Actinomycosis of the gynaecological tract is well described in patients with intrauterine contraceptive devices. Pseudoactinomycotic radiate granules (PAMRAG) of the endometrium are also well recognised and should not be confused with organisms. This paper highlights the coexistence of both actinomycosis forming a central nidus (Gram, silver positive filamentous organisms) surrounded by PAMRAG with eosinophilic club-like structures (again not to confuse the latter with Splendore–Hoeplli phenomenon). This study also documents these combined lesions in the cervix and vulva. PAMRAG comprise calcium, lipid, glycoprotein, copper, phosphate and iron.

Carmack SW, Vemulpalli R, Spechler SJ, et al. Esophagitis discæsauris superficialis (‘sloughing esophagitis’): a clinicopathologic study of 12 cases. Am J Surg Pathol 2009;33:1789–94. Sloughing esophagitis is seen occasionally and is also known as esophagitis discæsauris superficialis. This study documents the endoscopic findings (strips/streaks of whitish ‘pseudomembranous’ material) and consistent histological findings of necrotic, sloughed/flaking superficial squamous epithelium. Rarely, bullous separation and rarely fungal elements are present. Possible aetiologies include drug medication and associated skin disorders.

This section features synopses of pertinent practical publications that appear in Pathology journals in the respective subspecialties. The summaries are mere guidelines and personal opinions of the two authors. The articles selected are diverse but occasionally reflect the authors’ bias and are from the more widely read pathology journals. It is not intended to be an assiduous search of every publication in every Pathology journal, but more of a general indication of some of the monthly highlights through the eyes of the authors.

Hopefully, these snippets will provide the reader with enough to glean some facts and tips, as well as encourage them to read the entire article if necessary.
fibrosis (1833) and related lung/pleural
disease (1886).

Archives of Pathology and
Laboratory Medicine
December 2009
Al-Abbadi MA, Murthy R, Younberg GA. Barrett
oesophagus and the ‘indefinite for dysplasia’
Correspondence rarely features in these
updates/snippets, but this letter/response
to the editors addresses an often debated
but poorly defined diagnosis of ‘indefinite
for dysplasia’ in Barrett oesophagus and
inflammatory bowel disease. These
authors, contending that this is not an
exact science, uses this diagnosis in three
instances with a focus of columnar cell
atypia: associated active inflammation,
technical associated artefact, and deep
crypt dysplasia with surface maturation.

Cornea V, Jaffer S, Bleiweiss IJ, et al. Adequate
histologic sampling of breast magnetic resonance
imaging-guided core needle biopsy. Arch Pathol
Most laboratories in developed countries
are now faced with MRI-guided core
needle biopsies of the breast (resulting in
considerable major workload implica-
tions). This study demonstrates (with
a cohort of 439 patients) that only one
level is needed to arrive at an accurate
diagnosis. This was demonstrated in
about 95% of patients, with the remainder
adding more information but not altering
the diagnosis or patient outcome.

Weinreb I, Cunningham KS, Perez-Ordonez B,
et al. CD10 is expressed in most epithelioid
hemangioendotheliomas: a potential diagnostic
Another tumour that can be CD10 posi-
tive. Seven of nine primary epithelioid
haemangioendotheliomas were positive.

Histopathology
December 2009
Wilkins BS, Clark DM. Making the most of bone
marrow trephine biopsy. Histopathology
An excellent review of the bone marrow
trephine biopsy that covers all practical,
technical (including molecular techniques
like immunohistochemistry, in situ
hybridisation and PCR) aspects and,
importantly, incorporates aspirate,
peripheral blood and imaging results.

Lee S, Ogilvie RT, Dupre M, et al. Intravascular
lymphocytosis in acute appendicitis: potential
mimicry of chronic lymphocytic leukaemia.
A long-noted diagnostic pitfall that many
experienced surgical pathologists have
encountered is the presence of intravas-
cular lymphocytosis in acute appendicitis.
This paper highlights this potential mimic
of chronic lymphocytic leukaemia and
attributes this phenomenon to surgical
manipulation and the innate immunity of
the patient.

Diagnostic Histopathology
December 2009
This issue contains a mini-symposium on
the pathology of the uterus and fallopian
tube. There are good reviews on current
concepts in tubal neoplastic pathology,
the molecular genetics of endometrial
carcinoma, and very practical piece on
problematical areas in the reporting of
diagnosis in hysterectomy
specimens. Well worth reading.

Human Pathology
December 2009
Meenakshi M, McCluggae WG. Myoepithelial
neoplasms involving the vulva and vagina: report
Myoepithelial tumours of the salivary
gland, breast, skin and soft tissue are well
described. This review of four cases
covers the authors’ experience in the
vulva. As with all unusual tumours in
unusual sites, awareness of morphology
is critical to accurate diagnosis. Two
tumours were composed entirely of ovoid
or spindle-shaped cells, one was
composed entirely of epithelioid cells, and
in the other tumour there was a mixture
of spindled and epithelioid cells. Small
foci of ductal differentiation with squa-
mous metaplasia were present in one
case, and a minor stromal component,
which varied from myxoid to hyalinised,
was present in all cases. In all cases, the
tumour cells were positive for epithelial
markers (cytokeratins and/or epithelial
membrane antigen) and the myoid
markers, a smooth muscle actin and
calponin. Desmin was positive in three
cases. $100 and p63 were positive in one
of the four neoplasms.

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