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The 7th Annual Scientific Meeting, International Academy of Pathology, Malaysian Division Kuantan 2021: Dermatopathology, Uropathology and Gynaecologic pathology was held virtually on 5th-7th March 2021. Abstracts of paper (poster) presented are as follows:

ORIGINAL ARTICLES

AR01 Sinonasal eosinophilic angiocentric fibrosis as a solitary manifestation of immunoglobulin G4-related disease

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Introduction: Sinonasal eosinophilic angiocentric fibrosis (EAF) is a rare, locally destructive fibro-inflammatory condition of the upper respiratory tract. Although now recognised as a manifestation of IgG4-related disease (IgG4-RD), EAF shows little response to medical therapy, is rarely associated with systemic involvement and often lacks a raised serum IgG4 level. This study describes the clinicopathologic characteristics of this rare disease relating to diagnosis and treatment. *Materials and methods:* Seven cases of EAF were identified retrospectively from the Head and Neck Pathology service at Guy's Hospital. Demographic, clinical, diagnostic and follow up data were compiled, and H&E slides were reviewed. All cases were subjected to immunohistochemical staining for IgG and IgG4. *Results:* Patients (1 male, 6 female) ranged from 28 to 64 years old (mean, 37.1 year). Clinical presentation was ulceration/necrosis (2/7) and congestion/obstruction (5/7) of the nasal cavity. Three patients were atopic. No patients had lesions in other organ systems. Serum IgG4 level was raised in one patient (4.12 g/L; normal 0.23-1.11g/L). All 7 lesions showed onion skin/storiform fibrosis, eosinophils and prominent plasma cells. Four had obliterative phlebitis. Only in 4 cases did the plasma cell IgG4/IgG ratio exceed 40%. Medical treatment alone was ineffective. *Conclusion:* EAF is a solitary manifestation of IgG4-RD but often has insufficient evidence of the underlying disease process in serum or tissue. Surgery remains the mainstay of treatment with post-operative glucocorticoids effective in maintaining a disease-free state.

AR02 Histopathological correlation of breast carcinoma with BI-RAD Sscoring system

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Background: Breast cancer is one of the commonest malignancy worldwide and the BI-RADS classification has been utilised extensively as an adjunct to histopathological examination for malignant breast diseases. *Objective*: The aim of this study is to analyse the concordance between radiological and histopathological findings, demonstrating the high predictive value in BI-RADS category and evaluating the impact of these findings on surgical intervention and treatment outcome. *Methods*: This is a single institute retrospective study, analysingpatient'sdata over a period of three years who underwent radiological examination with BI-RADS 3,4 and 5 followed by histopathological examination confirming the diagnosis based on breast core biopsy or excision specimen. *Results*: 316 specimens from 310 patients were included in this study; 75 cases were reported as BI-RADS 3, 166 as BI-RADS 4 and 75 as BI-RADS 5. Out of these cases 66 (20.8%) that received a BI-RADS 3, 82 (25.9%) as BI-RADS 4 and 5 (1.6%) in BI-RADS 5 were reported as benign on histopathological examination. Malignant cases were reported in 9 (2.8%) cases in BI-RADS 3, 84 (26.6%) in BI-RADS 4 and 70 (22.2%) in BI-RADS 5. The positive predictive value, negative predictive value, sensitivity and specificity were 63.9%, 88%, 94.48% and 43.14% respectively. *Conclusion*: There is significant correlation between BI-RADS score and histopathological results of breast cancer. Higher BI-RADS score is associated with higher possibility of malignancy ($p<0.001$). Our institution performance is comparable to other published data.

AR03 Comparison between existing and novel markers in GIST

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Introduction: Gastrointestinal stromal tumours (GISTs) are the most common mesenchymal tumour within the gastrointestinal tract, derived from interstitial cells of Cajal. It is commonly seen in middle-aged and elderly. Globally, incidences are between 10 to 15 GISTs cases per million. The aim of this study is to analyse GIST cases according to demographical and clinicopathological parameters and demonstrate correlations between existing panel with new novel markers for diagnostic purposes. *Materials & Methods*: 30 GISTs cases were obtained from Histopathology Unit, Hospital Selayang, from January 2012 until December 2018. The statistical analysis according to demographical (age, gender and race) and clinicopathological (morphological subtype, size,

CASE REPORT

CR01 Testicular germ cell tumour presenting as lung metastases with histological discordance between primary and metastatic tumour: A case report

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Introduction: Testicular germ cell tumour (GCT) account for only 1 % of all male cancers worldwide with the most prevalence age between 15 to 34 years old. The testicular enlargement maybe subtle and the patient can present with multiple metastases when the time of diagnosis was made. *Case report:* We report here on a case of testicular germ cell tumour with multiple lung and liver metastases. The lung biopsy showed the tumour are consist of seminoma and embryonal carcinoma. However, mainly mature teratomatous component detected in the postchemotherapy (BEP) orchidectomy specimen. Metastatic to brain occurred months after the surgery. Stem cell transplant was planned. *Discussion:* Metastasis is common in testicular germ cell tumour, and usually involved lung, liver and brain. The histology composition discordance between primary and metastatic tumour are also recorded. This may be caused by the maturation of the primary germ cell type into another cell. In our case, discordance of histology component between primary and metastatic site is likely. However, the foci of siderophages, intratubular coarse calcification and lymphoplasmacytic cells may represent the regressed germ cell component of seminoma and embryonal carcinoma. In addition, pre or postpubertal teratoma was not able to be concluded although the metastatic nature of the tumour may link to the later. *Conclusion:* In conclusion, metastatic GCTs in the lung may demonstrate different histologic composition from their corresponding primary testicular GCTs. Evaluation of the full picture of tumour in first biopsy is however limited due to sample size.

CR02 Abdominal actinomyces infection simulating malignant neoplasm: A case report

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Introduction: Actinomycosis is a rare chronic infection caused by filamentous anaerobic bacteria of the genus Actinomyces. Abdominal infection mostly involved the ileo-caecal area and can mimick malignant tumour in clinical and radiological examination. *Case report:* An 82-year-old woman presented with lower abdominal pain for 1 month with palpable abdominal mass. CT TAP showed an infiltrating, heterogenous left lateral abdominal wall mass which might represented primary muscle tumour or metastatic deposit, measuring 5.8x 5.3x2.5 cm. Biopsy was done and showed spindle cells proliferation with inflammation likely caused by infective origin. Laparoscopic converted open excision of left lateral abdominal wall revealed a mass infiltrating the transverse colon and omentum. We received a mass, covered with greenish suppurative exudate and attached to a segment of colon. Histology examination showed an inflammatory and fibrotic mass arising from the outside of the bowel wall with intact andunivolved colon mucosa. There were scattered actinomyces colonies and microabscess seen in the pericolonic tissue. *Discussion:* Actinomyces secrete proteolytic enzymes and therefore have the tendency to infiltrate the adjacent tissue. Multiorgan involvement is also possible. Culture is difficult because of the anarobic character and the slow growth of actinomyces. Despite CT scan, FNAC and culture, the diagnosis is usually ascertained after histologic examination. *Conclusion:* This case is presented for its rarity and diagnostic dilemma it presented, be it clinically or by the small biopsy. In conclusion, abdominal actinomycosis is to be considered in the differential diagnosis of an abdominal mass.

CR03 Oncocytic carcinoma of the parotid gland

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Introduction: Oncocytic neoplasms of the salivary gland are uncommon, with a wide array of differential diagnosis. The differentials range from benign to malignant, with differing treatment and prognosis. The neoplasms are difficult to interpret on cytology alone, thus histopathological examination is important to come to satisfactory diagnosis. *Case Report*: 76 years old gentleman with underlying diabetes mellitus, hypertension and dyslipidemia, presented with gradually increasing, painful infraauricular swelling for 6 months. CT neck showed right parotid mass with cervical lymphadenopathy. Fine needle aspiration cytology was reported as oncocytoma. The patient underwent total parotidectomy with right neck dissection. Macroscopic examination of the parotidectomy specimen showed irregular solid whitish tumour measuring up to 35mm. Microscopic examination showed infiltrative, partly encapsulated tumour composed of sheets of oncocytic cells. Perineural and capsular infiltration seen, with necrosis present. Mucin stain was negative, with high Ki-67 proliferative index. Right cervical lymph node showed metastatic deposit. *Discussion*: The differential diagnosis of oncocytic neoplasms of the salivary gland includes oncocytosis, oncocytoma