SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-13	Pathology of infectious diseases	Regragui, Meriem Ibn Rochd Pathology Casablanca Morocco	Poster	Benayad, Samira Bennani Guebessi, Nisrine Marnissi, Farida Karkouri, Mehdi
Abstract No. 010				
Date 15.10.2018 & 16.10.2018				

ABSTRACT TITLE:
Post-mortem histological findings in plasmodium falciparum infection: A case report

ABSTRACT TEXT

Objective: Malaria infection is an important cause of mortality and morbidity around the world. Even if it is not endemic in Morocco, an increasing in cases of imported infections was noted in the last five years. The major problem facing pathologists in non endemic areas is that they are not aware of the histopathological aspects of malaria and therefore do not consider it as differential diagnosis.
Methods: We report a case of a 54 years old man from Morocco, who presented flu-like symptoms for 15 days after a trip to Ivory Coast. He suddenly died after. External examination of the body showed cyanotic lips and fingernails. Internal examination showed a stenosis of the anterior interventricular artery with no significant atheromatous disease, the spleen was enlarged. Cut sections of liver and spleen showed congested vessels and multiple petechial hemorrhages. Histopathological examination showed vascular congestion with the presence of malarial pigment in capillaries of heart, liver and spleen. The cardiac myocytes were normal. The PCR performed confirmed the diagnosis of malarial infection by detecting Plasmodium falciparum.
Results: Malaria is the most important parasitic disease worldwide. Since its clinical symptoms are non-specific, forensic pathologists in non endemic areas do not consider it in the differential diagnosis of sudden death. The major histopathological post-mortem finding in this context is congested blood vessels filled with red blood cells laden with malarial pigment in various organs including spleen, liver heart, brain and kidney. Macrophages with engulfed parasites can also be encountered. PCR can be used to confirm the diagnosis and to type the parasite.
Conclusion: A meticulous microscopic examination of blood vessels in specimens received in a context of unexplained sudden death is mandatory especially if there is a history of travelling to a malaria-endemic zone.
Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-15	Dermatopathology	Tounsi, Haifa Institut Pasteur of Tunis Dept. of Pathology Tunis Tunisia	Poster	Kacem, Monia Ben Ayed, Ines Jaballah, Amira Attafi, Salsabil Mokni, Mourad Boubaker, Samir
Abstract No. 010				
Date 17.10.2018 & 18.10.2018				

ABSTRACT TITLE:
Immunohistochemical examination of ZO-1 in Darier disease

ABSTRACT TEXT

Objective: : Darier's disease (DD; OMIM 124200) is an autosomal dominant skin disorder characterized by warty papules and plaques in seborreheic areas, palmo-plantar pits and distinctive nail abnormalities. The main histopathologic features are suprabasal acantholysis and abnormal keratinisation. It is caused by mutations in the ATP2A2 gene which encodes the sarco/endoplasmic reticulum Ca2+ ATPase type 2 isoform (SERCA2). Zonula Occludens protein 1 (ZO-1) is a tight junction protein existing between keratinocytes which contribute to epidermal barrier function of the skin. In normal epidermis, ZO-1 is located in the granular layer. It is considered as a marker of terminal epidermal differentiation.
The aim of this study is to analyse the immunohistochemical expression of ZO-1 in the epidermis of patients with Darier's disease.

Methods: An immunohistochemical staining using anti-ZO-1 antibody was carried out on the epidermis of twenty-two DD patients (8 families). Controls included three cutaneous samples from normal individuals.
Results: In normal control skin, ZO-1 was detected in the cell membrane of the keratinocytes of the granular layer. In DD skin, ZO-1 displayed a cytoplasmic staining in the granular layer and membranous labeling was observed in acantholytic cells.
Conclusion: The premature expression ZO-1 could contribute to the impaired epidermal differentiation in DD patients. Thus, the changes in calcium concentration in DD affect the expression and localization of this tight junction protein in epidermis.
Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-17	Gastrointestinal pathology	Babal, Pavel Comenius University Department of Pathology Bratislava Slovak Republic	Poster	Mosná, Kristina Janega, Pavol Sedlak, Jan
Abstract No. 011				
Date 17.10.2018 & 18.10.2018				

ABSTRACT TITLE:
Circadian rhythm protein Bmal1 alteration in chronic inflammatory bowel diseases

ABSTRACT TEXT

Objective: In mammals, similarly to many other organisms, tissues and organs functions are regulated by circadian clock mechanisms. The gastrointestinal tract also has 24-hour rhythms in many physiological functions that are believed to be outputs of the circadian clock: a molecular system that produces 24-hour rhythms in transcription/translation. Certain gastrointestinal illnesses are worsened when the circadian rhythms are disrupted. Changes in circadian proteins expression in colon cancer have been studied, less details are known about the role of the circadian clock in chronic inflammatory bowel diseases (IBD) like Crohn´s disease (CD) and ulcerative colitis (UC).
Methods: Expression of the circadian rhythm key activating protein Bmal1 was studied in archival biopsy specimens diagnosed with Crohn´s disease (24) and ulcerative colitis (25) taken before therapeutic intervention and control samples (25) of colon mucosa from areas remote >20 cm from pathological lesion, usually colon cancer. Immunohistochemical detection using the DAKO system was applied, multiplicative score of intensity (0-3) and percentage (0-100) of positive nuclei was calculated in mucosal epithelial and inflammatory interstitial cells.
Results: Nuclear translocation of the Bmal1 protein was evaluated as positive. High level of expression was detected in epithelial and inflammatory cells of control colon tissues. Bmal1 expression was significantly reduced in both epithelial and inflammatory cell types in both evaluated inflammatory bowel diseases CD and UC.
Conclusion: The results indicate that circadian rhythm is seriously altered in cells of the chronic inflammatory bowel diseases. Since many of the inflammatory mediators are under circadian rhythm control, alteration of such control might serve as one of the crucial factors participating at the pathogenesis of IBD.

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Policy of full disclosure: /

SESSION No.	SESSION TITLE	AUTHOR	ABSTRACT TYPE	Co-Author (s)
P-06	Gynecological pathology	Basheska, Neli UCRO Dpt.of Histopathology &Cytology Skopje Macedonia	Poster	Krstevska, Iskra Ognenoska-Jankovska, Biljana
Abstract No. 011				
Date 15.10.2018 & 16.10.2018				

ABSRACT TITLE:
Benign granular cell tumor of the uterine corpus: A case report

ABSTRACT TEXT

Objective: Granular cell tumors (GCTs) are relatively uncommon soft tissue tumors that are usually benign (0.5-2.0% malignant). They have been described in many sites and organs, although cases with genital involvement have rarely been reported. We present the clinicopathological features of a case of a uterine corpus GST.
Methods: A 37-year-old woman with secondary infertility was admitted at the University Clinic of Gynecology and Obstetrics for a hysteroscopic examination during which a polypoid isthmico-cervical lesion was detected.
Results: The biopsy excision specimen consisted of one smaller fragment of the endometrium and two larger semispherical fragments measuring 0.7x0.5x0.4 and 0.8x0.6x0.4 cm. Upon microscopic examination of the larger fragments under the partly pseudodecidualized endometrial or isthmic type of surface mucosa, a benign mesenchymal neoplasm was found composed of nests of large polygonal cells with an abundant eosinophilic granular cytoplasm and round to oval nuclei lacking conspicuous nucleoli or mitotic figures. In addition to PAS positivity, upon immunohistochemical staining, the large cells also showed vimentin, S-100, neuron-specific enolase, CD56, CD57, calretinin and Wilms tumor 1 positivity. The proliferative index determined by Ki-67 staining was <5%. Based on the pathological and immunohistochemical examinations, the diagnosis of a benign GCT was established. Due to the fact that the neoplasm was incompletely excised a wide local excision was recommended along with a careful follow-up of the patient. The patient refused the excision and is being well and preparing for in vitro fertilization 24 months following biopsy.
Conclusion: GCTs of the uterus and especially of the uterine corpus are extremely rare. To the best of our knowledge, this is a second reported case of uterine corpus GCT in the English-language literature. It is important for gynecologists as well as pathologists to be aware of the possibility of uterine corpus GCTs, for which accurate diagnosis, complete resection and long-term follow-up are crucial.
Policy of full disclosure: /