

PS-03-089**A rare case of a common benign tumour: Bilateral lipomas of the fallopian tubes**

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Objective: Although lipoma is a common tumour for many anatomical sites, tubal localisation is rare and bilateral existence is exceptional. Here, we would like to present our case; a 49 years old woman operated for adenomyosis.

Method: Total abdominal hysterectomy and bilateral salpingo-oophorectomy were performed. Postoperative recovery was uneventful and the patient was discharged from hospital on the second day of the operation.

Results: The uterus measured 12 × 8 × 6 cm. Bilateral salpingo oophorectomy specimen were sent separately; and two encapsulated, soft, yellow nodular mass measuring 2 cm were located on both fimbrial sides of the fallopian tubes with a smooth and intact outer surface. On microscopic examination, the two lesions were entirely composed of mature adipocytes. There was no evidence of malignancy.

Conclusion: Although CT scans gives important clues to guiding a differential diagnosis for adipose tumours, bilateral mass lesions on tuba uterina raises the doubt for a metastatic disease radiologically. We would like to share this rare entity with the participants of the European Congress of Pathology.

PS-03-092**Combined large-cell neuroendocrine carcinoma and endometrioid adenocarcinoma of the endometrium: A case report**

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Objective: Large cell neuroendocrine carcinoma (LCNEC) of the endometrium is a relatively rare and usually aggressive malignancy. We report a case of an endometrial tumour that was a combination of a LCNEC and endometrioid adenocarcinoma.

Method: A 58-year-old woman presented with postmenopausal vaginal bleeding. Explorative curettage revealed a LCNEC of the endometrium. She underwent total abdominal hysterectomy with bilateral salpingo-oophorectomy and was diagnosed as having FIGO stage IB endometrial carcinoma. In spite of refusal of adjuvant therapy, and irregular follow-up, she has been well with no evidence of disease for 52 months following surgery.

Results: Grossly, a polypoid neoplasm measuring 6.5 × 2.2 × 2.5 cm, infiltrating more than a half of the thickness of the myometrium of the posterior uterine wall was found. Histologically, the tumour was composed of two components: a predominant large cell high-grade neuroendocrine carcinoma and a minor superficial well-differentiated endometrioid adenocarcinoma with foci of squamous differentiation. There was a differential immunoreactivity between the two components. More than 10 % of the cells of the LCNEC were positive for three neuroendocrine markers (CD56, NSE and synaptophysin), showing also diffuse positivity for cytokeratin 18, vimentin, and p16, and hormone receptor negativity, whereas the majority of the cells of endometrioid carcinoma were negative for neuroendocrine markers, hormone receptor positive and only focally p16 positive. The proliferative index determined by Ki-67 was higher in LCNEC in which p53 overexpression was also present.

Conclusion: Immunohistochemical analysis is helpful in diagnosing and differentiating primary LCNEC. The presented case also confirms that early stage polypoid LCNEC may have a more favourable prognosis.

PS-03-093**Pigmented vulvar basal-cell carcinoma: Report of two cases and review of the literature**

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Objective: Basal cell carcinoma (BCC) is the most common non-melanocytic skin cancer, typically arising in sun-exposed area. It may arise on non-sun-exposed sites, including the vulva, where accounts for less than 5 % of all neoplasms. We report the cases of basal cell carcinoma of two women, aged 79 and 66, that showed a pigmented bleeding vulvar lesion with ulcer.

Method: After the diagnosis of BCC (punch) both patients had wide excisional biopsy;

Results: Pathological data were similar to skin pigmented BCC. The margins were free. None of them developed local recurrence y/o distant metastasis

Conclusion: Basal cell carcinoma of the vulva is rare and an accurate diagnosis depends upon a high index of suspicion, biopsy and histopathologic examination. Treatment of choice consists of surgical excision with tumour-free margins Complete local excision is curative, although the recurrence rate is high, and metastases have been reported. Long term follow-up is necessary.

PS-03-095**Endometrial receptivity in patients with Uterine Myoma (UM) after previously performed ineffective Uterine Artery Embolisation (UAE), Focused Ultrasound Ablation (FUA) and Myomectomy (ME)**

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Objective: The aim of the study was to endometrial receptivity in reproductive-age women suffering from UM after ineffective UAE, FUA and ME.

Method: The study was made on pipelle-biopsies of endometrium taken from 39 reproductive-age women (36,2 ± 5,2 years) suffering from UM after ineffective UAE (13), FUA (13) and ME (13) in secretory phase after ineffective treatment (group A) and 3 months later after repeated ME (group B). Histological and immunohistochemical (IHC) examination was performed with primary antibodies to PgR, ER and LIF.

Results: Morphological analysis of endometrium showed retarding endometrial maturation, decrease in pinopodes level, decrease in PgR, ER and LIF in group A, these characteristics were improved in group B. The worst ER and PgR and the lowest LIF were in patients after FUA, a little better in patients after UAE. In patients with ME stromal PgR/ER index was the best in groups A (1,91) and B (1,98) and LIF expression was higher (1,9 and 3,8, respectively).

Conclusion: Obtained results show better endometrial receptivity after inefficient ME, compared to UAE and FUA, with the worst parameters in the latter group. Nevertheless, all patients show improve of endometrial implantation potential in 3 months after repeated myomectomy supporting the idea of reversibility of these changes.

PS-03-096**Expression analysis of tollip, the inhibitor of inflammatory signaling cascade, in placenta samples in cases of early onset preeclampsia**

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