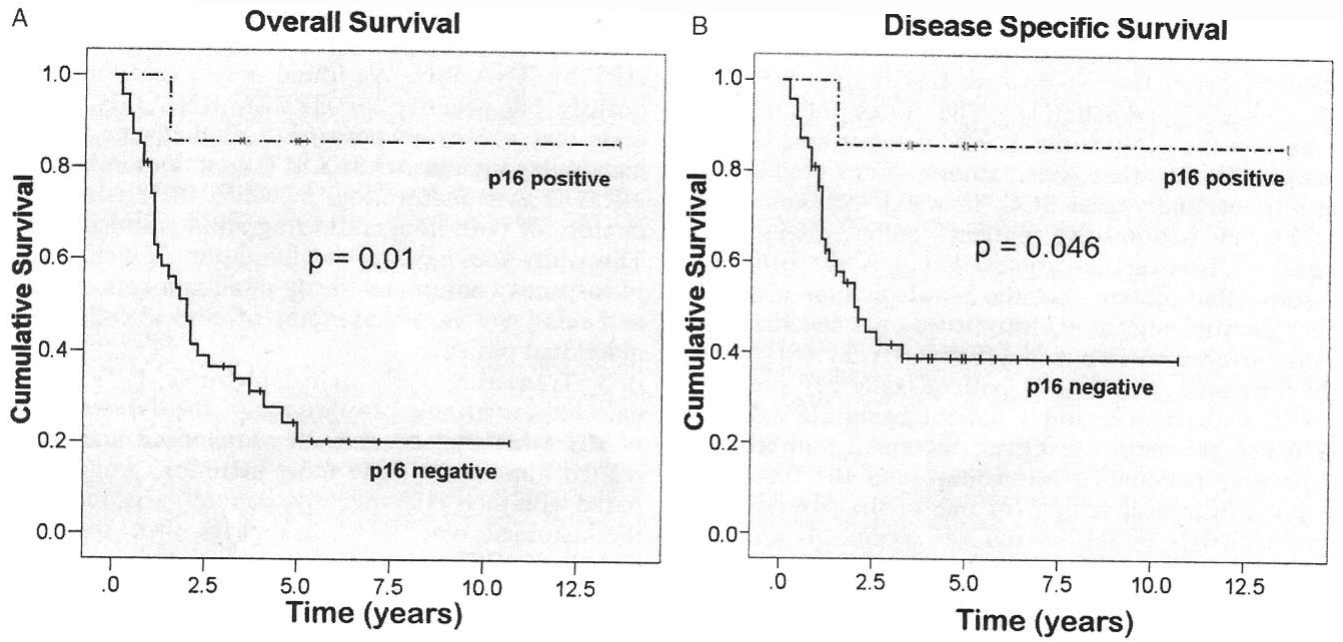
Après des années de combat en faveur des femmes victimes de violences sexuelles dans l'est de la République démocratique du Congo, le Dr Denis Mukwege a reçu le prestigieux prix Sakharov au Parlement européen de Strasbourg, mercredi 26 novembre 2014.

Keratinizing-Type Squamous Cell Carcinoma of the Oropharynx

p16 Overexpression Is Associated With Positive High-Risk HPV Status and Improved Survival

Chunyu Cai, MD, PhD, Rebecca D. Chernock, MD,*† Meredith E. Pittman, MD,* Samir K. El-Mofty, DMD, PhD,*† Wade L. Thorstad, MD,‡ and James S. Lewis, Jr., MD*†*



URE 2. Kaplan-Meier survival curves for KSCC stratified by p16 IHC status. A, Overall survival. B, Disease-specific survival.

American Journal of Surgical Pathology:
October 2014 - Volume 38 - Issue 10 - p e60–e71

Cytotoxic T-cell and NK-cell Lymphomas Current Questions and Controversies

Swerdlow, Steven H. MD*; Jaffe, Elaine S. MD†; Brousset, Pierre MD, PhD‡; Chan, John K.C. MD§; de Leval, Laurence MD, PhD‖; Gaulard, Philippe MD¶; Harris, Nancy Lee MD#; Pileri, Stefano MD**; Weiss, Lawrence M. MD††; on behalf of the International Lymphoma Study Group

The cytotoxic T-cell and natural killer (NK)-cell lymphomas and related disorders are important but relatively rare lymphoid neoplasms that frequently are a challenge for practicing pathologists. This selective review, based on a meeting of the International Lymphoma Study Group, b development and addresses questions related to the importance of precise cell lineage (αβ-type T cell, γδ T cell, or NK cell), the implications of Epstein-Barr virus infection, the significance of anatomic location including nodal disease, and the question of further categorization of enteropathy-associated T-cell lymphomas.
Finally, developments subsequent to the 2008 World Health Organization Classification, including the recognition of indolent NK-cell and T-cell disorders of the gastrointestinal tract are presented.

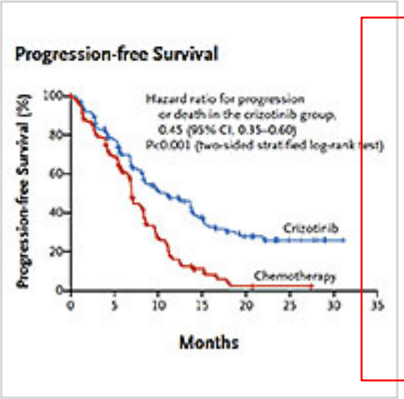
American Journal of Surgical Pathology:
October 2014 - Volume 38 - Issue 10 - p 1319–1329
Gastrointestinal Biopsy Findings of Autoimmune Enteropathy: A Review of 25 Cases
Masia, Ricard MD, PhD*; Peyton, Stephen MBBS†; Lauwers, Gregory Y. MD*; Brown, Ian MBBS, FRCPA†,‡

Autoimmune enteropathy (AIE) is a rare disorder characterized by severe diarrhea and small intestinal mucosal atrophy resulting from immune-mediated injury. It remains a challenging diagnosis because of its clinicopathologic variability. To better understand its histopathologic features, we describe the gastrointestinal biopsy findings of 25 patients, including children and adults**. The most common finding on small intestinal biopsy (13/25 cases, 52%) was villous blunting, expansion of the lamina propria by mixed but predominantly mononuclear inflammation, and neutrophilic cryptitis with or without crypt microabscesses. In 5 cases (20%), the duodenum exhibited changes indistinguishable from celiac disease, with villous blunting and intraepithelial lymphocytosis. Increased crypt apoptosis with minimal inflammation, resembling acute graft-versus-host disease, was observed in 4 cases (16%).** The remaining 3 cases (12%) exhibited a mixture of 2 or more of the above patterns. Mucosal abnormalities outside the small intestine were present in all 24 cases with available biopsies (100%), with the stomach most commonly affected (19/22 cases, 86%), followed by the colon (14/22, 64%) and esophagus (5/18, 28%). Findings in non–small intestinal sites were variable and included mixed active and chronic inflammation, chronic inflammation alone, intraepithelial lymphocytosis, and increased apoptosis resembling acute graft-versus-host disease. In summary, AIE most commonly presents as an active enteritis with villous blunting and expansion of the lamina propria by mixed inflammation. Mucosal abnormalities are frequently seen elsewhere in the gut. AIE may thus be better regarded as a pan-gastrointestinal autoimmune disorder, and biopsies from sites other than the small intestine may greatly facilitate its diagnosis

American Journal of Surgical Pathology:
November 2014 - Volume 38 - Issue 11 - p 1501–1509

Lynch Syndrome Screening Should Be Considered for All Patients With Newly Diagnosed Endometrial Cancer

The NEW ENGLAND JOURNAL of MEDICINE



ORIGINAL ARTICLE

Crizotinib vs. Chemotherapy in Lung Cancer

December 4, 2014 | B.J. Solomon and Others

The ALK inhibitor crizotinib as first-line therapy was associated with a significantly better response rate, longer progression-free survival, and greater improvement in quality-of-life measures than standard chemotherapy in patients with *ALK*-positive lung cancer.

EDITORIAL

Cancer-Drug Discovery — Let's Get Ready for the Next Period

December 4, 2014 | D.L. Longo

IMAGE CHALLENGE

This patient would be predicted have a higher-than-average ris which one of the following disea

Submit Answer

More Image Chall

ORIGINAL ARTICLE

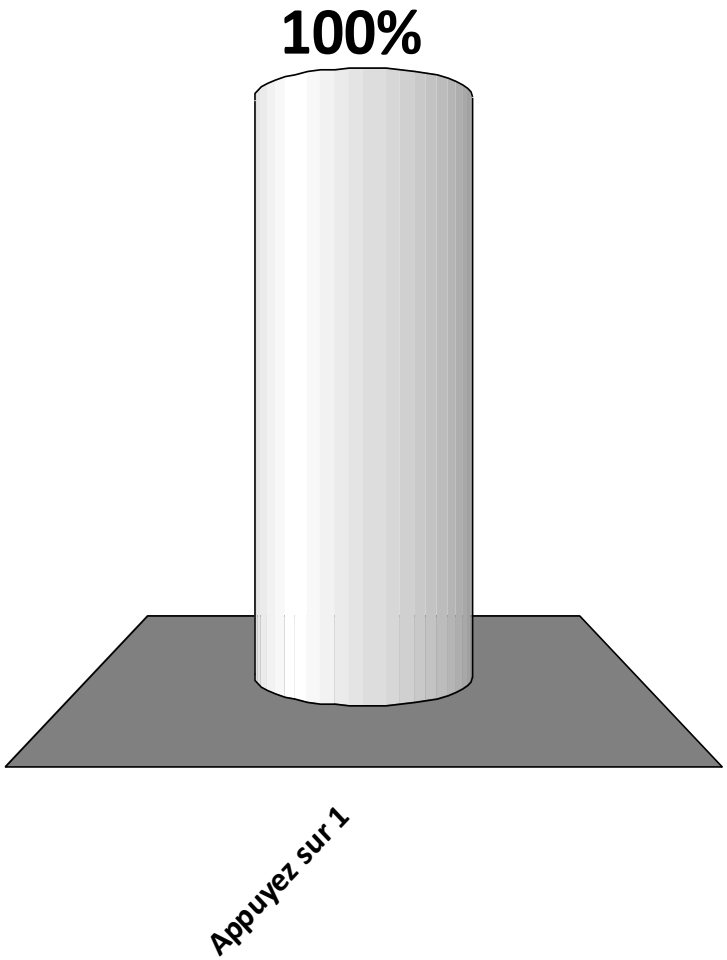
Dual Antiplatelet Therapy

BRIEF REPORT

APOC3 and

Pour nous compter

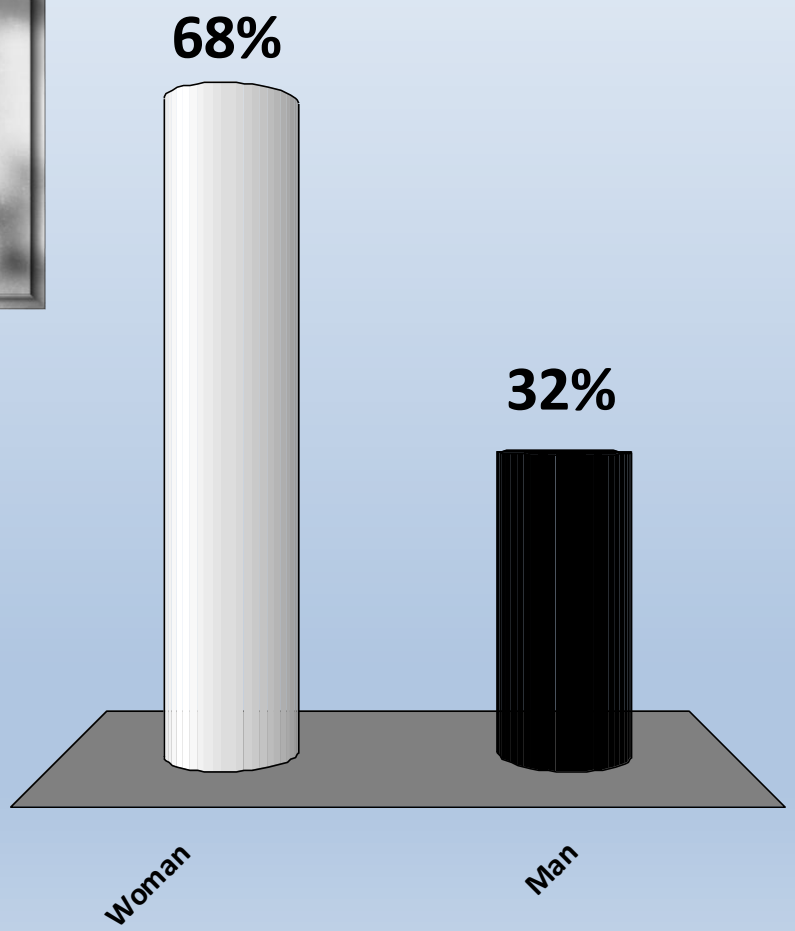
1. Appuyez sur 1



Man or Woman (demographic)

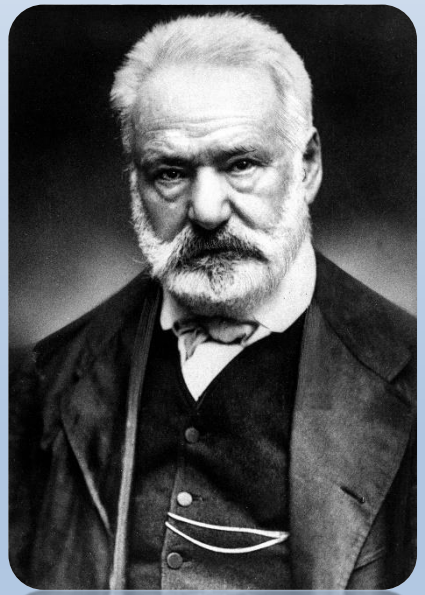
1. Woman

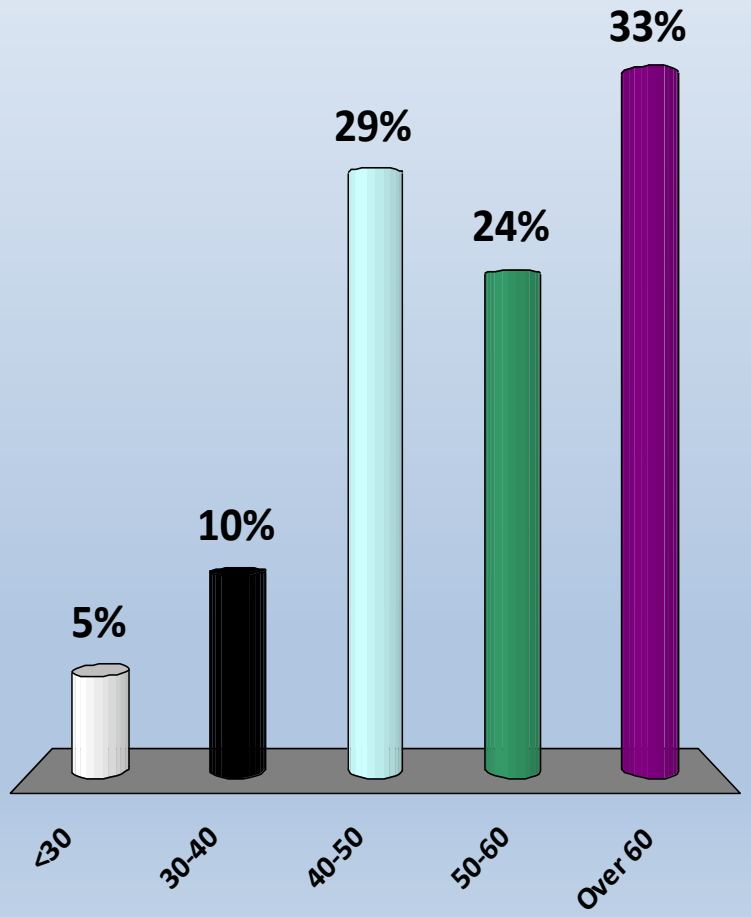
2. Man



Age (demographic)

1. <30
2. 30-40
3. 40-50
4. 50-60
5. Over 60





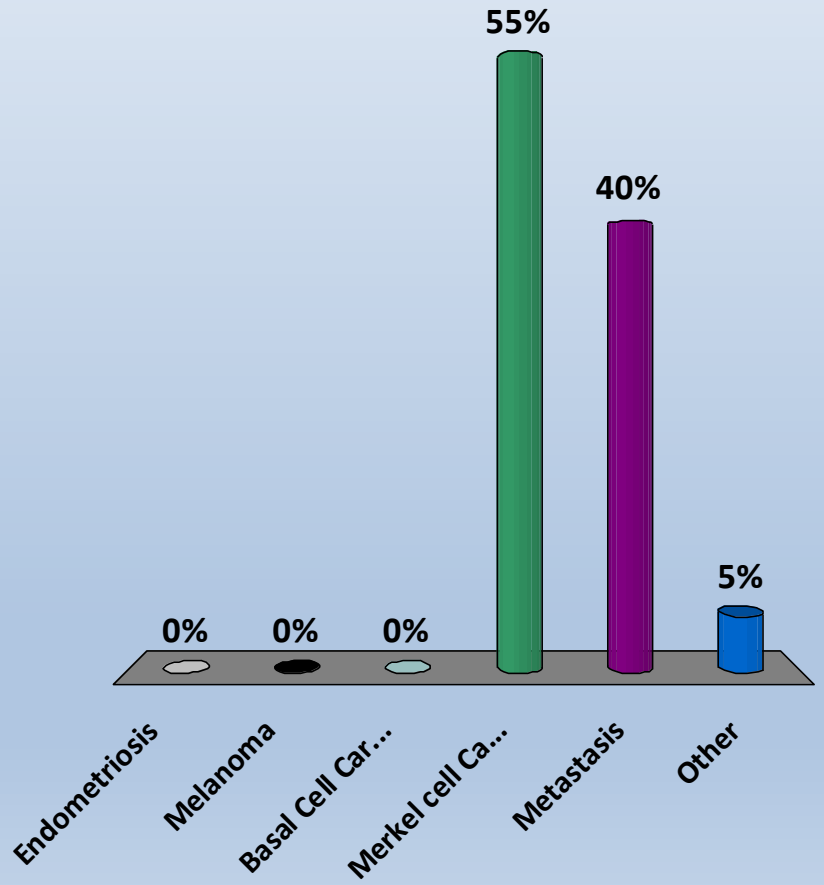

VERITAS


Hilde
-Picasso-

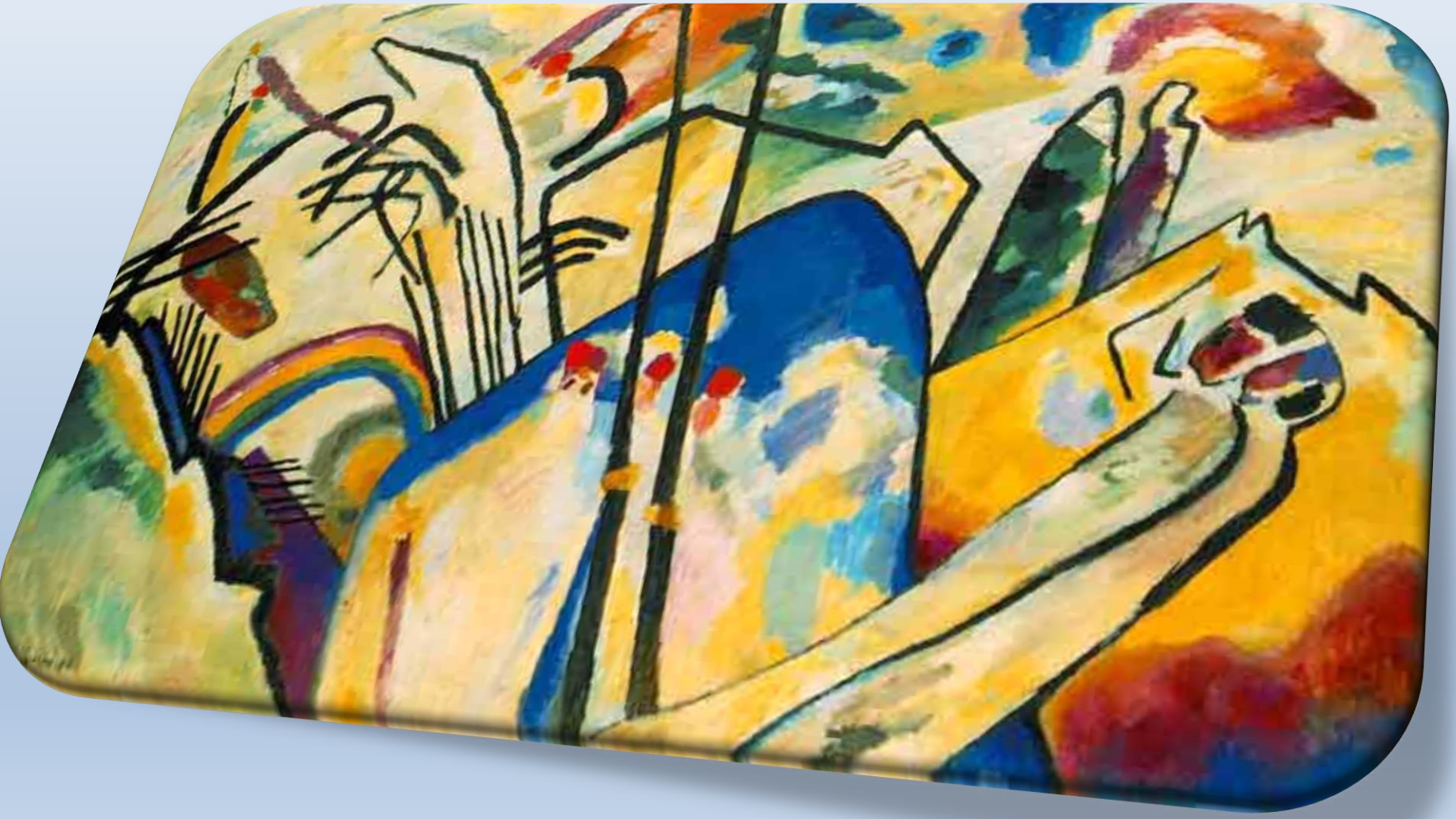

As seen on MunaLuchi Brid

Case # 1

1. Endometriosis
2. Melanoma
3. Basal Cell Carcinoma
4. Merkel cell Carcinoma
5. Metastasis
6. Other

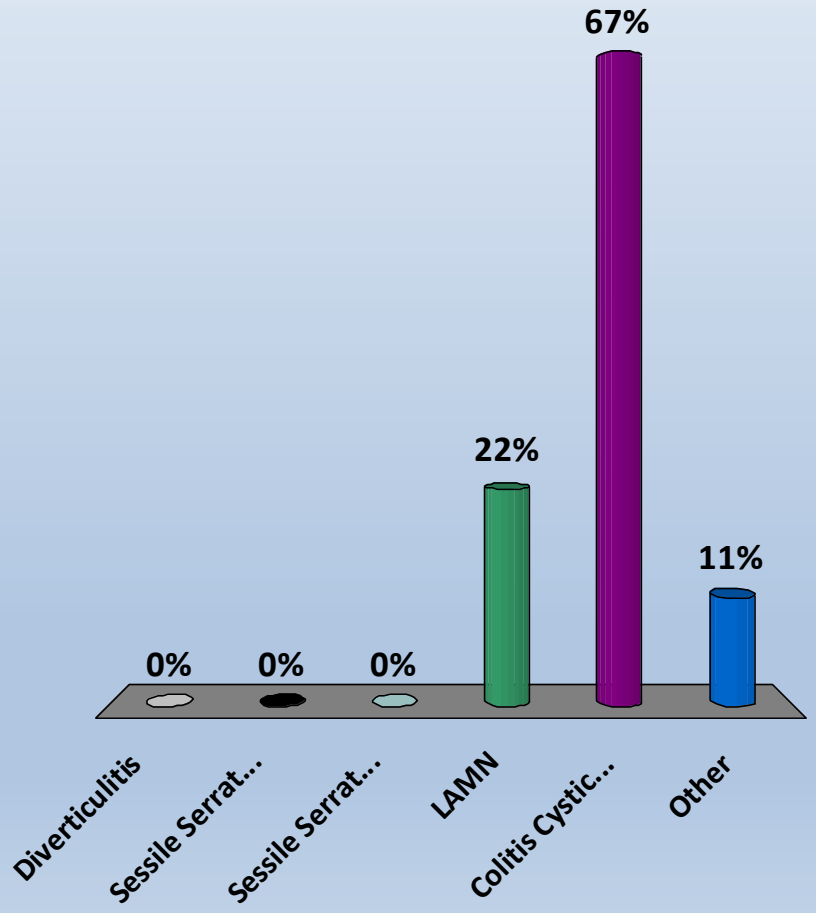


Anne



Case #2

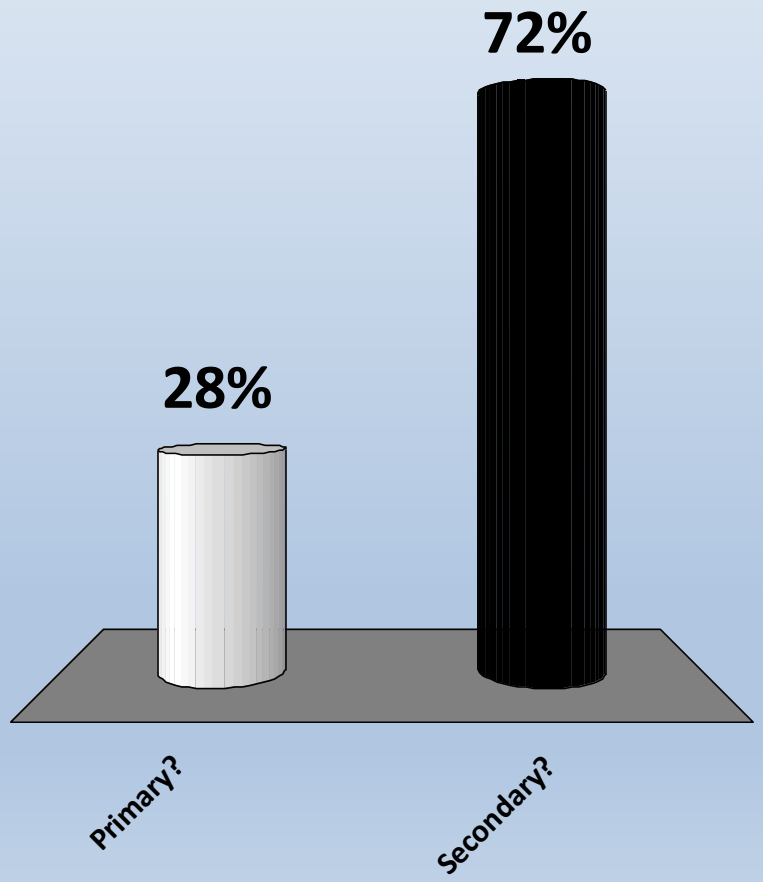
1. Diverticulitis
2. Sessile Serrated Adenoma with dysplasia
3. Sessile Serrated Adenoma without dysplasia
4. LAMN
5. Colitis Cystica Profunda
6. Other



Anne

Case #3

1. Primary?
2. Secondary?



Case #3

. Carcinoma
. Neuroendocrine?
. Sarcoma?
. Melanoma?

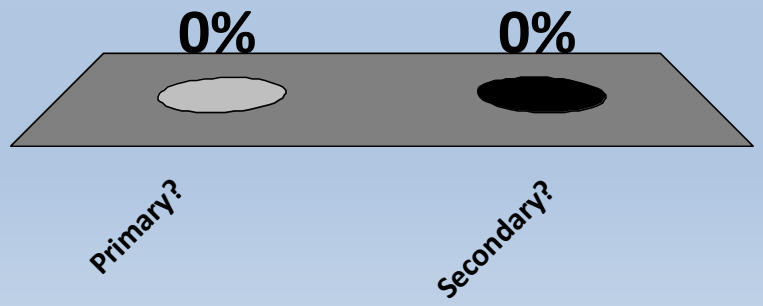

Anne

20

Countdown

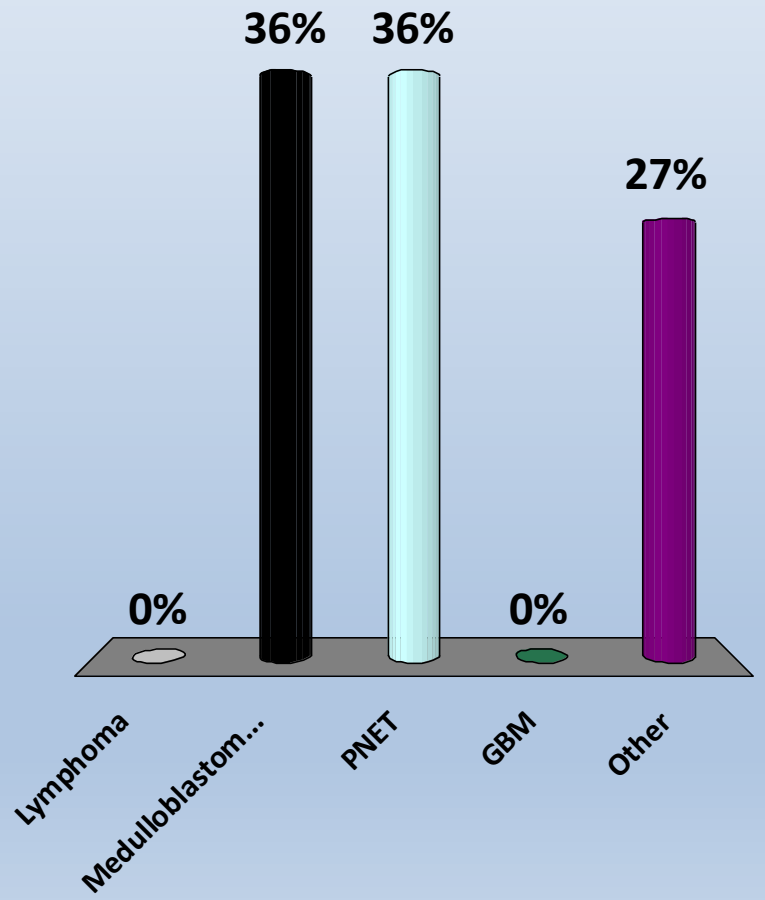
Case #4

1. Primary?
2. Secondary?



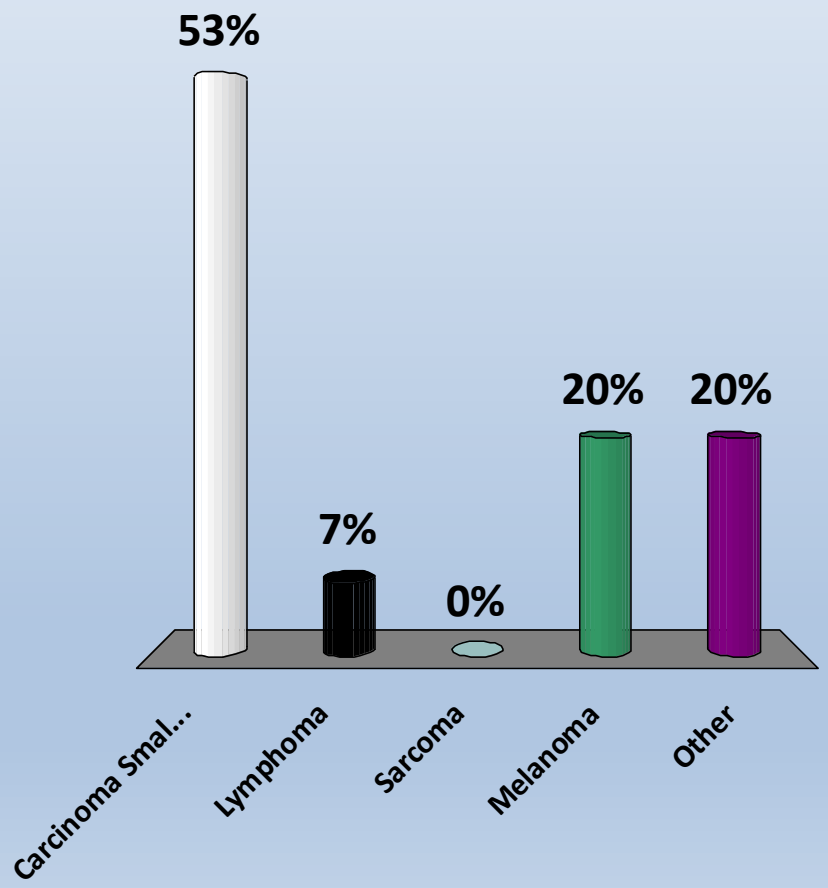
Case #4 Primary

1. Lymphoma
2. Medulloblastoma
3. PNET
4. GBM
5. Other



Case #4 Secondary

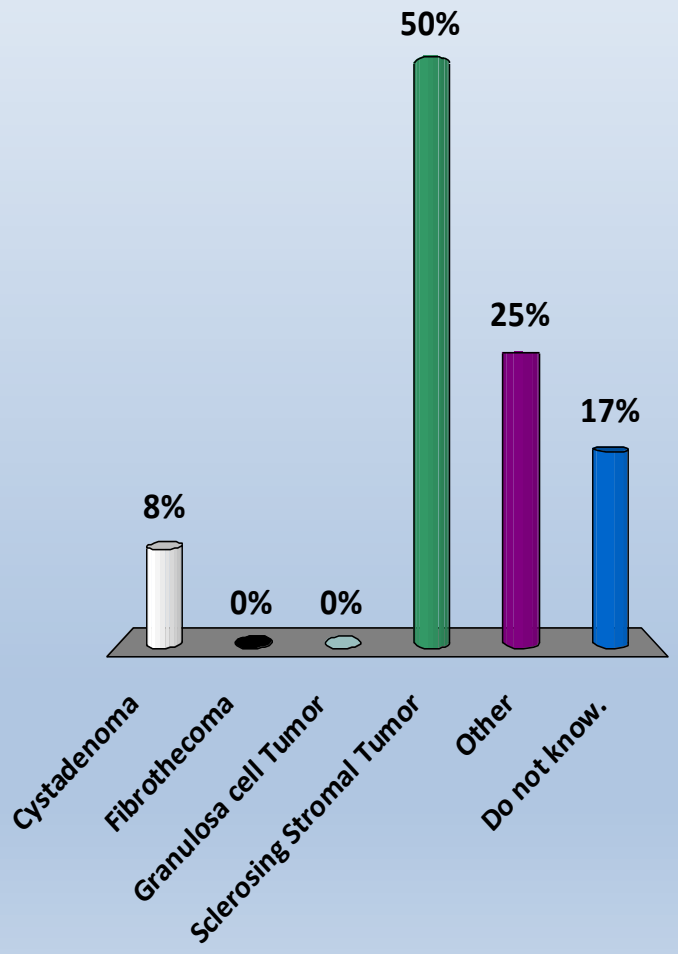
1. Carcinoma Small Cell
2. Lymphoma
3. Sarcoma
4. Melanoma
5. Other



BerH2 nard

Case #5

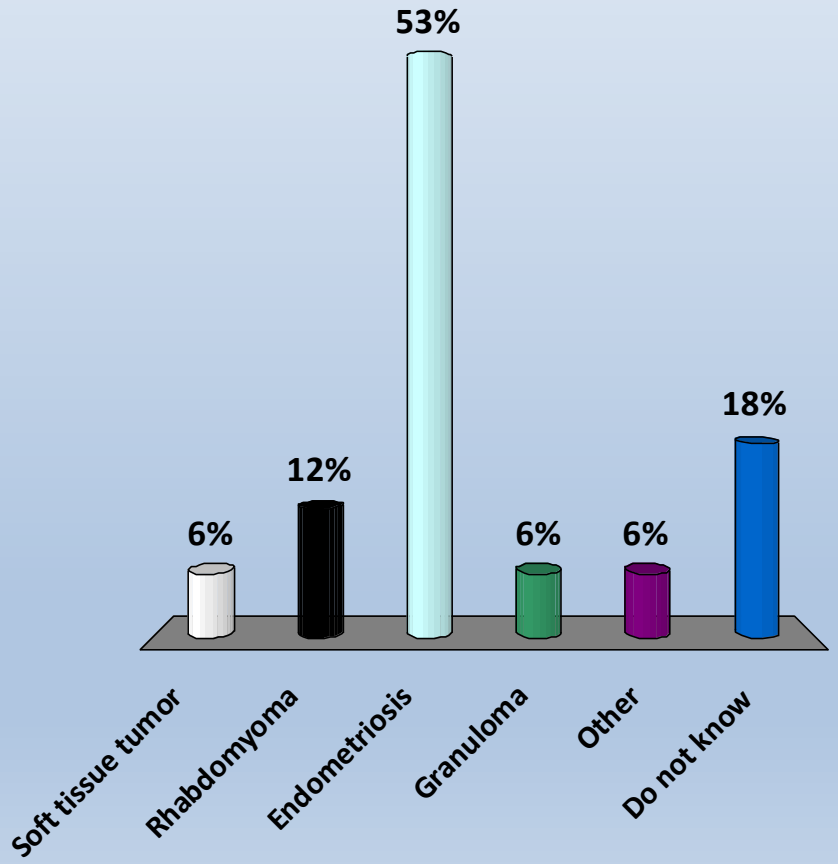
1. Cystadenoma
2. Fibrothecoma
3. Granulosa cell Tumor
4. Sclerosing Stromal Tumor
5. Other
6. Do not know.



BerH2 nard

Case #6

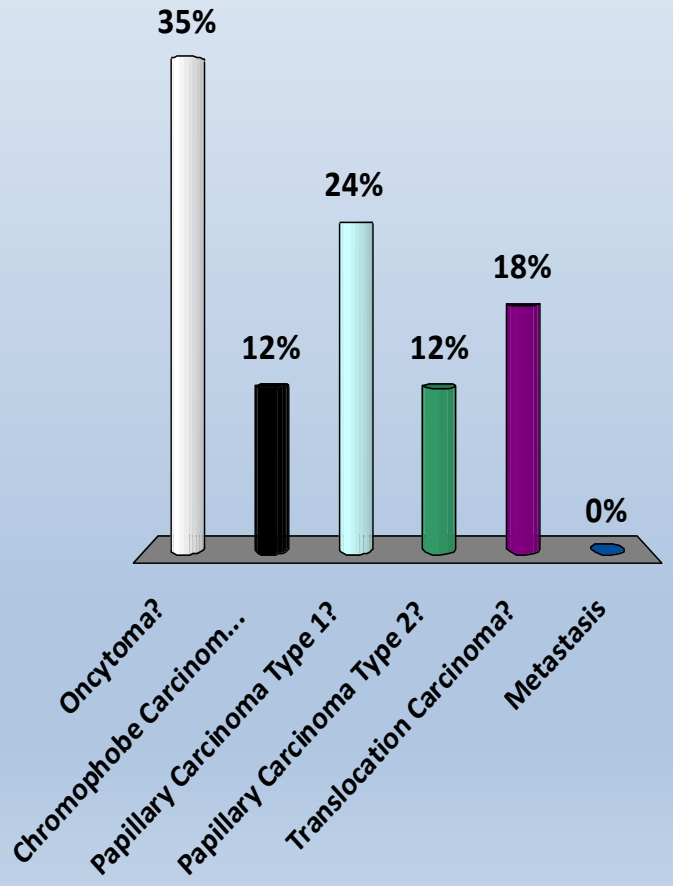
1. Soft tissue tumor
2. Rhabdomyoma
3. Endometriosis
4. Granuloma
5. Other
6. Do not know



Case #7

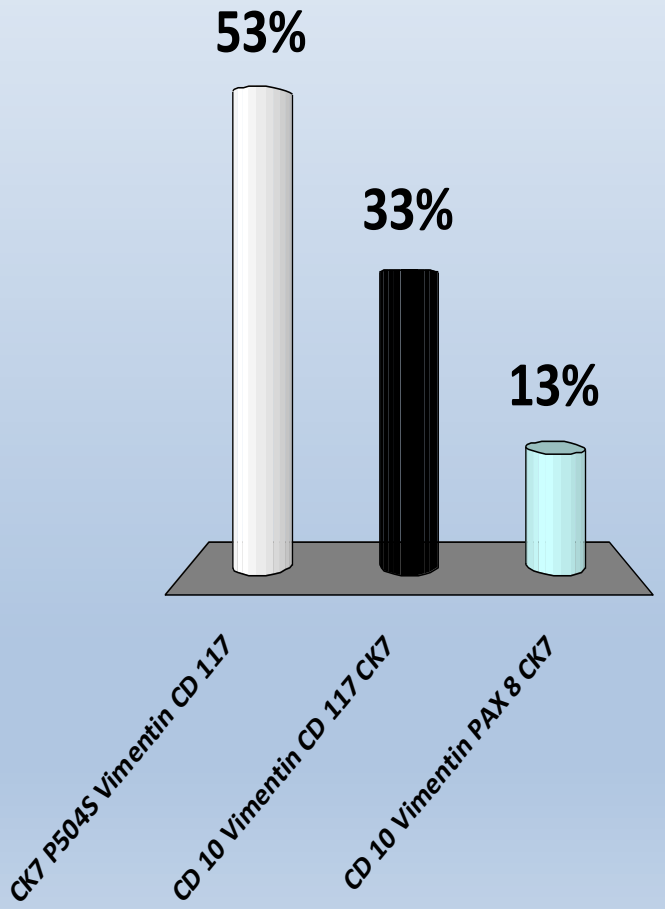
Lola

1. Oncytoma?
2. Chromophobe Carcinoma (RCC)?
3. Papillary Carcinoma Type 1?
4. Papillary Carcinoma Type 2?
5. Translocation Carcinoma?
6. Metastasis



Case #7

1. CK7 P504S Vimentin CD 117
2. CD 10 Vimentin CD 117 CK7
3. CD 10 Vimentin PAX 8 CK7



Case #7

1. Metastasis
2. Oncytoma?
3. Chromophobe Carcinoma (RCC)?
4. Papillary Carcinoma Type 1?
5. Papillary Carcinoma Type 2?
6. Translocation Carcinoma?

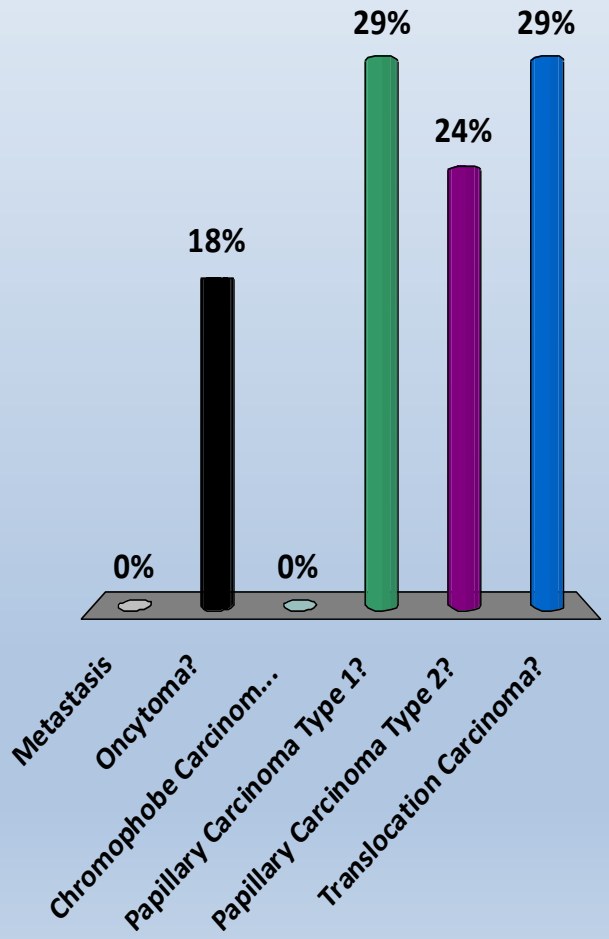


TABLE 5. Tumors With Oncocytic Features*

	CD117	CK7	Ksp-cadherin	HMB-45	Cathepsin-K
Oncocytoma	Positive, membranous	Negative	Positive	Negative	Negative
Chromophobe RCC, eosinophilic	Positive, membranous	Positive but variable	+/−Positive	Negative	Negative
Oncocytic PRCC	Negative	Positive but focal	Not known	Negative	Unknown
Oncocytic AML	Negative	Negative	Negative	Positive, focal	Negative

TABLE 3. Tumors With a Significant Papillary Component

	CAIX	CK7	AMACR	Cathepsin-K	34βE12	TFE3/TFEB
ccRCC with papillary growth	Positive, membranous	Negative	Negative	Negative	Negative	Negative
PRCC "type I"	Negative	Positive	Positive	Negative	Negative	Negative
PRCC "type II"	Negative	± Positive	Positive	Negative	Negative	Negative
Clear cell PRCC	Positive, cup-like	Positive, diffuse	Negative	Negative	Negative	Negative
MiTF-TFE trans-assoc	Variable but focal	Negative	Positive	Positive (50%)	Negative	Positive*

*Antibodies are difficult to standardize on automated platforms. FISH assays are more reliable.


CHANEL

Cas #8 P. Van Eeckhout

- Lésion du prépuce

Please make your selection.

1. Non Specific Ulcer
2. Lymphoma
3. Epidermoid Carcinoma
4. Syphilis
5. Other
6. Do Not Know