



32nd Annual Conference of UP Chapter of I. A. P. M.

UP - PATHCON 2025

Organised by: Department of Pathology,
Baba Raghav Das Medical College, Gorakhpur

SOUVENIR





Baba Raghav Das (Born 12/12/1896), also known as the "Gandhi of Poorvanchal," was an Indian guru, freedom fighter, and social reformer who dedicated his life to the welfare of the oppressed.

He met Mahatma Gandhi in Gorakhpur in 1921 and was inspired to join the freedom movement. It was Gandhi who first called him "Baba," a name that stayed with him. His role in the freedom struggle was a steadfast participant and was imprisoned multiple times by the British.

He marched alongside Gandhi during the historic Dandi March in 1930. His ashram in Barhaj, Deoria, served as a safe house and a hub for freedom fighters.

He built a memorial for the revolutionary Ram Prasad Bismil at his ashram. Post-independence After India gained independence, he continued to serve the underprivileged through various welfare activities from 1947 until his death in 1958. Prioritizing education, hygiene, and public health, he established several educational institutions in eastern Uttar Pradesh. Inspired by Gandhi, he also established a "Leper House" for people suffering from leprosy.

He ran for the Uttar Pradesh Legislative Assembly in 1948 at the insistence of other leaders. The government of India released a postage stamp in his honor in 1998. Several educational and medical institutions, most notably the Baba Raghav Das Medical College in Gorakhpur, are named after him.



Baba Raghav Das Medical College, Gorakhpur

It was like a dream come true for citizens of Eastern part of Uttar Pradesh state, that is Purvanchal, when the first seed of inception of this medical college was sown in November of 1969. Its foundation stone was laid by the then Chief Minister of Uttar Pradesh Late Shri Chandra Bhanu Gupta. It was named after a devoted freedom fighter Baba Raghav Das who was a prominent Sarvodaya Leader of this area and close associate of Mahatma Gandhi and Acharya Vinoba Bhave. Initially the teaching started in government polytechnic and later shifted to college and hospital buildings under the dynamic leadership of Prof P.L. Shukla as first principal of this college. First batch of MBBS students was admitted on 7th August 1972. Since then this college has grown and now runs post graduate courses in various specialties.

BRD Medical College has a campus area of 147.6 acres, with total constructed area being more than 12,000 sq.mts. . It includes a Administrative Block, Central Library, Examination Hall, Auditorium, Multiple Lecture Theatres and various departments of non clinical, para clinical, clinical subjects of medical education, etc along with infrastructure and facilities for various paramedical courses.

It forms the base for medical career of future doctors and provides research backup in basic medical sciences.

Contents Index

Messages	05 – 26
Up Chapter IAPM Executive Body	27
Organising Committee	29 – 30
Workshops	32 – 34
Scientific Program	35–36
Guest Speakers	37
Memorial Oration & Symposium	38
About Department of Pathology, BRD	39
Organising Team	40
Meet Our Distinguish Speakers	41 – 58
Potpourri of Cases	59
Abstracts Potpourri of Cases	60 – 66
Abstracts Oral Presentation	76
Abstracts Poster Presentation	192
Advertisements	297

Message

आनंदीबेन पटेल
राज्यपाल, उत्तर प्रदेश



राज भवन
लखनऊ - 226 027

01 जुलाई, 2025

सन्देश

मुझे यह जानकर अत्यंत प्रसन्नता हुई कि बी.आर.डी. मेडिकल कॉलेज, गोरखपुर के पैथोलॉजी विभाग द्वारा 20 एवं 21 सितंबर, 2025 को उत्तर प्रदेश चैप्टर ऑफ इंडियन एसोसिएशन ऑफ पैथोलॉजिस्ट्स एंड माइक्रोबायोलॉजिस्ट्स की वार्षिक कॉन्फ्रेंस का आयोजन किया जा रहा है। इस अवसर पर एक स्मारिका का भी प्रकाशन किया जाएगा।

पैथोलॉजी चिकित्सा विज्ञान का एक अत्यंत महत्वपूर्ण स्तंभ है, जिसके माध्यम से बीमारियों की सटीक पहचान और उपचार संभव हो पाता है। इस क्षेत्र में हो रहे नवीनतम शोध एवं प्रगति के प्रसार हेतु ऐसे सम्मेलनों का आयोजन अत्यंत आवश्यक है। मुझे आशा है कि यह सम्मेलन देश के प्रतिष्ठित पैथोलॉजिस्ट और चिकित्सकों को एक मंच पर एकत्रित कर ज्ञान, अनुसंधान एवं अनुभवों के आदान-प्रदान का उत्कृष्ट अवसर प्रदान करेगा।

मैं इस कॉन्फ्रेंस के आयोजन एवं स्मारिका के प्रकाशन की सफलता हेतु हार्दिक शुभकामनाएँ प्रेषित करती हूँ।

आनंदीबेन
(आनंदीबेन पटेल)

Message

योगी आदित्यनाथ



मुख्य मंत्री
उत्तर प्रदेश

पत्र संख्या-198/पीएलएस-सीएम/2025

लोक भवन,
लखनऊ - 226001


दिनांक :
21 JUL 2025

संदेश

मुझे यह जानकर अत्यन्त प्रसन्नता की अनुभूति हो रही है कि पैथोलॉजी विभाग, बाबा राघव दास मेडिकल कॉलेज, गोरखपुर द्वारा दिनांक 20 व 21 सितम्बर, 2025 को उत्तर प्रदेश चैप्टर ऑफ इण्डियन एसोसिएशन ऑफ पैथोलॉजिस्ट्स एवं माइक्रोबायोलॉजिस्ट्स की 32वीं वार्षिक कॉन्फ्रेंस UP-PATHCON 2025 का आयोजन किया जा रहा है।

किसी भी रोग के निदान से पूर्व उसकी पहचान होना आवश्यक है। पैथोलॉजी तथा माइक्रोबायोलॉजी ऐसे क्षेत्र हैं, जो बीमारी की सटीक पहचान कर उसके सफल उपचार का मार्ग प्रशस्त करते हैं। इसके दृष्टिगत UP-PATHCON 2025 जैसे आयोजन चिकित्सा जगत में आधुनिक तकनीक व उपचार विधि के आदान-प्रदान का माध्यम बनते हैं। साथ ही, चिकित्सा शिक्षा एवं शोध को नवीन दिशा भी प्रदान करते हैं। मुझे विश्वास है कि यह आयोजन चिकित्सकों, विषय-विशेषज्ञों तथा विद्यार्थियों के लिए उपयोगी सिद्ध होगा।

आयोजन की सफलता हेतु हार्दिक शुभकामनाएं।


(योगी आदित्यनाथ)

Message

कमलेश पासवान
KAMLESH PASWAN



ग्रामीण विकास राज्य मंत्री
भारत सरकार
Minister of State for Rural Development
Government of India



शुभकामना-संदेश

मुझे यह जानकर बेहद हर्ष हो रहा है कि बी.आर.डी. मेडिकल कॉलेज, गोरखपुर में पैथोलॉजी विभाग द्वारा 20 से 21 सितंबर, 2025 को **Uttar Pradesh Chapter of Indian Association of Pathologists and Microbiologists (UP-IAPM)** की वार्षिक कॉन्फ्रेंस का आयोजन तथा इस अवसर पर स्मारिका का विमोचन किया जा रहा है।

इस कॉन्फ्रेंस में प्रतिभाग करने वाले देशभर के प्रसिद्ध पैथोलॉजिस्ट तथा चिकित्सक उपस्थित होकर विद्यार्थियों, शिक्षकों और समाज को आधुनिक अनुसंधान, शोध एवं चिकित्सा की उन्नति हेतु ज्ञान एवं अनुभवों से मार्गदर्शित करेंगे, जो प्रसन्नता का विषय है।

मैं, बी.आर.डी. मेडिकल कॉलेज, गोरखपुर में पैथोलॉजी विभाग द्वारा UP-IAPM की वार्षिक कॉन्फ्रेंस के सफल आयोजन के साथ-साथ इस अवसर पर प्रकाशित की जाने वाली स्मारिका के सफल प्रकाशन एवं सभी चिकित्सकों, विद्यार्थियों, कर्मचारियों तथा समस्त सहभागियों के लिए अपनी हार्दिक शुभकामनाएं व्यक्त करता हूँ।


(कमलेश पासवान)

Message

ब्रजेश पाठक
उप मुख्यमंत्री



कार्यालय कक्ष संख्या-99, 100, मुख्य भवन,
विधान सभा सचिवालय

दूरभाष- 0522-2238088 (का0)
0522-2239999 (आ0)

लखनऊ: दिनांक 08-09-2025

शुभकामना संदेश

मुझे यह जानकर अत्यन्त प्रसन्नता हो रही है कि दिनांक 20 व 21 सितम्बर, 2025 को बाबा राघव दास मेडिकल कालेज, गोरखपुर के पैथालॉजी विभाग द्वारा उत्तर प्रदेश चैप्टर ऑफ इण्डियन एसोसियेशन ऑफ पैथॉलाजिस्ट्स व माइक्रो-बायोलॉजिस्ट्स की वार्षिक कान्फ्रेंस का आयोजन किया जा रहा है। उक्त कान्फ्रेंस में सम्पूर्ण भारत से पैथालॉजिस्ट व चिकित्सक प्रतिभाग करेंगे। इस अवसर पर पैथालॉजी विभाग द्वारा स्मारिका का विमोचन भी किया जा रहा है। स्मारिका में प्रकाशित सभी लेख व विवरण चिकित्सकों व आमजन के लिए लाभकारी होंगे। आशा है कि पैथालॉजी विभाग सदैव सेवाभाव से अच्छे कार्यों में अग्रसर रहेगा।

मैं बाबा राघव दास मेडिकल कालेज, गोरखपुर के पैथालॉजी विभाग को उक्त वार्षिक कान्फ्रेंस की सफलता के साथ-साथ स्मारिका के सफल प्रकाशन हेतु हार्दिक शुभकामनाएं प्रेषित करता हूँ।

(ब्रजेश पाठक)

Message

रवि किशन शुक्ला

संसद सदस्य (लोक सभा)
64 गोरखपुर (उ०प्र०)



मकान नं०-एल.आई.जी.-46, लेकव्यू कालोनी
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शुभकामना-संदेश

मुझे यह जानकर बेहद प्रसन्नता हो रहा है कि बी.आर.डी. मेडिकल कालेज, गोरखपुर में पैथालोजी विभाग द्वारा 20 से 21 सितम्बर, 2025 को उत्तर प्रदेश चैप्टर आफ इण्डियन एसोसिएशन आफ पैथालोजिस्ट्स एण्ड माइक्रोबायोलॉजिस्ट्स (UP-IAPM) की वार्षिक कॉन्फ्रेंस का आयोजन तथा इस अवसर पर स्मारिका का विमोचन किया जा रहा है। इस कॉन्फ्रेंस में प्रतिभाग करने वाले देशभर के प्रसिद्ध पैथोलॉजिस्ट तथा चिकित्सक उपस्थित होकर विद्यार्थियों, शिक्षकों और समाज को आधुनिक अनुसंधान, शोध एवं चिकित्सा की उन्नति हेतु ज्ञान एवं अनुभवों से मार्गदर्शित करेंगे, जो प्रसन्नता का विषय है।

मैं, बी.आर.डी. मेडिकल कॉलेज, गोरखपुर में पैथोलॉजी विभाग द्वारा UP-IAPM की वार्षिक कॉन्फ्रेंस के सफल आयोजन के साथ-साथ इस अवसर पर प्रकाशित की जाने वाली स्मारिका के सफल प्रकाशन एवं सभी चिकित्सकों, विद्यार्थियों, कर्मचारियों एवं समस्त सहभागियों के लिए अपनी हार्दिक शुभकामनाएं व्यक्त करता हूँ।

(रवि किशन शुक्ला)

Message

Dr. VIMLESH PASWAN
M.D.S.



Member :

1. Petition Committee, Vidhan Sabha, U.P.
2. Excise and Narcotics, Vidhan Sabha U.P.
3. Medical Education and Health, Vidhan Sabha U.P.



MLA

327, Bansgaon Gorakhpur
Vidhan Sabha, Uttar Pradesh

Date: 20 August, 2025

Organizing Committee UP-PATHCON 2025

It's An Immense Pleasure To Learn That **Department of Pathology and Microbiology**, BRD Medical College Gorakhpur (UP) is Organizing **Uttar Pradesh Chapter Of Indian Association Of Pathologists And Microbiologists (UP-JAPM) Annual Conference**.

This is a Feather in Cap of the Department of Pathology and Microbiology which has Emerged to be a Promising Department in the Field of Research Work, Publications and Clinical Curriculum. The Glorious Journey of Department will Come up to the New Name with this Conference.

I am Really Pleased To Thank The Organizing Committee To Gather up With Such a Phenomenal Courage to Welcome & Host Thousands of **Pathologists & Microbiologists** across **INDIA** to Witness This Grand Conference to the Land of Wisdom, Spirituality, Serenity, Sacrifice & Peace The Gorakhpur'.

I wish a Grand Success to the **UP-PATHCON 2025** to be held on 21st & 22nd September 2025 My Best Wishes.

Sincere regards,

Dr. Vimlesh Paswan
MLA 327-Bansgaon
Gorakhpur UP

Message

डा० मंगलेश श्रीवास्तव
महापौर
Dr.Manglesh Srivastava
Mayor



नगर निगम, गोरखपुर
NAGAR NIGAM, GORAKHPUR
पत्रांक 75/व्य०सहा० महापौर/2025-26
दिनांक 21 जुलाई, 2025



शुभकामना सन्देश

यह जानकर अत्यंत प्रसन्नता हुई कि बाबा राघव दास मेडिकल कॉलेज एवं अस्पताल, गोरखपुर के पैथोलॉजी विभाग द्वारा उत्तर प्रदेश चैप्टर ऑफ इंडियन एसोसिएशन ऑफ पैथोलॉजिस्ट्स एण्ड माइक्रोबायोलॉजिस्ट्स (UP-IAPM) की वार्षिक राज्य स्तरीय शैक्षणिक संगोष्ठी "UP PATHCON – 2025" का आयोजन दिनांक 21 व 22 सितंबर 2025 को गोरखपुर में किया जा रहा है।

यह सम्मेलन चिकित्सा विज्ञान, विशेषकर पैथोलॉजी एवं माइक्रोबायोलॉजी के क्षेत्र में कार्यरत विशेषज्ञों, शोधकर्ताओं, चिकित्सकों एवं विद्यार्थियों के लिए एक सशक्त मंच प्रदान करेगा, जहाँ नवीनतम शोध, उन्नत तकनीकों एवं नैदानिक अनुभवों के आदान-प्रदान का सुव्यवस्थित अवसर मिलेगा।

इस प्रकार के आयोजन आधुनिक चिकित्सा शिक्षा को प्रोत्साहन देने के साथ-साथ शोधपरक दृष्टिकोण को भी बल प्रदान करते हैं। साथ ही, यह स्वास्थ्य सेवा की गुणवत्ता सुधारने और आमजन को बेहतर चिकित्सकीय सेवाएं प्रदान करने की दिशा में एक महत्वपूर्ण कदम होता है।

"UP PATHCON – 2025" जैसे कार्यक्रमों से नवोदित चिकित्सा विद्यार्थियों को वरिष्ठ एवं अनुभवी विशेषज्ञों से सीखने का अवसर मिलता है, जिससे वे न केवल अपने ज्ञान को समृद्ध करते हैं, बल्कि चिकित्सा सेवा के प्रति अपनी सामाजिक जिम्मेदारी को भी गहराई से समझते हैं।

मैं इस सार्थक एवं वैचारिक आयोजन हेतु आयोजन समिति, संकाय सदस्यगण, प्रतिभागीगण एवं सभी सहयोगियों को हृदय से बधाई एवं शुभकामनाएँ प्रेषित करता हूँ। ईश्वर से प्रार्थना है कि यह सम्मेलन पूर्ण सफलता के साथ संपन्न हो और सभी सहभागियों के लिए ज्ञानवर्धक, प्रेरणादायक एवं उपयोगी सिद्ध हो।

आप सभी को मेरी ओर से ढेरों शुभकामनाएँ एवं मंगलाशीर्वाद।

भवदीय,

(डा० मंगलेश श्रीवास्तव)
पैथोलोजिस्ट
महापौर.

Message

किंजल सिंह
(आई०ए०एस०)
महानिदेशक



अ०शा०प०स०. मैसी. डी०जी०एम०ई०कैम्प/2025
चिकित्सा शिक्षा एवं प्रशिक्षण महानिदेशालय
उत्तर प्रदेश।
लखनऊ : दिनांक 12-09-2025

::सन्देशः

मुझे यह जानकर अत्यन्त प्रसन्नता हो रही है कि बाबा राघव दास मेडिकल कालेज, गोरखपुर में पैथोलॉजी विभाग द्वारा दिनांक-20 एवं 21 सितम्बर, 2025 को Uttar Pradesh Chapter of Indian Association of Pathologists and Microbiologist (UP-IAPM) की वार्षिक कॉन्फ्रेंस का आयोजन तथा इस अवसर पर स्मारिका का विमोचन किया जा रहा है।

इस कॉन्फ्रेंस में प्रतिभाग करने वाले देशभर के प्रसिद्ध पैथोलॉजिस्ट तथा चिकित्सक उपस्थित होकर विद्यार्थियों, शिक्षकों और समाज को आधुनिक अनुसंधान, शोध एवं चिकित्सा की उन्नति हेतु ज्ञान एवं अनुभवों से मार्गदर्शित करेंगे, जो प्रसन्नता का विषय है।

मैं बाबा राघव दास मेडिकल कालेज, गोरखपुर में पैथोलॉजी विभाग द्वारा UP-IAPM की वार्षिक कॉन्फ्रेंस के सफल आयोजन के साथ-साथ इस अवसर पर प्रकाशित की जाने वाली स्मारिका के सफल प्रकाशन एवं सभी चिकित्सकों, विद्यार्थियों, कर्मचारियों तथा समस्त सहभागियों के लिए अपनी हार्दिक शुभकामनाएं व्यक्त करती हूँ।

Kinjal Singh
(किंजल सिंह)

Message



अटल बिहारी वाजपेयी चिकित्सा विश्वविद्यालय, उ०प्र०, लखनऊ
Atal Bihari Vajpayee Medical University, U.P., Lucknow

डा. संजीव मिश्रा
कुलपति

Dr. Sanjeev Misra

M.S., MCh, FRCS (Eng.), FRCS (Glasgow),
FICS, FACS (USA), FAMS, FNASc, DSc (h.c.)
Vice Chancellor

पत्रांक 2962

दिनांक 28-07-2025



शुभकामना सन्देश

अत्यन्त हर्ष का विषय है कि बाबा राघव दास मेडिकल कालेज, गोरखपुर के पैथोलॉजी विभाग द्वारा दिनांक 20 एवं 21 सितम्बर, 2025 को Uttar Pradesh Chapter of India Association of Pathologists and Microbiologists (UP-IAPM) के वार्षिक कान्फ्रेंस का आयोजन तथा उक्त कान्फ्रेंस के अवसर पर स्मारिका का प्रकाशन किया जा रहा है। बाबा राघव दास मेडिकल कालेज, गोरखपुर उत्तर प्रदेश के पूर्वान्वल में स्थित एक प्राचीन एवं गरिमामयी चिकित्सा संस्थान है तथा इसमें चिकित्सा की आधुनिक सुविधायें सभी वर्गों को निरंतर प्रदान किया जा रहा है।

मुझे पूर्ण विश्वास है कि मेडिकल कालेज द्वारा आयोजित कान्फ्रेंस में प्रतिभाग करने वाले सुप्रसिद्ध पैथोलॉजिस्ट एवं चिकित्सक के प्रतिभाग करने पर संस्थान के संकाय सदस्यों एवं छात्र-छात्राओं को चिकित्सा क्षेत्र में हो रहे आधुनिक अनुसंधान, शोधों एवं चिकित्सा विज्ञान की उन्नति के बारे में जानकारी प्राप्त होगी तथा इस अवसर पर प्रकाशित होने वाली स्मारिका में संकाय सदस्यों के साथ-साथ छात्र-छात्राओं को भी अपने विचार व्यक्त करने का अवसर प्राप्त होगा। बाबा राघव दास मेडिकल कालेज, गोरखपुर द्वारा चिकित्सा एवं पैथोलॉजी के क्षेत्र में किये जा रहे अनवरत प्रयास सराहनीय हैं।

मैं बाबा राघव दास मेडिकल कालेज, गोरखपुर के पैथोलॉजी विभाग द्वारा आयोजित की जाने वाली वार्षिक कान्फ्रेंस एवं इस अवसर पर प्रकाशित की जाने वाली स्मारिका की सफलता एवं समस्त चिकित्सकों, विद्यार्थियों एवं कर्मचारियों को अपनी हार्दिक शुभकामनाएं व्यक्त करता हूँ।


(डा० संजीव मिश्रा)

डा० शिल्पा वहीकार,
आर्गनाइजिंग चेयरपर्सन (UP-IAPM),
बाबा राघव दास मेडिकल कालेज,
गोरखपुर।

Message



It is a matter of immense pride and great pleasure that the Department of Pathology, BRD Medical College, Gorakhpur is organizing the 32nd Annual Conference of the UP Chapter of the Indian Association of Pathologists and Microbiologists (UP-IAPM) - UP PATHCON 2025.

In the ever-evolving field of medical sciences, Pathology continues to play a pivotal role in providing precise and comprehensive diagnosis, which forms the foundation for effective patient care and clinical decision-making.

This prestigious conference will serve as an excellent platform for sharing knowledge, discussing recent advances, and fostering collaboration among pathologists and clinicians. It will certainly open new ways towards better diagnosis, prognosis, management of diseases & stimulation of brain for innovations.

I extend my heartfelt congratulations and best wishes to the department of pathology for hosting this academic feast of great significance. I am confident that UP PATHCON 2025 will greatly contribute to strengthening the standards of healthcare delivery, medical education & achieving target of a developed India 2047.

My best wishes for the grand success of this conference.



Dr Ram Kumar
M.S. Ophthalmology
Principle & Dean
BRD Medical College Gorakhpur

Message

अन्वेषणात् सिद्धिः



INDIAN ASSOCIATION OF PATHOLOGISTS
& MICROBIOLOGISTS



Dr Usha Kini, MD, DNB, FICPath, FAMS
Honorary President, IAPM

Emeritus Scientist, ICMR
Professor of Pathology
St. John's Medical College, Bangalore
Professor of Practice & Adjunct faculty, SDUAHER

Dear Colleagues,

It gives me immense pleasure to extend a warm welcome to all delegates, faculty, and guests to the 32nd Annual Conference of Uttar Pradesh Chapter of the Indian Association of Pathologists and Microbiologists (UP PATHCON 2025), being organised by the Department of Pathology, Baba Raghav Das Medical College and Hospital, Gorakhpur on September 20–21, 2025.

This annual gathering is not just a conference but a celebration of our shared pursuit of excellence in pathology and UP PATHCON over the years, has emerged as a dynamic platform fostering scientific exchange, academic advancement, and professional camaraderie among the pathology community across the state and beyond.

The scientific program this year with its theme "Morphology to Molecular" promises to be rich and diverse, featuring traditional pathology to topics on innovations in diagnostics, emerging infectious diseases, molecular pathology in the form of case-based discussions that bridge laboratory insights with clinical impact. With distinguished experts from academia, clinical practice, and research institutions, I am confident that UP PATHCON 2025 will offer an intellectually stimulating experience for all.

I commend the Organising Committee under the leadership of the Department of Pathology, B.R.D. Medical College, Gorakhpur, for their dedication and meticulous planning to make this conference a memorable event. Gorakhpur, with its historical significance and cultural heritage, provides an ideal setting to blend academic engagement with warm hospitality.

Let us come together to celebrate science, renew collaborations, and inspire the next generation of pathologists and microbiologists. I look forward to welcoming you all at UP PATHCON 2025.

Warm regards,

Dr Usha Kini, MD, DNB, FICPath, FAMS
President
Indian Association of Pathologists and Microbiologists (IAPM), 2025

Message



On behalf of the UP-IAPM, I extend my heartfelt congratulations to the Organizing Committee for spearheading the prestigious and intellectually enriching PATHCON 2025 - 32nd annual conference of UP Chapter of IAPM.

The dedication, meticulous planning and tireless efforts of the committee have culminated in a gathering that will showcase scientific excellence and foster collaboration, innovation and professional growth among pathologists across the state and beyond. Such academic activities have become imperative today to keep up with the rapid advancements in our field which must be approached with unwavering enthusiasm and hard work. This academic feast will provide a platform for meaningful interaction, networking & collaboration among the delegates.

May your efforts be met with great success!

Jai Hind

A handwritten signature in black ink, appearing to be 'AS' with a horizontal line underneath.

Dr. Anjali Khare
President
UP IAPM

Message



U.P. CHAPTER OF INDIAN ASSOCIATION OF PATHOLOGISTS & MICROBIOLOGISTS

(Registration No. LUC/06116/2021-2022)

Dated 28th July, 2025

*Professor Atin Singhai
Postgraduate Department of Pathology
King George's Medical University U.P., Lucknow*



From the desk of

Secretary UPIAPM

Dear Delegates and Invited Faculty

Myself on behalf of U.P. Chapter of Indian Association of Pathologists & Microbiologists heartedly welcome you all for the scientific deliberations to be held during “UPPATHCON 2025.”

Through this conference we hope to convey the very recent research and diagnostic modalities in the field of Pathology in present scenario. We also hope to create a knowledge network in this field for constant interchange of ideas between participants.

I believe that this conference will facilitate overall professional development and awareness. I congratulate the organizing team for this mega event.

I wish the event a grand success.

Pro. Atin Singhai

Message



INDIAN ASSOCIATION OF PATHOLOGISTS
& MICROBIOLOGISTS

Dr. RANJAN AGRAWAL

MD; FICPath: MAMS; MIAC; DHA
Honorary Secretary



Chairman, Scientific Committee, UP Chapter of IAPM
Professor & Head Department of Pathology
Rajshree Medical Research Institute, Bareilly
Mob No- 7060387009/9412291009
Email: drranjan68@gmail.com

Dear Dr. Shilpa & team,

Organising a Conference is a mammoth job. Collection of resources, speakers and delegates is a daunting task. You have volunteered to carry out this task which needs great applause.

Conferences are always a place of dissemination of knowledge as well as meeting experts in their field. Annual conference of UP Chapter of Indian Association of Pathologists over the past many years has been of great success with a large number of delegates attending the event and a galaxy of speakers agreeing to share their knowledge and expertise. I wish UP PATHCON 2025 a grand success and hope that the delegates would be enriched with the deliberations during the conference.

I would also like to convey my congratulations and best wishes to Dr. Shilpa & her entire team members for their endeavor.

Dr. Ranjan Agrawal

+91-7060387009, +91-9412291009
secretary1iapm@gmail.com

Professor & Head
Department of Pathology
RAJSHREE MEDICAL RESEARCH INSTITUTE
Rampur Road, Near Toll Plaza, Bareilly

Message



From the desk of Chief advisor.....

Dear Esteemed Colleagues,

Dear Esteemed Colleagues,

It is my profound pleasure and honour, as the chief advisor and Professor pathology to extend most sincere welcome to XXXII Annual Conference of UP Chapter of IAPM – UP PATHCON 2025, a premier gathering of minds in the field of Pathology, proudly organized by Department of Pathology, BRD Medical College, Gorakhpur.

On behalf of our department and organizing committee, I extend a very warm welcome to our esteemed guests, distinguished speakers, respected faculty members, postgraduate students, and delegates from across the state and beyond. Your presence will add immense value and we are thrilled to have your presence for this intellectual and skill-enhancing gathering.

Pathology, as both a scientific discipline and the cornerstone of diagnostic medicine, continues to evolve at an unprecedented pace. This conference is a vibrant testament to our collective commitment to advancing patient care through innovation, interdisciplinary collaboration, and the uncompromising pursuit of knowledge.

We have curated an outstanding scientific program at UP-PATHCON 2025 as we strive to foster a collaborative environment for intellectual exchange. Our conference agenda is packed with engaging sessions, cutting-edge research publications, orations, workshops, and thought-provoking discussions.

Let us come together to make this conference a remarkable gathering stalwarts, leaders and learners of Pathology field where knowledge blossoms, collaboration thrive and friendships endure.

I look forward to a productive and enriching conference for everyone.
With best wishes,

A handwritten signature in black ink that reads "Shaila Mitra". The signature is written in a cursive style and is underlined.

Dr. Shaila Mitra

Chief Advisor, UP PATHCON 2025
Professor, Dept. of Pathology
BRD Medical College, Gorakhpur



Message

Greetings from the Department of Pathology

It is with immense pride and joy that I welcome all the delegates, faculty members, postgraduate students and pathology enthusiasts to UP PATHCON 2025, hosted by department of pathology of our esteemed institution- BRD Medical College, Gorakhpur

This conference is not just an event; it is a celebration of knowledge, innovation and the ever-evolving science of Pathology. The field of pathology today stands on the cutting edge of medical science, uniting traditional diagnostic acumen with modern technological advances. The academic themes and sessions planned for this year truly reflect the depth and diversity of our discipline.

We shall delve into surgical pathology, exploring nuanced histomorphology and tumor diagnostics; traverse the innovations in cytopathology, including liquid-based cytology and molecular adjuncts; celebrate the expanding horizons of hematopathology with updates in flow cytometry; and embrace the crucial realm of clinical pathology and laboratory medicine, where quality assurance and laboratory automation are redefining standards. Emerging discussions on molecular diagnostics, digital pathology, and AI-driven analytics remind us that the future of pathology is bright, collaborative, and transformative.

As the Head of the Department, I feel privileged to witness the enthusiasm and commitment of young minds and seasoned experts coming together under one roof together to share knowledge and experiences, ignite new ideas, nurture innovations, and foster collaborations—to advance the science of pathology for better patient care.

On behalf of our entire department, I extend my heartfelt wishes for a highly enriching and memorable experience. May the discussions, deliberations, and camaraderie here inspire each one of us to continue pushing the boundaries of our beloved specialty.

Welcome to UP PATHCON 2025 – let us learn, share, and grow together!

With warm regards and best wishes,

Dr Rajesh Kumar Rai

Chief Organiser, UP PATHCON 2025
Professor & Head, Dept. of Pathology
BRD Medical College, Gorakhpur

Message



From the Desk of Organizing Chairperson

It is my immense pleasure, as the Organizing Chairperson of UP PATHCON 2025, to extend a warm and heartfelt welcome to each of you. This XXXII Annual Conference of the UP Chapter of IAPM is a testament to the unwavering dedication and passion of our pathology community.

As we gather at BRD Medical College, Gorakhpur, I'm thrilled to share that our conference promises to be a veritable melting pot of ideas, innovation, and expertise, themed "From Morphology to Molecular: Evolving Landscape of Pathology." Our meticulously curated scientific program is designed to ignite meaningful discussions, foster collaborative learning, and showcase groundbreaking research.

I would like to express my deepest gratitude to our distinguished speakers, senior and junior faculty members, PG students and delegates from the state of Uttar Pradesh and beyond for their invaluable contributions. Your presence is a testament to the conference's significance and impact.

I would also like to express my sincere gratitude to the Executive Body of UP IAPM for their constant support and guidance, without which UP PATHCON 2025 would not have been possible.

UP PATHCON 2025 offers a rich learning experience through workshops, guest lectures, PG quizzes, paper and poster presentations by faculty and postgraduate students, along with a potpourri of rare cases from faculty. Notably, this conference is accredited for 9 credit hours by the Uttar Pradesh Medical Council, which will undoubtedly benefit our postgraduate students.

Let us seize this opportunity to learn from each other, share our experiences, and forge lasting connections. Thank you for being part of this extraordinary event. I wish you all a knowledge-enhancing and beneficial conference ahead.



Dr. Shilpa Vahikar

Organising Chairperson, UP PATHCON 2025

Professor, Dept. of Pathology

BRD Medical College, Gorakhpur

Message



Message from the Organizing Secretary

It is my profound privilege to extend a warm welcome to all the esteemed delegates in the XXXII Annual Conference of the UP Chapter of the Indian Association of Pathologists and Microbiologists (UP Pathcon 2025) as the organizing secretary of the conference. As we convene at BRD Medical College in the spiritual city of Gorakhpur, we are delighted to bring together the pathology community to explore the latest advancements of this dynamic field.

This conference is designed to provide a comprehensive overview of the recent updates, challenges, and future directions in pathology, fostering a dynamic exchange of ideas and experiences among delegates as reflected in the theme of UP Pathcon 2025, "From Morphology to Molecular: Evolving Landscape of Pathology"

I express my deepest gratitude to our distinguished faculty members of international repute, who have graciously accepted our invitation to share their expertise in this intellectual odyssey. I also express my gratitude to UP IAPM for their invaluable support and guidance and team Pathology BRDMC, whose tireless efforts have made this landmark conference a reality

The academic calendar has been designed to offer diverse learning experiences featuring guest lectures, symposium, quiz, slide seminar, poster and paper presentations to our delegates

As the conference unfolds, I invite you to immerse yourselves in the wealth of knowledge, engage with fellow professionals, and gain new insights in this scholarly summit. I wish you all a very pleasant and comfortable stay at Gorakhpur and hope that you cherish the memories of this event forever.

Regards,



Dr Kanchan Srivastava

Organising Secretary, UP PATHCON 2025
Professor, Dept. of Pathology
BRD Medical College, Gorakhpur

Message



Co-Organising Secretary:

It is a matter of immense pleasure to welcome all the renowned speakers, faculty and delegates to XXXII Annual conference of Indian Association of Pathologists and Microbiologists - UP chapter, being organised by Department of Pathology, BRD Medical College, Gorakhpur.

The objective of this conference is to share an insight into recent research and advancement in the field of Pathology and to promote exchange of knowledge by bringing together a colossal gathering of exuberant, young and brilliant researchers, delegates and budding pathologists.

UP PATHCON 2025 is the result of extensive hard work and dedicated efforts by the highly motivated organising committee of our department.

Our scientific committee has worked tirelessly to make this event an enlightening experience for postgraduate who can present their research in the form of oral and posters.

I am highly optimistic that this academic event will be highly enriching and rewarding in more ways than one, both for us and for our delegates.

I hope you all will have a wonderful and comfortable stay here and go back enriched with knowledge and many fond memories..

My Best wishes and a Warm Welcome to ALL!



Dr Archana Bundela

Co-Organising Secretary, UP PATHCON 2025
Associate Professor, Dept. of Pathology
BRD Medical College, Gorakhpur

Message



Dear esteemed guests, faculty members, delegates, and attendees,

It is my privilege to welcome you to UPPATHCON 2025, a premier gathering of pathologists and researchers dedicated to advancing the field of pathology. This conference promises to be a platform for sharing cutting-edge research, innovative diagnostic techniques, and best practices in patient care.

We are honored to have our esteemed speakers join us at BRD Medical College, Gorakhpur, and enrich the event with their vast knowledge in their respective fields. I extend my gratitude to all senior faculty members, delegates, and attendees for contributing to the success of this event.

This conference brings together pathologists and allied healthcare professionals to share knowledge, exchange ideas, and advance the field of pathology. Our exciting program features renowned experts, new research, and interactive sessions, aiming to foster collaboration, innovation, and excellence in diagnostic pathology and laboratory medicine.

I hope you will have a wonderful experience here, enriched with knowledge and fond memories. Let's make the most of this opportunity to learn, network, and grow.



Dr Alpana Bundela

Scientific Secretary, UP PATHCON 2025
Associate Professor, Dept. of Pathology
BRD Medical College, Gorakhpur

Message



It gives me immense pleasure to extend my warm welcome to all delegates attending this prestigious annual conference of UP chapter of IAPM.

This conference is not just an event but it is an investment - an investment in ideas, innovation and inspiration. Organising this academic feast has been a journey of meticulous planning and making sure every delegates experiences an event worth remembering. Let's come together to celebrate the art and science that define our profession.

Welcome to a gathering where every detail matters just like every cell we study.

A handwritten signature in black ink, appearing to read 'Akansha Dubey', written in a cursive style.

Dr. Akansha Dubey

Treasure, UP PATHCON 2025

Assistant Professor, Dept. of Pathology

BRD Medical College, Gorakhpur

Message



It is with great joy and deep respect that I extend my greetings to all distinguished guests, eminent speakers, colleagues, and enthusiastic learners gathered for UP PATHCON 2025, XXXIInd Annual conference of UP chapter of Indian Association of Pathologists and Microbiologists being hosted by Baba Raghav Das Medical College, Gorakhpur. Serving as the Joint Organizing Secretary for this academic celebration is both a privilege and a responsibility – one that allows me to witness the remarkable synergy of science, innovation, and dedication in the field of Pathology.

Conferences like UP-PATHCON remind us that our discipline is not static; it grows with every discussion, every shared case, every breakthrough discovery. Together, we are not only exchanging knowledge but shaping the future of diagnostic medicine and patient care. Each and every session curated in this conference emboldens the spirit of innovation, inquisitiveness and expertise justifying its theme of “From morphology to molecular: Evolving landscapes of Pathology”. As the ancient wisdom says, “वदिया ददाती वनियं” (Knowledge bestows humility) – may our pursuit of learning be matched with humility and purpose, strengthening our collective mission to heal and serve.

I wish PATHCON a resounding success, inspiring new ideas, nurturing collaborations, and leaving every participant enriched with fresh perspectives and renewed enthusiasm. May this event stand as a testament to the spirit of academic excellence and teamwork that our institute proudly upholds.



Dr. Mayank Jain

Joint Organising Secretary, UP PATHCON 2025

Assistant Professor, Dept. of Pathology

BRD Medical College, Gorakhpur

UP CHAPTER IAPM EXECUTIVE BODY



Dr. Vatsala Mishra
Honorary Advisor



Dr. Sayeedul Hasan Arif
Honorary Advisor



Dr. Anjali Khare
President



Dr. Pradyumn Singh
Vice President



Dr. Ranjan Agrawal
Chairman Scientific Committee



Dr. Atin Singhai
Secretary



Dr. Anupam Varshney
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Dr. Pooja Agarwal
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Member



**Dr. Mohammad Jaseem
Hassan**
Member



Dr. Ashutosh Kumar
Member



Dr. Harendra Kumar
Member



Dr. Shubhangi Gupta
Member

We are Honoured to host you

Department of Pathology, BRD Medical College



Dr. Manglesh Srivastava
(Hon'ble Mayor)
Chief Patron
UP PATHCON 2025



Dr. Ram Kumar
Principal, BRD Medical College
Chief Patron
UP PATHCON 2025



Dr. Shaila Mitra
Professor Dept. of Pathology
Chief Advisor
UP PATHCON 2025



Dr. Rajesh Kumar Rai
Professor Dept. of Pathology
Chief Organiser
UP PATHCON 2025



Dr. Shilpa Vahikar
Professor Dept. of Pathology
Organising Chairperson
UP PATHCON 2025



Dr. Kanchan Srivastava
Professor Dept. of Pathology
Organising Secretary
UP PATHCON 2025



Dr. Archana Bundela
Associate Professor Pathology
Co-Organising Secretary
UP PATHCON 2025



Dr. Mayank Jain
Assistant Professor, Pathology
Joint Organizing Secretary
UP PATHCON 2025



Dr. Aakanksha Dubey
Assistant Professor, Pathology
Treasurer,
UP PATHCON 2025



Dr. Vibha Singh
Assistant Professor, Pathology
Joint Treasurer
UP PATHCON 2025



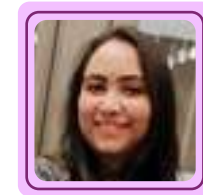
Dr. Alpana Bundela
Associate Professor,
Pathology
Scientific Secretary
UP PATHCON 2025



Dr. Archana Tripathi
Associate Professor,
Pathology
Scientific Committee
UP PATHCON 2025



Dr. Amit Kumar Gupta
Assistant Professor,
Pathology
Scientific Committee
UP PATHCON 2025



Dr. Sonal Ratnakar Goel
Assistant Professor,
Pathology
Scientific Committee
UP PATHCON 2025



Dr. Sunita Bharati
Assistant Professor,
Pathology
Scientific Committee
UP PATHCON 2025



Dr. Deval Brajesh Dubey
Assistant Professor,
Pathology
Scientific Committee
UP PATHCON 2025

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PATHCON - 2025

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Dr. Ram Kumar

Patron

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Dr. C. M. Tiwari

Chief Advisor

Dr. Shaila Mitra

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Dr. Rajesh Kumar Rai

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Dr. Shilpa Vahikar

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Dr. Archana Bundela

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Joint Treasurer

Dr. Vibha Singh

Scientific Secretary

Dr. Alpana Bundela

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Dr. Archana Tripathi
Dr. Vibha Singh
Dr. Amit Kumar Gupta
Dr. Sonal Ratnakar Goel
Dr. Sunita Bharati
Dr. Deval Brajesh Dubey

Paper/Poster

Presentation Committee

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Dr. Divya Rai
Dr. Roli Agrawal

Scientific Session Committee

Dr. Archana Tripathi
Dr. Ruchika Jain
Dr. Sonal Ratnakar Goel

Registration Committee

Dr. Vibha Singh
Dr. Mamata Jaiswal

Stall Committee

Dr. Sonal Ratnakar Goel
Dr. Deval Brajesh Dubey
Dr. Amit Goel

Photo/video & Promotion Committee

Dr. Mayank Jain
Dr. Deval Brajesh Dubey
Dr. Sheela Khaleed

Reception Committee & Invitation

Dr. Sunita Bharati
Dr. Mastraj Singh

ORGANIZING COMMITTEE

PATHCON - 2025

Souvenir Committee

Dr. Anjana Asthana
Dr. Archana Tripathi
Dr. Deval Brajesh Dubey

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Dr. Sunita Bharati
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Dr. S.C. Gupta
Dr. P.K. Agarwal
Dr. Madhumati Goel
Dr. Rakesh Pandey
Dr. U.S. Singh
Dr. Dvijendra Nath
Dr. Suresh Babu
Dr. Atul Gupta

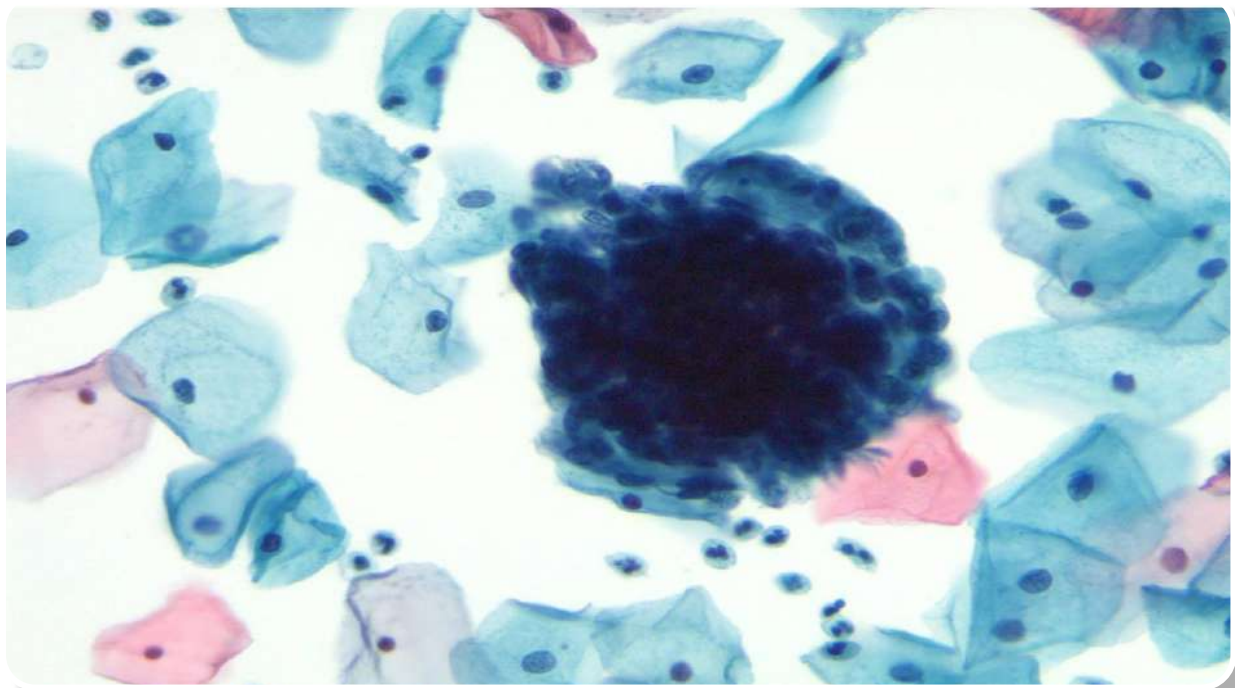
Dr. R K Mishra
Dr. Rani Bansal
Dr. Pinki Pandey
Dr. Shivani Kalhan
Dr. Ram Naval Rao
Dr. Kachnar Verma
Dr. Mayank Singh
Dr. Mahendra Singh
Dr. Garima Dundy
Dr. Sandeep Kumar
Dr. Pallavi Agrawal
Dr. Preeti Singh
Dr. Vikas Srivastava
Dr. Shruti Singh
Dr. Naushad Husain
Dr. Praneeta J Singh
Dr. A.N. Gupta
Dr. Narendra Singh
Dr. Himanshu Srivastava
Dr. Aditya Vikram Singh
Dr. Priyanka Rai Pandey
Dr. Pawan Trivedi
Dr. Nitesh Mohan
Dr. Mahboob Hasan
Dr. Tanu Agrawal
Dr. Ashish Bansal
Dr. Nirupama Lal

Pre Conference Workshop

LIQUID BASED CYTOLOGY *Workshop*

Workshop Date: 19th September 2025

Time: 09:00 am - 01:00 pm | **Venue:** Seminar room, 2nd floor
Pediatrics, 500-Bed Hospital BRD Medical College Campus



Faculty Coordinator



Dr Shivanjali Raghuvanshi
Additional Professor
KGMU, Lucknow

Junior Faculty Coordinator



Dr. Sonal Ratnakar Goel
Assistant Professor,
BRD MC, Gorakhpur
+91 79052 85256

LABORATORY WORKUP ON BLEEDING DISORDERS

Workshop

Workshop Date: 19th September 2025

Time: 10:00 am–1:00 pm | **Venue:** Microbiology Practical Hall,
BRD Medical College, Gorakhpur



Faculty Coordinator



Dr Sanjay Mishra
Additional Professor
KGMU, Lucknow

Junior Faculty Coordinator



Dr Vibha Singh
Assistant Professor,
BRD MC, Gorakhpur
+91 85270 70244

EXPERT LED SLIDE *Seminar*

Friday 19th September 2025

2:00 pm onwards at Radiant Resort, Gorakhpur

Meet the experts



Dr. Anita Borges



Dr. Sumeet Gujral



Dr Kanchan Srivastava



Dr Archana Tripathi

Coordinators

CASE PRESENTATIONS

Dr Milli Jain

Prof. KGMU, Lucknow

Dr Savita Agarwal

Prof, UPUMS, Saifai, Etawah

Dr Shalini Bhalla

Prof. KGMU Lucknow

Dr Sonal Amit

Prof. ASMC Kanpur, Dehat

Dr Roopak Agarwal,

Prof. UPUMS, Saifai, Etawah

Dr Shivanjali Raghuvanshi

Prof. KGMU Lucknow

Dr Ankita Jaiswal

Lead Haematology & FCM, Core
Diagnostics, Gurugram

Dr Anu Singh

Asso. Prof. IMS BHU, Varanasi

Dr Atul Jain

Asso. Prof. Govt Bundelkhand Medical
College Sagar, MP

Dr Vandana Mishra

Asso. Prof. GSVM Medical College
Kanpur

Dr Nirmali M Khaund

Consultant, Nazareth Hospital
Prayagraj

Dr Anita Omhare,

Asso. Prof. GMC Kannauj

Dr Priyanka Rai

Asso. Prof. ASMC Deoria

Dr. Sumeet Narain

Asst. Prof. RML Lucknow

Dr Deepika Gupta

Asst. Prof. AIIMS Gorakhpur

Dr Alka Yadav

Asst. Prof. UPUMS, Saifai, Etawah

Dr Neha Singh,

Asst. Prof. IMS, BHU Varanasi

Dr Saumya Pandey

Asst. Prof. HIMS Varanasi.

Dr Jyoti Sharma

SR, 12, Armed Forces Hospital

Scientific Program

UP – PATHCON 2025 SCIENTIFIC SCHEDULE DAY – 01 - SATURDAY (20/09/2025)				
Time	Duration	Topic	Speaker	Chairperson
07:30 – 10:30 am	03 Hrs	Registration		
08:00 – 09:00 am	01 Hrs	Preferred Paper sessions, display of Posters		
09:00 – 09:30 am	30 Min	UG pathology teaching from morphology to molecular level	Dr. Anjali khare	Dr Mili Jain Dr Sanjeev Kumar Singh Dr Pravesh Bansal
09:30 – 09:35 am	05 Min	Discussion		
09:35 – 10:15 am	40 Min	Dr Ashutosh Kumar Memorial Symposium	Dr Madhu Mati Goel	Dr Rani Bansal Dr Vatsala Kishore Dr Vibha Dutta Dr Bandana Mehrotra
10:15 -10:25 am	10 min	Discussion		
10:25 – 10:40 am	15 Min	Tea Break		
10:40 – 11:10 am	30 Min	Approach to soft tissue tumours	Dr. Anita Borges	Dr Asha Agrawal Dr Ranjan Agrawal Dr Pinki Pandey
11:10 – 11:15 am	05 Min	Discussion		
11:15 – 12:00 pm	45 Min	Dr B Lahiri & Dr V L Lahiri Memorial Oration	Dr Atul Gupta	Dr Manglesh Srivastava Dr Anupam Varshney Dr R K Mishra
12:00 – 12:30 pm	30 Min	Diagnostic approach to lymph node biopsy	Dr. Sumeet Gujral	Dr Mayank Singh Dr Roopak Agrawal Dr Vikas Srivastava
12:30 – 12:35 pm	05 Min	Discussion		
12:35 – 01:05 pm	30 Min	Bone marrow biopsy interpretation	Dr. Tejinder Singh	Dr Ankita Govil Dr Malti Maurya Dr Sandip Kumar
01:05 – 01:10 pm	05 Min	Discussion		
01:10 – 01:55 pm	45 Min	Lunch		
01:55 – 02:25 pm	30 Min	Approach to liver biopsy	Dr. Vatsala Misra	Dr Niraj Kumari Dr Anjali Tewari Dr Shalini Bhalla
02:25 – 02:30 pm	05 Min	Discussion		
02:30 – 03:00 pm	30 Min	Approach to inflammatory / infectious lesions in endoscopy guided biopsy	Dr. Nuzhat Hussain	Dr Mahendra Singh Dr Amit Kumar Dr Preeti Singh
03:00 – 03:05 pm	05 Min	Discussion		
03:05 – 03:35 pm	30 Min	AI in clinical pathology	Dr. Ranjan Agrawal	Dr Vandana Mishra Dr Shruti Singh Dr Shalini Bahadur
03:35 – 03:40 pm	05 Min	Discussion		
03:40 – 03:55 pm	15 Min	Tea Break		
03:55 – 04:35 pm	40 Min	PG Quiz		
04:35 – 05:35 pm	1 hrs	GBM		
06:00 – 06:45 pm	45 Min	Inauguration		
07:30 pm Onwards		Banquet & Gala Dinner at Radiant Resort, Gorakhpur		

Scientific Program

UP – PATHCON 2025 SCIENTIFIC SCHEDULE DAY – 02 - SUNDAY (21/09/2025)				
Time	Duration	Topic	Speaker	
08:00 – 09:00 am	01 Hrs	Poster & Oral Paper Evaluation		
09:00 – 09:30 am	30 Min	Recent immunohistochemical and molecular updates in diagnosis of paranasal sinus tumors	Dr. Nishat Afroz	Dr Suman Lata Verma Dr Ram Naval Rao Dr Manoj Saxena
09:30 – 09:35 am	05 Min	Discussion		
09:35 – 10:05 am	30 Min	What's in a name : Let's explore in dermatopathology	Dr. Shweta Grover	Dr Chhaya Shevra Dr Poonam Rani Dr Pawan Trivedi
10:05 – 10:10 am	05 Min	Discussion		
10:10 – 10:40 am	30 Min	Pitfalls and best practices in interpretation of prostate biopsy	Dr. Pradyumn Singh	Dr Kachnar Verma Dr Sangeeta Singh Dr Arvind Kumar
10:40 – 10:45 am	05 Min	Discussion		
10:45 – 11:00 am	15 Min	Tea Break		
11:00 – 11:45 am	45 Min	Potpourri of Interesting Cases		Dr Anurag Gupta Dr Vibhuti Goyal Dr Rajesh Kumar Dr Mohd. Fahimuddin
11:45 – 12:15 pm	30 Min	Recent updates on follicular cell derived thyroid neoplasms	Dr. Manoj Jain	Dr Praneeta Singh Dr Sumaira Qayoom Dr Shefali Agarwal
12:15 – 12:20 pm	05 Min	Discussion		
12:20 – 12:50 pm	30 Min	New entities in undifferentiated small round cell sarcoma	Dr. Asitava Mondal	Dr Pallavi Agarwal Dr Dhananjay Kotasthane Dr Harendra Kumar
12:50 – 12:55 pm	05 Min	Discussion		
12:55 – 01:25 pm	30 Min	Celiac disease : An update and overview from a pathologist perspective	Dr. Jyotsna Madan	Dr Kamlesh Kumar Dr Savita Agarwal Dr Sonal Amit
01:25 – 01:30 pm	05 Min	Discussion		
01:30 – 02:15 pm	45 Min	Lunch		
02:15 – 02:45 pm	30 Min	Bladder tumours ,contemporary issues, recent advances in urothelial carcinomas	Dr. Atin Singhai	Dr Jaseem Hasan Dr Prabhu M H Dr Neeraj
02:45 – 02:50 pm	05 Min	Discussion		
02:50 – 03:20 pm	30 Min	The blue world of pediatric malignancies – Tales from a tertiary cancer centre	Dr. Zachariah Chowdhury	Dr Rajeev Ranjan Dr Nidheesh Kumar Dr Vaishali Kotasthane
03:20 – 03:25 pm	05 Min	Discussion		
03:25 – 03:55 pm	30 Min	Valedictory Function		

Faculty Coordinator



Dr Shilpa Vahikar
+91 9794180080



Dr Rajesh Rai
+91 9450881860

GUEST SPEAKERS



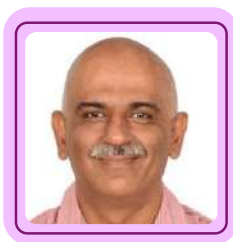
Dr. Tejinder Singh
Sr. Consultant Hematopathology
Oncquest Laboratories Ltd, New Delhi



Dr. Harsh Mohan
Former Dean & Head Pathology
GMCH, Chandigarh



Dr. Anita Borges
Consultant Pathologist Centre for
Oncopathology
(Supported by Tata Trust, Mumbai)



Dr. Sumeet Gujral
Prof. Path & Haematopathology
TMH Mumbai



Dr. Asitava Mondal
Former Cytologist & Oncopathologist
Thakurpukur Cancer Centre, Kolkata



Dr. Vatsala Mishra
Principal, MLNMC Medical
College, Prayagraj



Dr. Nuzhat Husain
Professor, Pathology & Former
Dean RML Institute of Medical
Sciences, Lucknow



Dr. Manoj Jain
Professor & Head SGPGI,
Lucknow



Dr. Pradyumn Singh
Dean & Professor Pathology,
RML Institute of Medical
Sciences, Lucknow



Dr. Ranjan Agrawal
Professor & Head
RMRI Bareilly



Dr. Atin Singhai
Professor Pathology
KGMU, Lucknow



Dr. Nishat Afroz
Professor, J N Medical college,
AMU, Aligarh



Dr. Anjali Khare
Professor & Head, Pathology
Subharti Medical College, Meerut



Dr. Jyotsna Madan
Professor & Head
Post Graduate Institute of
Child Health, Noida



Dr. Shweta Grover
Professor Pathology Muzaffarnagar
Medical College, Muzaffarnagar



Dr. Zachariah Chowdhury
Professor Oncopathology
TMH, Varanasi

Memorial Oration & Symposium

Dr B Lahiri & Dr V L Lahiri Memorial Oration



Dr B Lahiri



Dr V L Lahiri



Orator
Prof. Atul Gupta

Topic:

Flirting with haemato-lymphoid cells – Dil se

Dr Ashutosh Kumar Memorial Symposium



Dr Ashutosh Kumar



Moderator
Prof. Madhu Mati Goel

Topic:

EBV – An enigma for the Pathologist & Oncologist

About Department of Pathology & Literature

Department of Pathology was established in 1973 with Prof. VP MITTAL as the first head of department.

It has the laboratory sections of Histopathology, Cytopathology, Immunohistochemistry, Hematopathology, morbid anatomy, Chemical Pathology, Lymphoma- leukemia registry, and Clinical Pathology, Immunofluorescence . Every section is equipped with state-of-art facilities including decahead and pentahead microscopes, Cryostat for frozen sections.

Automation in Pathology took place with the installation of Fully automated biochemistry autoanalysers, 5-part and 3-part hematology cell counters, Hormone analyser, fully automated coagulometer, fully automated urine analysers and HPLC and immunohistochemistry setup. The department of Pathology caters various courses including MBBS, 12 postgraduate M.D seats, and 100 seats for DMLT courses. All the divisions are providing specialized diagnostic services, training, teaching to undergraduates, postgraduates, and DMLT in collaboration with various clinical departments . 24 hour round the clock emergency pathology services are provided at Central Pathology Lab and Trauma Centre lab.

The State Blood Bank has been upgraded as a modern blood bank with facilities for provision of blood and various components. The department runs an extensive training program including lectures, tutorials, journal clubs, seminars, group discussions, case discussions and pathology slide discussions, etc along with CMES, clinicopathologic conferences, guest lectures from renowned national and international faculties. It had organised Annual conference of Indian academy of cytologists, UP Chapter (CYTOCON 2016) .

Organised Annual conference of Indian Association of Pathologists and Microbiologists, UP Chapter (UP-PATHCON 2010) Organised CMEs and presently UP PATHCON 2025.



ORGANISING TEAM

UP - PATHCON 2025
DEPARTMENT OF PATHOLOGY
BRD MEDICAL COLLEGE, GORAKHPUR

Sitting Row: Left to Right - Dr Komal Kumari, Dr Shahla Parveen, Dr Anvita Agrawal, Dr Ankita Gupta, Dr Priyanka Gupta, Dr Ankita Abhay, Dr Aishwarya Singh, Dr Vinod Kr Verma, Dr Rahul Kumar, Dr Ravee Saroj, Dr Aakash Srivastava

Middle Row: Left to Right: Dr Deval Dubey, Dr Mayank Jain, Dr Aakansha Dubey, Dr Sonal Ratnakar Goel, Dr Armit Kumar Gupta, Dr Kanchan Srivastava, Dr Shilpa V Vahikar, Dr Rajesh Kumar Rai, Dr Shaila Mitra, Dr Archana Bundela, Dr Archana Tripathi, Dr Alpana Bundela, Dr Vibha Singh, Dr Sunita Bharti

Last Row: Left to Right: Dr Nikky Tanya, Dr Saumya Verma, Dr Akriti Gupta, Dr Maryam Ghayas Ansari, Dr Shilpi Raj Singh, Dr Dheerendra Chaudhary, Dr Ajita Singh, Dr Priyamvada Maurya, Dr Neelam Singhania, Dr Raj Bahadur Tiwari, Dr Punit Pandey, Dr Vipin Ranjan, Dr Pintu Kumar Satyarthi, Dr Shilpy Pandey, Dr Kumari Priyanka, Dr Vandana Sharma, Dr Shivani Sharma, Dr Vivaswan Pradhan, Dr Ashutosh Tripathi, Dr Maneesh Yadav, Dr Jay Prakash, Dr Rishabh Kr. Mishra

Meet our Distinguish Speakers



Name - Dr. Anjali Khare
 Designation - Professor & Head, Department of Pathology, Subharti Medical College, SVSU, Meerut

Mobile No. - 09412104331
 E-mail - anjalikhare69@gmail.com

S. No.	Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical Council
1	MBBS	1993	Moti Lal Nehru Medical College, Allahabad Allahabad University	37152, 16/04/1993	UP State Council
2	MD	1996	Moti Lal Nehru Medical College, Allahabad Allahabad University	3889, 14/06/2005 24165,06/06/2024	Medical Council of India UPMC

Total Teaching experience:- 32 years

S. No.	Designation	Institute	From	To	Duration
1	Junior Resident	M.L.N.M.C. Allahabad	01/05/1993	01/05/1996	03 Years
2	Assistant Professor	Subharti Institute of Medical Sciences, Meerut	2/08/1997	21/01/2001	03 Years 06 Months
		Subharti Medical College, Meerut	22/01/2001	22/01/2006	05 Years
3	Associate Professor	Subharti Medical College, Meerut	23/01/2006	23/01/2010	04 Years
4	Professor	Subharti Medical College, Meerut	23/01/2010	Till Date	14 Years 01 Months

Areas of interest – Medical education technology, Cytopathology

Publication:-More than 50 publications

Administrative Works :-

- 1 Chairperson, Women Empowerment Committee, SVSU, Meerut
- 2 Member of Medical Education Unit, Subharti Medical College, Meerut
- 3 Organizing secretary of UP Pathmicon 2007, Subharti Medical College, Meerut
- 4 Scientific secretary of workshop on grossing of surgical pathology specimen, SMC, Meerut 2011.
- 5 Scientific secretary of CME on granulomatous skin diseases, SMC, Meerut June 2015.
- 6 Ex-Director, Lab services, CSSH, Meerut
- 7 Ex-Member of ethics committee, SVSU, Meerut
- 8 Ex-Chairperson, Internal complaint committee, SVSU, Meerut
- 9 Held post of Chief Warden of Girls Hostel, Subharti Institute of Medical Sciences, Meerut.



Dr Madhu Mati Goel

- Dr Madhu Mati Goel is currently Director of Pathology and Laboratory Medicine at Medanta, Lucknow since December 2019, after her superannuation from King George's Medical University in November 2019.
- An MBBS graduate (1972 batch) and postgraduate (MD Path & Bact) from erstwhile KGMC (now KGMU), Dr Goel has served the institution as faculty since 1983, and has a long experience of teaching, research and diagnostic work of more than 42 years.
- During her tenure at KGMU, she served in various capacities as Honorary Librarian, Pro Vice Chancellor, Professor & Head, Dept of Pathology and Dean College of Nursing.

Madhu Mati Goel
Phone 9415010742, madhukgmc@gmail.com



Dr. Anita Borges

Consultant Histopathologist
S L Raheja Hospital, Mumbai

Dr. Anita Borges is a distinguished figure in the field of pathology. With an illustrious career spanning 25 years, she has earned global recognition as a cancer pathologist, having worked in prestigious institutions across London, New York, and India. Dr. Anita Borges was previously associated with the Tata Memorial Cancer Hospital in Mumbai, where she contributed significantly to the advancement of cancer diagnostics and research. At S. L. Raheja Hospital - A Fortis Associate, Dr. Anita Borges leads the surgical pathology department, bringing her wealth of expertise and experience to patient care. She has been actively involved in clinical laboratory accreditation, chairing the committee of the National Accreditation Board for Testing Laboratories.

Dr. Borges also holds the position of Dean of the Indian College of Pathologists, further demonstrating her commitment to advancing the standards of pathology education and practice in India. Dr. Anita Borges is a recipient of numerous prestigious awards and orations, including the President of India Silver Medal and the Lady Reay Silver Medal, among others. She is recognized for her outstanding contributions as a teacher, having received the Best Teacher Award in 1985. Dr. Borges continues to inspire and lead in the field of pathology, embodying excellence in patient care, education, and research. Her dedication and achievements make her a valuable asset to the medical community at S. L. Raheja Hospital and beyond.

Experience: 50 + years

Educational Qualifications

MBBS 1986 - University of Mumbai M.D. (Pathology) 1990 - University of Mumbai MBA (Health Care services) 2011 - Sikkim Manipal University

Speciality Interest

- Head & Neck Pathology
- Metastases & Lymph Nodes
- Onco Pathology



DR ATUL GUPTA

Erstwhile Professor and Head
Department of Pathology
S.N.Medical College, Agra

Entered S.N. Medical college, Agra in June 1971, as an MBBS student. Passed MD(Pathology) in December,1979, from S.N.Medical college, Agra. Subsequently Tutor in Pathology at AIIMS, New Delhi, and Pool Officer at S.N. Medical College, Agra. Joined teaching faculty of S.N. Medical College Agra, as Lecturer in March 1982 and continued till 2019. **Started FNAC service in the Department of Pathology, S.N. Medical college, Agra, in 1985.** Observer in Pathology Department, TATA Memorial Hospital, Mumbai, in 1990, 1992, 1997(about 6months).

Best Paper Presentation Award in UP Chapter IAPM, in Aligarh, 1985. Awarded Best Teacher in S.N. Medical College, Agra, in 2007 & 2016. **Served as Executive Council Member, Indian Academy of Cytologists and as President of UP Academy of Cytologist.**

Invited as speaker in various National and State conferences. Has conducted glass slide based workshop on lymph node and thyroid FNAC in various CME's. Moderated preconference CME on "Thyroid FNAC-Grassroots to Chandrayaan III (Bethesda 2023)" in National conference of IAC held at AIIMS Jodhpur in November 2024. Publications in various National and International Journals.

AREAS OF INTEREST- Fine Needle Aspiration Cytology, specially testis, lymph nodes, soft tissue and thyroid.



Dr Sumeet Gujral

Current position: Professor (Honorary Consultant)
Department of Pathology, ACTREC
Tata Memorial Center, Mumbai.

Special Interest: Oncopathology and Hematopathology

Date of birth: January 3, 1965

Academic Qualifications:

MBBS - PGIMS Rohtak, Haryana	1982-1986
Army Medical Corp	1987-1991
MD Pathology - AIIMS, New Delhi	1992-1995
Senior Resident, IRCH, AIIMS, New Delhi	1995-1998
Professor, TMC, Mumbai	May 2000 onwards

Editorial Board

1. Cytometry Part B - Clinical Cytometry
2. Indian Journal of Cancer
3. Indian Journal of Pathology and Microbiology
4. Indian Journal of Hematology and Blood Transfusion



Dr Tejindar Singh

Senior Consultant at Oncquest Lab ,Gurgaon

Past President of Iapm

Past President of Ind Society of Hematology

Fellow of Ind College of Pathologists

Fellow of Ind College of Hematology

Author of 7 Books on Hematology

Formerly Hod and Professor of Pathology Mamc Delhi

Former Dean of Faculty of Med Sciences, Delhi University

Past Dean of Indian College of Hematology

Organised 15 Workshops on Interpretation of Bone Marrow Aspirate and BM

Biopsy Across all over India

Recipient of Many Awards and Orations

Past Jt. Secy Ind College of Pathologists



Prof. Vatsala Misra

Current position: Professor (Honorary Consultant)
Department of Pathology, ACTREC
Tata Memorial Center, Mumbai.

Education and work Experience-

MBBS in 1980 and MD (Path) in 1984 from M.L.N. Medical College, Prayagraj, Asst Prof. of Pathology 1989-99, Associate Prof. 1999 – 2006, Professor Since 2006. Head of the Department Since Dec. 2009 – till date. Worked as Dean (Academics) and Dean (Paramedical) of the College. Currently working as Principal of the College. Joined as prof. in Transfusion med after her superannuation on 30th June

Awards and Recognition –

Smt. Kunti Devi Mehrotra Award of Indian Association of Pathologists and Microbiologists – 1998, Dr. V.R. Khanolkar Award of Indian Association of Pathologists and Microbiologists – 2001, Dr.R.M.Kasliwal Award of National Academy of Medical Sciences , New Delhi – 2011 for work on colonic diseases

- Delivered B K Aikat Presidential Oration of IAPM 2021
- Presidential oration at HQ IAPM CME 2020
- Dr. S. N. De memorial Oration of APMWB 2021
- Dr. A. K. Panda Oration Odisha Chapter IAPM 2021
- Presidential oration at MAPCON 2021
- Delivered first Prof Lahiri Oration of UP Chapter IAPM 2024
- Fellow of Indian College of Pathologists -2002,

Joint Secretary of Indian Association of Pathologists and Microbiologists (2005-07), Executive council member of International Academy of Pathologists-Indian Division-2009-11, Secretary of Indian College of Pathologist 2008-2012, EC member of ICP-2013-2019 Editor-in-Chief- Indian Journal of Pathology and Microbiology -2013 – 2017 Vice President of Indian Association of Pathologists and microbiologists- 2019 President of Indian Association of Pathologists and microbiologists 2020, 2021 She is nominated as executive council and Academic council member of Atal Bihari Bajpai Medical University for three years She is on the Panel of Board of studies and PhD examiner in many institutes and universities She is the member of Indian Advisory board for South East edition of Robbins and Cotran Pathologic Basis of Disease

Member editorial advisory board
World Journal of Gastroenterology,
Internet Journal of medical update,
Indian Journal of Pathology and Microbiology (1999 – 2002),
ISRN Pathology, Case Report Journal of Infective Diseases



Prof Nuzhat Husain

MD, FRCPath (Res), FICP, IFCAP

Prof and Head of Pathology, Ex Director and Dean of Institute
President International Academy of Pathologists-Indian Division,
Officer In-charge State referral Centre for Lab Investigations
Dr Ram Manohar Lohia Institute of Medical Sciences Lucknow India

Special Professional interest: Oncopathology, Neuropathology and
Molecular Pathology

Key achievements :

Boyscast fellow of DST at Massachusetts General Hospital, Harvard
University USA

Fellow of the Royal college of Pathologists

International Fellow if the College of American Pathologists

Founder In-charge and and Concept of State Referral Centre for lab
Investigations

Visiting fellow Memorial Sloan Kettering Cancer Centre, New York

Research areas: Oncopathology and Molecular Pathology

Peer reviewed Research Publications >325

Book Chapters: 5

Research Projects as PI: 28



Name	Dr. Ranjan Agrawal
Affiliations	Rajshree Medical Research Institute, Bareilly
Designation	Professor & Head, Pathology (PG Dean)
PG from & year	MLN Medical Coll. Prayagraj (Allahabad) 1997
Expertise/ Interest	Laboratory Medicine, Medical writing & Publishing
Awards & Honors	: Secretary, IAPM : Past Editor-in-Chief, IJPM : Fellow, Indian College of Pathologists (FICPath) : Fellow, Indian College of Haematologists (FICH) : Member, Intl Academy of Cytology (MIAC) : Member, Academy of Medical Sciences (MAMS)
Publications	4 Books; Papers 112



Name & Qualifications	Dr Nishat Afroz MBBS MD Pathology
Present affiliation(s)	Professor deptt of Pathology, J N Medical College & Hospital- Aligarh Muslim University- Aligarh UP
Area Of Interest	Bone and Soft tissue Pathology, Head & Neck Pathology, Gyaecologic Pathology.
Major achievements	<ul style="list-style-type: none"> -25 years of teaching experience, -90 (42 National & 48 International research publications), - “Distinguished Woman Researcher award” by Venus International foundation in 2023 & 2024. -Founder member: Association of bone & soft tissue tumors of India(ABSTP). -Invited guest speaker and Panelist at state level and at national level. -Distinguished NMC Assessor since 2022, -UPSC faculty recruitment Expert across different states of India, -Subject expert at Tata TCS ions. -Member Editorial board & Reviewer –National & International journals of Pathology.



Dr. Pradyumn Singh, MD

- is Professor of Pathology and currently the Dean at Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow.
- He is an experienced and versatile pathologist with main areas of interest being Bone and Soft tissue, Lymphomas, Lymph node pathology, and Genito-urinary pathology.
- he is passionate about teaching pathology and has delivered several (~30) invited talks and slide seminars at state and national level.
- has about 50 publications in indexed journals
- He obtained MD Pathology degree from MLN Medical College, Allahabad in 2002.
- has previously worked as Faculty in Pathology at CMC Vellore and Era Medical College Lucknow .
- He is currently –

Dean, Dr.RMLInstitute of Medical Sciences, Lucknow

Vice President of the UP Chapter of IAPM

Founder member and Joint Secretary of Association of Bone & Soft tissue Pathologists of India

Member, Institutional Ethics Committee at Babasaheb Bhimrao Ambedker Univ, Lucknow

Email: drpsingh.path@gmail.com



Name	Dr. Atin Singhai
Affiliations	King George's Medical University, Lucknow
Designation	Professor; Secretary UP Chapter of IAPM
Total experience	20 years in Pathology
Expertise/Interest	Nephropathology, Uropathology, Dermatopathology, Electron Microscopy
Awards & Honors	KGMU Travel fellowship for UNC, Chapel Hill, USA Best paper prize IMA National Conference 2023 Best paper prize UPPATHCON 2014 Best poster prize UPPATHCON 2014, 2017, 2018, 2023 (<i>Mentored Resident</i>) Research Committee Member: National Med. Commision
Publications & Guest lectures	Publications: 85 Guest lectures: 31



Name:	Manoj Jain MD (Pathology), MNAMS, Fellow ICP
Qualification	MBBS and MD (Pathology) KGMU, Lucknow
Designation and Affiliation:	Professor & Head, Department of Pathology SGPGIMS, Lucknow
Award	Fellow- Indian College of Pathologists 2013 Member- National Academy of Medical Sciences 2008 Dr. H C Roy's Pathologist of the Year Award" from Indian Medical Association (IMA) Lucknow 2016
Achievements:	Council member, IAP-ID Member - Renal Pathology Working Group, International Society of Nephrology Former President- Indian Society of Renal & Transplantation Pathology (ISRTP) Former Vice President (Basic Sciences)- ISOT Former Executive Member - Indian College of Pathology
Teaching & Examiner ship	<ul style="list-style-type: none"> • 33 years teaching experience in Pathology • MBBS, MD pathology and PDCC examiner of many universities
Invited Talks	<ul style="list-style-type: none"> • Approx. 90 invited lectures (mainly in histopathology, Cytopathology, Renal & Transplant pathology and Digital Pathology) in national level conferences and CMEs
Organizational Skill	<ul style="list-style-type: none"> • Organized and coordinated approx 15 National level Conferences and CMEs in Histopathology, Renal and Transplant Pathology.
Publications:	~200 in peer reviewed national and international journals
Area(s) of Interest:	Histopathology, Cytopathology, Renal Pathology, Digital Imaging



Dr. Asitava Mondal

National President -(IAC) –2006, **National Vice President**-(IAPM)- 2013, **Founder President**-WB Chapter IAC- (2007-2011) ,**President** -West Bengal Chapter of IAPM,2014, **Founder President**-(ACH)-2019-2023
Patron in Chief of South Asian Academy of Cytologists and Histopathologists (SACH)- 2012-2018

Dr.Asitava Mondal graduated MBBS from Medical College and Hospital, Kolkata and MD (Pathology) from PGIMER, Chandigarh. **He was awarded** National Scholarship, 5 years college scholarship. Shank's Silver Medal, Green Armytage Silver Medal and F.C. Chatterjee Scholarship in Pathology during undergraduate study in MBBS. **He was former** teaching Faculty in NIH-Govt of India, Institute of Child Health and in DNB in Imaging and Radiodiagnosis and **Consultant Cytologist and Oncopathologist** Thakurpukur Cancer Centre and SVS Marwari Hospital and Cancer Centre, Kolkata.

He first started FNABC in West Bengal in 1984 **and guided** 18 postgraduate theses related to FNABC

He has received 21 Gold Medals and 10 Silver Medals in his Career.

Published 182 Articles in National and International Journals. **Presented** 241 Papers in National and International Conferences. **Guest Speakers** in 221 National ,International CME, Conferences.

Delivered 39 Orations in India and Abroad

To name a few Prestigious Orations in the name of Dr.P. N. Wahi Academy Oration,Dr. M.R Parthasarthy and Dr.A.V Ramaprasad Silver Headed Cane Award, Dr. Marie Quadros silver plaque, Dr. Advani Braganza, Dr. J Sharan, Dr.J. N Monga, Dr.R.K Menda ,Dr.B.C. Sangal , Dr.B.P. Mishra, ACPN oration at Kathmandu, Nepal, Prof.K.M. Nazrul Islam Oration at Chittagong, Bangladesh ,SACH Academy Oration in Nepal, SACH Oration in Ranchi, Brig Manoj Mohan Roy Memorial Oration. **Delivered** AP, Goa,Bihar, Jharkhand, MP, Orissa, Rajasthan, Chhattisgarh, West Bengal **State Chapter Orations**.

Contributed Chapters in books on Oral Oncology, Cytology of Pelvic Tumours and Pathology.
Organising Secretary and Scientific Chairpersons of National IAC Conferences 1996 and 2010

Awarded Best Papers- TB Association of India, International Congress on Respiratory Diseases.

Ernest Fernandes Award from Indian Academy of Cytologists (IAC) in 1997 at AIIMS, New Delhi.

Dr.J.Nagalotimath Excellence in Teaching and Medical Academics Award from KLE University in 2011.

Delivered " Living Legend Symposium" in College of Dental Sciences, Davangere, Karnataka.in 2011

Key Note Address on Oral and Maxillofacial Pathology in 14th National Conference of IAOMP- Kolkata

Conducted one day CME on Oral and Maxillofacial Pathology in 21st National Conference of IAOMP-Goa

Felicitated by Mayor of Kolkata, IAC as Former President, West Bengal Chapter of ENT and Head and Neck Surgery, Andhra Pradesh, Rajasthan & Jharkhand Chapter of IAPM

Life Time Achievement Awards from Rajasthan Chapter of IAPM in 2009 at Kota , Jharkhand Chapter of IAPM in 2013 at Ranchi, Chhattisgarh chapter of IAPM-2016 in Bilaspur

Member- Editorial Board - IAPM Journal, Journal of Cytology ,APALM ,Journal of Pathology, Nepal, Diagnostic Pathology and Asia –Pacific Journal on Oncology **Life Member** of IAPM from 1985, IAC from 1989 , IMA from 1990



Dr Jyotsna Madan

Professor & Head – Department of Pathology,
PGICH, Noida & MEU Coordinator at PGICH, Noida

Served as Founder Dean & Interim Director, PGICH Noida

Trained in Foetal autopsies & Placental Pathology from Royal Hospital
London UK

Awards-

For excellent work in covid by Department of Medical Education Lucknow UP
Covid Leadership award

Book on “Techniques in Histopathology” by CBS Publishers

Publications- 50 in Various National and International Journals

Guest Lectures & Invited lectures

Rich Experience as Thesis guide, External examiner for MBBS, MD Courses,
DNB & NMC assessor, Reviewer of pathology journals.

Area of Interest – Paediatric GI Pathology & Pediatric Oncopathology



Dr. Shweta Grover

MD (Pathology), PhD
Professor,
Department of Pathology,
Muzaffarnagar Medical College,
Muzaffarnagar(UP)

22 years of experience with special interest in Alopecia and Psoriasis.

Post Doctoral Fellowship in Dermatopathology with medal for completion of project on Lupus miliaris disseminatus faciei, under guidance of Dr. Almut Boer, Dermatologikum, Hamburg, Germany

First prize in online participant case presentation competition in Diagnostic Pulmonary pathology web series

Multiple publications. Research project on Psoriasis as part of PhD project.



Dr Zachariah Chowdhury

Professor and Head
Department of OncoPathology,
Mahamana Pandit Madan Mohan
Malviya Cancer Centre & Homi Bhabha
Cancer Hospital, Varanasi

Dr Zachariah Chowdhury is currently the Professor and Head of the Department of OncoPathology, Mahamana Pandit Madan Mohan Malviya Cancer Centre & Homi Bhabha Cancer Hospital, Varanasi, units of Tata Memorial Centre under the Department of Atomic Energy, Government of India. Dr Zachariah is an UICC fellow in OncoPathology, and Trainee in Hematopathology and Molecular Pathology from the reputed Tata Memorial Centre Mumbai and had completed his post-graduation in pathology in 2011. Thereafter he has worked as a faculty in various tertiary care institutes including Dr B Borooah Cancer Institute Guwahati and NEIGRIHMS, Shillong and is now a dedicated oncopathologist.

He has over 6 years of experience in the various aspects of oncopathology including molecular pathology with active interest in the fields of lymphomas, soft tissue sarcomas, pediatric oncopathology, gynae-oncopathology, and breast oncopathology. His ongoing projects include Anaplastic large cell lymphoma, Nodular Lymphocyte Predominant Hodgkin Lymphoma, Histiocytic & Dendritic cell neoplasms, Hepatoblastomas, Rhabdomyosarcomas, Endometrial stromal neoplasms, Ovarian Clear cell carcinomas and Sex cord stromal tumors, Breast Biomarker Expression patterns, Salivary duct carcinomas, Artificial Intelligence in Prostate carcinoma feature detection and grading on needle biopsies among others.

He is a DM OncoPathology teacher, is an active member of the Institutional Ethics Committee, has over 50 publications in international pathology journals, a reviewer in several journals, and an invited faculty as speaker, chairperson and panelist at several national conferences. He is member of the European Society of Pathology, Indian Association of Pathologists and Microbiologists, Molecular Pathology Association of India, Association of Bone & Soft tissue Pathologists of India & Association of Pediatric Pathologists of India.

Potpourri of Cases

Potpourri of Cases			
Day 2 : 21st September 2025 Venue: Auditorium, BRD Medical College, Gorakhpur			
Time	Duration	Speaker	Chairpersons
10:45 - 11:00 AM	15 min	Dr. Kachnar Verma Social outreach program on oral cancer screening and anemia screening at Bariyari Village- AAJ JAANCH, KAL SURAKSHIT	
11:00 - 11:04 AM	4 min	Dr. Moh. Jaseem Hassan Prof. JNMC, AMU Discussion	Dr. Anurag Gupta Prof. RML Lucknow Dr. Rajesh Gautam Asso. Prof. MRA Ambedkarnagar Dr. Veer Karuna Asso. Prof. LLRM
11:04 - 11:06 AM	2 min		
11:06 - 11:10 AM	4 min	Dr. Shubhangi Gupta Prof. Subharti Medical College Discussion	
11:10 - 11:12 AM	2 min		
11:12 - 11:16 AM	4 min	Dr. Ridhi Jaiswal Prof. KGMU Discussion	
11:16 - 11:18 AM	2 min		
11:18 - 11:22 AM	4 min	Dr. Pallavi Prasad Asso. Prof. SGPGI Discussion	
11:22 - 11:24 AM	2 min		
11:24 - 11:28 AM	4min.	Dr. Bitan Naik Asso. Prof. BHU Discussion	
11:28 - 11:30 AM	2 min		
11:30 - 11:34 AM	4 min	Dr. Deepti Gupta Consultant Pathologist Regency Hospital Discussion	
11:34 - 11:36 AM	2 min		
11:36 - 11:40 AM	4 min	Dr. Pooja Sharma Assit. Prof. KGMU Discussion	
11:40 - 11:42 AM	2 min		



Dr. Archana Bundela
Faculty Coordinator
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Abstracts

Potpurri of Cases

Potpurri of Cases

Intussusception in a Child: An Unusual Parasitic Association

Author- Dr. Bitan Naik

Affiliation- Associate Professor, Department of Pathology, Institute of Medical Sciences (IMS), Banaras Hindu University (BHU), Varanasi- 221005.

A Nine-year-old male child presented at the emergency with pain abdomen, vomiting and abdominal distension for 7 days. Pain abdomen was intermittent and accompanied by recurrent vomiting. Ultrasonography finding was consistent with intestinal obstruction due to Colocolic intussusception. Laboratory workup performed before operation revealed moderate anaemia with haemoglobin level of 8.5 gm/dl and raised total leucocyte count of 16200/ μ l. Emergency laparotomy was performed. Operative findings showed colocolic intussusception with a perforation in the transverse colon.

The transverse colon was telescoping into the descending colon. Excision of transverse colon and part of descending colon was performed. Gross examination showed a segment of large intestine measured 15 cm in length. Serosal surface of colon showed a perforation measured 3x2 cm. Cut surface showed a part of colonic intussuspectum into the colonic intussusceptient. Mucosa was ulcerated at places and showed many 3 to 5 mm sized adult form worms attached to mucosa. Microscopy examination showed a focally ulcerated colonic mucosa with lumen displaying few adults form of parasite. A final diagnosis of Colocolic intussusception due to *Gastrodiscoides Hominis* was made.

Potpurri of Cases

IgG4's Multifaceted Mask: A rare case with Sinonasal and Orbital Involvement

Author: Dr Deepti Gupta

Affiliation: Senior Consultant, Department of Pathology, Regency Hospital, Kanpur

IgG4-related disease (IgG4-RD) is a fibroinflammatory condition characterized by tumor-like swelling of affected organs, elevated serum IgG4 levels, and infiltration of IgG4-positive plasma cells. While IgG4-RD commonly affects middle-aged to elderly individuals, its occurrence in young adults is exceedingly rare. We report a case of a 20-year-old patient who presented with decreased visual acuity and proptosis, initially suspected to be due to an orbital tumor. However, histopathological examination and serological testing revealed characteristic features of IgG4-RD.

This case highlights the importance of considering IgG4-RD in the differential diagnosis of orbital masses, even in young adults, and underscores the need for prompt recognition and treatment to prevent long-term complications. This report contributes to the growing literature on IgG4-RD and emphasizes the importance of awareness and early diagnosis of this condition.

Keywords: IgG4-related disease, orbital mass, proptosis, visual acuity, young adult

Potpurri of Cases

Leishmaniasis in Wolf's clothing: An unexpected adrenal biopsy result

Presenter: DR. SHUBHANGI GUPTA, Professor, Department of Pathology, Subharti Medical college, Meerut.

Leishmaniasis is a vector borne endemic tropical disease (NTD) caused by protozoan parasites of genus *Leishmania* and transmitted by female Phlebotomine sand flies. It can have different clinical manifestations including visceral leishmaniasis (VL), cutaneous leishmaniasis (CL), mucocutaneous leishmaniasis (MCL), diffuse cutaneous leishmaniasis (DCL), and post kala-azar dermal leishmaniasis (PKDL). VL is the most severe form characterized by prolonged fever, hepatosplenomegaly, weight loss, pancytopenia and hypergammaglobulinemia, affecting major organs such as the bone marrow, liver, and spleen, and can be fatal if left untreated. Due to the relative lack of attention and resources dedicated to leishmaniasis, the World Health Organization (WHO) classified VL as a neglected tropical disease (NTD) in 2015. Most patients are concentrated in six countries with India alone contributing 75% of the total cases, mainly from 54 districts, with 33 in Bihar, 11 in West Bengal, 4 in Jharkhand, and 6 in Uttar Pradesh.

The presentation sometimes can be deceptive causing a delay in the definitive diagnosis and clinically may mimic other chronic inflammatory condition or carcinoma. Misdiagnosis can lead to an entirely different management and prognosis. Herewith, we report a case of 70 year old woman resident of Muzaffarnagar, Uttar Pradesh, who presented with complaints of shortness of breath and abdominal discomfort. Her past history revealed that she had these complaints since past 8- 10 months for which she underwent a series of investigations related to respiratory or cardiovascular etiology. Her HRCT thorax was done which revealed that she had multiple mediastinal nodules, mild pleural effusion and adrenal mass, thought to be neoplastic. Her CBC showed mild anemia with thrombocytopenia and CRP was markedly elevated. On subsequent visit, patient was admitted as her symptoms worsened. Her PET CT was done deducing metabolically active nodular lesions in bilateral adrenal glands, likely of neoplastic etiology along with fibronodular lesions in mediastinum joining the dots to the clinical diagnosis of a carcinoma of adrenal gland. For which a guided adrenal biopsy was sent to us, which unearthed the hidden culprit.

Potpurri of Cases

Uncharted territory: Abdomino-pelvic mass in a 7 year old girl

Author: Dr. Jasmeem Hasan

Affiliation: Professor, Department of Pathology, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh.202002

Extraskeletal Ewing's sarcoma (ESES) is an uncommon tumor of soft tissue and contributes 16–31% among all ES cases. ESES involve many organs like liver, uterus, kidney, ovary, urinary bladder etc. Retroperitoneal ES is a even more rare type of ESES. Here we discuss a case of 7 years old girl who presented with painless lump in paraumbilical region with generalised abdominal distension since 7 months. USG showed a solid cystic mass in abdomino-pelvic region, suggestive of neoplastic etiology. CECT show a multiloculated solid cystic heterogeneously enhancing lesion arising from bilateral adnexa, measuring 16.5x15.6x9.9 cm, with extension into intraperitoneal and retroperitoneal space.

Tumor was excised. Grossly tumor was 16.6×16.2x 6.3 cm. Cut section was solid cystic with areas of hemorrhage. On microscopic examination sheets and nests of small round blue cells with scant cytoplasm was seen. The tumor cells appeared monotonous with round to oval nuclei, stippled chromatin and inconspicuous nucleoli. Numerous pseudorosettes were also seen. A diagnosis of small round cell tumor was made and a battery of IHC was applied to confirm the diagnosis. On IHC, LCA, desmin and myogenin came out to be negative, however CD99 show diffuse strong membranous positivity and FLI-1 shows strong nuclear positivity in tumor cells. NKX2.2 also shows diffuse and strong nuclear positivity in tumor cells. NSE shows strong cytoplasmic positivity in tumor cells. Thus a final diagnosis of Extraskeletal Ewing's sarcoma was rendered on IHC.

Potpurri of Cases

Paraparesis as the whistleblower of a case of choriocarcinoma & An unsuspected malformation causing pelvic pain

Case 1: Paraparesis as the whistleblower of a case of choriocarcinoma Gestational trophoblastic neoplasia includes a spectrum of pathological entities, presentations and treatments. Despite a dependable tumour marker and widespread availability of ultrasound, the disease continues to spring surprises with atypical presentations where only a high level of suspicion and multi-speciality management can save the day. Here is a case of a 23-year-old multiparous lady presenting with paraplegia against a background of persistent vaginal bleeding. Abdominopelvic examination showed a soft 16-week-sized uterus. Choriocarcinoma was confirmed histologically on CT-guided biopsy from the spinal lesion, accompanied by a high serum β -hCG level. The case is still being reported to add to the scanty data on spinal metastases in GTN, so that patients are picked up early before end-stage disease or debilitating complications.

Case 2: An unsuspected malformation causing pelvic pain A 50-year-old female carried on with her office work for almost a year, tolerating off-and-on pelvic pain. When pressed by her daughter, she visited a gynaecologist who advised an ultrasonogram after clinical examination. A well-defined heterogeneous hypoechoic 6.8x6.5x5.0 cm lesion was noted in the uterus, with raised vascularity, suggestive of leiomyosarcoma. The ovaries were reported as normal on radiology. She underwent a hysterectomy with bilateral salpingo-oophorectomy. The histology was a surprise to the surgeon, and at the same time brought relief to the patient. The uterine lesion turned out to be a common benign entity, while the bilateral ovaries showed a rare non-cancerous malformation.

Potpurri of Cases

Glomerular Crescents in Type 2 Diabetic Kidney Disease- a rare but invaluable encounter on renal biopsy

Authors: Dr Pooja Sharma¹, Dr Atin Singh¹, Dr Vishal Pooniya²

Institute & Affiliation: Department of Pathology¹, Department of Nephrology², King George's Medical University, Lucknow.

Introduction: ~27–30% of patients with type 2 diabetes have diabetic kidney disease (DKD) at any given time. DKD is a gradually progressive disease and often does not require histological examination for diagnosis in patients with a typical presentation. The association of renal histological scoring with the prognosis or progression of DKD is still debatable. Glomerular crescents have been rarely observed in renal biopsies from patients with type 2 DKD, and their presence has been found to be associated with kidney disease progression.

Case summary: A 56-year-old male patient, known case of hypertension and diabetes mellitus, presented with decreased urine output for 3 days. Urine examination revealed 50 to 60 RBCs/ hpf, 13–14 pus cells/hpf, proteinuria (2 +) and reducing sugars (1+). Serum urea was 78.59 mg/dl, and serum creatinine was 5.64 mg/dl. Ultrasonography revealed Bilateral Grade I echogenic kidneys. Renal biopsy revealed extra-capillary proliferation in the form of partial as well as circumferential crescents in three glomeruli, in addition to mesangial hypercellularity and mesangial expansion. One glomerulus was globally sclerosed. Neutrophilic infiltrates with nuclear karyorrhexis were seen in most of the glomeruli, and two glomeruli also showed a segmental hyalinosis lesion. Tubules had diffuse degenerative changes and mild tubular atrophy. Mixed inflammatory infiltrates were identified in the interstitium with focal foam cell aggregates.

Discussion: Crescent is a histological marker of severe glomerular injury. It has been rarely observed in renal biopsy from patients with DKD and hence, is not included in the histological classification of DKD. Various hypotheses have been proposed for its pathogenesis in diabetic patients. The presence of glomerular crescents connotes a worse prognosis in patients with type 2 DKD.

Conclusion: Kidney biopsy may be crucial, not only in the confirmation of diagnosis of DKD, but may additionally offer vital histological information regarding the degree and severity of kidney injury, which can inform prognostic evaluations and individualised therapy regimens, helping physicians track the course of the illness.

Key words: Diabetic kidney disease, Glomerular crescents, Prognosis.

Expert Led Slide Seminar: Diagnostic Dilema Decoded

CASE 1

Presented by : Dr Mili Jain, Professor, King George's Medical University, Lucknow

Contributor: Harshpreet Sal, Swasti Sinha

A thirty-year male iron factory worker presented with high grade fever and body ache for 3 months. He had pallor and splenomegaly. He had severe normocytic normochromic anemia with raised WBC count ($16 \times 10^9/L$) with presence of 36% eosinophils, 7% myelocytes, blast 1, 28% neutrophils, 26% lymphocytes, 2% monocytes and nucleated nRBC. Few of the eosinophils had abnormal cytoplasmic granulations. Platelet count was adequate. Molecular evaluation for BCR-ABL translocation, mutations of JAK2, CALR, MPL was negative. Karyotyping showed 46, XY. Serum IgE was mildly raised, LDH and Vitamin B12 were elevated. Liver function and renal function test was unremarkable. Trephine biopsy was hypercellular with increased proliferation of maturing eosinophilic precursors. Erythroid precursors were adequate. Megakaryocytes were increased. No increase in blasts was appreciated. Immunohistochemistry for CD34, CD20, CD3, C30 was unremarkable. Reticulin staining showed grade 2 fibrosis. NGS revealed PDGFRA: FIP1L1 rearrangement.

CASE 2

Presented by: Dr. Savita Agarwal, Professor, UPUMS, SAIFAI

A 72-year-old male presented with a three-month history of left-sided nasal obstruction and epistaxis. Nasal endoscopy revealed a left-sided mass, and imaging demonstrated a polypoidal lesion involving the sphenoid and ethmoid sinuses with obstruction of the left nasal cavity. Histopathological evaluation showed a clear cell neoplasm arranged in glandular structures with abundant clear cytoplasm, distinct cell borders, round to oval nuclei, and prominent thin-walled vasculature.

Case 3

Presenting author: Dr. Shalini bhalla, Professor, KGMU

49year old female presented with abdominal pain and abdominal lump for one month. Visited the surgical oncology unit on November 2024. Ultrasound pelvis detected a large irregularly marginated /multilobulated predominantly solid mass lesion in right adnexa measuring 14x10x8cms with multiple cystic components, thick septations, multifocal calcifications and significant internal vascularity s/o Right ovarian/adnexal high grade malignant neoplasm/ mixed surface epithelial-stromal malignant tumor. Upper GI endoscopy was normal. Adnexal mass biopsy was reported as epithelial malignancy p/o of Adenocarcinoma. Advised immunohistochemistry for **confirmation and tumor typing**. Patient was given seven cycles of neoadjuvant chemotherapy and CECT in April 2025 revealed a heterogenous large mass measuring 9.9x8.3cm with few foci of calcification. Patient underwent excision of the right adnexal mass

with total abdominal hysterectomy with left salpingo-oophrectomy and total omentectomy.

Case 4

Presenting author: Dr Sonal Amit (Professor & Head, Department of Pathology, Autonomous State Medical College, Kanpur Dehat)

Contributing Authors: Dr Asha Agarwal, Dr Rohit Mehrotra, Dr Raghav Pandey.

A 19-year old male presented with severe abdominal pain of sudden onset, suggestive of intestinal obstruction. Imaging studies revealed invaginated bowel loops suggestive of intussusception. An emergency right hemi-colectomy was performed. Specimen revealed markedly congested bowel loops with invagination of ileal segment into colon. Cut surface showed terminal ileum and colon studded with polypoidal masses of varying sizes. Few mesenteric lymph nodes were also enlarged. Microscopic examination revealed sheets of monomorphic large cells with eccentric nuclei. Extensive necrosis and apoptotic debris was noted. IHC was done using LCA,CD20,CD79a,CD3,MUM1/OCT2, CD38,CD30,CD21,CD117,CD38,CD138,S100.

Case 5

Presenting author: Dr Sonal Amit (Professor & Head, Department of Pathology, Autonomous State Medical College, Kanpur Dehat)

Contributing Authors:

Dr Asha Agarwal, Dr Rohit Mehrotra, Dr Raghav Pandey.

A 70-year old female presented with recent episodes of epistaxis with swelling and distortion of nasal ala and bridges. A diagnostic biopsy was performed revealing monomorphic small to medium sized tumor cells against a necrotic background. IHC was done using LCA,CD3,CD5,CD56,CD45RO,pan-CK,Granzyme B,TIA1,synaptophysin & chromogranin.

CASE 6

Presented by-Dr. Roopak Aggarwal, Professor, UPUMS, Saifai , Etawah

A 72-year-old female patient presented to Endocrine surgery OPD with the chief complaints of Right breast lump and left supraclavicular lymph node for the last 1 month. On examination 5 x 3 cm swelling was seen in Lower inner quadrant of right breast. It was firm, non-tender with adjacent and overlying skin normal Left supraclavicular lymph node enlarged measuring 3 x 3 cm. Left breast was normal. Ultrasound revealed a well-defined heterogenous mass lesion in right breast measuring 5.5x3 cm. FNAC was suggestive of Carcinoma Breast (Right)-IAC Yokohoma Cat V with left supraclavicular lymph node metastasis.

On microscopy sections examined showed fibro collagenous tissue cores infiltrated by tumor disposed as singly scattered and sheets. These tumor cells were medium to large in size, have round to oval nuclei, irregular nuclear membrane, conspicuous nucleoli, vesicular chromatin and moderate amount

of cytoplasm. Fair number of mitotic figures were noted. The immunohistochemical analysis revealed positivity for CD45, CD19, CD20, MUM1, and BCL2. Conversely, CD3, BCL6, ER, PR, HER2/neu, CK5/6, p63, EGFR, 34βE12, and CD10 were negative.

CASE 7

Presented by Dr Shivanjali Raghuvanshi, Professor, Department of Pathology, King George, Medical University, Lucknow

A 56 year female patient had gradually progressive swelling in right parotid region. The swelling was firm, smooth, with restricted mobility measuring 1.5x1 cm. USG neck showed a well defined hypoechoic lesion in parotid gland in superficial lobe.

Superficial parotidectomy was performed. Histopathological sections showed a malignant neoplasm disposed in tubular, micropapillary and microcystic pattern secreting eosinophilic colloid like intraluminal and extraluminal secretions. Individual neoplastic cells were mildly pleomorphic with round to oval nuclei, vesicular chromatin, conspicuous nuclei, vacuolated and eosinophilic cytoplasm. Immunohistochemistry showed positivity of Mammoglobin and CK 7; Ki 67 was 15 percent.

Case 8:

Presented by Dr. Ankita Jaiswal,

Lead Hematology and Flow cytometry

Core Diagnostics–Metropolis, Gurugram

Contributor: Dr. Menka Sharma

A 47-year-old female presented with systemic symptoms and bone pain. Bone marrow biopsy revealed a normocellular marrow with focal interstitial infiltration by foamy histiocytes and associated fibrosis. Immunohistochemistry demonstrated positivity for CD68 and CD163, focal positivity for S100, and negativity for CD1a and Langerin, effectively excluding Langerhans cell histiocytosis. The findings raised a differential of reactive histiocytosis versus histiocytic neoplasm, necessitating clinical correlation. Further investigations revealed multisystem involvement, including sclerotic lesions in long bones (PET-CT), xanthelasma (skin biopsy), bilateral orbital and meningeal involvement (MRI), bilateral grade 1 hydronephrosis (USG), and diffuse skeletal marrow infiltration (scintigraphy). BRAF V600E mutation analysis was initiated to assess for potential target of therapy

CASE 9

Author: Dr. Anu Singh, Associate Professor, IMS BHU

A 55 year-old female presented with progressive fatigue, early satiety, and weight loss. She had a history of JAK2 V617F-positive ET diagnosed four years prior, managed conservatively. Current evaluation revealed anemia (Hb: 8.6 g/dL), fluctuating platelet counts, leukoerythroblastic blood picture, and

massive splenomegaly. Bone marrow biopsy demonstrated WHO grade 2 reticulin fibrosis with megakaryocyte atypia.

CASE 10

Presented by Dr. Atul Jain, Associate Professor, Bundelkhand Medical College, Sagar, Madhya Pradesh

A 53-year-old postmenopausal woman presented with complaints of lump in left breast for 6–7 months. Clinical examination revealed firm, tender, slightly mobile 5×5 cm mass in the upper outer quadrant (12–2 o'clock); no lymphadenopathy, nipple discharge, or retraction. Mammography showed mass with central and peripheral spotty calcification.

On Microscopy Foci of ductal cells arranged in sheets was seen with sclerotic background with woven bone trabeculae and cartilaginous matrix. Large tumor cells with high N/C ratio, prominent nucleoli, with osteoclastic giant cells were seen. Immunohistochemistry revealed SATB2 (diffuse nuclear +), Vimentin (diffuse +), Pan-CK (-), Ki-67 (30–40%)

Case 11

Presented by Dr Vandana Mishra Tewari, Associate Professor GSVM medical college Kanpur

19 years old female patient presented with off & on jaundice since the age of 12 years, abdominal pain from 2 to 3 months with fever from 2 to 3 days. On clinical examination, there is mild hepatomegaly, massive splenomegaly and ascites. Bilirubin is markedly increased with moderate increase in SGOT & SGPT along with mild increase in alkaline phosphatase. Two thread like liver tissue is received, each one is measuring 1.5 x 0.2 cm, dark brown to dark green in colour, firm in consistency.

Histopathological Section shows disarray of normal lobular architecture consisting of ballooned-up & two to three times more in normal size hepatocytes. Hepatocytes show steatosis as well as glycogen deposit in the cytoplasm. Few hepatocytes are showing homogenous hyaline cytoplasmic inclusions. At places fibrous bands are seen. Portal triad is identified with portal & periportal mononuclear infiltrate consist of lymphocytes and macrophages. At places hepatocytes are arranged in nodular pattern surrounded by fibrous tissue which seemed to be regenerative nodules.

CASE 12 :

Presented by: Dr Nirmali M Khaund

A 84 year old male presented with lower urinary tract symptoms for 2 days. On clinical examination (DRE), Grade II enlarged prostate was present. Serum total PSA was 1.2 ng/dL. On USG KUB, Grade II enlarged prostate with heterogenous architecture with pelvic lymphadenopathy. A 12 core TRUS guided biopsy was done. On histopathological examination, the cores showed prostate tissue infiltrated by sheets of small tumour cells having scanty cytoplasm, round to

oval hyperchromatic nuclei with inconspicuous nucleoli; atypical mitoses and apoptotic bodies seen. On immunohistochemistry, the core were positive for CD20, Bcl 2 and mum1 and negative for bcl 6, CD10, Nkx 3.1, Synaptophysin and SOX11. The Ki 67 proliferation index was 75 %. It was followed by a whole body PET CT scan wherein a hypermetabolic mass was seen involving the prostate, bilateral seminal vesicles, hypermetabolic paraoesophageal, mesenteric, retrocaval, bilateral pelvic lymph nodes and hypermetabolic multiple skeletal lesions.

Case 13

Presenter Dr Anita Omhare, Associate Professor, GMC Kannauj.

A 22 years female presented with left breast mass since four years. It was previously operated but recurrence occurred. Wide local Excision had been done. Grossly it was measuring 10x10x5 cm with attached skin flap, margins were free. On microscopy, Section from tumour showed fibroblast-like and myofibroblast like cells arranged in intersecting fascicles intermixed with haphazard bands of hyalinised collagen. Mitotic activity was $>2/10\text{HPF}$. Occasional atypical mitotic figures also seen. On IHC, tumour was positive for Vimentin, Desmin, Bcl2, and AR. While Tumour was negative for Pan-CK, HMW CK, CK 5/6, 34BE12, GCDP15, CD99, ER, PR, Her2neu, SMA, CD10 and CD 34.

CASE 14

Presented by: Dr. Priyanka Rai, Associate Professor, Maharshi Devraha Baba Autonomous State Medical college, Deoria

Contributor: Srivastava Kanchan, Vahikar U Shilpa, Rai Divya

A 65 year old female, with clinical manifestations of upper right quadrant abdominal pain and weight loss over a three-month duration. Past medical history was notable for chronic cholecystitis. Abdominal magnetic resonance imaging (MRI) suggested gallbladder malignancy. The patient underwent radical cholecystectomy with resection of adjacent liver segments (4b and 5) and pericholedochal lymph node dissection. Histopathological examination showed sheets and solid nests of tumor cells with focal areas of acute and chronic inflammation. The cells had moderate pleomorphism, ranging from round to oval nuclei with abundant cytoplasm to areas which had a spindle-like appearance, blunt-ended nuclei and scant cytoplasm. The chromatin was irregularly clumped and inconspicuous nucleoli were present. Few areas of highly atypical, pleomorphic cells with marked nuclear atypia and abundant mitoses also seen. Tumor cell expressed vimentin and showed variable expression of smooth muscle actin.

Case 15

Presented by: Dr Sumeet Narain, Assistant Professor, RML, LUCKNOW

Contributor: Dr Nuzhat Husain, Dr Nidhi Anand

A 5 year old female presented with swelling over the anterior maxillary region

involving alveolus (right upper gum) since 1 month. Bleeds on touch. A Firm, grey to black swelling measuring 2x2.5cm over the anterior maxillary region involving the alveolus was found on examination. CT scan revealed Hyperintense enhancing mass measuring 2.2x3.9x2.7cm is seen involving superior alveolus predominantly in right paramedian location with expansion and remodeling alveolus process. Specimen from Right maxilla, Left maxilla, Anterior Maxilla was received.

Case 16

Presentor: Dr Sumeet Narain, Assistant Professor, RML, LUCKNOW

Contributor: Dr Nuzhat Husain, Dr Nidhi Anand

A 24 year old female presented with Growth in the left lower buccal mucosa near last molar since 6-7 years. Growth was progressively increasing in size and was painful. On Examination a firm, whitish yellow swelling of mandible which measured 4.5x3.0cm extending into the left buccal mucosa was seen. MRI Face revealed a Heterogeneous STIR hyperintense mass lesion with mild DWI restriction involving the left side of the mandible causing bony destruction, measuring ~4.7x2.9x3.7cm. Medial infiltration of the left side of the floor of mouth and tongue. Lateral extension into the left buccal mucosa. Retromolar trigone is involves reaching up to the level of the sigmoid notch along the ramus of mandible. Subcentrimetric lymph nodes are seen bilaterally with maximum sad ~8.8mm in left level 1b. Buccal mucosa- incisional biopsy, Mandible-Trucut biopsy were received.

Case 17

Presented by Dr Sumeet Narain, Assistant Professor, RML, LUCKNOW

Contributor: Dr Nuzhat Husain, Dr Nidhi Anand

A 71 year old male presented with Swelling on right nasal bridge along with on and off nose bleed and difficulty in breathing since 8 months. On Examination, a Polypoidal mass up to inferior turbinate in right nasal cavity. CECT of paranasal sinus showed A soft tissue mass measured 1x0.5x0.2cm is seen involving nasal septum, right maxillary sinus, bilateral ethmoid sinus, bilateral frontal sinus causing erosion of the medial wall of bilateral maxillary sinus, bilateral middle and inferior turbinate, bilateral nasal bone, frontal process of left maxilla, ethmoid sinuses, cribriform plate and bilateral lamina. Biopsy from Nasal cavity mass was received.

Case 18

Presented by Dr Sumeet Narain, Assistant Professor, RML, LUCKNOW

Contributor: Dr Nuzhat Husain, Dr Nidhi Anand, Dr Saumya Shukla.

49year Male presented with History of rectal bleed along with altered bowel habits since 3 months. On Examination a Greyish white nodular ulcerated lobulated mass.

MRI pelvis revealed a Large lobulated diffuse circumferential thickening with mass lesion in the rectum, the lesion measured about 58x64x48mm in size with

significant luminal compromise with diffuse enlargement of rectum and asymmetrical thickening in the proximal part of the rectum and rectosigmoid junction, maximum thickness is 13mm reaching upto rectosigmoid junction. The lesion is heterogenous hyperintense on T2W images and isointense on T1W images with evidence of restriction diffusion noted. There is attenuation of perirectal fat planes with infiltration of the respectable circumferential margin at the anterior aspect, right lateral aspect, left lateral aspect with attenuation of perirectal fat planes. There is sub-centimeter lymph nodes in the perirectal fat planes with heterogenous enhancement of the mass lesion likely mitotic -T3n1 CRM+. Rectum endoscopic biopsy, APR Specimen were received

Case 19

Presenter: Dr Deepika, Assistant Professor, AIIMS, Gorakhpur

A 30 Yr old female of PILIAI status with previous lower segment cesarean section. H/O recent abortion in March 2025. After that b HCG levels were markedly raised 7160m IU/ml (April 2025). Ultrasonography report dated 10.07.2025 revealed anteverted, mild bulky shape and size. Small two focal area of altered myometrium echo-texture is noted lesion in fundal region with myometrial cyst. Patient undergone 7 cycles of methotrexate still patient b-HCG levels are 16 m IU/ml. A histopathological slide was received for review.

Case 20

Presenter: Dr Alka Yadav- Assistant professor, Pathology, Uttar Pradesh University of Medical Sciences, Saifai.

A 50 year old male came to neurosurgery OPD with complaints of headache for one month, associated with dizziness, nausea, vomiting. MRI revealed posterior fossa space occupying lesion with hydrocephalus.

Intraoperative frozen section suggested differentials of High Grade Glioma and Non Hodgkin Lymphoma Immunohistochemistry was positive for CL2, CD10, CD45, CD79A, BCL6, MUM1, CD19.

Ki67(%) - 70%

GFAP- negative n tumor cells

CD34, Pan Ck CD20- Negative

Case 21

Presented by: Dr Neha Singh, Asst Professor, IMS BHU

A 52-year-old male presented with abdominal distension and discomfort, leading to imaging studies. CT urography showed a left renal mass measuring 33 × 24 × 28 cm, characterized by multiple internal septations and solid components. A subsequent contrast-enhanced CT (CECT) of the thorax revealed bilateral small pulmonary nodular lesions, raising suspicion of metastasis. Gross examination of the excised renal mass revealed a globular tumor measuring 33 × 20 × 20 cm and weighing 13.5 kg. The cut surface showed a grey-brown, soft to firm, solid-cystic lesion with extensive areas of hemorrhage and focal regions of necrosis; and no identifiable normal renal

parenchyma.

Histopathological examination revealed a biphasic neoplasm characterized by a mixture of epithelial and myoepithelial cells within a focally myxoid stroma. The tumor exhibited varying cellularity and areas of hemorrhage. Immunohistochemical panel included CK7, p63, S-100 along with PAX8 and WT1.

Case 22

Presented by: Saumya Pandey

Department of Pathology and Urology, Heritage Institute of Medical Sciences

Contributor: Vatsala Kishore, Ajamal Singh Bhayal, Supriya Jhangra, Mudit Maheswari

A 50-year-old male presented with a one-month history of persistent left flank pain and abdominal mass. Nephrectomy yielded a 16 × 10 × 8 cm tumor with a gray-white fleshy cut surface and focal hemorrhage. Microscopy showed nests and sheets of uniform round to oval cells with hyperchromatic nuclei, areas of necrosis, perinephric fat infiltration, entrapped glomeruli, and vascular tumour emboli.

Case 23

Presented by Dr Jyoti Sharma, Graded Specialist, 12 AFH

80 year old lady with abdominal distension since 1 month. USG showed gross ascitis. High SAAG. CECT showed omental caking with necrotic lymph nodes. Ascitic fluid for cytology positive for malignancy followed by ICC to rule out primary

Cellular Stories Told in Colourful Pattern



Abstracts

Oral Paper

Title: Hematological Findings of Thrombocytopenia in Pregnancy at Tertiary Care Centre, Autonomous State Medical College, Lalitpur

Dr.Pooja Gupta, Dr.Sandhya Shakya,Dr.Shruti Singh

Department Of Pathology, Autonomous State Medical College ,Lalitpur

Introduction: Thrombocytopenia, defined as a platelet count $<150 \times 10^9/L$, is a common hematological abnormality affecting approximately 10% of pregnancies. While gestational thrombocytopenia usually follows a benign course, pathological causes such as preeclampsia, HELLP syndrome (Hemolysis, Elevated Liver enzymes, and Low Platelet count), and systemic infections are significantly associated with increased maternal and neonatal morbidity.

Aim and Objectives: To assess the hematological profile, determine underlying pathological causes, and evaluate their association with fetomaternal outcomes in pregnant women with thrombocytopenia.

Materials and Methods: This prospective observational study was conducted in the Department of Pathology, Autonomous State Medical College, Lalitpur. Fifty pregnant women with platelet counts $<150 \times 10^9/L$ were enrolled. Hematological parameters, obstetric outcomes were recorded and analyzed using descriptive statistics.

Results: Among 50 pregnant women with thrombocytopenia, the highest incidence was observed in the 25–29 year age group. Gestational thrombocytopenia (40%) was the most common etiology, followed by preeclampsia (20%) and HELLP syndrome (10%). Mild anemia and reduced platelet counts were common hematological findings. While 60% had normal deliveries, 10% experienced postpartum hemorrhage. Neonatal outcomes were favorable in most cases (70% healthy), though 16% were preterm births. The study highlights the need for early identification of thrombocytopenia causes to improve fetomaternal outcomes and prevent complications.

Conclusion: Thrombocytopenia in pregnancy is common and often benign, but can also indicate serious conditions like preeclampsia or HELLP syndrome. Early detection and accurate diagnosis are essential to guide management and reduce maternal and neonatal complications. Regular hematological monitoring can help improve overall fetomaternal outcomes.

Keywords: Thrombocytopenia , Gestational Thrombocytopenia Fetomaternal Outcomes, Hematological Monitoring.

Title: A Rare Case of Thyroidal Lymphoma: Clinicopathological Approach to Diagnosis

Rashmi Jhal¹, Kafil Akhtar², Murad Ahmad³, Mohd Rafey⁴, Sheelu Shafiq Siddiqui⁵, Nishat Afroz⁶, M.H. Raza⁷

1- Junior Resident, 2- Assistant Professors, 3- Professors, Department of Pathology, J.N. Medical College, Aligarh Muslim University, Aligarh (UP)-India.

Abstract: Primary thyroidal lymphoma (PTL) is a rare and distinct form of extranodal non-Hodgkin lymphoma, accounting for less than 5.0% of all thyroid malignancies and approximately 2.0% of extranodal lymphomas. It commonly arises in the setting of Hashimoto's thyroiditis, reflecting a well-established link between chronic autoimmune thyroiditis and lymphoma development. Clinically, PTL typically presents as a rapidly enlarging anterior neck mass, often with compressive symptoms such as dysphagia, hoarseness, or dyspnea. Due to its nonspecific presentation and rarity, diagnosis is often delayed, necessitating a high index of suspicion and reliance on imaging, cytology, and definitive pathology through histologic and immunohistochemical analysis. The pathological spectrum of PTL is heterogeneous, with diffuse large B-cell lymphoma (DLBCL) and mucosa-associated lymphoid tissue (MALT) lymphoma being the most frequent subtypes. This case highlights the importance of early suspicion and comprehensive diagnostic workup for optimal therapeutic outcomes.

Keywords: Primary, thyroid, Lymphoma, Rare, Pathology

Title: Modified Cytological Scoring System as a Complementary Tool to Bethesda System in The Presurgical Cytopathological Evaluation of Thyroid Nodules.

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Abstract: Thyroid nodules are common with prevalence of palpable nodule in India being 12.2%. Fine needle aspiration cytology remains the primary diagnostic tool for assessing malignancy risk. The Bethesda system is widely used to categorise thyroid FNAC samples but challenges persist in indeterminate categories (III-IV). This study evaluates the role of a modified cytological scoring system in improving diagnostic accuracy and malignancy risk assessment.

Aims and Objectives:

- To evaluate utility of modified cytological scoring system in improving cytopathological diagnostic accuracy and presurgical risk of malignancy of thyroid nodules.
- To correlate the assigned Bethesda categories, ACR-TIRADS categories and cytological scoring with the histopathological diagnosis.

Materials and Methods: This study included total 1027 thyroid aspirates. 164 cases had histopathological correlation. Of these 145 cases with adequate aspirates and available histopathological data were evaluated. Of these 45 were discordant cases in which 28 cases were reclassified using modified cytological scoring system. The results were correlated with assigned Bethesda categories and diagnostic accuracy and risk of malignancy assessment was compared with Bethesda classification and ACR-TIRADS scoring.

Results: Sensitivity increased from 41% to 73%, Specificity increased from 98% to 99%, Diagnostic accuracy increased from 80% to 92%. Overall, the maximum improvement in measures of accuracy was seen when the modified scoring system was used along with Bethesda for classification.

Conclusion: The modified cytological scoring system can serve as a complementary cytological diagnostic tool in addition to standard Bethesda system. It helps streamline categorization and aid in presurgical decision making in diagnostically difficult cases (category III-IV) and is easily adaptable to routine diagnostic work.

Keywords: Fine Needle Aspiration Cytology, Bethesda system, Thyroid Nodules, Cytological Scoring.

Title: Expression of Pd-L1 in oral intraepithelial dysplasia and invasive squamous cell carcinoma along with correlation with tumor infiltrating lymphocytes.

Authors—Dr.NikkyTanya(SR),Dr.SHAILA MITRA(Prof.), Dr. RAJESH K. RAI (Prof. & Head), Dr. SHILPA U. VAHIKAR(Prof.), Dr. KANCHAN SRIVASTAVA(Prof.), Dr.ARCHANA BUNDELA (Asso. Prof.),Dr.Alpana Bundela(Asso.Prof.).

Introduction: Oral squamous cell carcinoma (OSCC) is the most frequent tumor of the oral cavity. It is one of the primary causes of cancer-related death and has a growing incidence worldwide. OSCC is often preceded by squamous oral intraepithelial lesions(OIL).The expression of PDL-1 in tumor cells activate Programmed cell death protein (PD-1)/Programmed cell death protein ligand(PDL-1) pathway by binding to PD-1 receptor on activated T lymphocytes which leads to inhibition of cytotoxic T cells against cancer,thus promoting progression.

Objectives: We aimed to study the immunohistochemical expression of PDL-1 in squamous oral intraepithelial lesions and OSCC compared with normal oral mucosa.

Methods: One thirty five biopsy specimens were studied divided into three groups for a period of one year :ten cases of normal oral mucosa, thirty seven premalignant and eighty eight OSCC cases.They were immunohistochemically stained to assess PDL-1 expression and comparison was made with various clinicopathological features.

Results: We found PDL-1 expression in 77.2% cases of oral dysplasias and 96.5% in OSCC cases. No expression was seen in normal oral mucosa cases.The expression of PDL-1 was stronger in higher grades of dysplasia.Their was significant correlation found between PDL-1 expression and tumor staging of selected OSCC cases. We also found a significant positive correlation between PDL-1 expression and tumor infiltrating lymphocytes in OSCC cases.

Conclusion: PDL-1 can be used as a reliable marker for progression of malignancy and provide support for the effective use of immune check point inhibitors in management of OSCC.Early detection of oral progressive dysplasia might be helpful in timely intervention and better management.

Title: A Comparative Study of Red Cell Histogram and CBC Parameters By Automated Hematology Analyzer with Peripheral Blood Smear in Diagnosis of Anemias.

Name of Authors: Dr. Anurag Krishna , Dr Neha Singh ,Dr. Preeti Singh

Name of institute : Lala Lajpat Rai Memorial Medical College , Meerut

Introduction:

Anemia is a common public health issue requiring timely and accurate diagnosis. Automated hematology analyzers provide valuable insights through complete blood count (CBC) parameters and RBC histograms, but peripheral blood smear (PBS) examination remains essential. This study compares the diagnostic utility of automated RBC histograms with PBS examination for anemia classification.

Aim:

- (1) To compare RBC histogram patterns and CBC parameters with PBS findings, focusing on red cell distribution width (RDW).
- (2) To interpret RBC histograms in anemia.
- (3) To type anemia morphologically on PBS examination.

Materials and Methods:

A prospective cross-sectional study at LLRM Medical College, Meerut (December 2024- June 2025), included 550 anemia patients (WHO criteria). CBC and RBC histograms were performed on EDTA samples using Medonic A [3 part] automated analyzer. Peripheral smears were stained with Leishman stain and examined microscopically.

Results:

In 82% of cases, RBC histogram patterns matched PBS findings. Microcytichypochromic anemia (68%) was most common, followed by normocytic (18%), dimorphic (7%), and macrocytic anemia (4%). Histogram analysis showed 85% sensitivity and 75% specificity ($p < 0.01$). High RDW values indicated anisocytosis in iron deficiency and dimorphic anemia.

Conclusion:

Automated RBC histograms are valuable for preliminary anemia classification, reducing reporting time. However, PBS remains indispensable for final morphological diagnosis. Combining histogram data with PBS review improves diagnostic accuracy.

Keywords

Anemia, RBC histogram, Peripheral blood smear, Automated hematology analyzer, RDW

Title: Gastric Perforation in a young male: an unusual culprit

Umme Aiman¹, Feroz Alam²

1- Junior Resident and 2- Associate Professor, Department of Pathology, J.N. Medical College, Aligarh Muslim University, Aligarh (UP), India

Introduction: Introduction: Gastric perforation is a life-threatening surgical emergency, most commonly caused by peptic ulcer disease, trauma, or malignancy. Fungal infections are an exceptionally rare etiology, especially in immunocompetent individuals and often diagnosed postoperatively on histopathology. This report highlights the diagnostic challenges and management of a rare case of fungal gastric perforation.

Case Report: We report a rare case of gastric perforation secondary to invasive fungal infection in a 18-year-old male with no known immunodeficiency. The patient presented with acute abdominal pain, vomiting along with inability to pass stool and flatus and underwent emergency laparotomy, which revealed a perforation in the gastric wall. Histopathological examination of the specimen from the margin of the perforation demonstrated fungal hyphae, confirming the diagnosis. Prompt surgical intervention combined with antifungal therapy led to a favourable outcome. This case highlights the importance of considering fungal infection in the differential diagnosis of gastric perforation, particularly when typical risk factors are absent, and underscores the critical role of histopathology in diagnosis

Conclusion - This report underscores fungal etiology as an unusually rare but important cause of the gastric perforation even in apparently healthy patients. Early surgical intervention combined with timely histopathological diagnosis and antifungal therapy is essential for favourable outcomes.

Title: Role of Sydney System in Reporting Lymph Node Fine Needle Aspiration Cytology

Author: Dr. Gargi Sone, Dr. Preeti Singh, Dr. Neha Singh

Name Of Institute: Lala Lajpat Rai Memorial Medical College, Meerut

Introduction:

Lymphadenopathy has diverse causes, from benign to malignant. FNAC is a safe, cost-effective method for evaluating lymph nodes, but its clinical utility was limited by the lack of standardized reporting. The Sydney System was introduced to address this, offering a five-tiered classification to improve diagnostic consistency and guide patient management.

Aim:

To evaluate lymph node aspirates by classifying them according to Sydney System, and to analyze their morphological spectrum, cyto-histopathological correlation, and associated risk of malignancy in each diagnostic category.

Materials and Methods:

This cross-sectional study, conducted at LLRM Medical College, Meerut (Dec 2023–June 2025), evaluated 214 lymph node aspirates from patients with superficial lymphadenopathy. Samples were classified using the Sydney System into five categories (L1–L5). Clinical data were recorded, and cytohistological correlation was performed when biopsy specimens were available.

Results:

Among 214 lymph node FNAC cases, the distribution was: L1 – 4.7%, L2 – 56.1%, L3 – 7%, L4 – 9.3%, and L5 – 22.9%. Cyto-histological correlation was done in 122 cases. The risk of malignancy ranged from 0.7% in L2 to 100% in L4 and L5. Overall sensitivity, specificity, and diagnostic accuracy were 98.9%, 98.6%, and 98.75%, respectively.

Conclusion:

The Sydney System offers a standardized and reproducible approach to lymph node cytology reporting, facilitating effective communication between pathologists and clinicians. Its implementation is expected to enhance diagnostic accuracy, improve patient care, and establish FNAC as a more reliable first-line investigation in cases of lymphadenopathy.

Keywords

Lymph node, Sydney system, FNAC.

Title: Evaluation of The Utility of Yokohama Classification System for Reporting Fine Needle Aspiration Cytology of Breast Lesions

Author: Dr. Gargi Sone, Dr. Preeti Singh, Dr. Neha Singh

Name Of Institute: Lala Lajpat Rai Memorial Medical College, Meerut

Introduction: Breast carcinoma is the most common malignancy in females worldwide and the commonest cause of carcinoma related death in developing countries. The International Academy of Cytology (IAC) Yokohama system defines five categories for reporting breast cytology- insufficient C1, benign C2, atypical C3, suspicious C4 and malignant C5.

AIMS: To study various cytomorphological patterns of breast lumps and categorize them using IAC standardized Yokohama system.

Objective:

1. To cytologically categorize breast lesion according to IAC Yokohama system.
2. To ascertain risk of malignancy (ROM) for each category.

Material And Method: This study was conducted in the department of Pathology, LLRM Medical College, from January 2024 to January 2025. A total number of 450 cases were collected and re-classified according to the Yokohama system of reporting. The risk of malignancy was calculated by dividing the number of confirmed cases by the total number of cases in the diagnostic category.

Result And Discussion: The IAC Yokohama system was used to categorize its patients into five major categories according to cytological finding. The maximum number of cases was found to be under C2, followed by C5, C3, C1, C4. The maximum number of cases was from the age group 21 years to 30 years. Risk of malignancy was calculated for each category - C5, followed by C4, C3, C2, C1.

Conclusion: The IAC Yokohama system for reporting breast cytopathology is simple, excellent, and cost effective method for standardising the reporting of breast cytology.

Title: Expression of Pdl-1 in Cervical Carcinoma and its Correlation with Histopathological Grade.

Authors:-Dr Akriti Gupta (SR)*, Dr Rajesh k.Rai (prof. &Head)*, Dr Shaila Mitra (Prof.)*, Dr Amit k.Gupta (Ass. Prof.)*, Dr Shilpa u. Vahikar (Prof.)*, Dr Kanchan Srivastva (Prof.)*

Presenting author; Dr Akriti Gupta Registration ID- 28, UPIAPM MEMBERSHIP NUMBER-Applied for

Introduction: Cervical cancer is a prevalent malignancy in India, accounting for a significant portion of the global disease burden. It is the second most common cancer among Indian women, largely driven by high-risk human papillomavirus (HPV) infections. Factors such as early marriage, high parity, poor genital hygiene, and limited access to screening and vaccination contribute to its high incidence. Identifying effective prognostic markers such as PDL-1 is crucial for guiding personalized treatment and improving survival outcomes.

Aims and Objectives: The study aims to evaluate the expression of Programmed Death-Ligand 1 (PD-L1) in cervical carcinoma and its correlation with histopathological grade.

Materials & Methods: This institution-based descriptive study with a cross-sectional design was conducted at the Department of Pathology, B.R.D. Medical College, Gorakhpur, U.P., from May 2023 to April 2024. The study included cervical biopsies from patients with cervical carcinoma. Histopathological examination and immunohistochemical expression of PD-L1 were analyzed using specific antibodies. The PD-L1 expression was quantified and classified based on the percentage of tumor cells showing membranous staining and combined positive score.

Results: The study included 100 cervical carcinoma cases, with 85% showing PD-L1 expression. Most cases were non-keratinizing moderately differentiated squamous cell carcinoma (82%). PD-L1 expression varied significantly, with 30% of tumors exhibiting >50% expression. Tumor-infiltrating lymphocytes (TILs) were present in varying degrees, with 41% in the 1-10% range. PDL-1 expression, also CPS and their extent was high in poorly differentiated cervical SCC, followed by moderately differentiated and well differentiated cervical SCC.

Conclusion: The high prevalence of PD-L1 expression in cervical carcinoma suggests its potential role in immune evasion and as a therapeutic target for PD-L1 inhibitors. Further research is needed to explore the relationship between PD-L1 expression and tumor aggressiveness to improve prognostic assessments and personalized treatment strategies.

Keywords: Cervical SCC, CPS (Combined positive score) PD-L1, immunohistochemistry, tumor-infiltrating lymphocytes, histopathological grade

Title: Schwannoma

Common Tumour at Uncommon Sites

PRESENTER: Dr. Kumar Sunita Bharati

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Introduction:

Schwannoma or neurilemmoma is a benign, isolated, noninvasive, and encapsulated tumor originating from Schwann cells of the peripheral nerve sheath. The common sites of occurrence include upper limbs, where it is most common, followed by head and neck, with the majority located at cerebellopontine angle. The incidence of schwannoma in the foot, ankle, conus medullaris, orbital region and tongue is rare, with prevalence rate of 1 to 10. Schwannomas have no sex predilection, and they commonly occur in patients in fourth to sixth decade. Malignant transformation of benign schwannoma is unusual however, malignant variants of schwannomas do exist and account for about 5 to 10% of all soft tissue sarcomas.

Aims and Objectives:

To highlight the uncommon locations of this tumour and their diagnostic dilemmas.

Materials and Methods

A prospective hospital based observational study was undertaken in the Department of Pathology, Baba Raghav Das Medical College, Gorakhpur over 24 months which included all histopathologically diagnosed schwannoma cases. Immunohistochemistry was performed in doubtful cases. Clinico-demographic details were obtained from records. Thirty cases were included in our study.

Results:

Out of 30 cases, 11 (36.6%) were from spinal region, 9 (30%) from upper and lower extremities, 2 (6.6%) each from trunk and intracranial location, 1 (3.3%) from orbital area including both supraorbital and retro-orbital, 1 (3.3%) from eyelid, 1 (3.3%) from tongue and 3 (10%) from mandibular region. According to histomorphological subtype, 25 (83.3%) were conventional schwannoma, 2 (6.6%) were cellular schwannoma, 1 (3.3%) was ancient schwannoma, 1 (3.3%) plexiform schwannoma and 1 (3.3%) was vestibular schwannoma. 21 (70%) were from common sites and rest 9 (30%) were from uncommon sites. 2 (6.6%) were preoperatively diagnosed as cyst, 2 (6.6%) as lipoma and 2 (6.6%) as haemangioma.

Conclusion

Schwannomas are extremely rare at these sites, hence often not immediately included in the differential diagnosis, causing delay in identification and treatment. They are mimickers of malignant lesions at these sites. Because of their uncommon occurrence and non-specific clinical presentation, the diagnosis of schwannoma is confirmed with histopathological and immunohistochemical evaluation.

Keywords:

Schwannoma, lower limb, intracranial, orbital region, tongue.

Title: Clinico-Histopathological Study of Leprosy in a Medical College and Hospital in Uttar Pradesh

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1 PG Resident, Department of Dermatology,
2 Associate Professor, Department of Pathology
3. Professor & Head, Department of Dermatology
VARUN ARJUN MEDICAL COLLEGE AND ROHILKHAND HOSPITAL

Introduction: Leprosy also known as Hansen's disease is one of the oldest diseases known to mankind. It is a chronic infectious disease caused by Mycobacterium leprae. It still remains as a major public health problem facing India. Nearly, 52% of all world leprosy cases are reported from India. The spectrum of presentation of leprosy is very wide. Histopathology is an important tool in making a definitive diagnosis.

Aim: To study the clinicopathological spectrum of leprosy in a Medical College Hospital in Banthra, Shahjahanpur, Uttar Pradesh.

Materials and Methods: A prospective hospital-based study of clinically diagnosed Hansen's disease [leprosy] cases was conducted over a period of 13 months from March 2023 to March 2024 comprising of 209 cases. Lesional skin biopsies obtained were formalin fixed, processed and stained with Haematoxylin and Eosin (H&E) followed by Wade-fite staining. The lesions were classified on microscopy as per Ridley-Jopling classification.

Results: A total of 209 cases were studied. Highest incidence was in the age group of 21 to 30 years in both males and females. Males were more affected (M:F=3.4:1). Most common clinical feature was loss of sensation. The commonest reported histopathological type was Borderline Tuberculoid (33.3%) followed by Lepromatous Leprosy (20.7%). Overall Wade-fite staining was positive in 62 (29.9%) cases.

Conclusion: The spectrum of presentation of leprosy is very wide and there is clinical overlap between different types of leprosy. Histopathology still remains the gold standard for early diagnosis and classification of the disease. Accurate diagnosis forms the backbone for appropriate treatment, preventing deformities and drug resistance.

Keywords: Histopathology, Leprosy, Skin biopsies

Title: Clinico-Pathological Spectrum of Pancytopenia in Patients Attending a Tertiary Care Hospital

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Introduction:

The incidence of different haematological disorders leading to pancytopenia differs in accordance to the geographical variation as well as genetic predisposition. Pancytopenia is not an actual disease per se but is a triad of findings anaemia, leukopenia and thrombocytopenia resulting from a variety of disease entities.

Aim:

Diagnose various underlying diseases resulting in pancytopenia on the basis of clinical, haematological and/or bone marrow finding.

Materials and methods:

A prospective study was conducted our institute from May 2024 to April 2025. A total of 86 patients presenting with pancytopenia were enrolled for the study. In each case bone marrow aspiration and trephine biopsy was performed. Leishman staining was used to stain all bone marrow smears. When required cytochemical stains such as (PAS) and (MPO) stains were used.

Results:

Age group of patients varied from 10 to 80 years. Out of 86 cases, 48 (55.81%) patients were male and 38 (44.19%) were female .The most common age group affected in our study was 10-30 yrs (44.19%). This was followed by (31-50) years age group which comprised 30.23% of all the cases. Megaloblastic anemia was the most common cause of pancytopenia comprising of 59.30% of all the cases. The most wide age distribution was seen youngest patient aged 10 years and the oldest aged 70 years.

Conclusion:

Megaloblastic anemia emerged as the predominant cause of pancytopenia, underscoring the significance of iron deficiency anaemia as a major health concern .Other causes included aplastic anaemia, leukemia, myelofibrosis, multiple myeloma and myelodysplastic syndrome were also important .

Keywords:

Pancytopenia, Anaemia, Megaloblastic

Title: Clinicopathological Spectrum of Breast Diseases: A Study with Cytology-Histology Correlation

Vidhya Prabhakar 1 , Prateek Sharma 2 , Shashwat Verma 3 ,Ranjan Agrawal 4

1- Junior Resident ,2 - Assistant Professor ,3- Assistant Professor ,4- Professor and Head Department of Pathology.

Introduction: Breast lumps are a source of anxiety for both patients and surgeons due to the possibility of cancer. In benign lesions, cytology plays the most important function in identifying proliferative lesions. The purpose of this study was to see how effective fine needle aspiration cytology (FNAC) is in different diseases and how it correlates with histopathological results.

Material And Methods: All the lesions were categorized cytologically into 5 categories ranging from C1 to C5 as per NHS Breast Screening Programme (NHSBSP) reporting criteria.

Results: The current study involved a total of 220 patients over the course of a year, from January to December 2015. This study covered all individuals who presented with a lump in the breast and had FNAC of these lumps. The patients ranged in age from 14 to 80 years old. The 20-40 year old age group had the most patients, followed by the 41-60 year old age group. In 83 patients (37.7%), the upper and outer quadrants were impacted. Patients of all ages were found to have benign lesions, although the young patients were the most impacted. The FNAC findings were compared to the histopathological diagnosis to assess Cytology diagnostic accuracy. The findings were presented in a tabular format and statistical analysis was completed.

Conclusion: The use of FNAC to diagnose cancer is a safe and accurate method. However, it may have certain limits in suspicious or abnormal stains. Histopathology is considered the &Gold standard & for definitive diagnosis of these lesions. For palpable breast masses, FNAC is a simple, accurate, and cost-effective diagnostic treatment that can be performed even in the emergency room. It is safe and easy to repeat, with quick findings and the opportunity to eliminate the need for an open biopsy.

Keyword: FNAC, Biopsy ,Screening

Title: CD44 expression in Oral squamous cell carcinoma and its correlation with tumor grade

Authors: Dr Mohammad Aadil Siddiqui(JR)

1. Dr. Kanchan Srivastava(Prof)
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3. Dr. Rajesh K. Rai (Prof & Head)
4. Dr. Shaila Mitra (Prof)
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8. Dr. Archana Tripathi (Asso. Prof)

Affiliation: Department of Pathology, B.R.D. Medical College, Gorakhpur (U.P.)

Aim: To investigate the immunohistochemical expression of CD44s in Oral Squamous Cell Carcinoma (OSCC) and its correlation with tumor grade. Introduction OSCC is a common malignancy with varying degrees of differentiation. CD44s, a cell surface glycoprotein, plays a role in cell-to-cell and cell-to-matrix adhesion.

Material and Methods: The study included 30 cases of OSCC, comprising 10 cases each of well-differentiated (WD SCC), moderately differentiated (MD SCC), and poorly differentiated (PD SCC) squamous cell carcinomas. Immunohistochemical analysis was performed using CD44s antigen marker. Result CD44s expression was statistically correlated with tumor grade. Higher mean CD44s immunoexpression was observed in PD SCC (75%) followed by MD SCC (30%) and WD SCC (10%) showed the least expression. No significant correlation was found with other prognostic markers.

Conclusion: The increase in CD44s expression in OSCC cells may lead to reduced cell-to-cell and cell-to-matrix adhesion, facilitating tumor invasion and metastasis. High CD44s expression in OSCC tissues may indicate high metastatic potential. These findings suggest CD44s as a potential biomarker for assessing tumor differentiation and behavior in OSCC. Further studies can explore its therapeutic implications. CD44s expression's correlation with tumor grade highlights its potential role in OSCC progression. Understanding CD44s' role may aid in developing targeted therapies or diagnostic tools for OSCC.

Title: Narrow Band Imaging (NBI) versus Conventional Endoscopy in the Diagnosis and Grading of Barrett's Esophagus

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Introduction: GERD is a common digestive disorder, often leading to complications like Barrett's Esophagus, which is a risk factor for Esophageal Adenocarcinoma. NBI is an advanced endoscopic technique used to enhance mucosal visualization and may improve the detection of BE compared to Conventional Endoscopy.

Aims & Objectives: To compare the diagnostic yield by NBI versus Conventional (White light) endoscopy in the diagnosis and grading of Barrett's Esophagus, and to confirm the diagnosis histologically.

Material & Methods: A prospective randomized study was conducted on 46 patients with UGIE findings suggestive of BE. Participants were randomly assigned into two groups using the envelope method to undergo either Conventional White Light Endoscopy or NBI for evaluation. Endoscopic findings were recorded and biopsies taken for histopathological confirmation and Prague Classification system was used for grading BE.

Results: Among the 46 patients diagnosed endoscopically with BE, short-segment BE was more common (72%) than long-segment BE (28%). NBI showed a higher diagnostic yield (36%) than WLE (21%). NBI detected mild dysplasia in 34% of cases, compared to 17% by WLE. Moderate dysplasia detection was equal in both groups. The most frequent Prague classification pattern was C1-M<3 in both methods.

Conclusions: NBI was found to be superior to Conventional [White light] Endoscopy in the diagnosis of Barrett's Esophagus with sensitivity and specificity of diagnosing Barrett's Esophagus by NBI being 62.9% & 68.4%.

Keywords: Narrow Band Imaging, Conventional Endoscopy, Barrett's Esophagus

Title: DEPDC1 expression in Osteosarcoma: A Potential Prognostic Biomarker

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Introduction: Osteosarcoma is the most common primary malignant bone tumor, predominantly affecting adolescents and young adults. Despite advancements in surgical and chemotherapeutic strategies, its prognosis remains guarded. DEP domain-containing protein 1 (DEPDC1), a mitosis-associated oncogene, has been implicated in various cancers; however, its role in osteosarcoma remains underexplored.

Aim: To evaluate the immunohistochemical expression of DEPDC1 in osteosarcoma using H-score analysis and correlate its expression with clinicopathological parameters and survival outcomes.

Methodology: A total of 79 histologically confirmed osteosarcoma cases were analyzed out of 718 bone tumors cases, presented over 5.5 years (retrospectively and prospectively) to our center. DEPDC1 immunoexpression was assessed in 34 osteosarcoma cases using a manual H-score method, calculated as a composite of staining intensity and proportion of positive cells. Correlations with age, gender, tumor site, histologic subtype, and survival duration were statistically evaluated.

Results: The mean H-score for DEPDC1 expression was highest in small cell and telangiectatic variants. Survival analysis revealed that patients with higher H-scores (mean=244.7), expired within 6 months, whereas lower H-scores patient (mean=165.7), survived beyond 12 months, suggesting a strong association between elevated DEPDC1 expression and poor prognosis ($p=0.006$).

Conclusion: DEPDC1 is frequently overexpressed in osteosarcoma, with higher expression correlating with aggressive histologic variants and poorer survival outcomes. H-score-based evaluation of DEPDC1 may serve as a valuable prognostic biomarker, with potential implications for future targeted therapies in osteosarcoma.

Title: Histomorphological Biomarkers in Head and Neck Squamous Cell Carcinoma: A Study on Interobserver Variability and Digital Reproducibility

Name of Authors:

Dr. Sarvesh Dhammil, Dr. Mimna V. M1, Dr. Mithlesh Bhargav1, Dr Brijnandan Gupta1 , Dr. Asif Khan2 , Dr. Neha Singh2

Name of institution: All India Institute of Medical Sciences (AIIMS), Gorakhpur, UP-273008

Introduction: Histomorphological biomarkers including tumor-stroma ratio (TSR), tumor-infiltrating lymphocytes (TILs), and tumor budding are crucial prognostic indicators in head and neck squamous cell carcinoma (HNSCC). However, interobserver variability in visual assessment limits their clinical utility.

OBJECTIVES: To evaluate TSR, TILs, and tumor budding reproducibility using conventional microscopy versus digital annotation, assess interobserver variability, and correlate findings with clinicopathological parameters.

METHODS: One hundred HNSCC cases were retrospectively analysed by three independent observers. TSR was semi quantitatively assessed in 10% increments and categorized as stroma-rich/stroma-low. TILs were evaluated at tumor advancing edges and within epithelial clusters. Tumor budding was scored visually. Digital annotation utilized QuPath software on standardized 4mm² regions-of-interest. Statistical analysis included Fleiss' kappa for interobserver agreement and correlation with tumor grade/invasion patterns.

RESULTS: Digital annotation significantly improved interobserver agreement compared to glass slides: TSR ($\kappa=0.53$ to 0.68), TILs ($\kappa=0.50$ to 0.64), while tumor budding remained fair ($\kappa=0.42$). TSR and TILs demonstrated significant inverse correlation and strong associations with tumor grade and invasion patterns.

CONCLUSION: Digital pathology enhances reproducibility of histomorphological biomarkers in HNSCC. Standardized digital assessment may facilitate reliable prognostic stratification and clinical implementation.

Title: Megakaryocytic Alterations in Thrombocytopenia : A Bone Marrow Aspiration Study

Name of Author - Dr. Alimaa Pathak. Name of Co Author - Dr. Rashmi Nichlani. Name of Institute - Chirayu Medical College and Hospital, Bhopal.

Introduction: Thrombocytopenia may result from reduced platelet production, increased destruction, or abnormal distribution. Megakaryocytic morphology in bone marrow aspiration is a key diagnostic indicator; however, dysplastic features can occur in both clonal (myelodysplastic syndromes, MDS) and non-clonal disorders, limiting specificity. Careful evaluation can aid in narrowing the differential diagnosis and guide further work-up.

Aim and Objectives: To evaluate megakaryocytic alterations in patients with thrombocytopenia and correlate morphological findings with underlying etiologies.

Materials and Methods: Bone marrow aspirates from 20 thrombocytopenic patients were examined using Leishman-stained smears under oil immersion. Megakaryocytes were assessed for number (increased, decreased, normal) and morphology (dysplastic: micromegakaryocytes, multinucleation, hypogranularity; non-dysplastic: hypolobation, bare nuclei, immature forms). Findings were correlated with clinical data, platelet counts, and final diagnoses.

Results: Megaloblastic anemia (n=7) showed increased megakaryocytes in 2 cases, dysplasia in ~60%, often with hyperlobated nuclei. Idiopathic thrombocytopenic purpura (n=5) exhibited increased megakaryocytes with hypolobation and immature forms. Aplastic anemia (n=3) demonstrated marked reduction with morphological evidence of cellular damage. MDS (n=3) had frequent micromegakaryocytes, multinucleation, and hypogranularity. Acute megakaryoblastic/other leukemias (n=2) showed immature blasts with poorly differentiated megakaryocytes. Dysplastic features were present across MDS and non-MDS cases. 5-Conclusion Megakaryocytic alterations in thrombocytopenia are heterogeneous. Increased counts are characteristic of ITP and megaloblastic anemia, while aplastic anemia shows depletion. Dysplastic morphology is not exclusive to MDS; therefore, diagnosis must integrate morphological, clinical, and laboratory data to avoid misclassification and ensure appropriate patient management.

Keywords: Thrombocytopenia, Megakaryocytes, Bone marrow aspiration, Dysplasia, Myelodysplastic syndrome, Idiopathic thrombocytopenic purpura, Megaloblastic anemia, Aplastic anemia.

Title: An observational study for presence of *Helicobacter pylori* infection in spectrum of Gallbladder diseases

Authors

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INTRODUCTION:

Helicobacter pylori, a microaerophilic rod with 4–7 flagella, is one of the most prevalent chronic bacterial infections affecting half of the world population. *Helicobacter pylori* recognized as the leading cause of various gastric conditions.

Aim

To study presence of *Helicobacter pylori* infection in resected specimen of gallbladder with spectrum of diseases.

Objectives

To analyze the spectrum of Gallbladder diseases infected by *Helicobacter pylori*.

To correlate presence, density, tissue distribution of *Helicobacter pylori* to various histological changes seen in patient of chronic cholecystitis, premalignant and malignant lesion.

Material and Method

This study adopts an observational study design, conducted in 100 cases at the Department of Pathology, Integral Institute of Medical science and Research Lucknow, spanning from September 2022 to April 2024. The prepared tissue sections were stained with Haematoxylin and eosin and Warthin starry stain.

Result

On a sample size of 100 cases. 85 cases were classified as Non neoplastic lesions and 15 cases were classified as neoplastic lesions.

Helicobacter pylori was present in 21 cases of Non neoplastic lesions and in 4 cases of neoplastic lesions.

Conclusion

Non neoplastic lesion, particularly chronic cholecystitis variants were predominant in the studied population. Among neoplastic lesion, papillary adenocarcinoma emerged as the most common type, particularly in females with age ranging from 40–70 years.

Key word

Helicobacter pylori, Gallbladder, Chronic cholecystitis, Malignant, Premalignant

Title: Tumor Cell Budding: Prognostic Indication in Breast Cancer- A Correlative Study with Histopathological Parameters.

Authors: Dr. PALLAVI VERMA (JR)*, Dr. KANCHAN SRIVASTAVA(Prof.)*, Dr. AMIT GUPTA(Asst. Prof.)*, Dr. RAJESH K. RAI (Prof. & Head)*, Dr. SHAILA MITRA (Prof.)* Dr. SHILPA U. VAHIKAR(Prof.)*, Dr. ARCHANA BUNDELA (Prof.)*, Dr. ALPANA BUNDELA(Asso. Prof.)*

***Affiliation:** Department of Pathology, B.R.D. Medical college, Gorakhpur (U.P.)

INTRODUCTION: Breast cancer, the most common malignancy in females worldwide, exhibits substantial heterogeneity. Tumor budding—defined as isolated single cells or small clusters (<5 cells) at the tumor invasive front or within the tumor is recognised in various cancers as an early step in metastasis and adverse prognostic marker.

Aims & Objectives: Aim: To study association of tumor budding pattern in invasive breast carcinoma with histopathological pattern.

Objectives: To evaluate the association of tumor budding with tumor grade, lymphovascular invasion, lymph node metastasis and necrosis in invasive breast carcinoma(NOS type)

Methodology: A prospective study analysed 50 MRM specimens. Tumor buds were counted on H&E slides under 40x magnification in 10 high power fields. Budding was classified as low(<=10 buds) or high(>10 buds).

Result: High PTB was significantly associated with lymph node metastasis(80.39%), Lymphovascular invasion(76.4%), tumor necrosis(36.2%). High ITB showed association with tumor grade(p=0.042), lymph node metastasis(80.39%), lymphovascular invasion(76.4%) and necrosis(36.2%). No significant association was observed between PTB/ITB and age or tumor size.

Conclusion: Both PTB and ITB are significant adverse prognostic indicators in invasive breast carcinoma. Standardized assessment of tumor budding could improve risk stratification and patient management.

Abbreviations: PTB: peripheral-tumoral budding, ITB: Intra-tumoral budding, MRM: Modified radical mastectomy

Title: Histopathological spectrum of Gastro-Intestinal lesions. Our experience

Dr Kirti Verma, Dr Sangeeta Sharma, Dr Anjali Khare, Dr Rani Bansal, Dr Karishma Ranjan,
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Introduction: Gastro-Intestinal tract is a common site for variety of lesions encompassing both neoplastic and non-neoplastic lesions. Gastrointestinal malignant lesions are one of the major cause of mortality and morbidity worldwide. Endoscopic findings and histopathological examination for determining the nature of lesion are helpful for in effective management of GI problems.

Aim and Objectives:

1. To study Histopathological spectrum of various Gastrointestinal lesions.
2. To correlate these lesions with age and sex.

Material and Methods: This cross-sectional observational study on endoscopic gastrointestinal biopsies was conducted in the department of Pathology, Subharti Medical college, Meerut from 1st January to 30th June 2025. Total 106 cases were studied. Clinical details of the patients were retrieved from the requisition forms. H&E sections were evaluated for histopathological finding and diagnosis. These lesions were categorised into Non-neoplastic and Neoplastic lesions. Data were analysed.

Result and Conclusion: Out of 106 cases, male to female ratio was 1.2:1. The age of patients ranged from 5 years to 89 years. Commonest age group was 5th decade. Non-neoplastic lesions were 88(83.01%) while Neoplastic were 18(16.98%). Among Non-neoplastic category, non-specific inflammatory lesions were commonest finding while in Neoplastic category, Adenocarcinoma was the commonest malignancy.

Keywords: Gastrointestinal biopsy, Histopathology, Neoplastic, Non-neoplastic, inflammatory, Adenocarcinoma

Title: To Study The Expression of Immunohistochemical Markers- Ttf-1, Napsin-A & P40 for Subclassification of Non Small Cell Lung Carcinoma

Dr. Tanjum Bhatia, Dr. Charu Tanwar, Dr. Rani Bansal, Dr. Shubhangi Gupta, Dr. Anjali Khare (SVSU, SMC)

Introduction: Lung carcinoma remains the most prevalent malignancy worldwide and a leading cause of cancer-related mortality. Accurate subclassification of non-small cell lung carcinoma (NSCLC) is crucial for appropriate management, especially in morphologically ambiguous cases.

AIM: To evaluate the role of immunohistochemical markers—TTF-1, Napsin-A, and p40—in the subclassification of NSCLC.

OBJECTIVES:

1. To study the histopathological spectrum of lung carcinoma.
2. To assess the utility of TTF-1, Napsin-A, and p40 in NSCLC subclassification.
3. To correlate clinicopathological findings with tumor subtype.

MATERIAL AND METHODS: Fifty formalin-fixed paraffin-embedded lung tumor samples were taken from July 2023 - February 2025 in a cross sectional study including Adenocarcinoma (ADC=29), Squamous cell carcinoma (SCC=9), poorly differentiated carcinoma=10, NSCLC=2. IHC markers TTF-1, Napsin-A, and p40 were applied for subclassification.

RESULTS: TTF-1 was positive in 25/36 ADC and 7/14 SCC. Napsin-A showed positivity in 35 cases of ADC and 1 case of SCC. p40 was expressed in 13/14 SCC and was negative in all ADC cases. Sensitivities: TTF-1 (69.44%), Napsin-A (97.22%), and p40 (92.86%). IHC enabled subclassification of 12 morphologically ambiguous cases. Following IHC, the number of adenocarcinoma cases increased to 36 and squamous cell carcinoma to 14.

CONCLUSION: IHC markers significantly enhanced diagnostic accuracy in subclassifying NSCLC. Napsin-A emerged as the most reliable marker for adenocarcinoma, proving crucial in refining diagnoses of poorly differentiated cases.

Title: Histopathological Study of Endometrial Hyperplasia and Carcinoma in Correlation with Immunohistochemistry Markers of Er, Pr & Ki 67

AUTHORS: DR. NEELAM (JR), DR. SHILPA U. VAHIKAR (Prof.), DR. VIBHA SINGH (Asst. Prof.), DR. RAJESH RAI (Prof & Head), DR. SHAILA MITRA (Prof.) DR. KANCHAN SRIVASTAVA (Prof.), DR. ARCHANA BUNDELA (Asso. Prof.), DR. ALPANA BUNDELA (Asso. Prof.), DR. ARCHANA TRIPATHI (Asso. Prof.)

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INTRODUCTION: Endometrial carcinoma is the second most common gynaecologic malignancy with an incidence of 5.9 per 100,000 women in developing countries. Endometrial hyperplasia, characterized by excessive gland proliferation, can progress to carcinoma if not diagnosed and treated promptly. As per WHO's 2014 classification of endometrial hyperplasia, it has been categorised into typical and atypical hyperplasia / endometrial intraepithelial neoplasia and endometrial carcinoma.

AIM & Objectives- : To study histomorphological features of endometrium in endometrial hyperplasia and carcinoma and its correlation with immunohistochemistry markers- ER, PR, and Ki-67 .

Materials & Methods - A prospective and retrospective study was conducted at the Department of Pathology, B.R.D. Medical College, Gorakhpur. The study included 50 histopathologically confirmed cases of endometrial hyperplasia and endometrial carcinoma. The specimens included endometrial biopsy tissue, dilatation & curettage and hysterectomy samples received in the histopathology laboratory over a one-year period. Immunohistochemical (IHC) analysis for ER, PR and Ki-67 was performed on all cases.

Results- Majority of the patients were aged 51-60years. Among 50 cases, ER and PR expression was highest in non-atypical hyperplasia, decreased in atypical hyperplasia /EIN and lowest in endometrial carcinoma, while Ki67 index increased progressively from hyperplasia to carcinoma.

Discussion: Endometrial carcinoma is the most common cancer of the female genital tract. Prognostic factors include age, tumor grade, stage, type and depth of invasion. Immunomarkers such as ER/PR and Ki-67 assist in the prognosis of endometrial carcinoma.

Conclusion- ER/PR expression is a good prognostic marker, shows better outcome, while overexpression of Ki67 indices was associated with more aggressive behaviour and poor survival outcome in endometrial carcinoma cases.

Title: Cytomorphological spectrum of thyroiditis: cross sectional study in tertiary centre

Name of Authors:

Dr. Manu1, Dr. Mithlesh Bhargav2.

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Name of Institute: All India Institute of Medical Sciences, Gorakhpur

INTRODUCTION:

Thyroiditis comprises a range of inflammatory conditions of the thyroid gland with overlapping clinical features. Fine-needle aspiration cytology (FNAC) plays a vital role in early diagnosis and classification.

Aim and Objectives:

This cross-sectional study explores the cytomorphological spectrum of thyroiditis cases evaluated at a tertiary care center and correlates them with clinical and laboratory findings.

Material and Methods:

This cross-sectional study included patients presenting with thyroid swellings who underwent FNAC over a defined period at a tertiary care institution. The cytological diagnosis of thyroiditis was made based on established cytomorphological features. Clinical details, thyroid function tests (TFTs), and relevant serological markers (e.g., anti-TPO antibodies) were also recorded and correlated

Result:

The majority of cases were diagnosed as Hashimoto's thyroiditis, predominantly in females aged 21-40 years. Common cytological findings included increased background lymphocytes, lymphocytic infiltration of follicular cells, and Hurthle cells. Other subtypes such as Hashimoto's with colloid goiter, De Quervain's thyroiditis, postpartum thyroiditis, subacute granulomatous and reidel's thyroiditis were also noted. A significant proportion of Hashimoto's cases were associated with hypothyroidism and elevated anti-TPO levels.

Conclusion:

FNAC is an effective, first-line diagnostic modality in identifying and subtyping thyroiditis. Recognition of specific cytomorphological patterns allows timely diagnosis, appropriate clinical management, and prevention of unnecessary surgical interventions.

Title: Histomorphological Spectrum of Central Nervous System Neoplasms in a Tertiary Care Centre In Eastern Uttar Pradesh

Authors: Dr. ASHUTOSH TRIPATHI (JR)*, Dr. RAJESH K. RAI (Prof. & Head)*, Dr. SHAILA MITRA (Prof.)* Dr. AMIT K. GUPTA (Asst. Prof.)*, , Dr. SHILPA U. VAHIKAR (Prof.)*, Dr. KANCHAN SRIVASTAVA (Prof.)*, Dr. ARCHANA BUNDELA (Asso. Prof.)*, Dr. ALPANA BUNDELA (Asso. Prof.)*, Dr. ARCHANA TRIPATHI (Asso. Professor)*

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INTRODUCTION: Central nervous system (CNS) neoplasms represent a diverse group of tumors with varying clinical behaviors and prognostic implications. As per NCDIR-NCRP (National Centre for Disease Informatics and Research-National Cancer Registry Programme) 2012-2016 report, the projected prevalence rate for year 2025 will be 2.3% in central nervous system sites. Accurate histomorphological classification is critical for guiding therapeutic decisions and predicting outcomes.

Aim & Objective: The aim of the study is to highlight the incidence and histomorphological spectrum of CNS tumors in our region.

Materials and Methods: A retrospective observational study was conducted in the Department of Pathology over a period of one year. All cases of CNS neoplasms diagnosed histopathologically were included. Tumors were classified according to the latest WHO classification of CNS tumors. Relevant clinical data, radiological findings, and histopathological features were analyzed.

Results: A total of 40 cases were studied, with a slight male preponderance. The most commonly affected age group was 41 - 50 years (25%) . The majority of tumors were meningiomas (45%) followed by gliomas(35%). Among gliomas, astrocytomas were predominant. Pediatric cases primarily involved medulloblastomas. Frontal lobe was found to be the most common site (25%) of brain tumours followed by fronto-parietal region (20%). WHO grade I neoplasm was the predominant (45%)

Conclusion: Comprehensive histopathological evaluation remains a cornerstone in the diagnosis and management of these tumors. This regional data adds valuable insights for future epidemiological and clinical studies.

Keywords: CNS neoplasms, histomorphology, meningioma, glioma, eastern uttar pradesh

Title: Spectrum of Mesenchymal Lesion in Head and Neck Region: A Retrospective Study at a Tertiary Care Centre

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INTRODUCTION: Mesenchymal lesions of the head and neck encompass a wide spectrum of benign and malignant tumours, many of which present diagnostic challenges due to overlapping histomorphological features. In India, especially in regions like Uttar Pradesh, the high prevalence of tobacco and areca nut use contributes to a notable burden of head and neck neoplasm.

Aim: To investigate the histopathological spectrum of mesenchymal lesions in the head and neck region, with correlation to clinical parameters and immune histochemical analysis at a tertiary care centre.

Material and methods:: This retrospective observational study was conducted in the Department of Pathology, Uttar Pradesh University of Medical Sciences (UPUMS), Saifai, Etawah. A total of 54 cases involving mesenchymal lesions of the head and neck region were retrieved from the histopathology archives from January 2024 to December 2024. Patient demographics, lesion site, and histopathological diagnoses were documented. Immunohistochemistry (IHC) was applied in diagnostically challenging cases for confirmation.

Results: The age of patients ranged from 4 to 82 years, with the majority in the 21–30 age groups (27.77%). Neck lesions were the most frequently encountered (50%), followed by scalp lesions (11.1%). The most common benign tumour was lipoma, whereas Ewing sarcoma and low-grade chondrosarcoma represented the predominant malignant mesenchymal neoplasms. Immunohistochemistry was performed in 29 cases to validate diagnoses, particularly for sarcomas and undifferentiated tumours.

Conclusion: The head and neck region harbours a diverse range of mesenchymal neoplasms, many with overlapping histological appearances. Careful histomorphological evaluation combined with IHC is critical in distinguishing benign from malignant lesions to guide appropriate clinical management.

KEYWORDS: Mesenchymal lesions, Immunohistochemistry, Lipoma, Ewing's sarcoma, Chondrosarcoma.

Title: Thyroid Cytopathology in correlation with Biochemical, Radiological and Histopathological findings – An Institutional study

Authors:

Dr. Sweta Sangma*, Dr Shachi A.**, Dr. Pranjali Dwivedi ***, Dr. Sapinder Kaur****

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INTRODUCTION: Thyroid nodules affect 4–7% of the Indian population, with a higher prevalence in females. Contributing factors include goitrogens, iodine deficiency, radiation, and genetics. The incidence of thyroid cancer in India is increasing, with an estimated 36,220 cases. FNAC is the primary screening tool, while ultrasonography (USG) helps detect smaller lesions FNAC may miss. Combined with biochemical tests and hormonal profiles, these improve diagnostic accuracy and reduce unnecessary surgeries.

Objectives: To study cytomorphological features of thyroid lesions, categorize them using the Bethesda System for Reporting Thyroid Cytopathology (TBSRTC), correlate findings with biochemical, radiological, and histopathological parameters, and assess FNAC diagnostic accuracy.

Methods: This 1.5 years prospective study at the Department of Pathology, Venkateshwera Institute of Medical Sciences, Gajraula, included FNAC of consenting patients with midline neck swelling. Data included demographics, clinical features, thyroid function (T3, T4, TSH), and ultrasound findings (TI-RADS). FNAC smears were stained with May-Grunwald Giemsa, Papanicolaou, and H&E stains. Cytological findings were compared with biochemical, radiological, and histopathological results. Immunohistochemistry was used selectively.

Results: Among 120 patients (86.7% female), 72.5% were euthyroid. FNAC showed 96.5% concordance with histopathology (sensitivity 82.4%, specificity 99.0%). Most nodules (83.3%) were Category II; multinodular goiter was the most common. FNAC-TIRADS correlation was significant ($p = 0.001$), while nodule size was not predictive of malignancy.

Conclusion: Thyroid nodules were predominantly benign and more frequent in females. FNAC correlated strongly with biochemical, radiological, and histopathological findings, confirming its diagnostic value.

Keywords: Fine Needle Aspiration Cytology (FNAC), Thyroid Nodules, Bethesda System, Histopathology, TIRADS, Thyroid Function Tests (TFT), Thyroid Malignancy

Title: A Morphology-Based Prognostic Model In Invasive Breast Carcinoma Integrating Tumor Infiltrating Lymphocytes, Stromal Maturity, and Tumor-Stromal Ratio

Name of Authors: Dr. Valentina Thoudam, Dr. Deepika Gupta, Dr. Mimna V.M

Name of Institute: All India Institute of Medical Sciences, Gorakhpur

Introduction: The tumor microenvironment plays a crucial role in the progression and prognosis of invasive breast carcinoma. Prognostication traditionally depends on tumor grades, stage and molecular subtype. The tumor-microenvironment (TME) is increasingly recognised as vital prognostic score. The key histopathological features such as tumor-infiltrating lymphocytes (TILs), stromal maturity, and tumor-stromal ratio (TSR) can be assessed using routine hematoxylin and eosin (H&E) stained sections.

Aim and Objectives: This study aims to develop a morphology-based prognostic model integrating these parameters to improve risk stratification in invasive breast cancer.

Material and Methods: A retrospective study was conducted on resected specimens of invasive breast carcinoma. Stromal maturity was classified into mature, intermediate, and immature types. TILs were evaluated in the stromal compartment and categorized as low, intermediate, or high according to international guidelines. TSR was estimated visually or digitally and classified as stroma-rich (>50%) or stroma-poor (\leq 50%). Each parameter was scored, and a composite prognostic index was derived by two observers. Correlation with clinicopathological features was established.

Result: Preliminary analysis shows significant associations between stromal and immune parameters with tumor grade and subtype. Higher composite scores correlated with adverse prognostic features.

Conclusion: This study proposes a simple, reproducible, and cost-effective morphology-based prognostic index using routinely available histological parameters. It may serve as an adjunct to molecular and clinical risk stratification in invasive breast carcinoma.

Title: Expression of Sox2 and its Histopathological Significance in Oral Epithelial Dysplasia and Oral Squamous Cell Carcinoma

AUTHORS: Dr. PUJA RANI (JR), Dr. ALPANA BUNDELA (Asso. Prof.), Dr. SONAL RATNAKAR GOEL (Asst. Prof.), Dr. RAJESH K. RAI (Prof. & Head), Dr. SHAILA MITRA (Prof.), Dr. SHILPA U. VAHIKAR (Prof.), Dr. KANCHAN SRIVASTAVA (Prof.), Dr. ARCHANA BUNDELA (Asso. Prof.), Dr. ARCHANA TRIPATHI (Asso. Prof.)

***Affiliation:** Department of Pathology, B.R.D. Medical college, Gorakhpur (U.P.)

Introduction: Oral squamous cell carcinoma (OSCC) ranks among the most common malignancies affecting the oral cavity. The early identification of premalignant lesions, such as oral epithelial dysplasia (OED), is essential for effective intervention and better prognosis. Sex determining region Y box-2 (SOX2), a transcription factor known to regulate stem cell maintenance and epithelial differentiation, may have a significant role in oral carcinogenesis.

Aim and Objectives: To evaluate expression of SOX-2 in oral epithelial dysplasia and oral squamous cell carcinoma and correlation of SOX-2 with histopathological significance in oral squamous cell carcinoma.

Materials and Methods: A cross-sectional study was conducted at the Department of Pathology, B.R.D. Medical College, Gorakhpur over a period of 5 months. Fifty cases previously diagnosed as OED and OSCC were selected and assessed for SOX2 expression using immunohistochemical staining techniques. The expression levels were analysed and compared.

Results: Among the 50 cases, SOX2 expression was significantly higher in OED cases than OSCC. SOX2 showed strong overexpression in WDSCC and MDSCC, while PDSCC demonstrated weak expression.

Conclusion; SOX2 expression is absent in normal oral mucosa but significantly elevated in dysplastic. Its presence correlates with tumor differentiation, indicating its possible utility as a biomarker for early detection and prognosis of OSCC. Elevated SOX2 expression may be associated with reduced metastasis and improved patient outcomes, highlighting its potential role in the pathogenesis and progression of oral cancer.

Keywords: OSCC (Oral squamous cell carcinoma), OED (Oral epithelial dysplasia), SOX2 (Sex determining region Y box-2), WDSCC (Well differentiated squamous cell carcinoma), MDSCC (Moderately differentiated squamous cell carcinoma), PDSCC (Poorly differentiated squamous cell carcinoma)

Title: Serum Pentosidine: A novel biomarker for predicting histological grading in breast cancer.

Name of authors: Neeharika Das, Bushra Siddiqui, Madhuri Sethia, Shahbaz Habib Faridi

Name of Presenter: Neeharika Das

Name of Institute: Jawaharlal Nehru Medical College, AMU, Aligarh

Introduction: Advanced glycation end-products (AGE's) are formed due to normal metabolic processes in the human body. They include a diverse array of compounds like pentosidine, pyrraline, imidazolone, etc. Certain lifestyle factors have been implicated in changing tumour-linked metabolic pathways thus causing an increased risk of cancer and its recurrence.

Breast cancer shows diversity in its histology, genetic-expression and therapeutic outcome. Interactions between AGE's and their receptors- RAGE's lead to increased oxidative stress and inflammation causing a higher risk in its development. Pentosidine- a crosslink forming fluorescent AGE is estimated by ELISA, thus making it a cost-effective and minimally-invasive method.

Aims and objectives:

1. To detect serum pentosidine levels in breast cancer patients by ELISA.
2. To establish an association between serum pentosidine levels and histological grade done as per Modified Nottingham criteria.

Materials and methods: 60 patients with breast cancer admitted over a period of 2 years were included. The age group extended from 21 to 70 years and included 59 female and 1 male patients. Resected /biopsy samples and serum were taken for this study.

Result: Serum pentosidine level analysis in correlation with SBR grading showed that the mean \pm SD was 77.37 \pm 35.23 ng/ml in Grade 1, 210.09 \pm 83.93 ng/ml in Grade 2 and 390.8 \pm 9.99 ng/ml in Grade 3 patients.

Conclusion: In conclusion, it was deduced that higher serum Pentosidine levels is associated with higher histological prognosis of breast cancer, thus making it a potential biomarker for estimating the grade of breast cancer without the need for biopsy.

Title: Prognostic Evaluation of Tumor Budding in Oral Squamous Cell Carcinoma: A Histopathological Study of 50 Cases

Authors: Dr Abhishek Sharma*(JR), Dr Kritika Singh (JR) Dr Seema Dayal(Professor)

Name of Institute:

UPUMS ,Saifai, Etawah(U.P) UPIAPM number: UPIAPM/A635/2024

INTRODUCTION: Tumor budding is defined as the presence of isolated single or small clusters of tumor cells at the invasive front. It has emerged as a significant prognostic marker in various cancers, including oral squamous cell carcinoma (OSCC) .

Aim and objectives: To analyze the frequency and pattern of tumor budding in OSCC and to correlate it with tumor histological grade and other parameters .

Material and Methods: Fifty consecutive cases of OSCC were retrieved and reviewed from histopathology records. Tumor budding was assessed using H&E-stained sections. The cut off point for Tumor budding was 5 buds considered is (low <5; high \geq 5).Tumor grade was noted as well-, moderately-, or poorly-differentiated carcinoma.

Results: Among the 50 patients ,male were 47 whereas female were 3. There was equal incidence of moderately differentiated OSCC (n=25) and well differentiated OSCC (n=25). Tumor budding was present in 14 cases and reported more in moderately differentiated carcinomas .The high-intensity budding (\geq 5buds) were identified in 5cases , 2 in well differentiated and 3 in moderately differentiated respectively. The low intensity budding (<5 buds) were in 9 cases 4 in well differentiated while 5 in moderately differentiated .

Conclusion: Tumor budding is present in a significant subset of OSCC cases and may correlate with histologic grade. Incorporating budding analysis into routine pathology could aid in risk stratification and treatment planning, especially in early-stage lesions.

Keywords: Oral squamous cell carcinoma (OSCC) , tumor budding, histological grade, prognosis.

Title: Early Serous Carcinogenesis: Evaluating Tubal Precursor and P53 Expression in Ovarian Serous Tumors

AUTHORS – SIKARWAR A (UPIAPM/A466/2023)

INTRODUCTION: Ovarian cancer remains the leading cause of death among gynecologic cancers worldwide, with HGSC being the most common and aggressive subtype. This study investigates the presence of STIC lesions in ovarian tumors using SEE-FIM protocol, histopathology, p53 and Ki-67 immunostaining, to understand their link in HGSC development.

AIMS & OBJECTIVES: This study examines ovarian serous tumors to assess histopathological changes and p53 expression in fallopian tube fimbriae, evaluating STIC and p53 staining patterns as potential precursor lesions to ovarian serous tumors.

MATERIAL METHODS: A prospective observational study was conducted over a period of 2 years at tertiary care hospital. The study included 335 cases of ovarian lesions, which were classified into Neoplastic and non-neoplastic lesions on the basis of histology findings. 90 cases of ovarian serous tumors (including benign, borderline and malignant) and controls were evaluated for STIC/STIL lesions. Systematic serial sectioning, H & E examination of fimbrial end of fallopian tubes and immunohistochemical analysis of p53 and Ki-67 were performed.

RESULTS: 335 cases of ovarian lesions were included in the study, after applying the inclusion and exclusion criteria. 177 (52.8%) were neoplastic and 158 (47.2%) were non-neoplastic. There was a wide range of age, from 18 to 81 years with peak age group of 30-45 years (49.5%). STIC was present in 18/36 (50%) of HGSC. Notably, STIC lesions were absent in all benign, borderline, low-grade, and control cases, and this difference was highly statistically significant ($p < 0.001$). All the STIC lesion shows Aberrant p53 expression and high Ki-67 index.

CONCLUSION: Our study on ovarian lesions found that mature teratoma and benign serous tumors are the most common benign and epithelial tumors, respectively. Notably, HGSC often show STIC lesions in the fallopian tubes, which are linked to Type 2 tumorigenesis. Accurate diagnosis of precursor lesions, such as P53 signature and STIC, requires integrating the SEEFIM protocol, histological examination, and immunohistochemistry. Early detection of these lesions can improve prognosis, diagnostic accuracy, and intervention planning for HGSC.

KEYWORDS: HGSC, STIC, STIL, p53 signature.

Title: Adrenal Gland Pathologies in Rural Northern India: A Tertiary Institute's Experience

Authors: Dr. Sharif Ur Rahaman Chowdhury, Dr. Pinki Pandey, Dr. Roopak Aggarwal, Dr. Parul Verma.

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KEYWORDS: Adrenal Cortical Carcinoma, Pheochromocytoma, Myelolipoma.

INTRODUCTION: Adrenocortical carcinomas are rare, often functional neoplasms presenting in the first and fifth decades, frequently associated with hyperadrenalism. Adrenal myelolipomas are benign lesions of fat and hematopoietic cells. Pheochromocytomas are catecholamine-producing neoplasms, significant as a rare, surgically curable cause of hypertension.

Aim and Objectives: To report rare adrenal gland pathologies encountered at a rural northern Indian tertiary institute.

Materials and Methods: A retrospective review of 10 cases from 2021-2025 was conducted, with histopathological analysis categorizing various adrenal gland pathologies.

Result: Ten cases were reviewed with a mean diagnosis age of 42 years, affecting males and females equally. Adrenal cortical carcinoma comprised 40% of cases, while pheochromocytoma and teratoma each accounted for 20%. Myelolipoma was also present in 20% of cases.

Conclusion: Adrenal gland neoplasms are rare. Adrenal cancers frequently invade the adrenal vein, vena cava, and lymphatics, with common metastases to regional/periaortic nodes, lungs, and viscera, leading to a median survival of about 2 years. Adrenal cortical metastases are more common than primary adrenocortical carcinomas. Malignancy in pheochromocytomas is definitively diagnosed only by the presence of metastases.

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Title: Turk's Fluid as a Diagnostic Adjunct in Hemorrhagic Thyroid FNAC: Insights from a Sub-Himalayan Tertiary Care Study

NAME OF AUTHORS – Dr Akanksha Singh , Dr Neetu Goyal , Dr Rashmi Chauhan

NAME OF INSTITUTE – Department of Pathology , S.M.M.H Medical College, Saharanpur.

INTRODUCTION: Fine-needle aspiration cytology is one of the most vital, cost-effective, and minimally invasive diagnostic tool. Cytological interpretation becomes challenging when smears are heavily obscured by blood contamination. Thyroid lesions are especially prone to this problem, given the gland's rich vascularity and tendency to yield hemorrhagic smears that obscure cellular and colloid features. In such cases, the diagnostic yield of FNAC is diminished, leading to an increased frequency of Bethesda category I results and often necessitating repeat procedures. Turk's fluid, a lysing and staining solution composed of acetic acid and gentian violet, was originally developed for leukocyte counting. Its renewed relevance in cytopathology stems from its dual ability to lyse red blood cells and impart a mild nuclear stain. In the context of hemorrhagic smears particularly in thyroid FNAs Turk's fluid enhances smear quality by effectively clearing the background, thereby improving the visibility of diagnostic cellular elements.

MATERIAL AND METHODS: The study was conducted in Department of Pathology, SMMH Medical College, Saharanpur, over a period of 18 months. The study group were drawn from the patients presenting with thyroid swelling in OPD and IPD of SMMH, Medical college Saharanpur

RESULT: A total of 121 thyroid FNAC cases were conducted in the Department of Pathology at SMMH Medical College, Saharanpur, and included in this study. Post-procedure, smears were stained using both May-Grünwald-Giemsa (MGG) and Turk's fluid-treated Giemsa (TTG) methods. These were microscopically evaluated and compared for background red blood cell (RBC) retention, as well as cytoplasmic and nuclear morphological details. TTG-stained smears demonstrated significantly reduced background RBCs compared to MGG-stained smears ($p < 0.01$). Furthermore, cytoplasmic features of thyroid follicular cells were more distinctly observed in TTG smears, with a statistically significant improvement ($p < 0.001$). Nuclear morphology was also better visualized in TTG smears, and this difference was similarly significant ($p < 0.001$).

CONCLUSION: The use of Turk's fluid for hemolysis provides a rapid, cost-effective, and minimally invasive method for processing hemorrhagic thyroid aspirates. When applied to Giemsa-stained smears, Turk's fluid enhances cytomorphological clarity by reducing background red blood cells, thereby decreasing the likelihood of repeat FNAC procedures and additional ultrasound-guided interventions.

Title: Clinicopathological Study of Skin Adnexal Neoplasms in a Tertiary Care Centre

Authors: Dr. Raj Bahadur Tiwari (Presenter, JR), Dr. Kanchan Srivastava (Prof.), Dr. Amit Kumar Gupta (Asst. Prof.), Dr. Rajesh Kumar Rai (Prof. & Head), Dr. Shaila Mitra (Prof.), Dr. Shilpa U. Vahikar (Prof.), Dr. Archana Bundela (Asso. Prof.), Dr. Alpana Bundela (Asso. Prof.), Dr. Archana Tripathi (Asso. Prof.)

Affiliation: Department of Pathology, B. R. D. Medical College, Gorakhpur

Background: Skin adnexal neoplasms (SANs) are a heterogeneous group of tumors originating from the adnexal structures of the skin, including sweat glands, sebaceous glands, and hair follicles. They often pose diagnostic difficulties due to their diverse clinical and histopathological features. A systematic clinicopathological correlation is critical for accurate diagnosis and optimal patient management.

Objectives: This study aimed to evaluate the clinical presentation, demographic distribution, and histopathological spectrum of skin adnexal neoplasms and to correlate clinical diagnosis with histopathological findings.

Materials and Methods: A prospective observational study was conducted over one year in the Department of Pathology at B.R.D. Medical College, Gorakhpur. A total of 50 histologically confirmed cases of SANs were included. Detailed clinical data, including age, gender, lesion site, and duration, were recorded. Hematoxylin and eosin-stained sections were examined, and tumors were classified based on their differentiation into eccrine, apocrine, sebaceous, or follicular origin.

Results: Out of 50 cases, 90% were benign, and 10% were malignant. Pilomatricoma was the most common benign tumor, whereas sebaceous carcinoma represented the predominant malignant neoplasm. The highest incidence was observed in the 20–39-year age group, with a slight male preponderance. The head and neck region emerged as the most frequently involved site.

Conclusion: Skin adnexal neoplasms, although uncommon, exhibit distinct clinicopathological patterns. Histopathological examination remains the cornerstone for definitive diagnosis, emphasizing the importance of clinicopathological correlation in appropriate tumor classification and management.

Title: Clinicopathological Profile Of Malignant Mesothelioma: A Six-Year Review In A Tertiary Care Centre Of North India

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Mahamana Pandit Madan Mohan Malviya Cancer Center / Homi Bhabha Cancer Hospital (A unit of Tata Memorial Centre), Varanasi**

INTRODUCTION:

Malignant mesothelioma is a rare, aggressive tumor arising from mesothelial cells, mostly affecting the pleura. It occurs predominantly in patients over 60 years old and is strongly linked to asbestos exposure with a long latency period. Symptoms are nonspecific, such as chest pain and dyspnea, making early diagnosis difficult.

Aims and Objectives

To evaluate the clinicopathological features of malignant mesothelioma cases diagnosed over six years at a tertiary care center in North India.

Materials and Methods

A retrospective study of 51 mesothelioma patients diagnosed from January 2019 to May 2025 was conducted. Clinical, radiological, and pathological data were retrieved. Histopathology and immunohistochemistry (using markers like calretinin and WT1) were reviewed. Data analysis was performed using SPSS to correlate clinical and pathological features.

Conclusion

This review highlights the rarity and aggressiveness of malignant mesothelioma in North India and the challenges in diagnosis due to nonspecific symptoms and histological overlaps. Immunohistochemistry is crucial for confirmation. Late presentation and limited treatment access contribute to poor outcomes. Improved awareness, diagnostic protocols, and surveillance are essential for earlier diagnosis and better management in resource-limited settings. This audit provides important insights to aid clinical practice and policy.

Title: Histopathological Spectrum of Lower Gastrointestinal Lesions

INSTITUTE: ROHILKHAND MEDICAL COLLEGE & HOSPITAL , BAREILLY

AUTHOR: DR. KARTIKA NATH, DR. MITHILA BISHT , DR ASEEB UR REHMAN, DR. NITESH MOHAN

UPIAPM NO- UPIAPM/A965/2025

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INTRODUCTION: The lower gastrointestinal tract is a site for various diseases, including both neoplastic and non neoplastic conditions. Histopathology recognizes mucosal lesions at very early stage like dysplasia and metaplasia which help to prevent further progression of disease and promotes early treatment.

AIM: To study histopathological spectrum of lower gastrointestinal lesion.

OBJECTIVES: To document the prevalence of various histological lesions of lower gastrointestinal tract and to determine the distribution of lower gastrointestinal lesions according to clinicopathological parameters.

MATERIAL AND METHODS: This was 4 months retrospective cross-sectional study done in Department of Pathology in Rohilkhand Medical College and Hospital.

RESULTS: This study included 32 patients of histopathologically diagnosed lower gastrointestinal lesions, of these 21 (65.6%) were males and 11 (34.4%) were females. The mean age of population was 47.75 years. 1 (3.1%) biopsy was from caecum, 27 (84.4%) were from colon , 2 (6.3%) were from rectum and 1 (3.1%) from anal canal. Out of these 13 (40.6%) were inflammatory , 4 (12.5%) were benign and 15 (46.9%) were malignant .

CONCLUSION: The study of the lower gastrointestinal tract lesions sheds light on the patterns of lesions observed on histopathology, which is thought to be the most precise, and sensitive diagnostic technique for early diagnosis of lower gastrointestinal tract carcinomas.

Title: Squash It, Section It, Stain It: The Diagnostic Trifecta of Central Nervous System Metastases

Membership Number is UPIAPM/A839/2025.

Authors: Dr .Neelshi Pandey, Dr.Pinki Pandey, Dr.Roopak Aggarwal, Dr.Alka Yadav, Dr. Savita Aggarwal, Dr.Himanshu Joshi, Dr.Parul Verma.

Institute: Uttar Pradesh University of Medical Sciences, Saifai,Etawah.

INTRODUCTION:

Brain metastases are the most common intracranial tumours in adults. Intraoperative squash cytology serves as a rapid and cost-effective diagnostic tool for evaluating CNS lesions, especially in resource-limited settings. Histopathology remains the gold standard for definitive diagnosis, while immunohistochemistry enhances the identification of tumour origin, particularly in poorly differentiated cases. Aim and Objectives: To assess the diagnostic utility of squash cytology by comparing it with histopathological findings and determine the role of immunohistochemistry in detecting the primary site of brain metastasis with unknown primary site.

Material and Methods:

A retrospective analysis of 40 CNS metastatic cases from January 2016 to July 2025 at UPUMS, Saifai was conducted. Squash cytology smears were stained using MGG and H&E, followed by confirmation via histopathology and IHC. Statistical analysis was performed using SPSS software.

Results:

A total of 40 cases of CNS metastases were analysed, with a male predominance (62.5%) and a mean age of 51.8 years. Cerebral hemispheres were the most frequent site of involvement (87.5%). Squash cytology accurately diagnosed metastases in 32 cases, yielding a diagnostic accuracy of 90%.The sensitivity and specificity of squash cytology was 88.9% and 75.0% considering histopathology as the gold standard. The most common primary site was the lung (60%), followed by prostate (10%), breast (7.5%), colorectal (7.5%), and urothelial carcinoma (7.5%). IHC was instrumental in confirming diagnosis and tumor origin.

Conclusion:

Squash cytology is a valuable intraoperative tool for CNS metastases but has limitations in differentiating metastases from primary brain tumours. Integration with histopathology and IHC is essential for definitive diagnosis, particularly in resource-limited centres.

Keywords: Central Nervous System(CNS), Brain metastasis, squash cytology, immunohistochemistry(IHC).

Title: Comparative Study of Frozen Sections and Paraffinembedded Histopathological Sections in Diagnosis of Tumour and Tumour – Like Lesions

Authors: Dr.Jay Prakash Verma(JR)

1. Dr. Rajesh Rai (Prof & Head)

2. Dr. Sonal R. Goel(Asst prof)

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4.Dr. Shilpa U Vahikar(Prof)

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6.Dr. Archana Bundela(Asso. Prof)

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Affiliation: Department of Pathology, B.R.D. Medical College, Gorakhpur (U.P)

INTRODUCTION: Frozen section is a recent technique of rapid microscopic analysis of tissue in a pathological laboratory, most often performed in oncological surgery. The technical name CRYO -SECTION.It is a method that produces the sections without dehydrating, clearing agents and embedding media as well. The frozen section procedure was introduced by William H. Welch in 1891 from John Hopkins Hospital.

Objectives: The aim of the present study is to determine qualitative morphological comparison and diagnostic accuracy between frozen section and routine formalin fixed paraffin embedded sections in different tissue.

Methods: This prospective study was conducted over the course of one year, from October 2023 to September 2024, involving 53 tissue specimens referred from various surgical departments for intraoperative consultation. The fresh tissue samples were provided in clean plastic containers without any fixative with a requisition form containing complete clinical details..

Results: A total of 53 cases were taken of which frozen sections were sent to Pathology Department and their diagnosis were compared with final conventional histopathology diagnosis.The diagnostic accuracy was 94.34%. The concordance was 94.34%(50 cases) and discordance was 5.66%(3 cases)

Conclusion: The comparison between frozen section (FS) and formalin-fixed paraffinembedded (FFPE) histopathological techniques underscores the critical roles both methods play in the diagnosis and management of tumour and tumour-like lesions. The chief advantage of frozen section

Title: Immunohistochemical Evaluation of E-Cadherin and Mmp-9 in Oral Epithelial Dysplasia and Squamous Cell Carcinoma

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INTRODUCTION: Oral squamous cell carcinoma (OSCC), often evolving from oral epithelial dysplasia (OED), remains a leading cause of morbidity in India due to late detection. Identifying early molecular changes could improve diagnostic precision and therapeutic outcomes.

Aims and Objectives: This study aimed to evaluate the immunohistochemical expression of E-cadherin and MMP-9 in OED and OSCC, and to correlate these findings with histological severity, tumor differentiation, and size.

Materials and Methods: A prospective observational study was conducted on 100 formalin-fixed paraffin-embedded oral tissue samples, including benign, premalignant, and malignant lesions. Immunohistochemistry was performed using monoclonal antibodies against E-cadherin and MMP-9. Expression was graded based on staining intensity and proportion. Statistical significance was assessed using Chi-square tests.

Results: MMP-9 expression showed a significant progressive increase ($p < 0.001$) from benign to malignant lesions, while E-cadherin exhibited a corresponding decrease ($p < 0.001$). Tumors >4 cm demonstrated higher MMP-9 and reduced E-cadherin levels. An inverse correlation between both markers was observed with increasing dysplasia and carcinoma grade.

Conclusion: E-cadherin and MMP-9 are valuable biomarkers in assessing malignant transformation in oral lesions. Their combined evaluation can aid early diagnosis, risk stratification, and personalized management in OSCC.

Title: Eosinophilic Esophagitis: Unveiling the Hidden Pathology in Reflux Disorders

(Dr. Ankita Chakrawarty, Dr. Kachnar Varma, Dr. Sandeep kumar Prajapati)

INTRODUCTION:

Eosinophilic esophagitis (EoE) is a chronic, immune-mediated inflammatory disease of the esophagus characterized by symptoms of esophageal dysfunction and histologically by dense eosinophilic infiltration. It is often underdiagnosed, especially in patients presenting with gastroesophageal reflux disease (GERD)-like symptoms, leading to suboptimal management.

Aim:

To determine the prevalence of EoE among patients undergoing upper gastrointestinal (GI) biopsy for reflux symptoms and to describe the clinical, endoscopic, and histopathological features.

Materials and Methods:

This prospective observational study included 35 consecutive patients of age (18-25 years) with upper GI symptoms suggestive of GERD, undergoing esophageal biopsy. Clinical and endoscopic findings were documented. Biopsy specimens were evaluated histologically, with EoE diagnosed in cases showing ≥ 15 eosinophils per high-power field, along with characteristic morphological changes, after excluding other causes of esophageal eosinophilia.

Results:

Out of 35 patients, 5 (14.3%) were diagnosed with EoE. The most common presenting symptoms among EoE patients were heartburn (80%) and dysphagia (60%). Endoscopic appearances varied from normal mucosa to longitudinal furrows and white exudates. Histopathology revealed marked intraepithelial eosinophilia, basal cell hyperplasia, and papillary elongation in all EoE cases.

Conclusion:

The prevalence of EoE in patients with reflux symptoms in this cohort was 14.3%, indicating that a considerable proportion of presumed GERD cases may actually represent EoE. Routine esophageal biopsies in refractory reflux cases are crucial for accurate diagnosis, enabling targeted therapy and improved patient outcomes.

Keywords:

Eosinophilic esophagitis, Gastroesophageal reflux, Prevalence, Esophageal biopsy, Histopathology.

Title: Study of Mast Cell Density in Uterine Smooth Muscle Tumours

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INTRODUCTION: Uterine smooth muscle tumours are among the most common gynecological neoplasms, ranging from benign leiomyomas to malignant leiomyosarcomas. Emerging evidence suggests that mast cells, through their mediators, may influence tumour biology by modulating angiogenesis, fibrosis, and tumour progression. However, the role and density of mast cells within these tumours remain underexplored.

AIM: To evaluate and compare mast cell density in benign and malignant uterine smooth muscle tumours and to assess its potential role in tumour behaviour.

OBJECTIVE

- 1) To Identify and classify cases of uterine smooth muscle tumour
- 2) To qualify mast cell density and distribution in these cases.
- 3) Evaluate the mast cell role in different types of USMT

MATERIAL AND METHOD: This was a cross-sectional, observational study conducted in the Department of Pathology, Integral Institute of Medical Sciences and Research, Lucknow, over a period of January 2025 to June 2025. A total of 35 cases of uterine smooth muscle tumours were included, comprising leiomyomas, atypical leiomyomas, and leiomyosarcomas. Cases were selected based on histopathological diagnosis confirmed by hematoxylin and eosin (H&E) staining. Special staining with Toluidine Blue was performed on formalin-fixed, paraffin-embedded (FFPE) tissue sections to specifically highlight mast cells. Mast cells were identified by their characteristic metachromatic staining. For each case, ten high-power fields (HPF) were randomly selected in areas showing the most dense cellularity under light microscopy. Mast cells were counted manually in these fields, and the mean mast cell density (MCD) per HPF was calculated. The cases were categorized into benign (leiomyoma, atypical leiomyoma) and malignant (leiomyosarcoma) groups. Mast cell densities were statistically compared between these groups using appropriate statistical tests (e.g., Student's t-test or Mann-Whitney U test, depending on data distribution). A p-value < 0.05 was considered statistically significant.

RESULTS: Preliminary analysis indicates a higher mast cell density in benign leiomyomas compared to malignant leiomyosarcomas. An inverse correlation between mast cell density and tumour grade/aggressiveness was observed. These findings suggest a potential protective or modulatory role of mast cells in uterine smooth muscle tumour biology.

CONCLUSION: Mast cell density varies significantly between benign and malignant uterine smooth muscle tumours. Mast cells may influence tumour behaviour, and their density could serve as a supplementary histological marker in assessing tumour prognosis. Further studies with larger cohorts are warranted to validate these observations.

KEYWORDS: Mast cells, Uterine smooth muscle

Title: Cytology Speaks When HPV DNA Tests Whisper: A Comparative Study of Cervical Cytological Findings in HPV Positive & Negative Midlife women

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INTRODUCTION:

Cervical cancer is the most common genital malignancy among Indian women and major public health issue in developing countries accounting for 90% of global deaths. Effective screening is essential for early detection & prevention of progression to invasive cancer. While cytology (pap smear) has been the traditional tool, HPV DNA testing is emerging as a more sensitive method. However, the cytological spectrum among HPV-positive & negative women in midlife remains unexplored.

Aims & Objectives:

To evaluate the cytological abnormalities among HPV positive women. To study the cytological spectrum in HPV-negative women.

Material & Methods:

A prospective observational study was conducted over 2 years on 200 women (aged 30-65 years) attending the gynaecology outpatient department at J.N. Medical College, Aligarh. Cervical samples were collected using SurePath vials and tested for HPV DNA. Liquid based cytology (LBC) was performed, & smears were interpreted based on The Bethesda System. Cytological findings were compared between HPV positive & HPV negative groups.

Results:

Out of 200 women, 8 (4%) tested positive for HPV DNA & 192 (96%) were negative. Among the positive groups (koilocytes, ASC-US, LSIL) and carry substantial risk for CIN2/3. While HPV DNA-negative patients, even those with mild cytologic changes, usually have benign histology and very low risk of progression. Combined HPV + cytology (co-testing) offers highest sensitivity and better stratification of risk than either test alone.

Conclusions:

Screening methods of HPV DNA testing and cytology demonstrated good sensitivity and specificity. Prevalence of HPV DNA in our study population was 4%. A combined approach could enhance early detection & triaging in midlife women.

Keywords:

Human Papilloma Virus, Negative for Intraepithelial Lesion, Low Grade Squamous Intraepithelial Lesion, High Grade Squamous Intraepithelial Lesion.

Title: Occult Nodal Metastasis in Early-Stage Squamous Cell Carcinoma of Oral Cavity: Exploring The Pathological Risk Factors

AUTHOR: DR HIBA NAEEM, DR MITHILA BISHT, DR NITESH MOHAN

UPIAPM NO: UPIAPM/A964/2025

INSTITUTE: ROHILKHAND MEDICAL COLLEGE AND HOSPITAL, BAREILLY

INTRODUCTION: Occult neck metastasis, defined as metastatic involvement of cervical lymph nodes undetectable by clinical or radiological examination, significantly impacts the prognosis of patients with oral squamous cell carcinoma (OSCC). Early identification of high-risk cases can guide the decision for elective neck dissection (END).

Aim: To study the pathological risk factors for occult nodal metastasis in early-stage squamous cell carcinoma.

Objective: To evaluate the correlation between various histopathological parameters and occult nodal metastasis in early-stage OSCC and to determine an optimal depth of invasion (DOI) cut-off for predicting increased risk.

Material & Methods: A retrospective study was conducted on 102 patients with clinical stage I and II, well- or moderately differentiated OSCC, who underwent END between 2019 & 2024. Histopathological parameters including DOI, perineural invasion (PNI), worst pattern of invasion (WPOI), and tumor grade were analyzed using univariate regression analysis to assess their predictive value for occult nodal metastasis.

Results: DOI, PNI, WPOI, and tumor grade were identified as significant predictors of occult nodal metastasis. An optimal DOI cut-off value of 5.5 mm was established for increased risk of nodal involvement.

Conclusion: Histopathological features, particularly DOI >5.5 mm, PNI, WPOI, and poor differentiation, are associated with a higher risk of occult nodal metastasis in early-stage OSCC. Improved preoperative and intraoperative assessment of these parameters is essential to optimize neck management and avoid unnecessary surgical intervention

Title: Histopathological Spectrum of Upper Gastrointestinal Lesions

INSTITUTE: ROHILKHAND MEDICAL COLLEGE & HOSPITAL , BAREILLY

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INTRODUCTION:

The upper gastrointestinal tract disorders are among the most prevalent entities we may encounter in our daily practice. Histopathology recognizes mucosal lesions at very early stage like dysplasia and metaplasia which help to prevent further progression of disease and promotes early treatment.

AIM: To study histopathological spectrum of upper gastrointestinal lesions.

OBJECTIVES:

To document the prevalence of various histological lesions of upper gastrointestinal tract and to determine the distribution of upper gastrointestinal lesions according to clinicopathological parameters.

MATERIAL AND METHODS:

This was a six-month retrospective cross-sectional study done in Department of Pathology in Rohilkhand Medical College and Hospital.

RESULTS:

A total of 51 patients with histopathologically confirmed upper gastrointestinal tract lesions were included in the study. The cohort comprised 28 males (54.9%) and 23 females (45.1%), with a mean age of 55.01 years. Biopsy site distribution was as follows: esophagus – 18 cases (35.2%), stomach – 14 cases (27.4%), gastroesophageal junction – 8 cases (15.6%), and duodenum – 11 cases (21.5%). Histopathological categorization revealed that 25 (49.0%) cases were non neoplastic (inflammatory), 4 (7.9%) cases were premalignant (dysplastic), and 22 (43.1%) cases were malignant.

CONCLUSION:

The study of the upper gastrointestinal tract lesions sheds light on the patterns of lesions observed on histopathology, which is thought to be the most precise and sensitive diagnostic technique for early diagnosis of upper gastrointestinal tract carcinomas.

Title: Study of Yokohama System of Reporting Breast Fine Needle Aspiration Cytology Cases

Authors- Dr. Vipin Ranjan(Presenter, JR)* Dr. Kanchan Srivastava(Prof.)*, Dr. Amit Kumar Gupta(Asst. Prof.)*, Dr. Mayank Jain(Asst. Prof.)*, Dr. Rajesh Kumar Rai (Prof.& Head)*, Dr. Shaila Mitra(Prof.)*, Dr. Shilpa U. Vahikar(Prof.)*, Dr. Archana Bundela(Asso. Prof.)*, Dr. Alpana Bundela(Asso. Prof.)*, Dr. Archana Tripathi(Asso. Prof.)*

* **Affiliation:** Department of Pathology, B.R.D. Medical College, Gorakhpur.

INTRODUCTION:

The Yokohama Reporting System is a standardized reporting system for breast fine-needle aspiration cytology (FNAC), aimed at improving diagnostic accuracy, reproducibility, and clinical decision-making. This study evaluates its effectiveness in categorizing breast cytology cases and correlating them with histopathological examination considering it as gold standard.

Aims and Objective:

1. To study the cytopathological spectrum of breast disorders by using Yokohama reporting system and to evaluate risk of malignancy (ROM) in each Yokohama category.
2. To report the sensitivity, specificity, positive predictive value, negative predictive value and diagnostic accuracy of Yokohama system.

Methods:

A prospective analysis of breast FNAC cases was conducted, categorizing them based on the Yokohama System into five groups: (1) Insufficient, (2) Benign, (3) Atypical, (4) Suspicious of Malignancy, and (5) Malignant. The cytology results were compared with histopathological diagnosis wherever available to determine sensitivity, specificity, PPV, NPV in Yokohama system and ROM of each category.

Results:

The study analyzed the 100 FNAC cases. The distribution of cases across the five categories were done according to Yokohama reporting system. The overall sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and diagnostic accuracy were 92%,98%,95.8%,96.07% and 96% respectively. The risk of malignancy (ROM) in category C1,C2,C3,C4, and C5 were 0%,2.2%,20%,80% and 100 % respectively. The Yokohama System showed high concordance with histopathology, reducing diagnostic discrepancies and improving categorization of atypical and suspicious cases.

Conclusion:

The Yokohama System for breast FNAC is a valuable classification tool, enhancing diagnostic standardization and guiding clinical management.

Title: Histopathological spectrum of lesions in urinary bladder biopsies: a 1.5 year study

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UPIAPM MEMBERSHIP NUMBER:- UPIAPM/A912/2025

INTRODUCTION:

The lesions of urinary bladder including both non neoplastic and neoplastic pose a common disease in the general population and are often disabling. Amongst bladder tumors, urothelial carcinoma is a common malignant tumor of urinary bladder and comprises of 90% of primary tumor. These neoplasms of bladder create biologic, clinical, diagnostic and therapeutic challenges to both urologist and pathologist.

AIM AND OBJECTIVES:

To study the histopathological features of lesions of urinary bladder in trans urethral resection of bladder tumour (TURBT) specimen at our institute and to classify the urinary bladder lesions into benign and malignant lesions.

MATERIALS AND METHODS:

A hospital based 1.5 year retrospective study of all Urinary Bladder biopsies received in the department of pathology. The material for the study comprised of biopsy from Transurethral Resection of Bladder Tumour (TURBT)/ Bladder biopsy.

RESULTS:

The Study included 36 cases of urinary Bladder lesions. 30.55% had non-neoplastic lesions and 69.45% had neoplastic lesion. Among non- neoplastic cases, cystitis was the most common finding and among neoplastic cases papillary urothelial carcinoma was most common.

CONCLUSION:

The study concludes that bladder biopsies are essential tools in diagnosis a diverse range of lesions. Early detection through cystoscopy and prompt pathological evaluation is critical in improving patient outcomes. Public awareness of symptoms like haematuria and timely medical intervention can reduce disease burden and aid in effective planning.

Title: Evaluation of Serum HE₄ in Ovarian Tumors, Its Comparison with Serum CA125 and Correlation with Histological Subtypes

Name of author: Dr. Ram Pravesh Mishra

Name of institute: King George Medical University, Lucknow, U.P.

INTRODUCTION:

Ovarian cancer is the seventh most common cancer in women and second most common female genital cancer in India. The high mortality is due to the fact that ovarian cancer is detected in later stages because of its non-specific symptoms like bloating, pain and increased size, gastrointestinal symptoms like indigestion, constipation or nausea with pelvic symptoms like bleeding. Cancer antigen 125 (CA125) has been useful for detection of ovarian cancer and also for follow-up. Recently, another tumor marker for ovarian cancer has been proposed, the Human Epididymis 4 protein (HE4), frequently over-expressed in ovarian cancers, especially in serous and endometrioid histology.

Aim and objective: Early detection of ovarian cancer.

Material and methods:

Descriptive study on 64 patients was done over a period of 1 year using pre- and postoperative serum samples for CA125 and HE4 and comparing them with histological diagnosis. ELISA for HE4 (Quantikine® Human HE4/WFDC2 Immunoassay) and chemiluminescence (ARCHITECT CA125 II assay) were used to assess CA125 levels and in serum. Results were compared between the two tumor markers, and statistical analysis (SPSS package Windows version 15.0) was done to compare the results.

Result and conclusion:

CA125 and HE4 levels were increased in malignant cases more than in benign cases. HE4 was seen as more specific than CA125, but, however, it did not prove superior in sensitivity. Hence, we conclude that CA125 along with HE4 will prove both as sensitive and as specific markers and hence prevent benign lesions being over-diagnosed and operated unnecessarily.

Title: Clinicohistopathological Study Of Lichenoid Interface Dermatitis

NAME OF AUTHORS: Dr. Simran Mehra, Dr. Shweta Grover, Dr. Anupam Varshney

NAME OF INSTITUTE: Department of Pathology, Muzaffarnagar Medical College, Muzaffarnagar, Uttar Pradesh

INTRODUCTION: Interface dermatitis term is used when there is a lichenoid tissue reaction seen showing band of dense inflammatory infiltrates obscuring the dermo-epidermal junction. The histopathological features of all the lesions of Interface dermatitis overlap each other showing very minute difference in each of the variants and the interpretation of these lesions require both histopathological and clinical correlation.

Aim and Objectives: 1) To identify clinical and histopathological features of lichenoid interface dermatitis. 2) Assess histopathological features useful in subtyping variants of lichenoid interface dermatitis.

Material & Methods: This was a hospital based observational study with purposive sampling of patients reporting to the outpatient Department of Dermatology of our hospital from April 2024 to June 2025. Skin biopsies of 70 patients with clinical provisional diagnosis of Lichen Planus or Lichenoid Dermatitis were included. All biopsies were fixed in 10% Neutralised buffered formalin and then processed in histopathology section, stained with haematoxylin and eosin.

Results: Out of 70 skin biopsies studied, 60 were histologically confirmed as Lichenoid tissue reaction with majority being of Classical Lichen Planus (LP) (90%). Male:female ratio was 0.71:1. Clinico-pathological concordance was seen in 85% of the cases.

Conclusion: Lichenoid IFDs are exclusive clinicopathological entities with several variants. Thus this study emphasizes on the need of histological analysis in various clinically similar cases of lichenoid dermatoses in order to arrive at a definitive diagnosis which helps in better clinical management of the patient.

Key words: Lichen planus, Lichenoid tissue reaction, Interface dermatitis, Histopathology

DR. SIMRAN MEHRA

MEMBERSHIP NUMBER- UPIAPM/A838/2025

DEPARTMENT OF PATHOLOGY, MUZAFFARNAGAR MEDICAL COLLEGE, MUZAFFARNAGAR, UTTAR PRADESH

Title: An interesting case of pediatric intussusception associated with a rare parasite

Author- Dr. Bitan Naik

Affiliation- Associate Professor, Department of Pathology, Institute of Medical Sciences (IMS), Banaras Hindu University (BHU), Varanasi- 221005.

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A Nine-year-old male child presented at the emergency with pain abdomen, vomiting and abdominal distension for 7 days. Pain abdomen was intermittent and accompanied by recurrent vomiting. Ultrasonography finding was consistent with intestinal obstruction due to Colocolic intussusception. Laboratory workup performed before operation revealed moderate anaemia with haemoglobin level of 8.5 gm/dl and raised total leucocyte count of 16200/ μ l. Emergency laparotomy was performed. Operative findings showed colocolic intussusception with a perforation in the transverse colon. The transverse colon was telescoping into the descending colon. Excision of transverse colon and part of descending colon was performed. Gross examination showed a segment of large intestine measured 15 cm in length. Serosal surface of colon showed a perforation measured 3x2 cm. Cut surface showed a part of colonic intussuspectum into the colonic intussusceptient. Mucosa was ulcerated at places and showed many 3 to 5 mm sized adult form worms attached to mucosa. Microscopy examination showed a focally ulcerated colonic mucosa with lumen displaying few adults form of parasite. A final diagnosis of Colocolic intussusception due to *Gastrodiscoides Hominis* was made.

Title: CD44 Expression Patterns in Prostate Neoplasms: Implications for Diagnosis and Prognosis

Authors: Dr. LAKSHMAN KUMAR (JR)*, Dr. RAJESH K. RAI (Prof. & Head)*, Dr. SHAILA MITRA (Prof.)*, Dr. SUNITA BHARTI (Asst. Professor)* Dr. SHILPA U. VAHIKAR (Prof.)*, Dr. KANCHAN SRIVASTAVA (Prof.)*, Dr. ARCHANA BUNDELA (Asso. Prof.)*, Dr. ALPANA BUNDELA (Asso. Prof.)*, Dr. ARCHANA TRIPATHI (Asso. Professor)*

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Presenting Author: Dr. LAKSHMAN KUMAR (RESIDENT), REGISTRATION ID- 122, UPIAPM MEMBERSHIP NUMBER- UPIAPM/A858/2025

Introduction: Prostatic neoplasms, including BPH and adenocarcinoma, are rising in India. CD44, a cell adhesion glycoprotein, modulates cancer invasion and metastasis. Evaluating CD44 as a prognostic marker may aid in targeted prostate cancer therapies.

Aims and Objectives: This study aimed to evaluate CD44 expression in prostate neoplasm and correlate its expression with clinicopathological parameters to assess its potential as a prognostic marker.

Materials and Methods: A cross-sectional study was conducted at BRD Medical College, Gorakhpur on 37 cases of clinically diagnosed and histopathologically confirmed prostatic neoplasm from TURP chips and core biopsy specimens. Cases with recurrent carcinoma, or prior radiotherapy/chemotherapy were excluded. CD44 immunoreactivity was assessed by membranous staining and scored by adding the percentage of positive cells and staining intensity. Scores of 0–3 were considered negative, and 4–6 positive.

Results: CD44 expression showed a statistically significant association with Gleason grade, clinical staging. CD44 positivity was highest (100%) in Gleason grades 1–3, indicating strong expression in well-differentiated tumors, with reduced expression in poorly differentiated carcinoma. CD44 positivity was observed in 83.3% of T2 stage tumors. An inverse relationship was noted between CD44 expression and tumor staging, implying that loss of CD44 correlates with tumor aggressiveness.

Conclusion: CD44 expression decreases with increasing tumor grade and stage, suggesting its role in maintaining glandular differentiation. Loss of CD44 expression indicates aggressive tumor behavior. Therefore, CD44 upregulation may serve as a potential therapeutic target, warranting further large-scale multicenter studies.

Title: Correlation of Histological Grading and Hormone Receptor Status in Breast Carcinoma

INSTITUTE: ROHILKHAND MEDICAL COLLEGE AND HOSPITAL, BAREILLY

AUTHORS: DR. SHIVANGI VAISH , DR. MITHILA BISHT, DR. ANJANA ARYA , DR. NITESH MOHAN

UPIAPM NO.-UPIAPM/A959/2025

INTRODUCTION: Breast carcinoma ranks as the most prevalent cancer among women globally and remains a major contributor to cancer-related deaths. Histological grading offers valuable prognostic insights. Hormone receptor profiling, including estrogen (ER) , progesterone (PR) receptors, HER 2 neu impacts tumor biology and directs endocrine treatment. Studying the association between histological grade and hormone receptor status can enhance prognostic accuracy and aid in tailoring therapeutic approaches.

AIM: To evaluate the correlation between histological grading and hormone receptor status (ER,PR and Her2 Neu) in breast carcinoma.

OBJECTIVES: To determine the histological grade of breast carcinoma cases using a standardized grading system (e.g., Nottingham modification of Scarff–Bloom–Richardson) and to assess ER, PR and Her 2 neu expression by IHC.

MATERIAL AND METHODS: This was 6 months retrospective cross-sectional study carried out in the Department of Pathology, in Rohilkhand Medical College and Hospital.

RESULTS: This study included 30 patients of histopathologically diagnosed breast carcinoma. The mean age of population was 56.9 years. Out of these, 11 (36.8 %) were diagnosed with Luminal type B, 1 (3.3%) with Luminal Type A, 2 (6.6%) with Her 2 Neu enriched and 9 (30%) with Triple negative breast carcinoma. 7 (23.3%) cases were unclassified due to equivocal Her 2 neu staining.

CONCLUSIONS: For clinical management of breast cancer patients , assessment of hormone receptors is strongly advocated to provide prognostic information and best therapeutic options.

Title: Extrapulmonary Tuberculosis – A Diagnostic Challenge – Case Series of Unusual Sites

Authors: Dr. Naushaba Qureshi, Dr. Shagufta Qadri, Prof. Kiran Alam, Dr. Tasneem Kausar
Name of the institute: Jawaharlal Nehru Medical College

INTRODUCTION:

Tuberculosis is a systemic infection caused by *Mycobacterium tuberculosis*. Extrapulmonary tuberculosis affects various organs with wide range of clinical manifestations and accounting for 16% of the TB cases globally and 19% in South-East Asia. Despite being an important cause of TB morbidity and death, its diagnosis and management remain a challenge.

Aims and Objectives:

To present four cases of extrapulmonary TB initially diagnosed clinically as non-tubercular conditions. To highlight the diagnostic challenge due to varied clinical presentation of EPTB. To emphasize the role of histopathology in confirming TB in unsuspected cases.

Materials and Methods

A descriptive study of four histopathologically confirmed cases of EPTB was conducted. Specimens from involved sites were processed, stained with hematoxylin and eosin. Clinicoradiological findings were correlated.

Results

Case 1: 20-year-old male with right upper quadrant pain. Imaging showed cholelithiasis with concealed gallbladder perforation. Histology revealed epithelioid granulomas.

Case 2: 40-year-old female with right back pain. Imaging suggested pyonephrosis. Kidney specimen showed epithelioid cells, giant cells, and necrosis.

Case 3: 28-year-old male with left flank pain. Nonfunctional kidney on imaging. Histology showed epithelioid granulomas with Langhan's giant cells and necrosis.

Case 4: 31-year-old female with intermenstrual bleeding. USG showed endometrial polyp. Histology revealed granulomas with Langhan's and foreign body giant cells.

Conclusion:

EPTB mimics other diseases clinically and radiologically. These cases emphasise the need for increased clinical suspicion in TB-endemic regions and pivotal role of histopathological examination in recognizing atypical EPTB presentations. Hence reducing morbidity and optimising patient outcomes by early diagnosis.

Title: From Scales to Cells: Histomorphology of Psoriasis Vulgaris and its Clinical Significance

Authors: Dr Ekta Singh, Dr Mani Krishna, Dr Hira Qamar.

Affiliation: Department of Pathology, Uttar Pradesh University of Medical Sciences, Saifai ,
Etawah, UP

Introduction: Psoriasis vulgaris is a chronic, immune-mediated dermatosis characterized by a complex interplay between genetic predisposition, environmental triggers, and dysregulated immune responses with an Indian prevalence ranging from 0.44% to 2.8%. It manifests clinically as erythematous, scaly plaques, with histopathology playing a pivotal role in confirming diagnosis, especially in atypical or early lesions.

Aims and objective: To assess and analyze the histomorphological spectrum of psoriasis vulgaris and its clinicopathological variants, emphasizing its diagnostic value and clinical relevance.

Material and methods: This retrospective study included 54 skin biopsies diagnosed as psoriasis and its variants at a tertiary care center between 2016 and 2024. Cases were reviewed for histopathological features such as parakeratosis, acanthosis, Munro microabscesses, spongiform pustules, and inflammatory infiltrates. Variants were classified into classic, early, pustular, and plantar psoriasis. Clinicopathological correlations were drawn based on age, sex, and biopsy site.

Results: The majority of cases were of classic psoriasis vulgaris (85.2%). Early psoriasis, pustular psoriasis, and plantar psoriasis formed minor subsets. Most cases showed hallmark features of psoriasis, including confluent parakeratosis, regular acanthosis, elongated rete ridges, hypogranulosis, and presence of neutrophils in the stratum corneum. No malignant transformations or overlapping dermatoses were reported.

Conclusion: Histopathological examination remains indispensable in diagnosing and subclassifying psoriasis, especially in cases with subtle or unusual presentations. The study reinforces the classical morphological features of psoriasis while highlighting the diversity seen in early and variant lesions as well as its role in monitoring disease chronicity, assessing therapy response, and identifying co-existing or mimicking dermatoses.

Keywords: Psoriasis vulgaris, parakeratosis, acanthosis, Munro microabscesses, spongiform pustules.

Title: Digging Deeper into the Gallbladder: A 3-Year Retrospective Review of Intracholecystic Papillary Neoplasm of the Gallbladder with Emphasis on Frozen Section Diagnosis

Authors: Dr Himanshu Mohan¹, Prof Preeti Agarwall, Dr Shada Baril, Dr Sultan Ahamad¹, Dr. Awanish Kumar², Dr. Amit Karnik²

1. Department of Pathology, King George's Medical University.
2. Department of General Surgery, King George's Medical University.

INTRODUCTION: Intracholecystic papillary neoplasm (ICPN) is a noninvasive epithelial neoplasm of the gallbladder. Radiologically they are, mass-forming lesions found incidentally or in work-up of patient with clinical features similar to that of gall stone disease. We herewith present two cases with ICPN which we encountered in past 3 years, frozen to histology.

Material and methods: All cholecystectomies performed at our centre between June 2022 and 2025 were evaluated, and cases diagnosed as intracholecystic papillary neoplasm (ICPN) were thoroughly analysed.

Results: Out of 3518 cholecystectomies, 0.04% (168/3518) harbored invasive malignancy, adenocarcinoma being the most common. Two cases of ICPN were encountered, both were females presenting with complaints of weight loss, and pain in right hypochondrium. Ultrasound revealed a proliferative papillary growth in gall bladder, and otherwise thin wall. Intraoperatively on frozen section one was reported as benign papillary neoplasm with no invasive component. The second was reported as adenocarcinoma. In both cases tumor size was <3cms, both papillary and tubular pattern were seen, however in first case the nuclei were relatively bland and basal but in second case there was mild to moderate nuclear atypia with cuboidal cells, resembling pancreaticobiliary type morphology. Both specimens were entirely embedded to assess for invasion, which was not identified

Conclusion: Knowledge of these papillary lesions is of key importance to a pathologist as need extensive gross and microscopic examination for correct diagnosis; intraoperative analysis is challenging. Points favoring ICPN is that the polyp size is usually small, and stalk is relatively very thin.

Title: Incidence Of Incidental Gallbladder Carcinoma in Cholecystectomy Patients: A Retrospective Analysis From a Tertiary Care Center in Northern India

Authors : Dr Shalini Shukla, Dr. Shivani Kalhan, Dr. Priya Yadav, Dr. Aarushi
Department of Pathology, Government Institute Of Medical Sciences, Greater Noida

INTRODUCTION: Gallbladder diseases, particularly those involving gallstones, are a widespread health issue globally. Cholecystectomy, often performed to manage gallstone-related conditions, can occasionally reveal incidental gallbladder carcinoma (IGBC) during histopathological evaluation. Identifying the incidence and characteristics of IGBC is critical for enhancing patient outcomes and clinical strategies.

Aims and Objectives: This study aimed to assess the frequency, clinical features, and pathological characteristics of IGBC in patients undergoing cholecystectomy at a tertiary care center in northern India.

Materials and methods: The retrospective study analysed 847 gallbladder specimens from patients who underwent cholecystectomy over a span of two years. Cases with suspected carcinoma before surgery or degraded specimens were excluded. Histopathological analysis was conducted using Hematoxylin and Eosin staining, and staging was performed according to the American Joint Committee on Cancer (AJCC) guidelines. Patient demographics, clinical presentation, and imaging findings were also reviewed.

Results: Among the 847 specimens, IGBC was detected in 8 cases (0.94%), all in females, with a mean age of 52.38 years. Most presented with right upper quadrant pain (75%). Ultrasonography commonly showed gallstones (87.5%) and thickened gallbladder walls (75%). Histologically, 7 cases were adenocarcinomas, and 1 was lymphoepithelioma-like carcinoma. Pathological staging revealed 3 cases at pT1, 4 at pT2, and 1 at pT3.

Conclusion: The study highlights an IGBC incidence of 0.94%, emphasizing the need for routine histopathological analysis of gallbladder specimens. This practice aids in detecting early-stage carcinomas, which can significantly improve survival rates and guide appropriate management strategies.

KEY WORDS: Oncopathology, Gastrointestinal tract, Incidental, Staging, Cancer

Title: Sox2 Expression Across The Spectrum of Cervical Neoplasia: From Squamous Intraepithelial Lesions To Invasive Squamous Cell Carcinoma

AUTHORS:

Dr. PRIYAMVADA MAURYA (JR), Dr. SHAILA MITRA (Prof.), Dr. SONAL RATNAKAR GOEL(Asst. Prof.), Dr. RAJESH K. RAI (Prof. & Head), Dr. SHILPA U. VAHIKAR(Prof.), Dr. KANCHAN SRIVASTAVA(Prof.), Dr. ARCHANA BUNDELA (Asso.Prof.), Dr. ALPANA BUNDELA(Asso. Prof.) ,Dr.ARCHANA TRIPATHI (Asso. Prof.)

INTRODUCTION: Cervical cancer is a significant global health burden and is second most common cancer in Indian women. The intricate interplay between stemness marker and cell death pathway significantly influences the pathophysiology of cervical cancer. SOX2, a stem cell marker, is overexpressed in cervical cancer, contributing to tumor progression, chemoresistance, and poor prognosis by maintaining cancer stem cell characteristics and promoting carcinogenesis.

Aim and Objectives: To evaluate SOX2 expression in cervical cancer and precancerous lesions and correlate with its histopathological grade.

Materials and Methods: A cross-sectional study was conducted at the Department of Pathology, B.R.D. Medical College, Gorakhpur . A total of 50 cervical tissue samples including squamous cell carcinoma (SCC), high-grade squamous intraepithelial lesion (HSIL) and low-grade squamous intraepithelial lesion (LSIL) .Autolysed, inadequate, or ill-fixed samples, and those with prior chemotherapy/radiotherapy were excluded. Histopathological examination and immunohistochemical expression of SOX2 were analyzed using specific antibodies. The SOX2 expression was quantified and classified based on the percentage of tumor cells showing nuclear staining and combined positive score.

Results: Among the 50 cases, LSIL accounted for 38.0%, HSIL for 32.0% and SCC for 30.0%. SOX2 showed strong overexpression in HSIL and SCC, while LSIL demonstrated weak expression. Expression in LSIL was limited to the basal third, while in HSIL it extended to two-thirds or full epithelial thickness.

Conclusion: SOX2 expression increases with lesion severity, making it a reliable prognostic marker for cervical intraepithelial neoplasia and carcinoma.

Title: Clinicopathological Spectrum of Malignant Mesenchymal Tumors of the Head and Neck: Experience from a Tertiary Care Centre

Authors : Dr.Gagan Chhabra¹, Dr.Sumaira Qayoom², Prof.Ajay Singh³, Prof Madhu Kumar⁴, Prof Mala Sagar⁵

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INTRODUCTION: Mesenchymal neoplasms of the head and neck are rare, accounting for approximately 1–5% of all tumors in this region. Originating from connective tissue elements, with benign variants predominating, malignant mesenchymal tumors display considerable histologic diversity and account for less than 1% of head and neck malignancies. Their variable clinical presentation and overlapping histopathologic features complicate diagnosis and management.

Aims and Objectives: To comprehensively evaluate clinico-pathological diagnosis, management, and prognostic determinants of mesenchymal neoplasms of the head and neck.

Material and Methods: This study was conducted in the Department of Pathology, KGMU, where in a total of 32 histologically confirmed cases of malignant mesenchymal neoplasms of the head and neck from 2023–2024, with their cytological reports were included. Cases were selected from departmental archive. Clinical details, including age, sex, site of involvement, presenting symptoms, and duration of illness, were obtained from patient records.

Results: A total of 32 malignant mesenchymal neoplasms of the head and neck were analyzed. The patient age ranged from 2–50 years, with mean age of 26.3 years with slight male predominance. Most frequently involved anatomical site was oral cavity followed by nasal cavity. The predominant presenting symptom was painless swelling present in 60% of patients. Histo-pathological subtyping revealed Rhabdomyosarcoma and Ewings' sarcoma to be the most common entities followed by Osteosarcoma and Chondrosarcoma. Immunohistochemistry was essential for confirmation in 93 % of cases.

Conclusion: Malignant mesenchymal neoplasms of the head and neck are rare, histologically diverse tumors presenting significant diagnostic and therapeutic challenges. Continued research, particularly into molecular profiling and targeted therapies, holds promise for refining prognostic assessment and expanding treatment options for these uncommon but clinically significant tumors.

Title: Unmasking Tumor Response : Histological Insights Into Chemotherapy Treated Ovarian Cancers Using The Standardized Chemotherapy Response Score (Crs)

AUTHORS - Dr. Aadila Taiyab(1) , Dr Areeba Aziz(2), Dr. Md. Shadab Alam(3), Dr. Ruquiya Afrose(4)

AFFILIATIONS: 1,2 - junior resident, Dept of Pathology and Radiation Oncology, JNMCH, AMU; 3,4 - Assistant professor, Dept of Radiation Oncology and Pathology, JNMCH, AMU

INTRODUCTION:

Ovarian carcinoma is notorious for its poor prognosis, primarily due to delayed diagnosis owing to its non specific clinical presentation . In patients unfit for primary debulking, neoadjuvant chemotherapy (NACT) followed by interval debulking surgery (IDS) is the preferred approach. The 2020 WHO classification emphasizes standardised histopathological evaluation, particularly through the chemotherapy response score (CRS), to assess treatment effectiveness.

AIMS AND OBJECTIVES

To evaluate chemotherapy induced histopathological changes in high grade serous ovarian carcinoma and categorize responses using the WHO recommended CRS system.

MATERIALS AND METHODS

A 2 year prospective study (2022-24) was conducted on 25 patients with high grade serous carcinoma of ovary in Jawaharlal Nehru Medical College, Aligarh. 3 cycles of platinum based chemotherapy was given to patients and post-chemo biopsy specimens were sent for histopathological evaluation.

RESULTS

Among the 25 patients, 5 showed minimal to no response (CRS 1); 13 showed partial response (CRS 2) and 7 showed complete response (CRS 3). Higher scores (CRS 2,3) correlated with decreased tumour viability, increased fibrosis and necrosis- indicating good chemotherapeutic response.

CONCLUSION

Most high grade serous carcinoma cases showed favourable response to NACT. The CRS system, in line with the 2020 WHO classification, is a reliable tool for assessing treatment responses and should be integrated into routine histopathology reporting to aid clinical decision making and better management.

Keywords

High grade serous carcinoma, WHO 2020 classification, Chemotherapy response score, ovarian carcinoma, neoadjuvant chemotherapy.

Title: Immunohistochemical Analysis of Cyclin D1 in Oral Premalignant Lesions and Oral Squamous Cell Carcinoma

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INTRODUCTION: Oral squamous cell carcinoma (SCC) is a malignant epithelial tumor with poor prognosis ranking 6th amongst the most common cancers across the world. Cyclin D1 is a protein found on chromosome 11q13 and it regulates G1-S transition. Excessive cell proliferation occurred due to uncontrolled expression of cyclin D1. This makes cyclin D1 a possible biomarker for early diagnosis and management strategies. Elevated levels of cyclin D1 have been observed in a variety of tumors, including esophageal carcinoma, HCC, lung carcinoma and head & neck carcinoma.

Aims and Objectives: This study was conducted to assess and compare the expression of Cyclin D1 in premalignant lesions and various grades of oral squamous cell carcinoma and to identify its role in early diagnosis and management.

Materials and Methods: A total of 75 cases of oral squamous cell carcinoma and oral premalignant lesions, confirmed through histopathological examination, were assessed for cyclin D1 expression using immunohistochemical techniques.

Results: The analysis revealed a significant change in cyclin D1 protein expression as the lesions progressed from epithelial dysplasia to oral squamous cell carcinoma.

Conclusion: Therefore, we concluded that cyclin D1 has the potential to serve as a valuable marker in cases of oral precancer and cancer. Additionally, it may also be considered a target for future molecular intervention studies.

Title: Breast biomarker dynamics in primary and metastatic settings: Insights from a 5 Year study at a tertiary cancer center in India highlighting changes of expression pattern and its clinical impact

Presenting Author and Co-authors:

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Background: Breast cancer (BC) biomarker dynamics—particularly alterations in estrogen receptor (ER), progesterone receptor (PR), and HER2 status between primary and metastatic sites—have significant implications for prognosis and treatment. However, data from Indian cohorts remain scarce.

Objective: To evaluate the frequency, patterns, and clinical impact of receptor status conversion in Indian breast cancer patients over a 5-year period.

Methods: This prospectively planned, retrospective cohort study included 113 BC patients treated at a tertiary cancer center in North India (2019–2023). Paired immunohistochemical profiles from primary and first metastatic lesions were compared. Statistical analyses included Kaplan–Meier survival estimates and log-rank testing.

Results: Receptor discordance was observed in 24.8% for ER, 39.8% for PR, and 14.2% for HER2, with a predominant shift from positive to negative. Lung was the most frequent site of metastasis associated with biomarker conversion. Although changes in receptor status did not reach statistical significance for disease-free survival (DFS), a trend toward shorter DFS was noted in patients with conversion. Type 1 (HR+/HER2–) tumors were most common, while triple-negative (Type 4) tumors showed the longest short-term DFS but the most aggressive clinical course.

Conclusion: This is the largest Indian study to date evaluating receptor conversion in BC. The findings underscore the biological plasticity of breast cancer and reinforce current guidelines recommending biopsy and biomarker reassessment in recurrent/metastatic disease. Integrating re-biopsy into routine care can optimize treatment in resource-constrained settings, improve therapeutic precision, and enhance patient outcomes.

Keywords: Breast cancer, biomarker dynamics, receptor conversion, ER, PR, HER2, metastatic progression, India

Title: Clinico-Pathological Spectrum of Gallbladder Disorders with Special Reference to Malignancy

Name of authors: Shreya Sati¹, Shashwat Verma², Ranjan Agrawal³

Junior Resident 1st Year¹, Assistant Professor², Professor & Head³

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INTRODUCTION: In India, particularly in the northern and northeastern regions, gall bladder conditions such as cholelithiasis and carcinoma are becoming more common, especially among women. If left untreated, cholelithiasis, which frequently manifests as abdominal pain, can progress to malignancy. Despite being quite uncommon, gall bladder cancer is the most prevalent biliary tract malignancy and often detected late, resulting in poor prognosis. Early diagnosis and evaluation are essential in improving patient outcomes.

Aim: To evaluate the histomorphological spectrum of gall bladder diseases with a focus on malignant epithelial lesions.

Materials & Methods: A prospective cross-sectional study was conducted on 50 cholecystectomy specimens received at Rajshree Medical Research and Institute, Bareilly from May 2024 to April 2025. All cases were evaluated and reported by senior pathologists and were classified according to WHO and AJCC 8th edition guidelines.

Result: Histopathological analysis revealed that out of 50 cases, 80% were non-neoplastic, while 10% each were premalignant and malignant. The most affected group was multiparous women aged 31–40 years. Chronic cholecystitis with gallstones was the predominant finding. Acute cholecystitis in 15.1% of cases, chronic cholecystitis in 46%, and adenocarcinoma in 3%. Multiparity was observed in 69.6% of female patients. Common presenting symptoms included dyspepsia (11.6%) and fever (5.8%). Obesity and metabolic syndrome were identified as important risk factors.

Conclusion: Gallstones were frequently associated with epithelial changes like dysplasia and metaplasia, progressing in few cases to malignancy. These results highlight the importance of early screening and timely management so as to prevent malignant transformation.

Keywords: Gall bladder, cholelithiasis, malignancy, cholecystitis, WHO, AJCC guidelines.

Title: Aberrant Expression of Pneumocytic Markers (TTF-1 and Napsin-A) in Biliary Duct and Gallbladder Adenocarcinomas; A Potential Diagnostic Pitfall

AUTHORS:

Rutvij Khedkar, MDI , Radhika Agrawal, MDI , Subhash Yadav, MDI , and Rajiv Kumar Kaushal, MDI

ABSTRACT:

Cholangiocarcinomas and gallbladder carcinomas are epithelial tumours with biliary differentiation. On histology and immunohistochemistry, they resemble adenocarcinomas and possess overlapping immunohistochemical profiles. Diagnosing these tumours is best done using appropriate imaging and clinical features with compatible immunohistochemistry. Immuno-staining for thyroid transcription factor-1 (TTF-1) and novel aspartic proteinase of pepsin A (Napsin-A) is believed to be specific for primary pulmonary adenocarcinomas. We herein report uncommon instances of strong and diffuse expression of these markers in two examples of adenocarcinomas arising from the bile duct and gallbladder. A review of the literature and a summary of similar studies relating to aberrant TTF-1 and Napsin-A expression in biliary tract adenocarcinomas are presented.

KEYWORDS:

Cholangiocarcinoma, gallbladder carcinoma, TTF-1, Napsin-A, immunohistochemistry

Title: Correlation Between Morphological Typing of Anemia Based on Rbc Indices and RDW Obtained From Automated Hematology Analyzer with Peripheral Blood Smear Examination

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INTRODUCTION: Anemia, affecting 22.8% globally in 2019, is a major health issue. WHO defines it as hemoglobin <110 g/L in young children and pregnant women, <120 g/L in non-pregnant women, and <130 g/L in men.

Aims and Objectives: This study compares anemia typing using RBC indices (MCV, MCH, MCHC) and RDW from an automated analyzer with peripheral smear findings to assess correlation and diagnostic accuracy of both methods.

Materials and Methods: This study analyzes at least 200 cases from 2024–2025 for anemia typing. Hemogram data via automated hematology analyzer, including RBC indices, RDW, and CBC, is compared with peripheral smear examination stained by Giemsa. Findings aim to validate morphological typing accuracy using automated parameters against traditional smear methods.

RESULTS: In a study of 200 anaemia cases, microcytic hypochromic anaemia was most common. RBC indices showed 86% accuracy, but peripheral smear improved detection, especially for dimorphic and polychromatic patterns, highlighting its continued diagnostic value.

DISCUSSION: In both the present and referenced studies, microcytic hypochromic anaemia was the most common type (46%), highlighting iron deficiency as a major cause of anaemia in India, especially among women under 40 years of age.

CONCLUSION: Automated analysers with RDW are valuable for anaemia typing, but peripheral smear remains essential for detecting abnormal cells, parasites, and accurately classifying normocytic anaemia with raised RDW.

KEYWORDS: RDW, ACD, DA, Hct, MCHC, MHA

Title: Cytohistomorphological Spectrum of Lymphadenopathy in a Tertiary Care Centre

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INTRODUCTION: Lymphadenopathy, encompasses a wide range of underlying etiologies including reactive hyperplasia, infectious diseases, granulomatous inflammation, and malignancies. Fine Needle Aspiration Cytology (FNAC) serves as a valuable, minimally invasive, and cost-effective initial diagnostic tool for evaluating lesion of the lymphnode. It helps in the rapid diagnosis and guides towards the clinical management, often reducing the need for further invasive procedures.

Aim: To evaluate the cytohistomorphological spectrum of lymphadenopathy and determine the diagnostic accuracy and utility of FNAC when correlated with histopathological findings.

Materials and methods: Cross-sectional study was conducted at Rajshree Medical Research Institute, Bareilly, from May 2024 to April 2025. A total of 100 patients presenting with peripheral lymphadenopathy underwent FNAC. In selected cases, histopathological correlation was performed using excisional or core biopsy specimens. The cases were categorized into reactive, infectious (including tuberculous), granulomatous, and neoplastic (benign and malignant) groups based on the cytomorphological and histopathological evaluation.

Results: Reactive lymphadenitis was the most common diagnosis (40%), followed by granulomatous lymphadenitis (30%), predominantly of tuberculous etiology. Malignant lesions comprised 25% of cases, including metastatic carcinoma and lymphomas. The remaining 5% included necrotizing and suppurative lymphadenitis. FNAC showed high diagnostic accuracy.

Conclusion: This study highlights the diverse cytohistomorphological spectrum of lymphadenopathy. FNAC has proved to be a reliable, rapid, and minimally invasive diagnostic tool, especially in conjunction with histopathology. This study reaffirms the essential role of FNAC in the efficient diagnosis and management of lymphadenopathy.

Keywords: Lymphadenopathy, FNAC, Granuloma, Malignancy,

Title: Clinicopathological Spectrum of Renal Cortical Necrosis in A Tertiary Care Centre

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INTRODUCTION: Renal cortical necrosis (RCN) is an uncommon but serious cause of acute renal failure (ARF), resulting from prolonged ischemia of the renal cortex. It carries a poor prognosis and often leads to irreversible renal damage.

Aim: To analyze the clinical, etiological, and histopathological spectrum of RCN in patients presenting with ARF at a tertiary care centre.

Objectives: To determine etiological factors, distinguishing obstetric and non-obstetric causes and to assess histopathological patterns in renal biopsies with clinical history. **Material and Methods:** This retrospective study was carried out in the Department of Pathology, including 25 biopsy-proven RCN cases over two years. Clinical data (age, gender, symptoms, obstetric/non-obstetric factors) and immunofluorescence findings were analyzed along with histology.

Results: Among 25 patients (20 females, 5 males; age 12–70 years), all presented with ARF and deranged renal parameters. Microscopy revealed diffuse RCN in 16 cases and focal RCN in 9 cases; 6 showed associated acute tubulointerstitial nephritis. Immunofluorescence was non-significant. Obstetric causes included postpartum hemorrhage (8), sepsis (3), hypertensive disorders (3), Septic abortion (1), and MAHA (3). Non-obstetric causes included malaria (4), MAHA (2), toxin exposure (1) and dengue (1).

Conclusion: RCN predominantly affected women with obstetric complications, especially PPH, though non-obstetric factors like infections and toxins were significant. Diffuse cortical necrosis was more common, indicating extensive cortical injury. Absence of immune deposits supports ischemic mechanism. Most of the patients were dialysis dependant. Early recognition and management of underlying causes can improve outcomes, larger studies are needed to define regional patterns and preventive strategies.

Keywords: Renal Cortical Necrosis (RCN), Acute Renal Failure (ARF), Microangiopathic Hemolytic Anemia(MAHA).

Title: Immunohistochemical Expression of Aldehyde Dehydrogenase 1A1 in Oral Squamous Cell Carcinoma and its Clinicopathological Correlation

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Background: Oral squamous cell carcinoma (OSCC) is a major health problem in India with high morbidity and mortality. Aldehyde dehydrogenase 1A1 (ALDH1A1), a cancer stem cell marker, is linked with tumor aggressiveness and metastatic behavior. This study evaluates its expression in OSCC and correlation with clinicopathological parameters.

Aim and Objectives:

To assess ALDH1A1 expression in OSCC and correlate it with TNM stage, grade, lymphovascular invasion, perineural invasion, and nodal metastasis.

Materials & Methods:

An observational study was conducted on 122 cases (102 OSCC and 20 normal mucosa). ALDH1A1 expression was evaluated by immunohistochemistry and scored by intensity and percentage of stained tumor cells.

Results:

High ALDH1A1 expression was found in 36.2% of OSCC and 74.5% of metastatic lymph nodes. It significantly correlated with TNM stage ($p=0.01$), lymph node metastasis ($p=0.03$), and lymphovascular invasion ($p<0.001$). However, no significant association was found with histological grade or perineural invasion.

Conclusion:

ALDH1A1 may serve as a prognostic marker and aid in risk stratification and management in OSCC.

Title: To study the utility of ERG and P63 immunohistochemistry in evaluation of Pre-neoplastic and Neoplastic lesions of Prostate.

Registration ID:311 UPIAPM/L24/2022

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INTRODUCTION: Prostate cancer (PCa) is the second most common malignancy in men and the sixth leading cause of death. Sometimes it is challenging for pathologists to differentiate between benign mimicker lesions, borderline malignant lesions and malignant disorders of the prostate gland especially when limited amount of tissue is available for histology. Various markers have been used for distinguishing these lesions. However, they are not 100% specific or sensitive.

Aim and Objectives: To study the role of ETS related gene (ERG) expression in pathogenesis of PCa and to evaluate its utility in differentiating various lesions of the prostate gland using immunohistochemical methods.

Material & Methods: This is an observational and analytical study conducted on 100 biopsy specimens. Lesions studied include benign mimicker, premalignant and malignant lesions of prostate. The study was done, during the period January to December 2024.

Result: Out of 100 cases of prostatic lesions included in the study, there were 40 cases of benign prostatic hyperplasia, 34 cases of benign mimicker lesions and 26 cases of PCa. ERG expression was observed in 50% cases of invasive PCa and in 33% cases of prostatic intra-epithelial neoplasia (PIN). ERG expression was absent in all cases of BPH and benign mimicker lesions.

Conclusion: ERG expression in 50% cases of PCa and 33% cases of PIN in conjunction with its absence in BPH and benign mimicker lesions suggests that ERG gene can be implicated in pathogenesis of PCa in a subset of patients. Its expression can also be used for diagnosis of PCa in selected cases.

Key words: ERG, PCa, BPH, benign mimicker

Title: Mismatch repair proteins and KRAS in Gall Bladder Carcinoma

Authors:

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INTRODUCTION: Gall bladder carcinoma (a leading cause of mortality in India have aggressive behaviour and limited therapeutic options. There is a need for adjuvant medical therapies apart from the conventional platinum and cytotoxic chemotherapy. KRAS mutation has emerged as an important predictive marker of resistance to anti EGFR treatment. High microsatellite instability/deficient mismatch repair proteins (solid tumors may benefit from immunotherapy-immunotherapy-FDA approved PD -L1 (programmed cell death ligand 1) blockade Keytruda. Limited literature on MMR proteins and KRAS IHC in GBC exists. We have analyzed the dMMR and KRAS in two hundred and seventy-seven cases of GBC in north Indian population.

Design: The study group comprising of a cohort of 277 cases of GBC included radical cholecystectomy (n= 152), simple cholecystectomy (n= 66), gallbladder biopsy (n= 52) and lymph nodes (n= 7). Expression of MMR proteins and KRAS was evaluated by immunohistochemistry (IHC) on tissue microarray. MSI was defined as complete loss of nuclear staining for one or more of the four MMR proteins. Adjacent normal mucosa, stromal cells, and inflammatory cells served as internal positive controls. Cytoplasmic IHC staining of K-ras protein was scored by two observers and expressed as 3(+) > were stained strongly, 2(+) when 25 –75% moderately stained and 1(+) with focal (<25%) weak expression. Scores 2(+) and 3(+) were considered as positive expression. Results: Mean age was 55.9 years with male to female ratio of 1:2.9. MSI was present in 9.7% and KRAS in 5.3% GBC. Loss of MSH2/MSH6 was detected in five cases, loss of MLH1/PMS2 in eighteen cases, isolated loss of MLH1 in three cases and loss of MSH2, MSH6 and MLH1 in four cases. Significant association was evident between MSI and histological grade (p=0.037), higher stage IV (p=0.032) and TILs (p= KRAS was not significantly related to clinicopathological features. In synchronous paired samples from primary and metastatic lymph nodes, a discordant higher KRAS expression was evident in lymph nodes. Interestingly none of the MSI GBC showed positivity for KRAS.

Conclusion: MSI and KRAS mutations are present in a small subset of GBC

Title: Study of Immunohistochemical Expression of Pdl-1 and Ki-67 in Oral Squamous Cell Carcinoma

NAME OF AUTHORS- Dr Sakshi Chaudhary, Dr Anupam Varshney, Dr Rajnish Kumar

NAME OF INSTITUTION-Department Of Pathology, Muzaffarnagar Medical College And Hospital

INTRODUCTION: Oral squamous cell carcinoma(OSCC) is the most frequent tumor of the oral cavity represent 90-95% of the malignant neoplasm. It mostly occurred in middle aged and older people. According to GLOBOCAN 2022, oral cancer including lip ranked 16th in terms of incidence and 15th in term of mortality worldwide, with an estimated 389,485 (2%) new cases and 88,230 (1.9%) deaths in 2022. The expression of PDL-1 in tumor cells induces apoptosis by Programmed cell death/ Programmed cell death protein ligand pathway which leads to inhibition of cytotoxic T cell against cancer promoting progression. Ki-67 expression shows proliferative activity of tumor cells and tells about the degree of differentiation of malignant neoplastic cells.

OBJECTIVE- Aim of the study was immunohistochemical expression of PDL-1 and ki67 in OSCC.

METHODS- Fifty histopathologically diagnosed OSCC biopsies were studied over a period of one year. They were immunohistochemically stained to accesses PDL1 and ki67 expression in OSCC.

RESULT- More than half (52%) of the patients had moderately differentiated oral squamous cell carcinoma followed by well-differentiated OSCC (32%) and least number of OSCC cases (16%) were poorly differentiated. PDL-1 and ki67 expression in these cases were correlated with degree of differentiation of OSCC cases.

CONCLUSION-Multiple markers are available for OSCC out of which PDL1 is used a reliable marker for progression of malignancy and provide support for effective use of immune check point inhibitors in management of OSCC. Ki-67 is an indicator of cell proliferation whose expression is positively correlated with the prognosis of OSCC.

KEYWORDS- Programmed Cell Death Ligand (PDL-1), Oral Squamous Cell Carcinoma (OSCC), Ki67.

Title: Study of Ki 67 with Clinicopathological Correlation in Patients of Psoriasis

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UPIAPM Membership Number: UPIAPM/A896/2025

INTRODUCTION: Psoriasis is a chronic inflammatory disease triggered by the immune system. Psoriasis affects 2-3% of the world's population, and its cause is unknown. There is a complex interaction between genetic, immunological and environmental factors. It is an immune-mediated genetically determined disorder affecting skin, nails and joints with various systemic associations. The worldwide prevalence ranges between 0.09% and 11.43% with India contributing 20% of the global burden. Sometimes it is clinically and histopathologically challenging to distinguish Psoriasis from other Non-Psoriatic Psoriasiform Dermatoses (NPPD) like eczema, pityriasis rosea, pityriasis rubra pilaris and lichen simplex chronicus. Ki-67 regulates the cell cycle and is the most widely used proliferation immunohistochemistry (IHC) marker.

OBJECTIVE: To compare expression of IHC Ki 67 in Psoriasis and Non-Psoriatic Psoriasiform Dermatoses.

METHODS: 70 histopathologically diagnosed cases of Psoriasis (N=35) and Non-Psoriatic Psoriasiform Dermatoses (N=35) biopsies were studied over a period of one year. They were immunohistochemically stained with ki 67.

RESULT: Mean value of Ki-67 expression was highly significant in Psoriasis compared to all types of NPPD.

CONCLUSION: Ki-67 is a promising tool with diagnostic and prognostic utility in Psoriasis particularly when it comes to its differentiation from Non-Psoriasis Psoriasiform disorder.

KEYWORDS: Immunohistochemistry, Psoriasis, Non-Psoriatic Psoriasiform Dermatoses (NPPD), Ki67.

Title: Evaluation of Trappin- 2 Level in Cervico Vaginal Secretion as Predictor of Spontaneous Preterm Birth in Asymptomatic High Risk Women

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INTRODUCTION: Spontaneous preterm birth (sPTB) remains a leading cause of neonatal morbidity and mortality worldwide. Early identification of women at risk, especially among asymptomatic high-risk populations, is crucial for implementing timely preventive strategies. Trappin-2, an antimicrobial peptide involved in immune regulation and mucosal defense, has been suggested as a potential biomarker for preterm birth.

Objective: To evaluate the utility of Trappin-2 levels in cervicovaginal secretions as a predictive biomarker for spontaneous preterm birth in asymptomatic high-risk pregnant women.

Methods: This prospective observational study included asymptomatic pregnant women identified as high risk for preterm birth based on obstetric history. Cervicovaginal samples were collected between 14-20 and 22-28 weeks of gestation. Trappin-2 levels were quantified using enzyme-linked immunosorbent assay (ELISA). Participants were followed until delivery, and outcomes were categorized into term and spontaneous preterm births. Statistical analysis was performed to determine the association between Trappin-2 levels and the incidence of sPTB.

Results: The mean value of cervicovaginal Trappin-2 was significantly high in women who gave preterm birth compared with term group with p-value of <0.001, both at 14-20weeks and at 22-28weeks. A threshold value was identified, demonstrating good sensitivity and specificity in predicting sPTB among the prospective observational study

Conclusion: Measurement of Trappin-2 levels in cervicovaginal secretions may serve as a promising non-invasive tool for early prediction of spontaneous preterm birth in asymptomatic high-risk women. Further large-scale studies are warranted to validate its clinical utility and potential integration into prenatal screening protocols.

Title: Estimation of Mirna 155 in Breast Cancer Patients- A Tertiary Care Centre Study

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INTRODUCTION: Breast cancer is the most common solid malignancy in women globally, with a growing incidence in younger populations, especially in developing countries. While Luminal A tumors respond well to therapy, aggressive subtypes like Luminal B and triple-negative breast cancer (TNBC) often show poor outcomes. microRNA-155 (miRNA-155) has been implicated in tumor progression, immune modulation, and chemoresistance.

Aim and Objective: To evaluate the expression of miRNA-155 in treatment-naïve invasive ductal carcinoma cases and analyze its association with molecular subtypes, clinicopathological features, treatment response, and clinical outcomes, aiming to explore its diagnostic, predictive, and prognostic potential.

Material and Method: This prospective observational study was conducted at King George's Medical University. Forty-nine untreated female breast cancer patients were enrolled. miRNA-155 expression was quantified using real-time PCR from blood samples and normalized to U6 RNA. Clinicopathological data were collected, and treatment responses were assessed using RECIST and Residual Cancer Burden (RCB) criteria. Statistical analysis was performed using SPSS v21.

Results: Elevated miRNA-155 levels (>1.165) were observed in 79.6% of cases, notably among patients aged 41–60 years, ER/PR-negative tumors, and TNBCs. ROC analysis yielded an AUC of 0.757 with 79.6% sensitivity and specificity. High miRNA-155 was significantly associated with poor tubule formation ($p < 0.05$). Though not statistically significant, high expression correlated with worse RECIST/RCB response, progression, and mortality.

Conclusion: miRNA-155 is frequently upregulated in breast carcinoma and may serve as a valuable diagnostic and prognostic biomarker, especially in aggressive subtypes. Larger studies are needed for validation and clinical application.

Keywords: miRNA-155, breast cancer, biomarker, triple-negative breast cancer, chemoresistance, residual cancer burden, RECIST, molecular subtypes

Title: Study of Immunohistochemical Expression of Cd-57 in Oral Squamous Cell Carcinoma

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INTRODUCTION: Oral squamous cell carcinoma is an important health problem and one of the main causes of death in developing countries. The most common site is tongue which is associated with higher mortality than OSCC in other subsites (e.g. floor of mouth, gingivae, and retromolar trigone). Natural killer (NK) cells are one of the most important effector T-lymphocytes having antitumor effect. The cluster of differentiation 57 (CD-57) is a marker of terminally differentiated human NK cells. The antitumor response by the immune inflammatory cells in the tumour microenvironment is usually imparted by cytotoxic T-lymphocytes and NK cells. Increase in the expression of CD57 in the tumour stroma of OSCC may serve as a good prognostic marker.

OBJECTIVE: This study was done to assess the expression of CD-57 in NK cells in OSCCs of various histological grades.

METHODS: Fifty histopathologically diagnosed oral squamous cell carcinoma biopsies were studied over a period of one year. Wax blocks were obtained and subjected to immunohistochemistry (IHC) analysis for CD-57 expression.

RESULT: Total 50 cases we studied. out of which 16 cases (32%) cases of well differentiated, 26 cases (52 %) moderately differentiated and 8 cases (16%) were of poorly differentiated oral squamous cell carcinoma. Immunohistochemical staining along with scoring was done and correlated with the differentiation of cases.

CONCLUSION: Histopathological grading of malignancy was reflecting the tumours biological behaviour. We demonstrated that OSCC's surroundings were infiltrated by CD57+ immune cells suggesting the impact of these inflammatory cells in OSCC microenvironment and tumour behaviour.

KEYWORDS: CD-57, Immunohistochemistry, Natural Killer Cells, Oral Squamous Cell Carcinoma,

Title: Histopathological Spectrum of Palpable Breast Lesions A Study in a Tertiary Care Center

Author: Dr Anum Fatima Qazi , Dr Deepali Gupta , Dr Somya Saxena

Institution: FH Medical College, Agra

INTRODUCTION: The incidence of breast malignancy is on the rise in India, primarily due to lifestyle changes, hormonal factors, and increased awareness leading to early detection. Histopathological evaluation remains the gold standard for diagnosis and classification of breast lesions.

Objective: To assess the prevalence, histological types, and patterns of malignant breast lesions in females, and analyze their association with age, tumor site, histological grade, and biological behavior.

Materials and Methods: This cross-sectional study was conducted over 1-year period (June 2024 to July 2025) in a tertiary care center. A total of 52 histopathologically confirmed malignant breast lesions in females were analyzed.

Results: Malignant lesions were most prevalent in women aged 40-59 years. The most frequent presenting symptom was a palpable lump (79.25%), with the left breast being more commonly involved (53.5%). The upper outer quadrant was the most affected (30.19%). Infiltrating ductal carcinoma was the predominant histological type (85.33%), followed by invasive lobular carcinoma (5.66%). Metastatic lymph node involvement was seen in 65.66% of cases. Grade II (MBR score) tumors were most common (51.35%).

Conclusion: Histopathological examination plays a crucial role in determining the biological and morphological behavior of breast malignancies. Grading and staging provide critical information for planning appropriate treatment and assessing prognosis.

Title: Spectrum of Gall Bladder Diseases in Cholecystectomy Specimens: A Histomorphological Study

Background:

Gallbladder diseases represent a significant health burden, with gallstones and cholecystitis being the most common indications for cholecystectomy worldwide. Routine histopathological examination of gallbladder specimens plays a vital role in diagnosing a wide spectrum of lesions, including incidental detection of premalignant and malignant conditions that may not be clinically suspected.

Objectives:

This study aimed to evaluate the histomorphological spectrum of gallbladder diseases in cholecystectomy specimens, with emphasis on identifying premalignant and malignant lesions through routine microscopic examination.

Methods:

A prospective and retrospective observational study was conducted over two years in the Department of Pathology, Venkateshwara Institute of Medical Sciences, Gajraula, Uttar Pradesh. A total of 370 cholecystectomy specimens were included. Detailed gross examination and histopathological evaluation were performed following standard protocols. Special stains and immunohistochemistry were applied when indicated. Demographic, clinical, and pathological data were analyzed.

Results:

The majority of cases were females (73.0%), with peak incidence in the 21–40-year age group. Gallstones were present in 77.0% of specimens. The most common histopathological diagnosis was chronic cholecystitis with cholelithiasis (56.7%). Premalignant and malignant lesions, including dysplasia, adenocarcinoma, and porcelain gallbladder, were detected in 3.2% of cases, with a female predominance.

Conclusion:

Routine histopathological examination of all cholecystectomy specimens is essential for detecting incidental premalignant and malignant lesions, aiding in early diagnosis and appropriate patient management.

Keywords:

Cholecystectomy; Gallbladder Neoplasms; Cholelithiasis; Histopathology; Premalignant Lesions.

Title: Association of Lipoprotein (A), Homocysteine and Triglyceride Glucose Index in Young Patients of Acute Coronary Syndrome

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INTRODUCTION: Acute Coronary Syndrome (ACS) is increasingly affecting young adults under 45 years, posing a major public health challenge. Traditional cardiovascular risk factors do not fully explain this rise. Emerging biomarkers like Homocysteine, Lipoprotein(a) [Lp(a)], and the Triglyceride-Glucose (TyG) index may offer better risk stratification.

Aim and Objectives: To evaluate the levels and associations of circulatory Homocysteine, Lp(a), and TyG index in young adults (<45 years) with angiographically confirmed ACS cases compared to healthy controls.

Materials and Methods: This was a case-control study involving 154 young patients who came with complaints of acute chest pain, in which 126 patients were angiographically proven ACS patients and considered as cases and 28 angiographically proven normal patients were considered as controls. Serum Lp(a) were measured using ELISA and Homocysteine measured by CMA technique, while fasting triglyceride and glucose levels were used to calculate the TyG index. Statistical analysis included independent t-tests, Pearson correlation, and ROC analysis to assess diagnostic value.

Results: Significantly elevated levels of Homocysteine, Lp(a), and TyG index were observed in ACS cases compared to controls ($p < 0.001$). These biomarkers showed positive correlations with traditional risk factors such as BMI, hypertension, and smoking. ROC curve analysis demonstrated high diagnostic accuracy.

Conclusion: Homocysteine, Lp(a), and TyG index are significantly associated with early-onset ACS and may serve as useful biomarkers for early detection and risk prediction. Incorporating these markers into routine evaluation could

Title: Haematological Scoring System in Early Diagnosis of Neonatal Sepsis

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UPIAPM/A904/2025

Abstract

Introduction

Neonatal sepsis remains a formidable global health challenge, constituting a significant cause of morbidity and mortality among both term and preterm infants. Our study aims to evaluate a comprehensive haematological scoring system for the early diagnosis of neonatal sepsis.

Material and Methods

This hospital-based prospective observational study was conducted over 18 months at the Department of Pathology and NICU, Muzaffarnagar Medical College, involving 100 neonates with suspected sepsis using convenience sampling. Inclusion criteria involved neonates under 28 days old with clinical suspicion of sepsis. Data collected included maternal, perinatal, and neonatal clinical profiles, and hematological investigations like WBC, ANC, I/T ratio, platelet count, CRP, and blood culture using the BACTEC system. Rodwell's hematological scoring system was employed to assess sepsis likelihood. Ethical clearance was obtained from the Institutional Ethical Committee.

Results

In our study, 91% of neonates were in the early neonatal period (1–10 days), with a slight male predominance (54%). Seizures (25%) were the most common clinical presentation. Using Rodwell's hematological scoring, 34% were classified as "sepsis very likely," 31% as "possible sepsis," and 35% as "sepsis unlikely." CRP was positive in 78% of cases and blood culture in 52%, both showing significant association with sepsis likelihood. Platelet count, immature PMN count, and I/T ratio showed significant variation across sepsis categories.

Conclusion

Our study highlights the usefulness of Rodwell's hematological scoring system as a cost-effective and practical tool in the early diagnosis of neonatal sepsis.

Keywords

Hematological scoring system, Infection, Neonatal sepsis, Peripheral blood smears.

Title: Exploring the Synergy of Morphometric Analysis and the Bethesda System in Thyroid Cytopathology in category III, IV and V lesions and correlation with histopathology: A tertiary care experience.

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Name of institute: 1Junior resident, 2 Assistant professor, 3 Senior resident AIIMS Gorakhpur.

Keywords: Thyroid, AUS, Bethesda, Histopathology

Introduction: The Bethesda System for Reporting Thyroid Cytopathology (TBSRTC), which was introduced in 2007, uses six diagnostic categories, ranging from benign to malignant to evaluate and classify thyroid fine needle aspiration (FNAC) samples. Here in this study we will incorporate nuclear scoring and morphometric data with the Bethesda System and correlate it with histopathological findings.

Aims and objectives:

1. To assess the integration of nuclear morphometric parameters with the Bethesda System for Reporting Thyroid Cytopathology (TBSRTC) in category III, IV and V lesions and analyse potential in identifying borderline/atypical cases.
2. Studying the spectrum of these categories on histopathology.

Materials and methods: A retrospective, cross-sectional study will include all category III, IV and V cases, slides of which will be digitalized and analyzed by two observers for nuclear morphometric parameters (using Image J/QuPath software) . The nuclear morphometric parameters will be compared within Bethesda categories to evaluate whether specific features can further refine diagnostic classification or provide more precise risk stratification. Statistical analysis will be performed to determine which morphometric features correlate with malignancy risk.

Results and conclusion: Thyroid disorders represent a significant and growing public health concern at both the national and state levels in India. Fine needle aspiration cytology (FNAC) remains the cornerstone of initial evaluation for thyroid nodules. However, indeterminate cytological categories—particularly Bethesda III (AUS/FLUS) and IV (FN/SFN)—pose diagnostic challenges, often leading to diagnostic surgeries that may ultimately prove unnecessary. Incorporating nuclear morphometric analysis into thyroid cytopathology offers a promising, cost-effective, and objective tool to enhance diagnostic accuracy and reduce subjectivity in cytological interpretation.

Title: Histopathological Study of Palmoplantar Eczema vs Psoriasis

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Integral Institute Of Medical Sciences and Research, Lucknow.

INTRODUCTION: Palmoplantar eczema and palmoplantar psoriasis are chronic inflammatory skin disorders with overlapping clinical features, making accurate diagnosis challenging. Histopathological examination remains a valuable tool for distinguishing between the two conditions.

Aim: To compare and analyze the histopathological features of palmoplantar eczema and palmoplantar psoriasis for better diagnostic differentiation.

Materials and Methods: The study included 56 cases of clinically diagnosed palmoplantar eczema and palmoplantar psoriasis. Skin biopsies were processed and stained with hematoxylin and eosin. Histopathological features such as hyperkeratosis, parakeratosis, acanthosis, spongiosis, presence of Munro's microabscesses, elongation of rete ridges, and dermal inflammatory infiltrate were assessed and compared between the two groups.

Results: Psoriasis cases predominantly showed marked acanthosis with elongated rete ridges, confluent parakeratosis, hypogranulosis, and Munro's microabscesses. In contrast, eczema cases exhibited spongiosis, irregular acanthosis, prominent hypergranulosis, and perivascular lymphocytic infiltrates. The presence of spongiosis and vesicle formation was significantly associated with eczema, whereas parakeratosis with Munro's microabscesses favoured psoriasis.

Conclusion: Distinct histopathological differences exist between palmoplantar eczema and psoriasis. Spongiosis and vesiculation are key indicators of eczema, whereas confluent parakeratosis, hypogranulosis, and Munro's microabscesses strongly suggest psoriasis. Histopathology thus plays a crucial role in differentiating these conditions for appropriate management.

Title: Study of Nestin Expression Across Spectrum of Various Native Renal Diseases and its Association With Progression/ Remission Of-Disease

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INTRODUCTION: Nestin, a class VI intermediate filament protein originally identified in neural progenitor cells, has emerged as a potential marker of renal repair and regeneration. In mature kidneys, nestin is primarily expressed in podocytes. However, following renal injury, it is re-expressed in tubular epithelial cells and the tubulointerstitial compartment, suggesting its dynamic involvement in renal tissue remodeling and repair.

Aims and Objectives: This study aimed to evaluate nestin expression across various native renal diseases and correlate its levels with clinical outcomes, including disease progression and remission.

Materials and Methods: This prospective observational study was conducted at King George's Medical University, Lucknow, over a two-year period (2023–2024). Fifty renal biopsy cases were analyzed for nestin expression using immunohistochemistry. Expression was semi-quantitatively scored and correlated with clinical, laboratory, and outcome parameters. Results: High nestin expression (51–100%) was significantly associated with favorable renal function parameters—lower serum creatinine, urea, proteinuria, and higher serum albumin ($p < 0.005$). Clinical remission occurred in 96.6% of patients with high nestin levels. Conversely, all patients with low expression (5–50%) experienced disease progression or mortality ($p = 0.001$). Nestin expression showed no significant correlation with age, sex, or disease duration.

Conclusion: Nestin expression is a promising independent prognostic biomarker in native renal diseases. Its re-expression reflects renal regenerative potential and correlates with improved clinical outcomes. Low nestin levels indicate poor prognosis. Future larger-scale and molecular studies are warranted to further explore nestin's role in renal repair and its potential as a therapeutic target.

Title: Spectrum of Lesion in Bone Marrow Aspiration and Trepine Biopsy in Tertiary Care Centre in Eastern Uttarpradesh

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INTRODUCTION: Hematological disorders, including anaemia and malignancies, are prevalent worldwide and particularly burdensome in low income regions. Accurate diagnosis often requires bone marrow aspiration and trephine biopsy, especially when initial tests are inconclusive.

AIMS AND OBJECTIVES: To study the spectrum of lesions in bone marrow aspiration and trephine biopsy in a tertiary care hospital in Eastern Uttar Pradesh

MATERIAL AND METHODS: A total of 160 samples were evaluated in Department of Pathology, BRD Medical college. The samples were analysed after obtaining informed written consent. Preserved tissue samples in the department were also utilised for detailed examination.

RESULTS: This study examined bone marrow aspiration (BMA) and biopsy (BMB) findings at a tertiary care center in Eastern Uttar Pradesh. Most patients were children and young adults, with a slight male predominance. Anemia was the most common indication and diagnosis, with megaloblastic anemia being the leading subtype. Leukemia was identified in 26.87% of cases, with acute lymphoblastic leukemia (ALL) as the most frequent malignancy. Hypercellular marrow was the most common cellularity pattern, while dimorphic PBS patterns suggested nutritional deficiencies. BMA demonstrated high sensitivity (95.89%) and accuracy (93.75%), making it an effective initial diagnostic tool. BMB proved more specific and useful in identifying neoplastic and infiltrative conditions. The study emphasizes the complementary value of BMA and BMB in diagnosing hematological disorders.

CONCLUSION: Bone marrow aspiration and biopsy are complementary to each other and the superiority of one over the other depends on the disease under consideration.

Title: Histopathological Spectrum of Malignant Breast Lesions A Study in Tertiary Care Center

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UPIAPM MEMBERSHIP NUMBER:- UPIAPM/A917/2025

INTRODUCTION:

Breast cancer is the most prevalent malignancy among females globally and constitutes a significant portion of female cancers in urban India. Histopathological examination plays a crucial role in characterizing breast malignancies and assessing prognostic markers that influence clinical management.

AIM AND OBJECTIVES:

To evaluate the histopathological spectrum of malignant breast lesions received over a two-year period at a tertiary care center and to assess associated prognostic features.

MATERIALS AND METHODS:

A retrospective study was conducted on 52 cases of breast carcinoma confirmed by fine-needle aspiration cytology and subsequently treated by mastectomy. Tumor size, location, histological type, grade (as per the modified Bloom-Richardson grading system), lymphovascular invasion, and lymph node status were analyzed on H&E-stained sections.

RESULTS:

The majority of patients were aged 50-60 years. Infiltrating ductal carcinoma (NOS type) was the most frequent subtype. Most tumors were graded as Grade II (53.8%). Lymphovascular and lymph node involvement varied across cases. A rare case of apocrine carcinoma was identified, confirmed through

Page 1

Abstract - Dr. Aishwarya Mishra

histological features and GCDFP-15 positivity on immunohistochemistry.

CONCLUSION:

Histopathological grading and staging remain fundamental in determining treatment and prognosis in breast cancer. The identification of rare subtypes, such as apocrine carcinoma, underlines the necessity of comprehensive histopathological evaluation in all cases.

Title: Role of Fnac In The Classification of Salivary Gland Tumors with Histopathological Correlation: A 5-Year Retrospective Study Based on The Revised Milan System (2022).

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INTRODUCTION: : Fine Needle Aspiration Cytology (FNAC) is a vital frontline investigation for salivary gland lesions due to its simplicity, cost-effectiveness, and high diagnostic yield. The Milan System for Reporting Salivary Gland Cytopathology (MSRSGC), recently revised in 2022, standardizes diagnostic terminology and correlates each category with a defined risk of malignancy (ROM), thus guiding clinical management [1,2].

Aim: To evaluate the diagnostic utility of FNAC in salivary gland tumors, reclassify cases as per the revised Milan 2022 system, and correlate with histopathology in a tertiary care center over a 5-year period.

Material and methods: This retrospective study was conducted in the Department of Pathology, UPUMS, Saifai, from January 2020 to June 2025, including 222 salivary gland FNAC cases. Smears were re-evaluated and reclassified as per the Milan 2022 categories. Histopathological correlation was available in 120 cases. Statistical parameters including sensitivity, specificity, PPV, and NPV were calculated. Reclassification and analysis were performed in line with previously validated methodologies [3–6]

Results: Distribution of cytologically reclassified 222 cases was as follows:

- Category I (Non-Diagnostic): 7.27% (n = 16)
- Category II (Non-Neoplastic): 33.63% (n = 74)
- Category III (AUS): 4.54% (n = 10)
- Category IVa (Benign Neoplasm): 30% (n = 67)
- Category IVb (SUMP): 3.63% (n = 8)
- Category V (Suspicious for Malignancy): 4.54% (n = 10)
- Category VI (Malignant): 16.36% (n = 37)

Histopathological correlation was available in 120 cases. FNAC showed a sensitivity of 82.21%, specificity of 96.32%, positive predictive value (PPV) of 91.71%, and negative predictive value (NPV) of 90.17%, in concordance with previous validation studies [2,4,5].

Conclusion: The Milan 2022 system enhances the diagnostic clarity of salivary gland FNACs and enables risk-based stratification of patients. When combined with histopathological correlation, it proves to be a reliable, reproducible, and clinically significant approach to salivary gland tumor diagnosis [1,3,6].

KEYWORDS: FNAC, Milan System 2022, Salivary Gland Tumors, Cytopathology, Histopathology, Risk Stratification.

Title: To Study The Role of Immunohistochemistry in Diagnosis of Various Histological Subtypes of Lung Carcinomas

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Background: Gallbladder diseases represent a significant health burden, with gallstones and cholecystitis Lung carcinoma is the leading cause of cancer-related mortality worldwide, with a significant rise in incidence in India, particularly among men. Histopathological subtyping is essential for diagnosis and treatment but often faces challenges in poorly differentiated tumours.

Objectives: To analyze the histomorphological patterns of lung carcinoma and assess the diagnostic accuracy of immunohistochemical (IHC) markers in subtyping histologically inconclusive or poorly differentiated cases.

Methods: This ambidirectional observational study was conducted at UPUMS, Etawah, from January 2018 to December 2024. Seventy histopathologically confirmed lung carcinoma cases were included. Tissues were processed using standard H&E protocols. Cases with ambiguous morphology underwent IHC staining using TTF-1, CK7, CK20, P40, P63, Chromogranin, and Synaptophysin. Statistical analysis was done using SPSS-23 with chi-square, correlation, and regression tests.

Results: The majority of patients were aged 40–60 years (51.4%), with male predominance (68.6%). Initially, adenocarcinoma (35.7%) was the most common subtype, followed by SCC (24.2%) and small cell carcinoma (14.2%). Post-IHC, adenocarcinoma and SCC cases rose to 51.6% and 31.4%, respectively. TTF-1 and CK7 showed high sensitivity (80.56% and 97.22%) for adenocarcinoma. P40 demonstrated 100% sensitivity for SCC, and Synaptophysin showed 100% sensitivity and specificity for small cell carcinoma.

Conclusion: Combining histopathology with immunohistochemistry significantly enhances diagnostic precision in lung carcinoma. IHC markers are indispensable, especially in morphologically challenging or poorly differentiated tumours, facilitating targeted and timely patient management.

Keywords: Lung carcinoma; Immunohistochemistry; Histopathology; TTF-1; P40

Title: Correlation between Fine-Needle Aspiration Cytology and Histology for Breast Masses in a Tertiary Health Institution of West UP.

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KEYWORDS: Adrenal Cortical Carcinoma, Pheochromocytoma, Myelolipoma.

Background:

Breast cancer is one of the most common malignancies among women worldwide and a significant contributor to cancer-related deaths in India. In Western Uttar Pradesh, the incidence of breast cancer has been steadily increasing, highlighting the urgent need for early, accessible, and cost-effective diagnostic methods. Fine-Needle Aspiration Cytology (FNAC) is a simple, minimally invasive technique frequently used for the preliminary evaluation of breast masses. Its diagnostic accuracy, however, depends on expertise and careful correlation with histopathological findings.

Objectives:

To evaluate the diagnostic accuracy of FNAC in breast masses by correlating cytological findings with histopathological examination. The goal was to assess the reliability of FNAC as a primary diagnostic tool in a tertiary health institution of Western Uttar Pradesh.

Methods:

A cross-sectional, observational study was conducted at VIMS over one year. A total of 100 patients with clinically palpable breast masses underwent FNAC followed by histopathological examination. FNAC results were categorised as benign, atypical, suspicious, malignant, or unsatisfactory. Histopathology was considered the gold standard, and diagnostic parameters were calculated.

Results:

The majority of patients were females aged 21–30 years. FNAC showed benign lesions in 72% of cases, malignant in 16%, atypical in 8%, and suspicious in 2%. The overall diagnostic concordance between FNAC and histopathology was 91%, with FNAC demonstrating high accuracy for breast mass evaluation.

Conclusion:

FNAC remains a reliable, rapid, and cost-effective diagnostic tool for breast masses, particularly in resource-limited settings. Histopathology remains essential for confirmation in atypical or suspicious cases.

Keywords:

Breast Neoplasms; Fine-Needle Aspiration; Cytology; Histopathology; Diagnostic Accuracy.

Title: Evaluation of Serum Beta 2-Microglobulin Levels in Leukoplakia and Squamous Cell Carcinoma of Oral Cavity

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INTRODUCTION: Oral squamous cell carcinoma (OSCC), accounts for 90% of global cases, requires timely diagnosis for successful treatment. Beta-2 microglobulin, a supplementary biomarker, is being explored for its potential to improve risk assessment and inform treatment strategies, potentially indicating the progression and early detection of potentially malignant oral lesions.

AIMS AND OBJECTIVES: The study investigates the clinical significance of serum Beta-2 microglobulin levels in oral premalignant lesions and squamous cell carcinoma, and its potential role in early oral cancer diagnosis.

MATERIALS AND METHOD: There were 100 patients; 15 had leukoplakia and 85 had oral squamous cell carcinoma. Demographic information, beta 2 microglobulin levels, tumor characteristics (type, lymphovascular invasion, perineural invasion, worst pattern of invasion) were gathered. Serum beta-2 microglobulin levels were analyzed using the Enzyme-Linked Immunosorbent Assay (ELISA) indirect method. The relationship between beta 2 microglobulin levels and histopathological characteristics were investigated statistically.

RESULTS: The study found that the 31–40 age group was most affected overall, while OSCC was most prevalent in males aged 51–60. Tobacco chewing showed a strong association with both conditions. Leukoplakia commonly appeared as white patches (66.66%) on the buccal mucosa (46.67%), whereas OSCC typically presented as ulceroproliferative lesions (74.03%) on the lateral tongue (37.65%). Elevated beta-2 microglobulin levels strongly correlated with malignant transformation in the oral cavity.

CONCLUSION: Increased levels of beta 2-microglobulin were associated with more advanced disease characteristics, suggesting its potential as a marker for the aggressiveness of oral squamous cell carcinoma. Additional studies are needed to confirm these results and enhance patient care by combining beta 2-microglobulin with existing prognostic indicators.

Title: Immunohistochemical Expression of Hif 1 A and Evaluation of Microvascular Density In Gliomas and its Clinikoradiological Correlation

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INTRODUCTION:

Gliomas are the most common primary intracranial neoplasms of all malignant brain tumors in adults. HIF 1 α plays a major role in hypoxia and tumor angiogenesis. Intratumoral hypoxia is directly related to the tumor's biological aggressiveness. The cellular hypoxia causes a cascade of events including production of HIF 1. This in turn upregulates VEGF, encouraging neoangiogenesis. CD 105 is a marker of the same, which helps in histological assessment of microvascular density (MVD), a standardized measure of mean micro vessel count under microscope. Since gliomas are highly resistant to therapy, determining MVD due to HIF induced angiogenesis will be helpful in grading and developing targeted treatment modalities.

AIMS AND OBJECTIVE:

In the present study, we aim to evaluate the expression of IDH1, HIF 1 α and CD 105 expression by immunohistochemical analysis in order to study hypoxia induced microvascular proliferation and to co-relate HIF 1 α expression and MVD in gliomas with respect to morphological grade and IDH1 expression

METHODS:

A one-year prospective study was conducted in the department of pathology, King George's medical university. Total 45 cases were included. Records, blocks, histopathology, squash cytology slides were retrieved for histopathological and immunohistochemical analysis. Microscopical analysis of HIF 1 α and CD 105 expression were done and grades of the gliomas were given accordingly.

RESULTS:

In this study of 45 glioma cases, a significant correlation was observed between high CD105 MVD and strong HIF-1 α expression, both of which were more common in higher-grade gliomas (WHO Grade 3/4). Strong HIF-1 α expression was linked to poorer overall survival. Similarly, higher CD105 expression grades were associated with decreased survival, though not statistically significant. These findings underscore the prognostic value of HIF-1 α and CD105 in gliomas.

Title: Cytological correlation of spectrum of head and neck lesions in western Uttar Pradesh

Authors:

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INTRODUCTION: Lesions of the head and neck encompass a wide array of clinical entities that pose diagnostic and therapeutic challenges due to their complex anatomical location and functional significance. Among these, squamous cell carcinomas represent a predominant subset and remain one of the most prevalent cancers worldwide. Over recent years, there has been a notable epidemiological shift with the emergence of human papillomavirus (HPV)-associated oropharyngeal malignancies, altering the traditional etiological profile previously dominated by tobacco and alcohol use.

Objectives: This study aims to analyse the spectrum of head and neck lesions using fine-needle aspiration cytology (FNAC), emphasizing diagnostic yield and lesion distribution in a regional population from Western Uttar Pradesh.

Methods: The present observational study was carried out in the "Department of Pathology, Venkateshwara Institute of Medical Sciences, Gajraula, Uttar Pradesh". A total of 150 patients with palpable head and neck swellings were evaluated over a defined period. All specimens were obtained and interpreted exclusively by FNAC, following standard cytological protocols.

Results: Among the 150 head and neck lesion cases examined, 40 were thyroid lesions, 35 involved the salivary glands, and the remaining 75 were categorized under soft tissue lesions, which included lymph nodes, cutaneous and subcutaneous swellings, and other connective tissue masses. Thyroid lesions predominantly comprised benign colloid nodules and lymphocytic thyroiditis. Salivary gland lesions were largely represented by pleomorphic adenomas and chronic sialadenitis. Soft tissue lesions encompassed a majority of reactive lymphadenitis, tubercular lymphadenitis, and a few metastatic deposits.

Conclusion: FNAC is a valuable, rapid, and minimally invasive tool for the initial assessment of head and neck swellings, especially in low-resource settings. This study from Western Uttar Pradesh revealed a predominance of benign thyroid and salivary gland lesions, with lymph node pathologies forming the bulk of soft tissue cases. Integrating FNAC findings with emerging molecular diagnostics may enhance accuracy and inform more personalized management strategies.

Keywords: Fine-Needle Aspiration; Head and Neck Neoplasms; Cytodiagnosis; Salivary Gland Diseases.

Title: Histopathological Spectrum of Non Neoplastic and Neoplastic Dermatological Lesions at our Institute

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UPIAPM MEMBERSHIP NUMBER:- UPIAPM/A916/2025

INTRODUCTION: The skin is the largest organ of the body and frequently affected by a wide range of disorders. Despite variable histological presentations, many skin conditions share overlapping clinical features. Histopathological analysis through skin biopsies, especially punch biopsy, is crucial for definitive diagnosis and effective treatment planning.

AIM: To study the histopathological patterns of neoplastic and non-neoplastic dermatological lesions in skin biopsy specimens received over a one-year period.

MATERIALS AND METHODS: A retrospective review was conducted on 75 punch biopsy cases received in the Department of Pathology, F.H. Medical College, Agra. Patient details including age and sex were retrieved. All biopsies were evaluated histologically to classify lesions into neoplastic and non-neoplastic categories.

RESULTS: Out of 75 cases, 68% were non-neoplastic and 32% were neoplastic. Cystic lesions (31.4%) and Hansens disease (25.5%) were the most common non-neoplastic findings. Rare non-neoplastic conditions such as Acropigmentation of Kitamura and Elephantiasis Nostras Verrucosa were observed. Two rare neoplastic cases of Dermatofibrosarcoma Protuberans (DFSP) were also reported. The 2130-year age group was most affected, with male predominance.

CONCLUSION: Punch biopsy proves to be a vital diagnostic tool for dermatological conditions, particularly when clinical features are ambiguous. The study provides valuable insights into the spectrum of histopathological

Page 1

Abstract - Dr. Namit Shukla

diagnoses and emphasizes the importance of biopsy in identifying both common and rare skin disorders, thereby enhancing clinical outcomes.

Title: Evaluation of Serum Nesfatin 1 Levels in Polycystic Ovarian Syndrome Women and its Co Relation with Clinical, Hormonal & Metabolic Parameters

Dr. SHILPY PRIYADARSHANI, Dr. SHAILA MITRA, Dr. SUNITA BHARTI, Dr. RAJESH KUMAR RAI, Dr. SHILPA U. VAHIKAR, Dr. KANCHAN SRIVASTAVA, Dr. ARCHANA BUNDELA, Dr. ALPANA BUNDELA. Dr. ARCHANA TRIPATHI.

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Background: Poly cystic ovarian syndrome (PCOS) is an endocrine abnormality in females. Serum Nesfatin-1 as a reliable marker of PCOS and its association with metabolic, hormonal and clinical parameters is still being evaluated.

Objective: The aim of the study is to investigate the serum levels of nesfatin-1 in women with or without PCOS and explore the correlations with various clinical, metabolic and hormonal factors.

Materials and methods: This case control study included 50 women with PCOS and 50 age and BMI matched controls. Clinical parameters (acne, acanthosis nigricans and hirsutism), metabolic parameters (fasting and post-prandial blood sugar, LDL, HDL and Triglycerides) and hormonal parameters (S.FSH, S. LH, testosterone, TSH and S. insulin) were compared. The estimation of serum Nesfatin 1 was done by the ELISA kit.

Results: Majority of women in PCOS and non- PCOS group were between 20 to 30 years of age group. The mean Serum Nesfatin-1 was found to be higher in PCOS group (6.03 ± 1.58) as compared to control group (1.98 ± 1.00). LDL and triglycerides were positively correlated whereas HDL level was negatively correlated with Nesfatin-1. FSH, LH, Serum Insulin and Nesfatin-1 had a positive correlation in the PCOS group.

Conclusion: Nesfatin 1 levels were six times higher in PCOS subjects compared to controls. A positive correlation between Serum Nesfatin-1 with LDL, Triglycerides, FSH, LH and Serum Insulin indicates that Nesfatin 1 levels may be a reliable marker of PCOS which plays role in glucose metabolism and insulin resistance.

Keywords: PCOS, Polycystic ovarian syndrome, nesfatin-1, PCOS females, insulin resistance

Title: Human Papilloma Virus and Oropharyngeal Squamous Cell Carcinoma- A Clinicopathological Study

Authors:

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INTRODUCTION:

High-risk HPV-positive oropharyngeal squamous cell carcinoma (OPSCC) is rising in incidence in developed countries and is vaccine-preventable. However, data on its prevalence in India are limited, hindering targeted public health measures.

Materials and Methods:

A prospective observational study was conducted at King George Medical University. Formalin fixed, paraffin embedded blocks were analyzed using PCR and in situ hybridization to detect high-risk HPV strains.

Results:

Most patients were males aged 51–60 with multiple risk habits. The base of the tongue was the most common site. HPV-positive patients typically presented with a painless lump within six months. No significant association was found between HPV status, tumour-stromal ratio, tumour-infiltrating lymphocytes, and overall survival. HPV prevalence was low.

Conclusion:

The study reveals a low prevalence of high-risk HPV in Indian OPSCC cases,

Title: A Comprehensive Clinicopathological Study of Xanthogranulomatous Cholecystitis: Experience from a Tertiary Care Centre

Author: Dr Seema Devi¹, Dr. Geeta Maurya², Dr. Pinki Pandey³, Dr. Sanjeev Kumar Singh⁴, Dr Rashmi, Dr. Sanjay Kumar Kannaujiya⁵

Affiliation: Department of Pathology, Uttar Pradesh of Medical Science, Saifai Etawah (U.P.)

INTRODUCTION: Xanthogranulomatous cholecystitis (XGC) is a rare, chronic inflammatory disease of the gallbladder, seen in 0.7%–13.2% of cholecystectomy cases, predominantly affecting women aged 60–70 years. Macroscopically, it shows yellowish nodular areas in the gallbladder wall. Histologically, XGC is marked by fibrosis and infiltration by foamy histiocytes and macrophages. It usually results from gallstone-induced mucosal injury and rupture of Rokitansky-Aschoff sinuses, leading to bile leakage and wall thickening.

AIM: To correlate histopathological findings with clinical presentations of XGC at a tertiary care centre.

MATERIALS AND METHODS: This retrospective study was conducted in the Department of Pathology, UPUMS, Saifai, Etawah, using data from January 2021 to July 2025. A total of 75 histopathologically confirmed XGC cases were included. H&E-stained slides were examined, and clinical data were collected from departmental records.

RESULTS: XGC showed a female predominance (Male: Female = 1:2), with patients aged 18–78 years (mean: 44.45 years), commonly affecting the 40–60 age group. Abdominal pain was present in 98.2% of cases. The triad of pain, vomiting, and jaundice often raised suspicion. Anorexia and weight loss mimicked carcinoma gallbladder, leading to diagnostic confusion. Wall thickening ranged from 0.2 to 1.5 cm, with thicker walls indicating advanced disease. Radiologically, most cases showed gallbladder wall thickening with cholelithiasis. Dense adhesions to the liver and pericholecystic tissues were common.

CONCLUSION: XGC is a benign, chronic inflammatory condition that closely mimics gallbladder carcinoma both clinically and radiologically. Histopathological evaluation remains crucial for accurate diagnosis and management.

KEY WORDS: Xanthogranulomatous Cholecystitis, macrophages and foamy cells, Rokitansky-Aschoff sinuses.

Title: Spectrum of diseases on bone marrow aspiration in cases of pancytopenia in a tertiary care centre

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INTRODUCTION: Venkateshwara Institute of Medical Sciences, Gajraula, Amroha

Background:

Pancytopenia is a hematological condition characterized by a reduction in all three blood cell lines—erythrocytes, leukocytes, and platelets. It is a manifestation of various underlying pathologies affecting the bone marrow and peripheral blood.

Objectives:

To determine the spectrum of diseases diagnosed on bone marrow aspiration in cases of pancytopenia in a tertiary care setting.

Methods:

This prospective study was conducted over 18 months on 100 pancytopenic patients. Bone marrow aspiration and relevant hematological investigations were performed, and data were statistically analyzed.

Results:

Megaloblastic anemia (47%) was the most common cause, followed by aplastic anemia (19%) and acute leukemia (13%). Hypercellular marrow was observed in 52% of cases. Peripheral smear findings correlated well with bone marrow diagnoses.

Conclusion:

Bone marrow aspiration remains a crucial diagnostic tool in evaluating pancytopenia and helps in guiding appropriate patient management.

Keywords:

Pancytopenia; Bone Marrow Examination; Megaloblastic Anemia; Aplastic Anemia; Peripheral Smear; Hypercellularity.

Title: Krukenberg Tumor: Ovarian Metastases From Gastrointestinal Tract – A Retrospective Case Series

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INTRODUCTION: Krukenberg tumors (KTs), metastatic ovarian carcinomas of gastrointestinal (GI) origin, frequently mimic primary ovarian neoplasms and pose significant diagnostic challenges. This retrospective case series evaluated the clinicopathological and immunohistochemical characteristics of confirmed KT over a defined period.

Aim and Objectives: To characterize the origin, histological features, and metastatic patterns among affected patients.

Material and Methods: Clinical data, imaging, histopathology, immunohistochemistry (IHC), and tumor marker profiles were systematically analyzed.

Result: The majority presented with abdominal masses and pain, with a mean age of 38.2 years. The most common primary sites were the appendix (35.7%) and gallbladder (25.0%). The most common histology was adenocarcinoma NOS (64.2%), followed by mucinous and signet- ring types. The peritoneum was involved in 75.0% and lympho- vascular invasion was seen in 42.8%. IHC showed robust CK20 (85.7%) and CDX2 (78.5%) immunoreactivity, with essentially universal PAX8 negativity, confirming GI origin. CA-125 was elevated in 66.7% of the patients but varied widely in extent.

Conclusion: These findings underscore the importance of extensive histopathological and immunohistochemical analysis in distinguishing metastatic ovarian lesions from primary tumors. Accurate early detection and classification are of utmost importance for therapeutic planning and improved clinical results in patients with KT.

Title: To Study Prescription Pattern and Adherence To Hypolipidemic Drugs Among Dyslipidemic Patients at a Tertiary Care Centre

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INTRODUCTION

Dyslipidemia is a key modifiable risk factor for atherosclerotic cardiovascular disease, especially in patients with hypertension and diabetes. Statins remain the cornerstone of therapy, yet inappropriate prescribing and poor adherence significantly limit treatment effectiveness. Evaluating current prescription practices and adherence patterns is essential for improving patient outcomes and reducing cardiovascular risk.

AIM & OBJECTIVE

The study aims to assess prescription patterns of hypolipidemic drugs and evaluate adherence among dyslipidemic patients in a tertiary care setting. Objectives include identifying commonly prescribed agents and assessing rationality of prescriptions against guidelines

MATERIAL & METHODS

A prospective, observational study is being conducted over three months in the Department of Medicine, BRD Medical College, Gorakhpur. Patients with diagnosed dyslipidemia receiving lipid-lowering therapy were enrolled after informed consent. Demographic details, comorbidities, and drug prescriptions were recorded.

RESULTS

The study evaluates prescription of statins, fibrates, ezetimibe, and fixed-dose combinations (FDCs). Preliminary findings indicate frequent statin use but also highlight irrational prescription practices. Non-adherence is associated with polypharmacy, limited counseling, and financial constraints.

CONCLUSION

This study is expected to demonstrate gaps in rational prescribing and highlight poor adherence among dyslipidemic patients. Targeted interventions, including prescriber education and structured patient counseling, may enhance adherence, optimize lipid control, and ultimately reduce long-term cardiovascular complications

KEYWORDS:

Dyslipidemia, Statins, Adherence, Prescription Pattern, Hypolipidemic Drugs.

Title: Evaluation of Platelet Count, Mean Platelet Volume and Platelet Distribution width as Potential Predictive Markers in Pre-Eclampsia among Pregnant Women Attending Tertiary Care Hospital

Authors: Dr. Shweta singh (JR)

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Presenting author: Dr. Shweta singh (Resident) , UPIAPM MEMBERSHIP NUMBER- UPIAPM/A846/2025

INTRODUCTION: Pre eclampsia is a devastating complication of pregnancy. It affects 5 to 10% of the pregnancy worldwide. Platelets play a pivotal role in pathophysiology of pre-Eclampsia so this study is conducted with an aim to evaluate role of platelet indices in early prediction of pre-eclampsia.

Aim and objective: To find out the usefulness of platelet indices in early prediction of pre-eclampsia .

Materials and methods: This is a prospective case-control study 100 pregnant woman having gestation period between 11 to 18 weeks were taken. Out of 100, 50 were normal without any blood pressure abnormality and platelet indices within normal limits. These were called controls. Others had deranged platelet indices. These were called cases. All the other parameters like age , weight , parity , socio economic status were similar.

Results : Platelet count decreased significantly in patients with pre-eclampsia (190×10^3 /microliter) compared to normal pregnant patients (264×10^3 / microliter) ($p < 0.001$). Mean platelet volume and platelet distribution width increased significantly in pre-eclampsia patient (10.8fl and 24.8fl) compared to normotensive women (8.1fl and 13.3fl)($p < 0.001$). These changes can be observed at an earlier gestational age than significant rise in blood pressure can be observed.

Conclusion: Platelet parameters have been found as potential candidate markers for pre-eclampsia prediction. They may serve as diagnostic criteria for pre- eclampsia. The platelet indices should be part of the routine antenatal investigation.

Title: Histomorphological Assessment of Prostate Adenocarcinoma Growth Patterns and its Correlation with International Society of Urological Pathology (Isup) and Gleason Grades.

Authors: Dr. Siddique Anam Irfan Ahmad, Dr. Savita Agarwal, Dr. Pinki Pandey.

Institution: Uttar Pradesh University of Medical Sciences, Saifai, Etawah.

UPIAPM Number: UPIAPM/A663/2024.

INTRODUCTION: Prostate adenocarcinoma, the second most frequent cancer among males worldwide and have variable prognosis. Gleason grading system is the most effective prognostic indication of the disease.

Aims: To correlate histopathological growth patterns and variants of prostate adenocarcinoma with classical and updated grading systems- specifically the Gleason score (GS) and International Society of Urological Pathology (ISUP) grade groups and to assess their utility in distinguishing aggressive tumor behavior.

Objective: To determine the distribution of histopathological variants of prostate adenocarcinoma in relation to Gleason and ISUP grading.

Material & methods: This retrospective study analysed 100 prostate adenocarcinoma cases (2014–2024) diagnosed via biopsies or TURP in a tertiary hospital. Samples underwent H&E staining, and growth patterns were classified as per Gleason grade and WHO/ISUP grading. Chi-square test assessed associations, with significance set at $p < 0.05$.

Results: Out of 100 cases, 06 were GS 6/ISUP 1 (acinar, foamy, combination, atrophic); 15 were GS 7/ISUP 2 (acinar, foamy, combination, atrophic, microcystic, pseudohyperplastic); 25 were GS 7/ISUP 3 (including cribriform, glomeruloid); 23 were GS 8/ISUP 4 (with comedonecrosis); and 28 were GS 9–10/ISUP 5 (including signet ring-like cell). Higher ISUP grades showed increasing frequency of aggressive variants like cribriform, glomeruloid, comedonecrosis, and signet ring-like cell patterns.

Conclusion: There is strong statistical concordance between prostate adenocarcinoma growth patterns, Gleason, and ISUP grading systems. Cribriform, glomeruloid, and comedonecrosis patterns showed significant association with higher grades, suggesting these variants may serve as markers of aggressive prostate adenocarcinoma and aid in prognosis.

Keywords: Prostate adenocarcinoma, Gleason grading system, International Society of Urological Pathology.

Title: Clinico- Histomorphological Analysis of Uterine Myometrial Lesions

AUTHORS: Dr Abhishek Kumar Gupta, Dr Alok Mohan, Dr Kamna Gupta. Dr Anupam Varshney
Department of Pathology, Muzaffarnagar Medical College, Muzaffarnagar Uttar Pradesh
UPIAPM Membership Number: UPIAPM/A874/2025

INTRODUCTION: Hysterectomy specimens contribute a major component of histopathological work in Pathology laboratories all over the world. Major indications for total abdominal hysterectomy include dysfunctional uterine bleeding, leiomyoma, adenomyosis, chronic pelvic pain and pelvic inflammatory disease.

AIM & OBJECTIVE: The present study was undertaken in Pathology department, Muzaffarnagar Medical College [U.P] to find out the morphology and frequency of different histopathological lesions in myometrium of uterus in total abdominal hysterectomy specimens.

MATERIAL & METHODS: A descriptive study of three hundred total abdominal hysterectomy specimens was carried out in Muzaffarnagar Medical College [U.P] A detailed clinical history and examination findings were taken. Hysterectomy specimens were sent for histopathological examination. Grossing, tissue processing and microscopic examination was done. Data was collected and analysed.

RESULTS: Three hundred total abdominal hysterectomy specimens were studied. The ages of the patients ranged from 32 to 67 years with mean age of 44.75 years. Most cases were in 40-49 years of age group 123(41%). The commonest presenting complaint was menorrhagia (67%). The histopathological lesions in myometrium were mainly leiomyoma 45.33% followed by adenomyosis 35.67%. Both pathologies was seen in 16.67% of cases. Seven cases of miscellaneous category were also encountered.

CONCLUSION: The commonest histopathological lesion in myometrium was leiomyoma followed by adenomyosis.

KEY WORDS: Adenomyosis, Leiomyomas, Myometrium, uterus.

Title: Cytomorphological Categorization of Thyroid Lesion According to the Bethesda System for Reporting Thyroid Cytology and Correlation with Their Histological Outcome and Tirads

Name of Author: Dr Prerna Garg (Junior Resident), Dr Surabhi Pandey (Professor), Dr Tanu Agrawal (HOD& Professor)

Name of Institute: Shri Ram Murti Smarak Institute of Medical Science, Bareilly.

Background and Aim:

Thyroid nodules are common and increasingly detected through imaging. Fine Needle Aspiration Cytology (FNAC) and the Bethesda System (TBSRTC) are widely used for diagnostic stratification. This study aimed to categorize thyroid lesions cytologically per TBSRTC and correlate them with TIRADS classification and histopathological outcomes to enhance diagnostic accuracy.

Methods:

This retrospective study was conducted at SRMS-IMS, Bareilly. FNAC samples (22–24G needle) were stained with MGG and Pap stains. Data from 122 cases were analyzed and correlated with TIRADS and histopathology. Descriptive and inferential statistics were applied.

Results:

FNAC showed 92% NPV and 100% PPV with 90% sensitivity and 64% specificity. ROM in Bethesda IV and TIRADS 4 was 70% and 50% respectively.

Conclusion:

Combining TBSRTC and TIRADS enhances malignancy prediction and improves thyroid nodule management.

Title: To Study The Prevalence of Polypharmacy Among Patients with Hypertension in A Tertiary Healthcare Centre

Authors : DR. ANIRUDDHA SINHA , MBBS , JR (Department of Pharmacology)
DR. ANIL KUMAR (Associate Professor, Department of Pharmacology)
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DR. NIRAJ KUMAR CHAUDHARI (Associate Professor, Department of Medicine)
DR. SHALINI SINGH (Associate Professor, Department of Community Medicine)
Name of Institute – BRD Medical College ,Gorakhpur

INTRODUCTION: Polypharmacy, commonly defined as the concurrent use of five or more medications, is an emerging concern in clinical practice. It poses a significant risk for adverse outcomes, particularly among hypertensive patients who often present with multiple comorbidities. The growing prevalence of polypharmacy in outpatient settings necessitates evaluation to ensure rational prescribing and improved patient safety.

AIM & OBJECTIVE: The primary aim of the study is to determine the prevalence of polypharmacy among hypertensive patients attending a tertiary care outpatient clinic. Secondary objectives include identifying common drug categories prescribed and assessing patterns associated with comorbid conditions.

MATERIAL & METHODS: This prospective, observational study will be carried out over three months in the Medicine outpatient department at BRD Medical College, Gorakhpur. Adults above 30 years with a confirmed diagnosis of hypertension, including those with comorbidities such as diabetes mellitus, will be enrolled. Exclusion criteria include patients below 18 or above 80 years, pregnancy, and severe illness.

RESULTS: It is anticipated that a high prevalence of polypharmacy will be observed, especially among patients with associated comorbidities. Frequently prescribed drugs are expected to include antihypertensives, antidiabetics, lipid-lowering agents, and proton pump inhibitors.

CONCLUSION: The study is expected to highlight the burden of polypharmacy in hypertensive care, underscoring the importance of rational prescribing and deprescribing strategies to improve patient outcomes and safety

KEYWORDS: Polypharmacy, Hypertension, Comorbidity, Outpatient care, Rational drug use, Antihypertensive agents, Drug utilization, Prescription pattern

Title: Mapping Malignancy: Interlinking Estrogen Receptor, Progesterone Receptor and Proliferative Marker (Ki-67) Expression with Gleason Grade and Prostate Specific Antigen (PSA) in Prostatic Adenocarcinoma

Author(s): Dr. Vishwadeepak Sharma, Dr. Pinki Pandey, Dr. Roopak Aggarwal, Dr. Alka Yadav
Affiliation: Department of Pathology, Uttar Pradesh University of Medical Sciences, Saifai, Etawah, UP UPIAPM Member: UPIAPM/A795/2024

INTRODUCTION: Prostate adenocarcinoma ranks as the second most prevalent malignancy among Indian males. It exhibits a diverse range of histologic architectures, particularly within Gleason patterns 4 and 5. Understanding the prevalence of specific morphologic subtypes and their correlation with serum PSA levels may provide insight into tumor aggressiveness and guide clinical decision-making.

AIM AND OBJECTIVE: To evaluate the correlation between histomorphological patterns, estrogen receptor (ER), progesterone receptor (PR), and Ki-67 expression with Gleason grade and serum PSA levels in cases of prostatic adenocarcinoma.

MATERIAL AND METHODS: A retrospective study was conducted on 100 cases of histologically confirmed prostate adenocarcinoma. Tumor morphology was reviewed and classified into subtypes such as well-formed glands, poorly formed glands, cribriform, glomeruloid, solid sheets, and single cells/cords.

RESULTS: 100 cases of prostatic adenocarcinoma, ER and PR positivity were observed in 38.9% and 32.2% respectively, with highest expression in Grade Group 1 (ER: 60%, PR: 50%) and lowest in Grade Group 4–5 (ER: 20%, PR: 16.7%). Predominant histomorphological patterns shifted with grade: well-formed glands were common in Grade I–II (mean PSA 83.5–114.7 ng/mL), while higher grades showed poorly formed, cribriform, solid, and single-cell patterns with rising PSA (Grade V PSA up to 372.8 ng/mL). Ki-67 index increased with grade, indicating higher proliferative activity in poorly differentiated tumors.

CONCLUSION: Higher Gleason grades in prostatic adenocarcinoma were associated with aggressive histological patterns, elevated PSA levels, lower ER/PR expression and increased Ki-67 proliferation index. These findings suggest a correlation between poor differentiation, hormone receptor loss, and tumor aggressiveness.

KEYWORDS: Prostate adenocarcinoma, ER, PR, Ki-67, Gleason score, IHC

Title: To Estimate The Levels of Selenoprotein P and Gpx3 In Thalassemia Major And Intermedia Patients

Dr Aashi Singhal 1 , Dr Sanjay Mishra 1 , Prof U.S. Singh 1 , Prof Rashmi Kushwaha 1 , Dr Mili Jain 1 , Dr S.P. Verma 2 , Dr Nishant Verma 2

1- Department of Pathology, King George's Medical University, Lucknow, Uttar Pradesh

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INTRODUCTION: Thalassemia major is a chronic, transfusion-dependent hemoglobinopathy associated with progressive iron overload, oxidative stress, and endocrine dysfunction. Among the oxidative biomarkers, Selenoprotein P (SePP), a selenium-transporting glycoprotein- has gained attention for its role in redox regulation and thyroid hormone metabolism.

Aim: This study was conducted to evaluate SePP and GPX3 levels in thalassemia major and intermedia patients, with the aim of assessing their correlation with thyroid function and oxidative status.

Methods: This study was conducted over 1.5 years at a tertiary care center in North India, involving 82 participants—53 β -thalassemia patients and 29 healthy controls. Hematological indices were assessed using an automated counter; TSH, ferritin were measured; and SePP, GPX3 levels were quantified via ELISA. Clinical data such as age, transfusion history, and chelation therapy status were also collected.

Results: Results revealed significantly elevated mean SePP levels in thalassemia patients compared to controls ($p = 0.028$). GPX3 levels were also markedly higher in patients ($p < 0.001$), reflecting a systemic oxidative stress response. TSH levels were comparable between groups ($p = 0.756$), although select cases showed borderline elevation.

Conclusion: The study demonstrates that Selenoprotein P and GPX3 are significantly elevated in thalassemia patients, indicative of persistent oxidative stress irrespective of the transfusion load or disease severity. The findings support the utility of incorporating selenium-dependent biomarkers into the clinical monitoring of thalassemia, alongside traditional iron indices, to improve early detection of redox and endocrine complications.

Title: Bridging The Gap: Role of Frozen Section in Tumor Diagnosis and Surgical Margins Assessment

Authors: Dr Aditya Pratap Singh, Dr Mani Krishna, Dr. Seema Dayal, Dr Anuragita Verma
Affiliation: Department of Pathology*, Department of Neurosurgery**, UPUMS, Saifai Etawah (U.P.)

INTRODUCTION: Intraoperative frozen section is a valuable diagnostic tool that aids surgical decision-making, particularly in assessing tumor margins and lymph node involvement[1]. However, it must be used judiciously, as it has limitations compared to conventional paraffin-embedded histopathological sections[2][3]. This study evaluates the diagnostic concordance between frozen section and routine histopathology, along with its role in margin assessment during surgery.

Aim and Objectives: To assess the diagnostic accuracy of intraoperative frozen section compared to the gold standard histopathological diagnosis, evaluate concordance and discordance rates, and determine its effectiveness in surgical margin evaluation.

Materials and Methods: This retrospective study was conducted over 12 months (January–December 2024) and included 40 patients who underwent intraoperative frozen section. Clinical details such as age, gender, site, and duration of lesions were recorded. Frozen section diagnoses were compared with subsequent paraffin-embedded histopathological results.

Results: Frozen sections were performed on various specimens: 16 brain, 16 hepatobiliary, 4 gastrointestinal, 3 female genital tract, and 1 oropharyngeal tissue. Requests included diagnostic evaluation (46%) and assessment of margins or lymph nodes for metastasis (54%). All 16 CNS cases (100%) showed complete concordance between frozen and final histopathological diagnosis. Margin assessments during surgery provided crucial information for intraoperative decision-making.

Conclusion: The Intra-operative consultation using Frozen section is a very useful tool and guides the surgeon to intraoperatively modify the surgical approach. The results of frozen section varied in different organ systems and the common cause of discrepancy in our study were the gross sampling error and freezing artifacts. However, regular histopathological analysis is the gold standard for diagnosis.

Keywords: Frozen section, intraoperative diagnosis, surgical margins, histopathology, concordance, CNS lesions, freezing artifact, diagnostic accuracy

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Title: Study of Platelet Indices in Evaluation of Thrombocytopenia

Authors: Dr. Divya Sharma, Dr. Rajnish Kumar, Dr. Medha Jain, Dr. Anupam Varshney.
Department of Pathology, Muzaffarnagar medical college, Muzaffarnagar, Uttar Pradesh
UPIAPM MEMBERSHIP NUMBER: UPIAPM/A876/2025

INTRODUCTION: Thrombocytopenia is one of the common findings among the patients in clinical settings. It may either be due to impaired production or increased destruction of platelets. Platelet indices like Mean Platelet Volume (MPV), Platelet Distribution Width (PDW), Platelet Large Cell Ratio (P-LCR), Plateletcrit (PCT) and Immature Platelet Fraction (IPF) can evaluate the cause of thrombocytopenia.

AIM AND OBJECTIVE: To evaluate the mechanism of thrombocytopenia with platelet indices on EDTA- blood samples.

MATERIAL AND METHODS: An observational cross-sectional study of 500 patients with thrombocytopenia and 100 control was done for a period of twelve months in Muzaffarnagar Medical College, Muzaffarnagar - Uttar Pradesh, to determine the mechanism of thrombocytopenia.

RESULTS: Patients with thrombocytopenia were graded in to mild, moderate and severe and grouped into 2 groups - based on mechanism causing thrombocytopenia. Group A (Hypoproduative cause of thrombocytopenia) and Group B (Hyperdestructive thrombocytopenia). Group A and Group B included 303 and 197 patients of thrombocytopenia respectively. Mean values along with Standard Deviation of platelet indices were calculated and correlated with controls and in between the groups and p-value was obtained.

CONCLUSIONS: Platelet indices play an important role, in distinguishing the cause of thrombocytopenia. These platelet indices are easily available with the help of automated haematology analysers and can reduce the need for costly and invasive bone marrow examination for finding the cause of thrombocytopenia,

KEY WORDS: Thrombocytopenia, MPV, PCT, PDW, P-LCR, IPF.

Title: Clinico-Pathological Correlation of Glycogen content in Endometrial Biopsies Among Infertile Women

Authors: Dr. Kritika Singh *(JR), Dr. Seema Dayal (Professor), Dr Adesh Kumar (Professor), Dr Kalpana Kumari (Professor), Dr. Abhishek Sharma *(JR) **Affiliation:** UPUMS, Saifai, Etawah, (U.P)

INTRODUCTION: Infertility is a common health issue in India which appears a stigma to couple and specially to the women. Endometrial biopsy is a simple, cost effective method of determining ovulation and other infertility associated defects. Glycogen is known to be a direct source of nutrients for the early conceptus and its depletion may result in inadequate preparation of endometrium and leading to infertility. Estrogen and progesterone dysfunction also underlies in the many cases of female infertility. Histopathological examination of endometrium biopsy supplemented with glycogen content evaluation and immunohistochemical study of ER and PR is the benchmark method of evaluating female infertility.

Aim and objectives : To study the clinicopathological correlation of histopathology, glycogen content and hormonal status in women presenting with infertility

Material & Methods: Endometrial biopsies were processed and H&E stain was applied followed by PAS stain. PAS positivity was graded according to Arzac and Blanchet. Hormonal status was carried out by immunohistochemistry for estrogen receptor and progesterone receptor using IRS score. The correlation of clinical profile with histopathology, glycogen status and hormonal status in the endometrium of infertile women was evaluated.

Results : 23 endometrial biopsies were examined from the infertile patients. 11 patients were in the age group 20-30 years(47.82%) and 12 patients were in the age group 30-40 years (52.17%). Secretory phase was most frequent 11(47.82%) then proliferative phase 9(39.13%), chronic endometritis 2(8.69%) and granulomatous endometritis 1(4.34%). On PAS stain, (10%) showed 0 glycogen content, (35%) showed +1 and (45%) depicted +2 glycogen content, and (10%) showed +3 glycogen content. The rests results will be presented later on.

Conclusion : In infertile women, there is significant reduction of glycogen which is a source of nutrition to developing embryo this induce poor implantation of blastocyst or early embryonic loss leading to infertility.

Title: Histomorphological Variations of Endometrial Lesions Causing Abnormal Uterine Bleeding

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Name of Institute: Integral Institute of Medical Sciences & Research, Lucknow

Introduction: Abnormal uterine bleeding (AUB) is one of the most frequent gynaecological complaints among women, especially in the perimenopausal age group. Its etiology ranges from functional hormonal changes to structural pathologies, and histopathological evaluation of endometrial tissue remains the gold standard for diagnosis.

Aim & Objective: To study the histomorphology spectrum of endometrial lesions in women presenting with AUB and correlate findings with age.

Methods: This observational study was conducted in the department of Pathology at a tertiary care hospital in Uttar Pradesh from April 2023 to March 2025. A total of 48 endometrial tissues from women with abnormal uterine bleeding were obtained either via endometrial biopsy or hysterectomy. The histopathological findings were analysed and compared across different age groups.

Results: Out of 48 cases, the most common histological patterns in AUB were Atrophic type endometrium (12%) & Stromal glandular dissociation (12.5%). Proliferative endometrium, Secretory Endometrium, Atrophic type endometrium, Endometrial hyperplasia without atypia, Endometrial polyp and Secretory endometrium with progestational effect (10.4%). Other lesions include Chronic Endometritis (6%), malignancies (endometrioid adenocarcinoma) in 2 cases (4%) and premalignant condition like Atypical endometrial hyperplasia (2%). Proliferative Endometrium, Secretory Endometrium and chronic endometritis were most frequent in women aged 31–40 years, while atrophic endometrium and endometrioid adenocarcinoma were observed in older age groups.

Conclusion: AUB is associated with a wide range of histomorphology changes in the endometrium. Histopathological examination is essential for identifying benign, premalignant, and malignant lesions. Routine evaluation of endometrial tissue in AUB cases, particularly in perimenopausal women, helps in early diagnosis and appropriate management, reducing the risk of missed malignancy.

Title: Integration of Oral Brush Liquid-Based Cytology and its Correlation with IHC Markers P16 and HPV on Cell Block: A Study for Enhanced Oral Cancer Screening

Authors: Parul Verma, Pinki Pandey, Alka Yadav, Roopak Aggrawal, Savita Agarwal, Neelshi Pandey.

Institution: Uttar Pradesh University of Medical Sciences, Saifai Etawah.

UPIAPM Number- UPIAPM/A840/2025.

ABSTRACT

INTRODUCTION: Oral squamous cell carcinoma (OSCC) and oral potentially malignant disorders (OPMDs) impose a significant public health burden, particularly in India. Accurate and early detection remains essential for improved outcomes.

Aims and Objective: To assess the diagnostic utility of oral liquid-based cytology (OLBC) using the Orcellex® brush, categorized via The Bethesda System for Reporting Cervical cytology 2014, and to evaluate p16 and HPV immunohistochemical biomarkers on cell block.

Materials & Methods: In a prospective analytical cross-sectional study (April 2024–October 2025), 200 patients underwent OLBC sampling. Cytological specimens were categorized into five Bethesda-based groups: inadequate, NILM, LSIL, HSIL, and SCC. Residual samples were processed into cell blocks for p16 and HPV immunohistochemistry.

Results: The Study included a majority of males (93%). Histopathology revealed SCC in 148 cases (76%), dysplasia in 30 (15.5%), and benign lesions in 22 (11.5%). Cytology classification aligned closely with histological findings, with Category V (SCC) dominating cytological diagnoses. OLBC demonstrated robust performance metrics (sensitivity ~96%, specificity ~76%, PPV ~93%, NPV ~85%). p16 expression and HPV positivity increased progressively with lesion severity. In NILM samples, HPV positivity was slightly higher than p16, but p16 showed markedly superior sensitivity in HSIL and SCC categories.

Conclusions: OLBC using the Orcellex® brush, interpreted through a standardized Bethesda framework, offers a reliable adjunct for early detection of OPMDs/OSCC. Cellblock preparations enable downstream immunohistochemical analysis, supporting risk stratification. p16 emerges as a more sensitive biomarker for high-grade HPV-related lesions, while HPV testing may provide additional value in cytologically negative cases.

Keywords - Oral brush liquid-based cytology, Orcellex brush, Oral potentially malignant disorder, The Bethesda system for Cervical Cytology 2014, Immunohistochemistry marker p16, HPV.

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Title: An observational study to evaluate the association between SGLT2 inhibitors and urogenital infections in patients of type 2 diabetes mellitus at a tertiary care hospital

Authors:

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Abstract: For Paper Presentation

Abstract

INTRODUCTION:

Diabetes Mellitus is a chronic metabolic disorder with a growing global burden, particularly in India. Type 2 Diabetes Mellitus constitutes more than 90% of cases. Sodium-glucose cotransporter-2 inhibitors are effective oral hypoglycemic agents with proven cardiovascular and renal benefits. However, their mechanism of action—promoting glycosuria—may predispose patients to urogenital infections (UGIs). Though clinical trials have reported this risk, Indian data are scarce, where cultural, climatic, and hygiene factors may influence infection rates.

Aim & Objectives:

To evaluate the association between SGLT2 inhibitor use and UGIs in patients with T2DM, and to identify related risk factors in an Indian tertiary care hospital setting.

Material and Methods:

A cross-sectional observational study will be conducted at BRD Medical College, Gorakhpur. A total of 152 patients aged ≥ 25 years with T2DM, receiving SGLT2 inhibitors for at least four weeks, will be enrolled after informed consent. Demographic, clinical, and treatment details will be collected. Patients will be assessed monthly for symptoms of UGIs, and infections will be confirmed using laboratory investigations. Statistical analysis will include chi-square, t-test, and multivariate logistic regression, with $p < 0.05$ considered significant.

Results:

The primary outcome is the incidence of UGIs in SGLT2 inhibitor users. Secondary outcomes include identification of risk factors such as age, gender, glycemic control, hygiene status, and comorbidities.

Conclusion:

This study seeks to generate real-world evidence on the safety of SGLT2 inhibitors in the Indian population. The findings will help clinicians balance therapeutic benefits against potential risks, enabling safer prescribing and better management of T2DM.

Keywords:

Type 2 Diabetes Mellitus (T2DM); Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2i); Urogenital Infections (UGIs); Urinary Tract Infection (UTI); Genital Mycotic Infection; Glycemic Control; Observational Study.

Title: Study of Single Nucleotide Polymorphisms in PIK3CA Gene and It's Role in Cervical Cancer

1 Dr. Harshi Srivastava, 1Dr. Shivanjali Raghuvanshi

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INTRODUCTION: Cervical cancer is the third most frequently diagnosed cancer among women specially in the developing countries Squamous cell carcinomas comprise the majority of the cancers of the cervix. Many gene mutations have been implicated in cervical cancer which includes PIK3CA (40%), KMT2D (26%), KMT2C (26%), LRP1B (14%), and FBXW7 (13%) genes.

Aim & Objective: To study SNP in PIK3CA gene and its correlation with various parameters of cervical cancer.

Material and method: A case control study was conducted at the Department of Pathology, KGMU over the period of 2 years from 2022 to 2024. Patients diagnosed with cervical cancer were taken as cases, while healthy individual were taken as controls. Tissue block was retrieved through archives. PCR-RFLP studies for evaluation of SNP rs6443624 in PIK3CA gene was performed on the tissue block.

Results: A total of 77 cervical cancer patients were evaluated for SNP study. The mean age of diagnosis was was 56 years. SNP rs6443624 was significantly associated with cervical cancer risk ($p < 0.001$), with the CC genotype conferring a higher risk (OR = 3.91, 95% CI: 1.93–7.95). The AA genotype was linked to more advanced-stage disease (85.7%) and showed significantly worse progression-free survival (Log Rank $\chi^2 = 25.04$, $p < 0.001$) and overall survival (Log Rank $\chi^2 = 23.45$, $p < 0.001$) compared to CC and CA genotypes.

Conclusion: Studying SNPs can help in genetic risk assessment and may contribute to personalized medicine in the future. Given that PI3K inhibitors are already being developed, our findings could contribute to optimizing treatment strategies based on genetic profiles.

Title: An Observational Study To Evaluate The Association Between Sglt2 Inhibitors and Urogenital Infections In Patients Of Type 2 Diabetes Mellitus At A Tertiary Care Hospital

Authors: DR. AYUSH MOHAN TRIPATHI, MBBS, JUNIOR RESIDENT (Department of Pharmacology), B.R.D. Medical College, Gorakhpur, DR. ANIL KUMAR (Associate Professor, Department of Pharmacology), Mrs. MAHIMA SINGH (Associate Professor, Department of Pharmacology), DR. AJEET PRATAP SINGH (Associate Professor, Department of Medicine), DR. SHALINI SINGH (Associate Professor, Department of Community Medicine)
Presenting Author – DR. AYUSH MOHAN TRIPATHI UP- PATHACON- 2025-327

Background: Diabetes Mellitus is a chronic metabolic disorder with a growing global burden, particularly in India. Type 2 Diabetes Mellitus constitutes more than 90% of cases. Sodium-glucose cotransporter-2 inhibitors are effective oral hypoglycemic agents with proven cardiovascular and renal benefits. However, their mechanism of action—promoting glycosuria—may predispose patients to urogenital infections (UGIs). Though clinical trials have reported this risk, Indian data are scarce, where cultural, climatic, and hygiene factors may influence infection rates.

Aim & Objectives: To evaluate the association between SGLT2 inhibitor use and UGIs in patients with T2DM, and to identify related risk factors in an Indian tertiary care hospital setting.

Material and Methods: A cross-sectional observational study will be conducted at BRD Medical College, Gorakhpur. A total of 152 patients aged ≥ 25 years with T2DM, receiving SGLT2 inhibitors for at least four weeks, will be enrolled after informed consent. Demographic, clinical, and treatment details will be collected. Patients will be assessed monthly for symptoms of UGIs, and infections will be confirmed using laboratory investigations. Statistical analysis will include chi-square, t-test, and multivariate logistic regression, with $p < 0.05$ considered significant.

Results: The primary outcome is the incidence of UGIs in SGLT2 inhibitor users. Secondary outcomes include identification of risk factors such as age, gender, glycemic control, hygiene status, and comorbidities.

Conclusion: This study seeks to generate real-world evidence on the safety of SGLT2 inhibitors in the Indian population. The findings will help clinicians balance therapeutic benefits against potential risks, enabling safer prescribing and better management of T2DM.

Keywords: Type 2 Diabetes Mellitus (T2DM); Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2i); Urogenital Infections (UGIs); Urinary Tract Infection (UTI); Genital Mycotic Infection; Glycemic Control; Observational Study.

Title: Pathophysiology of Abnormal Uterine Bleeding among North Indian Population

Dr Sakshi Chaudhary

Dr. KNS Memorial Institute of Medical Sciences , Barabanki ,UP

Background:

Abnormal uterine bleeding (AUB) is defined as any deviation in menstrual frequency, duration, or volume and constitutes a major gynecological concern, particularly in perimenopausal and postmenopausal women.

Methods:

A retrospective study was conducted over two years involving 268 clinically diagnosed AUB patients at Rama Medical College, Kanpur. Histopathological evaluation of endometrial samples obtained through dilatation and curettage (D&C) was performed using hematoxylin and eosin staining.

Results:

The mean patient age was 42.0 ± 6.3 years, with the majority (64.17%) in the reproductive age group. Low parity (39.92%) was most commonly associated with AUB. Menorrhagia (40.29%) and metrorrhagia (18.28%) were the predominant bleeding patterns. Histologically, proliferative endometrium (32.46%) was most frequent, followed by simple endometrial hyperplasia (18.28%), secretory phase (14.55%), and complex hyperplasia with atypia (7.46%).

Conclusion:

Thorough clinical assessment combined with histopathological analysis is essential for the accurate diagnosis and appropriate management of AUB. This study underscores the diversity of endometrial patterns in AUB, irrespective of age, parity, or ethnicity.

Title: Clinicopathological Spectrum of Gastrointestinal Neoplasia in Tertiary Care Centre.

AUTHORS: Dr. MANEESH YADAV(JR), Dr. SHILPA U. VAHIKAR(Prof.), Dr. SUNITA BHARTI (Asst. Prof.), Dr. RAJESH K. RAI (Prof. & Head), Dr. SHAILA MITRA (Prof.), Dr. KANCHAN SRIVASTAVA(Prof.), Dr. ARCHANA BUNDELA (Asso. Prof.), Dr. ALPANA BUNDELA(Asso. Prof.), Dr. ARCHANA TRIPATHI(Asso. Prof.)

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Background:

Gastric cancer ranks as the fifth most common malignancy globally, with a high burden in developing countries. This study aims to evaluate the demographic and clinico-pathological characteristics of gastric adenocarcinoma in a tertiary referral centre in eastern U.P. India, to enhance understanding of its regional profile.

Aim and Objectives: To analyses of clinicopathological spectrum of gastrointestinal neoplasia in tertiary care centre and to evaluate the correlation between clinical presentation and histopathological.

Materials and Methods: A retrospective analysis of 50 gastric adenocarcinoma cases diagnosed from January 2025 to July 2025 was conducted at B.R.D medical college, Gorakhpur from 32 resected specimens and 18 endoscopic biopsies were reviewed for clinical parameters (age, sex, risk factors, symptoms), endoscopic findings, tumor characteristics (site, histopathology, TNM staging), and surrounding mucosal changes. Specimens were processed with hematoxylin and eosin and special stains (PAS, Alcian Blue).

Results: The median age was 60 years, with 49% of cases in the 60-69 age group and a male predominance (M:F ratio 1.61:1). Blood group A was prevalent (49.4%). Tobacco use (74.1%) and salty food consumption (56.8%) were significant risk factors. All patients presented with abdominal pain, followed by weight loss (85.2%) and nausea (81.5%). The antrum (46.9%) was the most common tumor site, with ulcerative lesions (32.5%) predominant on endoscopy. Histopathologically, intestinal-type adenocarcinoma (59.3%) and moderately differentiated tumors (46.9%) were most frequent. Stage II (47.6%) was the commonest TNM stage. Surrounding mucosa showed chronic gastritis (31%) and intestinal metaplasia (21.4%), suggesting precursor lesions.

Conclusion: This study highlights a high prevalence of moderately differentiated gastric adenocarcinoma in males aged 60-69, with blood group A predominance and significant tobacco and dietary risk factors. Non-specific symptoms and advanced-stage presentation underscore the need for early screening in high-risk populations to improve outcomes in resource-limited settings.

Title: Clinicopathological Correlation of CD24 Immunohistochemical Expression in Breast Cancer Cells

Dr. Mantasha Mukhtar¹, Prof. Suresh Babu¹, Prof. Atin Singhai¹, Prof. Madhu Kumar¹
Department of Pathology, King George's Medical University Lucknow.

Introduction

Breast cancer is the most commonly diagnosed cancer among women worldwide, with rising incidence in developing countries like India and poorer survival rates due to late presentation and limited access to care. CD24, a membrane protein implicated in tumor progression, metastasis, and immune evasion, is overexpressed in several cancers. Its role in breast cancer as a prognostic biomarker remains under investigation.

Aim and Objectives

The study aimed to evaluate immunohistochemical (IHC) expression of CD24 in breast cancer tissues and correlate it with clinicopathological parameters. Objectives included assessing CD24 expression patterns, their relationship with clinical and pathological features, and potential prognostic significance.

Material and Methods

This prospective observational study was conducted over 18 months at King George's Medical University, Lucknow, on 100 histologically confirmed breast carcinoma cases. Mastectomy specimens were processed by standard histopathology and IHC protocols. CD24 expression was semi-quantitatively scored (intensity × percentage of positive cells) and categorized as low (<100) or high (>100). Clinical data and tumor characteristics—including grade, stage, lymphovascular/perineural invasion, TILs, hormone receptor status, and Ki-67—were analyzed for correlations.

Results

Mean patient age was 49.7 years; most tumors were Grade II (64%) and located in the upper outer quadrant (63%). High CD24 expression was seen in 50% of cases, significantly associated with larger tumor size ($p < 0.001$), higher grade ($p < 0.001$), node positivity ($p < 0.001$), and high Ki-67 ($p < 0.001$). ER/PR positivity correlated inversely with CD24, while Her2neu positivity was higher in CD24-high tumors. Molecular subtyping showed high CD24 in Her2-enriched and triple-negative subtypes ($p < 0.001$).

Conclusion

CD24 overexpression correlates with aggressive tumor biology and may serve as a valuable prognostic biomarker in breast cancer.

Title: Histopathological Spectrum of Uterine Tumors A Clinicopathological Insight into Benign and Malignant Lesions

Dr Shraddha Suman (UPIAPM /A883/2025), Dr Rashmi
Uttar Pradesh University of Medical Sciences, Saifai, Etawah

Introduction: Uterine tumors comprise a diverse spectrum of benign and malignant lesions with overlapping clinical and radiological features. While leiomyomas are the most common benign tumors, Uterine malignancies such as Malignant Mixed Mullerian Tumor, Leiomyosarcoma, Squamous cell carcinoma, Endometrial carcinoma and Carcinosarcoma are rare but aggressive. Accurate histopathological classification is essential for diagnosis and management.

AIM: To study the clinical and histopathological features of benign and malignant uterine tumors encountered over a one year period.

MATERIALS AND METHODS: A one year retrospective study was conducted in the Department of Pathology, UPUMS, Saifai. A total of 102 cases of uterine tumors were included. Patient clinical records, gross features, and histopathology slides were reviewed.

RESULT: Out of a total of 102 uterine tumor cases analyzed, 87 cases (85.3%) were benign, with the vast majority being leiomyomas. Malignant tumors accounted for 15 cases (14.7%). Among these, endometrial carcinoma was the most common, comprising 6 cases (5.9%), followed by squamous cell carcinoma with 5 cases (4.9%). Leiomyosarcoma was identified in 2 cases (1.96%), while malignant mixed Mullerian tumor (MMMT) and carcinosarcoma were each seen in 1 case (0.98%).

CONCLUSION: Histopathological evaluation is the cornerstone for diagnosis and subtyping of uterine tumors. Morphology combined with immunohistochemistry provides an accurate and reliable method for differentiating benign from malignant tumors.

Title: Benign but Deceptive: Urinary Bladder Hemangioma Masquerading as Malignancy

Sonal Ratnakar Goel¹, Radhika Agrawal², Amit Goel³, Shilpa U. Vahikar⁴, Devarshi Srivastava⁵

1-Assistant Professor, 2- Assistant Professor, 3- Assistant Professor, 4- Professor, 5- Surgeon

Introduction: Urinary bladder hemangiomas are extremely rare in children—accounting for about 0.6% of bladder tumors—and can mimic malignant sarcomas due to overlapping imaging and clinical features.

Case: A 7-year-old boy presented with gross hematuria and intermittent lower abdominal pain. Imaging suggested a suspicious bladder mass, raising concern for sarcoma. Given the concern for sarcoma—as seen in some pediatric cases where sarcomas mimic vascular tumors—surgical management was pursued. Following excisional biopsy, histopathology and immunohistochemistry confirmed a benign cavernous hemangioma.

Histopathological examination showed dilated vascular channels lined by flat endothelial cells, involving submucosa and muscularis propria, without any atypia—consistent with cavernous hemangioma.

Immunohistochemistry for desmin did not highlight any atypical cells. CD34 highlighted the endothelial cells lining the vascular channels.

Conclusion: This report highlights the diagnostic challenge posed by bladder hemangioma in pediatric patients, underscoring the importance of histopathological confirmation before definitive radical treatments.

Keywords: Urinary bladder mass, hemangioma, rare site hemangioma

Abstracts

Poster Presentation

Title: Histomorphological Spectrum of Pilocytic Astrocytoma and It's Clinical & Immunohistochemical Correlation

AUTHORS: Dr. Vivek Sharma (JR), Dr. Harendra Kumar (Professor), Dr. Isha Garg, Dr. Neha Azad, Dr. Garima Dundy.

INSTITUTE: SN MEDICAL COLLEGE, AGRA (UP)

Introduction: Pilocytic Astrocytoma is a well-defined, low-grade glioma, categorized as a WHO CNS Grade 1 tumor according to the 2021 WHO classification system. This type of tumor predominantly affects children and young adults, although it can occasionally be seen in other age groups. Most commonly originate in areas such as the cerebellum, optic pathway, and hypothalamus. It shows biphasic histological architecture, which consists of both compact, dense areas and loose, more fibrillary zones. These tumors are often characterized by the presence of Rosenthal fibres, which are abnormal, thickened, eosinophilic (pink-staining) fibres, and eosinophilic granular bodies, which are clusters of densely packed, pink-staining material that can be observed under the microscope.

Aim: To study histomorphological features of pilocytic astrocytoma with its correlation with clinical and immunohistochemical profile.

Methods: This study was conducted in the Department of Pathology at SNMC Agra. A series of eight pilocytic astrocytoma cases, were included, all of which were diagnosed based on their histomorphological characteristics, which were confirmed on IHC.

Result: All of the 8 cases studied, which were diagnosed as Pilocytic astrocytoma (CNS WHO Grade 1) on histopathology typically occurred in younger males. Most of the cases were located in the posterior fossa and cerebellum. Immunohistochemical analysis also confirmed pilocytic astrocytoma in all eight cases where six cases showed positivity for Olig-2, SOX-10, and GFAP, while the remaining two were positive for Olig-2 and SOX-10 only.

Conclusion: Immunohistochemistry plays important role in confirming the diagnosis of pilocytic astrocytoma and differentiating them from othe glial tumor.

Keywords: Posterior fossa tumor, IHC, SOX-10, Olig 2, GFAP and MIB-1 labelling index.

Title: Epithelioid Angiomyolipoma as Giant Unilocular Cyst: A Clinico-Radiological Diagnostic Conundrum

AUTHORS: Dr. Manisha Jaiswall, Dr. Pooja Sharma, Prof. Dr. Atin Singhal

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Introduction: Epithelioid angiomyolipoma (EAML) is a rare and potentially malignant variant of renal angiomyolipoma. Unlike the classic type, EAML is composed predominantly of epithelioid cells and lacks macroscopic fat, often mimicking renal cell carcinoma (RCC) radiologically and histologically.

CASE: Here, we present a case of 25-year-old female presented with a left abdominal lump persisting for two months. Imaging showed a well-defined solid-cystic lesion with thick septations and internal hyperdense areas arising from the upper to mid pole of the left kidney. The patient underwent radical nephrectomy. Grossly, a huge unilocular cystic mass along with focal friable solid area. Histology revealed sheets of neoplastic cells with an accompanying inflammatory infiltrate. Neoplastic cells were predominantly epithelioid, polygonal to spindle-shaped having marked pleomorphism, high nucleo-cytoplasmic ratio and clear to granular eosinophilic cytoplasm with indistinct borders and frequent intranuclear inclusions seen. No evidence of necrosis and atypical mitosis. Immunohistochemistry was positive for HMB45 and Melan A. Diagnosis of epithelioid angiomyolipoma was established.

DISCUSSION: EAML poses a diagnostic challenge due to its atypical imaging features and potential for aggressive behaviour. The absence of fat and haemorrhagic components often resembles RCC. Histopathology is essential for accurate diagnosis. Given the risk of local invasion and metastasis, surgical resection remains the primary treatment.

CONCLUSION: This case highlights the need to consider EAML in the differential diagnosis of renal masses in young adults. Accurate diagnosis requires histopathological confirmation due to its overlapping features with malignant neoplasms. Early surgical intervention and close follow-up are essential for optimal patient outcomes.

Title: A Radiology Puzzle Solved By Pathology : A Diagnostic Odyssey

NAME OF AUTHORS

Dr. Mannat Singhi, Dr. Anjali Khare, Dr. Sangeeta Sharma, Dr. Rani Bansal, Dr. Dishant Malik, Dr. Abid Sheikh

NAME OF INSTITUTE

Department of Pathology, Subharti Medical College, Swami Vivekanand Subharti University, Meerut

Introduction: The liver is a common site of metastasis for many cancers. Whenever multiple liver lesions are found on imaging studies, the possibility of infective etiology is rarely considered, particularly when clinical details suggest a neoplastic process. We present a case of hepatic granulomatous lesion mimicking metastasis in a patient with a testicular mass.

CASE REPORT: A 44 year old male presented with a complaint of a right testicular swelling, gradually progressive and painless, since one year. Doppler study of the scrotum revealed a well defined cystic lesion likely to be a testicular abscess or a germ cell tumour. On USG examination, it was found that there was hepatomegaly with probable multiple mets or abscesses. PET scan revealed metabolically active soft tissue density lesion with cystic changes in right testes and metabolically active and inactive discrete and confluent multiple liver lesions pointing towards neoplastic and metastatic etiology. USG guided FNAC and biopsy from left lobe of liver showed chronic granulomatous pathology.

DISCUSSION AND CONCLUSION: In cases where there is a high suspicion of malignancy metastasizing to liver on radiological examination, its differentiation from infective pathology is challenging. Guided FNAC followed by histopathological confirmation is essential for a definite diagnosis.

KEYWORDS: Chronic granulomatous inflammation, FNAC liver

Title: Unilateral Inguinal Cryptorchidism with Dissociated Epididymis - A Case Report

Name of authors: Dr. Priyanka Ojha, Dr. Akriti Saxena, Dr. Ajita Dubey, Dr. Shweta Katiyar, Dr Anwesa Chakrawarti,* Dr Neeta Bhattacharya** and Madhu Mati Goel

Affiliation: Department of Pathology and Laboratory Medicine, *Dept of Paediatric Surgery, ** Department of Radiodiagnosis , Medanta Hospital, Lucknow

Introduction: We present a case with unexpected histological finding of an epididymal anomaly in a young boy who underwent Orchiopexy and herniotomy for right inguinal undescended testis with inguinal hernia.

Case-report: A 12 year old boy had a long standing right irreducible hernia with undescended right inguinal testis. Scrotal Ultrasonography (USG) showed empty right scrotal sac, undescended right testis with patent processus vaginalis. He underwent right Orchiopexy with herniotomy. Per operatively, while mobilising testis on vas , the right-sided patent processus vaginalis was sac like containing some cord like tissue. This tissue from the sac on microscopy revealed ciliated tall columnar epithelium lined variable sized ducts conforming to the morphology of epididymal tissue. Final diagnosis of epididymal dissociation/disjunction in an undescended testis with patent processus vaginalis was made.

Discussion & conclusion : The epididymal abnormalities may be associated with an undescended testis due to failure of fusion between the testis and epididymis presenting with ductal abnormalities, patent processus vaginalis with inguinal hernias and testicular mal-development. Our case is interesting as the presence of epididymal tissue in the content of the hernial sac was a diagnostic surprise.

Title: Mixed Neuroendocrine Non-Neuroendocrine Neoplasm of Ampulla: Case Series with Histopathological Insights and Diagnostic Nuances

Authors: Nisha¹, Saumya Shukla¹, Pallavi Srivastava¹, Nuzhat Husain¹, Anshuman Pandey², Akash Agrawal³

Affiliation: 1: Department of Pathology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, 2: Department of Gastroenterology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, 3: Department of Surgical Oncology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow.

Introduction: Mixed neuroendocrine–non–neuroendocrine neoplasms (MiNENs) are rare tumors composed of at least two histologically distinct components—neuroendocrine and non–neuroendocrine—each constituting a minimum of 30% of the tumor, as defined by the World Health Organization (WHO) 2017 classification. MiNENs of ampulla are exceedingly rare and have complex histology, posing significant diagnostic and therapeutic challenges. A case series of ampullary MiNEN is being presented with an emphasis of diagnostic nuances.

Case series: The case series included four patients in which radical pancreaticoduodenectomy had been performed for ampullary masses. The age range of the patients ranged from 39–46 with M:F ratio of 1:1. The presenting symptoms included jaundice, abdominal pain and weight loss. The gross tumour size varied from 1.2–3.0 cm in maximum dimension with solid, infiltrative appearance. Histopathological examination revealed biphasic tumor composed of glandular and nested pattern. The immunohistochemistry (IHC) for epithelial and neuroendocrine markers confirmed the diagnosis of MiNEN. The neuroendocrine tumour in all 4 cases was of grade 3. Lymphovascular emboli and nodal metastasis was present in all cases and the pathology tumour stage was T2 or T3. Adjuvant chemotherapy was administered to two patients. Survival analysis revealed that 2 patients succumbed within 6 months of diagnosis.

Discussion: Ampullary MiNENs pose a significant diagnostic challenge because of their nonspecific symptoms and radiologic features that resemble periampullary tumors. Endoscopic biopsies frequently do not detect the biphasic characteristics. Accurate diagnosis depends on comprehensive histopathological assessment and immunohistochemical analysis.

Conclusion: Ampullary MiNENs are rare but aggressive neoplasms. Early recognition and accurate histopathological diagnosis are crucial for appropriate management.

Keywords: Ampullary, Mixed Neuroendocrine Non–Neuroendocrine Neoplasm

Title: Renal Adverse Events In Cases of Chronic Myeloid Leukemia During Therapy With Tyrosine Kinase Inhibitors: A Series of Three Cases

Authors: Preeti Sagar*, Kiran Preet Malhotra, Riti Yadav

Affiliation: Department of Pathology, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, India.

Introduction: Chronic myeloid leukemia (CML) is a myeloproliferative disorder with oncogenic BCR-ABL having aberrant tyrosine kinase activity. Tyrosine Kinase Inhibitors (TKIs) have significantly improved outcomes in CML. Most TKIs induce side effects, including headache, myalgia, neutropenia, thrombocytopenia and gastrointestinal discomfort. There are few cases of renal adverse events with TKI use. We present 3 cases of biopsy proven renal dysfunction in TKI treated CML.

CASE REPORTS:

Case1: 29-year-old male CML patient on Imatinib since two years presented with two-fold rise of baseline creatinine. Renal biopsy revealed granulomatous interstitial nephritis with tissue PCR positive for tubercular DNA.

Case 2: 45-year-old male CML patient on Imatinib since seven months presented with nephrotic proteinuria and rapid onset renal failure. Renal biopsy revealed Membranous nephropathy with acute tubular injury and interstitial nephritis.

Case3: 17-year-old male CML patient on Dasatinib since six years presented with anasarca and nephrotic proteinuria. Renal biopsy revealed Non proliferative glomerular morphology suggestive of Minimal change disease.

CONCLUSION:

Imatinib interferes with T cell activation and cytokine function leading to immunosuppression. This may have been causal for renal tuberculosis. Three cases of tuberculosis in Imatinib treated CML have been reported earlier. Dasatinib and less frequently Imatinib have been associated with nephrotic syndrome. A single case of membranous nephropathy with Imatinib has been reported earlier. Tubular injury with TKIs is rare and thought to result from inhibition of PDGFR which is expressed in tubules. Vigilant renal function monitoring and therapy adjustments are required to avoid TKI induced renal Adverse Drug Reactions.

Title: A Case of Acinic Cell Carcinoma of Right Parotid Gland in A 24 Year Old Female

Authors: Dr. Priya Rajnandani (JR2), DR. Mayank Kumar Singh (Professor)

Name of institute: Department of Pathology, M.L.B Medical College, Jhansi (U.P.)

Introduction: Acinic cell carcinoma is a rare low-grade malignant tumor arising from salivary gland acinar cells, most commonly involving the parotid gland. It comprises 1-3 % of all salivary gland tumors. There is a male preponderance and a peak incidence in the fifth decade of life. It is typically slow growing which can mimic benign lesions. On histologic examination, tumor cells are disposed in sheets or microcystic, glandular, follicular or papillary patterns. Accurate histological diagnosis is essential to differentiate it from other salivary gland.

Aims and Objectives: To highlight the histopathological features of a case of acinic cell carcinoma in a 24 year old female patient.

Materials and methods: A 24-year-old female presented with a right parotid swelling in the ENT department. This swelling was clinically suspected to be right parotid adenoma. She got operated on and specimen labelled as tissue excised from deep lobe of right parotid gland was sent for histopathological examination. Grossly multiple tissue fragments were received, the largest measuring 3.0 × 2.0 × 1.0 cm. The tissue pieces were soft to firm. On cut surface was greyish white to greyish brown.

Result: Histopathological examination revealed a well-circumscribed salivary gland tumor composed of serous acinar cells arranged in lobular architecture showing large number of microcystic spaces. These cells have centrally to eccentrically located nuclei and moderate amount of basophilic granular cytoplasm. These features were suggestive of acinic cell carcinoma. Immunophenotyping and molecular studies were advised for further confirmation.

Conclusion: Patient was operated for right parotid swelling and on histological evaluation, was found to have acinic cell carcinoma of right parotid gland.

Title: Spindle Cell Melanoma: A Diagnostic Challenge in a Malignant Spindle Cell Tumor

Author & Affiliation: Dr. Puneet Kumar Junior Resident, 1st Year Department of Pathology, Government Medical College, Kannauj, Uttar Pradesh, India

Aims & Objective :-To describe the histopathological findings of a rare subtype case of Seminoma with yolk sac tumor in a 40 years old male.

Introduction: Spindle cell melanoma (SCM), a rare morphological variant of malignant melanoma, mimics sarcomas and other spindle cell neoplasms histologically, causing significant diagnostic difficulty. Diagnostic dilemma arises due to overlapping histological features with other malignant spindle cell tumors.

Aim and Objectives: To present a case of malignant spindle cell tumor with histological suspicion of spindle cell melanoma and to highlight the importance of histomorphology and Immunohistochemistry in reaching a definitive diagnosis.

Case Report: A 27-year-old male presented with gradually enlarging, non-tender pigmented lesion over anterior aspect of left lower leg for 4 months. No history of trauma, ulceration, bleeding, or regional lymphadenopathy. Excisional biopsy done; specimen sent for histopathology.

Material & Methods: Grossly, lesion measured 1.8 × 0.8 × 0.4 cm, homogenous whitish with focal hemorrhages. Routine paraffin embedding and H&E staining performed; slides examined microscopically.

Result: Microscopy revealed a dermal nodular tumor composed of atypical spindle cells arranged in whorls and fascicles. There was marked nuclear pleomorphism, frequent mitotic figures, and multinucleated tumor giant cells. These findings were suggestive of a malignant spindle cell tumor. Considering the spindle cell morphology and cutaneous location, spindle cell melanoma was strongly suspected. Immunohistochemistry was advised to confirm the melanocytic nature of the tumor.

Conclusion: Spindle cell melanoma is a diagnostically challenging entity due to its resemblance to other sarcomatoid malignancies. Immunohistochemistry plays a crucial role in differentiating SCM from other spindle cell tumors. Early recognition and accurate diagnosis are essential to initiate appropriate management and improve patient outcomes

Title: Recurrence and Survival Analysis of Gynaecological Cancers in View Of Current Institutional Diagnostic Practices

AUTHORS: Dr. Anjali Gautam, Prof. Riddhi Jaiswal, Prof. U.S. Singh, Prof Nisha Singh*.

AFFILIATION: Departments of Pathology and OBG*, King George's Medical University, Lucknow.

Introduction: Gynaecological cancers, including malignancies of the cervix, endometrium, ovaries and vulva contribute significantly to female cancer mortality worldwide. Cervical cancer remains the most prevalent one due to inadequate HPV prevention, while ovarian cancer has the highest mortality due to late diagnosis. Endometrial and vulvar cancers have varied prognoses based on age and comorbidities. Early detection and follow-up are crucial, but in low-resource settings, diagnostic inconsistencies and poor follow-up limit effective outcomes. This study evaluates recurrence and survival in relation to the current diagnostic practices at a tertiary care centre.

Aim-and-Objectives: To evaluate recurrence and survival in gynaecological cancers and analyse the influence of institutional diagnostic methods on these outcomes.

Material-and-Methods: A retrospective observational study was conducted on 897 women diagnosed with gynaecological cancers. Variables such as age, cancer type, imaging used, histopathological findings, recurrence, and survival status were recorded. Survival analysis on 605 patients (remaining were lost to follow-up) was performed using Chi-square, t-tests, and Kaplan-Meier methods; $p < 0.05$ was considered significant.

Results: Only 0.6% showed documented recurrence, though 32.6% were lost to follow-up. Of the 605 with known outcomes, 64.6% survived. Contrast-enhanced CT and MRI showed 100% diagnostic agreement versus 66.7% with USG. Squamous cell carcinoma had a 65.1% survival rate, while high-grade tumours had the poorest (48.8%). Younger patients had significantly better survival ($p < 0.001$). There was no significant survival difference between rural and urban demographic groups.

Conclusion: Diagnostic accuracy and patient age significantly influence survival. High recurrence, underreporting and inconsistent imaging- use highlight gaps in care. Enhancing follow-up systems, histopathological reporting, and access to advanced imaging is crucial to improving gynaecological cancer outcomes.

Title: Pilomatricoma with Osseous Metaplasia: Rare Histopathological Variant –Report of Two Cases

Authors: Nirupma Singh¹, Mousumi Biswas², Niraj Prasad³, Pankaj Kumar⁴

Affiliations: 1Junior Resident, 2Senior Resident, 3Assistant Professor, 4Associate Professor
Department of Pathology

Name of Institution: All India Institute of Medical Sciences, Raebareilly

IAPM membership number – UPIAPM/A915/2025.

Introduction: Pilomatricoma (also known as Pilomatrixoma) is a benign skin adnexal tumor arising from hair matrix cells, commonly affecting young individuals. It exhibits characteristic histological features such as basaloid cells, ghost cells, and calcification. Osseous metaplasia is formation of mature bone tissue within the lesion. It is a rare secondary change in Pilomatricoma with limited reported cases.

Aims and Objectives: To present two rare cases of pilomatricoma exhibiting osseous metaplasia, highlighting its clinicopathological features and diagnostic challenges.

Material and methods: We report two cases of pilomatricoma with osseous metaplasia: A 16-year-old female presented with a firm, painless nodule over the right upper eyelid and a 28-year-old male with a hard, painless lump over the right axilla. Both the patients underwent excision biopsy and tissues were processed in the histopathology section of our department. **Histopathological Findings:** Microscopy in both the cases revealed a tumor composed of basaloid cells transitioning into eosinophilic shadow cells (ghost cells) with presence of bony trabeculae. Areas of calcification were also noted in the second case.

Conclusion: Pilomatricoma with osseous metaplasia remains an uncommon but diagnostically significant entity. Recognition of its histological features is crucial to avoid misinterpretation and guide appropriate clinical management.

Keywords: Pilomatrixoma, Metaplasia, Axilla, Eyelid

Title: Gastrointestinal Stromal Tumor: A Rare Subtype Case

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2. Associate Professor, Department of Pathology ,Maharani Laxmi Bai Medical College, Jhansi.

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Aims & Objective :-To describe the histopathological findings of a rare subtype case of Seminoma with yolk sac tumor in a 40 years old male.

Introduction: Gastrointestinal stromal tumor (GIST) are the most common mesenchymal tumor of the gastrointestinal tract with an annual incidences of 14-20 cases per million in which epithelioid subtype accounts for 20% of GIST, However the morphological feature of epithelioid subtype of GIST poses a diagnostic pitfall due to their morphological similarities to poorly differentiated adenocarcinoma and lymphoma. It presents as a painless, slow-growing mass, but can progress to more aggressive behavior if left untreated. It usually affects middle-aged and older men, with limited cases reported in medical. It tends to have a relatively poor prognosis compared to spindle cells GISTs due to their more aggressive nature.

Material and Method :- A 63 year old male presented to surgery department with complaint of abdominal pain since 2 years. USG showed neoplastic etiology are suspected of neoplastic etiology. The growth was present on the wall of stomach. He was operated and the specimen sent for the histopathology in our department. The gross was greyish brown to greyish black ,measuring 10.5 x 8.5 x 4.5 cm. Outer surface was bosulated with multiple nodular areas. On cut smultiple hemorrhagic and cystic areas seen with a whitish growth of 4.3 x 3.0 cm in diameter.

Result:- Microscopy reveals rare subtype of GISTS (Epithelioid type) consisting of sheets and nests of epithelioid cells. These cells are round to polygonal in shape with round nuclei, prominent to clear cytoplasm having perinuclear vacuolation. Stroma is collagenous. Occasional giant cells along with few mitotic figures are also seen. GISTS with epithelioid appearance are typically composed of large rounded epithelioid cells with abundant eosinophilic or some times ring like clear cytoplasm and rounded nuclei.

Conclusion:- Epithelioid type GISTS have distinct cellular appearance and are ofte associated with specific genetic mutation. They can present with more aggressive behavior. Understanding their morphology, IHC profile is crucial for accurate diagnosis and appropriate management.

Title: Pleomorphic Sites of Pleomorphic Adenoma: A Series of Six Cases

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UP-IAPM Number of the presenter (Dr Mousumi Biswas) - UPIAPM/L172/2025

Introduction: Pleomorphic adenoma is most common benign neoplasm of salivary gland, largely arising in major salivary glands, particularly in parotid glands. However, its occurrence at uncommon sites may pose diagnostic challenges.

Aim and Objectives: We present uncommon and unusual presentations of a common tumour, like pleomorphic adenoma (PA) which may be misdiagnosed, if not carefully searched for.

Materials and Methods: Record search of salivary gland tumours received within a period of 42 months between January 2022 to June 2025, revealed six cases of a common tumour at rare and uncommon sites with unusual features.

Result: Six cases of PA were located in the nasal cavity (2 cases), periorbital region (1 case), cheek (1 case), and hard plate (2 cases). The youngest and oldest patients of this series were aged 19 and 73 years respectively. One of the cases arising from nasal cavity had extensive squamous differentiation and was misdiagnosed as squamous cell carcinoma on small biopsy, due to lack of classical features in the small biopsy. This case also had another synchronous PA in the contralateral parotid gland.

Discussion: Occurrence of PA in minor salivary gland is rare. High grade of suspicion is required as these cases may often pose diagnostic challenge due to absence of classical morphological features, especially in small biopsies.

Conclusion: PA, though rare, occurs from minor salivary glands in atypical locations and may show predominance of one histological component on small biopsies which may lead to misdiagnoses. A careful search of all the morphological elements is required to reach to correct diagnosis.

Keywords: Adenoma, Pleomorphic; Salivary Glands, Minor; Nose; Orbit; Palate, Hard

Title: Pituicytoma - A Rare Sellar Tumor

Dr Nitya Pandey, Dr Trivedi N, Dr Agarwal S, Dr Gupta D, Dr Tewari A Regency Hospital, Kanpur

Introduction: Pituicytoma is a rare low-grade glioma originating from the pituicytes of the neurohypophysis or infundibulum. Due to its rarity and non-specific clinical presentation, it is often misdiagnosed as other more common sellar and suprasellar lesions. We report a case of a 50-year-old male who presented with headache and progressive diminution of vision in the right eye for one month. The patient underwent endoscopic transnasal trans-sphenoidal (TNTS) excision of the sellar and suprasellar space-occupying lesion (SOL). Histopathological examination confirmed the diagnosis of pituicytoma (WHO Grade I). This case highlights the importance of considering pituicytoma in the differential diagnosis of sellar and suprasellar tumors.

KEY-WORD: Infundibuloma, Pituicytoma, pituitary adenoma, Low- grade glial tumors

Title: Unexpected Endocrine clue to an ovarian tumor. Galactorrhea in juvenile Granulosa cell tumor

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Introduction: Granulosa cell tumors are sex cord –stromal ovarian tumors derived from ovarian stroma. Incidence for juvenile GCT accounts for 1% of all ovarian tumors and 95% of all GCT. Diagnosed during reproductive age or menopause rarely present at puberty. Presenting with signs of estrogen excess like abnormal uterine bleeding or precocious puberty. May present with non-specific or absent Gynecological symptoms, complicating timely diagnosis.

Aim: To highlight a rare endocrine presentation of JGCT and emphasize role of histopathology in diagnosis.

Objectives:

- To describe the clinical, radiological, and histopathological features of JGCT.
- To explore the pathophysiology linking galactorrhea to ovarian sex cord–stromal tumors.
- To reinforce the importance of ovarian tumors in differential diagnosis of galactorrhea in adolescents

MATERIAL AND METHOD A 15 year old with complaints Amenorrhoea for 2 years with one episode of spotting p/v x 1 day. Galactorrhea x 6 months. On USG showed hypoechoic lesion measuring 17x 104 mm in pelvis. **GROSS:** Received specimen of ovarian tumor weight 1 kg measure 17x 12.5x 10 cm covered with serosa. Cut surface lobular pinkish to yellow or brown surface. **H & E STAIN:** Showed tumor composed of microfollicular pattern of tumor cells with moderate cytoplasm, nuclear grooving. Intrafollicular eosinophilic secretion with Call Exner bodies & focal necrosis

Discussion and Conclusion: Histopathology revealed features with juvenile granulosa cell tumor. Galactorrhea in this case may be attributed to estrogen-induced prolactin stimulation. This case needs to consider ovarian neoplasms in adolescents presenting with unexplained galactorrhea. Timely pathological diagnosis enables surgical management and favorable prognosis

Key words : Granulosa cell tumor, Ovarian tumors

Title: A Case of Infected Syringoma

NAME OF AUTHORS: Dr Meenu (JR1), Dr Swati Singh (Professor), Dr Adreena Mittal (Professor & HOD)

NAME OF INSTITUTE: Department of Pathology, Santosh Medical College, Ghaziabad.

Introduction: Syringomas are benign eccrine sweat gland tumors typically found in the dermal layer of skin. They arise from the intraepidermal portion of eccrine sweat ducts. They are small skin colored slightly yellow, soft papules usually 1-2mm in diameter.

CASE REPORT: A case study was done on 12year old male who came with complaint of small papules on Left forearm since birth, painful and increased in size gradually and associated with pus discharge since birth. A provisional diagnosis of syringocystadenoma papilliferum was made and biopsy from papule on left forearm sent to pathology department for histopathological examination. The specimen was grossly examined and section was taken for microscopy examination.

RESULT: The specimen was skin covered, greyish white in colour measured 0.7x0.4x0.2cm in length. Whole tissue was processed. H & E-stained section showed epidermis and dermis. The epidermis shows hyperkeratosis, parakeratosis and acanthosis. An abscess cavity filled with acute inflammatory infiltrate is noted in epidermis. Proliferation of small ducts in the dermis is noted. Some of the ducts possess small, comma like tails of epithelial cells, giving them the appearance of tadpoles.

CONCUSION: Infected Syringoma is a rare benign eccrine sweat gland tumor typically found in dermal layer of skin. This highlights the importance of biopsy and microscopic examination of the specimen.

KEYWORDS: Infected Syringoma, Eccrine tumors

Title: Unveiling A Hematologic Rarity; Concurrent Multiple Myeloma and Myelofibrosis A Case Report.

Name of author : Amrita Singh , Neeraj Singh , Ajamal Singh Bhayal, Vatsala Kishore , Akanksha Pandey

Introduction: Multiple myeloma (MM) and myelofibrosis (MF) are distinct hematologic conditions, each with unique pathophysiology, clinical presentation, and treatment paradigms. While MM is a plasma cell dyscrasia characterized by clonal proliferation of malignant plasma cells in the bone marrow, MF is a myeloproliferative neoplasm marked by bone marrow fibrosis, splenomegaly, and extramedullary hematopoiesis. Here, we present a unique case of a patient simultaneously diagnosed with MM and MF, highlighting the diagnostic workup, clinical course, and management strategies. This case underscores the importance of comprehensive marrow evaluation and interdisciplinary diagnostic integration in atypical or overlapping hematologic presentations.

Aim : To report and analyze a rare case of synchronous co presentation of multiple myeloma and myelofibrosis, and to highlight the diagnostic challenges, clinical implications, and therapeutic considerations associated with this uncommon dual hematologic condition

Objective:

1. To describe the clinical presentation, diagnostic findings, and bone marrow features in a rare case of concurrent MM and MF
2. To explore the diagnostic challenges and potential pathophysiological overlap between plasma cell dyscrasias and MPN
3. To discuss the therapeutic approach, treatment response, and clinical outcomes in managing dual hematologic conditions

Material and Methods: This case report was conducted at HIMS , a tertiary care centre, after obtaining approval from the Institutional Ethics Committee. Informed consent was obtained from the patient for further workup

Result and Conclusion: Bone marrow aspiration was dry tap, and the trephine biopsy revealed dense reticulin and collagen fibrosis (MF 2) with 60% plasma cell infiltration, consistent with MM with MF . Flow cytometry showed CD138 and CD38 positive clonal plasma cells, while JAK2 V617F, CALR,

ABSTRACT

GALL BLADDER SQUAMOUS CELL CARCINOMA - A RARE PRESENTATION

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Aims & Objectives : To discuss rare case of gall bladder squamous cell carcinoma in a 50 year old female.

Introduction: Gall bladder squamous cell carcinoma is an uncommon type of cancer of gastrointestinal tract with poor prognosis it is diagnosed incidentally with vague symptoms . Most of the cases present at later stages and preclude surgical resection as a treatment option.

Material and methods :patient presented with abdominal pain for 4 months. Pain increases after eating along with nausea and vomiting. Grossly appeared as a mass measuring 6* 5* 2.5 cm greyish white with lumen filled with yellowish brown stones.

Result:-. Histopathological examination reveals nests and sheets of atypical cells. Intervening stroma is desmoplastic and had dense inflammatory infiltrate .

Conclusion: patient with gall bladder mass was operated and on histological examination was found to have gall bladder squamous cell carcinoma

Title: Extraskelatal Cartilaginous Tumor of the Scalp: A Rare Case Presentation

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Introduction: Extraskelatal cartilaginous tumors are rare benign or low-grade neoplasms that arise in soft tissues without direct connection to the bone or periosteum. Such tumors presenting as scalp swellings are exceedingly rare and pose a diagnostic challenge. Less than 40 cases of extraskelatal chondroma that occurred in the head and neck region have been reported worldwide.

Aim and Objectives: To describe a rare case of an extraskelatal cartilaginous tumor of the scalp and to differentiate it from other scalp cystic lesions through histopathological evaluation.

Case report A 26-year-old male presented with a scalp swelling. The resected scalp mass was examined grossly and microscopically. A brief literature review was conducted to support histopathological examination.

Material and Methodology: Grossly, the scalp swelling measuring 1.5×2 cm with a grey-white, stony-hard, globular mass. Routine paraffin embedding and H&E staining were performed; sections were examined microscopically.

Results: Microscopy showed a well-defined nodular tumor surrounded by fibroconnective tissue (pseudo capsule). The tumor predominantly comprised lobules of proliferating cartilaginous tissue embedded in a chondromyxoid matrix, with peripheral osteoid tissue, fibroadipose tissue, and large blood-filled spaces. Chondrocytes exhibited variation in nuclear size and shape. Focal areas of calcification were also noted.

Conclusions: The findings suggest the diagnosis of either an extraskelatal chondroma with marked cartilaginous and osteoid differentiation. Histopathological features and clinicoradiological correlation and follow-up are essential for accurate diagnosis and malignancy exclusion.

Title: Solitary Fibrous Tumor of the Left Lumbar Region: A Rare Case with Cytological Suspicion and Histopathological Confirmation

Name of Authors: Dr. Gargi Tignath, Dr. Rashmi Chaturvedi ,Dr. Sangeeta Bohara, Dr. Siddharth Gangwar, Dr.Mohiny Saxena, Dr. Shikha Agarwal

Name of institute: Department of surgery and pathology, Hind Institute of Medical Sciences, Barabanki, Uttar Pradesh

Introduction: Solitary fibrous tumors (SFTs) are rare mesenchymal neoplasms that can occur in extrapleural sites, including the soft tissue of the trunk. Their varied histomorphology often overlaps with other spindle cell tumors, making accurate diagnosis challenging without immunohistochemistry.

Aims and Objectives: To present a rare case of solitary fibrous tumor in the left lumbar region, highlighting the diagnostic process from cytology through histopathology to immunohistochemical confirmation.

Material and Methods: A 36-year-old male presented with a painless, gradually enlarging swelling in the left lumbar region. Fine Needle Aspiration Cytology (FNAC) suggested a spindle cell tumor with myxoid areas. Wide Local Excision (WLE) was performed under spinal anesthesia. Excised tissue was subjected to detailed histopathological examination followed by immunohistochemistry.

Results: Cytology revealed hypercellular smears with spindle-shaped cells and nuclear atypia in a myxoid background. Histopathology showed a well-encapsulated tumor composed of spindle cells in fascicles and patternless arrangement with areas of collagenous stroma and dilated vascular channels. Differential diagnoses included myxofibrosarcoma, low-grade fibromyxoid sarcoma, and solitary fibrous tumor. Immunohistochemistry demonstrated diffuse positivity for **CD34 and STAT6**, confirming the final diagnosis of **Solitary Fibrous Tumor**. The postoperative course was uneventful, and the patient was discharged in stable condition.

Conclusion: This case emphasizes the importance of a stepwise diagnostic approach in soft tissue tumors. While cytology and histopathology provide vital clues, immunohistochemistry remains the cornerstone for definitive diagnosis, especially in differentiating among morphologically similar spindle cell neoplasms.

Title: Angiolipoleiomyoma of Cervix –an unusual Location-A rare case report

Authors:

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Introduction: Angiolipoleiomyoma is a rare benign tumor composed of adipose tissue, smooth muscle cells, and blood vessels. It is mostly described in the kidney and retroperitoneum. Occurrence in the uterine cervix is extremely rare with prevalence of 0.06%, with very few cases reported in literature.

Aim and Objectives: To present a rare case of angiolipoleiomyoma originating from the cervix and to discuss its clinical and histopathological characteristics, emphasizing the importance of differential diagnosis.

Case report: A 45-year-old female presented with abnormal vaginal bleeding and a sensation of mass descending per vaginum. On examination, a well-defined, firm, pedunculated mass was noted arising from the cervix. On radiological examination Ultrasonography shows Enlarged bulky uterus with cervical fibroid .The mass was surgically excised and sent for histopathological examination. Routine H&E staining and relevant immunohistochemical studies were conducted.

Results: Grossly, the mass was 6×5×3 cm, well-circumscribed, and gray-white with focal yellow areas. Microscopic examination revealed an admixture of mature adipocytes, thick-walled blood vessels, and intersecting smooth muscle bundles. Immunohistochemistry showed positivity for SMA and desmin in the smooth muscle component. No cytological atypia or mitosis was observed. The findings were consistent with angiolipoleiomyoma.

Conclusion: Angiolipoleiomyoma of the cervix is an exceedingly rare mesenchymal tumor that may mimic other benign or malignant lesions clinically and radiologically. Histopathology remains the gold standard for definitive diagnosis. Awareness of such rare presentations is essential to avoid misdiagnosis and ensure appropriate management

Title: Bilateral Dermoid Cysts Ovary: An Imaging Illusion Unveiled by Histopathology

Name of author: Shradha Singh, Saumya Pandey, Vatsala Kishore, Neeraj Singh Ajamal Singh Bhayal

Introduction: The majority of dermoid cyst ovary are unilateral, bilateral tumors are found in 10–12% of cases. Dermoid cysts are most common benign ovarian tumors in adults and adolescents, that forms during prenatal development and commonly presents with asymptomatic mass or abdominal pain. On USG seen as solid–cystic mass. Histologically, characterized by mature ectodermal, mesodermal and endodermal derivatives

Aim & Objective: To highlight diagnostic challenge of rare case of bilateral mature cystic teratoma misdiagnosed as bilateral chocolate cyst on ultrasound and emphasizing role of histopathology as a gold standard diagnostic tool.

Material and Methods: Grossly multilobulated bilateral ovarian cyst. Right ovary (10x6x5) cm, left ovary (9x4.5x4) cm, attached fallopian tube (5.5cm). Cut surface of both showed multiloculated cysts filled with sebaceous material, hair tufts, grey– black areas. Focal grey–white Rokitansky protuberance seen projecting from cyst wall measure 1cm. Cyst wall thickness measure 0.1cm. Sections studied showed stratified squamous epithelium lined cyst with fibrous wall containing sebaceous gland, hair follicle, foci of adipose tissue, mature neuroglial tissue, respiratory epithelium and cartilage reminiscent of bronchial wall. No immature or malignant elements seen.

Result and Conclusion: This uncommon case offers insights into diagnosis and treatment of bilateral dermoid cysts, Ultrasound in such cases may be deceptive. Histopathological evaluation is essential to confirm diagnosis and to rule out malignancy.

Key Words: Dermoid cyst, Bilateral ovarian tumor, Mature cystic teratoma.

Title: Calcified Gallbladder With Extensive Foreign Body Giant Cell Reaction (Porcelain Gallbladder)

Author & Affiliation: Dr. Soni Sharma Junior Resident, 1st Year Department of Pathology, Government Medical College, Kannauj

Introduction: Porcelain gallbladder, a rare end-stage form of chronic cholecystitis, characterized by dystrophic calcification of the gallbladder wall. Often asymptomatic, it may clinically and radiologically mimic malignancy. Reported incidence ranges from 0.06% to 0.8% in cholecystectomy specimens, with 5%–22% risk of gallbladder carcinoma. Gallstones present in approximately 90% of patients.

Aim and Objectives: To present a rare case of porcelain gallbladder with dense calcification and florid foreign body giant cell reaction, emphasizing its histopathological features and clinical significance.

Case Report: A 55-year-old female presented with intermittent right upper quadrant abdominal pain for two months. No history of jaundice, fever, vomiting, or weight loss. Underwent cholecystectomy and specimen sent for histopathological examination.

Material & Methods: Grossly, specimen comprised multiple grey-white, firm, gritty fragments measuring 4.5 × 3 × 1.5 cm. Routine paraffin embedding and H&E staining were performed; sections were examined microscopically.

Result: Microscopy revealed patchy and granular calcium deposits replacing the mucosa, muscularis, and serosa, along with multiple hyalinized areas. Numerous foreign body-type giant cells were present, showing both central and peripheral nuclear arrangements. These cells traversed the muscularis and extended to the serosal surface. The stroma showed dense chronic inflammation with lymphocytes, macrophages, and occasional plasma cells. The gallbladder wall was completely fibrosed, with no identifiable mucosal lining. Findings confirmed a calcified (porcelain) gallbladder with extensive foreign body giant cell reaction and chronic inflammation.

Conclusion: Porcelain gallbladder must be recognized for its malignant potential and distinctive

Title: Coexistence of Interfollicular Hodgkin Lymphoma and Hyaline Vascular Castleman Disease in A Single Lymph Node: A Rare Case Report

AUTHORS : Dr. Latika Gupta¹, Dr. Sarita Mittal¹, Dr. Saloni Dwivedi ², ¹Department of Histopathology, Pathkind Diagnostics Pvt. Ltd., Gurgaon, ²Lab Head, Pathkind Diagnostics Pvt. Ltd., Prayagraj

KEY WORDS

Hodgkin lymphoma, interfollicular pattern, Castleman disease, Hyaline vascular variant, lymph node, coexistence

Introduction: Interfollicular Hodgkin lymphoma (IFHL) is a rarely reported pattern of classical Hodgkin lymphoma (CHL), predominantly involving the interfollicular areas of lymph nodes while preserving follicular architecture. Castleman disease (CD) is a nonneoplastic lymphoproliferative disorder with distinct histological subtypes, most commonly the hyaline vascular and plasma cell variants. The coexistence of CD and CHL has been documented and is frequently associated with the plasma cell variant. The concomitant presence of IFHL and hyaline vascular Castleman disease (HVCD) within a single lymph node is exceedingly rare. We present a case of this rare co-occurrence and its diagnostic implications.

CASE REPORT: A 50-year-old male presented with a painless swelling on the right side of the neck and intermittent febrile episodes for one month. Physical examination revealed multiple enlarged, cervical lymph nodes. Ultrasonography confirmed right-sided cervical lymphadenopathy. Excisional biopsy of the cervical lymph node revealed partial effacement of nodal architecture, prominent hyalinized vessels, regressed follicles, and occasional follicular twinning—features characteristic of HVCD. The interfollicular zones were expanded and showed a polymorphous infiltrate comprising small lymphocytes, histiocytes, eosinophils, large mononuclear Hodgkin-like cells, and classic Reed–Sternberg (RS) cells. RS cells on immunohistochemistry were positive for CD15 and CD30, weakly positive for PAX5, and negative for LCA and EBV–LMP1, supporting a diagnosis of IFHL. Based on this, a final diagnosis of IFHL coexisting with HVCD was rendered.

DISCUSSION AND CONCLUSION: This case highlights the diagnostic complexity associated with overlapping morphological features and importance of comprehensive histopathological evaluation and immunohistochemistry in achieving an accurate diagnosis, guiding optimal treatment and understanding their pathogenetic relationship.

Title: Pilomatricoma Over Ear Lobule in an Infant Mimicking as Hemangioma Masquerading as Malignancy.

Presenter -Dr Chandrashekhar vijay sahu
Institute – Sarojini Naidu medical college, Agra

Introduction: Pilomatricoma , also known as Malherbe’s calcified epithelioma is a rare benign adnexal tumor of the skin, originating from hair follicle matrix cells, most often seen in children and Young adults. Pilomatricoma occurs most frequently in the head and neck area but is rarely reported on the ear lobule and followed by upper and lower limbs and trunk. It usually presents as a circumscribed lobulated, firm to hard, painless, slow growing solitary mass .Pilomatricoma mass is a frequently misdiagnosed entity in clinical practice.

Case report- We report a 10-month-old infant with a slow growing deep erythematous lesion on the ear lobule that clinically appeared like a hemangioma.

Material and method- (Cytology /histology) - On FNAC, chalky white material was aspirated from the lesion which raised suspicion of diagnosis other than hemangioma, which further on microscopy showed the presence of clusters of basoloid cells and ghost cells along with foreign body reaction and calcification, confirming the diagnosis of pilomatricoma .

Discussion and Conclusion -The rarity, atypical clinical presentation, and unique location of this tumor could have contributed to the misdiagnosis of this case. Also to exclude multiple differential diagnoses various IHC can be applied. In this poster we discuss the Clinical, Cytological and Histopathological characteristics along with IHC markers of pilomatricoma. (IAPM number- UPIAPM/A929/2025)

Title: Ovarian Mass Unveiled: Tubercular Salpingo-Oophoritis Masquerading As Malignancy.

Authors: Dr Priyanka Mishra* (JR), Dr Seema Dayal* (Professor), Dr Adesh Kumar (Professor), Dr Kalpana Kumari (Professor)

Name of Institute: UPUMS, Saifai, Etawah (U.P)

Introduction: Genital tract tuberculosis, a form of extrapulmonary TB, may mimic malignancy. Imaging and CBNAAT often yield inconclusive results. Definitive diagnosis relies on histopathology; Ziehl–Neelsen stain detects bacilli, while reticulin makes a reticulin ringaround granulomas, enhancing diagnostic clarity in paucibacillary cases.

Case Report- A 60-year-old postmenopausal woman was clinically suspicious for ovarian malignancy. Uterus , cervix with b/l adenexa was measuring 7x5x2.5cm . The right sided ovary and fallopian tube were measuring 2.5x2.5cm and 4.5cm respectively. Left sided ovary was 3.5x2.5cm in size and fallopian tube was 5cm in size. Histopathology examination showed epithelioid cell granulomas, langhan’s giant cells inside It ovary and fallopian tube suggesting tubercular pathology. Zn and PAS stain were non contributory where as reticulin showed ring around granulomas. The endo-myometrium and cervix were free from tubercular infiltration. CBNAAT results was not significant . Based on these findings this case was reported as tubercular salpingo- oophoritis .

Discussion- Tubercular salpingo-oophoritis poses diagnostic challenges due to vague symptoms and its resemblance to malignancy, especially in postmenopausal women. Imaging and CBNAAT often lack specificity. Histopathology showing caseating granulomas is key. Ziehl–Neelsen stain may be negative, but reticulin staining highlights granulomas, aiding diagnosis in paucibacillary cases.

Conclusion- Tubercular salpingo-oophoritis is a rare manifestation of genital TB, yet it must be included in the differential diagnosis of adnexal masses, particularly in post menopausal women . The synchronization of clinical, imaging , histopathology with special stains including ZN , reticulin and CBNAAT should be carried out for the confirm the diagnosis so as to treat patient accordingly .

Title: Mucinous Cystadenofibroma of the Ovary: A Rare Benign Tumour Mimicking Malignancy

Author & Affiliation:

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Introduction: Mucinous cystadenofibroma is a rare benign epithelial stromal ovarian tumor, comprising about 1.7% of benign ovarian neoplasms. It features mucin producing epithelium and abundant fibrous stroma and often mimics malignancy radiologically. Recognizing its distinct histomorphological features is crucial to prevent overtreatment.

Aim and Objectives: To present the pathological features of ovarian mucinous cystadenofibroma and correlate them with radiological and clinical findings to support accurate intraoperative diagnosis and appropriate surgical management.

Case report: A postmenopausal female presented with chronic abdominal distension. The resected ovarian mass was examined grossly and microscopically. A brief literature review was conducted to support histopathological findings.

Pathological Findings and Results: Grossly, the ovarian mass measured 9×5×4.5 cm with a smooth, encapsulated outer surface. Cut section revealed a multilocular cystic cavity replacing ovarian parenchyma, filled with gelatinous material. Microscopically, sections showed multiloculated cystic tissue with broad, edematous papillary projections lined by mucinous to ciliated epithelium. The stroma showed fibrocollagenous tissue with stellate fibroblasts, mucinophages, dilated glands, scattered blood vessels, and mild chronic inflammatory infiltrate. Stroma of the cyst wall was haphazardly arranged.

Discussion: Differential diagnoses include mucinous cystadenoma, cystadenocarcinoma, and fibroma with secondary changes. The hallmark feature is the intimate admixture of mucinosepithelium and fibrous stroma, best identified histologically. Histopathology remains the gold standard.

Conclusion: Conclusion Accurate histopathological diagnosis is essential to avoid unnecessary radical surgery. Intraoperative frozen section evaluation is helpful, especially when fertility preservation is a concern.

Title: Poorly Differentiated Carcinoma of Breast with Squamous Differentiation in a Postmenopausal Woman with Triple Negative Pattern : A Rare Entity

AUTHORS : Dr.Kritika Goel (JR -1) , Dr. Shagufta Tahir Mufti (Associate Professor), Prof Dr. Mandira Sharma (HOD),Prof Dr. Salamat Khan (Gen. Surgery) .
Career institute of medical sciences and hospital Lucknow

Introduction: Poorly differentiated carcinoma of breast is a high grade invasive carcinoma with lack of clear differentiation. They are usually triple negative and have aggressive clinical course. It presents as a diagnostic challenge and dilemma particularly with lack of clear cut features and overlap between primary SCC , SCC of overlying skin and metastatic SCC.

AIMS AND OBJECTIVES: To present an extremely rare case of carcinoma breast and to emphasize the importance of early recognition and tailored therapeutic approaches .

MATERIALS AND METHODS: A 42 year old female patient presented with complaints of an ulcerative mass , foul smelling discharge in right breast and pain since 1 year and underwent modified Patey's mastectomy . The specimen measured 13 x 11 x 10 cm , masking the nipple areola complex with fungating mass and punched out margins. Histopathological examination and immunohistochemistry (IHC) were performed.

RESULTS: Microscopically sections studied show solid nests and sheets of tumor cells arranged around blood vessels. The tumor cells exhibit high N:C ratio , hyperchromasia , prominent nucleoli , atypical mitosis and evidence of keratinization .The stroma in the background shows wide areas of necrosis. A single lymph node shows diffuse effacement of corticomedullary architecture , and is infiltrated by a neoplastic growth morphologically . Diagnosis of poorly differentiated carcinoma was made.Immunohistochemistry was positive for CK 5 / 6 p63 and p40.

CONCLUSIONS: Poorly differentiated carcinoma of breast with metaplastic features is an extremely rare invasive carcinoma with unique histological features , aggressive behaviour and poor prognosis.

Title: Testicular Tumor

Dr Kushagra Gupta, Dr Pallavi Agrawal, Dr Aparna Singh, Dr Sarika Gupta.

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KEY WORDS

Hodgkin lymphoma, interfollicular pattern, Castleman disease, Hyaline vascular variant, lymph node, coexistence

AIMS AND OBJECTIVES: To describe the histopathological features of a right orchidectomy specimen from a 68-year-old male diagnosed with a testicular tumor.

I

INTRODUCTION: Approximately 95% of testicular tumors are germ cell tumors (GCTs), which originate from sperm-producing cells. The remaining cases are predominantly sex cord-stromal tumors, arising from the supportive and hormone-producing tissues of the testicles. Among these, Leydig cell and Sertoli cell tumors are the most common.

MATERIALS AND METHODS: A 68-year-old male presented to the Department of Surgery with a six-month history of right-sided groin pain. An ultrasound (USG) revealed a solid, well-circumscribed, hypoechoic mass in the right testis. The patient subsequently underwent a right orchidectomy, and the specimen was sent for histopathological examination. Gross examination of the specimen revealed a testis with an attached epididymis and spermatic cord, measuring 6.0 x 3.5 x 1.8 cm. The spermatic cord measured 4.0 cm in length and 1.5 cm in diameter. A detached piece of fibrofatty tissue was also included.

RESULTS: Histopathological examination revealed a well-circumscribed tumor composed of cells arranged in lobules and sheets, separated by delicate fibrous septae. The tumor cells were polygonal with uniform, round nuclei, occasional prominent nucleoli, and abundant, eosinophilic cytoplasm. Focal deposits of lipofuscin pigment were also noted within the cytoplasm.

CONCLUSION: The patient underwent surgery for a solid, well-circumscribed, and hypoechoic mass in the right testis. Based on the histological evaluation, a definitive diagnosis of a Leydig cell tumor was made.

Title: Tonsillar Actinomycosis

DR NEDA JAWAID , DR PRIYANKA SINGH , DR SYED FIZA MUSTAQUEEM
INTEGRAL INSTITUTE OF MEDICAL SCIENCE RESEARCH , LUCKNOW

Introduction: Actinomyces are slow growing, anaerobic, gram positive filamentous bacteria. These colonies are often ignored as commensals and considered insignificant in the tonsillectomy specimens by histopathologists.

Case Report: A nine year old female presented to the otorhinolaryngology department with complain of neck swelling measuring 5 x 3 cm in size , sore throat and difficulty in speech since 7 days. She also had complain of snoring since 2 days. On further questioning patient gave a history of dental implantation one year back. Diagnosis of acute recurrent tonsillitis with regional lymphadenitis and associated obstructive sleep apnea was made. Patient was not relieved on medication. Later tonsillar tissues were resected and send to histopathology lab. Grossly the two globular tissue pieces measured (3x 2x 0.6) cm each. On microscopy aggregates of filamentous organisms seen within the tonsillar crypts consistent with actinomycosis .

Discussion: There are three main clinical types of actinomycosis – cervicofacial , thoracic and abdominal. Mode of transmission in cervicofacial actinomycosis is via the direct invasion if the commensal either due to –Oro maxillofacial trauma , dental caries or dental implantation. Tonsillar crypts provide a good histological cue in tonsillar actinomycosis. The presence of these is confirmed by the assessment of histopathological samples of filamentous clusters of basophilic microorganism arranged in radial pattern (ray fungus) or via bacterial cultures.

Conclusion: Actinomycosis may have a causal association with recurrent acute tonsillitis and tonsillar hypertrophy leading to obstructive sleep apnea. Early histopathological detection of these species would aid in prompt management and treatment .

Title: A rare case presentation of anaplastic carcinoma of thyroid present in our department.

Authors- Dr Rajesh Kumar (JR2), DR Renu Sahay (Guide and professor), Dr Chhaya Shevra (Associate professor)

Affiliation-dept. of pathology (M.L.B. MEDICAL COLLEGE JHANSI)

Introduction: Anaplastic carcinoma of thyroid is one of the highly aggressive malignant tumor. It represents less than 5 percent of all thyroid carcinoma. It is commonly found in elderly patient (Average age - 60yr). It is very uncommon below 50 years. Majority of the cases pt. gives a history of preexisting colloid goiter, follicular carcinoma or PTC.

Aims and objective: To describe the cytological findings of a rare case - anaplastic carcinoma of thyroid in a 62-year female.

Methodology: We report a case of a 62-yr female came our department who presented with complain of rapidly growing left side neck swelling, reduced weight and difficulty in swallowing. FNAC was performed.

RESULT: Cellular smear shows predominantly singly lying as well as loose cluster of pleomorphic cells. These tumor cells are large with irregular nuclear membrane and single to multiple prominent nucleoli. Many multinucleated cells and few bizarre cells are also seen in a background of neutrophilic infiltration. No feature of differentiation towards papillary or follicular carcinoma were observed.

Conclusion: FNAC remains a valuable and rapid diagnostic tool in identifying anaplastic carcinoma of thyroid. Early identification via cytology can help guide prompt management, although prognosis remains poor due to aggressive nature of the disease.

Title: Cyto-Histologic Diagnosis of Mucoepidermoid Carcinoma Presenting as a Pedunculated Buccal Mucosa Mass With Overlying Cheek Dimpling: A Rare Case Report

Authors: Dr. Savita Agarwal, Dr. Pinki Pandey, Dr. Rashmi, Dr Siddique Anam, Dr. Jasdeep Kaur. **Institution:** Uttar Pradesh University of Medical Sciences, Saifai, Etawah.

Introduction: Mucoepidermoid carcinoma (MEC) is a common salivary gland malignancy, but its occurrence in the buccal mucosa is rare. This case highlights the diagnostic role of FNAC and histopathology in identifying MEC in an atypical location.

Case Report: A 78-year-old female presented with a 3-month history of a left-sided pedunculated buccal mucosa mass. FNAC revealed cellular smears with three distinct

Components: mucin-secreting cells- polygonal to columnar with vacuolated cytoplasm and eccentric nuclei, intermediate cells and squamous cells dispersed singly or in clusters. Mucin-rich background was appreciable. The cytomorphology was diagnostic of MEC (Milan System Category-V. Excised specimen comprised of polypoidal tissue measuring 2.5x2x1.5 cm. H&E-stained sections confirmed MEC, corroborating the FNAC findings.

Discussion: Mucoepidermoid carcinoma (MEC) is the most common malignant salivary gland tumor. Its occurrence in the buccal mucosa is rare, and when presenting as a small pedunculated lesion, it may mimic benign mucosal polyps or fibromas, leading to diagnostic delay. In this case, the presence of subtle cheek dimpling added a unique clinical feature suggestive of underlying tissue tethering. Fine-needle aspiration cytology (FNAC) revealed the characteristic triad of mucinous, squamous, and intermediate cells in a mucin-rich background. The Milan System Category V diagnosis was later confirmed histologically, highlighting the utility of FNAC in preoperative assessment.

Conclusion: This case underscores FNAC as a rapid, reliable tool for initial MEC diagnosis, even in rare sites, while histopathology remains the gold standard for confirmation. The cytohistopathological correlation is critical for optimal management, particularly in atypical presentations.

Keywords: Mucoepidermoid carcinoma, FNAC, buccal mucosa, salivary gland tumor, cytopathology

Title: A Rare Case of Parasitic Mesenteric Cyst with Parasitic Involvement of Ovary Mimicking Right Adnexal Mass in a Postmenopausal Woman: A Histopathological Diagnosis

Name of Authors: Dr. Prateek Mishra, Dr. Gargi Tignath, Dr. Sangeeta Bohara, Dr. Siddharth Gangwar, Dr. Aleena Athar, Dr. Anjana Agrawal

Name of institute: Department of Pathology and Obstetrics & Gynaecology*, Hind Institute of Medical Sciences, Barabanki, Uttar Pradesh

Introduction: Parasitic (echinococcal) cysts involving the mesentery are rare and can clinically mimic adnexal or ovarian masses, particularly in postmenopausal women. Their nonspecific symptoms and overlapping imaging features with gynecological pathologies pose a diagnostic challenge.

Aims and Objectives: To present a rare case of a parasitic mesenteric cyst with ovarian involvement mimicking a right adnexal mass, emphasizing the role of histopathology in accurate diagnosis and highlighting the surgical approach.

Materials and Methods: A 55-year-old postmenopausal woman presented with 15 days of abdominal pain and a palpable firm mobile mass. Ultrasonography revealed a large thick-walled cystic lesion involving the right adnexa and extending into the abdomen. Surgical management included total abdominal hysterectomy (TAH), bilateral salpingo-oophorectomy (BSO), mesenteric cystectomy, and marsupialization. Specimens were sent for histopathological evaluation.

Results: Grossly, the mesenteric cyst showed smooth outer walls and whitish nodules internally. The right ovary exhibited multiloculated cystic changes with similar nodules. Microscopically, the uterus and cervix showed proliferative endometrium and chronic cervicitis. The right ovary and mesenteric cyst revealed laminated membranes, foreign body giant cells, and protoscolices—hallmark features of a hydatid cyst. Left adnexa were unremarkable.

Conclusion: This case highlights a rare echinococcal infection of both mesentery and ovary, masquerading as an adnexal mass. Definitive diagnosis hinges on histopathological examination. Awareness of such unusual presentations is vital for gynecologists and surgeons to ensure timely and appropriate surgical intervention.

Title: A Case of Hyalinizing Cholecystitis

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NAME OF INSTITUTE: Department of Pathology, Santosh Medical College , Ghaziabad.

Introduction: Hyalinizing cholecystitis is an uncommon subtype of chronic cholecystitis. It is described as replacement of entire gall bladder wall with diffuse and dense hyaline sclerosis. It can also be associated with variable degree of calcification.

CASE REPORT: A prospective case study was done on a 75year old female who came with chief complaints of pain in right upper abdomen. She was clinically diagnosed with cholelithiasis based on ultrasonography, for which she underwent cholecystectomy. Resected gall bladder specimen was sent to pathology department for histopathological examination and final diagnosis. The specimen was grossly examined and representative sections were taken for microscopic examination.

DISCUSSION: The specimen measured 5 cm in length. External surface was smooth and regular. Mucosa was brown in color and partially denuded with wall thickness of 0.3 cm. Multiple yellow coloured stones were found in the lumen. H&E-stained sections showed gall bladder mucosa replaced by fibrosis and foci of calcification. The underlying stroma showed fibrosis and dense hyalinization along with chronic inflammation, occasional lymphoid follicle formation and nerve bundle proliferation.

CONCLUSION: Histopathological examination of gall bladder can reveal a wide variety of diagnoses. An elderly female who presented with pain abdomen, revealed hyalinizing cholecystitis on histopathological examination. Hyalinizing cholecystitis is a rare gallbladder lesion with favorable outcome. This case also highlights the importance of thorough gross and microscopic examination of all gall bladder specimens.

KEYWORDS: Hyalinizing cholecystitis

Title: Pleomorphic Adenoma of The Buccal Salivary Gland: A Case Report

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Introduction: Eosinophil in peripheral blood constitute 1.0% to 6.0% of leukocyte, equivalent to 0.02 to 0.5 X 10⁹/L. Eosinophilia is considered when eosinophil count is >0.5x10⁹ Acute eosinophilic pneumonia is a rare condition characterized by rapid onset of respiratory symptoms, often mimicking community acquired pneumonia or acute respiratory distress syndrome. /L. Acute eosinophilic pneumonia may be idiopathic but identifiable cause include smoking and other inhalation exposures, medication and infection. In this poster we present a short review focused on differential diagnosis of eosinophilia with dysmorphic eosinophils.

Case Presentation: A 20 year-old Male presented with acute onset dyspnea, dry cough, and high-grade fever of 10-12 days duration. Chest X-ray revealed diffuse bilateral ground-glass opacities and patchy consolidations.

Lab Diagnosis: Complete Blood Count – Total Leucocytes Count increased (25,700/ μ L)

Eosinophil Count increased (72%)

Absolute Eosinophil Count >18,500/ μ L

Peripheral blood smears - showed highly increased eosinophils, with an absolute eosinophilic count of 18,500/ μ L with dysmorphic eosinophils characterized by:

Hyperlobated nuclei and occasional cytoplasmic vacuolization.

Result: Based on clinical, radiological, and laboratory findings, acute eosinophilic pneumonia with atypical eosinophil morphology was diagnosed.

Conclusion: This case underscores the need for awareness about presence of dysmorphic eosinophils morphology in Acute Eosinophilic Pneumonia.

Title: Urinary Myiasis in a Female Child : A Rare Case Report

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Introduction: Urinary myiasis is a rare form of human myiasis caused by the infestation of the urinary tract by dipterous fly larvae. Although more commonly reported in tropical and subtropical regions with poor sanitation, it remains an under-recognized condition due to its uncommon presentation and often nonspecific symptoms. Patients typically present with dysuria, hematuria, or passage of live larvae in the urine, often leading to misdiagnosis. The condition is most frequently associated with poor hygiene, urinary tract abnormalities, and chronic illnesses that compromise host immunity. This report aims to highlight a rare case of urinary myiasis, emphasizing the importance of early recognition, accurate diagnosis, and appropriate management.

CASE REPORT DISCUSSION – 13 year old female from middle class family presented to medicine department with the complain of intermittent passage of live worms in urine since 1 month. She passes 5 to 15 larvae and mostly at evening time. She was also complaining of pain in epigastric region for 20 days, fever for 10 days, generalized weakness for 20 days, itching in periurethral area and with the history one episode of hematuria 11 days back.

CONCLUSION – This case highlights that urinary myiasis, though rare, can occur even in pediatric patients, including adolescents. It underscores the importance of considering parasitic infestations in the differential diagnosis of atypical urinary symptoms, especially in children from rural or low hygienic settings. Early diagnosis and prompt treatment not only lead to full recovery but also help prevent recurrence and complications.

Title: A Rare Pigmentary Puzzle: Dowling-Degos Disease with Flexural Predilection

NAME OF AUTHORS – Dr Prashant Mishra , Dr Neetu Goyal , Dr Rashmi Chauhan, Dr vijay kumar, Dr chavviraj singh.

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Introduction: Dowling–Degos Disease (DDD) is a rare autosomal dominant genodermatosis characterized by reticulate hyperpigmentation primarily affecting the flexural areas. It usually manifests in adulthood and progresses slowly. The condition is often underdiagnosed due to its clinical resemblance to other pigmentary disorders such as acanthosis nigricans or lichen planus pigmentosus.

CASE REPORT: A 28-year-old female presented to dermatology OPD with gradually progressive, asymptomatic, reticulate pigmentation over the axillae and groin for which Skin biopsy was performed for histopathological evaluation. On clinical examination Multiple hyperpigmented macules coalescing into a reticulate pattern were observed over bilateral axillae, groin, and inframammary region without associated erythema or scaling. Histopathologic examination revealed epidermal downgrowths forming antler-horn like branching of the rete ridges and thinning of suprapapillary epidermis. Mild inflammatory infiltrate was noted.

DISCUSSION: The patient’s clinical features and histological findings suggest Dowling–Degos disease. It results from mutations in the keratin 5 gene, leading to abnormalities in keratinocyte proliferation and pigmentation. It typically presents in the third to fourth decade with a female predominance. Histopathology remains the gold standard for diagnosis. This case is significant due to its classical presentation but is often mistaken for more common pigmentary disorders.

CONCLUSION: Accurate diagnosis of Dowling–Degos Disease is critical for appropriate management and genetic counseling. This case underscores the importance of clinicopathological correlation, especially in patients presenting with reticulate pigmentation in flexural areas.

Title: Giant Lipoleiomyoma of The Uterus Presenting with Abnormal Uterine Bleeding: A Rare Case Report

Name of Authors :Dr. Nikita Singh, Dr.Sangita Bohara, Dr. Gargi Tignath, Dr. Shikha Agarwal ,
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Introduction: Lipoleiomyoma is a rare and specific type of benign uterine neoplasm with an incidence ranging between 0.03%-0.2%. It is considered a benign variant of typical uterine leiomyomas. It is composed of variable proportion of mature adipocytes and smooth muscle cells.

Aims and Objective: To present a rare case of uterine lipoleiomyoma and its presenting features in order to aid in its accurate diagnosis and management.

Material and method: A 41 year old female presented with heavy menstrual bleeding and pain in abdomen since 3 months. On abdominal examination a firm to hard mobile, non-tender mass of approximately 22 weeks size uterus was found. Relevant laboratory and radiological investigations were done. Ultrasonography revealed a large heterogenous uterine mass. Total hysterectomy with bilateral salpingo-oophorectomy was performed and the specimen was sent for histopathology.

Results: On histopathological gross examination, a grey to yellow , intramural fibroid of varied firm to soft areas was noted. Histopathology showed spindle-shaped smooth muscle cells admixed with mature adipocytes and myxoid stroma, confirming the diagnosis of uterine lipoleiomyoma.

Conclusion: Lipoleiomyoma can be massive in size and may have varied clinical presentation. Their fatty components can be misleading on imaging. The definitive diagnosis is based on histopathologic findings that show the presence of mature adipose tissue and smooth muscle cells in different proportions without cellular atypia.

Title: Orbital Myeloid Sarcoma in A Pediatric Patient : A Diagnostic Challenge

Name of author :- Dr Deepraj Verma

Co- author :- Dr Manal.A.Ali

Introduction: Myeloid sarcoma is a rare extramedullary manifestation of acute myeloid leukemia, often mimicking other small round blue cell tumors, particularly in pediatric patients. Orbital involvement is uncommon and may present diagnostic challenges due to overlapping clinical and histopathological features.

Case Report: A case of a 10-year-old female who presented with a Ulceroproliferative growth in the left eye associated with pus discharge and burning sensation. Radiological imaging raised a differential diagnosis of rhabdomyosarcoma and orbital lymphoma. Histopathological examination of the lesion revealed features suggestive of rhabdomyosarcoma and non-Hodgkin's lymphoma. Bone marrow aspiration indicated a known case of myeloid sarcoma. Immunohistochemical studies showed lesional cells diffusely positive for MPO and CD117, with CD45 positivity and scattered TDT-positive cells. Other lineage markers including CD3, CD20, CD79a, CD1a, CD34, CD10, BCL6, CD30, ALK, DESMIN, and NKX2.2 were negative. The Ki-67 index was high (70–75%).

Discussion: The immunophenotypic profile supported the diagnosis of orbital myeloid sarcoma, a rare entity in children, often misdiagnosed due to its overlapping features with rhabdomyosarcoma and lymphomas. Early and accurate diagnosis is essential as treatment differs significantly from other round cell tumors.

Conclusion: This case highlights the importance of considering myeloid sarcoma in the differential diagnosis of pediatric orbital masses. Immunohistochemistry plays a crucial role in reaching the correct diagnosis and guiding appropriate management.

Keywords : Myeloid Sarcoma, Acute Myeloid Leukemia, Orbital mass, Orbital Lymphoma

Title: Uterine Carcinosarcoma (Malignant Mixed Mullerian Tumor) with Heterologous Element.

Name of Author – Dr. Alimaa Pathak. Co Authors – Dr. Farah Jalaly, Dr. Rashmi Nichlani, Dr. Syed Sarfaraz Ali, Dr. Rishabh Sahai, Dr. Anki Saluja. Name of Institute – Chirayu Medical College and Hospital, Bhopal.

Introduction: Uterine carcinosarcoma (UCS), also known as malignant mixed Müllerian tumor (MMMT), is a rare and aggressive malignancy comprising 3–5% of all uterine cancers. It is histologically defined by the presence of both malignant epithelial (carcinomatous) and mesenchymal (sarcomatous) components. UCS typically occurs in postmenopausal women and has a poor prognosis, with a reported 5-year survival rate of 33–39%. Risk factors include obesity, nulliparity, diabetes mellitus, prior pelvic radiation, and tamoxifen therapy.

Case Report: A 50-year-old postmenopausal woman presented with pelvic pain and intermittent vaginal bleeding for the past one year. Gynecological examination revealed an enlarged, globular uterus corresponding to an 8-week gestation size. Transvaginal ultrasonography and MRI of the pelvis suggested a submucosal fibroid. Gross examination of the hysterectomy specimen revealed a friable, necrotic tumor confined to the endometrial cavity. Histopathological examination showed biphasic tumor morphology. The carcinomatous component consisted of atypical columnar cells forming acini, papillae, and nests, with areas of squamoid differentiation. The sarcomatous component demonstrated pleomorphic, spindle cells arranged in sheets and fascicles infiltrating collagenized stroma. Areas of osteoid differentiation and osteosarcoma-like foci indicated heterologous sarcomatous differentiation.

Discussion: UCS commonly presents with postmenopausal bleeding and pain. It is thought to arise from a monoclonal origin. Theories of tumor histogenesis include combination, collision, and conversion models. Heterologous differentiation, as seen in this case, is present in approximately 33% of UCS cases.

Conclusion: UCS is rare but highly aggressive. Histopathology is essential for diagnosis. Early detection and multidisciplinary management improve outcomes.

Keywords: Carcinosarcoma; malignant mixed Mullerian tumor; uterus

Title: Adenocarcinoma of Ileum : A Rare Case

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Aims & Objectives: To describe the histopathological findings of a rare case of Adenocarcinoma of ileum in a 46 year old male.

Introduction: Adenocarcinoma of the ileum is an uncommon and aggressive malignancy originating from the glandular epithelium of the distal small intestine. It often presents insidiously with vague symptoms such as abdominal discomfort, unexplained weight loss, anemia or gastrointestinal bleeding, frequently resulting in delayed diagnosis. Predominantly affecting older individuals, it is occasionally linked with underlying conditions like Crohn's disease or hereditary polyposis syndromes. Histologically, these tumors closely resemble colorectal adenocarcinomas and are commonly diagnosed at an advanced stage, with prognosis largely influenced by tumor stage and spread at the time of presentation.

Material and methods: A 46 year old male presented to surgery department with complaint of abdominal pain, altered bowel habits and vomiting for 1 month. Based on clinical assessment and imaging findings, a diagnosis of suspected Subacute intestinal obstruction was made. Segmented resection of ileum was performed and was sent for histopathological examination, grossly tubular structure identified with narrower and broader end, a greyish white solid area identified measuring 3.0 x 2.5 cm. It is 1.0 cm away from narrow end.

Result: Histopathological examination reveals malignant tumor cells arranged in glands, tubules and nests, extending upto muscularis propria. Glands are lined by tumor cells, showing luminal necrosis with cystically dilated glands. Few mitotic figures are seen.

Conclusion: Patient was operated for the subacute intestinal obstruction and on histological evaluation, was found to have Adenocarcinoma of ileum.

Title: Carcinoma Cuniculatum: A Case of Rare Cancer with Distinctive Diagnostic Challenges

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INTRODUCTION: Carcinoma Cuniculatum is a rare, well-differentiated, locally destructive, non-metastasizing type of squamous cell carcinoma, characterized by a burrowing invasive pattern (rabbit burrow, cuniculi), keratin-containing crypts, and minimal cytological atypia. The gingivo-alveolar complex of the mandible is the most common site, followed by the maxilla. The tongue, buccal mucosa, and lower lip are rarely affected. It most commonly presents in the seventh and eighth decades of life. With fewer than 75 cases reported so far, its clinical presentation and histomorphological features are poorly understood.

CASE: Here, we present a case of a 66-year-old male with a retromolar trigone and posterior buccal mucosa lesion present for 8 months. Earlier, two attempts at biopsy were performed and reported as Lichen Planus associated with pseudoepitheliomatous hyperplasia and squamous hyperplasia with moderate to severe dysplasia, with suspicion of microinvasion, respectively. Resection was performed, and on extensive sectioning, no invasive component was identified on microscopy. Sections from the tumor revealed hypertrophied stratified squamous epithelium displaying intraepithelial microabscesses and deep, burrow-like infiltration of normal-looking squamous cells. Based on the histomorphology, the final diagnosis of carcinoma cuniculatum was made.

DISCUSSION: Carcinoma Cuniculatum's clinical presentation often overlaps with benign hyperplasias, making biopsy and histopathology crucial for diagnosis. Treatment primarily involves wide surgical excision, with radiotherapy reserved for unresectable cases. The low metastatic potential underscores the importance of early detection and complete removal to prevent local recurrence.

CONCLUSION: Carcinoma Cuniculatum is a unique oral lesion requiring a high index of suspicion for accurate diagnosis. Surgical excision remains the cornerstone of treatment, with an excellent prognosis when diagnosed early. Awareness of its clinical and histopathological features is essential for clinicians to distinguish it from benign mimickers and to ensure appropriate management.

Title: PEComa of The Broad Ligament: A Rare Entity in an Unusual Location

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NAME OF THE INSTITUTION: Department of Pathology, Muzaffarnagar Medical College and Hospital, Muzaffarnagar

INTRODUCTION: Perivascular epithelioid cell tumors (PEComas) are rare mesenchymal neoplasms composed of distinctive perivascular epithelioid cells co-expressing melanocytic and smooth muscle markers. While the uterus is among the more commonly reported sites in the female genital tract, PEComas of the broad ligament is exceptionally rare. Such unusual presentations pose diagnostic and management challenges.

AIM AND OBJECTIVE: This case is presented because of its rarity, unusual location and its coexistence with uterine mass, and to highlight its diagnostic challenges and surgical management.

CASE REPORT: A 40-year-old female presented with dysfunctional uterine bleeding and lower abdominal pain. Imaging revealed a large pelvic mass separate from the uterus and an intramural uterine lesion. Intraoperatively, a broad ligament mass measuring 20 × 14 × 10 cm and a 10 × 8 cm uterine intramural mass were identified. She underwent radical hysterectomy with bilateral salpingo-oophorectomy, excision of the broad ligament mass, pelvic lymph node dissection, and segmental colectomy due to bowel adhesion.

RESULT: Histopathology revealed nests and sheets of epithelioid cells with clear to eosinophilic cytoplasm arranged around thin-walled blood vessels. Immunohistochemistry markers are consistent with the diagnosis of PEComa.

CONCLUSION: PEComas of the broad ligament are exceedingly rare, and their coexistence with uterine masses may complicate preoperative diagnosis. Immunohistochemistry is crucial for accurate identification. This case highlights the importance of considering PEComa in the differential diagnosis of pelvic masses and emphasizes the need for complete surgical excision and vigilant follow-up due to the tumor's unpredictable behavior.

KEYWORDS: Broad ligament, Immunohistochemistry, Mesenchymal neoplasm, PEComa, Perivascular epithelioid cell tumor, Rare tumor, Uterine mass

Title: Undifferentiated Pleomorphic Sarcoma of the Right Lower Limb: A Rare Case Report Emphasizing Histopathological and Immunohistochemical Diagnosis.

Authors:

Dr. Rishabh Kumar Mishra (JUNIOR RESIDENT 1), Dr. Rajesh K. Rai (Prof. & Head), Dr. Shaila Mitra (Prof.), Dr. Shilpa U. Vahikar (Prof.), Dr. Kanchan Srivastava (Prof.), Dr. Archana Bundela (Asso Prof.), Dr. Alpana Bundela (Asso Prof.), Dr. Archana Tripathi (Asso Prof.), Dr Amit Kumar Gupta (Asst. Prof)

INTRODUCTION: Undifferentiated pleomorphic sarcoma (UPS), formerly known as malignant fibrous histiocytoma, is a rare, high-grade soft tissue sarcoma as per the current WHO classification. It is characterized by pleomorphic spindle cells lacking specific differentiation. While it typically arises in the deep soft tissues of elderly individuals, involvement of the right lower limb is uncommon, presenting a diagnostic challenge.

Aims: To report a rare case of undifferentiated pleomorphic sarcoma of the right lower limb in a 59-year-old male, emphasizing the essential role of histopathology and immunohistochemistry in diagnosis.

Case Report: A 59-year-old male presented with a painless, gradually enlarging swelling over the right thigh for six months. MRI revealed a heterogeneously enhancing soft tissue mass without bony involvement. The excised tumor measured 8×6×5 cm and was submitted for histopathological examination. Hematoxylin and Eosin (H&E) stained sections showed a highly cellular tumor composed of pleomorphic spindle and polygonal cells arranged in storiform and fascicular patterns. There was marked nuclear atypia, bizarre multinucleated giant cells, brisk mitotic activity, and areas of necrosis. To rule out rhabdomyosarcoma, immunohistochemistry (IHC) was performed: tumor cells were positive for vimentin and negative for myogenin and MyoD1. Additionally, to exclude malignant peripheral nerve sheath tumor (MPNST), S100 and SMA markers were applied and found to be negative.

Result: Histological and immunohistochemical findings ruled out specific lines of differentiation including skeletal muscle and nerve sheath origin. The tumor cells were vimentin positive, and negative for myogenin, MyoD1, S100, and SMA. Based on morphology and exclusion of differential diagnoses, a final diagnosis of undifferentiated pleomorphic sarcoma was made.

Conclusion: This rare case highlights the diagnostic complexity of undifferentiated pleomorphic sarcoma, especially when occurring in an unusual site like the lower limb. It reinforces the essential role of histopathology supported by a panel of immunohistochemical markers in accurately diagnosing UPS and excluding important mimics such as rhabdomyosarcoma and MPNST..

Title: Primary Retro-Orbital Hydatid Cyst: A Rare Cause of Proptosis

AUTHORS

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INTRODUCTION: Hydatid disease, caused by *Echinococcus granulosus*, is a parasitic infection endemic in various parts of the world, including India. While the liver and lungs are the most commonly involved organs, orbital involvement is rare, comprising less than 1% of all cases. Primary retro-orbital hydatid cysts are even more uncommon and pose a diagnostic challenge.

CASE REPORT: A 27-year-old female presented with complaints of itching, redness, swelling, pain, and burning sensation in the right eye. MRI revealed a large, well-defined cystic lesion in the right retro-orbital, intraconal region causing proptosis, with probable compression of the right optic nerve. Differential diagnoses included hydatid cyst and lymphangioma. Surgical excision via right retro-orbital approach was performed. Histopathological examination confirmed the diagnosis of a hydatid cyst. Postoperatively, the patient was managed with albendazole therapy.

DISCUSSION: Though rare, retro-orbital hydatid cysts should be considered in patients from endemic regions presenting with orbital mass and proptosis. MRI aids in preoperative localization, while histopathology confirms the diagnosis. Complete surgical excision without rupture remains the treatment of choice, followed by antihelminthic therapy.

CONCLUSION: Primary retro-orbital hydatid cyst is a rare but important differential for proptosis in endemic areas. Timely imaging, diagnosis, and surgical intervention are crucial to avoid vision loss and recurrence.

KEYWORDS: Hydatid cyst, Hydatid disease, Orbit, *Echinococcus*, Proptosis

Title: Uncommon Yet Important: Pediatric Eosinophilic Cystitis Presenting As Recurrent Hematuria In An 11-Year-Old

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INTRODUCTION: Eosinophilic cystitis (EC) is a rare inflammatory condition of the bladder characterized by eosinophilic infiltration of the bladder wall. It is particularly uncommon in children and often presents with nonspecific urinary symptoms such as hematuria, dysuria, or lower abdominal pain. Due to its rarity and variable presentation, EC can be misdiagnosed for urinary tract infections or malignancy.

AIM AND OBJECTIVES: To present a rare case of eosinophilic cystitis in a pediatric patient with recurrent hematuria and to highlight the importance of early diagnosis and appropriate management.

CASE REPORT: An 11-year-old previously healthy male presented with recurrent episodes of painless gross hematuria over three months. There were no associated symptoms of fever, dysuria, or trauma. Laboratory findings revealed microscopic hematuria and peripheral eosinophilia. Urine culture was sterile. Abdominal ultrasonography showed diffuse bladder wall thickening. Cystoscopy revealed mucosal erythema and edema. Bladder biopsy was taken and sent for histopathological examination.

RESULTS: Histopathological examination of bladder biopsy showed marked eosinophilic infiltration, consistent with eosinophilic cystitis. The patient responded well to medical management with complete resolution of hematuria and normalization of imaging findings. Follow-up over six months showed no recurrence.

CONCLUSIONS: Eosinophilic cystitis, although rare in children, should be considered in the differential diagnosis of recurrent hematuria. Imaging, cystoscopy, and histopathology are key to diagnosis. Early recognition and prompt treatment can lead to favorable outcomes and avoid unnecessary interventions.

KEYWORDS: bladder inflammation, cystoscopy, eosinophilic infiltration, pediatric urology

Title: Hookworm Infestation Favoring *Ancylostoma Duodenale* in Histopathological Views

Authors:

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Introduction: Hookworm infection remains a common parasitic disease in tropical regions, often leading to iron deficiency anemia and gastrointestinal disturbances. While stool examination is the primary diagnostic tool, histopathological examination plays a crucial role in revealing detailed mucosal changes and confirming the presence of the parasite, especially in atypical or chronic presentations

Aim: To demonstrate the histopathological features of hookworm infestation, particularly due to *Ancylostoma duodenale*, in duodenal biopsy tissue.

Objective: To highlight the diagnostic value of histopathology in detecting adult forms of hookworms and associated mucosal changes in the gastrointestinal tract.

Materials and Methods: A duodenal biopsy was obtained from a 42-year-old male patient presenting with duodenal edema and suspected IPSID or mesenteric ischemia. The tissue, measuring approximately 0.3 cc, was fixed, processed, and stained using Hematoxylin and Eosin (H&E). Microscopic examination was performed to assess mucosal architecture, inflammatory infiltrates, and presence of parasitic forms.

Result/case report: Microscopy revealed preserved benign duodenal glands and lamina propria. Adult hookworm forms were clearly seen within the mucosal glands. Dense lymphoplasmacytic infiltrates and scattered eosinophils were observed in the surrounding mucosa. These findings indicated a parasitic infestation leading to mucosal irritation and chronic inflammatory response.

Conclusion: Histopathological examination provided definitive evidence of hookworm infestation in the form of visible adult *Ancylostoma duodenale* worms and associated eosinophilic and plasma cell infiltration. This case highlights the importance of considering parasitic infection in the differential diagnosis of chronic duodenal edema and the diagnostic value of tissue biopsy in identifying intestinal helminths, especially when stool examinations are inconclusive.

Title: Leiomyosarcoma of Scrotum : A Rare Site of Presentation

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Introduction: Leiomyosarcoma of the scrotum is an extremely rare malignancy arising from the smooth muscle cells within the scrotal wall or vascular structures. This tumor typically presents as a painless, slow-growing mass, but can progress to more aggressive behavior if left untreated. It primarily affects middle-aged and older men, with limited cases reported in medical literature. Separate from four main categories, leiomyosarcomas of the vulvar or scrotal origin, although histologically comparable to subcutaneous lesions, tend to have a relatively good prognosis with infrequent metastasis.

Material and methods: A 60 year old male presented to surgery department with complaint of bleeding per rectum, pain in defecation and painless swelling over mid of scrotum for 2 months. This swelling was clinically suspected to be a calcified sebaceous cyst by the surgeon. He got operated for the swelling over scrotum and specimen labelled as calcified sebaceous cyst of scrotum was sent for histopathological examination, grossly it was well encapsulated, well circumscribed round to oval mass, measuring 4.0 x 4.0 x 2.5 cm. On cut surface was greyish white with areas of necrosis and hemorrhage.

Result: Histopathological examination reveals malignant tumor showing central areas of necrosis lined by pleomorphic cells arranged in intersecting fascicles and storiform pattern.

Conclusion: Patient was operated for the mid scrotal swelling and on histological evaluation, was found to have leiomyosarcoma of scrotum.

Title: Endometrial Mucinous Carcinoma- A Rare Case

Dr. Priyanka Singh, JR3 MD Pathology Batch 2022-25 (UPIAPM/A893/2025)

Dr. (Brig.) Nikhilesh Kumar, Professor & Head

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Introduction: Mucinous carcinoma of endometrium (MCE) is a rare entity comprising 1-9% of endometrial adenocarcinomas. Diagnosis is made by the presence of characteristic mucin-producing cancer cells which may present variably.

Aim and Objectives: To describe a case of mucinous endometrial carcinoma.

Material and Method: A case of mucinous endometrial carcinoma diagnosed in our histopathology lab was retrospectively accessed for clinical records, gross and microscopic findings. Entire process of diagnostic work-up was retrieved. Characteristic diagnostic features were identified.

Results/Case Report: A 50-year-old female with diabetic history, presented with menorrhagia since 2 years, was on conservative management for last two month however symptoms were not relieved. Routine blood investigations revealed anaemia. Sonography revealed bulky uterus with hypoechoic solid lesion and thickened endometrium. Hysterectomy was performed. The uterus with cervix (measuring 12×8×7 cm), along with bilateral fallopian tubes and ovaries, was received in the Department of Pathology. On gross examination a multinodular polypoidal growth was noted in the endometrial cavity, measuring 2.5×1.5×0.5 cm. Microscopically, the polypoidal growth showed tumor cells forming confluent, complex glandular and villoglandular structures arranged in a back-to-back fashion, with cribriform architecture. The glands were cystically dilated and filled with mucin. These malignant glands are lined by cuboidal to columnar cells with high N:C ratio and vesicular nuclei. Invasion was noted <50% deep in myometrium. The cervical specimen showed features of chronic papillary cervicitis.

Conclusion: A diagnosis of Grade 1 MCE with chronic cervicitis was made. FIGO stage: pT1aNxMx.

Key words: Postmenopausal bleeding, Endometrial mucinous carcinoma, Adenocarcinoma, Chronic cervicitis.

Title: Beyond the Liver: Pathological Diagnosis of Isolated Splenic Hydatid Disease

Authors:

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Introduction: Hydatid disease, a parasitic infestation caused by *Echinococcus granulosus*, typically involves the liver and lungs. Primary splenic involvement is rare, constituting less than 2% of all abdominal hydatidosis. Solitary giant hydatid cysts in the spleen are exceptionally uncommon and often mimic other cystic splenic lesions, leading to diagnostic challenges.

Aims: To highlight the rarity of solitary splenic hydatid cysts and emphasize the indispensable role of histopathology in reaching the definitive diagnosis.

Objectives: To present a rare case of a giant hydatid cyst involving the spleen and to compare the clinical and radiological diagnosis with the final histopathological findings.

Case Report: A 52-year-old female presented with progressive left upper quadrant abdominal pain and fullness for six months. On examination, a palpable, non-tender mass was noted in the left hypochondrium. Ultrasound revealed a large, thick-walled cystic lesion in the spleen, suggestive of a pseudocyst or splenic abscess. Contrast-enhanced CT further supported the differential of an epidermoid cyst or organized hematoma. Hematological investigations were within normal limits, and serological testing for hydatid disease was inconclusive.

Results: Gross examination revealed a massively enlarged spleen, dominated by a solitary unilocular cystic cavity measuring 16 × 14 × 12 cm. The internal surface showed thick fibrous walls, laminated membranes, and multiple collapsed daughter cysts, raising suspicion for a parasitic etiology. However, the defining moment came on histological examination, which unveiled the characteristic trilaminar wall comprising the ectocyst, laminated membrane, and germinal layer, along with protoscolices—hallmarks of a hydatid cyst. This pivotal finding sharply contrasted with the initial radiological impression of a pseudocyst or hematoma, turning the case from a routine splenic mass into a rare parasitic revelation.

Conclusion: This case highlights how splenic hydatid cysts can mimic other cystic lesions radiologically. A definitive diagnosis was only established by histopathology, reaffirming its indispensable role in atypical parasitic disease presentations where clinical suspicion is low.

Title: Hodgkin's Lymphoma Masquerading as Suppurative Granulomatous Lymphadenitis - A Cytological Conundrum.

Name of Authors: Dr. Parismita Saikia, Dr. Siddharth Gangwar, Dr. Vivek Gupta

Name of Institute: Department of Pathology, Hind Institute of Medical Sciences, Barabanki, Uttar Pradesh

Introduction: Hodgkin's lymphoma (HL), a relatively infrequent hematological malignancy with an incidence of merely 2.4 per 100,000 annually, occasionally veils itself under the deceptive guise of granulomatous inflammation. When such presentations include suppurative necrosis, they blur diagnostic clarity and mimic tuberculosis, leading to potential misdiagnosis. This intriguing case highlights the imperative to maintain a heightened index of suspicion when faced with granulomatous lymphadenitis on cytology.

Aims and objectives: To unravel and accurately diagnose a rare presentation of Hodgkin's lymphoma initially presumed to be tubercular lymphadenitis, thereby emphasizing the diagnostic pitfalls in cytopathology.

Material and method: A 62-year-old woman presented with a progressively enlarging, painless right cervical swelling of four months duration, along with recent-onset oral ulceration and retrosternal burning. Initial diagnosis of tuberculosis led to anti-tubercular therapy. On examination multiple matted right cervical lymph nodes were palpated, measuring 4X3 cms. Relevant laboratory investigations, FNAC and biopsy was performed from right cervical lymph node. Slides were stained with May Grunwald Giemsa (MGG) and Hematoxylin and eosin (H&E) stain.

Results: Cytology smears displayed rich suppurative necrosis interspersed with epithelioid granulomas and suspicious large atypical cells, some resembling Reed-Sternberg variants. Histopathology showed complete architectural effacement with sheets of pleomorphic polygonal cells. Immunohistochemistry validated the presence of CD30, CD15-positive atypical cells, confirming classical Hodgkin's lymphoma.

Conclusion: This case underscores the masquerading potential of Hodgkin's lymphoma when it mimics infectious granulomatous conditions. A meticulous cytological evaluation particularly in suppurative lesions is essential to unveil the subtle yet diagnostic clues such as Reed Sternberg cells.

Title: Insidious Destructive Pathology of Hip Requiring A Definitive Diagnosis

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NAME OF THE INSTITUTION: Department of Pathology, Muzaffarnagar Medical College, Muzaffarnagar

INTRODUCTION: Tuberculosis (TB) of the musculoskeletal system, though accounts for only 1-3% of total TB cases. TB of hip constitutes 15-20% of the musculoskeletal system. Tubercular arthritis is a chronic, progressive infection of the joints caused by Mycobacterium tuberculosis. It presents insidiously with joint pain, swelling and restricted movement. The dilemma of accurate diagnosis lies as several pathologies may mimic this presentation. Histopathological examination remains a key diagnostic tool. This case report is to emphasize the diagnostic value of histopathology in confirming tubercular arthritis in suspected clinical cases.

CASE REPORT: A 59 year old woman presented in the orthopaedic department with pain, swelling and restricted movement around left hip joint. The patient was operated for and tissue of the bone was sent in the Pathology department for histology diagnosis. Histopathological examination showed viable and nonviable bits of bony pieces along with supporting soft tissue. Also numerous granulomas along with giant cells, necrosis and haemorrhage were seen. AFB was positive.

DISCUSSION AND CONCLUSION: In adults, avascular necrosis (AVN), degenerative and inflammatory conditions may pose a problem in the diagnosis. Histopathological Examination is the Gold Standard for establishing the diagnosis.

KEYWORDS: Hip joint, Histopathology, Musculoskeletal system, Tuberculosis

Title: Desmoplastic Small Cell Tumor : A Rare Case Report and Diagnostic Challenge

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Introduction: Desmoplastic small round cell tumor (DSRCT) is a malignant mesenchymal neoplasm composed of small round tumor cells associated with prominent stromal desmoplasia and EWSR1-WT1 gene fusion. DSRCT primarily affects children and young adults.

CASE REPORT: A 39 years old female presented to the surgical oncology department with complaint of pain in lower abdomen for the past 15 days. MRI of pelvis revealed a large ill defined multilocular solid cystic SOL is epicentered in the lower abdomen pelvic cavity with extension & infiltration. The solid component showed infiltration into bladder lumen with obstructive uropathy. The USG of the whole abdomen revealed a large ill defined heterogenous solid cystic mass lesion seen in abdomino-pelvic region & showing soft tissue component & thick internal septations. This lesion is showing indistinct fat plane with urinary bladder & multiple soft tissue lesion in bladder lumen s/o infiltration. The USG guided biopsy was performed. Grossly, specimen ms 0.4*0.4*0.1cm and microscopically, thickened muscular tissue with foci of infiltrative small round to oval neoplastic cells are seen. The cells have hyperchromatic nuclei & scant cytoplasm. Immunohistochemistry showed strong positivity for Desmin and WT1, while 5-7% Ki67. The overall features are suggestive of Desmoplastic round cell neoplasm.

DISCUSSION: DSRCT probably arises from mesothelial cells explaining its widespread abdominal serosal involvement, mainly peritoneum as in this case. DSRCTs are characterised by a chromosomal translocation t(11:22) (p 13; q 12) that involves the EWSR1 and WT1 genes.

CONCLUSION: DSRCT is a rare type of neoplasm that is difficult to diagnose and manage. Establishing clinical management guidelines for this disease is very difficult. It is still considered a very aggressive neoplasm, with poor prognosis despite multimodal treatment.

Title: Unmasking the unusual: Atypical manifestation of Post Kala Azar Leishmaniasis

Authors:

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Introduction: Leishmaniasis is caused by a protozoa parasite from over 20 Leishmania species. Leishmania parasites are transmitted through the bites of infected female phlebotomine sandflies, which feed on blood to produce eggs. There are 3 main forms of the disease: 1) Visceral leishmaniasis 2) Cutaneous leishmaniasis 3) Mucocutaneous leishmaniasis. Post kala Azar Leishmaniasis is a chronic complication following apparent recovery from visceral leishmaniasis. It is characterized by the development of skin lesions (hypopigmented macules and papules).

CASE HISTORY: A 58 year old male presented with gross edema and infiltration of bilateral feet extending upto the distal third of legs since in 1year. There were multiple nodular to verrucous growth over the dorsum of feet with some areas of ulceration, oozing and discharge with few areas of crust formation associated with burning sensation over the involved areas without any systemic features. On further cutaneous examination patient had multiple skin coloured non tender nodules over the back and thigh, discrete and infiltrated plaques over the medial aspect of right thigh and bilateral soles, few ill defined hypopigmented patches over the back. The patient was already on Multibacillary Multidrug Therapy for Borderline Lepromatous Leprosy (BLHD) when he presented to us. Differentials of BLHD with erythema nodosum leprosum, deep mycosis, PKDL and Cutaneous T Cell Lymphoma were made.

RESULTS: General and systemis examination was unremarkable. Hematology and other lab investigations were within normal limits. Slit skin smear for lepra bacilli from multiple sites was negative. Fungal culture of the affected tissue showed no growth. An impression smear with giemsa stain from the infiltrated lesion showed presence of basophilic safety-pin shaped structures inside as well as outside macrophages suggestive of Leishmanin-Donovan (LD) bodies which was confirmed later by the histopathology report showing the presence of LD bodies along with dense dermal infiltrate composed of histiocytes, plasma cells, and lymphocytes. Further investigation revealed that the patient had experienced kala-azar 8 years prior and had been treated with liposomal amphotericin B. The recombinant K39 anti-body test was also positive. Based on the histopathological and serological findings, a revised diagnosis of PKDL was established. MB-MDT was discontinued, and the patient was advised to take oral miltefosine 50mg twice daily for 12weeks. At the 12-week follow-up, all lesions had resolved, and no side effects were reported.

CONCLUSION: The exact pathogenesis of PKDL remains unclear; however, it is thought to involve a complicated interaction between the host's immune response and the persistence of Leishmania parasites in the skin. PKDL acts as a potential reservoir for Leishmania parasites, aiding in the transmission of VL. Therefore, pathologist always be ready to distinguish between lesions of leprosy and post

Title: A Rare Case of Low-Grade Endometrial Stromal Sarcoma Presenting as Uterine Fibroid

Authors

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INTRODUCTION: Endometrial polyps and uterine fibroids are commonly encountered uterine lesions in women of reproductive age. While generally benign, thorough histopathological evaluation is crucial to exclude coexisting or unexpected malignancies. Low-grade endometrial stromal sarcoma (LG-ESS) is a rare uterine mesenchymal neoplasm that can mimic benign fibroids both clinically and radiologically, often leading to diagnostic challenges.

Aims and Objectives: To highlight the importance of histopathological evaluation in diagnosing low-grade endometrial stromal sarcoma, especially when clinically mimicking benign uterine fibroids.

Material and Methods: A 37-year-old female with a history of primary infertility underwent excision of suspected uterine fibroid. Specimens were received in formalin in two separate containers and processed routinely for histopathological examination. Paraffin-embedded sections were stained with hematoxylin and eosin. Microscopic evaluation was performed, and findings were collaborated with clinical history. Immunohistochemistry was advised.

Results

Microscopy of uterine fibroid specimen revealed monotonous proliferation of bland endometrial stromal cells, irregular cellular islands, and permeative myometrial invasion with frequent vascular invasion and brisk mitoses. Tumor cells displayed whorling around arteriolar-type vessels. Lymphovascular invasion was present. No necrosis was identified.

Conclusion

This case highlights LG-ESS presenting as a uterine fibroid, stressing the significance of histopathology in distinguishing benign from malignant uterine lesions. Early recognition is vital for optimal management and prognosis.

Title: Conjunctival Freckle- An Uncommon Entity

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NAME OF THE INSTITUTION: Department of Pathology, Muzaffarnagar Medical College, Muzaffarnagar

INTRODUCTION: Nevus, melanocytic in origin, is a circumscribed non-cancerous freckle like spot on the skin or mucosa. The term Nevus originates from naevus, which is Latin for "birthmark". Ocular nevus may be located on conjunctiva, sclera and inner surface of the eyelids. Conjunctival nevus is the most common ocular nevus.

CASE REPORT- A 10-year-old male child presented to the Ophthalmology department with a pigmented lesion in the left eye, noticed in November 2024. On local examination, a pigmented vascularised and elevated conjunctival lesion in the inter-palpebral bulbar conjunctiva encroaching to the limbus was identified. Biopsy of the lesion was received to the Department of Pathology. Grossly, single bit of tissue measuring 0.4x0.3x0.2cm. Dark Brown in colour. Routine tissue processing followed by H&E staining was done. Histopathological examination followed by histochemical stain for PAS and immunohistochemistry for S-100 and Cytokeratin Cocktail was performed. Diagnosis of Conjunctival Nevi was established.

CONCLUSION: Histopathological Examination is the Gold Standard for establishing the diagnosis. Biopsy of any pigmented lesion in the conjunctiva followed by histopathological examination must be done to rule out melanoma.

KEYWORDS: Nevus, Conjunctiva, S-100, Melanoma, Cytokeratin Cocktail.

Title: Adrenal Neuroganglioma: A Rare Tumor

UPIAPM NO :UPIAPM/A966/2025

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PLACE OF STUDY : Department of Pathology, Rohilkhand Medical College and Hospital

Introduction: Adrenal neuroganglioma, also known as adrenal ganglioneuroma, is a rare, benign tumor arising from neural crest-derived sympathetic ganglion cells. It is typically non-functional and often discovered incidentally during imaging for unrelated complaints.

CASE REPORT: We report the case of a 44-year-old male who presented with burning micturition and groin pain. Ultrasound examination revealed a benign cortical cyst in the upper pole of the left kidney. However, CT urography incidentally detected a 3.0 × 2.1 cm ovoid lesion in the left adrenal gland with peripheral calcification. Biochemical investigations were unremarkable. CT-guided biopsy of the adrenal mass and gross specimen revealed multiple greyish-brown soft tissue fragments. Histopathological examination showed mature ganglion cells embedded in Schwannian stroma. Immunohistochemistry was positive for S100 and Synaptophysin, with focal weak positivity for Chromogranin and a low Ki-67 index (0–2%).

CONCLUSION: Adrenal ganglioneuroma, though rare, should be included in the differential diagnosis of adrenal incidentalomas. A combination of clinical, radiological, histopathological, and immunohistochemical findings is crucial for accurate diagnosis. Timely surgical intervention results in an excellent prognosis.

DISCUSSION: Adrenal ganglioneuromas are typically non-functional and asymptomatic. Radiologically, they appear as well-defined, hypodense masses with mild contrast enhancement. Histopathology remains the gold standard for diagnosis. Complete surgical excision is curative, and recurrence is exceedingly rare

KEYWORDS: Adrenal neuroganglioma, adrenal ganglioneuroma, incidentaloma, benign adrenal tumor, ganglion cells, histopathology, immunohistochemistry.

Title: Low-Grade Endometrial Stromal Sarcoma with Chronic Cervicitis and Nabothian Follicles: A Case Report

Author: Dr. Anshuman Srivastava (JR-1)

Guide: Dr. Sanjay Agarwal (Professor & Head), Department of Pathology, Hind Institute of Medical Sciences (HIMS)

• **Guide:** Dr. Shambhavi Tripathi, Professor, Dept. of Pathology

• **Co-guide:** Dr. Priyanka Prasad, Assistant Professor, Dept. of Pathology

Introduction: Endometrial stromal sarcoma (ESS) is a rare uterine mesenchymal tumor, comprising less than 1% of all uterine malignancies and about 10% of uterine sarcomas. Low-grade ESS follows an indolent clinical course but carries a high risk of recurrence, sometimes after many years of initial treatment (1-4).

Aim and Objectives: To report and document the histopathological features of a rare case of low-grade ESS associated with chronic cervicitis and nabothian follicles, confirmed by immunohistochemistry.

Methods: A total abdominal hysterectomy specimen with bilateral adnexa was subjected to gross and microscopic evaluation. Histological examination was done using Hematoxylin and Eosin (H&E) staining, and immunohistochemistry (IHC) for Desmin and CD10 was performed.

Results

- **Gross Findings:** Multiple grey-white to grey-brown nodules in the uterus; hypertrophied cervix; dilated endometrial cavity. The ovaries showed corpus albicans; fallopian tubes were unremarkable.
- **Microscopic Findings:** The endometrial stroma consisted of plump, spindle-shaped tumor cells with eosinophilic cytoplasm, elongated nuclei, and mild atypia. Myometrial invasion was evident with peripheral compression. Cervical sections revealed chronic inflammation, squamous metaplasia, and nabothian follicles. The ovaries displayed corpus albicans.
- **IHC Findings:** Tumor cells were Desmin negative and CD10 positive, confirming the diagnosis of low-grade ESS.

Conclusion: Low-grade ESS may mimic other uterine neoplasms; hence, a definitive diagnosis requires thorough histopathological analysis with immunohistochemical support. Coexisting chronic cervicitis and ovarian changes, although incidental, are important observations to include.

Take-Home Message

- Low-grade ESS is rare and often mimics other benign or malignant uterine tumors.
- CD10 positivity is critical for confirming the diagnosis.

Acknowledgment: I sincerely thank my guide Dr. Sanjay Agarwal and the Department of Pathology, HIMS, for their valuable support and guidance in the diagnosis and documentation of this rare case.

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Title: Primary transitional cell carcinoma of the prostate: A rare case report

Dr. Shivani Gupta JRI MD Pathology Batch 2024-27

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INTRODUCTION: Primary transitional cell carcinoma (TCC) of the prostate, also known as urothelial carcinoma of the prostate, is a rare and aggressive malignancy arising from the urothelial lining of the prostatic urethra or ducts. It accounts for less than 2% of all prostate cancers. Due to its rarity and nonspecific presentation, TCC of the prostate is frequently diagnosed at an advanced stage, often with poor prognosis. Its diagnosis requires careful differentiation from secondary involvement by bladder TCC, which is more common.

AIM AND OBJECTIVES: The aim of the case report is to illustrate a rare case of a man with primary transitional cell carcinoma of prostate.

MATERIAL & METHOD: Tissue piece received for HPE were fixed in 10% formalin, routinely processed H&E and Immunohistochemistry (GATA 3) stained slides were studied.

RESULT: A 72-year-old man was referred to our hospital due to lower urinary tract symptoms that lasted for 4 years. On digital rectal examination, a hard and enlarged prostate was detected with prostate specific antigen 2 ng/mL. Computed tomography and magnetic resonance imaging indicated benign prostatic hyperplasia. Cystoscopy revealed normal urethral mucosa and bladder tissue. The patient underwent transrectal ultrasound-guided prostate biopsy. From the histopathological examination and immunohistochemical markers, a diagnosis of primary transitional cell carcinoma of prostate was made.

CONCLUSION: Primary transitional cell carcinoma of the prostate is a very rare aggressive malignancy with a poor prognosis if not detected early. Timely diagnosis, accurate histopathological evaluation, immunohistochemical analysis and appropriate multimodal treatment are essential for improving patient outcomes. Increased clinical awareness is key to ensuring early intervention and better management strategies.

Title: Immature Teratoma with Peritoneal Gliomatosis in a 31 Year Old Female

Authors: Dr. AISHWARYA SINGH (Junior Resident)*, Dr. RAJESH K. RAI (Prof. & Head)*, Dr. SHAILA MITRA (Prof.)*, Dr. SHILPA U. VAHIKAR (Prof.)*, Dr. KANCHAN SRIVASTAVA (Prof.)*, Dr. ARCHANA BUNDELA (Asso. Prof.)*, Dr. ALPANA BUNDELA (Asso. Prof)*, Dr. AAKANCHA DUBEY (Asst. Professor)*

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Introduction: The ovarian teratomas are represented by mature, immature and monodermal types. Immature teratoma, usually seen in first and second decade of life and composed of mixture of embryonal and adult tissue derived from all three germ layers. Gliomatosis peritonei (GP) is rare occurrence and has been found exclusively in females with ovarian teratoma.

Case Report: A 31-year-old woman complained of distension and stomach ache. CT scan revealed substantial ascites and a lobulated tumor measuring 17x13.1x10.7 cm originating from the left ovary. Omentectomy and excision of the left adnexal mass and pelvic deposits were part of the laparotomy procedure. Histopathological analysis of the excised left adnexal mass, omental and peritoneal tissue showed that all three germ layers were intermingled with immature neuroepithelial tissue components. High grade immature teratoma (Grade-3) was diagnosed, along with metastatic deposits of glial tissue (Grade-0) in the diaphragmatic peritoneum and omentum.

Discussion: Immature teratoma is a malignant tumor of the first decades of life. Sometimes, as in this instance, the association with glial implants causes the challenging evolution. In these situations, the metastasis's microscopic appearance is crucial for predicting the outcome. The prognosis is unaffected by Grade-0 implants, which are often made of mature glial tissue. Chemotherapy is only advised for mature GPs, but combination surgery and chemotherapy are used to treat high grade immature .

Conclusion: Metastasising immature teratoma should be considered in the differential diagnosis of peritoneal metastatic lesions

Title: Schneiderian Papilloma of The Nasal Cavity in A 45-Year- Old Male: A Case Report

AUTHORS : (1) DR. SHIVANGI VAISH (2) DR. MITHILA BISHT (3) DR. ANJANA ARYA (4) DR NITESH MOHAN

NAME OF THE INSTITUTE: ROHILKHAND MEDICAL COLLEGE AND HOSPITAL

Introduction: Schneiderian Papilloma is benign epithelial tumor arising from the Schneiderian mucosa of nasal cavity & paranasal sinuses. Accounts for 0.5–4% of all nasal tumors . These lesions are locally aggressive, have a tendency to recur, and possess a potential for malignant transformation. Early diagnosis and complete surgical excision are crucial to prevent recurrence and monitor for malignant change.

CASE REPORT: A 45 years old male presented with pustule in left nasal vestibule. CECT of paranasal sinuses detected well defined lobulated enhancing soft tissue mass lesion in left nasal vestibule, nearly obstructing it , measuring 19x18x21 mm. Mass lesion was removed and sent for biopsy .Gross specimen revealed grey brown soft tissue with outer solid cystic area . Histopathological examination showed neoplastic epitheloid cells in large sheets, tubules and nests. Immunohistochemistry was positive for SMA (basal cells), diffuse positive for Pan CK,P40,CK7,P63, scattered positive for S100 and P16, wild type for P53, weak variable positive for CD117 and low Ki index (1-2%).These findings confirmed the diagnosis of Schneiderian Papilloma.

DISCUSSION AND CONCLUSION: Schneiderian papilloma is a benign but clinically significant sinonasal tumor. Histological typing is crucial for prognosis. Complete excision & vigilant follow-up are key in management.

KEYWORDS: Epitheloid cells, neoplasm, Schneiderian, papilloma, histopathology , immunochemistry

Title: Type A Endometrial Mucinous Metaplasia With Intestinal Differentiation: A Rare Cause Of Massive Cystic Uterine Dilation In A Postmenopausal Woman

NAME OF AUTHORS: Dr. Sagar Malik, Dr. Rajnish Kumar, Dr. Medha Jain, Dr. Anupam Varshney
NAME OF THE INSTITUTION: Department of Pathology, Muzaffarnagar Medical College, Muzaffarnagar

INTRODUCTION: Mucinous metaplasia of the uterine endometrium is a rare finding and is rare in routine histopathological evaluation. It is crucial that histopathologists recognize it to avoid a false malignant diagnosis.

Case presentation: A 65-year-old postmenopausal woman, with a history of treated carcinoma breast, presented with abdominal pain, frequency, and urgency. On radiology, her uterus was cystically dilated causing bladder compression. 4-4.5 liters of fluid was drained during hysteroscopy. Post-drain contrast-enhanced computed tomography (CT) revealed a large abdominopelvic lesion (15×11×17.7 cm) with a fluid component and an eccentric solid area (1.8×2.9 cm), probably in the endometrial cavity. CT-guided biopsy of a 0.5 cm soft tissue sample revealed myometrial muscle with columnar cells containing intracytoplasmic mucin, consistent with a mucinous neoplasm. The patient's hysterectomy specimen revealed a thinned myometrium with a small grey-white area. This area had abundant endometrial glands embedded in a scant edematous stroma. The individual glands were lined by columnar cells with intracytoplasmic mucin, interspersed with numerous goblet cells. There was no evidence of atypia, papillary architecture, or micro glandular pattern. Morphology was consistent with benign mucinous change in the endometrial mucosa. Further immunohistochemistry showed positivity for Caudal Type Homeobox (CDX2) and Cytokeratin (CK20), supporting intestinal metaplasia. CDX2 is a nuclear transcription factor that plays a key role in intestinal development and differentiation. It was specifically expressed in the nuclei of the lining cells. As there was no evidence of atypia or invasion, mucinous changes in endometrial cells were eventually diagnosed on histology as Type A-Endometrial Mucinous Metaplasia (EMM) with intestinal differentiation.

Conclusions: This case report presents a rare and intriguing case of Type A EMM with intestinal differentiation, complicated by significant cystic dilatation and compressive effects.

Title: Sebaceous Carcinoma: A Case Report

AUTHORS : DR. Zermiina Jamal , DR. Nausheen S. Khan,

Institution: Integral Institute of Medical Science and Research

INTRODUCTION: Sebaceous carcinoma is a rare but aggressive malignant adnexal tumors , most commonly arising in the periloocular region. Due to its varied histomorphological patterns, it often mimics benign and other malignant neoplasms, leading to diagnostic delays.

Case Summary : We report a case of a 70-year-old female presenting with a left lower eyelid mass, clinically suspected as a benign lesion. Gross examination revealed an irregular soft tissue mass measuring 1.8 x 1.7 x 1.0 cm with multifocal creamish-white areas. Microscopic evaluation demonstrated a dermal-based tumor composed of nodular aggregates of basaloid tumor cells separated by fibrous septa. The tumor cells exhibited prominent nuclear pleomorphism, mitotic activity, and focal areas of multi-vacuolated cytoplasm with nuclear indentation. The overlying epidermis appeared uninvolved. No evidence of lymphovascular or perineural invasion was noted. Histomorphological features were consistent with poorly differentiated sebaceous carcinoma.

Conclusion : Sebaceous carcinoma of the eyelid remains a critical histopathological diagnosis due to its potential for local recurrence and metastasis. Awareness of its varied morphology is essential for accurate diagnosis. Immunohistochemistry is advised for confirmation and to differentiate from other basaloid malignancies.

Keyword : Sebaceous carcinoma, eyelid tumor, basaloid neoplasm, histopathology, adnexal tumor, periocular malignancy.

Title: Diagnostic Challenges in Pediatric Langerhans Cell Histiocytosis: When Histology Defies Expectations

Presenting author: Dr. Reethu Jha

Co-authors: Dr. Jyotsna Madan, Dr. Devajit Nath, Dr. Neema Tiwari

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Introduction: Langerhans cell histiocytosis (LCH) is a rare, clonal proliferative disorder of langerhans cells, primarily affecting children and young adults. The classical diagnostic triad of LCH includes Coffee bean like nuclei, Birbeck granules, and eosinophilic infiltrate. These features may not be visible in small biopsies or end-stage disease, making ancillary tests crucial. We discuss 2 cases diagnosed as LCH on histopathology and Immunohistochemistry with atypical histological presentation.

CASE: We report two pediatric cases:

Case 1: Lymph node biopsy of a 4-year-old boy with persistent right cervical lymph node enlargement, hepatosplenomegaly, and decreased appetite showed reactive lymphoid architecture, sinus histiocytosis, scattered eosinophils, and few large histiocytes with absent nuclear grooving. IHC showed CD1a and Langerin positivity in scattered large histiocytes, diffuse S100 positivity and CD68 highlighting sinus histiocytes, while CD30 and Cyclin D1 were negative, supporting the diagnosis of LCH.

Case 2: A skin biopsy of a 9-month-old girl with multiple hypo- and hyperpigmented skin lesions over the scalp and trunk and hepatomegaly revealed focal hypergranulosis and acanthosis. The dermis showed edema and scattered atypical large mononuclear cells with chronic inflammation lacking prominent eosinophils. IHC showed robust CD1a and Langerin positivity in a band-like distribution below the epidermis, confirming LCH. A liver biopsy done elsewhere confirmed sclerosing cholangitis, highlighting multisystem involvement.

CONCLUSION: The case under study highlights atypical histology of pediatric LCH with important role of IHC in diagnosis.

KEY WORDS: Langerhans cell histiocytosis, proliferative neoplasm, multisystem disease, chameleon like lesion, Histopathology, Immunohistochemistry, ancillary tests.

Title: Solid-Cystic Pseudopapillary Tumor of Pancreas- A Rare Entity in A 17 Year Old Female

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Affiliation: Department of Pathology, B.R.D. Medical College, Gorakhpur (U.P.)

INTRODUCTION: Solid pseudopapillary tumor (SPT) of the pancreas is an uncommon neoplasm with low malignant potential, typically affecting young females. It often mimics cystic pancreatic lesions and requires histopathological evaluation for confirmation

Aims and Objective: To evaluate the histopathological characteristics of a pancreatic lesion in a young female patient clinically diagnosed with a pseudo-pancreatic cyst, and to establish a definitive diagnosis for appropriate management.

Case Report: A 17-year-old female, presented with intermittent upper abdominal pain and a sensation of fullness for two months. There was no history of weight loss, jaundice or vomiting. USG revealed a mixed echogenic mass in the pancreatic tail region. CT-Abdomen showed a well-encapsulated lesion measuring 6x5 cm with solid and cystic components, suggestive of pseudopapillary neoplasm. Hematoxylin and eosin-stained sections revealed fibrous stroma with a proliferation of medium-sized tumor cells arranged in solid, pseudopapillary, and cystic patterns suggesting pseudopapillary tumor of pancreas. The diagnosis was confirmed by immunohistochemistry, which showed positivity for Beta -catenin.

Discussion: Solid pseudopapillary tumor of pancreas have uncertain histogenesis but favourable outcomes with surgical resection. Their indolent behavior and low metastatic potential distinguish them from other pancreatic neoplasm.

Conclusion: Solid pseudopapillary tumor of pancreas should be considered in the differential diagnosis of pancreatic masses in young females. Diagnosis is often delayed due to non specific symptoms. Timely surgical intervention offers an excellent prognosis. Accurate diagnosis relies on imaging and confirmation through histopathology and IHC.

Title: Parotid Gland Tuberculosis – A Rare Case Report

Dr. Pravesh Kumar Yadav, JRI MD Pathology (2024–27)

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Introduction: Tuberculosis (TB) is a global health issue and endemic in India. In the head and neck, cervical lymph nodes are the most common site of extrapulmonary TB (EPTB), followed by the larynx. Salivary gland involvement is rare due to protective salivary enzymes. EPTB constitutes 15–20% of global TB cases. Among salivary glands, the parotid is most commonly affected (70%), followed by submandibular and sublingual glands.

Aim and Objective: To present a rare case of parotid gland tuberculosis in a young woman.

Material & Method: Tissue samples received for histopathology were fixed in 10% formalin, processed routinely, and stained with H&E for microscopic examination.

Result: A 23-year-old woman presented with left parotid pain and swelling for 7 days. Examination revealed tenderness near the mandibular angle. Imaging showed an enlarged parotid gland with ductal opacification. Superficial parotidectomy with lymph node excision was done. Histopathology showed caseous necrosis, epithelioid cells, Langerhans giant cells, and lymphoplasmacytic infiltrate, consistent with tuberculous parotitis and lymphadenitis.

Conclusion: Salivary gland TB is rare but should be considered in differential diagnosis. Early detection prevents complications. Differential diagnoses include sialadenitis and malignancy.

Title: Navigating Mixed Histology in Endometrial Carcinoma: A Diagnostic Imperative

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Introduction: Endometrial carcinoma, the most common gynecologic malignancy, is broadly classified into Type I (endometrioid) and Type II (serous, clear cell) tumors. Mixed endometrial carcinoma, containing both endometrioid and serous components, is rare but clinically important. The endometrioid subtype is estrogen-dependent and commonly shows PTEN, ARID1A, and MMR mutations. In contrast, serous carcinoma arises in atrophic endometrium, is estrogen-independent, frequently harbors TP53 mutations, and demonstrates aggressive behavior. Even a minor serous component worsens prognosis, necessitating accurate histopathological and immunohistochemical (IHC) distinction.

Aims and Objectives: To present a rare case of mixed endometrial carcinoma and highlight the importance of histopathological and IHC-based diagnosis for appropriate management.

Materials and Methods: A 61-year-old postmenopausal female presented with abnormal bleeding. Endometrial curettage was performed, and tissue was processed using H&E staining. IHC was used to differentiate tumor components.

Discussion: Serous carcinoma showed diffuse p53 and p16 positivity, confirming high-grade features. Endometrioid areas showed ER, PR, and vimentin positivity with patchy p16. Molecularly, serous components are TP53-mutant, while endometrioid types typically show PTEN, ARID1A, and KRAS mutations. IHC confirmed both elements, guiding diagnosis and prognosis.

Conclusion: Mixed endometrial carcinoma, though rare, requires precise histological and IHC evaluation due to the prognostic impact of serous components. Timely identification is essential for optimal clinical decision-making.

Keywords: Mixed endometrial carcinoma; serous carcinoma; endometrioid carcinoma; immunohistochemistry; uterine cancer

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Title: Hair Follicle Nevus Masquerading as Accessory Tragus

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Introduction: Hair follicle nevus is a benign hamartoma characterized by numerous tiny hair follicles occurring predominantly on face. The tragus is a part of external ear developing from the first branchial arch. Accessory tragus is located near the tragus or on the cheek and represents minor congenital malformation. Their co-occurrence suggests a shared developmental pathway or a spectrum of hamartomatous condition.

CASE REPORT: A 7 year old male presented in DVL department with involvement of right preauricular region in form of single well defined skin colored lesion, round to oval papule ranging from 1x1cm in diameter. There was no history of increase in size of swelling. Biopsy of tissue was received in the Department of Pathology. Grossly, single globular piece of tissue measuring 0.7x0.7x0.5cm. Routine tissue processing and histopathological examination were done and were consistent with findings of hair follicle nevus.

DISCUSSION AND CONCLUSION: Hair follicle nevus, accessory tragus and trichofolliculoma have the same histological background, containing varying amounts of tiny hair follicles, and connective tissue framework in the subcutaneous fat. The lesion with focally increased vellus hair follicles, occasionally accompanied by few small sebaceous glands is referred as hair follicle nevus. The lesion with or without cartilaginous component and above mentioned features is referred as accessory tragus, the one with tiny radiating hair follicle and central cyst is referred as trichofolliculoma. With same histopathological morphology when an entity is positioned around the auricle, histopathological examination is gold standard for differentiating these congenital swellings.

KEYWORDS: Hair Follicle naevi, Accessory Tragus, Trichofolliculomas.

Title: Adrenal Pseudo CYST Misdiagnosed as a Pseudopancreatic CYST on Radiology

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Introduction: Adrenal pseudocysts are rare lesions, accounting for 1-2% of adrenal incidentalomas and 32-80% of adrenal cysts. Their etiology is unknown, and they are characterized by a fibrous wall lacking epithelial or endothelial lining. While generally benign and often asymptomatic, they can occasionally cause symptoms due to their size or compression of nearby structures. This article presents a case of an adrenal pseudocyst initially misdiagnosed as a pseudopancreatic cyst on radiology, which was subsequently confirmed by histopathology.

Case Report: A 23-year-old female presented with left upper abdominal pain. Laboratory tests showed a mild increase in amylase and lipase. Imaging, including ultrasonography and contrastenhanced computed tomography (CECT), revealed a large retroperitoneal cystic lesion displacing adjacent organs. A preliminary diagnosis of retroperitoneal pseudocyst was made, and an open cystectomy was performed. Gross examination of the surgical specimen showed a cystic mass with blood clots and areas of thickening. These findings confirmed the diagnosis of adrenal pseudocyst.

Discussion: Adrenal pseudocysts are uncommon, with an estimated incidence between 0.064% and 0.18% in autopsy series, though their true incidence may be higher due to increased imaging. They are more prevalent in women, with a 3:1 female-to-male ratio, and typically present between the third and sixth decades of life. While most adrenal cysts are benign, approximately 7% can be malignant, emphasizing the importance of careful pre- and post-operative evaluation. Histopathological examination is crucial for definitive diagnosis and to rule out malignancy, especially in retroperitoneal cysts and in young females.

Conclusion: Adrenal gland pseudocysts are rare, and preoperative diagnosis using radiology can be challenging. Histopathological confirmation is essential for accurate diagnosis and prognostic determination, given their rarity and the potential for malignancy in some cases.

Title: A Rare Presentation of Hodgkin's Lymphoma in a 26-Year-Old Male With Isolated Cervical Lymphadenopathy Without Systemic Symptoms

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Introduction: Hodgkin's lymphoma (HL) is a distinct form of lymphoma typically affecting young adults, usually with systemic symptoms of fever, night sweats, weight loss and mediastinal involvement. However, rare presentations without these classical features may closely mimic reactive or infective lymphadenopathy, leading to diagnostic delays. We report a rare case of HL in a young adult presenting with isolated cervical lymphadenopathy since 2 months and no constitutional symptoms.

Aims and Objectives: To highlight the significance of histopathological and immunohistochemical evaluation in cases of isolated lymphadenopathy, and to emphasize early diagnostic markers of Hodgkin's lymphoma.

Case Report: A 26-year-old male presented with an isolated non-tender, progressively enlarging right cervical swelling. No symptoms of fever, night sweats, weight loss were noted. FNAC of cervical swelling was done which reveals mixed population of lymphoid cells mimicking reactive pathology following which an excisional biopsy was performed. Histopathological examination showed effaced architecture with scattered atypical mononuclear and binucleate cells resembling reed Sternberg cells in mixed inflammatory background. IHC was advised for confirmation.

Result: Immunohistochemistry confirmed the diagnosis with RS cell positive for CD15, CD30 and negative for CD45, reconfirming the diagnosis of Hodgkin lymphoma (Mixed cellularity).

Conclusion: Hodgkin's lymphoma can rarely present without systemic features and may mimic benign conditions. Thorough histopathological evaluation and confirmatory IHC are essential for early diagnosis and prompt treatment in such atypical cases.

Title: Low Grade Ductal Carcinoma in Situ (DCIS)

AUTHOR –

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Introduction: Ductal carcinoma in situ (DCIS) is a non-invasive form of breast carcinoma confined to ductal lobular system. Low grade ductal carcinoma in situ is often under diagnosed due to its morphological features and bland nuclear cytology, yet it holds clinical importance to its potential for progression to invasive carcinoma.

Case Presentation: A 64 year old female presented with a two-year history of right breast lump associated with pain, ulcerations and nipple inversion. The symptoms gradually worsened with whitish discharge and everted ulcerated margins. On examination a 3*3 cm irregular, indurated lump with nipple inversion was noted. She had a history of pulmonary tuberculosis (completed treatment one year prior) and reported chronic cough, malnutrition and general debility. Initial clinical suspicion favoured a chronic breast abscess or malignancy. Histopathological examination of the excised lesion revealed ducts lined by epithelial cells with low nuclear grade, cribriform and micropapillary patterns without stromal invasion. Immunohistochemistry showed ER/PR positivity and HER2 negativity, confirming the diagnosis for low grade DCIS.

Discussion- Ductal carcinoma in situ can present without the classic radiological feature, specially in older females. Chronicity, ulceration and nipple inversion may lead to misdiagnosis as abscess and granulomatous mastitis. Histopathology remains the gold standard definitive diagnosis.

Conclusion- Low grade ductal carcinoma in situ poses' diagnostic difficulty due to its resemblance to benign proliferative lesion. Accurate histopathological diagnosis with adjunct immunohistochemistry is crucial to prevent misdiagnosis and ensure appropriate management.

Title: Myelodysplastic Syndrome In A Child That Transformed Into Acute Leukemia

Name of Author: Dr.Aishwarya Subir, Dr.Mahima Choudhary, Dr.Shikha Agarwal, Dr. Pradeep Tandon, Dr. Nivedita Prabhakar Yerramilli*

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Introduction: Myelodysplastic neoplasms are clonal hematological malignancies arising from hematopoietic stem cells. It is characterized by ineffective hematopoiesis, dysplasia of one or more cell lineages, and an increased risk of transformation to Acute Myeloid Leukemia. It mainly affects men over 60 years of age. In children, MDS is associated with genetic disorders and inherited bone marrow failure syndromes.

Aim and Objectives: To identify the clinical signs and symptoms of myelodysplastic syndrome to facilitate early diagnosis.

Material and method: A 7year old male child presented with fever and blood in stools since two weeks. Patient had ecchymotic patches all over the body. On examination pallor and icterus was noted. Relevant laboratory investigation was done. On peripheral blood picture there was pancytopenia with macrocytic anemia. Patient was treated with vitamin B12 and folic acid and blood transfusion was also done. Despite that patient didn't improve. Thereafter bone marrow aspiration and biopsy was performed.

Results: Bone marrow biopsy and aspiration showed mildly hypercellular bone marrow, mild to moderate erythroid hyperplasia with dyserythropoiesis, erythroid reaction appears to be megaloblastic. Megakaryocytes were markedly reduced. Myeloid series cells are considerably reduced, blast count was less than 5%. On further work-up it was seen that there was mutation in RUNX1 and later on it transformed to acute leukemia.

Conclusions: Paediatric MDS vastly differs from adult MDS. Evaluation for the presence of an underlying germline predisposition syndrome is critical for optimal classification and management.

Title: Masquerading Malignancy: Sebaceous Cell Carcinoma of Eyelid – Cytological and Histopathological ‘Insights’.

NAME OF AUTHORS: Dr. Farhanaaz Ghani, Dr Ruth Shifa Ecka

Presenting author: Dr. Farhanaaz Ghani Department of pathology,
Career Institute of Medical Sciences and Hospital, Lucknow (UP).

Introduction: Sebaceous cell carcinoma of the eyelid is a rare, aggressive and masquerading malignancy which often mimics a benign inflammatory condition ‘chalazion’ leading to delayed diagnosis.

Aim and objective: To highlight the diagnostic challenges of sebaceous cell carcinoma and to emphasize the role of FNAC and histopathology in early diagnosis of atypical eyelid lesions.

Case report: We present a case of 60 year old male presenting with a painless, firm swelling on the right lower eyelid for two months. Initially treated as chalazion, it did not respond to therapy. As the lesion was rapidly growing, a FNAC was done. The smears showed high cellularity with polygonal cells having vacuolated cytoplasm, vesicular nuclei, nuclear pleomorphism and prominent nucleoli, suggestive of malignancy with sebaceous differentiation. Wide local excision was performed, and the specimen was sent for histopathology examination which confirmed the diagnosis of sebaceous cell carcinoma. Immunohistochemistry showed androgen receptor positivity.

Conclusion: FNAC is a safe, quick and cost-effective tool in early diagnosis of superficial lid neoplasm. Early diagnosis by cytological examination benefits patient, thus avoiding an additional surgical intervention and reduce chances of metastasis. However, FNAC cannot determine tumor infiltration into surrounding tissue, epidermis or conjunctiva which is crucial for accurate staging and surgical planning. To conclude FNAC of lid lesions with biopsy are crucial in evaluating atypical eyelid lesions to reduce morbidity and improve prognosis in this rare but potentially life-threatening condition.

Keywords: Fine Needle

Title: Plexiform Neurofibroma of The Breast in an Adolescent Female: A Rare Histopathological Case Report

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Introduction: Plexiform neurofibroma (PNF) is a benign peripheral nerve sheath tumor, typically seen in Neurofibromatosis Type 1 (NF1). Its occurrence in breast tissue is exceedingly rare, particularly in young patients. Intramammary PNFs may mimic other spindle cell lesions, posing a diagnostic challenge.

Aims and Objectives: - To report a rare case of bilateral breast PNF in an adolescent. - To highlight histopathological and immunohistochemical features. - To reinforce the importance of accurate diagnosis in rare breast tumors. **Materials and Methods** Bilateral breast tissue samples were examined macroscopically and microscopically using routine H&E staining. Immunohistochemistry was performed using S-100 to confirm neural origin.

Case Report: A 14-year-old female presented with bilateral breast swellings. The right mass measured 9.5×7×3 cm, and the left 1×0.3×0.2 cm. Microscopy showed bland spindle cells with serpentine nuclei in a collagen-rich stroma, without atypia or mitosis. Immunohistochemistry revealed diffuse S-100 positivity, supporting the diagnosis of plexiform neurofibroma.

Discussion and Conclusion: Breast PNFs are exceptionally rare, especially in patients without known NF1. Accurate histopathological and immunohistochemical evaluation, including S-100 positivity, is crucial to differentiate it from other spindle cell lesions. Complete excision and monitoring are essential due to the potential risk of malignant transformation.

Keywords: Plexiform neurofibroma, breast, adolescent, S-100, spindle cell tumor, histopathology

Title: Glomus Tumour: Exploring The Nexus of Vascular and Neural Origin

Authors:

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Introduction: Glomus tumors are rare, benign perivascular neoplasms arising from the neuromyoarterial glomus body, which plays a key role in thermoregulation. These tumors account for less than 2% of soft tissue tumors while they are commonly found in the subungual region of fingers, occurrence in the toes is uncommon. Small size and nonspecific symptoms often contribute to diagnostic delays.

Aims: To present a case of glomus tumor in the left great toe measuring less than 0.2 cc, emphasizing histopathological features.

Objectives: To highlight the diagnostic significance of histopathology in confirming small glomus tumors in unusual locations.

Material and Methods: A 20-year-old female presented with localized pain and tenderness in the left great toe for two years. Imaging revealed a tiny, well-defined subungual lesion measuring <0.2 cc. The excised tissue was submitted for histopathological evaluation. Grossly, the specimen was a small, gray-white, firm nodule. H & E stained sections show fibrocollagenous tissue with presense of scattered branching vascular spaces lined by endothelial cells surrounded by groups of glomus cells forming nests, sheets and trabeculae in a hyalinized stroma. These cells have a rounded regular nucleus with granular chromatin, conspicuous nucleoli at places and moderate amphophilic cytoplasm with indistinct cell borders. Few spindloid cells along the nests are noted. Stroma is infiltrated with sparse chronic inflammatory infiltrates. Immunohistochemistry was performed using SMA considering it is a vascular origin tumor on histology.

Result / Case Report: Histopathological features suggested the diagnosis of Glomus Tumor which got confirmed on immunohistochemistry showing strong SMA positivity..

Conclusion: This case highlights the importance of histopathology, along with SMA immunostaining, in confirming the diagnosis of small glomus tumors in rare locations such as the toe.

“Urothelial Carcinoma showing extensive necrosis and inflammation and their prognostic significance”

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Abstract :

Background : urinary bladder cancer is 10th most common cancer worldwide and 7th most common in India with M:F ratio of 3-4:1 and is the 4th most common malignancy seen in men. Mostly the cases of the bladder tumor are seen after the 5th decade of life.

Grading and staging of urinary bladder tumors are very important for determining prognosis in addition with multifocality, tumor size, necrosis and inflammation.

In this case, we mainly emphasize on the presence of necrosis and inflammation for prognostic purposes. Presence of necrosis and inflammation is associated with a poor patient outcome in urothelial carcinoma.

Case Report : 65 years old male presented with complaints of hematuria and burning micturation for past 1.5 months for which underwent transurethral resection of bladder tumor surgery.

On histopathological examination, it turns out to be invasive urothelial carcinoma. Invading muscularis propria along with presence of extensive necrosis and inflammation.

Conclusion : Necrosis and inflammation are very important factors determining the prognosis in patients of Urothelial Carcinoma.

Title: Cystic Hypersecretory Ductal Carcinoma: A Case Report with Review of Literature

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Introduction: Cystic hypersecretory carcinoma (CHC) is a variant of ductal carcinoma in situ (DCIS). It is characterised by variably sized cystic spaces and intraductal proliferation of epithelial cells with secretory features and intraductal secretory material. It is a rare variant of DCIS and mimics many benign cystic lesions.

AIMS AND OBJECTIVES: To present a rare case of cystic ductal hypersecretory carcinoma and highlighting its distinct morphological features with immunohistochemical co-relation for better recognition and diagnosis.

MATERIALS AND METHODS: We present here a case of 61-year-old female, who clinically presented with mass in left breast along with slight nipple discharge . Radiologically BIRADS 4B was given . On the basis of clinical and radiological findings , patient underwent MRM. The specimen was subjected to histopathological examination and immunohistochemistry (IHC)

RESULTS: Grossly, the tumor was well defined with cystic spaces varying in size from 1- 5cm . Microscopically the cyst is lined by a single layer of atypical cells with foci of stratification and micro papillary architecture . Nuclear hyperchromasia with prominent nucleoli were noted. IHC showed tumor cells positive for estrogen receptor (ER) and HER2/neu, supporting the diagnosis of cystic ductal hypersecretory carcinoma.

CONCLUSIONS: CDHC is a rare and underrecognized variant of ductal carcinoma with unique histological features. Due to its cystic morphology, it can mimic benign breast lesions clinically and radiologically. Awareness of this variant

Title: Non Functioning Kidney: Diagnosis Made on Histopathology

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Introduction: Xanthogranulomatous pyelonephritis (XGP) is a rare condition with incidence rate of 0.6 to 1%. It is a chronic renal condition characterized by the accumulation of lipid-laden macrophages called as Xanthoma cells in the renal parenchyma, often leading to the destruction of renal tissue.

CASE REPORT: A Right nephrectomy specimen of a 50 yr old man was received, measuring 12 x 9 x 7.6cms with outer surface showing bosselation and hemorrhage. The tissue was processed and H&E staining was done.

DISCUSSION: Histopathological examination revealed the replacement of renal parenchyma with sheets of foamy histiocytes and dense chronic inflammatory infiltrates mainly mononuclear. Large areas of focal glomerular sclerosis and dilated congested tubules with necrosis was seen at places that lead to its diagnosis.

CONCLUSION: Xanthogranulomatous pyelonephritis in its focal form is a rare benign disease of the kidney. The diagnosis is usually made on histological examination after surgical treatment. Its treatment should be conservative based on partial nephrectomy or total nephrectomy.

KEYWORDS: Xanthogranulomatous pyelonephritis

Title: Giant Placental Chorioangioma Presenting with Foetal Distress: A Case Report

Name of Author: Dr. Priyanka Srivastava, All India Institute of Medical Sciences Gorakhpur

Introduction: Chorioangioma is the most common benign non-trophoblastic tumour of the placenta, arising from the chorionic mesenchyme. While most are small and asymptomatic, giant chorioangiomas (>5 cm) may function as arteriovenous shunts, leading to foetal complications such as anaemia, hydrops fetalis, growth restriction, and even intrauterine demise.

Aim and Objectives: To report a rare case of a large placental chorioangioma diagnosed at term, and to emphasize the significance of antenatal imaging and timely intervention in preventing perinatal morbidity.

Material and Methods: A 28-year-old primigravida at 38 weeks of gestation presented to the emergency department with lower abdominal pain, backache, and decreased foetal movements. There was no history of prior antenatal imaging. Ultrasonography performed at presentation revealed a well-circumscribed, hypoechoic dichorionic mass within the placenta. An emergency caesarean section was performed, and the placenta was sent for histopathological evaluation.

Results: Gross examination revealed a 6×6×5 cm well-demarcated reddish-brown mass with infarcted areas. The umbilical cord had a single artery and one vein. Histological analysis showed a vascular lesion composed of proliferating capillaries embedded in fibrous stroma, confirming the diagnosis of chorioangioma.

Conclusion: This case underscores the importance of routine prenatal imaging to detect placental anomalies such as chorioangioma. Giant tumours, though rare, pose serious risks and warrant early diagnosis and monitoring to optimize maternal and foetal outcomes.

Keywords: Chorioangioma, Placental tumour, Foetal distress, Prenatal diagnosis, Histopathology, Giant placental tumour, Umbilical artery anomaly, Caesarean section

Title: Fibrolipoma of Nerve: A Rare Case of Chest Wall Swelling in a 10-Year-Old Male

AUTHORS :

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INTRODUCTION: Fibrolipoma of nerve, also known as fibrolipomatous hamartoma, is a rare, benign lesion marked by the proliferation of mature adipose and fibrous tissue infiltrating peripheral nerves. While most commonly affecting the median nerve, its occurrence in the chest wall is exceptionally uncommon, especially in the pediatric age group.

CASE REPORT: A 10-year-old male presented with a painless, slow-growing swelling on the anterior chest wall. On gross examination, the excised tissue measured approximately 3 mL and appeared creamish-brown. Histopathological analysis revealed mature adipose and fibrous tissue infiltrating peripheral nerve fascicles, with concentric perineural fibrosis. Numerous adipocytes with clear cytoplasm and eccentrically placed nuclei were observed. No evidence of cytological atypia or malignancy was identified. Clinical and radiological correlation supported a benign diagnosis.

DISCUSSION : Fibrolipoma of nerve is rarely seen in paediatric patients and is particularly uncommon at non- classical sites like the chest wall. It often mimicks malignancy. Its resemblance to malignant soft tissue tumors necessitates accurate histopathological assessment. Complete excision is curative with an excellent prognosis and negligible risk of recurrence.

CONCLUSION: his rare case underscores the diagnostic significance of histopathology in evaluating atypical soft tissue swellings. Fibrolipoma of nerve should be included in the differential diagnosis of pediatric chest wall masses. Early recognition and surgical excision ensure an excellent outcome.

Title: Clear Cell Renal Cell Carcinoma in a Young Female: A Rare Presentation with Implication for Familial Screening

Authors:

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Introduction: Clear cell renal cell carcinoma (CCRCC) is the most common subtype of renal cancer, primarily affecting elderly individuals. Its presentation in younger patients is unusual and may suggest an inherited cancer syndrome.

Aim and Objectives: To present a case of CCRCC in a young adult female, describe the clinical, radiological, histopathological, and immunohistochemical (IHC) features and emphasize the importance of familial screening.

Material and Methods: A 32-year-old female presented with complaints of flank pain and hematuria, underwent open radical nephrectomy for a left renal mass detected on CECT KUB. Gross and microscopic examination were performed following CAP protocol. IHC Markers including CD10, PAX8, CAIX, CK7 and AMACR have been performed. Pathological staging using AJCC 8th edition guidelines was done.

Results: Imaging showed a 3.6 × 2.8 cm heterogeneously enhancing lesion in the posterior left kidney. Grossly, a 3 × 3 cm well-circumscribed yellow tumor was noted. Microscopy confirmed WHO/ISUP Grade 2 CCRCC confined to the kidney without vascular or perinephric invasion. All margins were free of tumor. IHC analysis revealed tumor cell positivity for CD10, CAIX and PAX8 consistent with clear cell RCC. The tumor was negative for CK7 and AMACR, helping to rule out papillary RCC. Peritoneal cytology was negative for malignancy.

Conclusion: This case of early-stage CCRCC in a young adult with classical morphology and positive IHC profile underscores the need to investigate possible familial clustering of renal cancer syndromes. Genetic counselling and molecular testing are recommended for further risk assessment and long-term follow-up.

Keywords: Clear cell renal cell carcinoma (CCRCC), CD10, PAX8, CAIX, Hematuria, Flank pain, Familial RCC syndrome, WHO/ISUP grade, AJCC staging, CK7, AMACR, Genetic counselling, Nephrectomy, Renal mass, Inherited cancer, Kidney tumor.

Title: Pleomorphic Adenoma of The Buccal Salivary Gland: A Case Report

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Introduction: Pleomorphic adenoma is the most common benign neoplasm of the salivary glands. While it frequently arises in the major salivary glands, involvement of the minor salivary glands, particularly those located in the buccal mucosa, is rare.

Case Report: We present the case of a 45-year-old female with a painless, slow-growing swelling in the buccal mucosa. Based on the clinical examination and patient history, a provisional diagnosis of mucocoele was considered. Fine needle aspiration cytology (FNAC) suggested a pleomorphic adenoma originating from a minor salivary gland. The lesion was surgically excised, and subsequent histopathological examination confirmed the diagnosis of pleomorphic adenoma.

Conclusion: Although pleomorphic adenomas of the buccal mucosa account for only 8-10% of intraoral salivary gland tumors, they should be considered in the differential diagnosis of buccal swellings. Early diagnosis and complete surgical excision are critical to prevent recurrence and potential malignant transformation.

Title: A Case Report of Histoplasma Capsulatum in Mathura District Uttar Pradesh

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NAME OF THE INSTITUTION: Department of Pathology, Krishna Mohan Medical College and Hospital, Mathura (U.P.)

Introduction: Histoplasma capsulatum, a dimorphic fungus, causes a systemic infection called Histoplasmosis. It is commonly found in warm, humid environment that contains bird and bat excreta. H. capsulatum is transmitted by inhalation of mycelial fragments of the fungus.

CASE REPORT: A 50-years old male presented with complaints of skin lesions all over his body, fever, breathlessness and cough with expectoration for 15-20 days. FNAC showed fair number of neutrophils and histiocytes, few anucleate squamous cells, giant cells and numerous clusters of small, oval organisms with halo around them. Eccentric nucleus seen. On taking detailed history, patient was initially diagnosed as leishmaniasis (kala azar) on bone marrow aspiration 1.5 months back from outside. There was mild response to treatment. Few days later, he developed respiratory symptoms. Repeat investigations at our center revealed a case Disseminated Histoplasmosis.

DISCUSSION AND CONCLUSION: Histoplasmosis is an opportunistic fungal infection occurring more in immune- suppressed individuals with varying presentations, including pulmonary, chronic cavitary and primary cutaneous forms.

KEYWORDS: Histoplasma, Dimorphic Fungus, Opportunistic infection.

Title: Acute Fibrinous and Organizing Pneumonia (AFOP) Presenting as a Left Upper Lobe Lung Mass in A Young Male: A Rare Case Report.

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Introduction: Acute Fibrinous and Organizing Pneumonia (AFOP) is a rare histological variant of lung injury characterized by intra-alveolar fibrin deposition and organizing pneumonia. First described in 2002, it is distinct from classic diffuse alveolar damage or eosinophilic pneumonia. Clinical presentation is nonspecific, often mimicking infectious or neoplastic processes, and diagnosis requires histopathological confirmation. Due to its rarity and variable prognosis, AFOP poses diagnostic and therapeutic challenges.

Case Presentation: A 28-year-old previously healthy male presented with progressive dyspnea, nonproductive cough, and low-grade fever for two weeks. Physical examination revealed reduced breath sounds over the left upper lung field. Chest X-ray and CT thorax showed a solitary mass-like lesion in the left upper lobe, raising suspicion of malignancy or granulomatous disease. Laboratory tests, including infectious and autoimmune panels, were inconclusive. Bronchoscopy with transbronchial biopsy of the lesion revealed characteristic histopathological findings of intra-alveolar fibrin balls and organizing pneumonia without hyaline membranes or significant eosinophilic infiltration, consistent with AFOP. The patient was started on high-dose corticosteroids, resulting in marked clinical and radiological improvement over four weeks.

Discussion: AFOP is a rare pulmonary condition with fewer than 200 cases reported in the literature. Its radiologic features can mimic malignancy or infectious consolidations, leading to diagnostic delays. While acute forms can be fulminant, subacute presentations like this case often respond well to corticosteroid therapy. The definitive diagnosis hinges on histopathology, as imaging and clinical features are non-specific. Early recognition is crucial to avoid unnecessary surgical interventions or prolonged antibiotic use.

Conclusion: AFOP should be considered in the differential diagnosis of solitary lung masses, especially when initial investigations are inconclusive. Histopathological confirmation is essential for diagnosis, and timely initiation of corticosteroids can lead to excellent outcomes. Increased awareness of this rare entity may improve diagnostic accuracy and patient management

Title: Cervical Lymphadenopathy as a Primary Presentation of Gastric Adenocarcinoma in a 24 Year Old Patient

Authors:

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Introduction: Cervical lymphadenopathy in young adults is often attributed to infectious or lymphoproliferative disorders, with lymphoma being a common consideration. However, metastatic carcinoma as a cause is uncommon in this age group. Gastric adenocarcinoma rarely presents initially as cervical lymphadenopathy, making early diagnosis challenging.

Aims: To present a rare case of poorly differentiated gastric adenocarcinoma in a young adult, initially suspected to be lymphoma or metastatic carcinoma on fine-needle aspiration cytology (FNAC).

Objectives: To highlight the importance of considering metastatic gastric carcinoma in the differential diagnosis of unexplained cervical lymphadenopathy and the role of endoscopic evaluation with biopsy in establishing the diagnosis.

Case report: A 24-year-old male presented with painless cervical lymphadenopathy. FNAC from the cervical lymph node showed atypical cells with differential diagnoses of lymphoma and metastatic carcinoma. Upper gastrointestinal endoscopy revealed a small ulceroinfiltrative mass in the gastric body. Multiple biopsies were taken and processed routinely. Hematoxylin and Eosin (H&E) stained sections showed diffuse infiltration of gastric mucosa and submucosa by poorly cohesive malignant cells with hyperchromatic nuclei, prominent nucleoli, and scant cytoplasm. Occasional signet ring cells were identified within a desmoplastic stroma.

Title: A Rare Case of Molluscum Contagiosum Mimicking as Sebaceous CYST

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Introduction: Molluscum contagiosum is a common viral skin infection caused by a poxvirus, typically presenting as dome-shaped, flesh-colored to pink nodules with a characteristic central umbilication. The molluscum contagiosum virus (MCV) primarily affects the skin and mucous membranes of children and young adults and is prevalent worldwide. In India, it is commonly observed in children aged 1-10 years, with a study reporting a prevalence of 4.6% among pediatric patients and 0.64% in the general population.

We report an extremely rare case of molluscum contagiosum presenting as a cystic lesion clinically simulating a sebaceous cyst in the infraorbital region of a 30-year-old immunocompetent female. While molluscum contagiosum occurring within epidermal cysts has been previously documented, its primary presentation as cystic lesion resembling a sebaceous cyst in an otherwise healthy adult is highly unusual.

Imaging revealed findings consistent with a cyst suggestive of a sebaceous cyst. Surgical excision was performed, and histopathological analysis of the excised tissue demonstrated a cyst lined by stratified squamous epithelium containing numerous molluscum bodies (Henderson-Patterson bodies), confirming the diagnosis. As this was an isolated intact lesion, no further treatment was necessary.

This case underscores the importance of considering molluscum contagiosum in the differential diagnosis of cystic lesions, even in immunocompetent adults, especially when the clinical presentation is atypical.

Title: Amalgamation of Benign Phyllodes Tumor with Fibrocystic Changes in Young Women- A Case Report From Rural India

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Introduction: Phyllodes tumors are uncommon biphasic fibroepithelial breast neoplasms, constituting <1% of all breast tumors. Fibrocystic changes are common pathology involving the breast tissue. These are distinct entities , exhibiting different characters and different treatment approach. It's coexistence in same breast is extremely rare .

Case report-A 30-year-old woman presented with growth and pain in right breast since one year. The resected lumpectomy specimen was a globular, well-encapsulated, greyish brown measuring 15×10×9 cm with focal areas of haemorrhage, cystic degeneration, and calcification. Microscopy revealed benign biphasic tissue comprising proliferative cellular fibrous stroma and scattered glands. These features were suggestive of benign phyllodes tumor. This was accompanied by focal ductal hyperplasia , cystically dilated ducts having eosinophilic secretions, hyalinization and apocrine metaplasia pointing towards coexisting fibrocystic changes. The special stains like Periodic Acid-Schiff and alcian blue were applied which highlighted eosinophilic secretions in ducts . Based on these findings , this case was diagnosed as Benign Phyllodes Tumor with Fibrocystic Changes.

Discussion- Phyllodes tumor is biphasic tumor which is characterized by leaf like phyllodes epithelial pattern. Fibrocystic change is a common pathology occurring during reproductive age group and associated with hormonal imbalance. The presence of phyllodes tumor and fibrocystic disease under the same umbrella is infrequent .

Conclusion- The phyllodes tumor with fibrocystic changes is a rare combination of pathology. The pathologist must keep in mind of this rare possibility while dealing with breast lump. Histopathology is the gold standard diagnostic tool required for the confirmation of diagnosis so it must be done for every lumpectomy specimen .

Keywords: Phyllodes tumor, fibrocystic changes, biphasic tumor, histopathology.

Title: Cytopathological Insights Into Subcutaneous Nodules: A Retrospective -Three Years Review

Name of Authors: Dr. Aditi Chauhan, Dr. Vivek Gupta, Dr. Siddharth Gangwar

Introduction: Subcutaneous nodules encompass a broad array of lesions—ranging from inflammatory and traumatic to benign neoplastic origins—commonly encountered across various body sites. Fine Needle Aspiration Cytology (FNAC) remains an essential diagnostic tool, enabling rapid, minimally invasive evaluation of these lesions. Recognizing their cytomorphological features aids clinicians in prompt preliminary diagnosis and tailored management.

Aim and Objective: To analyze and describe the cytomorphological patterns observed in subcutaneous nodular lesions. **Materials and Methods:** A retrospective three-year study was conducted in the cytology section of our department, including 58 cases of palpable subcutaneous swellings. Data were analyzed using Microsoft Excel to identify distribution trends and lesion characteristics.

Results: Among 58 patients, 34 (58.6%) were male and 24 (41.3%) female. All lesions were benign on cytology. Lipoma emerged as the most common lesion, with nodules distributed widely across the body—predominantly on the back, and less frequently in the groin and occipital areas. FNAC of epidermal inclusion cysts revealed whitish aspirates in 9 of 19 cases, whereas lipomas showed greasy aspirates in 30 of 39 cases.

Conclusion: Lipoma and epidermal inclusion cysts were the most frequently diagnosed subcutaneous lesions. FNAC demonstrated high utility as a rapid and dependable technique for the preliminary assessment of these swellings, effectively aiding in clinical decision-making and patient management.

Title: An Unusual Finding: Pinworm Infestation in an Adult Detected on Routine Histopathology

Authors:

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Introduction: Enterobius vermicularis (pinworm) infestation is commonly regarded as a childhood disease. Adult infections are rare and often overlooked in differential diagnoses, especially when presenting without classical symptoms. Histopathological examination can play a crucial role in unexpected diagnoses, even when only scanty tissue is received.

Aims: To describe an unusual case of pinworm infestation diagnosed histopathologically in an adult male, emphasizing its significance in routine pathology practice.

Objectives: To highlight the diagnostic value of histopathology in identifying parasitic infections, even from minute tissue specimens.

Material and Methods: A 46-year-old male presented with vague perianal discomfort and itching for several months. No significant gastrointestinal symptoms were reported. On local examination, a small excised tissue measuring less than 0.2 cc was obtained from the perianal region and submitted for histopathological evaluation.

Result / Case Report: Gross examination showed a tiny gray-white soft tissue fragment. Hematoxylin and Eosin (H&E) stained sections revealed cross-sections of a parasitic organism with a characteristic thick cuticle, prominent lateral alae (wing-like extensions), and a digestive tract with a lumen containing basophilic material, morphologically consistent with Enterobius vermicularis. Surrounding reveals bit of mucosal tissue with hypertrophied muscularis mucosa. Lamina propria shows dense inflammatory infiltrates composed of eosinophils, lymphocytes, and plasma cells. No evidence of granuloma / atypia or necrosis was seen.

Conclusion: This case underscores the importance of maintaining a high index of suspicion for parasitic infections in adults and the pivotal role of histopathology in diagnosing rare presentations from even scanty specimens.

Title: Erdheim Chester Disease Rare- Case Report

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Introduction: Erdheim Chester disease (ECD) is a rare, non familial, xanthogranulomatous neoplastic systemic histiocytosis. According to WHO classification of tumors of Hematopoetic and Lymphoid Tissues 2016, it has been put under L group (Langerhans cell related disorders). Most of the cases harbor BRAF mutation, KRAS and MAP2K1 mutations. Organs like bones, lungs, kidneys, skin, brain etc are affected. So clinical presentation of ECD can be heterogenous. Timely Identification is beneficial for patient as treatment with BRAF inhibitors is showing promising results.

AIMS and OBJECTIVES:- We are presenting a rare case report of ECD.

MATERIAL and METHODS:- A 47 Years old female patient presented with weakness, occasional diarrhoea and insomnia. Blood investigations were advised which showed Hb 7.6gm%. On Clinical details and history, it was revealed that patient had continuous anaemia with previous radiological workup had suspected ECD, however no confirmed histopathology or molecular reports were available. Based on above details, a bone marrow biopsy was planned which revealed normal bony trabeculae and marrow fragments with focal collection of histiocytes, showing features of marrow fibrosis with histiocytic collection. Keeping in view the differential diagnosis, IHC markers like CD163, CD68, CD1A, Langerin were ordered in which results showed positivity in former two while negativity in later two. On the basis of these findings a diagnosis of ECD was concluded.

RESULT and CONCLUSION: – ECD is a rare disease with heterogenous clinical presentations and need a proper clinicoradiological workup and then confirmation by biopsy. Awareness of the disease and its differential is needed for timely diagnosis.

KEYWORDS: – ECD – Erdheim Chester Disease, IHC – Immunohistochemistry.

Title: Thyroid Malignancy

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Aims and Objectives :- To describe the cytopathological findings of thyroid cancer in a 65 years old female.

Introduction:- Thyroid cancer is a malignancy of thyroid gland. It can arise from thyroid follicular cells giving rise to differentiated thyroid cancer as well as para follicular cells giving rise to medullary thyroid cancer. Well differentiated thyroid cancer comprises papillary thyroid cancer and follicular thyroid cancer. Undifferentiated thyroid cancer comprises anaplastic thyroid cancer.

Material and methods:- A 65 years old female presented to the surgery department with complaints of swelling on the anterior neck (right>left). The swelling moves with deglutition. The patient also had the complaints of anxiety and was on thyroxine tablet 25 micrograms for 2.5 months. The swelling measured 4×2.5 cm in size, firm, mobile and non tender on palpation. On FNAC blood mixed material was aspirated.

Result:- Cytopathology examination reveals cellular smear with discohesive clusters, sheets as well as singly lying scattered malignant cells. The cells are pleomorphic, having high nuclear to cytoplasmic ratio, irregular nuclear membrane, vesicular chromatin, prominent 1-3 nucleoli and scant to moderate amount of cytoplasm. Background shows scattering of lymphocytes.

Conclusion:- Patient has been advised clinico-radiological correlation and biopsy for further confirmation

Title: Rare Presentation On Pterygium With Dysplasia

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Introduction: Pterygium is a benign fibrovascular proliferative lesion of the conjunctiva that encroaches onto the cornea. Chronic ultraviolet light exposure, dust, and wind are considered major etiological factors. Histopathology is essential for excluding premalignant or malignant transformation.

Aim: To present a case of pterygium showing reactive dysplasia on histopathology and to emphasize the role of histopathological evaluation in such cases.

Methods: A 28-year-old male presented with progressive nasal growth over the right eye for two months. The lesion was excised and sent for histopathological examination. Gross and microscopic evaluation was performed using routine H&E staining.

Result: Grossly, a single grey-black soft tissue piece measuring 1.0 × 0.2 × 0.1 cm was received. Microscopy showed squamous lining with dysplastic changes, large hyperchromatic pleomorphic nuclei, prominent nucleoli, high N:C ratio, mild chronic inflammatory infiltrate, and congested vessels. Occasional mitoses were noted without vascular invasion. The features were consistent with pterygium with reactive dysplasia.

Conclusion: Histopathology is crucial in pterygium cases as few cases can present with dysplastic changes, which may have implications for prognosis and follow-up. Even clinically benign lesions can harbor epithelial atypia, reinforcing the need for routine histology assessment.

Keywords: Pterygium, reactive dysplasia, histopathology, conjunctiva, cornea.

Title: Water Clear Cell Parathyroid Adenoma, Rare Variant

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Introduction: Water-clear cell parathyroid adenoma (WCCA) is an extremely rare tumor with incidence of 0.15% of all parathyroid lesions, characterized by clear, foamy cytoplasm within parathyroid cells. It represents an uncommon cause of primary hyperparathyroidism, is often associated with low endocrinological activity, where serum calcium levels often remaining normal until the adenoma reaches to significant size.

Aim and Objective: To present a rare case of water-clear cell variant of parathyroid adenoma, emphasizing its clinical features, histopathology, and diagnostic approach.

Material and Methods: A 61-year-old male presented with tertiary hyperparathyroidism and end-stage renal disease refractory to medical treatment. Magnetic Resonance Imaging (MRI) of the neck revealed a well-defined oval lesion closely abutting the posterior aspect of the left thyroid lobe, suggestive of a parathyroid adenoma. Laboratory investigations showed hyperparathyroidism. Lesion was excised and examined histopathologically.

Results: Gross examination revealed a nodular lesion surrounded by a thin connective tissue capsule. Microscopy showed sheets of cells with abundant clear to faintly eosinophilic cytoplasm, distinct cell membranes, and small hyperchromatic nuclei. The findings ruled out other primary and secondary clear-cell tumors of the head and neck region.

Conclusion: Water-clear cell parathyroid adenoma is a rare parathyroid tumor that can be challenging to diagnose due to overlapping features with other clear-cell tumors (eg water clear cell parathyroid hyperplasia). Accurate diagnosis relies on a combination of imaging, biochemical findings, histopathology, and immunohistochemistry. Early recognition and surgical excision are essential for effective management.

Title: Renal Squamous Cell Carcinoma: A Rare Entity

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Introduction: Primary renal squamous cell carcinoma (SCC) is an exceptionally rare malignancy, accounting for only 0.5–0.8% of upper urinary tract tumours. To date, only 14–16 cases have been documented to the best of our knowledge. Patients often present with non-specific signs and symptoms, and radiological findings are usually inconclusive. Histopathological evaluation remains the mainstay for diagnosis.

Case Presentation: A 71-year-old male presented with left flank pain and pyrexia of unknown origin. He had a history of pyeloplasty 10 years back due to kidney stones. Initial haematological investigations were within normal limits and urine examination revealed 1+ proteinuria and 40–50 pus cells/HPF. The CT urography revealed an enlarged left kidney with parenchymal thinning, few calculi and signs of pyelonephritis with moderate hydronephrosis. Left sided nephrectomy was thus performed and during surgery thick whitish necrotic material from pelvis of kidney was aspirated. On gross examination, left nephrectomy specimen was received as multiple piece of tissues. A thin rim of cortex at one end was visible, rest of the parenchyma was replaced with whitish growth and 2 lymph nodes were also seen. On microscopic examination, features of poorly differentiated squamous cell carcinoma were favored over high grade urothelial carcinoma and IHC was subsequently done.

Conclusion: Given the association of primary renal squamous cell carcinoma with chronic kidney conditions such as nephrolithiasis, pyelonephritis, and a history of pyeloplasty, a high index of suspicion is essential. Early histopathological evaluation should be considered in similar clinical settings to aid timely diagnosis and management.

Title: Metastatic Adenocarcinoma of Liver: A Rare Site of Presentation

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Aims & Objectives: -To describe the cytopathological findings of a rare case of metastatic adenocarcinoma of liver in a 65-year-old male.

Introduction: - Metastatic liver adenocarcinoma refers to the cancer that has originated in another organ (most often the gastrointestinal tract) and has spread to the liver. It is not a primary liver cancer, but rather a secondary deposit of cancer cells, most commonly from adenocarcinomas. Common primary sources are Colorectal cancer (most common), Pancreatic cancer, Gastric cancer. Often asymptomatic initially, may present with weight loss, fatigue, hepatomegaly, right upper quadrant pain, or jaundice.

Material and methods: - A 65-year-old male presented to surgery department with complaint of hematemesis and pain in abdomen for 2 months. He was diagnosed with colon cancer (primary site) which metastasized to liver. He underwent ultrasound guided fine needle aspiration cytology.

Result: -. Cytopathological examination revealed malignant cells in loose discohesive clusters, groups and acini showing moderate pleomorphism having high nuclear to cytoplasmic ratio, round to oval nucleus, vesicular chromatin, prominent nucleoli and moderate amount of eosinophilic cytoplasm.

Conclusion: - Findings were suggestive of Liver Metastatic Adenocarcinoma.

Title: Incidental Finding Ofrenal Carcinoma in Non Functioning Kidney Due to Renal Pelvic Stone Disease.

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INTRODUCTION: Renal cell carcinoma (RCC) is the 7th most common form of neoplasm , and accounting for 3 % of all adult cancers . Although the usual clinical manifestations of RCC include flank pain, hematuria, and palpable mass, RCC is generally characterized by a lack of early warning signs and is mostly discovered incidentally in advanced stage. This case report describes a 40 year old male diagnosed with clear cell RCC who presented with non functioning kidney .

Keywords: Obstructive uropathy, Nephrectomy, Clear cell RCC.

Case description: A 40 year old male presented with obstructive uropathy. On ultrasonography there was single large stone of size 3x3 cm impacted on pelvicalyceal junction and dilatation of upper ureter. After surgery the nephrectomy specimen was received in pathology department and fixation was properly done. Grossly, despite of stone and dilation of pelvicalyceal system there was solid area of size 1.5x1 cm. Grossing was properly done .On histopathological examination the diagnosis was clear cell renal cell carcinoma.

Discussion: Although the classic triad of RCC consists of flank pain, hematuria and a palpable mass, these findings are present in only 10% to 14% of patients with RCC. Rather, most RCCs are asymptomatic and usually discovered incidentally on imaging for unrelated causes The present patient presented initially with obstructive uropathy, which clinically did not strongly indicate RCC. Imaging, revealed a renal calculus which also did not indicate RCC. The patient was operated and kidney was removed surgically. Moreover , the results in this patient showed that importance of histopathological examination in hidden small sized RCCs can be successfully treated with an appropriate approach

Conclusions: In conclusion, this case report showed RCCs can manifest clinically as obstructive uropathy, imaging modalities and appropriate histopathological examination enhance diagnosis. Therefore,RCC should be considered in the differential diagnosis of patients, even younger patients, who present with obstructive uropathy.

Title: Birt-Hogg-Dubé Syndrome: From Benign Lesions to Critical Diagnoses

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INTRODUCTION: Birt Hogg Dube Syndrome (BHD) is a rare inherited, autosomal dominant condition manifesting in third decade of life and affecting both men and women. It characterized by a triad of skin lesions, renal tumors and pulmonary cysts. Here we discuss a case of BHD syndrome in a young pregnant female which was diagnosed incidentally.

CASE REPORT: A 31-year-old pregnant female presented with cyst in right kidney on routine ANC ultrasonography. Pregnancy was terminated at 38 weeks and CT-scan was done post pregnancy which confirmed a right Bosniak IV cyst around 13.5 cm in diameter. A right radical nephrectomy was performed and sent for histopathological examination. Microscopic examination revealed Cystic Clear Cell Renal Cell Carcinoma. Cystic lesion in young female with a family history of spontaneous Pneumothorax raised a suspicion of a genetic syndrome. So, Exon Sequencing was advised which confirmed the diagnosis of Birt Hogg Dube Syndrome. Retrospectively Exon Sequencing of the whole family also revealed genetic variation related to Birt Hogg Dube Syndrome.

DISCUSSION: Birt-Hogg-Dube syndrome is caused by heterozygous mutation in the FLCN gene. BHD syndrome is characterized by cutaneous manifestations (fibrofolliculomas, acrochordons, and trichodischomas), pulmonary cysts / history of pneumothorax, renal cysts, and various types of renal tumors. The renal tumors can be multiple and bilateral. Most common are hybrid oncocytic tumors with features of chromophobe renal carcinoma (50%), followed by chromophobe renal cancer, clear cell renal carcinoma, and renal oncocytoma. But not all cases present with the triad of symptoms. Clinicians must be vigilant as a incidental finding of a cystic lesion in kidney can be case of BHD.

KEYWORDS: Birt Hogg Dube Syndrome, Renal Cell Carcinoma, Pneumothorax, Exon Sequencing.

Title: Clinico-Pathological Discordance In Ovarian Neoplasm: A Hidden Low-Grade Papillary Serous Cystadenocarcinoma

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INTRODUCTION: Low-grade serous cystadenocarcinoma (LGSC) is a rare subtype of epithelial ovarian cancer characterized by slow progression, subtle cytological atypia, and unique molecular features. It requires accurate histopathological diagnosis for optimal management.

AIM AND OBJECTIVES: To report and evaluate the histopathological features of a case of LGSC and assess associated tissue involvement to aid in diagnosis and treatment planning.

MATERIAL AND METHODS: A 48-year-old female underwent surgical resection of a pelvic mass. Specimens included the uterus with cervix , bilateral fallopian tubes, ovaries, peritoneum, and omentum. Gross and microscopic examination was conducted, followed by histopathological evaluation.

RESULT: Grossly, the right ovarian cyst measured 16.0×11.0×6.5 cm with solid areas lined by mildly atypical columnar to cuboidal cells arranged in papillary and micropapillary patterns, with vesicular nuclei and prominent nucleoli. No necrosis was seen. Other specimens (left adnexa, peritoneum, omentum) showed no malignancy. Final diagnosis: low-grade papillary serous cystadenocarcinoma of the right ovary.

CONCLUSION: This case highlights the importance of detailed histopathological assessment in diagnosing LGSC and excluding metastasis. Early detection can guide targeted therapy and improve prognosis. Immunohistochemistry is recommended for further confirmation.

KEYWORDS: Ovary, Serous cystadenocarcinoma, Low-grade, Histopathology, Ovarian tumor

Title: Pure Neuroendocrine Carcinoma of The Bladder: A Rare and Aggressive Entity

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Introduction: Pure Neuroendocrine carcinoma of the bladder is a rare and aggressive tumor accounting for less than 1% of all bladder malignancies. These tumors are often diagnosed at an advanced stage due to their rapid growth and high propensity to metastasize. These tumours show an overlapping morphology with other small round blue cell tumors hence posing the diagnostic challenge and require the use of immunohistochemical markers.

AIM AND OBJECTIVES: To highlight the clinicopathological features of pure neuroendocrine carcinoma of bladder, diagnosed on the basis of the histomorphological features coupled with the use of immunohistochemical markers.

MATERIAL AND METHODS: A transurethral resection of bladder tumor (TURBT) specimen from a 62 year male with complaints of painless hematuria since one month was received in the histopathology lab and processed routinely. Histopathological examination, immunohistochemical examination and radiology findings were analyzed.

RESULT: Microscopy revealed sheets and nests of atypical small to medium sized cells having round to oval hyperchromatic nuclei, prominent nucleoli and scant cytoplasm. The tumor was also seen invading the deep muscle tissue. The biopsy did not demonstrate any focus of conventional urothelial carcinoma. Based on histomorphology the differentials considered included lymphoma, neuroendocrine carcinoma and a paraganglioma. IHC demonstrated positivity for Pan CK, CD56, Synaptophysin with a high Ki 67 of 90%. Tumor cells were negative for GATA3, LCA and S100. Based on these findings a diagnosis of pure neuroendocrine carcinoma of the bladder was made.

CONCLUSION: Pure neuroendocrine carcinoma of the bladder is a rare entity. Diagnosis requires careful histopathological examination with a panel of supportive IHC. Considering neuroendocrine carcinoma in the differentials when encountering a small blue round cell tumor of bladder alongwith IHC application is a must for its timely diagnosis and treatment.

Title: An Interesting Case Report: Enterobius Vermicularis Infestation Mimicking Acute Appendicitis In An Adult Male

Authors:

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Introduction: Acute appendicitis is a common surgical emergency characterized by right lower quadrant pain, nausea, vomiting, and fever. However, parasitic infestations, such as *Enterobius vermicularis*, can rarely mimic these symptoms, leading to diagnostic challenges. *E. vermicularis* predominantly affect children. Adult infestations are less common, and appendiceal involvement is rare. This case report describes an interesting presentation of *E. vermicularis* infestation mimicking acute appendicitis in an adult male.

Case Report: A 32-year-old male presented to the Surgery OPD of B.R.D. Medical College with acute right lower abdominal pain, nausea, vomiting, loss of appetite, bloated abdomen and tenderness in the right iliac fossa. Surgeon prima facie thought of perforated appendix and performed immediate laparotomy. After that Surgeon suspected Acute Appendicitis and sent the tissue for Histopathological Examination. Gross examination showed a 7 cm inflamed appendix. Histopathology revealed all layers of appendix with congested vessels, hyperplastic lymphoid follicles and prominent mantle zone with diffuse inflammatory infiltrates of neutrophils and eosinophils. Appendicular lumen contained inspissated mucus with cross-sections of *Enterobius vermicularis* worm, identified by its eosinophilic cuticle and uterus filled with eggs.

Discussion: *Enterobius vermicularis* is a parasitic nematode that typically resides in the cecum and colon, with females migrating to the perianal region to lay eggs, causing pruritus. In rare cases, the worms can migrate to the appendix, leading to symptoms mimicking acute appendicitis. The mechanism is thought to involve mechanical irritation or obstruction of the appendiceal lumen, triggering localized inflammation and pain. Recognition of this is important, as postoperative anti-helminthic therapy prevents reinfection and recurrence.

Conclusion: This case illustrates a rare presentation of *Enterobius vermicularis* infestation mimicking acute appendicitis in an adult male. Clinicians should maintain a high index of suspicion for parasitic infestations in patients presenting with features of appendicitis and also consider it as a possible differential diagnosis. Accurate diagnosis, supported by histopathology, and appropriate anti-helminthic treatment are essential for optimal patient outcomes. This case also emphasizes the importance of hygiene education to prevent reinfestation and transmission.

Title: Mixed Germ Cell Tumor :Seminoma (70%) with Yolk Sac Tumor: A Rare Subtype Case

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Aims & Objective :-To describe the histopathological findings of a rare subtype case of Seminoma with yolk sac tumor in a 40 years old male.

Introduction: A mixed germ cell tumor containing elements of both:

Seminoma – a malignant germ cell tumor resembling primordial germ cells.

Yolk sac tumor (Endodermal sinus tumor) – a malignant, non-seminomatous germ cell tumor that mimics the yolk sac structures of the embryo. Typically affects young males (15–35 years). Painless testicular mass is the most common presentation. May present with retroperitoneal lymphadenopathy if metastasized.

Material and Method :- A 40 year old male presented to surgery department with complaint of painless swelling in the testicle since 11 months. On USG imaging revealed a solid hypoechoic mass within the testicle, potentially with cystic or calcified areas. He was operated for the growth from testis and the specimen was sent for histopathological examination. Grossly an already cut open greyish brown soft to firm tissue mass labelled as right testis measuring 6.0 x 5.0 x 4.0 cm was identified. On further cut a greyish white necrotic mass was identified measuring 4.5 x 3.5 x 3.0 cm.

Result:- Microscopic examination revealed testicular parenchyma infiltrated by tumor cells, disposed in predominantly lobular arrangement separated by fibrous septa containing lymphocytes. These tumors cells were uniform with well defined borders , round to polygonal nuclei , distinct nucleolus and clear cytoplasm . Few areas showed tumor cells disposed in endodermal sinus and papillary pattern. These tumour cells had large nuclei , prominent nucleoli and moderate cytoplasm. Schiller Duval bodies were also seen.

Conclusion:- Histopathological result – Mixed Germ Cell Tumor : SEMINOMA(70%) WITH YOLK SAC TUMOR (30%).

Title: Scarred Marrow: The Silent Shift From Essential Thrombocythemia to Myelofibrosis – A Case Report

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Introduction: Essential Thrombocythemia (ET) is a Philadelphia-negative myeloproliferative neoplasm primarily characterized by sustained thrombocytosis and megakaryocytic hyperplasia. While many patients exhibit an indolent course, a proportion evolves into post-ET Myelofibrosis (MF), a fibrotic phase associated with marrow failure, extramedullary haematopoiesis (EMH), and potential leukemic transformation. This case report highlights the progression of Essential Thrombocythemia (ET) to post-ET Myelofibrosis (MF), emphasizing the clinical, morphological, and molecular indicators that signal disease evolution

Case Summary: A 55 year-old female presented with progressive fatigue, early satiety, and weight loss. She had a history of JAK2 V617F-positive ET diagnosed four years prior, managed conservatively. Current evaluation revealed anemia (Hb: 8.6 g/dL), fluctuating platelet counts, leukoerythroblastic blood picture, and massive splenomegaly. Bone marrow biopsy demonstrated WHO grade 2 reticulin fibrosis with megakaryocyte atypia. Molecular testing reconfirmed JAK2 V617F mutation with additional high-risk mutations. A diagnosis of post-ET MF was established.

Conclusion: This case underscores the need for periodic re-evaluation in ET patients to detect fibrotic transformation. Early recognition of disease progression allows for timely intervention with JAK inhibitors, improving symptom burden and potentially delaying leukemic evolution.

Keywords: Case Report, Essential Thrombocythemia, Myelofibrosis, JAK2 V617F, Bone Marrow Fibrosis, Extramedullary Haematopoiesis, Post-ET Myelofibrosis

Title: Gastric Perforation in a young male: An unusual culprit

Umme Aiman¹, Feroz Alam²

1- Junior Resident and 2- Associate Professor, Department of Pathology, J.N. Medical College, Aligarh Muslim University, Aligarh (UP), India

Introduction: Gastric perforation is a life-threatening surgical emergency, most commonly caused by peptic ulcer disease, trauma, or malignancy. Fungal infections are an exceptionally rare etiology, especially in immunocompetent individuals and often diagnosed postoperatively on histopathology. This report highlights the diagnostic challenges and management of a rare case of fungal gastric perforation.

Case Report: We report a rare case of gastric perforation secondary to invasive fungal infection in a 18-year-old male with no known immunodeficiency. The patient presented with acute abdominal pain, vomiting along with inability to pass stool and flatus and underwent emergency laparotomy, which revealed a perforation in the gastric wall. Histopathological examination of the specimen from the margin of the perforation demonstrated fungal hyphae, confirming the diagnosis. Prompt surgical intervention combined with antifungal therapy led to a favourable outcome. This case highlights the importance of considering fungal infection in the differential diagnosis of gastric perforation, particularly when typical risk factors are absent, and underscores the critical role of histopathology in diagnosis

Conclusion - This report underscores fungal etiology as an unusually rare but important cause of the gastric perforation even in apparently healthy patients. Early surgical intervention combined with timely histopathological diagnosis and antifungal therapy is essential for favourable outcomes.

Title: Immature Teratoma with Peritoneal Gliomatosis in a 31 Year Old Female

Authors: Dr. AISHWARYA SINGH (Junior Resident)*, Dr. RAJESH K. RAI (Prof. & Head)*, Dr. SHAILA MITRA (Prof.)*, Dr. SHILPA U. VAHIKAR (Prof.)*, Dr. KANCHAN SRIVASTAVA (Prof.)*, Dr. ARCHANA BUNDELA (Asso. Prof.)*, Dr. ALPANA BUNDELA (Asso. Prof)*, Dr. AAKANCHA DUBEY (Asst. Professor)*

***Affiliation:** Department of Pathology, B.R.D. Medical College, Gorakhpur (U.P.)

Introduction: The ovarian teratomas are represented by mature, immature and monodermal types. Immature teratoma, usually seen in first and second decade of life and composed of mixture of embryonal and adult tissue derived from all three germ layers. Gliomatosis peritonei (GP) is rare occurrence and has been found exclusively in females with ovarian teratoma.

Case Report: A 31-year-old woman complained of distension and stomach ache. CT scan revealed substantial ascites and a lobulated tumor measuring 17x13.1x10.7 cm originating from the left ovary. Omentectomy and excision of the left adnexal mass and pelvic deposits were part of the laparotomy procedure. Histopathological analysis of the excised left adnexal mass, omental and peritoneal tissue showed that all three germ layers were intermingled with immature neuroepithelial tissue components. High grade immature teratoma (Grade-3) was diagnosed, along with metastatic deposits of glial tissue (Grade-0) in the diaphragmatic peritoneum and omentum.

Discussion: Immature teratoma is a malignant tumor of the first decades of life. Sometimes, as in this instance, the association with glial implants causes the challenging evolution. In these situations, the metastasis's microscopic appearance is crucial for predicting the outcome. The prognosis is unaffected by Grade-0 implants, which are often made of mature glial tissue. Chemotherapy is only advised for mature GPs, but combination surgery and chemotherapy are used to treat high grade immature .

Conclusion: Metastasising immature teratoma should be considered in the differential diagnosis of peritoneal metastatic lesions

Title: Clinicopathological Spectrum of Malignant Mesenchymal Tumors of the Head and Neck: Experience from a Tertiary Care Centre

Authors : Dr. Gagan Chhabra¹, Dr. Sumaira Qayoom²

1. Junior Resident-2, Department of Pathology, King George's Medical University, Lucknow
2. Additional Professor, Department of Pathology, King Georges' Medical University, Lucknow.

Introduction: Mesenchymal neoplasms of the head and neck are rare, accounting for approximately 1–5% of all tumors in this region. Originating from connective tissue elements, with benign variants predominating, malignant mesenchymal tumors display considerable histologic diversity and account for less than 1% of head and neck malignancies. Their variable clinical presentation and overlapping histopathologic features complicate diagnosis and management.

Aims and Objectives: To comprehensively evaluate clinico-pathological diagnosis, management, and prognostic determinants of mesenchymal neoplasms of the head and neck.

Material and Methods: This study was conducted in the Department of Pathology, KGMU, where in a total of 32 histologically confirmed cases of malignant mesenchymal neoplasms of the head and neck from 2023–2024, with their cytological reports were included. Cases were selected from departmental archive. Clinical details, including age, sex, site of involvement, presenting symptoms, and duration of illness, were obtained from patient records.

Results: A total of 32 malignant mesenchymal neoplasms of the head and neck were analyzed. The patient age ranged from 2–50 years, with mean age of 26.3 years with slight male predominance. Most frequently involved anatomical site was oral cavity followed by nasal cavity. The predominant presenting symptom was painless swelling present in 60% of patients. Histo-pathological subtyping revealed Rhabdomyosarcoma and Ewings' sarcoma to be the most common entities followed by Osteosarcoma and Chondrosarcoma. Immunohistochemistry was essential for confirmation in 93 % of cases.

Conclusion: Malignant mesenchymal neoplasms of the head and neck are rare, histologically diverse tumors presenting significant diagnostic and therapeutic challenges. Continued research, particularly into molecular profiling and targeted therapies, holds promise for refining prognostic assessment and expanding treatment options for these uncommon but clinically significant tumors.

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- पेशाब की धार कमजोर होना एवं रुक-रुक कर आना
- पेशाब के रास्ते से खून आना
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- हाइपरटेंशन (हाई ब्लड प्रेशर): ब्लड प्रेशर को सामान्य रखना।
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- श्वसन संबंधी रोग: अस्थमा, सीओपीडी (COPD) और अन्य सांस की समस्याएं।
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- कोलेस्ट्रॉल का बढ़ना
- बुखार, सर्दी, जुकाम और फ्लू
- खाँसी, गले में खराश और ब्रोंकाइटिस
- सिरदर्द और माइग्रेन
- पेट से जुड़ी समस्याएं, जैसे उल्टी, दस्त (डायरिया) और एमिडिटी

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एम.बी.बी.एस., एम.डी. (मेडिसिन)

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299

सोमवार से शुक्रवार
10 AM to 3 PM

7234006501



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- ब्रेन ट्यूमर
- ब्रेन एन्यूरिज्म
- ब्रेन हेमरेज
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- स्कोलियोसिस
- तंत्रिकाओं से जुड़ी समस्याएँ
- ट्राइजेमिनल न्यूराल्जिया
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300

सोमवार से शुक्रवार
10 AM to 3 PM

7234006501



लक्षण यां परेशानियां...

- पेट से पानी निकालना
- खाने के नली में मेटल स्टेंटिंग
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- ई.आर.सी.पी. पित्त की नली से एंडोस्कोपी द्वारा पथरी निकालना

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DR. VIVEK MISHRA

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कॉलेज प्रयागराज

301

सोमवार से शुक्रवार
10 AM to 5 PM

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एम.डी (मेडिसिन), डी. एम. (न्यूरोलोजी)

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सोमवार से शुक्रवार प्रातः 10 से 06 बजे तक

शनिवार को प्रातः 10 से 02 बजे तक

रविवार बन्दी

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- मिर्गी
- सिरदर्द
- चक्कर
- फालिज/लकवा
- याद्दाश्त में कमी
- भूलने की बीमारी

नसों की बीमारियाँ

- हाथ पैरों में झुनझुनी एवं सुन्नपन (Tingling & Numbness)
- हाथ पैरों में कमजोरी (Limb Weakness)
- हाथ पैरों में पतलापन (Thinning of Muscle)

मांसपेशियों की बीमारियाँ

- मांसपेशियों की कमजोरी (Muscle Weakness)
- मांसपेशियों का दर्द (Muscular Pain)
- मांसपेशियों का सूखना (Thinning of Muscle)

BRAIN DISEASES

- (Epilepsy)
- (Headache)
- (Vertigo)
- (Paralysis)
- (Memory Loss)
- (Alzheimer Disease)

NERVE DISEASES

- (Tingling & Numbness)
- (Limb Weakness)
- (Thinning of Muscle)

MUSCLE DISEASES

- (Muscle Weakness)
- (Muscular Pain)
- (Thinning of Muscle)

• पार्किंसन्स की बीमारी (Parkinson's Disease)

- टी. बी. की गाँठें एवं कीड़े
- नींद में कमी
- मन में उदासी
- दिमागी कमजोरी
- दिमाग में सूजन
- दिमाग की नस फटना (Brain Hemorrhage)

रीढ़ की हड्डी

- गर्दन में दर्द (Cervical Pain)
- पीठ एवं कमर में दर्द (Low Back Pain)

सुविधाएँ

- नसों एवं मांसपेशियों की जाँच (NCV & EMG)
- ई.ई.जी. (EEG)
- बेरा की जाँच (BERA)
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SPINE DISEASES

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Continuous Sample Loading Accommodates 162 samples

Clot Detection Ensures proper sample dispensing

QC parameters available for Urine sample type

Urinalysis



Laura XL

Complete walkway hybrid urine chemistry and sediment analyser



Laura XL recognized for Most Advanced Use of AI / ML In Healthcare

Achieve quickest results every time

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H7100

Fully Automated 6 part differential Hematology Analyzer

Fluorescence Flow cytometry Technology Reports with high precision and accuracy

Reports 70+ parameters including Ret panel, IGG and IPF

Provides real-time insights for diagnosis and monitoring of haemolytic disorders

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ECL 760

Fully Automated Coagulation Analyzer

Increased cuvette capacity (94 cuvettes) for uninterrupted operations

Software Window 7 for better user experience

Throughput 100 T/Hr for faster TAT

Diabetes



VERTEX Hb

Automated HbA1c Testing System

Precision: CV <1%

Throughput: Standard mode: 60 sec / Test; Variant mode: 96 sec / Test

Smart autoloader with minimal manual intervention and auto cap piercing

WHERE ACCURACY MEETS EVERY ANALYSIS

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Fully Bio Chemistry (BS-600M)



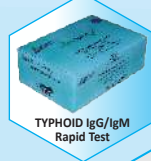
Immunoassay-CLIA (CL-900i)



Sickle Cell Rapid Test



SYPHILIS RAPID TEST



TYPHOID IgG/IgM Rapid Test



DENGUE NS1 ANTIGEN RAPID TEST



MALARIA PF/PV ANTIGEN RAPID TEST



PREGNANCY CARD



Bio Chemistry Reagent



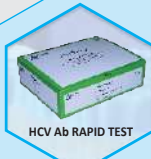
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310



शिशु एवं बाल रोग विशेषज्ञ

विशेषज्ञ द्वारा उपचार :-

- सामान्य रोग और संक्रमण।
- सर्दी, खांसी, बुखार, और फ्लू।
- कान और गले का संक्रमण।
- टीकाकरण
- विकास संबंधि समस्याएं।
- पौष्टिक आहार और पोषण।
- मलेरिया, निमोनिया, दस्त, एचआईवी और तपेदिक।
- धड़, हाथ-पैर और नैपी क्षेत्र के आसपास दाने।
- लाल, चमकदार या सूखे, फटे हुए होंठ।
- लाल गांठदार (स्ट्रॉबेरी जैसी दिखने वाली) जीभ।
- लाल रक्तरंजित आँखें, बिना स्राव के।
- सूजे हुए और लाल हाथ या पैर।
- गर्दन में बड़ी, सूजी हुई ग्रंथियाँ।
- अत्यधिक चिड़चिड़ापन (विशेषकर छोटे बच्चों में)।

सिटी सुपर स्पेशलिटी हास्पिटल प्रा. लि.
मेडिकल कालेज रोड मोगलहां, गोरखपुर



सोमवार से शुक्रवार

दोपहर 12.00 बजे से सायं 5.00 बजे

DR. VISHAL TRIPATHI
MBBS, DCH, (Pediatrician)

डॉ. विशाल त्रिपाठी

एम.बी.बी.एस, डी.सी.एच (बाल रोग विशेषज्ञ)



नांगलिया सुपर स्पेशलिटी हॉस्पिटल



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हड्डी रोग
विशेषज्ञ

डा. महेन्द्र अग्रवाल M.S.(Ortho)

न्यूरो सर्जरी
विशेषज्ञ

डा. राजीव अग्रवाल MS, Mch
(Neuro Surgery)

स्त्री एवं प्रसूति
रोग विशेषज्ञ

डा. निष्ठा नांगलिया DGO, DNB

स्त्री एवं प्रसूति
रोग विशेषज्ञ

डा. सविता अग्रवाल M.S.(OBG)

जनरल इंटरनल
मेडिसिन

डा. कन्हैया अग्रवाल MD (Medicine)
(Endocrinology)

मधुमेह, थायरॉइड,
हार्मोन्स विशेषज्ञ

डा. दिनेश अग्रवाल MD (Medicine)



आयुष्मान कार्ड धारक
मरीजों आ ऑपरेशन बिल्कुल
मुफ्त किया जाता है।

हमारे यहाँ समस्त प्रकार के रोगों का इलाज उपलब्ध है

गुरु गोरक्षनाथ के पावन धरा पर आपका स्वागत है



ग्रीनलैण्ड हॉस्पिटल

सुपर मल्टीस्पेशलिटी हॉस्पिटल

स्त्री एवं प्रसूति रोग	हृदय रोग	जनरल मेडिसिन	हड्डी रोग
आई.वी.एफ. (IVF)	न्यूरो सर्जरी	जनरल एण्ड लेप्रोस्कोपिक सर्जरी	नाक, कान, गला रोग
नवजात शिशु एवं बाल रोग	न्यूरो मेडिसिन	प्लास्टिक सर्जरी एवं बर्न	नेत्र रोग
पीडियाट्रिक सर्जरी	यूरोलॉजी	गैस्ट्रोएंटेरोलॉजी	दन्त चिकित्सा

एडवांस IVF लैब | एडवांस कैथ लैब | मॉड्यूलर ऑपरेशन थियेटर | सी.टी. स्कैन | 24X7 फार्मसी | 24X7 पैथालॉजी | 24X7 डायग्नोस्टिक | वेंटीलेटर युक्त ICU, CCU, NICU |



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MAMTA PATHOLOGY

निकट काली मन्दिर, दाऊदपुर, बेतियाहाता-गोसवपुर

डा. मस्तराज सिंह
एम०डी० (पैथ)

सभी प्रकार के पैथोलॉजिकल एवं बायोकेमिकल जांच की सुविधा।

हिस्टोपैथोलोजी, एफ.एन.ए.सी. बोन मैरो, बाडी फ्यूड, हारमोन्स एवं सभी प्रकार के कैंसर के जांच की सुविधा।

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ISO 2009 : 2008

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एवं क्वालिटी क्वांटिटी ऑफ
सर्विसेस द्वारा मान्यता प्राप्त
हॉस्पिटल



एण्ड रिसर्च सेन्टर प्रा.लि.



आयुष्मान भारत
योजना से सम्बद्ध



डा. आशीष राय

MBBS, MS. FMAS, FGES

(जनरल एवं लैप्रोस्कोपिक सर्जन)



इनरजेन्सी टांग



न्यूरोलॉजी



आर्थोपेडिक



गर्भविकोलेजि



न्यूरोलॉजी

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शाही ग्लोबल हॉस्पिटल

एडवांस लैप्रोस्कोपिक एण्ड मल्टी सुपर स्पेशलिटी हॉस्पिटल

एडवांस कार्डियक सेन्टर, एंजियोग्राफी, एंजियोप्लास्टी, पेसमेकर, एडवांस हार्ट
सेन्टर पीडियाट्रिक कार्डियोलॉजी, सी टी वी यूस तथा कैथ लैब की सुविधा

सुविधाएं

- 140 बेड का हॉस्पिटल एवं 40 बेड वैन्टिलेटेड युक्त आई. सी. यू. वार्ड।
- पेसमेकर लगाने की सुविधा। सुपर स्पेशियलिस्ट डॉक्टर का सुविधा।
- हार्निया के ऑपरेशन की सुविधा।
- एक्स.रे, अल्ट्रासाउण्ड एवं हट प्रकार के जॉब की सुविधा।
- मरीजों को विशेषज्ञ लयटीशियनके परामर्श के अनुसार साने की व्यवस्था।
- मरीजों के अरेन्जेंट के रूने एवं भोजन के लिए गेस्ट हाउस एवं कैन्टीन की व्यवस्था।
- दूरबीनविधि द्वारा सर्जरी, पित्तासय की पथरी, गुर्दे की पथरी, अपेन्डिसा, बच्चेदानी।

आधुनिक लेजर द्वारा वेरिकोज वेज
तथा स्टेपलर द्वारा क्वासीर, भगवन्दर
फिस्टूला, फिसर का इलाज उपलब्ध।



इन सभी जॉब की सुविधा उपलब्ध है।

- NCS नसों की जॉब
- EMG मॉसपेशियों की जॉब
- EEG मस्तिष्क तथा मिर्गी (दौड़े) की जॉब
- BEAR सुनने की समस्या कान में सीटी बजने
कम सुनाई देने की जॉब
- RNST मॉसपेशियों की जॉब
- VEP आँखों के नसों की जॉब
(कम दिखाई पड़ने पर)

PGI चंडीगढ़ के न्यूरोलॉजिस्ट प्रतिदिन सेवा देते हैं



डा. शिवशंकर शाही
डायरेक्टर चीफ लैप्रोस्कोपिक
सर्जरी एवं यूरोलॉजिस्ट
(गोल्ड मैडलिस्ट) सर्जरी



डा. सीमा शाही
M.B.B.S., D.G.O.
(Medical Superintendent)
रूमी, प्रसूति रोग, बांझपन
विशेषज्ञ एवं अल्ट्रासोनोलॉजिस्ट

आयुष्मान भारत, पं. दीन दयाल उपाध्याय राज्य कर्मचारी एवं सीएपीएफ आयुष्मान कार्ड के तहत इलाज उपलब्ध।

बुधद विहार व्यावसायिक, रामगढ़ ताल थाने के पिछे, बडौदा यू.पी. बैंक प्रधान कार्यालय के बगल में, गोरखपुर

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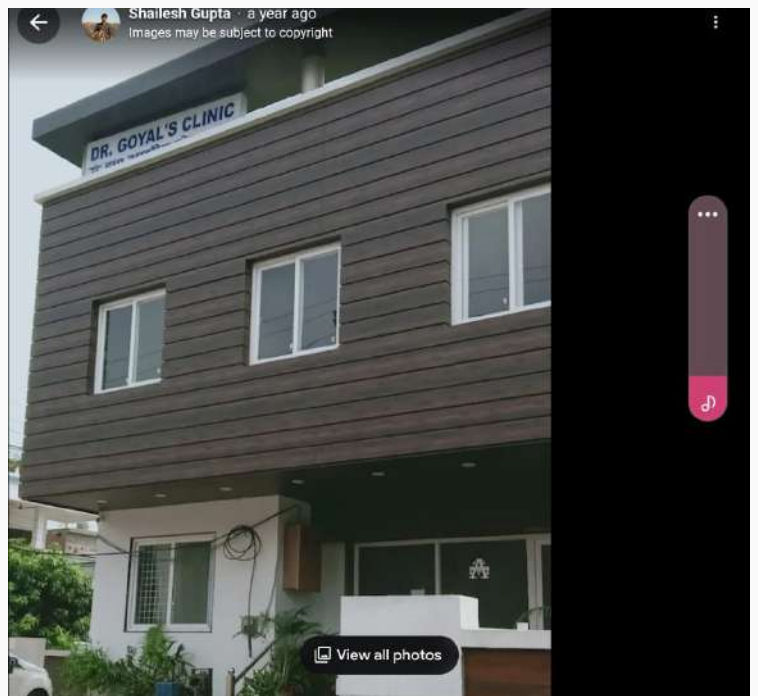


DR. GOYAL CLINIC

डा.आशीष गोयल

एम.डी. (मेडिसिन) के.जी.एम.सी. (लखनऊ)
पता- रेल बिहार फेज- 4, करीम नगर
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डा० रविकेश कुमार द्विवेदी

M.B.B.S., M.S., M.ch. (Pediatric Surgery)

वरिष्ठ नवजात शिशु एवं बाल रोग सर्जन



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मो० : 9794678029

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डा० वर्तिका सिन्हा

एम.बी.बी.एस., एम.एस.
स्त्री एवं प्रसूति रोग विशेषज्ञ
पूर्व में - बी.आर.डी. मेडिकल कालेज, गोरखपुर
जिला अस्पताल, गोरखपुर

डा० देवर्षि श्रीवास्तव

एम.बी.बी.एस., एम.एस.
एम.सी.एच. यूरोलॉजी (पी.जी.आई. लखनऊ)
सुपर स्पेशलिस्ट गुर्दा (किडनी)
एवं मूत्र रोग एडवांस्ड लैप्रोकोपी

स्त्री रोग विशेषज्ञ द्वारा उपचार

- समस्त प्रकार के स्त्री एवं प्रसूति रोग
- नार्मल एवं आपरेशन द्वारा (दर्द रहित) डिलेवरी की सुविधा
- बांझपन, बच्चेदानी की गाँठ (ट्यूमर) के आपरेशन की सुविधा
- फीटल मेडिसिन, फीटल थिरेपी, सोनोलाजी
- वंशागत बिमारी की जांच एवं रोकथाम की उचित व्यवस्था।

- दूरबीन विधि से पथरी का इलाज - गुर्दे की पथरी का PCNL मूत्र नली (यूरेटर) आदि।
- पेशाब की थैली में ट्यूमर का इलाज (TURBT) प्रोस्टेट का इलाज (TURP)
- मिट्टकचर यूरैत्रा (पेशाब की नली की सिकुड़न) - OIU, Urethroplasty
- बच्चों के सभी प्रकार के जन्मजात मूत्र रोगों का आपरेशन (Hypospadias repair, Post. Urethral Valve)
- गुर्दे एवं मूत्र मार्ग के कैंसर का सभी तरह का दूरबीन द्वारा (लैप्रोस्कोपिक) आपरेशन
- स्त्रियों में पेशाब लीक होने के आपरेशन - सेक्स एवं गुप्त रोग (STD)
- दूरबीन विधि से पित्त की थैली की पथरी, एपेंडिक्स, गुर्दे की पथरी का आपरेशन



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की सुविधा।



बच्चों की न्यूरो सम्बन्धित समस्याओं के लिये मिलें।



डॉ. सपना सिंह



Pediatric Neurologist
MBBS MD (Pedia) KGMU
Fellowship in Pediatric Neurology
(सर गंगाराम हॉस्पिटल दिल्ली)

सानवी हेल्थ केयर

हमारी टीम जन्म से लेकर किशोरावस्था तक की न्यूरो से सम्बन्धित समस्याओं वाले शिशुओं, बच्चों और किशोरों की इलाज के लिए समर्पित है।

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(श्रीमती कालिंदी देवी सेवा समिति)

<p>डा० ए.पी. त्रिपाठी एम.बी.बी.एस., एम.एस. (नेत्र) फेको सर्जन वरिष्ठ मेच रोम विशेषज्ञ एवं सर्जन पूर्व एम.एस.बी. कम्पोजिट हॉस्पिटल, गोरखपुर गुरु गोरक्षनाथ चिकित्सालय, गोरखपुर</p>	<p>डा० दिवाकान्त मिश्रा M.B.B.S., D.O.M.S., DNB शंकर नेत्रालय & बायर इंस्टीट्यूट, USA (गैटिंग सर्जन) पहले एवं तीसरे नृदयगतिवार Visting Faculty Vitreoastinal Summer School, Greece Various National and International Awards Winner</p>	<p>डा० करन भादिया M.B.B.S., D.O.M.S., DNB शंकर नेत्रालय (कार्निया सर्जन) तीसरे पंगलाका</p>
<p>डा० पल्लवी सिंह M.B.B.S., M.D., AIIMS New Delhi आई कीमर, जाकरोलप्लाटी, भेगपन कोषे संघस्था</p>		

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- दूरबीन विधि द्वारा पित्त की थैली में पथरी
- गुदों व गुदों की नली में पथरी (URS, PCNL)
- पेशाब की थैली में पथरी
- अपेन्डिक्स, हार्निया, प्रोस्टेट (TURP)
- बिना चीरे बच्चेदानी का आपरेशन (NDVH)
- बच्चेदानी में द्युमर
- नार्मल डिलेवरी एवं सिजेरियन
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 दूरबीन विधि से गुदों की पथरी (PCNL) मूत्र नली की पथरी (URS) पेशाब की थैली की पथरी का इलाज (PCCLT) सभी प्रकार के पथरी का दूरबीन द्वारा इलाज।
 पेशाब की नली को रुकवाएट (Stricture urethra) का दूरबीन विधि (OJU/DVIU), से इलाज
 गुदों की सृजन (PUJO) का दूरबीन विधि एवं लेप्रोस्कोपी से इलाज (Lap. Pyeloplasty)
 खराब गुदों का दूरबीन विधि से आपरेशन (Lap Simple Nephrectomy)
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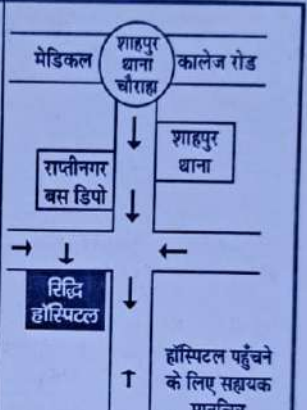
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 (गोल्ड मेडलिस्ट)
 स्त्री एवं प्रसूति एवं
 बाँझपन रोग विशेषज्ञ

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- दूरबीन विधि द्वारा पित्त की थैली में पथरी
- गुदों व गुदों की नली में पथरी (URS, PCNL)
- पेशाब की थैली में पथरी
- अपेन्डिक्स, हार्निया, प्रोस्टेट (TURP)
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- बच्चेदानी में द्युमर
- नार्मल डिलेवरी एवं सिजेरियन
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डी.एम. कार्डियोलॉजी



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Coronary angiography

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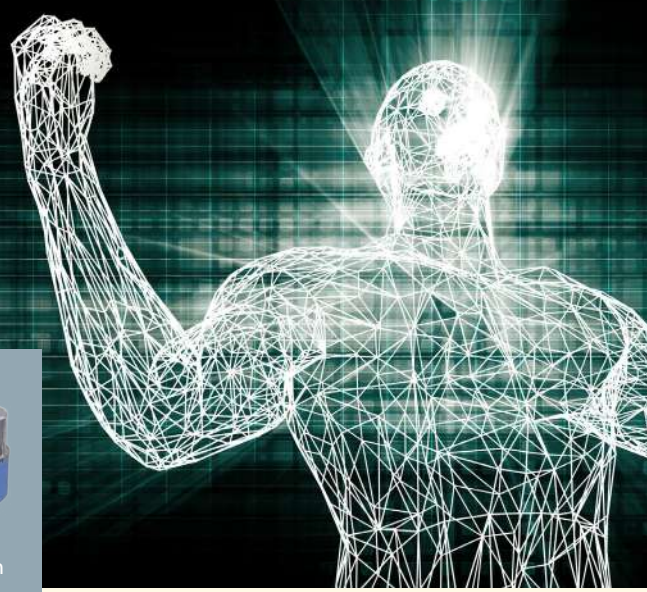


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