adrenocortical carcinoma composed by oval-shaped cells with slight eosinophilic cytoplasm with focally hyaline globules, a high mitotic rate (>20 mitoses/50HPF) and large hemorrhagic and necrotic areas. In the adrenal gland, the tumour capsule was crossed and metastasis was seen in the submucosa of the stomach, without lymph node metastases. The final diagnosis was based on the tumour cells positivity for vimentin, inhibin, calretinin, and melan A. A synchronous DOG-1/c-KIT positive gastrointestinal stromal tumour (10 × 10 mm, no mitoses) was also incidentally identified in the stomach.
Conclusion: The gastric bioptic specimens that display undifferentiated carcinomas should be carefully examined to exclude a possible metastatic tumour.
The research was founded by project UMFTGM-CC-13-01-V01-15/2013.

Monday, 7 September 2015, 09.30–10.30, Restaurant
PS-09 Poster Session Gynaecological Pathology

PS-09-002
Atypical polypoid adenomyoma of the uterus: A clinicopathological analysis of 28 cases
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Objective: To investigate the clinicopathological characteristics of uterine atypical polypoid adenomyoma (APAM), including the cases with coexsistent endometroid endometrial adenocarcinoma (EEA).
Method: A retrospective analysis of the clinical data, morphologic features, and immunohistochemistry of 28 consecutive cases of uterine APAM diagnosed in our Department between January 2001 and December 2014 was done.
Results: The mean age of the patients was 41 (range, 26–61). Only five patients were postmenopausal, and seven were undergoing evaluation for infertility. Microscopic examination disclosed endometrial glands with varying degrees of hyperplasia and cytological atypia within a myofibromatous stroma. Squamous metaplasia was present in 25(89 %), and foci of well-differentiated EEA coexisted in 5 (17.9 %) cases. In 4 (14,3 %) other patients moderately-differentiated EEA was present both in APAM and endometrial fragments. Nine patients were initially treated with hysterectomy and the remaining 19 with curettage, polypectomy, or hysteroscopic transcervical resection, followed by hormonal therapy in 10 cases. There was one recurrence documented, while in 3 (13.6 %) of these patients the APAMs persisted up to 2 years. All patients except the one with advanced stage EEA (FIGO stage IIIC) were well and alive 16–147 (mean, 71) months after primary treatment.
Conclusion: Although the clinical behavior of APAM is benign in most cases, it can be associated with sterility and rarely with endometrial carcinoma. Therefore a meticulous pathological evaluation of specimen of APAM is necessary for the detection of the coexistence of EEA.

PS-09-003
Sebaceous adenoma arising in a mature cystic teratoma of the ovary: Case report
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Objective: Sebaceous adenoma arising in a mature cystic teratoma of the ovary is rare, although sebaceous glands are almost always found in benign ovarian teratomas.
Method: We report a case of a 44-year-old female with sebaceous adenoma occurring in an ovarian mature cystic teratoma.
Results: The ovarian teratoma was grossly cystic, with apparent solid mass protruding into the cyst cavity. Microscopically, most of the tumour consisted of a typical dermoid cyst. However, in solid areas the tumour showed lobular or diffuse proliferation of sebaceous cells showing various degree of maturity. Recent report described association of ovarian sebaceous adenomas with Muir-Torre syndrome (a variant of Lynch syndrome). In our case, we ruled out this possibility by immunohistochemical examination with antibodies against mismatch repair proteins (MLH2, PMS2, MSH2, MSH6), which were positive.
Conclusion: We present the seventh reported case of a sebaceous adenoma arising in mature cystic teratoma of the ovary. Acknowledgement: This work was supported by PRVOUK-P27/LF1/1

PS-09-004
The innovative role of p53 unbalance in precancerous lesions for serous ovarian carcinoma
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Objective: Papillary tubal hyperplasia (PTH) is accompanied with detached rounded clusters that are free floating in the lumen of the tube and psamomma bodies. In some studies PHT was associated with ovarian serous borderline tumour (SBT) although being poorly investigated with molecular methods. We investigate p53 and Ki-67 expression in fallopian tubes from patients with SBT and high-grade serous ovarian carcinoma (HGSC).
Method: 58 patients were recruited (34 with SBT, 33 with HGSC and 14 with normal fallopian tubes (control group (CG), p53 and Ki-67 expression were detected in their fallopian tubes.
Results: PHT was diagnosed in 73 % of SBT patients, 20 % of HGSC patients and was not diagnosed in CG ($p < 0.05$). PHT showed weak nuclear and/or cytoplasmic p53 staining, Ki-67 expression was low (<5 %) in 90 %. Serous tubal intraepithelial carcinoma (STIC) was diagnosed in 25 % of HGSC patients and was not revealed in SBT patients and in CG. STIC showed strong nuclear p53-staining and high Ki-67 expression (>10 %), ($p < 0.05$). Patients from CG showed weak p53-staining and low Ki-67 expression in 100 % of fallopian tubes.
Conclusion: Coincidence of PHT and SBT can reflect simultaneous development of precancerous and neoplastic lesions in the fallopian tube and in the ovary. Thus, PHT shows genomic instability, involves wild type h53 stabilization and takes precedence of neoplastic transformation. In addition our results prove the hypothesis about different pathogeneses of low-grade serous carcinoma (through PHT) and HGSC (through STIC).

PS-09-005
Adenosarcoma of the cervix: A case report
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Objective: To present a rare case of cervical mixed Mullerian tumour.