

South East England General Histopathology EQA Scheme

Round WW Final Case Analyses

Cases 587 to 598

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124 responses (91%)

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Case Number: 587

Diagnostic category: Respiratory

Clinical: F60. Ex-smoker. Small left upper lobe lung lesion. ?lung neoplasm. CT guided left lung biopsy.

Specimen: Lung

Macro: Five tan cores, longest measuring 12mm. IHC demonstrates tumour to be strongly & uniformly positive with Chromogranin, synaptophysin, CD56 & weakly with TTF-1. It is negative for CK7, CK5/6 & p63. The proliferation index with MIB1 is less than 1%.

	Final Merges	Score
1	Carcinoid	9.64
2	Neuroendocrine carcinoma	0.16
3	Paraganglioma	0.01
4	NSCLC with neuroendocrine features	0.08
5	Atypical carcinoid	0.03
6	Small cell carcinoma	0.08

Most popular diagnosis: Carcinoid

Reported Diagnosis: Grade 1 neuro-endocrine tumour (typical carcinoid)

Case Number: 588

Diagnostic category: Gynae

Clinical: F45. Endometrial biopsy. H/O atypical polypoid adenomyoma

Specimen: Endometrial biopsy

Macro: Moderate curettings.

	Final Merges	Score
1	Atypical polypoid adenomyoma with morular metaplasia	8.54
2	Adenocanthoma	0.27
3	Endometrioid carcinoma	0.54
4	Squamous metaplasia	0.37
5	Complex hyperplasia	0.28

Most popular diagnosis: Atypical polypoid adenomyoma with morular metaplasia

Reported Diagnosis: Atypical polypoidal adenomyoma

Excluded

Case Number: 589

Diagnostic category: Skin

Clinical: M50. Angiokeratoma left iliac crest. DDX haemangioma. History of AFX

Specimen: Skin

Macro: Ellipse of skin 16 x 6 x 12mm deep with pale 5 x 5mm nodule.

	Final Merges	Score
1	Superficial spreading malignant melanoma	1.51
2	Nodular malignant melanoma	1.31
3	Malignant melanoma NOS	4.61
4	Extra-mammary Pagets disease	0.02
5	Atypical Spitz naevus	1.59
6	Spitzoid malignant melanoma	0.81
7	Dysplastic naevus	0.08
8	Spitzoid melanocytic lesion of uncertain malignant potential	0.07

Most popular diagnosis: Malignant melanoma NOS

Reported Diagnosis: Benign compound Spitz naevus

In the view of the discrepancy between the most popular diagnosis and the initial reported diagnosis, we asked for an expert review of the case which resulted in a final diagnosis of atypical Spitz naevus. This case has been excluded from analysis.

Case Number: 590

Diagnostic category: Breast

Clinical: F51. Screen detected mass in breast

Specimen: Breast cores

Macro: Core biopsies received in cassette.

	Final Merges	Score
1	Fibroadenomatoid change / Fibroadenoma	8.47
2	Fibrocystic disease with focal PASH	0.08
3	No answer	0.08
4	Intraductal papilloma	0.08
5	Benign breast changes. No neoplasia	0.17
6	Hamartoma	0.26
7	PASH	0.78
8	Neurofibroma	0.08

Most popular diagnosis: Fibroadenomatoid change / Fibroadenoma

Reported Diagnosis: Fibroadenoma

Case Number: 591

Diagnostic category: GI Tract

Clinical: F48. Long standing Ulcerative colitis, previously defunctioned

Specimen: Rectum

Macro: Proctectomy 80mm long with anus at distal end. On opening granular mucosa.

	Final Merges	Score
1	Active chronic proctitis / UC / Diversion colitis	9.57
2	Ischaemic proctocolitis	0.09
3	Pouchitis	0.16
4	Colitis, IBD could be Crohn's	0.10
5	IBD	0.01
6	DALM on background of UC	0.07

Most popular diagnosis: Active chronic proctitis / UC / Diversion colitis

Reported Diagnosis: Diversion colitis in ulcerative colitis

Case Number: 592

Diagnostic category: Skin

Clinical : F24. Known neurofibromatosis. Lesion left inner thigh excised.

Specimen : Skin biopsy, left thigh

Macro : Four irregular pieces of skin with underlying subcutaneous tissue. The largest piece measures 270 x 95mm and is excised to a depth of up to 25mm. The skin surface of all the pieces appears normal. On sectioning no focal abnormality is identified.

	Final Merges	Score
1	Plexiform neurofibroma	9.67
2	Diffuse neurofibroma	0.25
3	Neurofibroma NOS	0.08

Most popular diagnosis: Plexiform neurofibroma

Reported Diagnosis: Plexiform neurofibroma

Case Number: 593

Diagnostic category: Lymphoreticular

Clinical: F23. Left axillary lymphadenopathy ? Cause

Specimen: Lymph node

Macro: A lymph node 42mm in length with attached fat.

	Final Merges	Score
1	Hodgkin lymphoma	9.87
2	Cat scratch disease	0.11
3	Necrotizing lymphadenitis	0.02
4	Kimura's disease	0.01
5	LCH	0.01

Most popular diagnosis: Hodgkin lymphoma

Reported Diagnosis: Nodular sclerosing Hodgkin's disease

Case Number: 594

Diagnostic category: Endocrine

Clinical: M45. Left adrenalectomy for Conn's syndrome

Specimen: Adrenal tumour

Macro: A piece of fatty tissue 170 x 90 x 20mm containing an enlarged adrenal gland 40 x 30 x 25mm. Slicing reveals a yellow nodule in the parenchyma measuring 30mm.

	Final Merges	Score
1	Adrenocortical adenoma	9.88
2	Adrenocortical hyperplasia	0.12

Most popular diagnosis: Adrenocortical adenoma

Reported Diagnosis: Adrenal cortical adenoma

Case Number: 595

Diagnostic category: GU

Clinical: M36. Tumour in upper pole of right kidney

Specimen: Nephrectomy

Macro: 75mm soft cream coloured well-defined tumour in upper pole; appears completely excised.

	Final Merges	Score
1	Papillary RCC	9.76
2	No answer	0.08
3	Metanephric adenoma	0.08
4	Papillary adenoma	0.08

Most popular diagnosis: Papillary RCC

Reported Diagnosis: Type 1 papillary renal cell carcinoma pT2

Case Number: 596

Diagnostic category: Miscellaneous

Clinical: F72. Six month history of lump in gum lower right 54. No pain but increasing in size. Lower right 54 appears sound and non-mobile. CT scan shows cyst

Specimen: Oral biopsy

Macro: Multiple pale fragments. The largest is 10 x 7mm. Immuno stains are positive for CK 5/6 and CAM 5.2; CK7, CK20, calretinin are negative.

	Final Merges	Score
1	Ameloblastoma / Adamantinoma	9.83
2	Other	0.01
3	Malignant ameloblastoma	0.08
4	Adenomatoid odontogenic tumour/adenoameloblastoma	0.08

Most popular diagnosis: Ameloblastoma / Adamantinoma

Reported Diagnosis: Ameloblastoma (adamantinoma)

Case Number: 597

Diagnostic category: Educational

Clinical: F56. Pyogenic granuloma. Rt arm, ?haemangioma

Specimen: Skin

Macro: Ellipse of skin measuring 20 x 7mm with a depth of 4mm and a skin covered central nodule measuring 5mm.

Suggested diagnoses:

<ul style="list-style-type: none"> • Reticulohistiocytoma • Epithelioid benign fibrous histiocytoma • Epithelioid haemangioma • Insect bite • Haemangioendothelioma (low grade malignancy) • Reactive vascular proliferation ?injection site • Juvenile xanthogranuloma • Xanthogranuloma • Angiolymphoid hyperplasia • Fibrous histiocytoma • Rosai-Dorfmann • Solitary reticulohistiocytoma • Langhans cell histiocytoma • Reticulohistiocytoma • Xanthoma • Benign histiocytic lesion (reactive Vs. neoplastic) • Inflammatory fibrohistiocytic lesion, benign • Possible reaction to ruptured cyst • Angiomatoid fibrous histiocytoma • Haemangioma (some cellular variant) • Lymphomatoid granulomatosis • ?Kaposi sarcoma • Epithelioid Haemangioendothelioma • Progressive nodular histiocytosis • Granulomatous mycosis fungoides • Pseudolymphomatous folliculitis Bacillary Angiomatosis • Inflammatory infiltrate with multinucleate giant cells • Foreign body reaction to ?collagen • Foreign body giant cell reaction • Reticular histiocytoma • Reticulohistiocytosis • Cutaneous lymphoma • Necrobiotic xanthogranuloma • Atypical mycobacterium • FDC tumour 	<ul style="list-style-type: none"> • Foreign body type giant cell reaction to ?injection side/insect bite • Haemangioendothelioma, low grade • Inflammatory haemangioendothelioma • Benign fibrous histiocytoma with touton giant cells • Reticulohistiocytoma • Aneurysmal fibrous histiocytoma • Verruca peruana • Multinucleate cell angiohistiocytoma • Inflamed epithelioid hemangioma • Benign reticular histiocytoma • Xanthomatous and vascular inflammatory reaction • Giant cell rich inflammatory lesion ?fungal • ?Bacillary angiomatosis (if history appropriate) • Angiolymphoid hyperplasia on a background of smooth muscle hyperplasia • Progressive nodular histiocytosis (Xanthogranuloma group of disorders) • Bacillary Angiomatosis • ?Histiocytosisx ?fungal • Solitary eruptive xanthogranuloma • Fibrohistiocytic lesion benign • Possible Atypical fibroxanthoma requires deeper levels and immunostains to exclude other tumours • Xanthomatized angiomatoid dermatofibroma • Lymphoproliferative lesion • Fiboxanthoma • Granulomatous reaction to foreign material • Disseminated granuloma annulare • Granulomatous infection • Necrobiotic nodule? • Elastofibroma? • Granulomatous mycosis fungoides • Atypical fibroshistiocytoma • Reactive vascular proliferation ?injection site
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Reported Diagnosis: Juvenile xanthogranuloma

EDUCATIONAL CASE

Case Number: 598

Diagnostic category: Educational

Clinical: F27. Continuous ambulatory peritoneal dialysis. Bowel obstruction.

Specimen: Small bowel resection

Macro: 50cm of kinked and tortuous small bowel with peritoneal adhesion.

Suggested diagnoses:

<ul style="list-style-type: none"> • Sclerosing peritonitis • Sclerosing peritonitis (secondary to CAPD) • Peritoneal dialysis related peritoneal sclerosis • Benign peritoneal sclerosis • Peritoneal fibrosis • Encapsulating peritoneal sclerosis, causing peritoneal adhesions • Serosal fibrosis/fibrous plaque • Dialysis associated peritoneal fibrosis • Fibromatosis (? IgG4-related disease) • Peritoneal fibrosis due to CAPD • Sclerosing mesenteritis • Amyloid • Post dialysis reactive change • Adhesions and sclerosing peritonitis • Fibromatosis • ?Diverticulosis • Retroperitoneal Fibrosis • Amyloidosis • Encapsulating peritoneal sclerosis • Retroperitoneal sclerosing peritonitis • Sclerosing encapsulated peritonitis • Sclerosing peritonitis associated with CAPD • Muscularis propria hypertrophy in keeping with retroperitoneal fibrosis • Dialysis-related amyloidosis • Dialysis-related peritoneal adhesions • Small bowel adhesion • Dialysis-associated Peritonitic Reaction • Mesenteric fibromatosis • Idiopathic mesenteric fibrosis • Serosal fibrosis and ? Peutz Jegher's polyp • Fibrous band • IgG4 related fibrosis 	<ul style="list-style-type: none"> • Fibrous band? Adhesion, hyaline substance? Amyloid • Post –dialysis adhesions • Chronic peritoneal fibrosis, ?infection • Angiomatosis • Small bowel mucosa showing normal villous pattern with no evidence of granulomata, dysplasia or malignancy • Diaphragm disease (NSAID use?) • Vascular occlusion • Fibrosis, reactive, proliferation of blood vessels • Subperitoneal hyaline reaction Amyloidosis to be investigated • Vascular related aetiology • Bowel adhesions ?Amyloid • Intestinal adhesion • Serosal fibrosis/fibrous plaque
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Reported Diagnosis: Sclerosing peritonitis