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alphafetoprotein-producing (n=1) features (8/15, 53%). Ten showed LVI or PNI (10/15, 67%).
Conclusion: The frequency of histologic confirmation for distant metastatic lesions is very rare. In this retrospective slide review, histologic variants showing aggressive clinical behaviour and LVI or PNI are frequently observed in the primary urothelial carcinomas of the urinary bladder. Thorough histologic evaluation of the primary urothelial carcinoma of the urinary bladder is needed for predicting clinical outcome.

E-PS-25-010
Sarcomatoid renal cell carcinoma (carcinosarcoma) of the left kidney with extension to the spleen: a case report
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Background & Objectives: We report a rare case of high grade sarcomatoid renal cell carcinoma (carcinosarcoma, CS) of the left kidney. To our knowledge, only a limited number of such cases have been described so far. CSs are highly malignant tumours, composed of both mesenchymal and epithelial components. Our case was characterised by its focal extension to the spleen. CSs were dived into three groups: a) collision (coincidentally arise), b) combination (from a pluripotential cell) and c) composition tumours (from the same tissue).
Methods: Our patient admitted to the hospital with hematuria and left flank pain, underwent abdominal CT, which revealed a solid mass on the upper pole of the left kidney measuring 7cm. Decision of a radical resection of the left kidney was taken and we received a surgical specimen measuring 10,5X6,5X6,7 cm and of weight 1640gr, the left adrenal gland m.d. 3cm, and the spleen measuring 10,2X8X3,2cm. On dissection, a whitish/brownish in hue tumour was recognized, measuring 7X5X5cm.
Results: Two elements were recognized, the first a renal cell carcinoma with a papillary/follicular growth pattern and the other sarcomatoid with either spindle or pleomorphic cell growth pattern, with bizarre morphology and neoplastic giant cells , severe pleomorphism and multilobulated nuclei, with abundant cytoplasm. The lesion showed many mitosis, lot of them atypical, and areas of necrosis. The neoplasm was highly invasive affecting the perirenal fat and the spleen. The adrenal gland or the vessels of the hilum were not affected.
Conclusion: CSs have been described in many anatomical sites, but very few have been reported in the kidney. CSs are known to be rapidly progressive tumours, with relapses, with poor outcome and their survival is yet to be determined.

E-PS-25-011
Prostate cancer leads to a change in the composition of tissue carbohydrates
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Background & Objectives: The objective of the investigation is following - to study the changes in the composition of the carbohydrate components of prostate cancer tissue (PCa).
Methods: 60 PCa samples (30 samples of PCa with intraluminal inclusions (prostatic calculi and corpora amylacea) and 30 without them) were used for study. 20 samples of benign prostatic hyperplasia tissue were used as control. All samples were examined by hematoxylin-eosin staining and by histochemistry (PAS reaction, alcian blue staining at pH 2.5).
Results: Positive PAS staining was found both in the tissue of the prostate gland and in the secret. Strongest intensity of the signal was found in glands filled by secret. Corpora amylacea and the secret of the PCa glands were PAS-negative. BPH tissue had a weak alcian blue staining intensity. The secret of PCa glands was very positive for alcian blue staining. We indicate the presence of higher amount of acid mucopolysaccharides in the connective tissue component of PCa.
Conclusion: Changes in the carbohydrate composition of the prostate tissue during carcinogenesis were found. It manifests in reduced amount of glycosaminoglycans and increased amount of acid mucopolysaccharides in both the secret of the glands and the tumour tissue.

E-PS-25-012
Primary malignant melanoma of the urinary bladder: a case report
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Background & Objectives: A primary malignant melanoma of the genitourinary tract is a rare lesion that accounts for only 0.2% of all melanomas. Rather than being a primary lesion, malignant melanomas of the bladder are more commonly metastatic lesions, which originate from a distant primary site. We report a case of amelanotic malignant melanoma of the bladder, which mimics high grade urothelial carcinoma.
Methods: The surgical specimens were formalin-fixed and paraffin embedded. The sections were stained with routinary H&E. Immunohistochemistry was performed.
Results: A 59-year-old woman was admitted to the department of general surgery for inguinal hernia. İncidentally, 13x12 mm mass in the anteroinferior wall of the bladder was demonstrated in tomography. Transurethral resection of the bladder was performed. The spesmen was collectively 1.5 cm in diameter. In microscopic evaluation, the tumour was predominantly composed of spindle cell infiltration. Immunohistochemical study showed that tumour cells were positive for S-100 and Melanoma triple marker, and negative for GATA 3, desmin and CD 117.
Conclusion: Malignant melanoma in the bladder is very rarely seen. It must be kept in mind that we may witness malignant melanoma, particularly the amelanotic type, in the urinary bladder. Therefore, a careful review of histological features and performing necessary immunohistochemical staining procedures for S-100 and HMB-45 are very important in achieving a correct diagnosis.

E-PS-25-013
Intrarenal adrenal cyst presenting as a renal mass: a case report
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Background & Objectives: Ectopic intrarenal adrenal tissue can be found in 6% of general population. The site of its apperance is closely related to the migration of primordial adrenal cells in the course of organogenesis. Occasionally, diagnosis of adrenal rest is difficult. If detected, they often need to be differentiated from neoplastic lesions. We present a patient diagnosed as intrarenal adrenal cyst presenting as a renal mass.
Methods: The surgical specimens were formalin-fixed and paraffin embedded. The sections were stained with routinary H&E. Immunohistochemistry was performed.
Results: A 31-year-old woman suffering from recurrent urinary tract infection.94x85 mm well-defined hyperdense mass in the right kidney was demonstrated in tomography.Laparoscopic cystectomi was performed. Macroscopically; collectively 5 cm diameter tissue samples in