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BRIEF REVIEW

The importance of immunohistochemistry in the differential diagnosis of molar disease

C. Luchini, M. Chilosi, E. Manfrin

The differential diagnosis among complete moles, partial moles and hydatidiform abortions may be challenging during routine diagnostic activity. These entities share the histological aspect of enlarged villi, but here we summarize also some peculiar features of all of them. If histology does not clarify this distinction, the immunohistochemistry is the most important tool for pathologists to complete such diagnosis. The correct management of immunohistochemistry and of further possible analysis is also reviewed. Lastly, the most important antibodies, starting from p57, are presented.

ORIGINAL ARTICLE

Evaluation of vestibular biopsy features in patients affected by fibromyalgia, by vulvodynia or by their association

A. Ghizzani, G. Tinacci

Objective. To evaluate the histologic features of vestibular biopsies from patients affected by fibro myalgia (FM), or vulvodynia (VD), or the their association (FM-VD) in order to facilitate differential diagnosis among conditions that present sexual pain with similar clinical characteristics.

Study design. Forty-four women already diagnosed with FM were recruited to evaluate the presence of sexual pain not owing to FM. Fourteen women affected by sexual pain of unknown origin who came to our department requesting treatment were also recruited. All subjects were interviewed regarding their history of pain and examined in order to exclude vaginal conditions. Sexual pain did not show the characteristics of VD in 18 FM women; in the remaining 22 women VD resulted as associated with FM. All fourteen self-referred women were diagnosed with VD. All subjects underwent a posterior vestibular biopsy at the fourchette under local anesthesia. Tissue specimens were processed for histologic examination and immunostained for S-100protein and CD34. Statistical analysis was performed with the Pearson's Chi-square test.

Results. Data analysis showed a statistically significant prevalence of inflammation in the VD group. Analysis of the histologic features showed that the concomitant presence of inflammation, nerve bundles, and fibrosis (often mild) is prevalent in VD. Fibrosis is highly frequent and often moderate/severe in FM and it is rarely associated to inflammation and nerve bundles. FM-VD women show intermediate grading.

Conclusions. Our findings show different histologic characteristics in vestibular biopsy in patients affected by Fibro Myalgia, by Vulvodynia or by their association that could be useful to facilitate the differential diagnosis between conditions of sexual pain with similar clinical characteristics.

CASE REPORTS

Two cases of sudden death due to pulmonary tumor thrombotic microangiopathy caused by occult gastric carcinoma

M. Ben Khelil, Y. Chkirbene, H. Azzouz, S. Haouet, M. Hamdoun

We present two cases of occult gastric carcinoma associated to a large pulmonary tumors thrombosis microangiopathy (PTTM). The first case is a 28 years-old man. He was dead due to a respiratory failure. Autopsy showed a whitish indu-

rated mass invading the stomach wall. Histological findings showed a primary "signet ring" gastric adenocarcinoma with pulmonary carcinomatosis and multiple PTTM and a heart metastasis.

The second case is a 24 years-old pregnant woman. The main symptoms were nausea and stomach discomfort and they were seen as pregnancy signs. She was dead because of respiratory failure, 10 hours after a vaginal delivery. Autopsy showed the absence of any cause of death related to the delivery and the presence of a whitish indurated mass in the stomach. Histological findings showed a primary "signet ring" gastric adenocarcinoma, with pulmonary carcinomatosis and multiple PTTM.

Pathological complete response in a patient affected by multiple synchronous, breast and lung primary malignancies: a case report and review of the literature

A. Nottegar, C. Luchini, S. Cingarlini, S. Beccari, E. Grego, E. Gilioli, E. Manfrin, F. Bonetti

A pathological complete response in a patient affected by multiple synchronous, breast and lung primary malignancies is reported. A 63-year-old woman presented with an invasive ductal carcinoma of the breast and a lung adenocarcinoma. After multidisciplinary discussion, the patient underwent pulmonary left lower lobectomy followed by radio-chemotherapy with cisplatin and vinorelbine and started hormone therapy with letrozole. Ten months later, a left mastectomy with axillary lymph nodes dissection was performed. Histologically, a pathological complete response (pCR) was documented.

With a review of the Literature, we discuss the issue of multiple primary malignancies, with its diagnostic and therapeutic implications. In cases of multiple synchronous malignancies it has been highlighted the importance of the choice of the best therapeutic approach for both the malignancies, reducing collateral individual effects.

Linitis plastica like primary signet ring cell carcinoma of the gallbladder - an extremely rare variant

S. Agarwal, P. Pandey, P. Durgapal, M. Krishna

Signet ring carcinoma (SRCC) of gallbladder is an extremely rare tumor accounting for approximately 3% of all gallbladder carcinomas, with a handful of case reports in the literature.

We report a case of signet ring cell carcinoma of the gallbladder in a 70 year-old female who was operated upon after the pre-operative diagnosis of cholecystitis with cholelithiasis, based on ultrasonographic findings and subsequently diagnosed as signet ring cell carcinoma of the gallbladder on histopathological examination. Grossly there was no discrete growth, instead tumor presented as linitis plastica like diffuse thickening of the gallbladder wall. Microscopic examination revealed a diffusely infiltrative carcinoma comprised exclusively of signet ring cells and confirmed by periodic acid-Schiff (PAS), Alcian blue & Cytokeratin 7 stains. Post-operative clinico-radiological workup was done to exclude secondary. This highly aggressive signet ring cell carcinoma of gallbladder is being reported because of its rarity, its unique histomorphological features and diagnostic inadequacy of the routinely performed ultrasonography as well as highlighting the use of special stains and immunohistochemistry to exclude other possibilities. Our case highlights that routine histopathological examination of all the cholecystectomy specimens is a must to facilitate the early diagnosis of aggressive signet ring cell carcinoma gallbladder.