the placenta and immunologic reaction may play a role in such pathologic setting.

**Pediatric and Perinatal Pathology: Poster#281**

**HER2/NEU EXPRESSION IN WILMS TUMOR AND CORRELATION WITH HISTOPATHOLOGIC FINDINGS**

Mashaallah Babashahi1, Mitra Mehrzama1,2 and Seyed Javad Nasiri1

1Ali Asghar Children Hospital, and 2Oncopathology Research Center, Pathology Department, Iran University of Medical Sciences, Tehran, Iran

Wilms tumor is an embryonal tumor arising from remnants of immature renal tissue. Her2/neu is an oncoprotein which mediates cellular proliferation, differentiation and survival. In the current study, we analyzed Her2/neu expression in 40 Wilms tumors. The clinico-demographic data of 40 patients with Wilms tumor were retrieved. Immunohistochemical staining for HER2/neu was performed. Her2/neu immunoreactivity was evaluated by Canadian Consensus 2007 scoring system. Among the 38 specimens with epithelial component, 68.5% were positive for Her2/neu, whereas there was immunoreactivity in 37% of 38 blastemal, and 12% of 31 stromal components. The Her2/neu expression was significantly higher in early stages (81.5%) than in advanced stages (36.4%) in epithelial component, but not in other components. This study suggested that Her2/neu expression is associated with epithelial cell differentiation accompanied by lower stages of tumor. No significant relationship was found between Her2/neu positivity and tumor size and patient age and gender.

**Pediatric and Perinatal Pathology: Poster#282**

**INCOMPLETE PENTALOGY OF CANTRELL: A CASE REPORT**

Lerluck Sakdapreeca1, Surachart Chaibiwiyakul1, Junya Jirapraditha2, Churairat Kularbkaew1, Yaovalux Chamgramo1 and Prakasit Sa-Ngiamwibool1

1Department of Pathology, and 2Department of Pediatrics, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

Pentalogy of Cantrell is a rare congenital syndrome with an estimated incidence of 5.5 per 1 million live births. It is characterized by defects involving the supra-umbilical abdominal wall, lower sternum, anterior diaphragm, pericardium, and the intracardiac anomalies. The condition is believed to be caused by a failure in development of the lateral mesoderm, which occurs when the embryo is about 14–18 days old. The full spectrum of the syndrome is rare while incomplete expression of the syndrome and its variants are well-recognized. We described a neonate with a normal karyotype, diagnosed before birth as an incomplete pentalogy of Cantrell with complex intracardiac defects. The infant died on the sixth postnatal day, two days after surgical intervention to repair the abdominal wall, and diaphragm defects. The distinct findings relevant to pentaloid including the congenital heart anomalies, TOF type double outlet right ventricle, are highlighted.

**Pediatric and Perinatal Pathology: Poster#283**

**INDIAN CHILDHOOD CIRRHOSIS – I AM STILL AROUND**

Rakesh Kumar Vasishtha1, Pooja Murgai1, Nandita Kakkar1, Ashim Das1 and Babu Ram Thapa2

1Department of Histopathology, and 2Department of Gastroenterology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

Background: Indian childhood cirrhosis (ICC) is unique to the Indian subcontinent and has fascinated the scientific community for decades. ICC is said to be disappearing from India but scattered reports of ICC-like cirrhosis are appearing in the West.

Materials and methods: Fifteen cases of ICC were diagnosed amongst 181 pediatric autopsies with various hepatic disorders.

Results: ICC constituted 21.4% of the metabolic disorders and 8.2% of all the causes of hepatic diseases. They ranged in age from 8 months to 2.5 years. Of these 15 cases, 9 were of classical ICC and 6 were of atypical ICC. Coronal slices of the liver were bile stained and revealed micronodules with a sharp leafy margin. Microscopically the cases of classical ICC showed micronodular cirrhosis, diffuse degeneration of hepatocytes with absence of regenerative nodules, abundant Mallory’s hyaline, predominantly neutrophilic infiltrate, extensive pericellular fibrosis and excess of Cu-binding proteins by Orcein stain. There were 6 cases of atypical ICC, all which showed presence of regenerative nodules and steatosis in 4 cases.

Conclusion: ICC is very much prevalent in the Indian subcontinent, although reports say that it has nearly disappeared.

**Pediatric and Perinatal Pathology: Poster#284**

**KISS-1 PEPTIDE AND ITS RECEPTOR GPR54 PLACENTAL EXPRESSION IN EARLY AND LATE-ONSET PREECLAMPSIA**

Alexander I. Schegolev, Elena A. Dubova, Daria N. Vodneva, Konstantin A. Pavlov, Roman G. Shmakov and Gennady T. Sukhikh

Research Center for Obstetrics, Gynecology and Perinatology, Moscow, Russia

Background: Fail of trophoblastic invasion that is followed by abnormal placental development is thought to be one of the basic pathogenic pathways of preeclampsia (PE).

Objective: To study KISS-1 and its receptor GPR54 placental expression in early and late-onset PE.

Materials and methods: All the placentas from PE complicated pregnancies were divided into 2 groups: early-onset PE (11 cases) and late-onset (18 cases). Both groups were also subdivided into moderate and severe PE subgroups. Control group included 12 placentas from uncomplicated pregnancies. Immunohistochemistry with KISS-1 and GPR54 antibodies was performed.

Results: Both KISS-1 and GPR54 placental syncytial and endothelial expression levels were significantly elevated in severe early-onset PE subgroup compared to control (p < 0.05). Late-onset PE placentas showed significantly elevated KISS-1 syncytial and endothelial expression (p < 0.01) and significantly decreased GPR54 syncytial expression (p < 0.05) compared to control.