

South East England General Histopathology EQA Scheme



7808

Round a Final Case Analyses

Cases 635 to 646

Circulated
January – February 2016

131 responses (89.73%)

Prepared April 2016

Authorised by:

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Date: 19/4/2016

With thanks to those who contributed to this round:

TRUSTS

CPA/ISO NUMBERS

| | |
|---|------|
| Kingston Hospital NHS Foundation Trust | 8132 |
| Frimley Park Hospital NHS Foundation Trust | 1214 |
| East Sussex Healthcare NHS Trust | |
| Surrey & Sussex Healthcare NHS Trust | 1814 |
| Basildon & Thurrock University Hospitals NHS Foundation Trust | 7882 |
| Ashford & St Peter's NHS Foundation Trust | |
| Maidstone & Tunbridge Wells NHS Trust | 3060 |
| Queen Victoria Hospital NHS Foundation Trust | 8238 |
| Western Sussex Hospitals NHS Foundation Trust | |
| East Kent Hospital University Foundation Trust | 899 |

Case Number: 635

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Diagnostic category: GI Tract

Clinical: F55. Tumour left parotid. Superficial parotidectomy.

Specimen: Left parotid tumour

Macro: 13g salivary gland with a well circumscribed tumour 18mm in max dimension.

| | Final Merges | Score |
|---|---|--------------|
| 1 | Mucoepidermoid carcinoma | 9.83 |
| 2 | Mucinous cystadenoma | 0.12 |
| 3 | Mammary analogue secretory carcinoma | 0.04 |
| 4 | Mucous cyst | 0.01 |
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Most popular diagnosis: Mucoepidermoid carcinoma

Reported Diagnosis: Low grade (well differentiated) mucoepidermoid carcinoma

Case Number: 636

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Diagnostic category: GU

Clinical: F60. Right kidney. Radical nephrectomy for mass.

Specimen: Right kidney

Macro : Nephrectomy specimen w. 485.7g and m. 170 x 115 x up to 45mm. Slicing shows a well circumscribed cystic tumour mass 60mm in diameter.

| | Final Merges | Score |
|---|---|--------------|
| 1 | Papillary Renal cell carcinoma | 9.39 |
| 2 | Renal cell carcinoma/clear cell ca | 0.61 |
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Most popular diagnosis: Papillary Renal cell carcinoma

Reported Diagnosis: Papillary renal cell carcinoma

Case Number: 637

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Diagnostic category: Breast

Clinical: F42. 22mm lobulated hypoechoic mass UOQ left breast. A few other rounded similar nodules seen medially. Hypervascular - imaging indeterminate, U3

Specimen: Breast

Macro: Fibrofatty tissue 60mm x 50mm x 40mm with a well circumscribed tumour 20mm diameter.

| | Final Merges | Score |
|---|---|--------------|
| 1 | Borderline/Malignant Phyllodes tumour | 8.48 |
| 2 | Phyllodes tumour NOS | 0.80 |
| 3 | Benign Phyllodes tumour | 0.56 |
| 4 | Carcinosarcoma | 0.08 |
| 5 | Fibroadenoma (with hybrid features of intraductal papilloma) | 0.08 |
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Most popular diagnosis: Borderline/Malignant Phyllodes tumour

Reported Diagnosis: Malignant phyllodes tumour

Case Number: 638

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Diagnostic category: Skin

Clinical: M44. ?Sebaceous naevus post-auricular region left side.

Specimen: Skin

Macro: Ellipse of hair-bearing skin 30 x 17mm, depth 4mm. The surface is mostly covered by a focally ulcerated, multinodular plaque 20 x 13mm.

| | Final Merges | Score |
|---|---|--------------|
| 1 | Syringocystadenoma papilliferum (and sebaceous naevus) | 8.75 |
| 2 | Sebaceous naevus | 0.70 |
| 3 | Papillary hidradenoma | 0.16 |
| 4 | Other benign entity / eccrine spiradenoma | 0.09 |
| 5 | Benign adnexal tumour ?trichoepithelioma | 0.08 |
| 6 | Benign sweat duct tumour possibly arising with naevus sebaceous | 0.08 |
| 7 | Naevus sebaceous with apocrine, sebaceous & syringomatous elements | 0.08 |
| 8 | Warty dyskeratoma | 0.04 |
| 9 | Focal acantholytic dyskeratoma | 0.02 |
| | | |

Most popular diagnosis: Syringocystadenoma papilliferum (and sebaceous naevus)

Reported Diagnosis: Organoid naevus with syringo – cystadenoma papilliferum

Case Number: 639

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Diagnostic category: Gynae

Clinical: F39. Left ovarian cyst.

Specimen: Ovarian cyst

Macro: Thin walled cyst 120 x 100 x 75mm. Slicing reveals three locules with a thickened area at one edge 30mm across.

| | Final Merges | Score |
|---|---------------------------------------|--------------|
| 1 | Mature cystic teratoma / dermoid cyst | 10.00 |
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Most popular diagnosis: Mature cystic teratoma / dermoid cyst

Reported Diagnosis: Mature cystic teratoma (dermoid cyst)

Case Number: 640

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Diagnostic category: Miscellaneous

Clinical: M46. Lesion helix left pinna ?Chondrodermatitis

Specimen: Skin

Macro: Piece of skin 13 x 5 x 3mm.

| | Final Merges | Score |
|---|--|--------------|
| 1 | Gout / Tophus / Urate | 9.22 |
| 2 | Pseudocyst | 0.15 |
| 3 | Chondrodermatitis nodularis helicus chronica | 0.15 |
| 4 | Ochronosis | 0.08 |
| 5 | Neurothekoma (dermal nerve sheath myxoma) | 0.08 |
| 6 | Focal cutaneous mucinosis | 0.08 |
| 7 | Granuloma annulare | 0.08 |
| 8 | Necrotizing infundibular crystalline folliculitis | 0.08 |
| 9 | Rheumatoid nodule | 0.08 |
| | | |

Most popular diagnosis: Gout / Tophus / Urate

Reported Diagnosis: Gout (Granulomatous Inflammation)

Case Number: 641

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Diagnostic category: Respiratory

Clinical: M75. Two PET avid lesions in left upper lobe but no tissue diagnosis
?primary lung cancer, ?

Specimen: Lung

Macro: Left upper lobe weighing 290g before inflation and measuring 18 x 10 x 6.5cm. Near the apex there is a white nodule with ill defined borders, measuring 2 x 1.3 x 1.5cm. **Immuno:** CK7, TTF1 and synaptophysin positive; CK20 and chromogranin A negative. Ki67 index is high (80%).

| | Final Merges | Score |
|---|---|--------------|
| 1 | Small cell ca / neuroendocrine carcinoma | 9.76 |
| 2 | Atypical carcinoid | 0.16 |
| 3 | Basaloid carcinoma | 0.08 |
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Most popular diagnosis: Small cell ca / neuroendocrine carcinoma

Reported Diagnosis: Poorly differentiated neuroendocrine carcinoma

Case Number: 642

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Diagnostic category: Lymphoreticular

Clinical: 34F. Enlarging nodes right side of neck. Known previous sarcoidosis. No symptoms.

Specimen: Subcutaneous tissue

Macro: A previously incised lymph node measuring up to 25mm. Caseous material contained within. PAS & ZN stains negative

| | Final Merges | Score |
|---|---|--------------|
| 1 | Branchial cleft cyst/lymphoepithelial cyst & sarcoid / granulomata | 8.20 |
| 2 | Epidermoid cyst and sarcoidosis | 0.70 |
| 3 | Simple squamous cyst and sarcoidosis | 0.33 |
| 4 | Metastatic SCC with sarcoid | 0.21 |
| 5 | Branchial cleft cyst only | 0.20 |
| 6 | Sarcoid / granulomata only | 0.16 |
| 7 | Sarcoid and epidermal inclusion | 0.08 |
| 8 | Branchial cyst with granulomas c/w TB | 0.08 |
| 9 | Lymphoepithelial cyst | 0.04 |
| | | |

Most popular diagnosis: Branchial cleft cyst/lymphoepithelial cyst & sarcoid / granulomata

Reported Diagnosis: Branchial cyst with sarcoidosis

Case Number: 643

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Diagnostic category: Endocrine

Clinical: F75. Complex solid nodule thyroid right lobe.

Specimen: Thyroid

Macro: A lobe of thyroid measuring 65mm x 35mm x 20mm. Slicing reveals a circumscribed lesion measuring 25mm with a thick capsule.

| | Final Merges | Score |
|---|--|--------------|
| 1 | (Various) adenoma | 9.21 |
| 2 | Follicular carcinoma | 0.63 |
| 3 | Hurthle cell tumour with microinvasion | 0.08 |
| 4 | Follicular neoplasm (with uncertain malignant potential – Vascular Invasion) | 0.08 |
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Most popular diagnosis: (Various) adenoma

Reported Diagnosis: Follicular adenoma

Case Number: 644

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Diagnostic category: Miscellaneous

Clinical : F52. ?epidermoid cyst inner thigh.

Specimen : Cyst inner thigh

Macro : Yellow piece of tissue 15 x 10 x 5mm

| | Final Merges | Score |
|---|--|--------------|
| 1 | Steatocystoma simplex / multiplex | 9.43 |
| 2 | Dermoid cyst | 0.40 |
| 3 | Benign cystic adnexal tumour | 0.08 |
| 4 | Hidrocystoma | 0.08 |
| 5 | Epidermoid cyst | 0.01 |
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Most popular diagnosis: Steatocystoma simplex / multiplex

Reported Diagnosis: Steatocystoma multiplex

EDUCATIONAL CASE

Case Number: 645

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Diagnostic category: Educational

Clinical : F77. Lesion left forearm recurrent BCC. Previous removal 2004.

Specimen : Skin biopsy

Macro : An ellipse of skin 36 x 27 x 12mm. There was a longitudinal scar on the surface 20mm in length. Serial slicing showed an ill-defined firm grey gritty tumour within the dermis.

Suggested diagnoses:

| | |
|--|---|
| <ul style="list-style-type: none"> • Merkel cell carcinoma, but needs appropriate IHC • Merkel cell carcinoma • Neuroendocrine, Merkel cell, carcinoma of skin • Basal cell carcinoma • Small cell carcinoma • Poorly differentiated neuroendocrine carcinoma in keeping with Merkel cell carcinoma. Immunos required. • Poorly differentiated malignancy • Recurrent microcystic adnexal carcinoma • Merkel cell recurrence • Adenoid cystic carcinoma • High grade neuroendocrine carcinoma • Adenoid cystic carcinoma. Most likely metastasis from salivary gland origin. • Basaloid squamous cell carcinoma • Spiradenocarcinoma • Micronodular basal cell carcinoma • Neuroendocrine/Merkel cell carcinoma • High grade neuroendocrine carcinoma, ?primary ?secondary • Metastatic basaloid carcinoma • Metastatic adenocarcinoma • Metastatic neuroendocrine carcinoma • Skin forearm – adenoid cystic carcinoma • High grade neuroendocrine carcinoma • Neuroendocrine tumour? Basaloid SCC need immuno • Met | <ul style="list-style-type: none"> • Neuroendocrine tumour – Merkel cell carcinoma but has to exclude metastasis • Neuroendocrine carcinoma (Merkel cell carcinoma) – Immunostains to confirm: CK20, Cam5.2, synaptophysin • Adenoid cystic carcinoma – PAS/Alcian blue, EMA, CEA • Adnexal carcinoma • Poorly differentiated carcinoma with duct formation, ?adnexal (eg eccrine or adenoid cystic) +/- merkel cell carcinoma • Not Basal cell carcinoma – a poorly differentiated carcinoma with neuro endocrine features, suggestive of Merkel cell carcinoma • Eccrine ca • Poorly differentiated carcinoma, we need to exclude metastatic tumour, then primary Merkel cell tumour Vs poorly differentiated adnexal carcinoma • Metastatic carcinoma, including small cell carcinoma and breast carcinoma • Merkel cell carcinoma presumed recurrent • Sweat gland carcinoma • Metastatic small cell carcinoma of the lung • Infiltrating sclerosing basal cell carcinoma • Not BCC but invasive carcinoma • Merkel cell carcinoma, provided dot-like CK20+, negative for TTF-1 and positive for CD56, Synaptophysin, Chromogranin and CAM5.2. IHC for Merkel cell polyoma virus + |
|--|---|

Reported diagnosis: Recurrent basal cell carcinoma - but subsequently shown to be adenoid cystic carcinoma metastasis from nasal sinus when this finally presented 5 years later.

EDUCATIONAL CASE

Case Number: 646

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Diagnostic category: Educational

Clinical : M74. GI bleeding.

Specimen : Gastric polyp

Macro: Dark brown polyp 28 x 21 x 16mm with a uniform cut surface.

Immuno: Positive for HMB45, S100, Melan A, CD117. Occasional cells positive for CAM 5.2, Negative for CD34, AE1/3, SMA, Chromogranin and Synaptophysin. Pigment is positive with Masson Fontana and negative with Perls.

Suggested diagnoses:

| | |
|---|---|
| <ul style="list-style-type: none"> • Melanoma (primary vs metastatic) (probably metastatic) malignant melanoma • Malignant melanoma, probably primary disease • Malignant melanoma • Melanoma • Malignant melanoma probably metastatic to gastric mucosa • Melanoma in a hyperplastic polyp • Metastatic melanoma into a fundal polyp • Melanoma of stomach, ?primary or secondary • Melanotic schwannoma • Melanoma in a gastric polyp (fundic) • Malignant melanoma most likely primary but secondary to the site has to be excluded • Melanoma arising on a gastric fundic gland polyp • Malignant melanoma in a hyperplastic polyp • Fundic gland polyp with malignant melanoma • Cd117+melanoma • Malignant melanoma, exclude metastasis before considering as a primary • Melanoma presumed secondary primary not excluded | <ul style="list-style-type: none"> • Metastatic melanoma within a hyperplastic polyp: probably metastatic • Stomach, polyp excision – malignant melanoma (metastatic) • Metastatic malignant melanoma in a hyperplastic gastric polyp • Melanoma in a pyloric gland adenoma • Primary Gastric Malignant Melanoma |
|---|---|

Reported diagnosis: Primary gastric melanoma. Metastases should be excluded.