**Material and methods:** To assess this, 72 samples from 42 suspected cases of HD were subjected to routine haematoxylin and eosin stain and MAP 2 immunohistochemistry.

**Results:** On paraffin section analysis the number of samples considered positive for HD were 24 which were brought down to 19 after MAP-2 analysis. The sensitivity of paraffin sections in the diagnosis of HD is 79.16% and specificity is 91.37%. The \( p \)-value is <0.0001 which is significant. Both sensitivity and specificity of MAP2 IHC in the diagnosis of HD is 100%. The \( p \)-value is <0.0001 which is more significant.

**Conclusions:** MAP-2 immunohistochemistry is a very good ancillary technique in the diagnosis of Hirschsprung disease and can catch even a single ganglion cell in the small rectal biopsies.

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**Gastrointestinal Pathology: Poster#137**

**PATHOLOGICAL DIAGNOSIS OF PERITONEAL LOOSE BODY: A CASE REPORT**

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Peritoneal loose bodies are usually incidental findings at laparotomy. Their sizes range from that of a pea (1–2 cm) to giant loose bodies (5 cm or larger). They usually arise from appendices epiploicae and the loose bodies are formed by accumulation of peritoneal serum to these infarcted appendices epiploica. We report a case of giant loose peritoneal body measuring 5 × 4 cm found incidentally in a 67-year-old man from Patlekhel -8, Kavrepalanchok. Histological features showed laminated strands of hyalinized material at the periphery with central area showing necrotic fat with areas of calcification. Mobile pelvic masses are extremely rare findings. They are usually located in the pelvic cavity due to the fact that they gravitate to the most dependent part of the pelvic cavity. Usually these peritoneal loose bodies are left untreated until complications arise.

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**Gastrointestinal Pathology: Poster#138**

**PREDICTIVE VALUE OF MED1 EXPRESSION FOR CANCER PROGRESSION IN ENDOSCOPICALLY RESECTED EARLY COLORECTAL CARCINOMAS**

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Endoscopic resection could be a promising curative treatment for cases of early colorectal carcinoma (CRC). If we can identify predictive factors associated with cancer progression, we should be able to establish improved indications for appropriate treatment modality for early CRC. An essential subunit of mediator complex, Med1, interacts with several nuclear receptors and transcription factors to direct gene-specific transcription. We analyzed 98 lesions of early CRC confined to the mucosa (44 cases) and having submucosal invasion (54 cases) to evaluate correlations between immunohistochemical expression of Med1 and cancer progression. The expression of Med1 was detected in the nuclei with/without cytoplasm of both the normal and the tumor cells. Loss of Med1 immunoreactivity was significantly higher in carcinoma with submucosal invasion (9/54; 16.7%) than in intramucosal carcinoma (2/44; 4.5%) \( (p < 0.05) \). There was no significant association with age, gender, tumor size, histologic grade, or lymphovascular invasion. A subset of early CRC revealed loss of Med1 immunoreactivity, and this was associated with invasion depth. Our data suggest that loss of Med1 expression may play a role in tumor progression of early CRC and it could be potentially useful predictive marker for estimating progression of early CRC.

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**Gastrointestinal Pathology: Poster#139**

**PRIMARY GASTRIC ACTINOMYCOSIS: REPORT OF A CASE DIAGNOSED IN A GASTROSCOPIC BIOPSY**

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**Background:** Primary gastric actinomycosis is extremely rare, the appendix and ileocolic region being the most commonly involved sites in abdominopelvic actinomycosis. Herein, we report a case of primary gastric actinomycosis. The diagnosis was made on microscopical evaluation of gastroscopical biopsy specimens. To the best of our knowledge, this is the second case to be reported in the literature, in which the diagnosis was made in a gastroscopic biopsy rather than a resection specimen.

**Case presentation:** An 87-year-old Saudi male on medication for cardiomyopathy, premature ventricular contractions, renal impairment, hypertension, and dyslipidemia, presented to the emergency department with acute diffuse abdominal pain, abdominal distension, constipation and vomiting for two days, with no history of fever, abdominal surgery or trauma. The patient was admitted to the hospital with an impression of gastric outlet obstruction. Based on radiologic and gastroscopic findings, a non-infectious etiology was suspected, possibly adenocarcinoma or lymphoma. Gastroscopic biopsies showed an actively inflamed, focally ulcerated atrophic fundic mucosa along with fragments of a fibrinopurulent exudate containing brownish, iron negative pigment and abundant filamentous bacteria, morphologically consistent with Actinomyces.

**Conclusion:** Although extremely rare, primary gastric actinomycosis should be considered in the differential diagnosis of radiologic and gastroscopic diffuse gastric wall thickening and submucosal tumor-like or infiltrative lesions, particularly in patients with history of abdominal surgery or trauma or those receiving extensive medication. A high level of suspicion is required by the pathologist to achieve diagnosis in gastroscopic biopsies. Subtle changes such as the presence of a pigmented inflammatory exudate should alert the pathologist to perform appropriate special stains to reveal the causative organism.