Results (if a Case Study enter NA): NA
Conclusion: This case is presented due to its rarity, with only two cases reported previously, which invokes further research into the interaction between both infectious agents. Secondly, lymphoepithelial lesions are a common finding in both diseases, and in small biopsies, these entities can mask or mimic each other. EBV ISH and background B and T lymphocytes may be a clue and help in the diagnosis.

Small Bowel Obstruction as a Rare Complication of Progressive Sclerosing Mesenteritis

S.S. Karimi,[1] M. Hassan,[1] V. Mehta[1]; [1]Pathology, University of Illinois Chicago, Chicago, Illinois, UNITED STATES

Introduction/Objective: Sclerosing Mesenteritis is an uncommon, idiopathic, localized inflammatory syndrome involving the small intestine and colonic mesentery. It is considered a benign condition that commonly occurs in elderly with a gender predilection for males, and its etiology remains unknown. Small Bowel Obstruction (SBO) is a rare, unexpected, but detrimental complication of progressive Sclerosing Mesenteritis. Herein, we present a case of an enlarging, progressive Sclerosing Mesenteritis with extensive involvement of the small bowel and mesentery requiring two consecutive major surgical interventions.
Methods/Case Report: A 72-year-old male with Myelodysplastic Syndrome (MDS) and recent history of loop ileostomy due to distal intestinal obstruction secondary to enlarging Sclerosing Mesenteritis, presented to our institution with non-specific symptoms of worsening abdominal pain and multiple episodes of gastrointestinal bleeding. Radiographic investigation revealed SBO and he subsequently underwent exploratory laparotomy resulting in total enterectomy with excision of mesenteric mass, extended right colectomy, Whipple procedure, and gastrostomy. The specimens were sent to pathology for histopathological evaluation and gross examination revealed several bosselated, tan-white, firm and rubbery, fibrotic lesions with associated lobulated fibroadipose tissue. Microscopic examination showed extensive mesenteric fibrosis with dense bundles of collagen fibers, areas of fat necrosis, mucosal ischemia and calcification involving the small bowel and serosal surface of large intestine and peritoneum. The lesional cells showed minimal atypia, mitoses, and lacked the Beta-catenin nuclear staining seen in mesenteric fibromatosis. Given the clinical history and histopathological findings of the lesion, we favored the diagnosis of Sclerosing Mesenteritis.
Results (if a Case Study enter NA): N/A
Conclusion: The etiology of Sclerosing Mesenteritis is not well-understood and there are cases of Sclerosing Mesenteritis reported in the literature in association with trauma, surgery, malignancy, and IgG4-related disease. Our patient's post-operative history was complicated by short gut syndrome, and he is currently requiring small bowel transplant. We report this case for its unusual and aggressive clinical presentation, and to heighten clinical awareness for detrimental consequences of this seemingly benign condition.

A Rare Medullary Carcinoma of Jejunum

S. Fathima,[1] A. Bredeweg[1]; [1]Pathology, Baylor University Medical Center, Dallas, Texas, UNITED STATES

Introduction/Objective: Medullary carcinoma of jejunum is an extremely rare condition. These tumors account for less than 0.04% of all colorectal cancers and less than 3 cases to date has been reported in the small intestine
Methods/Case Report: We present a case of 78-year-old woman with a celiac disease and collagenous colitis, chronic diarrhea, chronic anemia and 2.1 cm apple core lesion on mid to distal jejunum on CT leading to partial obstruction.
Results (if a Case Study enter NA): Histologically tumor showed invasive carcinoma in a solid growth pattern with pushing border. The tumor cells were uniform, enlarged with prominent nucleoli and brisk mitotic activity. There was prominent inflammatory response within and around the tumor. Immunohistochemical stains were positive for CK7, CDX2 CK19, CKAE1-3 and negative for CD45, CK20, Chromogranin Synaptophysin, PAX-8. MLH1 &PMS2 showed loss of nuclear expression and MSH2 & MSH6 with Intact nuclear expression. Microsatellite instability was High (MSI- H) with instability in two or more microsatellite markers. Diagnosis of medullary carcinoma of jejunum was made.
Conclusion: Although the clinical manifestations can be consistent with signs of intestinal obstruction, often these rare tumors are discovered incidentally. Conditions such as celiac disease, Crohn's disease, and other chronic inflammatory illnesses have been linked to contributing risk factors. Imaging and appropriate tumor markers have less role in diagnosis; however, biopsy is needed for definitive diagnosis. Even though the development of these tumors in the small bowel is rare, further enhancement of awareness can aid in the appropriate early detection and appropriate treatment modalities.

A case of osseous metaplasia in a gastric hyperplastic polyp: An unexpected finding in a common polyp

Y. Zhang,[1] Y. Nakanishi[1]; [1]Pathology, Moffitt Cancer Center, Tampa, Florida, UNITED STATES

Introduction/Objective: Foveolar hyperplastic polyp is a common gastric polyp characterized by foveolar

DOI: 10.1093/ajcp/aqab191

hyperplasia with erosion, acute and chronic inflammation, granulation tissue formation, and smooth muscle strands extending from the muscularis mucosae. Although foveolar hyperplastic polyps may rarely contain foci of dysplasia or invasive carcinoma, osseous metaplasia/heterotopic bone formation in foveolar hyperplastic polyps of the stomach is extremely rare with a few case reports.

Methods/Case Report: A 63-year-old female with a history of hypertension, sick sinus syndrome, and Hashimoto's thyroiditis was referred to our facility for evaluation of a mass in segment eight of the liver. The liver biopsy showed a moderately differentiated adenocarcinoma, most consistent with intrahepatic cholangiocarcinoma. A screening gastrointestinal endoscopy revealed a 7-mm sessile polyp in the antrum. The polyp was removed with a cold snare. No other abnormalities were identified in the stomach. Sections of the polyp showed fragments of antral-type gastric mucosa with foveolar hyperplasia, erosion, acute and chronic inflammation, and focal granulation tissue formation. In addition, multiple foci of woven bone formation without bone marrow surrounding dilated gastric foveolae were identified. No Helicobacter infection, intestinal metaplasia, dysplasia or malignancy was identified histologically. Osseous metaplasia/heterotopic bone formation is a well-known finding reported in various neoplastic and non- neoplastic conditions. However, osseous metaplasia in foveolar hyperplastic polyps of the stomach is extremely rare. There have been only four previous case reports published in English language. Our current case shows clinicopathologic features similar to those of the previous case reports including the findings of small-sized polyp found incidentally in middle-aged patients with no clinical history of hypercalcemia or any other abnormalities causing heterotopic bone formation.

Results (if a Case Study enter NA): N/A

Conclusion: Although the pathogenesis of osseous metaplasia in a gastric hyperplastic polyp remains unknown, the finding of osseous metaplasia in a gastric hyperplastic polyp is very intriguing.

Use of Elastic Stain Technique to Detect Histologically Occult Vascular Invasion in Resected Colorectal Carcinomas at Danbury Hospital

S. Karki,[1] S. Steven,[1] G. Kaur,[1] D. Das,[1] R. Agarwal[2]; [1]Anatomic and Clinical Pathology, Danbury Hospital, Danbury, Connecticut, UNITED STATES; [2]Clinical Research, Danbury Hospital, Danbury, Connecticut, UNITED STATES

Introduction/Objective: Colorectal carcinoma (CRC) represents a leading cause of cancer related death in the western world and is by far the most common malignancy of the gastrointestinal tract. Vascular invasion (VI), in particular extramural VI by tumor is recognized as a feature of colorectal cancer progression, and the latter is an independent prognostic indicator of disease recurrence and survival in colorectal carcinoma. The purpose of this study is to detect VI in resected colorectal tumor samples and compare sensitivity of elastic staining to routine H&E staining at Danbury Hospital.

Methods/Case Report: A total of 50 colorectal cancer specimens from segmental colon resection or endoscopic polypectomy performed at Danbury Hospital over a 3-year period were included. Histologic sections of each tumor were assessed for the presence of VI by routine H&E staining. Superficial recuts of each tumor were subjected to elastic Von Giesen staining and reassessed for the presence of vascular invasion. Sensitivity of routine H&E staining for the detection of VI was calculated with elastic stain serving as the "gold standard".

Results (if a Case Study enter NA): In this study, VI by carcinoma was identified by H&E stain and/or elastic stain in 17 (34%) out of 50 cases. H&E stain and elastic stain detected VI in 12 (24%) and 16 (32%) out of 50 cases, respectively. There was a single case for which H&E stain showed vascular invasion that was not confirmed by elastic stain, representing a false negative for the H&E technique. Elastic staining detected VI in 5 cases for which the corresponding H&E stain was falsely negative for VI. Overall, vascular invasion status (absent or present) was concordant in 44 (88 %) of the 50 cases. With elastic stain deemed the "gold standard" for VI detection, the sensitivity, specificity, negative predictive value, and positive predictive value of H&E stain were found to be 68.7%, 97.0%, 86.8%, and 91.6%, respectively.

Conclusion: Although H & E staining of colorectal carcinoma tissue sections have a very good specificity and positive predictive value for the detection of VI, this technique suffers from a suboptimal sensitivity. For these reasons, we agree with previously published literature reports that the use of elastic stain as a supplement to H & E staining should be strongly considered for the proper evaluation and prognostication of colorectal carcinoma specimens.

Goblet cell adenocarcinoma of the appendix: An incidental finding of a rare tumor which was recently renamed in 2019 World Health Organization classification update.

F. Rajack,[1] R. Abdulbaki,[2] W. Chen[3]; [1]Department of Pathology, Howard University Hospital, Washington, District of Columbia, UNITED STATES; [2]Department of Pathology, George Washington University, Washington, District of Columbia, UNITED STATES; [3]Department of Pathology, Veteran Affairs Medical Center, Washington, District of Columbia, UNITED STATES

Introduction/Objective: Goblet cell adenocarcinoma (formerly goblet cell carcinoid) is a rare tumor almost

DOI: 10.1093/ajcp/aqab191

HOLOGIC®

First and Only FDA Cleared
Digital Cytology System

Genius™ Cervical AI

Genius™ Review Station

Genius™ Digital Imager

Empower Your Genius With Ours

Make a Greater Impact on Cervical Cancer
with the Advanced Technology of the
Genius™ Digital Diagnostics System

Click or Scan
to discover more

genius™
DIGITAL DIAGNOSTICS