cystic zones of metastases. CK5/6 was also expressed in compact cell groups, by large, non-atypical, squamoid cells around the cysts as well as in small metastatic PTC-vesicles, by rare nondescript cells. P63 expression was strong in SCD, frequently absent in the luminal cells. TTF1 expression was mild and focal in SCD. TTF1-positive nuclei were seen in the luminal cells, above the CK5/6-positive and P63-positive cells in the SCD. Metastatic, both classical PTC- and SCD-epithelia expressed B-Raf.
Conclusion: The expression patterns of CK5/6, P63, TTF1 suggest a luminal/central-to-abluminal/peripheral direction for SCD development from PTC-epithelia in lymph node metastases. Whether this metaplasia type may reflect a regression to a less aggressive morphotype or a progression-switch to squamous cell carcinoma-type differentiation in a composite tumour remains matter of debate.

E-PS-08-010
Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) need not be confused with papillary thyroid carcinoma
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Background & Objective: NIFTP described by Nikiforov 2016 is now included in the 4th Edition of the WHO Classification. Despite the fact that potentially benign NIFTP shares most of the histologic features with encapsulated follicular variant of papillary thyroid carcinoma (EFVPTC), consensus diagnostic criteria distinguished NIFTP from EFVPTC exist.
Method: Eleven females ranging in age from 36 to 51 underwent total thyroidectomy (N=7) and lobectomy (N=4) from May 2016 to March 2018. Four patients were suspected of having papillary thyroid carcinoma (PTC) (Diagnostic category Bethesda 5), two of follicular neoplasm (Bethesda 4 including one with suggestion NIFTP); Four patients were diagnosed with goiter (Bethesda 2) and one was diagnosed with PTC (Bethesda 6).
Results: Microscopic examination of the operative specimen revealed histological features of NIFTP in all 11 patients. Of 11 tumours ranging in size from 15 to 43 mm nine were encapsulated and two clear demarcated. In five patients NIFTP occurred in addition to goiter (N=4) and PTC (N=1). All 11 patients were alive with no evidence of disease in the 6-28 months follow-up (median 15).
Conclusion: Correct diagnosis of NIFTP according to established diagnostic criteria allows selecting a group of patients with a good prognosis who do not require adjuvant therapy such as radioactive iodine ablation.

E-PS-08-011
A giant adrenal myelolipoma: a case report
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Background & Objective: Adrenal myelolipoma (AML) is a rare, benign tumour of the adrenal gland composed of mature adipose and haematopoietic tissue. The latter component can be present in variable amounts. Most AMLs are small and asymptomatic and often found incidentally by imaging studies performed for other reasons or at autopsy. The aim of this study is to describe a case of a large-sized and symptomatic AML in a 56 year-old woman.
Method: In a case of adrenal myolipoma in a 56 year-old woman, the pathologic features of the tumour were studied and described.
Results: A 56-year-old female patient with history of high blood pressure, type 2 diabetes and hypothyroidism, presented with vague dull aching of the right hypochondrium evolving for about one year. MRI examination revealed an adrenal mass measuring 16 × 15 × 11 cm. It showed predominantly fat density. Gross examination of the removed tumour, 9 months later, showed a well circumscribed globular mass measuring 21 × 8 × 7 cm. On cutting, the tumour had yellowish regular greasy surface with reddish-brown areas underneath a thin capsule. Microscopic examination revealed a neoplasm composed predominantly of mature adipose tissue with intervening haematopoietic tissue. It was separated from the adrenal parenchyma by a continuous capsule. Diagnosis of AML was retained.
Conclusion: AML is a benign tumour that should simply be kept under routine follow up if small and asymptomatic. Giant and symptomatic forms are usually treated by adrenalectomy due to the risk of spontaneous rupture and intra-tumoural hemorrhage. Pathologists should be aware of this rare adrenal entity in order to make a correct diagnosis.

E-PS-08-012
Calcification (pseusopsammoma)-rich thyroid oncocytic adenoma with clear cell change
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Background & Objective: Abundant calcifications and clear cell change may occur in thyroid oncocytic adenoma (TOA). We aimed to report the features of a case of TOA peculiar by the presence of extensive calcifications and of a clear cell component.
Method: The TOA was detected on a right thyroidectomy specimen. The tumour was entirely analysed on microscopy.
Results: Clear cell change was observed in 15-20% of the cells. Numerous, focally confluent psammoma-type calcifications, resulting in macrocalcifications were detected. The nodule cells, uni- or multinucleated oncocytes, including those with clear cytoplasm, expressed heterogeneously TTF1, S100 protein, Bcl2, CD10 as well as CD138 and CD56. Lipid droplet markers adipophilin and TIP47 were also expressed.
Conclusion: In conclusion, we report a rare type of oncocytic thyroid adenoma, peculiar by the presence of macrocalcification and by the presence of clear cell change. Heterogeneity in membrane CD56 and/or CD138 expression as well as cytoplasmic heterogeneity of Bcl2 and lipid droplet marker TIP47 are possibly relevant for calcification and clear cell change, requiring further investigation.

E-PS-08-013
Morphological analysis of papillary thyroid carcinoma with psammoma bodies
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Background & Objective: During last decade, the proportion of thyroid cancer, among other types of cancer had a clear tendency to rise. Papillary thyroid carcinoma (PTC) is the most common cancer of this organ, constituting up to ca. 70% cases. For the majority of patients the general survival rate depends on the histological features of the tumour and on many other predictors, one of which is pathological biomineralization. The aim of the work is to carry out morphological analysis of the tissues papillary thyroid carcinoma with psammoma bodies.
Method: We have analysed the samples from 54 PTC patients and controls by using immunohistochemistry and spectroscopic techniques. The samples were divided into two groups: the PTC group included 24 cases of PTC with psammoma bodies and the control group was constituted of 30 PTC cases without psammoma bodies and other manifestations of pathological biomineralization.
Results: We have demonstrated the clear colocalization of osteopontin and calprotectin in the psammoma bodies and suggested the model for their laminated structure development. Immunostaining with of activated Caspase 3 antibodies revealed significantly higher number of apoptotic cells in the samples of PTC with PBs.

Conclusion: We have found intensive immunostaining with osteopontin antibodies in the tumour tissues and in the tumour surrounding, which indicates that osteopontin may counteract biomineralization. We have shown that the major component of PBs is hydroxyapatite.

E-PS-08-014

Retroperitoneal paragangliomas: a clinicopathological study of 3 cases

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Background & Objective: Paragangliomas are rare tumours occurs from extra-adrenal chromaffine tissues. Paragangliomas of the retroperitoneum arise from specialized neural cest cells distributed along the aorta in association with the sympathetic chain. This entity differs from others (head and neck paragangliomas) in its rarity and high malignancy potential. Our purpose was to analyze clinical and pathological features of three cases of retroperitoneal paragangliomas
Method: We reviewed the data of all patients managed for retroperitoneal paragangliomas from 2010 until 2018 from the archive of the department of pathology of "Fattouma Bourguiba" hospital in Monastir.
Results: There were 3 patients (all women) in the median age of 52 years (47-57 years). high blood pressure was the commonest clinical presentation. Radiology showed the retroperitoneal localization in three of them. All patients underwent surgical resection of the tumours which were the only treatment. The specimens were sent to the department of pathology. Macroscopically, all the tumours were encapsulated and the median size were 4 cm (2-5 cm). Under the microscope, tumour cells were oval or polygonal and arranged in nests or trabeculae, containing rich cytoplasm with eosinophilic fine granules. Large nuclei were strongly stained and exhibited round or oval nuclei.
Conclusion: Retroperitoneal paragangliomas are rare tumours. a definitive diagnosis can be reached only by histology which is often noncontributory to determining the benign or malignant nature of the tumour and in front of the potential of malignancy of these tumours; a follow up of patients is necessary.

E-PS-08-015

Prevalence of diabetic foot in 2009-2013 in a province

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Background & Objective: Diabetic foot is a complication which involves about 10-25% of diabetic people. Given that diabetes is growing, one of the most important complications about diabetic foot is ulcers and amputations. We aimed to evaluate this state in our patients.
Method: This retrospective descriptive cross-sectional study was done on diabetic patients referred to Shahid Sadoughi general Hospital in Yazd, during 2009¬-2013. Demographic data such as gender, age, type of treatment, history of smoking, blood sugar level, duration of infection, duration of diabetes, history of amputations, and hospitalization for ulcers, were extracted from Shahid Sadoughi hospital health information system (HIS). The collected data were entered into SPSS version 18 software and were analyzed by statistical tests.
Results: The results showed that the mean age of participants was 61.78 ± 13.36 years and the mean duration of diabetes in patients was 13.89 ± 8.7 years. Out of 165 patients, 54 (32.7%) women and 111 (67.3%) were male. The highest frequency of prevalence of diabetic foot was in 2013 and 47 patients (28.5%) were between 60-70 years old. Out of 165 patients under study, 59 (36%) were amputated. There was a significant relationship between the frequency of amputation as a type of treatment and the frequency of diabetes duration. (P-value <0.05)
Conclusion: Considering that diabetic foot ulcers are one of the most preventable complications of diabetes, it is possible to reduce the prevalence of diabetic foot ulcers and amputations by providing training programs for diabetic patients.

E-PS-08-016

A well differentiated neuroendocrine tumour with teratoma elements in sacrococcygeal region: rare case report

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Background & Objective: A well differentiated neuroendocrine tumour within teratoma is accounting for less than 1% of all testicular tumours, occurs in both children and adults. The majority of them have a favorable clinical outcome. We present a case of carcinoid tumour within teratoma arising in sacrococcygeal region in a 37-year-old man.
Method: According to the preoperative CT findings the diagnosis of teratoma was made and an incisional biopsy was performed. The specimen was formalin-fixed and processed for histopathological and immunohistochemical study.
Results: Histological examination showed well defined solid nests composed of small sized cells with granular eosinophilic to pale cytoplasm and round nuclei with salt and pepper chromatin in a prominent fibrous stroma associated with cysts that have stratified squamous epithelium containing yellowish keratinous material without skin appendages (epidermoid cyst). Neither necrosis nor mitoses (more than 2-10 per 10HPF) were found. No findings of germ cell neoplasia in situ (GCNIS) were observed. Immunohistochemically, the tumour cells were positive for CK8.18 (dot like) with coexpression of Chromogranin, Synaptophysin and CD56 whereas SALL-4, Glypican 3, TTF1, CDX2, SATB2, PAX-8, Isli-1, Serotonin were negative.
Conclusion: Carcinoid tumour within teratoma is usually diagnosed in postpubertal males, with the most common affected sites being the sacral region, mediastinum, retroperitoneum and other sites. Some of them are probably related to gain of isochromosome 12p. The pitfall of misdiagnosing an atypical carcinoid tumour should be avoided, as it can occasionally exhibit metastatic spread and requires a different or more aggressive therapeutic approach.

E-PS-08-017

Expression of beta-catenin in the papillary thyroid carcinoma

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Background & Objective: β-catenin protein acts in cell adhesion and gene transcription. Its aberrant expression is associated with carcinogenesis and metastasis. The aim of our study was to analyze the differences of β-catenin in histological variants of papillary thyroid carcinoma (PTC), in relationship with the main clinicopathological factors.
Method: The study group comprised 70 cases of PTC distributed in two groups, with low-risk (45 cases) and high-risk (25 cases), according to the histological variants. β-catenin was immunohistochemically assessed and its expression was quantified at membranar and cytoplasmic level by using two semiquantitative scores. Statistical analysis was performed to correlate β-catenin and clinicopathological prognostic factors.
Results: The membranar β-catenin presented low expression in 42 cases and high in 28 cases, whereas in cytoplasm its expression was low in 36 cases and high in 34 cases. These results were enhanced by the statistical analysis that revealed significant differences between membranar and cytoplasmic β-catenin expression. Our data also show statistically significant differences of membranar β-catenin expression (low versus high) between the two risk groups. Moreover, membranar β-catenin was correlated with tumour size (p=0.032) and tumour stage (p=0.029). No