the ordinary adenocarcinomas. We have presented an extremely rare case of adenosquamous carcinoma of the stomach.

E-PS-06-034

Carcinoid tumour and Cystoisospora belli infection of the gallbladder: a case report

B. Koca[1], Y. Ozerdem[1], S. Kulacoglu[1]
[1] Ankara Numune Training and Research Hospital Department of Pathology, Turkey

Background & Objectives: Carcinoid tumour of the gallbladder is a rare entity comprising less than 1% of all carcinoid tumours. *Cystoisospora belli*, formerly known as *Isospora belli* is an intracellular parasite which is mostly associated with gastrointestinal disease in immunocompromised patients. Gallbladder cystoisosporiasis in immunocompetent individuals is also described.
Methods: A 84 year old woman was hospitalized with nausea and abdominal pain in the right upper quadrant. She had no remarkable prior history. Abdominal ultrasound showed multiple gallstones with signs of cholecystitis and cholecystectomy was performed. 0,4 cm polypoid mass was found in the neck of the gallbladder at gross examination.
Results: Histological examination revealed that the polypoid tumour was composed of small uniform cell nests with round to oval nuclei invading the mucosa extensively, and penetrating the superficial muscular layer in a small focus. No mitoses, lymphovascular and perineural invasion were seen. Tumour cells showed positive reaction for chromogranin and synaptophysin. This lesion was proved to be neuroendocrine tumour grade 1 (carcinoid) of the gallbladder. There was also an area in corpus with eosinophilic intraepithelial parasites consistent with *C. belli*. Intestinal metaplasia and follicular cholecystitis were also seen.
Conclusion: Carcinoid tumour and cystoisosporiasis of the gallbladder are extremely rare entities. Most of the cases are incidental. To our knowledge this is the first case report of a patient with carcinoid tumour accompanying *C. belli* infection. Although being relatively uncommon, these two entities should be considered in the differential diagnosis of gallbladder diseases.

E-PS-06-035

Spindle cell lipoma of the appendix: a rare incidental finding

R. Griffiths[1], A. Arnaout[1]
[1] St. George's University Hospitals NHS Foundation Trust, United Kingdom

Background & Objectives: Spindle cell lipoma is a benign form of lipoma typically found in soft tissues. They show a male predominance and the majority are diagnosed between 45 to 65 years of age. Most have a characteristic distribution with up to 80% of cases arising on the posterior neck, shoulders, and back. Less frequently lesions arise intradermally or in the head and neck region, including in the oral cavity, face and orbit. Individual case reports have documented occurrences in the mediastinum, labium majus and perineum.
Methods: We present a case of an 84 year old female with weight loss and anaemia. She underwent an extended right hemicolectomy for an adenocarcinoma detected on CT scan. Macroscopically an incidental 8mm firm white nodule was identified at the tip of the appendix.
Results: Histological examination showed a spindle cell tumour consisting of mature adipose tissue merging with spindle cells displaying pale eosinophilic cytoplasm and uniform wavy nuclei. The spindle cells showed strong and diffuse positivity for CD34 and were negative for CD117 and DOG1. S100 highlighted mature adipocytes but was negative in the spindle cells. Histological features confirmed a spindle cell lipoma of the appendix.
Conclusion: Spindle cell lipoma is a rare lipomatous tumour and to our knowledge has never before been reported in the appendix. The behaviour of spindle cell lipomas arising at unusual sites is not well known and therefore, for treatment purposes, they should be considered as similar to that of atypical lipomatous tumour.

E-PS-06-036

Rapid detection of mismatch repair proteins by immunohistochemistry in colorectal cancer patients

K. Kubelka-Sabit[1,2], V. Filipovski[1,2], B. Dimova[1], D. Jasar[1]
[1] Clinical Hospital Acibadem Sistina, Department of Histopathology and Cytology, Republic of North Macedonia, [2] Medical faculty, University Goce Delchev, Republic of North Macedonia

Background & Objectives: Lynch syndrome is an inherited disorder that increases the risk of many types of cancer, particularly colorectal and endometrial cancer. Therefore, all newly diagnosed colorectal cancers should be screened for Lynch syndrome. New immunohistochemistry (IHC) based tests which detect mismatch repair (MMR) proteins offer quick and reliable identification of patients with probable Lynch syndrome.
Methods: In this prospective study, we evaluated 50 cases of colorectal cancer patients using the Ventana MMR IHC Panel. The panel contains five primary mouse or rabbit monoclonal antibodies: MLH-1 (M1), PMS2 (EPR3947), MSH2 (G219-1129), MSH6 (44) and BRAF V600E (VE1). The analysis was performed on automated platform Ventana Bench Mark GX, using 4μ thin tissue sections from representative tumour tissue paraffin blocks.
Results: Of the 50 analysed cases, 3 cases showed absence of positivity for MLH1 and PMS2 markers. Two of these cases had MLH1 promoter hypermethylation and were classified as sporadic cancers. One case was negative for PMS2 marker and one case was negative for MSH6 marker. In total, 3 of the 50 cases analysed were sent for further Lynch syndrome testing. Two of these three patients were female and also had a history of endometrial cancer prior to the diagnosis of colorectal cancer. One case was positive for BRAF V600E antibody.
Conclusion: Immunohistochemical detection of MMR proteins enables quick detection of patient with probable Lynch syndrome. Further identification of the syndrome in patients and family members may result in early detection and possible cancer prevention in these patients.

E-PS-06-037

Primary extra-ampullary duodenal adenocarcinoma: a rare case report

H. Seneldir[1], G. Kir[1], E. Apaydin Arikan[1], T. Soylemez[1], O. Ekinci[2]
[1] Istanbul Medeniyet University, Department of Pathology, Turkey,
[2] Istanbul Medeniyet University General Surgery Department, Turkey

Background & Objectives: Tumours arising in the non-ampullary segment of the duodenum are rare and considered true duodenal cancers. These malignant neoplasms, accounting for 0.5% of all gastrointestinal malignancies and 33–52% of small bowel adenocarcinomas.
Methods: A 87-year-old male patient was admitted to our general surgery clinic with complaints of abdominal pain, nausea and vomiting. Upper gastrointestinal endoscopy was performed for diagnostic purposes. In the endoscopic imaging, a submucosal mass was observed between the 3rd and 4th segment of the duodenum causing ulceration in the mucosa. Two repetitive endoscopic biopsies showed regenerative changes in the duodenum. As the patient's complaints persisted, duodenectomy was performed.
Results: Macroscopically, a 2 cm diameter tumoural lesion was found in the submucosa of the duodenum. The mucosa in this area was regular in appearance. Histologic examination revealed that the submucosal lesion was a well- moderately differentiated adenocarcinoma with clear cells.