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Aims and Scope

Mission statement: To advance the scientific basis of human pathology by the publication (encouragement and dissemination) of high quality research (including molecular and translational studies) and thereby contribute to patient care. Manuscripts of original studies reinforcing the evidence base of modern diagnostic pathology, using immunocytochemical, molecular and ultrastructural techniques, will be welcomed. In addition, papers on critical evaluation of diagnostic criteria but also broadsheets and guidelines with a solid evidence base will be considered. Consideration will also be given to reports of work in other fields relevant to the understanding of human pathology as well as manuscripts on the application of new methods and techniques in pathology. Submission of purely experimental articles is discouraged but manuscripts on experimental work applicable to diagnostic pathology are welcomed. Biomarker studies are welcomed but need to abide by strict rules (e.g. REMARK) of adequate sample size and relevant marker choice. Single marker studies on limited patient series without validated application will as a rule not be considered. Case reports will only be considered when they provide substantial new information with an impact on understanding disease or diagnostic practice.

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Abstracts

was completely occupied by a solid, white, rubbery mass, with areas of necrosis and hemorrhage, which invaded the epididymis and the mediastinum testis. It had a solid and infiltrative growth pattern, exhibiting small blue round cells, crushing artefacts, rosette formation and severe cytological atypia. Positivity for CK8/18 and Synaptophysin(focal), CD99 and CD56(strong and diffuse) was depicted.
Conclusion: Surgical resection is the treatment of choice for most cases of SM given their chemo-resistance. However, Pathologists should be aware of PNET SM and report it, as PNET-specific chemotherapy was shown to be effective in treating this TGCT subtype.

E-PS-18-004
Clinical case of multifocal primary tumour: Is the additional examination of the body required in case of malignant tumour of the urinary bladder?
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Objective: To determine the histogenesis of the urinary bladder (UB) neoplasia under suspected risk of multifocal pathology.
Method: Histological and immunohistochemical (IHC) examinations were carried out in several stages: 1) Hematoxylin and eosin; 2) CKpan, CD45 and Vimentin; 3) CKLMW, CKHMW, CK7 and 20; 4) AR, PSA, AMACR.
Results: The first stage, presented by histological examination of the formation in the UB revealed the growth of the undifferentiated malignant tumour. At the same time, the lesions with tubular-trabecular nature were revealed. For better understanding of the tumour nature the IHC examination (2,3,4 stages) was carried out. The second stage of IHC showed the epithelial nature of both malignant tumours (CKpan« + », CD45«-», Vimentin«-»). The third stage showed that the tissue of adenocarcinoma of the prostate was heterogeneously positive for CKLMW«+/-» and negative for CKHMW, CK7 and 20, but the tissue of undifferentiated UB tumour expressed all types of CK. The fourth stage of IHC showed that in the tissue of adenocarcinoma the reaction was positive for AR, PSA, AMACR and in undifferentiated UB tumour it was negative for AR and PSA and heterogeneously positive for AMACR«+/-». By comprehensive study the final diagnosis was determined: combined malignant tumour—invasive urothelial carcinoma of the UB and prostate acinar adenocarcinoma (9(5 + 4) according to D.F.Gleason).
Conclusion: This clinical case demonstrates the development of multifocal malignant pathology with lesions of the urinary bladder and prostate. With the presence of the urinary bladder carcinoma, another malignancy can develop within the same topographic area or other systems. For better differentiation of tumour histogenesis the comprehensive histological and immunohistochemical examinations are required.

E-PS-18-005
Histological features with prognostic significance in testicular germ cell tumours
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Objective: Our study aims to identify histological features with prognostic and/or predictive role which may be further used to build a score system to inform clinical decision.
Method: We assessed 39 cases of testicular germ cell tumours (TGCTs), focusing on the following particular features: quantification of different tumour subtypes, presence of intratubular germ cell neoplasia, histological pattern, cytoplasm appearance, nuclear pleomorphism, mitotic index, tumour necrosis, inflammatory lymphocytic infiltrate. These variables were analyzed in relationship with several clinicopathological characteristics and patients' outcomes. For statistical analysis we used exact tests and Spearman's rho.
Results: The presence of multiple tumour subtypes increased the risk for distant metastases. The glandular pattern was correlated with a better overall survival (OS) as compared to the papillary pattern that increased the risk of death. Cellular pleomorphism was negatively correlated with OS. No similar results were obtained for a high mitotic index. The presence of acidophilic cytoplasm could predict the global therapeutic response rates. The lymphocytic infiltrate, assessed through its qualitative and quantitative expression, could be proposed as a prognostic and predictive marker.
Conclusion: The evaluation of several non-conventional histological features in TGCTs offers complementary data to optimize the prognostic stratification and guide the therapeutic decision.

E-PS-18-006
A case report of a primary renal well differentiated neuroendocrine tumour
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Objective: A 58 year old man suffering from recurrent swelling of his legs and losing weight in the last few months. Direct physical examination was unremarkable, his laboratory values showed decreased hemoglobin (9.57 G/dl), increased WBC (10.2x1000, 80 % neutrophils), proteinuria, and normal Urea and Creatinine. CT scan revealed a mass involving the inferior lobe of the right kidney measuring 7 cm in greatest dimension. Right nephrectomy was performed on the patient.
Method: Gross examination showed a white-beige solid and well demarcated tumour, the renal tissue looked normal. The applied sections showed proliferation of packed trabeculae, nests and cords of cells having eosinophilic granular cytoplasm and uniform nuclei with stippled chromatin, no mitotic activity neither necrosis could be seen despite generous sampling. The tumour growth was limited to the renal borders.
Results: Immunohistochemistry revealed positive staining for CD99, Chromogranin, and negative result for CD10 and CK7 with positive internal control, Ki-67 showed very low index (<1 %).
Conclusion: Microscopic morphology and the applied immunohistochemistry were consistent with well differentiated neuroendocrine tumour (carcinoid).

E-PS-18-007
Retroperitoneal and pulmonary metastases from burned-out testicular germ cell tumour as initial clinical presentation: Report of two cases
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Objective: To present two cases of metastatic deposits from burned-out testicular germ cell tumours (GCTs) as initial clinical presentation of the disease.
Method: Case 1: Retroperitoneal necrotic tumour from a 40-year old male patient, and fragments from the lumbar vertebra were submitted for analysis. Case 2: Core biopsy of a lung mass from a 26-year old male patient was received for analysis. Both cases were routinely processed and additional immunoihistochemical analyses were performed.
Results: Case 1: Necrotic retroperitoneal tumour had only a few vital germ cell tumour cells positive for PLAP and CD30. In the testis, an area measuring 17 mm showed hyalinization, sclerosis and calcification with cystic structures presenting mature teratoma positive for cytokeratins 7