



Contents

September 2024 Volume 77 Issue 9

Best practice

- 579** Laboratory investigation of peritoneal fluids: an updated practical approach based on the available evidence
G Colombo, E Aloisio, M Panteghini

Review

- 586** Discerning clinicopathological features of congenital neutropenia syndromes: an approach to diagnostically challenging differential diagnoses
X Parisi, J R Bledsoe

Editorial

- 605** Enteroblastic gastric cancer subtype holds therapeutic clues
V Deshpande, M Bal

Original research

- 608** NTRK gene alterations were enriched in hepatoid or enteroblastic differentiation type of gastric cancer
X Pu, Y Fu, Q Sun, L Li, A Kwasi, Z Ma, X Fan, B Sun
- 614** HER2/ERBB2 overexpression in advanced gallbladder carcinoma: comprehensive evaluation by immunocytochemistry and fluorescence in situ hybridisation on fine-needle aspiration cytology samples
P Verma, P Gupta, N Gupta, R Srinivasan, P Gupta, U Dutta, S Sharma, R Uppal, R Nada, A Lal
- 622** Autopsy findings from patients diagnosed with COVID-19 demonstrate unique morphological patterns in bone marrow and lymph node
A Aljabban, M G Evans, G G Fell, J P Guccione, RA Edwards, G S Pinkus, R F Padera, O Pozdnyakova, A S Kim

- 628** Accuracy and validity of determined cause of death and manner of death following forensic autopsy prosection
A Shergill, P Conner, M Wilson, B Omalu

- 632** Learning at a distance: results of an international survey on the adoption of virtual conferences and whole slide imaging by pathologists
T Laohawetwaniit, R S Gonzalez, A Bychkev

- 639** High-resolution melting assay for rapid, simultaneous detection of *JAK2*, *MPL* and *CALR* variants
C M Sande, G Yang, A Mohamed, B L Legendre, D Pion, S L Ferro, K Grimm, K S J Elenitoba-Johnson

PostScript

- 645** Sudden cardiac death with morphologically normal heart: always do toxicology
D Radaelli, J Westaby, G Finocchiaro, G Sinagra, S D'Errico, M N Sheppard

Short report

- 647** How many mislabelled samples go unidentified? Results of a pilot study to determine the occult mislabelled sample rate
C Raymond, L Dell'Osso, D Guerra, J Hernandez, L Rendon, D Fuller, A Villasante-Tezanos, J Garcia, P McCaffrey, C Zahner

(Upper) (A) Pancreatic adenocarcinoma showed diffuse positivity for GPC3, albumin and AFP (immunostains not shown), with concurrent elevated serum alpha-fetoprotein. Morphologically, the tumour does not exhibit hepatoid or enteroblastic differentiation, thus classifying it as adenocarcinoma with hepatocellular marker expression. (B) Pancreatic adenocarcinoma with enteroblastic differentiation, characterised by clear cells and subnuclear vacuoles. The tumour cells were positive for immunoreactive for GPC3, albumin, CK19 and SALL4 (not shown). This tumour would be classified as AED. (C) Hepatoid carcinoma resembling hepatocellular carcinoma, with cells indistinguishable from conventional hepatocellular carcinoma. AED, adenocarcinoma with enteroblastic differentiation; GPC3, Glypican-3; AFP, Alpha fetoprotein; SALL4, spalt like transcription factor 4; CK19, cytokeratin 19. (Lower) Schematic illustrating the relationship between the histological variants of hepatoid carcinoma. GPC3, Glypican-3; AFP, Alpha fetoprotein; SALL4, spalt like transcription factor 4; CDX2, caudal type homeobox 2; MUC6, mucin 6.



This article has been chosen by the Editor to be of special interest or importance and is freely available online.



Articles carrying the Unlocked Logo are freely available online under the BMJ Journals unlocked scheme. See <http://authors.bmj.com/open-access/>



This journal is a member of and subscribes to the principles of the Committee on Publication Ethics www.publicationethics.org



When you have finished with this please recycle it



The online version of this article contains multiple choice questions hosted on BMJ Learning.