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REVIEW

Inflammatory myofibroblastic tumour: a rare entity with wide differential diagnosis

S.M. Gilani, P.J. Kowalski

Inflammatory myofibroblastic tumour (IMT) is a rare, distinctive mesenchymal neoplasm. Grossly, it appears as a circumscribed mass with a rubbery to firm cut surface. Microscopically, it is characterized by a spindle cell proliferation within a myxoid stroma with admixed plasma cells, lymphocytes and eosinophils. Immunohistochemical staining is usually positive for vimentin, smooth muscle actin (SMA) and anaplastic lymphoma kinase (ALK). ALK gene rearrangement is present in approximately 50-70% IMTs. The standard treatment is surgical resection, and it is essential to differentiate IMT from benign and malignant mimickers so that appropriate therapy may be provided. Clinical and radiological follow-up is required to detect recurrence.

ORIGINAL ARTICLE

Combined hepato-cholangiocarcinoma arising in a gallbladder intracystic papillary neoplasm. A new view on so-called "hepatoid adenocarcinoma of the gallbladder"

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A 62-year-old female presented with abdominal pain, weight loss of 20 kg in the prior 6 months, and a palpable mass in the right upper quadrant during physical exam. Standard liver tests, including screening for hepatitis B and C and alpha-fetoprotein were negative or within normal limits. Computerized tomography depicted a transmural gallbladder tumor infiltrating into the adjacent liver with an irregular ill-defined mass occupying segments IV-V-VI, measuring 13.0 x 9.2 x 8.5 cm, with a solid-cystic component and heterogeneous captation of endovenous contrast media. Complete surgical resection of the neoplasm was achieved through an extended cholecystectomy and excision of hepatic segments IV, V and VI, with an uneventful follow-up 18 months until now. Morphological and immunohistochemical assessment favored a diagnosis of combined hepatocellular-cholangiocarcinoma arising in a gallbladder intracystic papillary neoplasm with invasive carcinoma. This case raises the hypothesis that the so-called "hepatoid adenocarcinoma of the gallbladder" may presently be better understood as a neoplasm derived from hepatobiliary stem/progenitor cells. Such cells have been recognized in the canals of Hering, in peribiliary glands within the liver and in the extrahepatic biliary tree, and in gallbladder mucosa.

CASE REPORTS

A rare case of transmural endometriosis in primary adenocarcinoma of the rectum

M. Falleni, D. Bauer, E. Opocher, L. Moneghini, G.P. Bulfamante

Intestinal endometriosis of the rectum and sigmoid colon, occurring in up to 34% of pelvic endometriosis, mimics a wide number of conditions that are difficult to differentiate from inflammatory or malignant diseases. Herein we report the first case of transmural endometriosis concomitant with advanced primary rectal adenocarcinoma, presenting with obstructive symptoms. Correct diagnosis based on morphological identification and immunohistochemical characterization of the two entities is crucial for treatment.

Collision tumour of the breast composed of Merkel cell carcinoma and invasive ductal carcinoma: a case report

D. Nedved, C. Connor, P. Sharma, M. O'Neil

We report a case of a 71-year-old female with a palpable breast mass. Pathologic evaluation of the breast mass showed a unique collision tumour with a high-grade invasive and in-situ ductal carcinoma component and a high-grade neuroendocrine carcinoma component. The neuroendocrine component turned out to be Merkel cell carcinoma (MCC), with immunohistochemical confirmation. To the

best of our knowledge, this is the first case report of a collision tumour with ordinary ductal carcinoma and MCC in the breast.

Intestinal tuberculosis: a diagnostically-challenging case misdiagnosed as Crohn's disease at colorectal biopsy

M. Onorati, D. Morganti, M. Bocchi, E. Colombo, G. Petracco, P. Uboldi, F. Di Nuovo

The clinical presentation of two different digestive diseases such as Crohn's disease and intestinal tuberculosis may be so similar to induce a delay in correct diagnosis and appropriate treatment (immune suppression versus antibiotic therapy). Herein, we describe the case of a young man from Eastern Europe who came to our observation complaining of clinical symptoms initially misdiagnosed as an inflammatory bowel disease. It is important to keep in mind the possibility of an active tubercular disease, particularly in patients coming from countries endemic for the disease. Morphological findings of sarcoid-like granulomas at biopsy is not enough for a conclusive diagnosis of Crohn's disease, and tuberculosis should be ruled out on the basis of clinical information, laboratory tests and radiological imaging.

Primary tumour of the round ligament of the liver: a case presentation

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A 40-year-old Caucasian female patient presented to the outpatient General Surgery ward in "V. I. Lenin" Teaching Hospital complaining of a recurrent mesogastric pain that had lasted for 3 months. Physical examination showed a palpable mass confined to that area. She was then admitted with diagnosis of an abdominal tumour. Diagnostic work-up revealed that the process involved the round ligament of the liver, which is an exceptional localization, which motivated us to publish this case after surgical treatment by excision, having also taken into account the results of histopathology which revealed a PEComa, confirmed by immunohistochemistry. After reviewing the available literature, the low incidence of these lesions, as well as the unusual histological variety, makes the present case one of interest.

Metastasizing pleomorphic adenoma of the submandibular gland: a case report

S. Miladi, S. Mestiri, W. Kermani, S. Ziadi, B. Sriha, K. Bouzouita, M. Mokni

Pleomorphic adenoma (PA), originally called mixed tumour, is the most common neoplasm of the salivary glands. It is usually a benign, slow-growing and well-circumscribed tumour. However, PA may occasionally give rise to metastases that usually occur after a previous recurrence. These tumours display benign histological features in both primary tumours and metastases. Such tumours have been termed metastatic PA or metastatic mixed tumours. We report a case of metastatic PA of the submandibular gland with metastasis to the cervical lymph nodes.

Fibroadenoma in an ectopic vulvar breast gland: a common neoplasm in an uncommon site

A. Ayadi-Kaddour, A. Khadhar, M. Mlika, E. Braham, O. Ismail, D. Zegal, F. El Mezni

Ectopic breast tissue is defined as glands located outside of the breast. It can be found anywhere along the milk line extending from the axilla to the groin, and can occur in the vulva. Ectopic breast tissue should be excised because it may develop benign or malignant pathologic processes. Less than 40 cases of fibroadenoma in the vulva have been reported in the literature. We report a case of a 37-year-old woman presenting a solitary vulvar mass. The mass was excised completely, and histology demonstrated an ectopic breast fibroadenoma. This is one of the few reports on the benign pathologies of vulvar mammary glands.