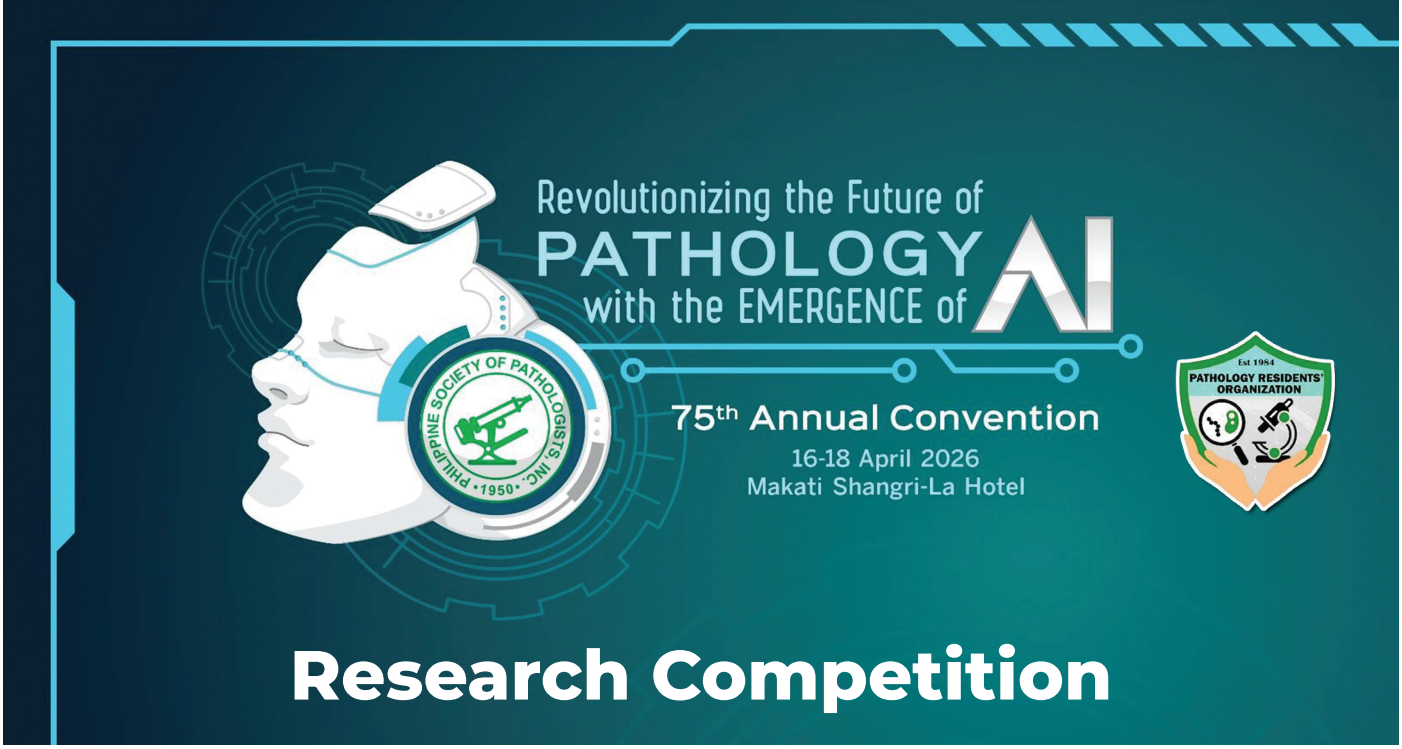


PROFFERED / PLATFORM PRESENTATIONS

General Rules and Eligibility

1. All members of the Philippine Society of Pathologists, Inc. (PSP) (junior, diplomate and fellow members) are eligible to participate in the 75th PSP Annual Convention proffered / platform formal research competition.
2. The manuscript submission deadline for the 75th PSP Annual Convention is on **March 5, 2026 (Thursday)**.
3. Original anatomic or clinical pathology articles of any study design (e.g., meta-analysis / systematic review, descriptive, analytical / inferential, experimental) may be submitted for assessment provided that prior Institutional Review Board (IRB) approval has been secured. The article must **not** have been previously published (online or in print) or presented elsewhere in abstract or manuscript form.
4. Strict adherence to the provided manuscript submission guidelines is required. See the succeeding section.
5. No limit is imposed as to the number of manuscripts a researcher may submit; however, a principal author may present only one (1) research study during the event. The Philippine Society of Pathologists, Inc. reserves the right to select the paper to be presented during the forum. There are no imposed limits for co-authorship.
6. Submissions with contest judges serving as co-authors may still be submitted for assessment by the research contest committee. Concerned judges shall abstain from evaluating their co-authored papers at every stage of the competition.
7. **Five (5) finalists** will proceed to the oral platform presentation. Participants will be notified through email regarding the acceptance or rejection of their entries **no later than March 25, 2026 (Wednesday)**. Upon acceptance for presentation, the author must register for the convention if he/ she has not yet done so.

Manuscript Submission Guidelines

1. The presenting author must also be the submitting author for ease of correspondence with the committee.
2. All original article manuscripts must be written in the English language and must adhere to the general and specific formatting guidelines of the Philippine Journal of Pathology available at: https://philippinejournalofpathology.org/index.php/PJP/instructions_to_authors.
3. Please submit the following files to researchcontestcommittee.psp@gmail.com:
   a. Complete manuscript Word file (.doc/ .docx) with the subject title being: "ORAL_Author Surname_Running Title". The running title must be concise. Once submitted, no further changes or revisions may be made by the authors.
   b. A recent photograph (.jpeg / .jpg) with white background with the filename being: "ORAL_ID_Author Surname".
4. Anonymized copies of all manuscripts will be forwarded for blind assessment by designated research contest committee members.

PSP 75th Annual Convention Research Competition

Oral Research Presentation

1. The schedule of the oral research presentation segment of the annual convention shall be announced by the research contest committee. Preparatory tech runs will be permitted. English is the required medium of content and presentation.
2. The order of presentation will be determined by drawing lots a day before the start of the session.
3. Any Powerpoint template/ design may be used, provided that oral presentations are completed in ten (10) minutes, followed by a five (5) minute question and answer portion. A warning signal will be sounded at the five (5) minute mark. One (1) point will be deducted from the total score for every minute or fraction of a minute of overtime.
4. Judges will select the winners of the proffered/ platform session based on a grading rubric. Decisions rendered by the panel of judges on presentation day are final. Winners will be announced during the Closing Ceremonies.

Criteria for Judging:

MANUSCRIPT

Originality	– 10%
Significance of Research Question	– 10%
Methodology	– 10%
Study Population and Sample Size	– 10%
Appropriateness of Statistical Tests	– 10%
Validity	– 10%
Clarity, Style and Prose of Content	– 10%

PRESENTATION

Formal Presentation and Visual Aids	– 15%
Knowledge of the Research (Q&A)	– 15%

TOTAL – 100%

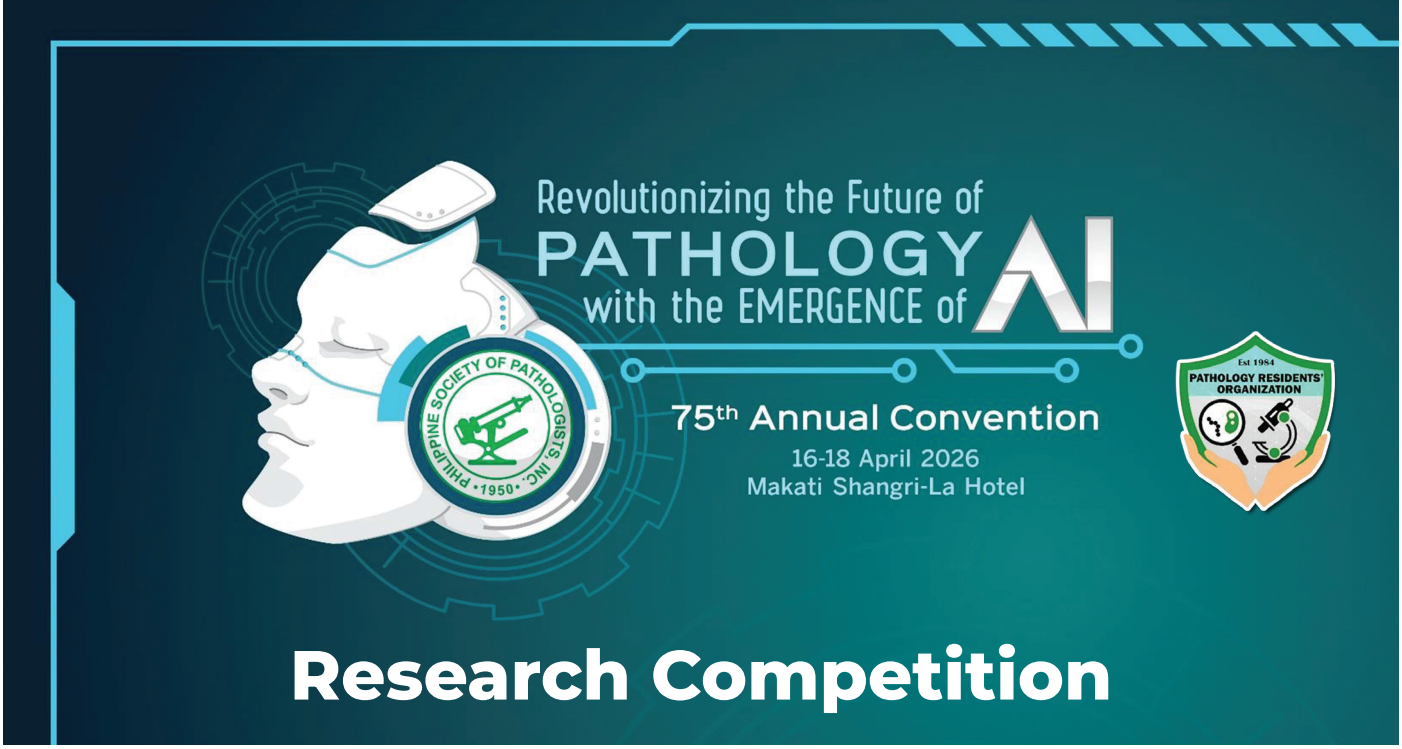
Prizes

Winners will receive trophy awards with the corresponding cash prizes:

1st Place:	**Php 25,000**
2nd Place:	**Php 20,000**
3rd Place:	**Php 15,000**

All finalists will be given certificates of participation and a consolation prize.

Philippine Society of Pathologists, Inc.
75th Annual Convention
Research Contest Committee



POSTER PRESENTATIONS

General Rules and Eligibility

1. All members of the Philippine Society of Pathologists, Inc. (junior, diplomate and fellow members) are eligible to participate in the 75th PSP Annual Convention poster session.
2. The abstract submission deadline for the 75th PSP Annual Convention is on **March 5, 2026 (Thursday)**.
3. Original case reports may be entered into the Research Poster Contest. The case report must not have been previously published (online or in print) or presented elsewhere in abstract or manuscript form.
4. Strict adherence to the provided template for abstract submissions is required. Please refer to the template provided at the end of this document.
5. No limit is imposed as to the number of abstracts a researcher may submit; however, a principal author may present **no more than two (2) abstracts** during the event. The Philippine Society of Pathologists, Inc. reserves the right to select the abstract to be presented during the session. There are no imposed limits for co-authorship.
6. Submissions with contest judges serving as co-authors may still be submitted for assessment by the research contest committee. Concerned judges shall abstain from evaluating their co-authored papers at every stage of the competition.
7. **Sixteen (16) interesting cases** will be selected for Poster presentation. Participants will be notified through email regarding the acceptance or rejection of their entries **no later than March 25, 2026 (Wednesday)**. Upon acceptance for presentation, the author must register for the convention if he/she has not yet done so.

Abstract Submission Guidelines

1. The presenting author must also be the submitting author for ease of correspondence with the committee.
2. Abstracts must be written in English and should contain the following:
   a. Case report title
   b. Introduction
   c. Case description
   d. Discussion
   e. Conclusion
3. The case report title **should not exceed 150 characters** (including spaces).
4. The content of the abstract (introduction, case description, discussion, and conclusion) **should not exceed 2,000 characters** (including spaces). Abstracts that exceed the specified word limit will be automatically disqualified. The abstract title and authors' names and affiliations are not included in the aforementioned character limit of 2,000 characters. Please refer to the template included in the last page of this document.
5. The use of extensive and non-standard abbreviations is discouraged.

PSP 75th Annual Convention Research Competition

6. Tables and figures may be included in the abstract, in addition to the text described above. **A maximum of two figures and one table are allowed per abstract submission.** Images must be high resolution. Do not submit patient photos unless the patient has granted permission. All photos must be de-identified.
7. Please submit the following files to researchcontestcommittee.psp@gmail.com:
   a. Complete abstract Word file (.doc/ .docx) with the subject title being: "POSTER_Author Surname_Running Title". The running title must be concise. Once submitted, no further changes or revisions may be made by the authors.
   b. A recent photograph (.jpeg / .jpg) with white background with the filename being: "POSTER_ID_Author Surname".
8. Anonymized copies of all abstracts will be forwarded for blind assessment by designated research contest committee members.

Poster Presentation

1. The schedule of the poster research presentation segment of the annual convention will be announced by the research contest committee.
2. Please refer to the diagram below to serve as a template for the poster format. The poster number, title, authors, institution/s and institution logo must be placed in the poster heading. The required poster size is 180 cm in length and 90 cm in width, printed on tarpaulin material care of the submitting author.

<table>
<tr><td>L: 20 cm
W: 20 cm

[Poster Number]</td><td>L: 70 cm
W: 20 cm

[Title]
[Authors and Affiliations]</td></tr>
<tr><td colspan="2">L: 160 cm
W: 90 cm

[Poster Content]

* Content must be readable from a distance of 10 meters.
* Please use high resolution images.</td></tr>
</table>

3. English is the required medium of content and presentation.
4. Authors of accepted abstracts must set-up their posters at the designated venue by 9:00 AM of Day 1 of the convention, to be removed by 6:00 PM of Day 3 of the convention. All unclaimed posters will be taken down and disposed of by the organizers thereafter.
5. The schedule of the Poster Session shall be announced by the committee. Authors are requested to be on standby at the poster venue in preparation for judging.
6. Judges will select the winners of the poster session based on a grading rubric. Decisions rendered by the panel of roving judges are final. Winners will be announced during the Closing Ceremonies.

Criteria for Judging:

Originality	– 10%
Significance of the Case	– 10%
Completeness of Case Presentation	– 40%
Clarity, Style and Prose of Content	– 10%
Knowledge of the Case (Q&A)	– 10%
Poster Aesthetics	– 20%
TOTAL	– 100%

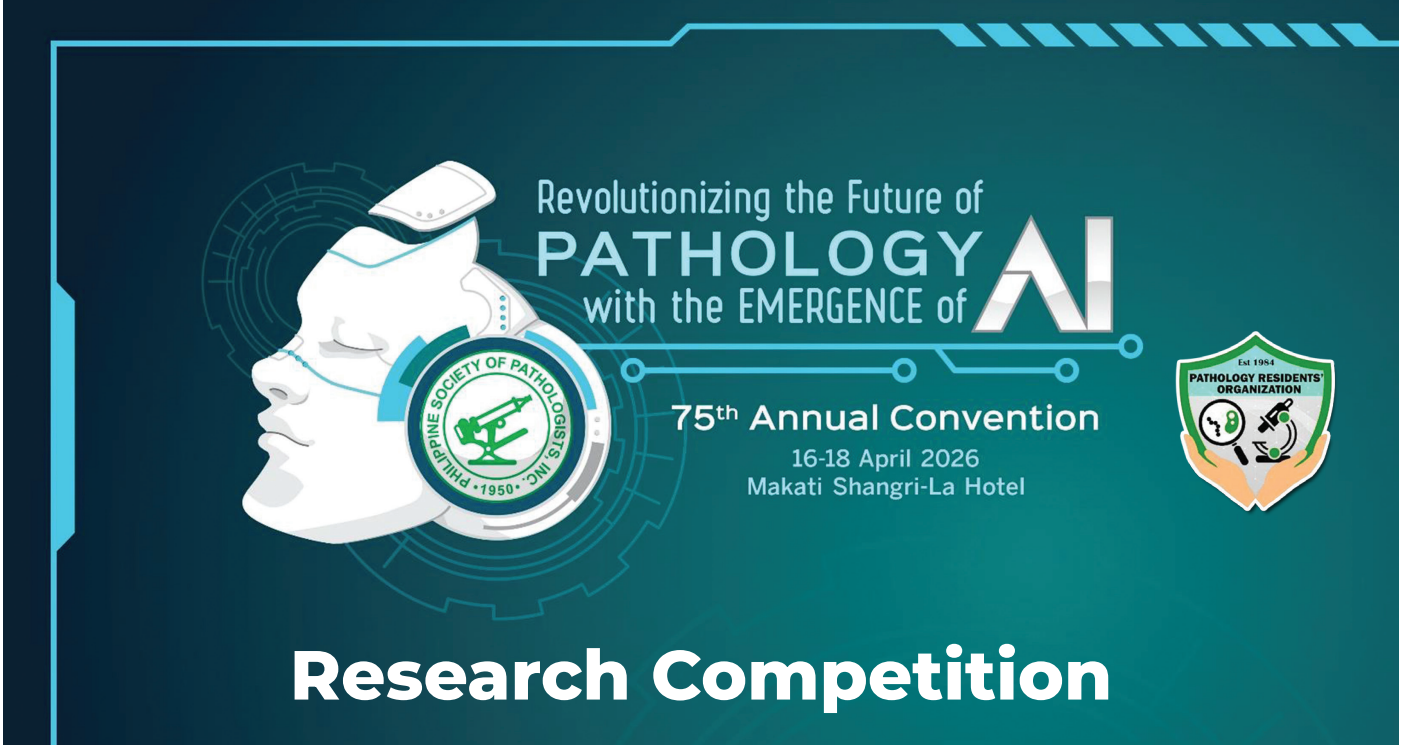
Prizes

Winners will receive trophy awards with the corresponding cash prizes:

1st Place: Php 17,500
2nd Place: Php 15,000
3rd Place: Php 12,500

All finalists will be given certificates of participation and a consolation prize.

Philippine Society of Pathologists, Inc.
75th Annual Convention
Research Contest Committee

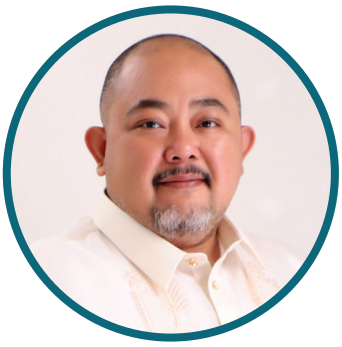


JUDGES

Platform Category

Lorraine B. Almelor-Sembrana, MD, FPCP, FPCC

Philippine Heart Center



Amado O. Tandoc III, MD, FPSP

Research Institute for Tropical Medicine

Rhalp Jaylord L. Valenzuela, MPH, MMHoA

Philippine Heart Center

Rex Michael C. Santiago, MD, FPSP

St. Luke's Medical Center

Moderator for Platform Presentation

PSP 75th Annual Convention Research Competition

JUDGES

Poster Category

Jill J. Jaime, MD, DPSP

Bicol Regional Hospital and Medical Center

Herbert Z. Manaois, MD, DPSP

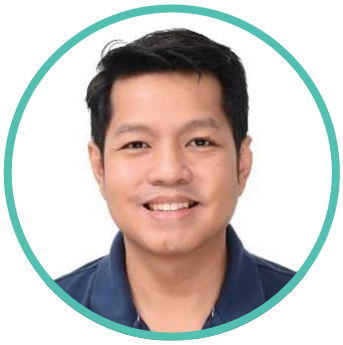
De Los Santos Medical Center

Ma. Margot Flor E. Schlaaff-Yasay, MD, FPSP

De Los Santos Medical Center

Marissa Krizelda Duque Santos, MD, DPSP

Chinese General Hospital and Medical Center



Mark Anthony C. Turingan, MD, RMT, MMHoA, FPSP

Bataan General Hospital and Medical Center

PSP 75th Annual Convention Research Contest Committee 2026

Chair: *Steffanie Charlyne A. Tamayo, MD, DPSP*

Co-Chair: *Rex Michael C. Santiago, MD, FPSP*

Members: *Ralph Adrian A. Reyes*
Othaniel Philip R. Balisan
Ivy Mae C. Medalla

PSP 75th Annual Convention Research Competition

FINALISTS

Oral Presentation

Name	Institution	Research Title
Josh Matthew B. Chen Co-Authors: Steffanie Charlyne A. Tamayo Manuelito A. Madrid	St. Luke's Medical Center – Quezon City	Exploring the Use of Computer-Aided Imaging for HER2 Immunohistochemistry Scoring in Breast Cancer: A Single-Center Experience in a Developing Country
Miguel Angelo D. Dimacali Co-Author: Ricardo Victorio S. Quimbo	National Kidney and Transplant Institute	A Descriptive study on Turnaround Times of Surgical Pathology Cases with Immunohistochemistry Studies in a Tertiary Hospital
Patricia Ann S. Franco Co-Authors: Edna May Lasap-Go Maria Cecilia F. Lim Vincent G. Te	University of the Philippines – Philippine General Hospital	The Association of β-catenin, E-cadherin, and CD10 Expression with Histologic Grade of Phyllodes Tumor: A Cross-Sectional Study
Alykca Therese C. Libres Co-Author: Aije Hope D. Bruzon-Hortel	Southern Philippines Medical Center	Knowledge, Attitudes, and Practices of Medical Doctors on Adherence to Clinical Guidelines for Frozen Section Biopsy in a Tertiary Hospital
Celeste M. So Co-Author: Randell S. Arias	Zamboanga City Medical Center	Efficiency of Mobile Video Sharing Application (Google Meet) in Real-Time Field Image Transmission for Telepathology

PSP 75th Annual Convention
Research Competition

Oral Presentation

Exploring the Use of Computer-Aided Imaging for HER2 Immunohistochemistry Scoring in Breast Cancer: A Single-Center Experience in a Developing Country

Josh Matthew B. Chen, Steffanie Charlyne A. Tamayo, Manuelito A. Madrid

Institute of Pathology, St. Luke's Medical Center – Quezon City

ABSTRACT

Background. Contemporary breast cancer treatment relies on precise diagnostic categorization for tailored therapy. HER2 status, assessed using immunohistochemistry (IHC), is a key biomarker guiding the choice for the antibody-drug conjugate trastuzumab deruxtecan, which is effective even in HER2-low/ ultralow breast cancer (defined as HER2 IHC score 0+, 1+ or 2+ without ISH amplification). While manual slide interpretation of IHC is subjective and prone to inter- and intra-observer variability, digitization potentially enables computer-assisted image analysis to improve accuracy. However, implementation and infrastructure barriers persist, especially in low- to middle-income countries such as the Philippines.

Objective. This study evaluated the concordance between manual and AI-assisted HER2 IHC scoring at St. Luke's Medical Center – Quezon City (SLMC QC) and identified areas of discrepancy and their possible causes.

Methodology. This retrospective study included all Invasive Breast Carcinoma, No Special Type (IBC, NST) tumors diagnosed on core needle biopsy and with HER2 IHC performed in SLMC QC from January 1 to December 31, 2024. Original HER2 IHC slides were independently scored by two breast pathology consultants; consensus results served as the ground truth. Slides were digitized using Microvisioneer, and three regions of interest (with ≥ 100 tumor cells) selected by a senior breast pathologist were analyzed using an AI-based image deconvolution algorithm to produce computer image-enhanced HER2 scores. After a minimum of two-week washout, the senior breast pathologist re-evaluated the digitized slides with AI-generated outputs to derive the Computer Image-Enhanced (AI-Assisted) Scores. Concordance between ground truth and AI scores was then assessed.

Results. A total of 161 HER2 IHC slides from patients with invasive breast carcinoma were evaluated. Manual and AI-assisted scoring showed an overall percent agreement of 65.22% and a Cohen's kappa of 0.53, indicating moderate concordance. Weighted analysis demonstrated markedly higher alignment (95.10% agreement; kappa 0.85, almost perfect). Discrepancies were most common among manual scores of 0 to 2+, largely driven by background staining, whereas manual score 3+ classifications remained highly consistent with AI output.

Conclusion. The study supports the emerging role of AI as a valuable complementary tool in HER2 interpretation. With proper validation and integration, AI-assisted image analysis can strengthen standardization in HER2 assessment, improving precision in patient care especially in resource-limited settings.

Key words. *breast, HER2, artificial intelligence*

PSP 75th Annual Convention
Research Competition

Oral Presentation

A Descriptive study on Turnaround Times of Surgical Pathology Cases with Immunohistochemistry Studies in a Tertiary Hospital

Miguel Angelo D. Dimacali and Ricardo Victorio S. Quimbo

Department of Pathology and Laboratory Medicine, National Kidney and Transplant Institute

ABSTRACT

Background. Histopathology has been a standard in achieving and confirming a diagnosis by offering tissue-based findings as guidance in making clinical decisions. As it is reported within a standard timeframe, ancillary testing with immunohistochemistry studies can extend turnaround time (TAT), a quality indicator in surgical pathology. This study aims to benchmark the laboratory's current practices and quantify the impact of IHCs on reporting definitive diagnoses.

Objective. To compare turnaround times of surgical pathology specimens with and without additional immunohistochemistry testing.

Methodology. In-house histopathology cases processed in 2024 at the Anatomic Pathology Division of NKTI were evaluated. Specimen receipt dates, report verification dates, and IHC usage are data extracted from logbooks. Cases were categorized into one of three groups depending on the need for IHCs and whether these IHCs are done after releasing an initial histopathology report or if with IHCs altogether releasing an already definitive diagnosis.

Results. A total of 5,006 specimen cases were evaluated. Each category has a distinct turnaround time with 5.27 (A), 10.03 (B), and 36.01 (C) days. The medians for each category are 5, 9, and 23 days, while the most common turnaround times were 4, 6, and 15 days, respectively. A Kruskal-Wallis test indicated significant differences among the three groups ($p < 0.001$), while a post hoc pairwise comparison using Dunn's test also showed significant differences (A vs B: $p < 0.001$; A vs C: $p < 0.001$; B vs C: $p < 0.001$).

Conclusion. The use of IHCs extends the TAT of cases. The interval time between sign out of routine histopathology and request for IHCs may be eliminated with pre-charged reflective testing. Further studies on TATs with implemented reflective testing may be performed to determine efficiency of this service.

Key words. *surgical pathology, immunohistochemistry, medical records, time factors*

PSP 75th Annual Convention
Research Competition

Oral Presentation

The Association of β-catenin, E-cadherin, and CD10 Expression with Histologic Grade of Phyllodes Tumor: A Cross-Sectional Study

Patricia Ann S. Franco, Edna May Lasap-Go, Maria Cecilia F. Lim, Vincent G. Te

Department of Pathology, University of the Philippines College of Medicine
Department of Laboratories, University of the Philippines – Philippine General Hospital

ABSTRACT

Objective. This study aimed to determine the prevalence, clinicopathologic features, and immunohistochemical profile of PTs diagnosed at the Philippine General Hospital – Department of Laboratories from January 1, 2018 to December 31, 2022.

Methodology. This cross-sectional study reviewed surgical pathology cases of PTs within the study period. Immunoscores for β-catenin, E-cadherin, and CD10 were evaluated, with outcomes including histopathologic grade, stromal cellularity, atypia, overgrowth, tumor margin, and mitotic count.

Results. A total of 191 PTs were diagnosed, with the fewest in 2020 (27 cases) and the most in 2018 (51 cases). Benign PTs comprised the majority (52.88%), followed by borderline (34.03%) and malignant (13.09%) types. Most patients (59.16%) were 50 years or older. Tumors commonly measured 5.0–19.99 cm, with the largest proportion ranging from 15.0–19.99 cm. No significant associations were observed between immunoscores and tumor grade or morphologic features, possibly due to limited sample size and uneven group distribution. A weak positive correlation was found between β-catenin and E-cadherin, while other markers showed negligible correlation.

Conclusion. Larger studies are needed to clarify potential relationships between IHC expression and PT grading. This study contributes to the limited local data on PTs and highlights their possible diagnostic utility, especially in cases with overlapping features.

Key words. *Phyllodes tumors, Beta-catenin, E-cadherin, CD10*

PSP 75th Annual Convention
Research Competition

Oral Presentation

Knowledge, Attitudes, and Practices of Medical Doctors on Adherence to Clinical Guidelines for Frozen Section Biopsy in a Tertiary Hospital

Alykca Therese C. Libres and Aije Hope D. Bruzon-Hortel

Department of Pathology and Laboratories, Southern Philippines Medical Center

ABSTRACT

Background. Frozen section biopsy (FSB) is a critical intraoperative diagnostic procedure that supports real-time surgical decision-making. Its accuracy and clinical value depend not only on technical laboratory processes but also on physicians' knowledge, attitudes, practices, and adherence to institutional clinical guidelines. In tertiary hospitals with high surgical volume, variations in guideline compliance may affect diagnostic reliability and patient safety.

Objective. This study examined the knowledge, attitudes, and practices of medical doctors regarding FSB and assessed their adherence to institutional clinical guidelines and standards.

Methodology. A descriptive-correlational research design was conducted among 105 surgical residents and fellows at a tertiary hospital in the Philippines. Data were collected using a validated, researcher-developed questionnaire that measured knowledge, attitudes, practices, and adherence to FSB clinical guidelines. Descriptive statistics were used to summarize levels of knowledge, attitude, practice, and adherence. Correlation analysis was performed to determine the relationships among these variables.

Results. The respondents demonstrated a generally knowledgeable level of FSB knowledge (mean = 2.51), a neutral attitude toward FSB implementation (mean = 3.17), and a high level of procedural practice compliance (mean = 4.03). Adherence to institutional clinical guidelines was rated as sometimes observed across key domains, particularly in referral processes and endorsement protocols. Significant associations were identified between components of knowledge, attitudes, and practices and adherence to FSB standards.

Conclusion. While medical doctors showed adequate procedural practice and foundational knowledge of FSB, inconsistencies in adherence to institutional clinical guidelines remain. Strengthening policy dissemination, clarifying professional roles in FSB decision-making, and reinforcing interdisciplinary communication are necessary to enhance compliance, improve diagnostic reliability, and promote patient safety.

Key words. *frozen section biopsy, clinical guidelines, pathology practice, diagnostic accuracy, quality assurance*

PSP 75th Annual Convention
Research Competition

Oral Presentation

Efficiency of Mobile Video Sharing Application (Google Meet) in Real-Time Field Image Transmission for Telepathology

Celeste M. So and Randell S. Arias

Department of Pathology and Laboratory Medicine, Zamboanga City Medical Center

ABSTRACT

Background. Telepathology refers to the practice of pathologists from different locations who communicate to arrive at a diagnosis. As of 2016, the estimated pathologist-to-patient ratio is only 1:167,000. The limited number of pathologists available and the bulk of biopsy specimens to be diagnosed is entirely disproportionate thus emphasizing the need for telepathology. However, comprehensive imaging software, high-end communication systems, fast and stable internet connection are all expensive. Thus, it is only practical to utilize free voice and video calling applications like Google Meet®.

Objective. The objective of this study was to determine the efficiency of a mobile video sharing application (Google Meet®) in real-time field image transmission for telepathology specifically identifying how many concordant and discordant diagnoses were done and to determine the acceptance rate of the pathologists in terms of quality of images, quality of voice communication, confidence in diagnosis, and Turn-Around Time (TAT).

Methodology. A total of 171 benign and malignant cases with released outright histopathology results from January 2023-December 2023 were chosen as samples.

Results. The highest concordant diagnoses (100%) were made with malignant gastro-intestinal tract excision, benign and malignant female genital tract, benign and malignant male genital tract, malignant lymphoid neoplasm, polyp, pap smear, and ditzels. The lower concordant diagnoses (80%) were from benign breast excision, malignant head and neck excision, and benign lymphoid neoplasm. The shortest Turn-Around Time (TAT) was observed among ditzels with an average of 2 minutes per slide. Longer Turn-Around Time (TAT) was observed among more difficult cases such as malignant cases of the head and neck, soft tissue, and fine-needle aspiration biopsy or smears. More than 90% of the diagnoses made by the pathologists are concordant with the official result.

Conclusion. The overall acceptance rate of application of dynamic telepathology is high with a good to average rating in terms of image and audio quality.

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Key words. *telepathology, communication, pathologists*

PSP 75th Annual Convention Research Competition

FINALISTS

Poster Presentation

Name	Institution	Research Title
Kristine Joy S. Uichanco Co-Author: Erick Martin H. Yturralde	University of the Philippines – Philippine General Hospital	Gastrointestinal Clear Cell Sarcoma/ Malignant Gastrointestinal Neuroectodermal Tumor (CCS/ GNET) in a Young Filipino Adult: A Case Report
Xhyrel June J. Tagaylo Co-Authors: Jeffrey S. So Steffanie Charlyne A. Tamayo Patricia Danielle V. Dayrit Angelo Gabriel P. Profeta Neil Patrick Jose L. Samson Macario S. Vjuan	St. Luke's Medical Center – Quezon City	Serous Cystadenocarcinoma of the Paratestis: A Rare Presentation of a Müllerian Tumor in an Elderly Filipino Male
Christian Soga-ang Co-Author: Louella Tan	Southern Isabela Medical Center	Extra-Ovarian Brenner Tumor of the Cervix in a 43-Year-Old Woman: A Rare Entity with Uncommon Location, Case Report
Junno Angelo M. Sexcion	Davao Regional Medical Center	Spinal Pain: From Neoplastic to Parasitic
Marc Vincent G. Procianos Co-Author: Mary Anne L. Bernas	Davao Regional Medical Center	Retroperitoneal Ectopic Pregnancy Presenting as Lumbar Pain: A Case Report
Dan Angelo D. Matias Co-Authors: Francisco P. Tria IV Daphne C. Ang	Philippine Children's Medical Center	Straddling Two Lineages: Mixed-Phenotype Acute Leukemia, B/T (MPAL-B/T) in a 12-year-old Filipino Male
Jaeson M. Jimenez Co-Authors: John Nicholas M. Pantoja Manuelito A. Madrid	Philippine Children's Medical Center	Beyond the Bone: Extraskeletal Ewing Sarcoma Primary to the Breast in a 13-year-old Male
Ken Paolo Limonero Ibasco Co-Author: Jeffrey S. So	St. Luke's Medical Center – Global City	A Rare Case of a High-Grade Prostatic Adenocarcinoma with Aberrant Nuclear p63 Expression

PSP 75th Annual Convention Research Competition

FINALISTS

Poster Presentation

Name	Institution	Research Title
Denn Saudi J. Hayudini Co-Author: Randell S. Arias	Zamboanga City Medical Center	Live Birth from a Primary Ovarian Pregnancy: A Rare Pathologically Confirmed Case
Christian Joseph B. Cruzado Co-Authors: Alejandro E. Arevalo Celestine G. Trinidad	Makati Medical Center	Sinonasal Collision Tumor of Glomangiopericytoma and B-Cell Lymphoma
Karla Mae A. Cruzado, MD Co-Author: Al-Zamzam A. Abubakar	Zamboanga City Medical Center	Follicular Lymphoma Presenting as Bilateral Ovarian Masses, Elevated CA-125, and Lymphadenopathies: A Diagnostic Pitfall in Gynecologic Oncology
John Patrick O. Chang Co-Author: Rex Michael C. Santiago	St. Luke's Medical Center – Global City	Anterior Mediastinal Mystery: From Epithelioid Suspicion to a Diagnosis of Metaplastic Revelation
Eldimson E. Bermudo Co-Authors: Christian Roy Q. Sarmiento Al-Zamzam A. Abubakar	Zamboanga City Medical Center	Metastatic Uterine Leiomyosarcoma Presenting as an Overt Gastric Mass and Gastrointestinal Bleeding Masquerading as GIST: a Rare Diagnostic Pitfall
Viktoria Madelaine R. Beltran Co-Authors: Edwin L. Muñoz Marie Christine F. Bernardo	Philippine Children's Medical Center	Molecular Plot Twist: H3 G34V Mutation and MET Amplification in a Diffuse Hemispheric Glioma
Eliza Katrina D. Barredo Co-Author: Mary Yvonnette C. Nerves	East Avenue Medical Center	Pancreatoblastoma Presenting as a Rapidly Enlarging Pancreatic Mass in a Child: A Diagnostic Challenge
Sarah Lizette Aquino-Cafino Co-Authors: Jose Vicente G. Borja Al-Zamzam A. Abubakar	Zamboanga City Medical Center	Synchronous Metastatic Breast Carcinoma involving an Endometrial Polyp and Uterine Leiomyomas: A Case Report

PSP 75th Annual Convention
Research Competition

Poster Presentation

Gastrointestinal Clear Cell Sarcoma/Malignant Gastrointestinal Neuroectodermal Tumor (CCS/GNET) in a Young Filipino Adult: A Case Report

Kristine Joy S. Uichanco and Erick Martin H. Yturralde

Department of Laboratories, University of the Philippines – Philippine General Hospital

ABSTRACT

Introduction. Gastrointestinal neuroectodermal tumors (GNETs) are rare but distinctive sarcomas that often arise from the small intestines.

Case Description. We report a 24-year-old Filipino male who initially presented with abdominal pain; imaging showed an enhancing circumferential mass involving the jejunum along with a peripherally enhancing focus in the liver and several enlarged superior mesenteric lymph nodes.

Discussion. Histopathologic evaluation of the tumor revealed a monomorphic population of epithelioid cells with pale eosinophilic to clear cytoplasm and round nuclei with open chromatin and occasional conspicuous nucleoli. The tumor cells assume various architectural patterns with admixed osteoclast-like giant cells. Immunohistochemistry studies showed diffuse positivity with SOX10 and S100 and negativity for HMB45. Fluorescence in situ hybridization demonstrated EWSR1 gene rearrangement confirming the diagnosis of GNET. Despite their relatively bland morphology, these tumors demonstrate aggressive behavior.

Conclusion. In light of more recent reports of similar neoplasms occurring in extra-enteric sites, heightened clinical suspicion and familiarity with this peculiar malignancy is recommended.

Key words. *jejunal neoplasms, neuroectodermal tumors, sarcoma*

PSP 75th Annual Convention
Research Competition

Poster Presentation

Serous Cystadenocarcinoma of the Paratestis: A Rare Presentation of a Müllerian Tumor in an Elderly Filipino Male

Xhyrel June J. Tagaylo,[1] Jeffrey S. So,[1] Steffanie Charlyne A. Tamayo,[1]
Patricia Danielle V. Dayrit,[2] Angelo Gabriel P. Profeta,[2]
Neil Patrick Jose L. Samson,[2] Macario S. Vjuan[2]

[1] *Institute of Pathology, St. Luke's Medical Center - QC, Metro Manila, Philippines*
[2] *St. Luke's Medical Center College of Medicine – William H. Quasha Memorial, QC, Metro Manila, Philippines*

ABSTRACT

Introduction. Müllerian tumors are rare in males, with serous tumors representing the most often subtype with only 50 cases documented. Excluding the benign/borderline counterparts, only 29 are reported as primary malignant testicular masses and only 4 are reported in the elderly. Due to rarity, there is no exact consensus in the optimal grouping and management of these patients. Herein we report a case of serous cystadenocarcinoma of the paratestis in an elderly Filipino male.

Case Description. A 66 y/o male presented with scrotal enlargement. He had previously undergone a Hartmann's procedure for fecal impaction. An incidental finding of a complicated hydrocele was noted on CT scan done few months prior his scheduled colostomy takedown. He was subsequently referred to urology service for evaluation. Tumor markers (AFP and βHCG) were all normal. One month prior to admission, a marked increase in the size of the right scrotum was observed, prompting decision to proceed with surgery.

Discussion. Orchiectomy specimen evaluation requires careful assessment of tumor appearance, location, and extent. In this case, the tumor arises in the paratestis without involvement of the testicular parenchyma, showing solid and cystic areas with papillary excrescences. The tumor showed enlarged, hyperchromatic nuclei with irregular contours, abundant cytoplasm, and psammoma bodies. IHC revealed negative for calretinin, glypican3, CDX2, SATB2, and CK20, but positive for CK7, Pax8, ER, and WT1. Paratesticular serous cystadenocarcinoma diagnosis was made after carefully ruling-out mesothelioma, YST and/or metastases. P53 staining was equivocal, with 5% of cells positive amid broad negativity. Molecular testing was advised for grading and prognosis.

Conclusion. Serous cancers are rare in males and must require IHC for diagnosis and radical surgery due to high resistance to other treatments. Hydrocele being a frequent finding can sometimes delay the diagnosis. Careful monitoring remains critical for detecting progression and metastasis.

Key words. *Müllerian tumor, orchiectomy, paratestis, serous cystadenocarcinoma*

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Poster Presentation

Extra-Ovarian Brenner Tumor of the Cervix in a 43-Year-Old Woman: A Rare Entity with Uncommon Location, Case Report

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ABSTRACT

Introduction. Brenner tumors are uncommon epithelial-stromal neoplasms that usually arise in the ovary and comprise a small proportion of ovarian tumors. Extra-ovarian Brenner tumors are exceedingly rare, and cervical involvement is exceptional. Because of their unusual location and histologic resemblance to other cervical epithelial lesions, accurate diagnosis can be challenging on limited biopsy material.

Case Description. A 43-year-old woman presented with prolonged menstrual bleeding and a clinically suspicious cervical mass. An initial cervical punch biopsy demonstrated benign inflammatory and metaplastic changes. Due to persistent symptoms, a repeat biopsy was performed. Histopathologic examination revealed well-defined nests and cords of urothelial-like epithelial cells with focal cystic change embedded in a dense fibrous stroma. The tumor cells showed elongated nuclei with dense chromatin, inconspicuous nucleoli, and clear cytoplasm with distinct cell borders. Occasional mitotic figures were present without significant cytologic atypia. Immunohistochemical studies demonstrated tumor cell positivity for GATA-3, CK7, p63, and p16, with estrogen receptor positivity in the surrounding stroma, supporting the diagnosis of a borderline extra-ovarian Brenner tumor of the cervix.

Discussion. Cervical Brenner tumors are extremely rare and may closely mimic squamous cell carcinoma, transitional cell carcinoma, or benign squamous metaplasia, particularly in small biopsy specimens. Recognition of the characteristic nested urothelial-like architecture, together with a focused immunohistochemical panel, is essential for accurate classification and to prevent misdiagnosis and unnecessary aggressive management.

Conclusion. This case highlights a rare borderline extra-ovarian Brenner tumor arising in the cervix and emphasizes the importance of correlating histomorphologic features with immunohistochemistry in establishing the correct diagnosis of unusual cervical neoplasms.

Key words. *Brenner tumor, immunohistochemistry, urothelium, uterine cervical neoplasms*

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Poster Presentation

Spinal Pain: From Neoplastic to Parasitic

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ABSTRACT

Introduction. Spinal cord schistosomiasis can masquerade as an intramedullary tumor when it involves the conus medullaris or lower thoracic cord. Eggs transported via the valveless vertebral (Batson) venous plexus provoke a granulomatous inflammatory response, producing mass-like lesions on MRI. Because clinical presentation overlaps with neoplastic or inflammatory spinal diseases, the diagnosis often requires histopathologic confirmation.

Case Description. A 26-year-old male experienced sudden severe back pain initially thought to be due to a manifestation of symptoms from a bad fall from when the patient was just 5 years old. The patient was assessed through MRI with contrast yielding a 1 x 1.6 x 4.1 cm mass at the distal lumbar area involving the conus medullaris. Histopathological examination revealed the spinal tumor to be schistosomiasis with chronic inflammation.

Discussion. Spinal neuroschistosomiasis, overall, is rare with a 1-4% incidence among people with systemic schistosomiasis. Even among medullary schistosomiasis, 0.7% were lumbosacral and not necessarily involving the conus medullaris. Spinal cord schistosomiasis is most commonly due to *Schistosoma mansoni* or *haematobium* and can masquerade as an intramedullary tumor but epidemiological and microscopic data point toward *Schistosoma japonicum* to be the more likely causative agent for this case. The clinical presentation of spinal neuroschistosomiasis of the conus medullaris is non-specific and may overlap with more common spinal pathologies presenting as a subacute myelopathy, clinically.

Conclusion. The case highlights the necessity of heightened suspicion for spinal tumors among patients from schistosoma-endemic areas, advocating early diagnosis and management.

Key words. *Schistosomiasis, myelopathy, conus medullaris*

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Poster Presentation

Retroperitoneal Ectopic Pregnancy Presenting as Lumbar Pain: A Case Report

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ABSTRACT

Introduction. Ectopic pregnancy occurs when a fertilized ovum implants outside the uterine cavity, most commonly within the fallopian tube. Rare implantation sites include the ovary, cervix, abdominal cavity, and retroperitoneal space. Retroperitoneal ectopic pregnancy (REP) is exceedingly rare and potentially life-threatening. Its deep location near major vessels and retroperitoneal structures often results in delayed diagnosis due to nonspecific clinical manifestations. Because of its rarity and diagnostic difficulty, documentation of such cases is important to improve clinical recognition and management.

Case Description. A 30-year-old gravida presented with a two-week history of severe lumbar pain and difficulty in ambulation, without vaginal bleeding or systemic symptoms. Transabdominal ultrasonography revealed a viable extrauterine gestation located beneath the pancreas, corresponding to a gestational age of 9 weeks and 5 days. Exploratory laparotomy identified a 5 × 4 cm ectopic mass adjacent to the right lateral aspect of the abdominal aorta, which was successfully excised. Histopathologic examination demonstrated immature chorionic villi and extravillous trophoblasts without associated decidual tissue, confirming the diagnosis of retroperitoneal ectopic pregnancy. This represents a rare documented case from Davao del Norte, Philippines.

Discussion. The vast majority of ectopic pregnancies occur within the fallopian tube, while retroperitoneal implantation is exceptionally uncommon. Accounting for less than 1% of all ectopic gestations, REP is associated with significant morbidity due to delayed recognition and the technical complexity of surgical management. This case, which followed natural conception and presented solely with lumbar pain, underscores the importance of considering rare implantation sites in women with unexplained abdominal or back pain. Early imaging and prompt surgical intervention are critical to achieving favorable outcomes.

Conclusion. This report highlights a rare presentation of retroperitoneal ectopic pregnancy and emphasizes the vital role of comprehensive clinical, radiologic, and pathologic correlation in establishing the diagnosis. Increased awareness may facilitate earlier detection and improved management of future cases.

Key words. *retroperitoneal ectopic pregnancy, abdominal pregnancy, lumbar pain*

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Poster Presentation

Straddling Two Lineages: Mixed-Phenotype Acute Leukemia, B/T (MPAL-B/T) in a 12-year-old Filipino Male

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ABSTRACT

Introduction. Mixed-phenotype acute leukemia (MPAL) is a rare, biologically high-risk acute leukemia characterized by blasts expressing markers of more than one hematopoietic lineage. It accounts for <4% of acute leukemias. MPAL with B- and T-lineage differentiation (MPAL-B/T) is exceptionally rare, comprising ~6% of MPAL cases, with limited pediatric reports. Accurate recognition is critical, as this entity carries distinct therapeutic and prognostic implications compared with lineage-defined leukemias.

Case Presentation. We report a 12-year-old Filipino female presenting with epistaxis, pallor, and easy bruising. Laboratory studies revealed severe anemia, hyperleukocytosis, and circulating blasts. Peripheral blood flow cytometry revealed 73% blasts co-expressing T-lineage markers (surface and cytoplasmic CD3, CD5, CD7) and B-lineage markers (CD19, cytoplasmic CD79a), with CD34 and HLA-DR. Bone marrow flow cytometry confirmed persistent dual-lineage expression in blasts comprising 21% of total events.

Discussion. The findings meet WHO diagnostic criteria for MPAL, with definitive T-lineage assignment via cCD3 and strong B-lineage expression with CD19 and cCD79a. By European Group for the Immunological Classification of Leukemias criteria, lineage scores were 3.5 (T) and 3 (B), consistent with biphenotypic leukemia.

MPAL has inferior survival compared with lineage-defined ALL and remains therapeutically challenging due to uncertainty in optimal induction strategy. Emerging data support ALL-directed regimens with risk-adapted consolidation, underscoring that precise immunophenotypic classification informs treatment algorithms and risk stratification. Misclassification as isolated T-ALL or B-ALL may lead to inappropriate therapy and poorer outcomes.

Conclusion. To our knowledge, this is the first reported Filipino pediatric MPAL-B/T case, emphasizing the need for comprehensive immunophenotyping and local molecular and outcome data to guide evidence-based management.

Key words. *B- and T-cell, biphenotypic, acute leukemia, mixed phenotype*

Poster Presentation

Beyond the Bone: Extraskeletal Ewing Sarcoma Primary to the Breast in a 13-year-old Male

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ABSTRACT

Introduction. Extraskeletal Ewing sarcoma (EES) is a rare subtype of Ewing Sarcoma. It is more common in older age group compared with Classic Ewing Sarcoma that is seen in pediatric patients. It usually presents in the upper extremities, hips, and pelvis. The breast is an unusual primary location for this tumor, and there are very few reported cases in the literature. In the Philippines, there have been no reported cases yet of EES primary to the breast in the pediatric age group.

Case Description. This is a case of a right upper chest mass from a 13-year-old male noted with progression of size for the past 8 months associated with pain. A biopsy was done in the initial consult and yielded unremarkable results, hence management with unrecalled antibiotics and pain medications. Continuous worsening of symptoms led to consultation at our institution, wherein a non-tender, non-erythematous, non-movable, firm, 15 x 13 cm mass was noted at the right chest during his ER consult and subsequent admission. CT scan with contrast revealed a right chest wall mass (16.8 x 18.1 x 9.5 cm) with focal areas of intrathoracic extension and associated pleural thickening. The patient subsequently underwent an incision biopsy for further workup.

Microscopically, sheets and cords of small round blue cells are seen with scant to ample amphophilic cytoplasm, increased nuclear to cytoplasmic ratio, coarse chromatin pattern, and inconspicuous nucleoli set in a background of fibrocollagenous stroma. About 5-10 mitoses are also seen per 10 high-power fields, some of which are atypical. Based on the patient's medical history, radiographic findings and histomorphologic characteristics of the case, the primary working diagnosis for this case is a malignant small round blue cell neoplasm. Immunohistochemistry studies showed strong, diffuse, membranous, and cytoplasmic immunoreactivity to CD99, while the rest of the immunohistochemical stains (Desmin, Myogenin, Chromogranin, CD45, and SALL4) yielded negative results. Additionally, NKX2.2 was also performed which showed strong, diffuse, nuclear immunoreactivity to the neoplastic cells. The case is compatible with the diagnosis of Ewing Sarcoma. Subsequent molecular test on ESWR1 via Fluorescence in-situ hybridization (FISH) revealed an ESWR gene break apart, which further supports the diagnosis of Ewing Sarcoma.

Six months after the biopsy, and having completed 3 cycles of chemotherapy, the patient subsequently underwent excision of the mass. The excised tumor was submitted for histopathologic evaluation, which showed good response (89% treatment effect, mainly composed of extensive necrosis). There is no involvement of the adjacent rib bone, and all surgical margins are negative for tumor; thus, this has been signed out as a case of Extraskeletal Ewing Sarcoma of the Breast.

Discussion. Extraskeletal Ewing Sarcoma (EES) is a highly aggressive tumor seen among 12% of patients with Ewing Sarcoma (ES). It has a wide anatomic distribution.Typically, it is most common on the upper extremities, hips and pelvic area. It is also seen more among older age group, usually in the 4th decade of life in some of the reported cases, in comparison with classic ES. The breast is an unusual location for the tumor for both adult and pediatric patients. Most tumors of the breast commonly seen in the pediatric age group are metastatic processes, which include rhabdomyosarcoma and lymphoma. CD99 is an important and essential immunohistochemical stain (IHC) in the diagnosis of Ewing sarcoma; 95% of cases of ES has a diffuse, strong membranous expression. NKX2.2 is also useful in the diagnosis, as it is more specific with ES. S100, ERG and FL1 can also be used to support the diagnosis of ES.

Molecular testing is also a requirement and helpful in the diagnosis of EES. The tumor is associated with FET-ETS fusion genes. *EWSR1-FLI1* fusion is the most common genetic alteration with EES which resulted from translocation in the t(11;22)(q24;q12). Other mutation of the tumor include *ESWR-ERG1*.

EES primary to the breast has a poorer prognosis despite multimodal treatments in comparison to EES located in different sites with a good prognosis.

There have been nineteen (19) reported cases of EES primary to the breast. This accounts for less than 1% of overall cases for EES. Currently, there have been no reported cases of EES primary to the breast in the local setting.

Conclusion. Ewing sarcoma should still be considered as one of the main differential diagnoses for pediatric patients presenting with soft tissue mass in the breast as well as in other locations. Due to its aggressive clinical course, prompt diagnosis can help increase survivability, surveillance of recurrence, and metastasis.

Key words. *Extraskeletal Ewing Sarcoma, breast, ESWR mutation, pediatric*

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Poster Presentation

A Rare Case of a High-Grade Prostatic Adenocarcinoma with Aberrant Nuclear p63 Expression

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ABSTRACT

Introduction. Prostatic acinar adenocarcinoma is defined by loss of the basal cell marker p63, a feature routinely used to distinguish malignant glands from benign mimickers. Rarely, prostate carcinomas demonstrate aberrant nuclear p63 expression, representing a diagnostically challenging subtype reported in less than 1% of cases. Most described tumors exhibit lower Gleason grades and relatively indolent clinical behavior. We report a rare case of high-grade prostatic adenocarcinoma with aberrant p63 expression and aggressive clinical course.

Case Description. A 77-year-old Filipino male presented with worsening hematuria and fever. PET-CT demonstrated multifocal Prostate-Specific Membrane Antigen (PSMA)-avid lesions in the left prostate with enlargement, irregular contour, intravesical extension, and PSMA-avid retroperitoneal and iliac lymph nodes suggestive of metastatic disease. The patient had a prior diagnosis of prostatic adenocarcinoma (Gleason 4+5=9) in 2022 and had been treated with androgen-targeted therapy. Due to persistent symptoms, transurethral resection was performed. Histology revealed complete effacement of prostatic architecture by malignant cells arranged in sheets with enlarged vesicular nuclei, prominent nucleoli, and frequent mitoses. Immunostaining showed diffuse CK, CAM5.2, and PSA positivity with aberrant patchy nuclear p63 expression and a Ki-67 index of 60%. Lymphoid, urothelial, and neuroendocrine markers were negative. The tumor was diagnosed as prostatic adenocarcinoma, Gleason score 5+5=10, with aberrant nuclear p63 expression.

Discussion. Aberrant p63-positive prostatic adenocarcinoma is a rare molecular subtype characterized by a mixed basal–luminal immunophenotype. Most reported cases demonstrate lower Gleason scores and organ-confined disease with relatively favorable outcomes. In contrast, our case exhibited an exceptionally high Gleason score with radiologic evidence of metastasis and rapid clinical deterioration, suggesting a broader and potentially more aggressive spectrum of behavior.

Conclusion. Recognition of aberrant p63 expression is essential to avoid diagnostic misinterpretation. Despite ongoing therapy, the patient developed acute intracranial hemorrhage and ultimately succumbed to the disease. This case highlights an aggressive presentation of a rare immunophenotypic variant and underscores the importance of clinicopathologic correlation to better define its prognostic significance.

Key words. *prostatic adenocarcinoma, aberrant p63 expression*

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Poster Presentation

Live Birth from a Primary Ovarian Pregnancy: A Rare Pathologically Confirmed Case

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ABSTRACT

Introduction. Primary ovarian pregnancy is a rare ectopic gestation (<1% of ectopic pregnancies), usually presenting with first-trimester rupture. Progression to term with live birth is exceedingly rare and requires pathologic confirmation to exclude secondary implantation.

Case Presentation. A 32-year-old multigravida underwent exploratory laparotomy for suspected ectopic pregnancy at term. A placenta-bearing mass involving the right ovary was identified, with a grossly normal ipsilateral fallopian tube. Right oophorectomy was performed, delivering a live female infant weighing 3,060 grams with Apgar scores of 8 and 9.

Gross examination showed a large hemorrhagic placenta-like mass replacing the ovary with peripheral residual ovarian tissue. Histology revealed mature chorionic villi with syncytial knots, stromal fibrosis, calcifications, and abundant intervillous blood, directly implanted within ovarian stroma containing luteinized cells and corpus albicans remnants, with no tubal or endometrial tissue identified.

Discussion. Advanced primary ovarian pregnancy is extremely rare and may mimic secondary abdominal or tubal implantation. Diagnosis relies on the Spiegelberg criteria, including an intact ipsilateral fallopian tube, ovarian location of the gestation, attachment through the ovarian ligament, and histologic demonstration of chorionic villi within ovarian stroma, confirming true ovarian implantation.

Conclusion. Clinical, gross, and microscopic findings fulfill the Spiegelberg criteria, confirming primary ovarian pregnancy. This rare term pregnancy highlights the crucial role of surgical pathology in establishing the definitive diagnosis and excluding secondary implantation.

Key words. *ectopic pregnancy, ovary, ovarian pregnancy, Spiegelberg criteria*

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Poster Presentation

Sinonasal Collision Tumor of Glomangiopericytoma and B-Cell Lymphoma

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ABSTRACT

Introduction. Sinonasal collision tumors are exceptionally rare, and glomangiopericytoma (GPC) is an uncommon perivascular myoid neoplasm accounting for less than 0.5% of sinonasal tumors. GPC can mimic other spindle-cell tumors, and recognition of perivascular morphology with immunohistochemistry with SMA, nuclear and cytoplasmic β-catenin are essential. Sinonasal B-cell lymphomas are also uncommon and may be difficult to classify in fibrotic biopsies; the coexistence of these two entities appears exceedingly unusual.

Case Description. A 69-year-old man presented with progressive left-sided nasal symptoms. Endoscopy showed an obstructing left nasal cavity mass. Biopsy showed two components: a spindle-cell proliferation with thin-walled branching ("staghorn") vessels and perivascular hyalinization, and scattered monomorphic small round blue cells in dense sclerosis. Spindle cells were SMA-, nuclear and cytoplasmic β-catenin-positive, STAT6- and TLE1-negative, and SS18 FISH-negative, supporting GPC. The round-cell component was CD20-positive but too scant for subclassification.

Left partial maxillectomy showed a diffuse monomorphic round-cell infiltrate in sclerotic stroma. Cells were CD79a-, PAX5-, and BCL6-positive, with focal weak CD10 and Ki-67 ~25–45%, confirming B-cell lymphoma.

Discussion. The key decision was to evaluate the spindle-cell and round-cell components separately rather than force a single diagnosis. A targeted panel supported GPC and excluded major mimics. The round cell component was identified morphologically and confirmed by immunophenotypic findings as B-cell lymphoma; however, precise subclassification could not be established because of the dense sclerosis, and molecular testing was not performed.

Conclusion. The sinonasal mass contains two distinct neoplasms. The main lesson is to assess each component independently, use targeted immunohistochemistry, and correlate biopsy with resection.

Key words. *B-cell lymphoma, collision tumor, glomangiopericytoma, nasal cavity, neoplasms*

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Poster Presentation

Follicular Lymphoma Presenting as Bilateral Ovarian Masses, Elevated CA-125, and Lymphadenopathies: A Diagnostic Pitfall in Gynecologic Oncology

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ABSTRACT

Introduction. Ovarian lymphoma is rare and often misdiagnosed, as its clinical presentation can be similar to other more frequent tumors. It accounts for <1% of all non-Hodgkin lymphomas, with high-grade B-cell lymphoma being the most frequently implicated subtype.

Case Description. A 48-year-old woman presented with bilateral ovarian masses, elevated CA-125, and extensive abdominal and thoracic lymphadenopathy. She was managed as advanced ovarian cancer and underwent TAHBSO. Grossly, both ovaries were enlarged and nodular. Histology showed a round cell neoplasm composed predominantly of medium-sized, cleaved lymphocytes, admixed with scattered larger atypical cells. Initial immunohistochemistry panel demonstrated diffuse CD45 positivity and negativity for AE1/AE3, Inhibin, SALL4, Desmin, and Calretinin. Subsequently, CD20 and PAX5 showed diffuse reactivity. CD10, BCL2, and BCL6 highlighted neoplastic follicles. CD3 was negative. High-grade B-cell lymphoma was considered; however, the Ki-67 proliferative index was 38%, and c-MYC expression was low (5%). A final diagnosis of follicular lymphoma involving both ovaries was rendered.

Discussion. The clinical presentation strongly suggested advanced ovarian carcinoma. However, histologic and immunophenotypic evaluation established lymphoma. Although aggressive subtypes are more common in advanced cases, indolent entities such as follicular lymphoma should also be considered, particularly in resource-limited settings where delays in diagnosis occur. Distinguishing lymphoma from carcinoma is critical, as management differs significantly and misclassification may lead to overtreatment.

Conclusion. Recognition of ovarian lymphoma is critical, as accurate diagnosis alters management and prevents unnecessary radical surgery.

Key words. *CA-125 antigen, follicular lymphoma, immunohistochemistry, lymphoma, non-Hodgkin, ovarian neoplasms*

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Poster Presentation

Anterior Mediastinal Mystery: From Epithelioid Suspicion to a Diagnosis of Metaplastic Revelation

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ABSTRACT

Introduction. Metaplastic thymoma is an exceptionally rare thymic epithelial neoplasm, with fewer than 40 cases reported in the literature. It is defined by a distinctive biphasic proliferation of epithelioid epithelial nests and bland spindle cell fascicles, accompanied by a characteristic immunohistochemical profile. In limited cytology specimens, the lack of architectural context and potentially incomplete sampling can obscure the biphasic nature, leading to diagnostic difficulty. We describe a case initially interpreted as an epithelioid neoplasm on fine needle aspiration (FNA), with subsequent resection confirming metaplastic thymoma.

Case Description. A 66-year-old male presented with an anterior mediastinal mass. FNA revealed a highly cellular specimen composed predominantly of polygonal tumor cells arranged in cohesive sheets. The cells displayed round to ovoid, hyperchromatic nuclei with moderate to marked pleomorphism, irregular nuclear membranes, conspicuous nucleoli, and abundant eosinophilic cytoplasm. Dystrophic calcifications were noted within a hemorrhagic background. An epithelioid tumor was favored on cytologic evaluation.

The patient subsequently underwent video-assisted thoracoscopic surgery with excision of the mass. The specimen was well-encapsulated, lobulated, and traversed by fibrous septations. Microscopically, the tumor demonstrated a biphasic architecture: cohesive nests of epithelioid cells closely admixed with intersecting fascicles of bland spindle cells. Immature T-lymphocytes were not identified.

Immunohistochemical staining showed diffuse cytokeratin and p40 positivity in the epithelioid component. In contrast, the spindle cell component lacked cytokeratin expression but exhibited strong vimentin positivity and patchy EMA reactivity. Both components were negative for CD5 and CD117. The Ki-67 proliferation index was low (1–2%).

Discussion. Diagnosing metaplastic thymoma on cytology is challenging due to the tumor's inherently biphasic architecture, which may not be adequately represented in limited FNA samples. In this case, the cytologic material disproportionately sampled the epithelioid component, masking the spindle cell element critical for diagnosis. Additionally, the lymphocyte-poor background mimicked type A or AB thymoma, further contributing to potential misclassification.

Accurate diagnosis relies on careful integration of cytologic features with histologic, immunohistochemical, radiologic, and clinical data. Recognition of this rare entity is important, as its behavior differs substantially from other anterior mediastinal tumors, including thymic carcinoma and more aggressive thymoma subtypes.

Conclusion. Metaplastic thymoma can present as a purely epithelioid lesion on limited biopsy material, obscuring its hallmark biphasic nature. Awareness of this rare thymic neoplasm and correlation with resection findings are essential to avoid misdiagnosis. When accurately identified and completely excised, metaplastic thymoma carries an excellent prognosis.

Key words. *metaplastic thymoma, thymoma, thymoma type A, thymoma type AB, fine needle aspiration biopsy*

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Poster Presentation

Metastatic Uterine Leiomyosarcoma Presenting as an Overt Gastric Mass and Gastrointestinal Bleeding Masquerading as GIST: a Rare Diagnostic Pitfall

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ABSTRACT

Introduction. While uterine leiomyosarcoma, an aggressive smooth muscle malignancy, has a strong propensity for hematogenous spread—most commonly to the lungs and liver—gastric metastasis remains exceedingly rare. When it occurs, it presents as a masquerading lesion that mimics primary gastric tumors, creating a significant diagnostic pitfall for both clinicians and pathologists.

Case Description. A 75-year-old female presented with recurrent melena. Esophagogastroduodenoscopy revealed a friable, bell-shaped mass measuring 7 × 6 cm in the gastric fundus, suspicious for GIST. Histopathology showed spindle to epithelioid tumor cells arranged in intersecting fascicles and solid sheets with vesicular nuclei, conspicuous nucleoli, numerous mitosis, and tumor necrosis. IHCs demonstrated strong SMA positivity but negative CD117, raising consideration of undifferentiated GIST. However, subsequent DOG1 staining was negative, arguing strongly against GIST. Additional markers including S100, PanCK, CD3, CD20, CD15, and CD30 were negative. Further IHCs revealed diffuse, desmin and H-caldesmon positivity, supporting smooth muscle differentiation. Review of prior records revealed TAHBSO in 2023 for uterine leiomyosarcoma.

Discussion. Metastatic involvement of the stomach is rare and most commonly arises from breast or lung primaries. Gastric metastases are rare and most commonly originate from breast or lung primaries. Metastatic uterine leiomyosarcoma presenting as a solitary gastric mass is exceedingly uncommon and may closely mimic primary gastric tumors such as GIST both endoscopically and histologically, representing an important diagnostic pitfall.

Conclusion. This case highlights a rare metastatic pattern of uterine leiomyosarcoma presenting as an overt gastric mass with GI bleeding. Awareness of this deceptive presentation and careful clinicopathologic correlation are essential for accurate diagnosis. To our knowledge, this represents one of the few reported cases worldwide and possibly the first documented in the Philippines.

Key words. *leiomyosarcoma, gastric metastasis, gastrointestinal stromal tumors, immunohistochemistry, gastrointestinal bleeding*

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Poster Presentation

Molecular Plot Twist: H3 G34V Mutation and MET Amplification in a Diffuse Hemispheric Glioma

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ABSTRACT

Introduction. Diffuse hemispheric glioma, H3G34-mutant (DHG-H3G34m) (CNS WHO grade 4), is a rare, recently characterized subtype of pediatric high-grade glioma. This is the first histopathologically and molecularly confirmed case of DHG-H3G34m in the Philippines, underscoring the rarity of the tumor and the growing capacity for molecular neuropathologic diagnostics in the country.

Case Description. This is a case of a 16-year-old male with a right fronto-parietal tumor. MRI and CT scan shows a large, lobulated, contrast-enhancing mass. Histologic examination reveals a hypercellular neoplasm with sheets of pleomorphic cells with hyperchromatic nuclei, irregular nuclear membranes, and moderate amphophilic cytoplasm. Foci of multinucleated giant cells, microcalcifications, microvascular proliferation, and necrosis are seen. Immunohistochemical studies (IHCs) with GFAP and H3 G34V reveal diffuse positivity. There is loss of expression of OLIG2 and ATRX. Molecular analysis revealed alterations in H3-3A G34V, TP53, ATRX, and an ST7::MET fusion leading to MET amplification.

Discussion. The working diagnosis prior to IHCs was High Grade Neoplasm with differentials of epithelioid glioblastoma, glioblastoma with giant cell features and anaplastic ependymoma. The IHC and molecular findings support the diagnosis of DHG-H3G34m. DHG-H3G34m are caused by mutations in the H3-3A gene which alter the 34th amino acid in the H3.3 histone. Usually a glycine-to-arginine (G34R) mutation is found, but in few instances such as in this case, there is a glycine-to-valine (G34V) mutation. These have poor prognosis with no known targetable treatment; however, the MET fusion found in this case may possibly be treated with MET-tyrosine kinase inhibitors.

Conclusion. This is a case of diffuse hemispheric glioma, H3G34-mutant (CNS WHO grade 4) with a rare H3 G34V mutation and MET amplification in a 16-year-old male, the first histomorphologically and molecularly confirmed case in the Philippines.

Key words. *diffuse hemispheric glioma, brain neoplasms, high-grade glioma, pediatric*

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Poster Presentation

Pancreatoblastoma Presenting as a Rapidly Enlarging Pancreatic Mass in a Child: A Diagnostic Challenge

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ABSTRACT

Introduction. Pancreatoblastoma is a rare tumor predominantly affecting pediatric population and accounts for 0.5% of all pancreatic tumors. Overlapping histologic features with other neoplasms in a limited sample poses a diagnostic challenge in rendering final diagnosis for appropriate management.

Case Description. A 6-year-old female presented with abdominal mass. Imaging revealed a pancreatic mass initially measuring 8.9 cm enlarging to 20.8 cm in the span of 3 months with elevated serum AFP levels. Biopsy and subsequent immunohistochemistry was interpreted as malignant round cell neoplasm. Neoadjuvant chemotherapy was initiated and underwent distal pancreatectomy. Grossly, there was an ill defined, tan, solid mass measuring 10.0 x 8.0 x 8.0 cm and histology revealed lobules separated by dense fibrous bands with acinar and trabecular patterns and featured prominent squamous morules. Patient was discharged stable with normalization of serum AFP and started adjuvant chemotherapy.

Discussion. Biopsy showed round cells which are beta-catenin positive and synaptophysin, chromogranin A negative with an impression of solid pseudopapillary neoplasm versus pancreatoblastoma. Thorough sampling of the resection specimen showed lobules of malignant cells positive for pancytokeratin and E-cadherin confirming epithelial differentiation and the diagnostic squamous morules showed CD10 positivity and a distinct pattern of both nuclear and cytoplasmic beta-catenin expression supporting the activation of Wnt pathway that is typical of pancreatoblastoma.

Conclusion. Limited tissues due to large tumor size and core biopsy sampling did not reveal the characteristic squamous morules, thus having a diagnostic challenge. Comprehensive evaluation of the resected specimen addressed this gap by having more tumoral areas and specific tissues subjected to immunohistochemistry studies.

Key words. *pancreatic tumor, pancreatoblastoma, pediatric, serum AFP, squamous morules*

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Poster Presentation

Synchronous Metastatic Breast Carcinoma involving an Endometrial Polyp and Uterine Leiomyomas: A Case Report

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ABSTRACT

Introduction. Breast carcinoma commonly metastasizes to the lymph nodes, bones, lungs, liver, and brain, and synchronous metastatic involvement of both endometrial polyp and uterine leiomyomas are exceedingly rare occurrence.

Case description. A 48-year-old female patient presented with a chief complaint of abnormal uterine bleeding and underwent total hysterectomy. Gross examination of the specimen showed a 6.0 cm pedunculated mass at the posterior endometrium with multiple well-defined, tan-white mass with whorl-like pattern, grossly consistent with endometrial polyp and leiomyomas, respectively. Microscopic sections of both the polyp and leiomyomas demonstrated tumor cells arranged in nests and solid sheets consisting of moderately pleomorphic tumor cells with irregularly round to oval, hyperchromatic to open vesicular chromatin, inconspicuous to visible nucleoli and abundant eosinophilic cytoplasm – features reminiscent of invasive carcinoma of the breast. Review of the patient's past medical history revealed a diagnosis of breast cancer made three months prior to the onset of gynecologic symptoms.

Discussion. Immunohistochemistry studies for Mammaglobin, GATA3 and PAX8 were performed which demonstrated positive staining for Mammaglobin and GATA3. PAX8 negativity excluded a primary gynecologic origin. In the context of the patient's prior diagnosis of breast carcinoma, along with morphologic features and immunoprofile, this case was signed-out as metastatic breast carcinoma involving an endometrial polyp and uterine leiomyomas.

Conclusion. Endometrial polyp and uterine leiomyomas are two of the most common benign neoplasms in the gynecologic tract. Metastatic involvement of these lesions is exceedingly rare; to the best of our knowledge, there are only 15 reported cases of endometrial polyp and 24 leiomyoma metastases. Despite its rarity, both clinicians and pathologists alike must be aware of this entity to ensure accurate diagnosis and appropriate management.

Key words. *breast carcinoma, gynecology, endometrial polyp, uterine leiomyoma, metastasis*