conferenceseries.com

conferenceseries.com
1474th Conference

14th Asia Pacific Pathology Congress

November 13-14, 2017 Osaka, Japan

Scientific Tracks & Abstracts

(Day 1)

Kim Vaiphei et al., J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Long term follow-up of non-goblet cell and goblet cell columnar lined lower end esophagus

Kim Vaiphei and Poonam Bhaker
Postgraduate Institute of Medical Education and Research, India

Background: Significance of non-Goblet Cell (GC) Columnar Mucosa (CM) present at Lower End Esophagus (LEE) remains controversial and there is limited information of the follow-up data.

Aim: To evaluate outcome of Barrett's Mucosa (BM) and NGCM in long term follow-up biopsies.

Methods & Results: There were 178 patients, mean age of 52.1±15.6, 7 <20 years, M:F=5:1; 70% had reflux symptom and 30% had dysphagia. Endoscopy: only BM in 130 (73%), ulceronodular in 17%, stricture in 5% and small polyps in 5%. 60 (34%) cases had long segment (LSBM) and 70 (54%) short segment (SSBM); 11% had hiatus hernia. Histology: GCs were identified in 83% of the biopsies, 94% with LSBM. Dysplasia was observed in 65 (37%), Low Grade (LGD) in 68% and High Grade (HGD) in 32%, 26 (14%) had carcinoma associated with BM and HGD. 30 (17%) biopsies with no GC showed Alcian Blue (AB) positive cells, 7 (4%) had LGD and 3 (2%) had HGD, none had associated carcinoma. Follow-up biopsy showed regression and normalization of mucosa and symptomatic relieve in many. Majority of LGD remained static with few progressing to HGD. Majority of HGD progressed to frank carcinoma over the years. Retrospectively evaluated biopsies reported as Columnar Mucosa (CM) with and without GC and correlated with clinical outcome.

Conclusion: High percentage of non-GCCM showed AB positivity and dysplasia. Many of cases with BM, LGD and HGD developed carcinoma. Ulceronodular and stricturous lesions associate frequently with BM and carcinoma. Present study emphasizes equal importance of follow-up biopsy in BM and NGCM.

Biography

Kim Vaiphei is currently serving as a Professor at Department of Histopathology, Post Graduate Institute of Medical Education and Research, Chandigarh, India. She has received MBBS in 1983 and MD Pathology in 1987. She is a Fellow of International Union against Cancer (UICC-WHO), National Academy of Medical Sciences, India and Indian College of Pathology. She holds various levels of faculty positions in the Department of Histopathology, PGIMER and remained as Professor since 2006. Her area of research includes molecular pathways of cancer development. She has more than 300 publications and attended more than 50 national and more than 20 international conferences.

kvaiphei2009@gmail.com

Kumaran Muthu Mudaliar, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Distinguishing benign cutaneous lymphoid infiltrates from malignant cutaneous lymphomas

Kumaran Muthu Mudaliar
Loyola University Chicago, USA

Assessment of dense lymphoid cutaneous proliferations is often challenging. It can be difficult to distinguish benign cutaneous lymphoid infiltrates from malignant lymphomas and at times, definite classification as either benign or malignant cannot be reached. One of the challenges lays in needing to have a solid understanding of what constitutes normal benign finding and separating these from malignant pathologic change. Also, in order to exclude malignant lymphomas, a working knowledge of all cutaneous lymphomas is required. In addition, apart from considering the clinical history and the histologic findings, an ability to interpret potential immune-histochemical and gene re-arrangement studies is necessary. This lecture serves as an introduction to cutaneous lymphoid proliferations and will serve to provide an algorithmic approach to assessing such proliferations that will be useful for general pathologists, dermatopathologists and hematopathologists.

Biography

Kumaran Muthu Mudaliar has completed his MD from Ross University School of Medicine followed by a Research Fellowship at Weill Cornell Medical College/ NY Presbyterian Hospital. Subsequently, he was trained in Combined Anatomic and Clinical Pathology at Loyola University Medical Center followed by Surgical Pathology Fellowship at MD Anderson Cancer Center and a Dermatopathology Fellowship at Loyola University Medical Center. He is currently an Assistant Professor of Pathology at Loyola University Chicago Stritch School of Medicine in Maywood, IL.

kumaran.mudaliar@lumc.edu

Hatim Abdulrahman Khoja, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Pitfalls in bone pathology

Hatim Abdulrahman Khoja
King Faisal Specialist Hospital and Research Center, KSA

Bone pathology is one of the difficult subspecialties in surgical pathology. Several reasons are behind this concept including rarity, complexity and great morphological overlap between primary bone neoplasms. Multiple cases of bone neoplasms including primary and secondary neoplasms will be discussed highlighting the importance of combining clinical features, diagnostic imaging, pathological and molecular findings to reach a precise and specific diagnosis. Finally, a general approach to bone lesions will be discussed to avoid pitfalls in bone pathology. The presentation will highlights some common pitfalls in bone pathology with a simple approach to avoid mistakes/pitfalls in bone pathology for general pathologists and trainees.

Biography

Hatim Abdulrahman Khoja has completed his MBBS degree in King Saud University, Riyadh, KSA. He has completed Anatomic Pathology training at King Faisal Specialist Hospital in 2008 and then he joined the University of Toronto, Mount Sinai Hospital, ON, Canada as a Bone and Soft Tissue Pathology Fellow (2011-2012) followed by another year of Fellowship in Head and Neck Pathology in the same center. Currently, he is a Consultant Pathologist at King Faisal Specialist Hospital and Research Center specialized in Bone and Soft Tissue/Head and Neck Pathology. He has published several papers in peer reviewed journals and has been invited as speaker in several conferences locally and internationally.

hkhoja@kfshrc.edu.sa

Turki Omar Al-Hussain, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Update on prostatic adenocarcinoma

Turki Omar Al-Hussain
King Faisal Specialist Hospital and Research Center, KSA

Prostatic adenocarcinma is the second most common malignancy worldwide. There have been new updates on pathology of prostatic adenocarcinoma. Recently, the International Society of Urological Pathology held a consensus conference in 2014 which was published in 2015. This conference predominantly deliberated with definition of various grading patterns of usual prostatic adenocarcinoma, grading of intraductal carcinoma and the new grade groups. Most of these updates were implemented and applied in the new 2016 WHO Classification of Tumors of the Prostate. The presentation will discuss the new update of prostatic adenocarcinoma with focus on grading system.

Biography

Turki Omar Al-Hussain has completed his MBBS degree in King Saud University, Riyadh, KSA. He has completed Pathology training at King Faisal Specialist Hospital in 2008 and then he joined the University of North Carolina at Chapel Hill, USA as Renal Pathology Fellow (2009-2010). In 2011, he has completed another year of Fellowship in Genitourinary Pathology at John Hopkins Hospital, Baltimore, USA. Currently, he is a Consultant Pathologist specializing in Nephropathology and Urologic Pathology. He is also the Director of Pathology Residency Training Program and has published 27 papers in peer reviewed journals, and has been invited as speaker in several conferences locally and internationally.

turkihussain@kfshrc.edu.sa

Tiago Marques Godinho et al., J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Efficient support for digital pathology in standard medical imaging repositories

Tiago Marques Godinho and Carlos Costa
University of Aveiro, Portugal

Nowadays, the field of digital pathology is in the spotlight thanks to advances in whole-slide imaging technologies. In this area, the exploitation of digital laboratories has significant advantages, namely, faster and more accurate diagnostic, better support for tele-pathology as well as new clinical and research applications. Despite these advantages, there has been a very slow adoption of whole-slide imaging. In fact, it raises several technical challenges which may jeopardize the benefits of its operation, most notably the performance issues associated with storage and distribution of huge volumes of data and the lack of interoperability with other hospital information systems, such as Picture Archive and Communications Systems (PACS) based on the DICOM standard. We developed architecture of a web pathology PACS that is able to overcome these challenges and unlock the full potential of digital pathology and whole-slide imaging for clinical practice. Our solution is fully compliant with the DICOM standard both for communications and data formats. It includes a PACS archive capable of storing whole-slide images along with other medical imaging modalities as well as a zero-footprint viewer that runs in any common web-browser. In summary, it enables the integration of digital pathology and whole-slide imaging with other medical imaging modalities while being very competitive in terms of efficiency and usability.

Biography

Tiago Marques Godinho has completed his Master's degree in Computer and Telematics Engineering from the University of Aveiro in 2013. He is currently pursuing Computer Science PhD program. He was awarded a national scholarship for conducting his research on performance optimization in medical imaging information systems. He has published 5 papers in international peer-reviewed journals and has participated in the fields major conferences. He focused his research on computer systems for digital pathology.

tmgodinho@ua.pt

Anju Pradhan, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Role of cell blocks preparation in fine needle aspiration in malignant lesions

Anju Pradhan
B.P. Koirala Institute of Health Sciences, Nepal

Introduction & Aim: In diagnosing a neoplastic lesion from any area, fine needle aspiration cytology can provide a level, as to whether the lesion is benign or malignant. Cell block preparation in a way will mimic the histopathological sections, thus help in sub classifying various neoplastic lesions as well. The objective of this research was to evaluate the diagnostic utility of cell block in fine needle aspiration of malignant lesions.

Materials & Methods: This was a prospective hospital based study conducted in the Department of Pathology, BPKIHS over a period of 1 year. A total of 41 cases; those were suspected or diagnosed as cases of malignancy in FNA's smear of which cell block and histopathology specimens available were included in this study.

Results: Smear was diagnostic in 93% of cases while cell block were diagnostic in 80% of cases smear supplemented by cell block improved diagnosis which reached to 98%. The cell block diagnosis confirmed that of smear diagnosis in 56% cases. It established specific diagnosis in 24% cases and hence contributed especially in cases where smears were non-diagnostic. Therefore, CB was found to be superior to smears in these cases. The cell block was non-confirmatory in 20% cases. The main non-confirmatory nature of cell block was mainly due to the non-diagnostic yield of cell block.

Conclusion: This study concludes that cell blocks have a synergistic effect on conventional smear diagnosis. In selected cases where CS falls into suspicious for malignancy category, cell blocks can render a specific diagnosis.

Biography

Anju Pradhan is a Consultant Pathologist at B.P. Koirala Institute of Health Sciences (BPKIHS), Nepal. She has completed her MD in 2008 from BPKIHS, Nepal. She has special interest in cytopathology, gastrointestinal and liver pathology and medical education. She has also completed short term training in Cytopathology from Siriraj Hospital, Mahidol University, Bangkok, Thailand in 2015, in Adult and Pediatric Liver Pathology from Geneva University Hospitals, Geneva, Switzerland in 2016 and in Problem-based Learning in Medicine, Health and Behavioral Sciences from Maastricht University, Maastricht, The Netherlands in 2012. She is also working as a Coordinator of Phase I MBBS Program.

dranjupradhan@bpkihs.edu

Ahmed Alhumidi, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Approach to skin adnexal tumors

Ahmed Alhumidi
King Saud University, KSA

Most adnexal neoplasms are uncommonly encountered in routine practice and pathologists can recognize a limited number of frequently encountered tumors. In this review, I provide a simplified histological approach to be used by general pathologists and residents of pathology and dermatology programs. These tumors are classified into: (1) Tumors connected to epidermis, (2) tumors not connected to epidermis, (3) sebaceous tumors and (4) dermal cysts.

Biography

Ahmed Alhumidi has completed his Anatomic Pathology Fellowship in 2008 and then he went to University of California, San Francisco, USA and completed one year Fellowship in Dermatopathology in 2009. Presently he is an Associate Professor and Consultant of Dermatopathology at King Saud University, Riyadh, KSA.

ahmedbgj@hotmail.com

Tariq Eid Al Johani, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Un-usual renal cases

Tariq Eid Al Johani
King Khalid University Hospital, KSA

Renal pathology is a unique part of pathology involving both native and transplant pathology. Today I will present a combinations of both. All the cases I will present are unusual and give us something to learn. With un expected finding in histology not matching the presentation or the history one case is of Intraglomerular metastases of malignant tumor? Resembling crescent and endocapillary formation. The case was a surprise for nephrologist and for us with only few are reported. We confirm the diagnosis using immunohistochemistry with different antibodies. The other case is a transplant case with a diagnosis of Suspicious for acute T-cell-mediated rejection for the first two biopsies then patient get treatment but still he get worse and a third biopsy showed same finding but clinically there was positivity in the serum for ? So all the biopsies reviewed and show the same positivity by immunohistochemistry. Also there are no case reported with this finding. A third with previous confirmed diagnosis of C3 glomerulopathy presenting with same clinical presentation after 5 years and biopsy done but it show that there is no more C3 glomerulopathy with complete negative stains for C3 and a new diagnosis?

Biography

Tariq Al Johani has completed his MBBS and residency of pathology from king saud University and he did his postdoctoral studies in renal pathology from imperial college and hammersmith hospital London UK. He is the director of immunohistochemistry in the pathology department. He has published few papers and he has many ongoing work in histopathology and renal pathology.

tariqjo@yahoo.com

conferenceseries.com
1474th Conference

14th Asia Pacific Pathology Congress

November 13-14, 2017 Osaka, Japan

Scientific Tracks & Abstracts

(Day 2)

Ahmed M Abdelaziz Amer, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Interpretation of hormone receptors, Her2/neu and Ki-67 in mammary carcinoma

Ahmed M Abdelaziz Amer
Cairo University, Egypt

Immunohistochemistry (IHC) combines anatomic, immunologic and biochemical techniques to identify specific tissue components using a specific antigen-antibody reaction labeled with a visible reporter molecule. This binding is then visualized through the use of various enzymes that are coupled to the antibodies being used. The enzyme acts on a chromogenic substrate to cause deposition of a colored material at the site of antibody-antigen bindings. IHC is not only critical for the accurate diagnosis of malignancies but also plays a pivotal role in prognostic evaluation (e.g., estrogen and progesterone receptors in breast cancer) and treatments strategies (e.g., Her2/neu in certain breast cancers). It is recommended that hormone receptor and Her2/neu testing be done on all primary invasive breast carcinomas and on recurrent or metastatic tumors. If hormone receptors and Her2/neu are both negative on a core biopsy, repeat testing on a subsequent specimen should be considered, particularly when the results are discordant with the histo-pathologic findings. Other biomarker tests (e.g., Ki-67 or multi-gene expression assays) are optional and are not currently recommended for all carcinomas. Guidelines published by the American Society of Clinical Oncology (ASCO) and the College of American Pathologists (CAP) require recording specific pre-analytic and analytic variables that can affect test results. Information regarding assay validation or verification should be available in the laboratory. Any deviation(s) from the laboratory's validated methods should be recorded. Appropriate positive and negative controls should be used and evaluated.

Biography

Ahmed M Abdelaziz Amer is a Professor and Head of Pathology Department, Faculty of Medicine, Cairo University in Egypt. He has completed his MD in Pathology in 1991. He has graduated from Medical School of Cairo University in 1982. He has joined Department of Pathology, completed his Pathology training and received MSc degree in Pathology in 1987. He is a Consultant and Head of Pathology Unit in Almokhtabar Lab.

aahmed85@hotmail.com

Dalia Abd El-Kareem, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Idiopathic Pleuroparenchymal Fibroelastosis (IPPFE), a rare clinic-pathologic entity that needs more attention: Series of Egyptian patients

Dalia Abd El-Kareem
Cairo University, Egypt

Idiopathic Pleuroparenchymal Fibroelastosis (IPPFE) is an entity recently classified by the American thoracic society/European respiratory society as a rare Idiopathic Interstitial Pneumonia (IIP). This might be uncertain, based on some clinical experiences. As part of a large Egyptian study that included patients with Diffuse Parenchymal Lung Diseases (DPLD), we encountered 6 patients with DPLD diagnosed as IPPFE by surgical lung biopsy over a period of one year. Clinical data, High Resolution chest Computed Tomography (HRCT) findings and histologic criteria from thoracoscopic lung biopsies were correlated in a multidisciplinary approach. Most of our patients were young age, with female predominance and living in the same area (Upper Egypt). Exertional dyspnea and cough were the main presenting symptoms. Low body weight, flat chest wall and stretched skin were the main signs. HRCT showed upper lobe volume loss, traction bronchiectasis, visceral pleural thickening and ground glass opacity. Histologic features included thickening of the visceral pleura, sub-pleural parenchyma and interlobular septa with deposition of large amounts of elastic fibers (by elastic stain) and Non-Specific Interstitial Pneumonia (NSIP) histologic pattern. IPPFE should get more attention being more prevalent than we used to know. Although other IIPs may represent initial phase in IPPFE or may coexist together but it should still be considered as a separate entity. Multidisciplinary approach is required for diagnosis. Further studies to reach etiologic factors are highly needed.

Biography

Dalia Abd El-Kareem is a Lecturer of Pathology at Faculty of Medicine, Cairo University in Egypt. She has completed her MD in Pathology and Pulmonary Pathology in 2016. She has completed her Graduation from Medical School in 2007 from Cairo University. She has received training in Pulmonary Medicine and Respiratory ICU at Cairo University Hospitals and then joined Department of Pathology, completed her Pathology training and received MSc degree in Pathology in 2013. She was also trained in the field of Pulmonary Pathology at University of Texas Medical Branch (UTMB), Galveston, USA.

dalia_ak@kasralainy.edu.eg

Sudha Pottumarthy Boddu, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Evolving role of clinical microbiology: Impact of rapid bacterial identification and antimicrobial resistance

Sudha Pottumarthy Boddu
Australian Clinical Labs, Australia

Application of State-of-the-Art technology in clinical microbiology has recently seen the dramatic evolution of bacterial identification methods to enable rapid laboratory diagnosis, bringing the clinical microbiology laboratory to the forefront. While rapid bacterial identification plays a crucial role in empiric antibiotic treatment, in some instances it may also assist in determining the epidemiology of the infection. The current clinical environment thus demands that the clinical microbiologists maintain close communication with the clinicians, enabling timely translation of laboratory results to patient care. The above concepts along with increasing antimicrobial resistance will be illustrated further with clinical scenarios encountered in daily clinical practice.

Biography

Sudha Pottumarthy Boddu has completed her graduation from Medical School in India. She has completed her Pathology/Microbiology Fellowship training with the Royal College of Pathologists of Australasia. She is a recipient of various awards and scholarships, including the Neil Prentice Memorial Prize of RCPA. She has gained experience in various hospitals, research and public health laboratories in the US, publishing over 30 articles in peer-reviewed journals.

sudha.pottumarthyboddu@clinicallabs.com.au

Shroque Zaher, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Primary pulmonary myxoid sarcoma: Rare entity

Shroque Zaher
Consultant Histopathologist, UAE

This case represents a rare entity-primary pulmonary myxoid sarcoma, of which to the best of our knowledge only 10 other cases have been reported in the literature. They are defined by distinctive histo-morphological features and characterized by a recurrent fusion gene. All tumors involved pulmonary parenchyma with a predilection for the endobronchial component. They appear to have a predilection for females, with 7 of the 10 reported cases, occurring in women. Microscopically, they are lobulated tumors comprising cords of polygonal, spindle, stellate cells with myxoid stroma, morphologically reminiscent of extra-skeletal myxoid chondro-sarcoma. Tumors were immune-reactive for only vimentin and weakly focal for EMA, although our specific case was negative for these markers. In 7 of the 10 tumors, a specific *EWSR1-CREB1* fusion gene was demonstrated by reverse transcription-polymerase chain reaction. This gene fusion has been described previously in 2 histologically and behaviorally different sarcomas: Clear cell like sarcoma-like tumors of the gastrointestinal tract and angiomatoid fibrous histiocytoma; however, this is a novel finding in tumors with the morphology described and occurring in the pulmonary region.

Biography

Shroque Zaher is a Consultant Histopathologist with a specialist interest in hematopathology, pulmonary pathology and medical education. She has completed her Pathology training at the London and East of England Deaneries and gained her CCT in 2016. She has obtained her FRCP from the Royal College of Pathologists, United Kingdom in 2015.

drruki@hotmail.com

Ahmed A Yameny, J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Digital molecular pathology

Ahmed A Yameny
Society of Pathological Biochemistry and Hematology, Egypt

The molecular pathology laboratory offers molecular diagnostic testing for a variety of clinical indications across the health-care continuum, including testing for disease susceptibility, population screening, diagnosis, prognosis, therapeutic decision making and disease monitoring. Molecular Pathology (MP) is at the heart of modern diagnostics and translational research. It has become evident that, to advance in the translation of biomarker discovery into diagnostic and therapeutic application, the purpose of this article is to advance MP into Digital Molecular Pathology (DMP), depending on known biomarkers especially miRNA and proteomics, to resolve many of the demands in the clinical laboratory, as screening for cancer, endemic or rare virus infection and biological war. We would like to suggest an integrated model of DMP, from biomarkers to form two steps of diagnosis and two steps of treatment, the first step for fast diagnosis and fast therapy to stop spreading of disease, the second step for complete diagnosis and effectiveness treatment, many biomarkers were discovered so must divided into groups, DMP can allow facilities to outsource all or a portion of the demands data such as cloud computing, bioinformatics pipelines, variant data management and knowledge curation. Exchange of electronic molecular data allows laboratories to perform validation of rare diseases using foreign data, check the accuracy of their test results against benchmarks.

Biography

Ahmed A Yameny is the Head of Society of Pathological Biochemistry and Hematology. He is Union Chief Medical Laboratory in Egypt. He was the Chairman for five international conferences of medical laboratory and two international conferences of the society. He is an Expert and Medical Laboratory Consultant. He is the Chief Editor of *Journal of Bioscience and Applied Research*. He has completed his BSc in Biochemistry from Alexandria University in Egypt and BSc in Biochemistry/Chemistry from Tanta University in Egypt.

dr.ahmedyameny@yahoo.com

Kim Vaiphei et al., J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Correlative analysis of *hMLH1* and *hMSH2* with *APC* gene in sporadic colorectal cancer in young north Indian patients

Kim Vaiphei and Vikas Gupta
Postgraduate Institute of Medical Education and Research, India

Sporadic Colorectal Cancer (CRC) in patients is increasing rapidly in Indian population and half of the patients are less than 50 years of age. No comprehensive molecular study has been carried out to analysis the basis for the disease occurring in younger individuals. The study investigated frequency of *hMLH1* and *hMSH2* genes and *hMLH1* and *hMSH2* proteins expressions, their prognostic significance and correlated with the Adenomatosis Polyposis Coli (*APC*) gene mutational status by DNA sequencing in young CRC patients. Protein expression and promoter methylation of *APC*, *hMLH1* and *hMSH2* and Mismatch Repair genes (MMR) were analyzed by immunohistochemistry and Methylation-Specific PCR (MSP), respectively and correlated with patient's data. Of 100 CRC, *hMLH1* and *hMSH2* loss were observed in 18 and 12, reduced expressions in 50 and 38, respectively, 5 failed to express. Promoter hyper-methylation for *hMLH1* was detected in 50 and *hMSH2* in 10. Combination of methylation of *hMLH1* and *hMSH2* gene was observed in 8 tumors. Significant correlation was observed between histological tumor grade, methylation status and *hMLH1* gene expression ($p<0.05$). Normal expression for *hMLH1* and *hMSH2* was observed in all un-methylated tumors. Promoter methylation of *hMLH1* and *hMSH2* failed to influence survival and correlated with loss of protein. *APC* gene mutation was observed in 45% patients with no differential in distribution. Our observations suggest inactivation of MMR gene via hyper-methylation lead to functional loss resulting in tumor aggressiveness and role of *APC* gene appeared not to play a major role in tumor progression in these young patients.

Biography

Kim Vaiphei is currently serving as a Professor at Department of Histopathology, Post Graduate Institute of Medical Education and Research, Chandigarh, India. She has received MBBS in 1983 and MD Pathology in 1987. She is a Fellow of International Union against Cancer (UICC-WHO), National Academy of Medical Sciences India and Indian College of Pathology. She holds various levels of faculty positions in the Department of Histopathology, PGIMER and remained as Professor since 2006. Her area of research includes molecular pathways of cancer development. She has more than 300 publications and attended more than 50 national and more than 20 international conferences.

kvaiphei2009@gmail.com

Rabia Butt et al., J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

Comparison of E-cadherin/Beta-catenin complex in inflammatory nasal polyps, sinonasal inverted papilloma and nasopharyngeal carcinoma

Rabia Butt and Ghazi Zafar
Chughtai Lab, Pakistan

Cell-cell junctions are important to maintain cell and tissue polarity and integrity. E-cadherin/Beta-catenin complex plays significant role in maintaining epithelial integrity. Disruption of this complex not only affects the adhesive properties of cells but also activates the Wnt signaling pathway, which is observed in many malignancies and fibrotic disorders. We conducted this study to compare the dysregulation of this complex In Inflammatory Nasal Polyps (INP), Sinonasal Inverted Papillomas (SIP) and Naso Pharyngeal Carcinomas (NPC). A cross-sectional study was conducted on 82 cases, retrieved from archives of Chughtai Lab, Lahore, out of which 68 cases were of INPs, 9 cases were of SIP and 5 cases were of NPC using non-probability consecutive sampling technique. Our study showed dysregulation of this complex in 19 (27.9%) cases of INPs, which were predominantly accompanied by fibrosis, 7 (77.8%) cases of SIP and in all 5 (100%) cases of NPC. Nuclear staining was evident in all 5 cases of NPC. Our study concluded that this complex is dysregulated in INPs associated with fibrosis and in neoplastic disorders. Dysregulation of E-cadherin/Beta-catenin complex may be involved in recurrence and malignant transformation of INP and SIP. Therefore close follow up is required for such patients of INP and SIP, to prevent recurrence and progression of disease.

Biography

Rabia Butt has obtained her MBBS from University of Health Sciences, Pakistan in 2006. She did her Postgraduate training from Services Institute of Medical Sciences and completed her training in 2012. She is also a Member of International Academy of Cytology. Currently she is working as a Consultant Histopathologist, Department Coordinator and In-Charge of Post-graduate Residency Program (FCPS) Histopathology at Chughtai Lab, Lahore, Pakistan.

rbutt_9@yahoo.com

Zonaira Rathore et al., J Clin Exp Pathol 2017, 7:5 (Suppl)
DOI: 10.4172/2161-0681-C1-040

ALK overexpression in triple negative breast cancer using immunohistochemistry

Zonaira Rathore and Ghazi Zafar
Chughtai Lab, Pakistan

Breast cancer is the most common female malignancy worldwide. Studies have identified different molecular subtypes including luminal A, luminal B, Her2 positive and Triple Negative Breast Cancer (TNBC) on basis of Immunohistochemistry (IHC). They have different prognosis and response to adjuvant therapy. Anaplastic Lymphoma Kinase (ALK) is a tyrosine kinase receptor known to be expressed in many tumors and can be targeted by anti-tyrosine kinase inhibitors. Studies have shown subset of breast carcinomas to express ALK. The aim of our study is to determine ALK protein overexpression using IHC on TNBC patients, providing them with a targeted therapy option. A cross-sectional study was performed, on 43 cases of TNBC of all histologic subtypes retrieved from archives of Chughtai Lab, Lahore, from 1st January 2016 to 30th July 2017, using non-probability consecutive sampling technique. Mouse anti-human monoclonal antibody against ALK from DAKO was used. Membranous and/or nuclear staining of ALK in at least 1% of tumor cells was taken as positive. All data was analyzed through SPSS version 22.0. Our study showed 11 cases (25.6%) to overexpress ALK by immunohistochemistry. Only 1 case (2.3%) showed cytoplasmic granular positivity along with nuclear staining while 10 cases showed only nuclear pattern of staining (23.2%). This study concludes that a significant number of cases show ALK overexpression by IHC, predominantly nuclear. Further studies are required, using *In Situ* Hybridization (ISH), to confirm ALK gene rearrangement and validate the significance of nuclear staining of ALK as seen is our study. This subset of patient may benefit from anti-ALK therapy. However further studies are required to validate the results.

Biography

Zonaira Rathore has obtained her MBBS from King Edward Medical University. Currently she is working as Consultant Histopathologist at Chughtai Lab, Pakistan.

zrathore999@gmail.com