

South East England General Histopathology EQA Scheme

Round UU Final Case Analyses



Accredited EQA scheme
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Cases 563 to 574

Circulated
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118 responses (89%)

Prepared March 2014

Case 563 (1)

■ Clinical

- M24. Tumour in right kidney.

■ Specimen

- Right kidney.

■ Macro

- Kidney (180 x 100x x 50mm) with a central well circumscribed solid yellow tumour (45 x 40 x 40mm) confined within the capsule.

Case 563 (2)

Suggested Diagnoses	Score
1. Papillary renal cell carcinoma	9.27
2. Chromophil renal cell carcinoma	0.09
3. Metanephric adenoma	0.55
4. Xanthogranulomatous pyelonephritis	0.09

■ **Most popular diagnosis**

- Papillary renal cell carcinoma

■ **Reported Diagnosis**

- Papillary renal cell carcinoma

Case 564 (1)

■ Clinical

- F66. Staging laparotomy for right ovarian tumour.

■ Specimen

- Right ovarian tumour.

■ Macro

- 660gm, lobulated, smooth surfaced multicystic ovary. The principal cyst is filled with brown, turbid fluid and has a thickened, undulating wall which is partially lined by a necrotic yellow membrane. There are no papillary or solid areas. The wall thickness varies between 3-19mm.

Case 564 (2)

■ Suggested Diagnoses

Score

1. Clear cell carcinoma
2. Clear cell adenocarcinofibroma

9.83

0.17

■ Most popular diagnosis

- Clear cell carcinoma

■ Reported Diagnosis

- Right ovary combined serous cyst adenoma and clear cell carcinoma

Case 565 (1)

■ Clinical

- F56. Nodule right lobe.

■ Specimen

- Thyroid.

■ Macro

- Right lobectomy comprising of a multinodular thyroid. Cut surface reveals two small colloid nodules at one edge each approx 15mm. The rest of the thyroid is largely occupied by a solid cream coloured mass with foci of necrosis and microcyst formation. The mass measures 52mm. Whole specimen weighs 68g and measures 70 x 45 x 24mm.

Case 565 (2)

- | Suggested Diagnoses | Score |
|--|--------------|
| 1. Carcinoma – Anaplastic/Medullary/Follicular | 10.00 |
-
- **Most popular diagnosis**
 - Anaplastic carcinoma
 - **Reported Diagnosis**
 - Poorly differentiated follicular carcinoma with an anaplastic component

Case 566 (1)

- **Clinical**

- M14. Traumatized mole on back.

- **Specimen**

- Skin.

- **Macro**

- 14 x 7mm skin ellipse 4mm thick with 2mm nodule.

Case 566 (2)

■ Suggested Diagnoses	Score
1. Molluscum contagiosum	10.00
■ Most popular diagnosis	
■ Molluscum contagiosum	
■ Reported Diagnosis	
■ Molluscum contagiosum	

Case 567 (1)

■ **Clinical**

- M64. Right lower lobe nodule of unknown aetiology - ?malignant. Ex smoker. COPD.

■ **Specimen**

- Wedge resection of lung.

■ **Macro**

- A wedge of lung 75 x 28 x 23mm that includes a single nodule 22mm in maximum diameter.

Case 567 (2)

- **Suggested Diagnoses**

	Score
1. Non small cell / clear cell carcinoma	9.46
2. Sugar tumour, more sampling required	0.02
3. Poorly differentiated ?mucoepidermoid carcinoma	0.17
4. Bronchioalveolar type carcinoma	0.09
5. Poorly differentiated malignant tumour ?SCC ?MM	0.17
6. Well differentiated SCC	0.09
- **Most popular diagnosis**
 - Non small cell carcinoma (?primary) (?metastatic)
- **Reported Diagnosis**
 - Adenocarcinoma, solid with mucin subtype.

Case 568 (1)

- **Clinical**

- M81. EUA + excision of thrombosed haemorrhoid?

- **Specimen**

- Haemorrhoid.

- **Macro**

- Five irregular pieces of haemorrhagic tissue measuring from 12mm to 35mm.

Case 568 (2)

■ Suggested Diagnoses	Score
1. Malignant melanoma	9.91
2. Poorly differentiated malignant tumour for IHC	0.09
■ Most popular diagnosis	
■ Malignant melanoma	
■ Reported Diagnosis	
■ Malignant melanoma	

Case 569 (1)

■ **Clinical**

- F71. 6/12 history of weight loss, headache, eye pain. Orbital mass right eye, supranasally invading medial rectus. Mass taken from supranasal orbit ?lymphoma.

■ **Specimen**

- Orbital biopsy.

■ **Macro**

- Two fibrofatty fragments larger 7 x 5 x 4mm.

Case 569 (2)

■ Suggested Diagnoses

	Score
1. Metastatic carcinoma/metastatic MM/malignant	8.54
2. Mucoepidermoid carcinoma	0.17
3. (?) sino-nasal carcinoma	0.71
4. Meningioma	0.20
5. Lacrimal gland carcinoma	0.06
6. Sebaceous carcinoma	0.04
7. Olfactory neuroblastoma	0.05
8. PNET/neuroendocrine tumour	0.22
9. Lymphoma	0.01

■ Most popular diagnosis

- Metastatic carcinoma/metastatic MM

■ Reported Diagnosis

- Metastatic adenocarcinoma (consistent with breast origin). Breast biopsy taken a few days later confirmed invasive ductal carcinoma.

This case has been excluded

Case 570 (1)

■ Clinical

- M69. Left ankle synovitis ?PVNS.

■ Specimen

- Synovium.

■ Macro

- A piece of tan tissue up to 22mm, one surface of which is covered by papillary processes. The pigment is positive with Perl's stain.

This case has been excluded

This case has been excluded

Case 570 (2)

Suggested Diagnoses

	Score
1. Non-specific reactive/traumatic synovitis	2.02
2. (?) Rheumatoid arthritis	1.80
3. Pigmented Villonodular Synovitis (PVNS)	3.38
4. Gout – synovitis	2.46
5. Inflammation and haemorrhage	0.17
6. Amyloid	0.03
7. Pseudogout	0.09
8. Dendritic synovitis	0.05

Most popular diagnosis

- Pigmented Villonodular Synovitis (PVNS)

Reported Diagnosis

- Pigmented Villonodular Synovitis

This case has been excluded

Case 571 (1)

■ Clinical

- F61. Lumpectomy left breast ?benign.

■ Specimen

- Breast.

■ Macro

- A nodule of fibrofatty tissue, weighing 25 grams, measuring 50 x 35 x 20mm. There is an intracystic lesion in 7 out of the 9 slices measuring 30 x 30 x 12mm which appears clear of margins. Immuno: CK5/6, S-100 and SMA positive.

Case 571 (2)

■ Suggested Diagnoses

Score

- | | |
|---------------------------------|------|
| 1. Intraductal papilloma | 9.47 |
| 2. Encysted papillary carcinoma | 0.09 |
| 3. Adenomyoepithelioma | 0.26 |
| 4. Benign infarcted adenoma | 0.09 |
| 5. Unanswered | 0.09 |

■ Most popular diagnosis

- Intraductal papilloma

■ Reported Diagnosis

- Intracystic papilloma

Case 572 (1)

■ **Clinical**

- M66. Erythroderma generalised lymphadenopathy.

■ **Specimen**

- Groin lymph node.

■ **Macro**

- Lymph node weighing 3.96g. 30 x 20 x 17mm. Slicing cut surface black.
Immuno: CD20 positive in follicles and CD3 positive in paracortex.

Case 572 (2)

Suggested Diagnoses

1. Dermatopathic lymphadenopathy
2. Mycosis fungoides

Score

9.82

0.18

Most popular diagnosis

- Dermatopathic lymphadenopathy

Reported Diagnosis

- Dermatopathic lymphadenopathy

Case 573 (1) Educational Case

■ Clinical

- F79. Bronchiectasis.

■ Specimen

- Bone marrow trephine.

■ Macro

- Specimen consists of a bony core of tissue measuring 15mm in length.
Immuno: The large lymphoid cells are positive for CD30 and are negative for CD45, CD20, CD79a, CD3, CD5, CD15, EMA, ALK-1, CD68 and Mac387. There is a background of small T cells (CD2, CD3 and CD5) and B cells (CD20 and CD79a).

Case 573 (2) Educational Case

Suggested Diagnoses were:

- Anaplastic null cell lymphoma
- Anaplastic large cell CD30 + lymphoma
- Hodgkin's lymphoma
- EBV associated LPD
- Progression of lymphomatoid granulomatosis
- Langerhans cell histiocytosis
- Hodgkins' disease involving bone marrow
- Hodgkin's disease, lymphocyte depleted
- Granulomatous chronic inflammation and ?Hodgkin's disease
- Alk negative ALCL
- Granulomatous process
- Granulomatous inflammation
- ?Benign
- Hypercellular - ?large cell anaplastic lymphoma
- Lymphoma
- Bone marrow involvement by classical Hodgkin lymphoma
- EBV lymphoproliferative disorder
- Systemic ALCL with necrotising granulomatous inflammation
- Syncytial Hodgkin's disease
- Polycythaemia and granulomatous inflammation ?TB
- HIV related changes
- Granulomatous inflammation ?mycobacterial ?Hodgkins
- CD30 positive lymphoproliferative disorder
- Histoplasmosis
- Bone marrow infiltration by Classical Hodgkin Lymphoma; also granulomatous/necrotic area – need ZN etc to exclude concurrent TB

- CD30-positive Lympho-proliferative disorder with necrosis. Immunodeficiency likely
- Nodular lymphocyte predominant H-LY
- NHL
- Marrow involvement Hodgkin's Disease
- Necrosis with granulomatous reaction ?fungal/viral infection
- Treated Hodgkin's lymphoma.
- Chronic myelogenous leukaemia
- Nectotising granuloma
- Histiocytosis X

Reported Diagnosis:

- Classical Hodgkin lymphoma. Scattered with the granulomas are large, atypical lymphoid cells that range from mononuclear to oligonuclear and possess prominent nucleoli.

Case 574 (1) Educational Case

- **Clinical**

- F78. Multiple yellow/brown nodules on neck.

- **Specimen**

- Skin – neck.

- **Macro**

- Punch biopsy of skin 3mm diameter & 4mm deep.

Case 574 (2) Educational Case

■ Suggested Diagnoses:

- Reaction to cosmetic surgery
- Angiosarcoma
- Mastocytosis
- Interstitial granulomatous drug reaction
- Benign spindle cell lesion
- Multicentric reticulohistiocytosis
- Necrobiotic xanthogranulomatosis
- Reticulo-histiocytosis
- Granuloma annulare
- Melanoma
- Dermatofibroma variant
- Metastatic breast carcinoma vs granuloma annulare
- Fibrohistiocytic lesion
- ?mast cell disease
- Mastocytoma
- Necrobiotic xanthogranuloma
- Rather poorly differentiated proliferation ?fibrohistiocytic, ?histiocytic, ?melanocytic or ?mast cell origin. Immuno panel could narrow the differential diagnosis.
- ?malignant
- ?Pleomorphic fibroxanthoma
- Cellular dermatofibroma
- Mast cell disorder
- Odd dermatofibroma
- Odd melanocytic naevus
- Benign fibrohistiocytic lesion ?juvenile xanthogranuloma
- Non necrotising granulomatous inflammation
- Epithelioid sarcoma
- Necrobiotic granulomatous lesion

- Pervascular Granulomatous dermatitis possibly related to a drug eruption
- Mast cells
- Angiocentric necrobiotic xanthogranuloma
- Xanthogranuloma
- Intermediate cell histiocytosis
- Xanthoma
- Reticulohistiocytoma
- Differential includes Cutaneous mastocytosis and Langerhans histiocytosis.
- Xanthoma of skin
- Naevus ?type
- ?Reticulohistiocytoma
- Metastatic melanoma
- Histiocytoma
- Melanoma
- Benign naevus – spindle cell/Spitz
- Choloroma/AML
- Langerhans histiocytosis
- ?Telangectasia macularis eruptiva pertans
- ?Xanthoma disseminatum
- Epithelioid sarcoma
- Histiocytic sarcoma/reticulum cell sarcoma
- Malignant tumour? Melaoma?Leukaemia cutis
- Naevus
- Actinic granuloma
- Spindle cell xanthogranuloma

■ Reported Diagnosis:

- Necrobiotic xanthogranuloma.