the epidermal melanocytic nests, two mitoses were found. In the dermis, there were band-like dense lymphocytic infiltrates and pigmentophages, but no melanocytes. The lesion was diagnosed as melanoma *in situ*. Although most histologic diagnoses are made with relative ease, there is a subset of cases in which diagnosis is difficult or even impossible. The SAMPUS category includes certain atypical junctional melanocytic proliferations and proliferations in both the epidermis and papillary dermis that are not accompanied by intradermal tumorigenic architecture or mitotic activity. The prognosis for cure of these lesions as for melanoma *in situ* is excellent, if they are completely excised.