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## HIV LOCALIZATION IN HPV-RELATED, HIGH GRADE SQUAMOUS INTRA-EPITHELIAL LESIONS OF THE CERVIX IN WOMEN WITH HIV INFECTION

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**Aims.** To evaluate a possible mechanism of HIV and HPV interaction, we have identified the tissue compartments in the cervix which harbor HIV. **Methods.** 39 paraffin embedded, cervical conization specimens with high grade Cervical Intraepithelial Neoplasia (CIN III) occurring in HIV-infected women were studied. From selected intraepithelial HPV-positive (confirmed by in situ hybridization), non ulcerated specimens, we obtained serial 4-5 µ thick sections that were stained with Hematoxylin and Eosin, anti S100 protein and anti CD4. The presence of intra-mucosal Langerhans' or dendritic cells and/or CD4 positive cells was registered. Three consecutive, non microdissected, full thickness sections of the same specimens were used for Polymerase Chain Reaction (PCR) analysis (group A). Other uncovered three, consecutive sections from the same blocks were examined with an inverted microscope and full-thickness specimens of mucosa were dissected from the underlying cervical stroma, gently removed and used for PCR (group B). The quality of DNA was checked by HLA-DQα amplification; then a nested PCR for HIV proviral DNA was performed. **Results.** 5/39 (12.8%) cases of the group A were positive whereas HIV was not detected in the microdissected sections of the group B, with or without intraepithelial Langerhans' or CD4 cells. **Conclusions.** HIV does not affect cervical epithelium. The lack of infected Langerhans' and/or dendritic cells indicates a migration to the proximal lymph nodes of the infected cells. The absence of HIV proviral DNA in the CIN infiltrated by CD4 cells could be due to the low number or absence of infected CD4 cells.

## P-150

## PARAVAGINAL FEMALE ADNEXAL TUMOR OF PROBABLE WOLFFIAN ORIGIN. A CASE REPORT

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Female adnexal tumor of probable Wolffian origin (FATWO) is a rare neoplasm originating from mesonephric remnants. Approximately 50 cases have been reported, predominantly arising in broad ligament, mesosalpinx, ovarian hilus, and periaidnexal region.

**Aims:** The aim of this report is to present the clinical and pathological features of a FATWO occurring in paravaginal area. So far, there have been only two cases reported to occur at this site.

**Case report:** The patient is a 23-year old, nulliparous female, presented with a painless fixed paravaginal tumor. In August 1995, explorative laparotomy was performed. Encapsulated ovoid, tumor, located between urinary bladder and vagina, tightly fixed to vaginal wall connective tissue, was found. The uterus and both adnexa appeared unremarkable. The tumor was removed and biopsy sample from left ovary was taken. The patient had had an uneventful post-operative course and she remained well, without evidence of recurrence, 42 months after laparotomy.

**Results:** The tumor was a solid ovoid mass with smooth surface, measuring 6.7 x 5 x 3.7 cm. On sectioning, the neoplastic tissue was solid, soft, butter yellow in colour; multiple cysts varying up to 3 cm in diameter and hemorrhagic foci were also present. Microscopically, it was well circumscribed and surrounded by fibrous capsule, composed of tumor cells arranged in different patterns: solid, closely packed tubules, and microcystic. The histochemical and immunohistochemical features of the tumor were identical to other cases of FATWO reported in the literature.

**Conclusions:** Although the majority of these tumors are benign, a few cases have shown definite low malignant potential, with metastases and recurrences developing after at least 6 to 16 years following radical surgery. The presented case indicates that in spite of the unusual location, FATWO must be recognized, ensuring a careful and prolonged follow-up.

## P-151

## VILLOGLANDULAR ADENOCARCINOMA OF THE UTERINE CERVIX. A CASE REPORT.

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**Introduction:** Villoglandular adenocarcinoma of the uterine cervix (VCC) is a distinct histologic type of cervical cancer, which occurs primarily in young women and has an unusual excellent prognosis. **Case report:** A 33 years-old woman, with no history of previous oral contraceptive treatment, presented with postcoital vaginal bleeding. Colposcopic examination revealed an exophytic and friable cervical lesion. Patient was diagnosed by cervical cytologic smears and cervical and endometrial biopsy material. Radical hysterectomy and bilateral pelvic lymphadenectomy, with intraoperative consulting, was performed. **Results:** Cervical smears revealed long villous fronds, and papillae lined by columnar cells with intact cytoplasmic borders and mild atypia. Gross examination of the hysterectomy specimen showed an exophytic cervical tumor of 20mm. as its greater diameter. Histologic examination of both, cervical biopsy and surgery specimen, revealed an exophytic tumor with a complex papillary architecture. The epithelium lining papillary tufts showed mild atypia and the core of the papilla presented moderate chronic inflammatory infiltrate. The infiltrating component was superficial and presented minimal desmoplastic response. The tumor was confined to the cervix. Vascular involvement was not seen. **Discussion:** Although deep invasion with extension into the uterine corpus may occur, VCC are mostly superficial and restricted to the cervical portion. It represents, by definition, a well-differentiated adenocarcinoma. For all these reasons, some authors propose a more conservative treatment (simple excisional biopsy or conization), a therapeutic option of particular importance for young women who wish to preserve reproductive capability.

## P-152

## KI-67 EXPRESSION IN ENDOMETRIA FROM LONG TERM TAMOXIFEN TREATED PATIENTS.

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**Aims:** To demonstrate proliferative activity in apparently atrophic endometria of long term tamoxifen treated patients (LTTTPs) obtained during regular check ups during tamoxifen administration. **Methods and materials:** 67 endometria from postmenopausal patients. Of these, 47 corresponded to LTTTPs (TX group). The control groups were 6 were endometria from breast cancer patients untreated by tamoxifen (CN1 group) and 14 from postmenopausal patients without breast cancer or tamoxifen treatment (CN2 group). Percentage measurements of marked nuclei were performed in: surface epithelium (SE), non-dilated glands (GLA), dilated glands (DIL) and stroma (ST). For statistical analysis, Kruskal-Wallis test was applied.

**Results:** LTTTPs (TX group) showed a higher percentage of Ki67+ nuclei than SE (p<0.001); GLA (p<0.001); ST (p<0.001) than both control groups; dilated glands did not show any significant differences. See table

GROUP	SE	GLA	DIL	ST
TMX	10.5	12.9	0.5	2.6
CN1	1	0.8	0	0.8
CN2	1.2	1.4	0.2	0.1
SIGNIFICANCE	P<0.001	P<0.001	NO.	P>0.001

**Conclusions:** There is a significantly increase of Ki67 expression in the endometria of LTTTPs. This expression is present in surface epithelium, glands and stroma and clearly demonstrates the proliferation induced by tamoxifen in apparently atrophic endometria.