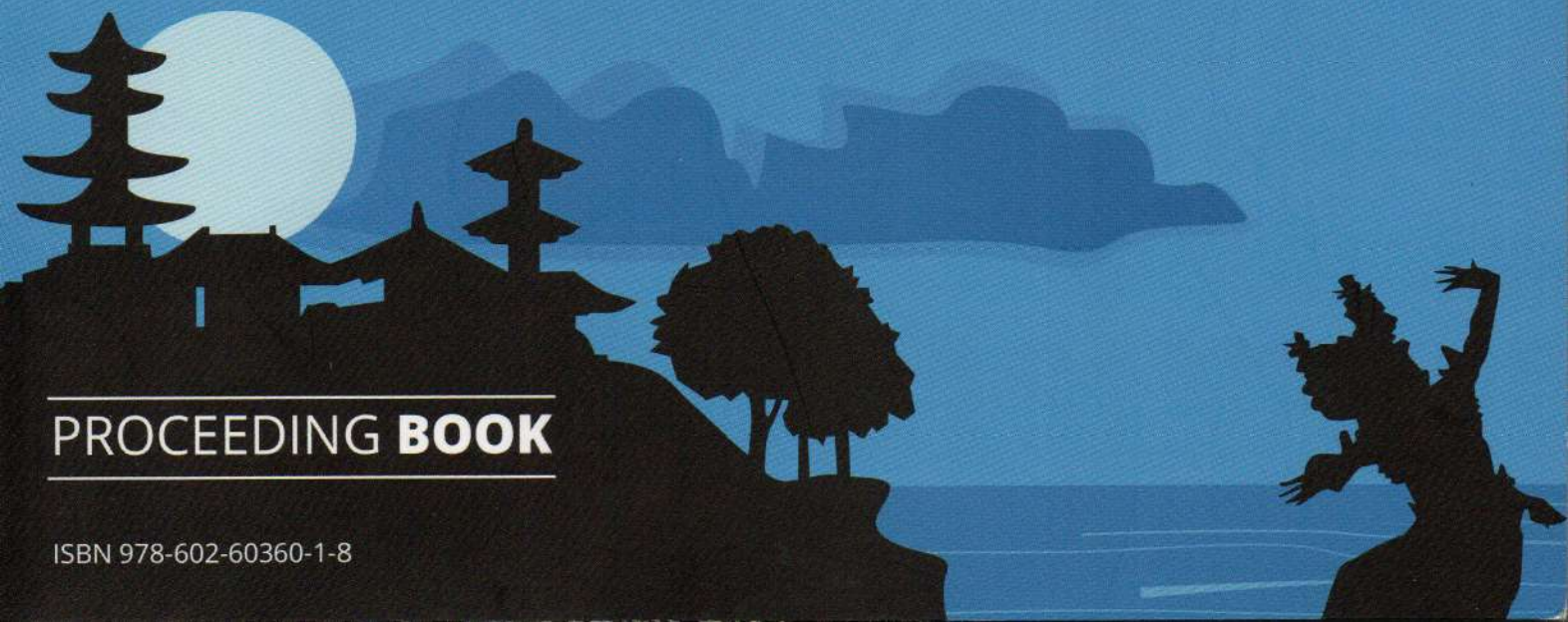
THE 10th ASIA PACIFIC IAP CONGRESS

In conjunction with

Annual Scientific Meeting-Indonesian Association of Pathologists (ASM-IAPI) and Asia Pacific Society of Molecular Immunohistology (APSMI) 2017

Bali-Indonesia
24-27 April 2017



PROCEEDING **BOOK**

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Bali Nusa Dua Convention Center

April, 24-27 2017

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APSMI | Arab Division-IAP | Bone Marrow Pathology
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Genitourinary Pathology | Gynecology Pathology | Head and Neck Pathology
Hematolymphoid Pathology | Hepatobiliary Pathology
Lung Pathology | Neuropathology | Pediatric Pathology
Quality Assurance and Quality Control | Renal Pathology
Soft Tissue and Bone Pathology

KEYNOTE LECTURERS

Clive Roy Taylor | H.K. Ng | Joel K. Greenson | Yuichi Ishikawa

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GU – 1

TESTICULAR MALIGNANT FIBROUS HISTIOCYTOMA

Anny Setijo Rahaju, Aniek Meidy Utami

Faculty of Medicine Universitas Airlangga, Dr. Soetomo Hospital, Surabaya, Indonesia

Objective: Malignant Fibrous Histiocytoma (MFH) is a sub-type of soft tissue sarcoma which is common in young and older adults. It frequently occurs in extremity organs (70%), retroperitoneal (16%) and occasionally in the inguinal. Although it may originate from the testis, MHF rarely affects it, only about 1-2% worldwide.

Method: We reported, A 65 years old male, came to Dr. Soetomo Hospital, Surabaya with abdominal mass and post left inguinal orchidectomy. The patient complained of abdominal mass enlargement since 3 month before admitted. Abdominal ultrasound (USG) examination and CT scan indicated the appearance of mass pushing to the posterior bladder. The Histopathologic results showed malignant pleomorphic cells with round-oval to spindle form, hyperchromatic nuclei, some with elongated cytoplasm forming stellate shaped embedded in diffuse myxoid background. Partially necrotic seminiferus tubules are also seen. The management of the patient with adjuvant radiotherapy and chemotherapy has not been administered because the patient died. It is consistent with the poor prognosis of MFH.

Result: A 65 years old male with abdominal mass. The histopathologic results showed malignant pleomorphic cells with round-oval to spindle form, hyperchromatic nuclei, some with elongated cytoplasm forming stellate shaped embedded in diffuse myxoid background. It is consistent with MFH.

Conclusion: Definitive diagnosis relies on clinical suspicion and pathological examination with microscopic examination. The diagnosed is Testicular Malignant Fibrous Histiocytoma

Keywords: Malignant fibrous histiocytoma, testis

GU-2

SARCOMATOID UROTHELIAL CARCINOMA OF THE BLADDER

Hutabarat Hotma, Lydia Imelda Laksmi, Jessy Chrestella

Departement of Anatomical Pathology, Faculty of Medicine, University of Sumatera Utara, Indonesia

Objective: Sarcomatoid urothelial carcinoma of the bladder is a rare tumor, less than 100 case reports have been published in the literature. It has been considered as an aggressive type of bladder carcinoma, which accounts for 0,6% of all malignancies of the bladder.

Method: The excision tissue from the tumor mass of the bladder was evaluated histopathologically. After fixation with formalin 10 %, the specimen was processed using paraffin block and stained with Hematoxylin & Eosin. This specimen was evaluated with light binokuler microscope.

Result: Histopathological features from bladder showed the tumor mass that consists of a proliferation of spindle-shaped cells, chromatin coarse, eosinophilic cytoplasm, seemed also cells bizarre, on the other part looks proliferation of cells with a nucleus round enlarged, hyperchromatic, mostly nucleus pushed to the edge, cytoplasms have vakuole (resembling lipoblasts). Looked local squamous cell (epithelial component). Stroma is composed of fibrous connective tissue with infiltration of tumor cells and lymphocytes, seemed mass necrosis, blood vessels dilatation and congestion.

Conclusion: Histopathology examination showed significant appearance with Sarcomatoid urothelial carcinoma of the bladder

Keywords: Sarcomatoid carcinoma, bladder carcinoma, carcinosarcoma

GU-3

ADENOCARCINOMA NOS (NOT OTHERWISE SPECIFIED) OF THE BLADDER

Hutabarat Hotma, Lydia Imelda Laksmi, Betty

Department of Anatomical Pathology, Faculty of Medicine, University of Sumatera Utara, Indonesia

Objective: Bladder cancer ranks ninth in the incidence of cancer around the world. This is the most common cancer in men and the seventh to 17th in women. Adenocarcinoma of the bladder arising from urothe-

Testicular Malignant Fibrous Histiocytoma

Anny Setijo Rahaju,Aniek Meidy Utami

Department of Anatomical Pathology

Faculty of Medicine Universitas Airlangga - Dr Soetomo General Hospital, Surabaya, Indonesia

Objective:

Malignant Fibrous Histiocytoma (MFH) is a sub-type of soft tissue sarcoma which is common in young and older adults. It frequently occurs in extremity organs (70%), retroperitoneal (16%) and occasionally in the inguinal. Although it may originate from the testis, MHF rarely affects it, only about 1-2% worldwide.

Method:

We reported, A 65 years old male, came to Dr. Soetomo Hospital. Surabaya with abdominal mass and post left inguinal orchidectomy. The patient complained of abdominal mass enlargement since 3 month before admitted. Abdominal ultrasound (USG) examination and CT scan indicated the appearance of mass pushing to the posterior bladder. The Histopathologic results showed malignant pleomorphic cells with round-oval to spindle form, hyperchromatic nuclei, some with elongated cytoplasm forming stellate shaped embedded in diffuse myxoid background. Partially necrotic seminiferus tubules are also seen. The management of the patient with adjuvant radiotherapy and chemotherapy has not been administered because the patient died. It is consistent with the poor prognosis of MFH.

Fig . Abdominal Mass

Result:

A 65 years old male with abdominal mass. The histopathologic results showed malignant pleomorphic cells with round-oval to spindle form, hyperchromatic nuclei, some with elongated cytoplasm forming stellate shaped embedded in diffuse myxoid background. It is consistent with MFH.

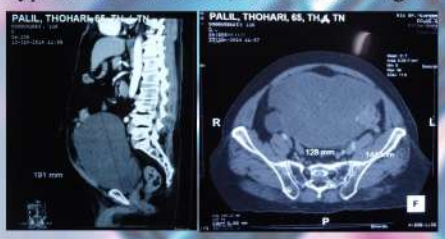

Fig. CT Scan : Homogenous mass

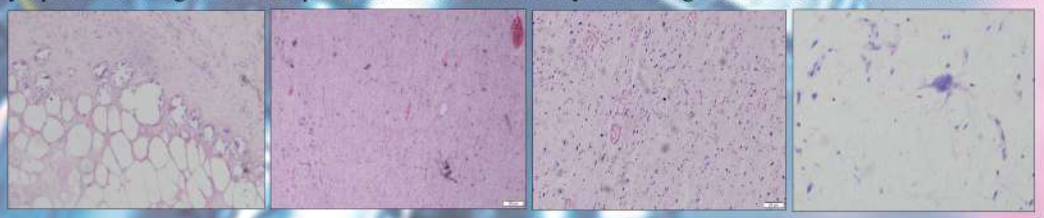

Fig .Microscopic appearance of testicular tumor showed proliferation of oval to spindle, pleomorpic nuclei cells embedded in myxoid stroma and also remnant of necrotic seminiferous tubules (HE 40-400X)

Discussion:

Malignant fibrous histiocytoma is a common soft tissue tumour in adults and originate in almost every organ of the body (Coleman J et al., 2003).

MFH is discovered mainly on the organ extremities(Glazier DB et al., 1996)but very rare in the testis.

MFH often occurs in the age 50's(Song L et al., 2005)

MFH's early symptom in the testis, usually only shows an enlarged mass in the scrotum area.

Abdominal ultrasound, CT-scan, and MRI required for preoperative staging and surgical planning, MFH diagnosis is ruled out by histopathology examination. Immunohistochemistry can be used as an additional examination to define the origin of MFH, showing a number of filaments such as keratin, desmin and neurifilament. In case which isn't resemble a MFH doesn't mean that it isn't a MFH, since IHC is not enough to determine the diagnosis (SH Weiss and Goldblum JR, 2008). Therefore, MFH's diagnosis must be supported by appropriate tissue sampling and evaluated by HE.

Conclusion:

Definitive diagnosis relies on clinical suspicion and pathological examination with microscopic examination. The diagnosed is Testicular Malignant Fibrous Histiocytomaa

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Keywords: Malignant fibrous histiocytoma, testis

CERTIFICATE OF POSTER PRESENTATION

Presented to

Anny Setijo Rahaju

With abstract titled

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