was remarkable for multiple submucosal small cysts filled with thick mucin. Microscopic examination of the lesion revealed a chronically inflamed respiratory mucosa with mucoid impaction associated with allergic mucin and negative for malignancy. Grocott’s methenamine silver stain (GMS) was negative along with a negative fungal culture, confirming the diagnosis of an allergic mucoïd impaction. In conclusion, to the best of our knowledge, we report the first case of laryngeal allergic mucoid impaction in bilateral false vocal cords per current literature review.

CD8+ Cytotoxic Mycosis Fungoides With Bone Marrow Infiltration

Rusella Mirza, MD, PhD, James Cotelingam, MD, FASCP, Nebu Koshy, and Ailing Li, MD; Louisiana State University Health Science Center

Mycosis fungoides (MF) represents a large number of the cutaneous T-cell lymphomas. However, CD8+ cytotoxic variant of MF is rarely encountered. There is much of debate on the clinical course of this cytotoxic subtype, ranging clinically from indolent to aggressive behavior. We present a case of CD8+ mycosis fungoides with bone marrow infiltration. Our patient, a 57-year-old male, presented with nosebleeds and hemoptysis. Severe thrombocytopenia (1,000/µL) was present at the time of admission. The bone marrow biopsy was hypercellular with atypical T-cell infiltrate. Immunostains showed strong positivity for CD3 and CD8 with fewer CD4-positive lymphocytes. The CD4/CD8 ratio was 1:5. Cells were negative for CD30 and Alk-1 and a few cells were positive with CD34 and PAX5. No blast transformation was evident. CT of chest and abdomen revealed lymphadenopathy and splenomegaly. The patient did not respond to the treatment and subsequently died. Seven years ago, the patient was diagnosed with MF in a different facility and was treated with UV for 2 years. His initial skin biopsy revealed hyperkeratosis, epidermal atrophy, and a band-like lymphocytic infiltrate in papillary dermis with epidermotropism. We performed immunostains on the initial skin biopsy and found a similar pattern in the bone marrow infiltrate. TIA-1 immunostain was positive in the initial skin biopsy and the Ki-67 expression was low. We are reporting a CD8+ cytotoxic variant MF with an indolent clinical course despite bone marrow involvement. While the duration of bone marrow involvement is conjectural, previous studies have shown that 20% of patients with MF may have bone marrow involvement at the time of initial diagnosis.

Intraventricular Gliosarcoma—A Rare Entity at a Rare Location

Rusella Mirza, MD, PhD; and Juan Mercado; 1Louisiana State University Health Science Center and 2LSU Health–Shreveport

Gliosarcoma is a rare type of brain cancer that has a malignant glial component and a sarcomatous element. It has been classified as WHO grade IV and clinically behaves like a glioblastoma. Usually, gliosarcoma locates in the cortex abutting the dura. We present a case of gliosarcoma in the right lateral ventricle of brain, radio logically mimicking a subependymoma. Our patient, an 83-year-old male with a medical history of a brain mass, presented with increased confusion for couple of days. Two years ago, he was diagnosed with the brain mass and he was stable until now. A recent MRI revealed a 3-cm solid mass in the right lateral ventricle, attached to the septum pellucidum and extended to the anterior of the third ventricle. Grossly, the tumor was a well-defined polypoïd mass and had a heterogenous cut surface with areas of myxomatous changes. Histology revealed a biphasic tumor with the glioma component at the periphery of the tumor and its transition to the sarcomatous component toward the center. The sarcomatous part predominated in this tumor. Some cells exhibited rhabdoid-like cytology. GFAP showed strong positivity of the glioma component and the reticulin stain demonstrated the sarcomatous element. The Ki-67 labeling index was very high and estimated up to 55% in some areas. P53 immunostain was positive in the neoplastic cells. The IDH-1 stain was negative (wild type). The CD31 and CD34 immunostain was positive in the neoplastic cells. The IDH-1 stain was negative (wild type). The CD31 and CD34 immunostain highlighted mostly the abundant blood vessels. Because of the location, ependymoma was in our differential, and occasionally an ependymoma undergoes sarcomatous changes. We did not find any features suggestive of ependymoma. Gliosarcoma is extremely rare at the ventricle, and we should consider gliosarcoma in our differentials for intraventricular tumors.

Nipple Metastasis From Renal Cell Carcinoma: A Case Report and Literature Review

Devereaux Sellers, MD, and Caroline Abramovich, MD; MetroHealth

The incidence rate of extramammary malignancies metastatic to the breast is much lower than the incidence rate of primary breast carcinoma. This rate ranges from 1.4% to 6.6%, based on autopsy studies, and 0.4% to 2.0%, based on clinical data. The most common primary tumors to metastasize to the breast, in order of decreasing frequency, are melanoma, lymphoma, lung carcinoma, ovarian carcinoma, soft tissue sarcoma, gastrointestinal tumors, and genitourinary tumors. Renal cell carcinoma metastatic to the breast is rare, and metastasis from any site specifically to the nipple is exceptionally rare. Here we report the only known case of renal cell carcinoma metastatic to the nipple.

This is a case of a 47-year-old woman who presented to the emergency department for lower abdominal pain and a single episode of hematuria in August 2017. A computed
Our review of the literature revealed a large right renal mass along with multiple nodules in the right adrenal gland, liver, and bilateral lungs. A CT urogram demonstrated the renal mass invading the renal vein. The histology of the liver nodule, biopsied in September 2017, demonstrated metastatic renal cell carcinoma. She presented to her oncologist weeks later with complaints of an enlarging, pruritic, bleeding, left nipple that was subsequently excised. Microscopic examination of the nipple showed findings histologically identical to the previous liver biopsy. Immunohistochemical (IHC) studies of the nipple resection specimen further supported the diagnosis of metastatic renal cell carcinoma. Although metastatic renal cell carcinoma to the nipple is exceptionally rare, it must be considered in the differential diagnosis of an enlarging nipple. This is especially true in any situation where the patient has a prior biopsy, resection, or history of a renal mass that is suspicious for or proven to be renal cell carcinoma.

Aortic Valve Nodule With Gouty Crystals

Salih Toker and Jonathan Freeman, MD; UMMS–Bayside Medical Center Pathology Department

Objectives: Tophaceous gout of the aortic valve is rare. Formally known as monosodium urate deposition disease, gout is caused by increased extracellular fluid urate saturation generally exceeding 6.8 mg/dL, the approximate limit for plasma urate solubility. The prevalence of gout in the United States is approximately 3.9% of the population. Most common manifestations of gout include inflammatory recurrent arthritis (gout flare), arthropathy, tophaceous deposits within joints, and nephro lithiasis. We present a 77-year-old man with a medical history of multivessel coronary disease, moderate aortic insufficiency, and aortic aneurysm. The patient presented with exertional chest pain and shortness of breath. Transaortic esophageal echocardiography (TEE) performed during surgery for coronary artery bypass and grafting revealed a mildly thickened aortic valve and height of jet/LVOT ratio of less than 0.5. Aortic valve replacement was done, with native valve material submitted for pathologic evaluation. The valve revealed a 1.0 × 0.9 × 0.3-cm aggregate of tan to yellow, rubbery to firm, and focally calcified tissue with no noted vegetations. Microscopically, the slides demonstrated tophaceous gout aggregates, mimicking chronic degenerative change of the valve, but distinguished by their characteristic tinctorial quality as well as a characteristic circumferential reaction of foreign body giant cells. Further review of medical records confirmed a history of gout. Tophaceous gout of aortic valve leaflets is rare but may be an unusual contributing factor to coronary valve dysfunction, may not be reported to the pathologist as pertinent history, and may be overlooked during pathologic examination.

Metastatic Breast Carcinoma Presenting as Acute Appendicitis

Rong Xia, MD, Maryam Noori Koloori, MD, and Alejandro Zuretti, MD; SUNY Downstate Medical Center

Introduction: Metastatic involvement of the appendix is rare but has been reported before. Acute appendicitis induced by a metastatic tumor is also uncommon. We herein present an unusual case of a patient with acute appendicitis secondary to metastatic mammary carcinoma. Methods: The patient was a 90-year-old woman who had undergone a left modified radical mastectomy with sentinel lymph node biopsy 14 years earlier. She had subsequently received radiation therapy and chemotherapy but not endocrine therapy. There had been no sign of recurrence for 14 years after the surgical procedure. The patient was recently admitted due to severe abdominal pain. Abdominal computed tomography showed an enlarged appendix with no sign of perforation or abscess, and diffuse mixed lytic and sclerotic osseous metastasis. She was clinically diagnosed with acute appendicitis and underwent appendectomy. Histopathological examination of the appendix revealed metastatic breast carcinoma, ductal type, present in the appendiceal wall. Upon review, the original tumor revealed similar morphological pattern. ER and GATA3 immunohistochemical stains demonstrated strong diffuse positivity, while mammaglobin was focally positive. The neoplasm was negative for chromogranin and synaptophysin. Ki-67 proliferative index was 10%. The appendiceal wall showed acute appendicitis with severe periappendicitis. The patient started endocrine therapy after the surgery.

Conclusions: Our review of the literature revealed 13 documented cases of metastatic breast carcinoma identified in the appendix. Appendicitis induced by metastatic breast carcinoma was present in six of these cases. The possibility of metastasis to the appendix must be considered in the diagnosis of right lower quadrant pain in patients with a history of mammary carcinoma.

Aggressive Behavior of an Underdiagnosed Tall-Cell Variant of Papillary Thyroid Carcinoma After Total Thyroidectomy and Radioactive I-131 Ablation

Yan Xiang, Li Li, MD, and Azzam Hammad, MD; Drexel University

Objectives: The tall-cell variant of papillary thyroid carcinoma (TCV-PTC) has been known for its aggressive biological behavior; however, this aggressive variant of PTC is usually underdiagnosed due to its rarity and difficult diagnosis, and there are no clinical features that can accurately diagnose it.