

# South East England General Histopathology EQA Scheme



7808

## Round b Final Case Analyses

Cases 647 to 658

Circulated  
May-June 2016

130 responses (90.28%)

Prepared August 2016

Authorised by:

Prof J Schofield

Date: 15/08/16

With thanks to those who contributed to this round:

Trust	ISO accreditation number	CPA accreditation number
Royal Surrey County Hospital NHS Foundation Trust		1242
Hospital Pedro Hispano		
East Kent Hospital University Foundation Trust		899
Brighton & Sussex University Hospital NHS Trust		0799
Queen Victoria Hospital NHS Foundation Trust	8238	
Ashford & St Peter's NHS Foundation Trust		
Basildon & Thurrock University Hospitals NHS Foundation Trust	7882	
Guys and St Thomas' NHS Foundation Trust	8126	
Mid Essex Hospital Services NHS Trust		1031
Frimley Park Hospital NHS Foundation Trust	7496	
Epsom & St Helier University Hospital NHS Trust		704
East Sussex Healthcare NHS Trust		

## This case is excluded from personal scoring

**Case Number:** 647

[Click here to view digital image](#)

**Diagnostic category:** Endocrine

**Clinical** : M66. Fibrotic goitre post thyroiditis. Compression symptoms.

**Specimen** : Thyroid right lobe

**Macro** : Lobe of thyroid 113gm measuring 105 x 65 x 52mm. The cut surface is pale, fleshy and multinodular. No cystic or haemorrhagic areas.

	<b>Final Merges</b>	<b>Score</b>
1	Hashimoto's thyroiditis	6.99
2	Reidel's thyroiditis	1.61
3	MALT lymphoma	0.59
4	Marginal zone lymphoma	0.31
5	Fibrosing thyroiditis	0.16
6	Plasma cell granuloma	0.15
7	Likely reactive but exclude lymphoma	0.09
8	De Quervain thyroiditis (Granulomatous)	0.08
9	Non-specific lymphocytic thyroiditis	0.02

**Most popular diagnosis:** Hashimoto's thyroiditis

**Reported Diagnosis:** Hashimotos thyroiditis

## This case is excluded from personal scoring

**Case Number: 648**

[Click here to view digital image](#)

**Diagnostic category:** Breast

**Clinical** : F47. Rupture of breast implant (PIP). Malignant transformation?

**Specimen** : Breast

**Macro** : Three irregular fragments of dark tan tissue varying between 1.2 and 2.6cm.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Silicone reaction &amp; metaplasia/hyperplasia</b>	<b>9.75</b>
2	<b>Synovial metaplasia &amp; prominent macrophage reaction</b>	<b>0.08</b>
3	<b>?lymphoma associated with silicone implant</b>	<b>0.08</b>
4	<b>Florid inflamm reaction and reactive epithelial changes</b>	<b>0.08</b>
5	<b>Xanthogranulomatous inflammation with reactive changes</b>	<b>0.01</b>

**Most popular diagnosis:** Silicone reaction & metaplasia/hyperplasia

**Reported Diagnosis:** Papillary synovial metaplasia and histocytic response to implant.

**Case Number: 649**

[Click here to view digital image](#)

**Diagnostic category:** Lymphoreticular

**Clinical** : M21. HIV positive. Low CD4 count. Palpable lymphadenopathy right axilla ?Lymphoma ?HIV related.

**Specimen** : Lymph node axilla

**Macro** : The specimen consists of two lymph nodes, one 15 x 10 x 10mm and the other 16 x 10 x 10mm.

	<b>Final Merges</b>	<b>Score</b>
1	<b>HIV related lymphadenopathy</b>	<b>7.63</b>
2	<b>Lymphadenopathy (HIV not mentioned)</b>	<b>1.27</b>
3	<b>Progressive Transformation germinal centres</b>	<b>1.00</b>
4	<b>HIV related changes with probable malignant transformation</b>	<b>0.08</b>
5	<b>Reactive ?infection</b>	<b>0.02</b>

**Most popular diagnosis:** HIV related lymphadenopathy

**Reported Diagnosis:** Florid follicular hyperplasia consistent with early HIV lymphadenopathy.

## This case is excluded from personal scoring

**Case Number:** 650

[Click here to view digital image](#)

**Diagnostic category:** GI Tract

**Clinical** : F77. 3/12 History of left parotid mass. FNA not diagnostic. MRI-benign neoplasm. Extracapsular dissection left parotid mass.

**Specimen** : Left parotid mass

**Macro** : An ovoid nodule measuring 38 x 18 x 16. Slicing shows a fleshy tan cut surface with areas of haemorrhage, abutting the capsule. Immuno: CD10 positive. RCC marker negative.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Metastatic / renal cell clear cell carcinoma</b>	<b>5.47</b>
2	<b>Myoepithelioma</b>	<b>1.54</b>
3	<b>(Probably) Primary clear cell carcinoma</b>	<b>1.04</b>
4	<b>Clear cell carcinoma NOS</b>	<b>0.70</b>
5	<b>Clear cell tumour</b>	<b>0.54</b>
6	<b>Clear cell oncocytoma</b>	<b>0.45</b>
7	<b>Acinic cell carcinoma. Clear cell variant</b>	<b>0.12</b>
8	<b>Clear cell myoepithelial carcinoma</b>	<b>0.12</b>
9	<b>Clear cell variant of other primary carcinoma</b>	<b>0.02</b>

**Most popular diagnosis:** Metastatic / renal cell clear cell carcinoma

**Reported Diagnosis:** Metastatic clear cell renal cell carcinoma

## This case is excluded from personal scoring

**Case Number: 651**

[Click here to view digital image](#)

**Diagnostic category: GU**

**Clinical** : F54. Laparoscopic nephrectomy.

**Specimen** : Renal tumour

**Macro** : Tumour with homogenous tan surface, well circumscribed. Immuno: CK7 and ECadherin +ve; Vimentin and CD117 –ve.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Chromophobe RCC</b>	<b>9.66</b>
2	<b>RCC</b>	<b>0.16</b>
3	<b>Oncocytoma</b>	<b>0.10</b>
4	<b>Not answered (and no valid exemption)</b>	<b>0.08</b>

**Most popular diagnosis:** Chromophobe RCC

**Reported Diagnosis:** Chromophobe carcinoma

**Case Number: 652**

[Click here to view digital image](#)

**Diagnostic category:** Miscellaneous

**Clinical** : M6. Hard soft tissue swelling left palm - ?nature

**Specimen** : Soft tissue

**Macro** : Single irregular piece of fibrous and fatty tissue 21 x 16 x 17mm. Slicing shows a firm white cut surface.

	<b>Final Merges</b>	<b>Score</b>
1	Juvenile/calcifying aponeurotic fibroma	9.52
2	Palmar fibromatosis	0.23
3	Ossifying fibro-myxoid tumour	0.08
4	Rheumatoid nodule	0.08
5	Fibroma	0.08
6	Calcifying fibrous pseudotumour	0.01

**Most popular diagnosis:** Juvenile/calcifying aponeurotic fibroma

**Reported Diagnosis:** Calcifying aponeurotic fibroma

## This case is excluded from personal scoring

Case Number: 653

[Click here to view digital image](#)

Diagnostic category: Gynae

Clinical : F67. Right ovarian tumour. Bilateral salpingo-oophorectomy.

Specimen : Ovary

**Macro :** Ovary measures 60 x 40 x 30mm with a torn surface. On slicing there is a solid grey yellowish mass that seems to be confirmed to the ovary. There is a calcified consistency in some areas. **Immuno:** Positive for CAM5.2 and MNF116; negative for PLAP, TTF-1, S-100, WT-1, Calretinin, Inhibin, AFP, CK7, CK20 and Melan A. Ki67 index is less than 1%.

	Final Merges	Score
1	Carcinoid tumour	5.08
2	Sex cord stromal tumour (sertoli cell tumour)	1.69
3	Endometrioid carcinoma/adenocarcinoma	0.88
4	NET (NOS)	0.72
5	Female adnexal tumour of Wolfian origin	0.55
6	Sertoli-Leydig tumour	0.52
7	Adult granulosa cell tumour / endometrioid adenofibroma	0.27
8	Metastatic carcinoma with sertoliform features	0.20
9	Gonadoblastoma	0.05
10	Leydig tumour	0.04

Most popular diagnosis:

**Reported Diagnosis:** Ovarian carcinoid tumour. Comments following 2<sup>nd</sup> opinion: although this may well be an ovarian primary, most ovarian carcinoids arise within teratomatous neoplasms. There are no teratomatous elements represented and theoretically a metastasis from elsewhere should be excluded.

## This case is excluded from personal scoring



**Case Number: 654**

[Click here to view digital image](#)

**Diagnostic category:** Respiratory

**Clinical** : M75. Endobronchial lesion left upper lobe protruding into left main bronchus

**Specimen** : Lung

**Macro** : Left upper lobectomy 16 x 6 x 8cm. 2.8cm polypoid tumour seen protruding at bronchial resection margin, without underlying invasion. Immuno: Positive - CD10, Vimentin, CAM5.2. Negative - TTF1, P63, CK20, CK7.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Metastatic clear cell RCC</b>	<b>9.98</b>
2	<b>Clear cell carcinoma</b>	<b>0.01</b>
3	<b>Perivascular epitheloid cell (PECOMA)</b>	<b>0.01</b>

**Most popular diagnosis:** Metastatic clear cell RCC

**Reported Diagnosis:** Metastatic clear cell renal cell carcinoma

**Case Number: 655**

[Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical** : M52. Excision of large keratotic lesion, right lower leg. 'Birth mark' previously. Had laser therapy but lesion returned very quickly.

**Specimen** : Skin

**Macro** : Skin ellipse 85 x 30 x 25mm with a 52 x 20 x 18mm warty nodule. The surrounding skin also has an irregular surface.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Haemangioma – All types</b>	<b>7.81</b>
2	<b>Vascular malformation/vascular hamartoma</b>	<b>0.95</b>
3	<b>Angiokeratoma</b>	<b>0.54</b>
4	<b>Angiomatosis</b>	<b>0.46</b>
5	<b>Other benign vascular tumour</b>	<b>0.11</b>
6	<b>Arteriovenous malformation with overlying angiokeratoma</b>	<b>0.08</b>
7	<b>Retiform haemangioendothelioma</b>	<b>0.04</b>
8	<b>Unlikely malignant vascular tumour</b>	<b>0.01</b>

**Most popular diagnosis:** Haemangioma – All types

**Reported Diagnosis:** Verrucous haemangioma

**Case Number: 656**

[Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical** : F70. Excision biopsy nodule right upper back. Clinically BCC.

**Specimen** : Skin

**Macro** : EOS 20 x 12 x 4mm with 5mm flesh coloured papule.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Bowen's (&amp;intra dermal naevus/dyplastic naevus)</b>	<b>8.12</b>
2	<b>Malignant melanoma (and naevus)</b>	<b>1.21</b>
3	<b>In situ melanoma in a melanocytic naevus</b>	<b>0.33</b>
4	<b>Intra dermal melanocytic naevus with ?Pagets disease</b>	<b>0.23</b>
5	<b>Melanocytic Intraepithelial Neoplasia</b>	<b>0.06</b>
6	<b>Extramammary Pagets disease</b>	<b>0.04</b>
7	<b>Atypical melanocytic proliferation/lesion</b>	<b>0.01</b>

**Most popular diagnosis:** Bowen's (&intra dermal naevus/dyplastic naevus)

**Reported Diagnosis:** Sev dysplastic AK/Bowens + benign IDN

## EDUCATIONAL CASE

**Case Number: 657**

[Click here to view digital image](#)

**Diagnostic category:** Educational

**Clinical** : M82 Adrenal mass. Previous anterior resection for Dukes B Ca rectum and lobectomy for lung cancer.

**Specimen** : Adrenal mass

**Macro** : Mass weighing 500g and measuring 125 x 90 x 100mm. Cut surface necrotic with no visible adrenal. Immuno: CK20, CEA and CDX2 positive; CK7 and TTFI negative.

### Suggested diagnoses:

<p>Metastatic rectal ca Metastatic Ca large bowel Metastatic carcinoma, probably lower GI tract primary Metastatic colorectal adenocarcinoma Metastatic carcinoma of rectum Metastatic adenocarcinoma Metastatic adenocarcinoma of rectum Metastatic adenocarcinoma probably from colorectal primary Metastatic carcinoma, likely from colorectal primary Metastatic large bowel adenocarcinoma Metastatic adenocarcinoma consistent with colorectal primary Metastatic adenocarcinoma, primary colon ? metastatic adenocarcinoma +/- small cell/neuroendocrine element Adrenal gland – Metastasis of adenocarcinoma, intestinal type (GI tract to investigate) Metastatic adenocarcinoma, probably lower GI Metastatic colorectal carcinoma to adrenal Metastatic adenocarcinoma from GI tract Metastatic adenocarcinoma of colorectal origin</p>	<p>Metastatic adenocarcinoma c/w a colorectal primary Metastatic carcinoma (colorectal) - ? neuroendocrine. Adenocarcinoma- bowel origin Metastatic CRC Adrenal gland containing metastatic colorectal adenocarcinoma Metastatic adenocarcinoma (mostly from lower GI tract – intestinal type) Secondary colorectal carcinoma Metastatic adenocarcinoma favouring colorectal origin Metastatic bowel adenocarcinoma Metastatic adenocarcinoma, consistent with colo-rectal primary Colonic metastatic adenocarcinoma deposit Metastatic colorectal carcinoma in adrenal gland Metastatic Adenocarcinoma from lower GI likely from previous Rectal Adenocarcinoma Metastatic adenocarcinoma of lower gastrointestinal origin Metastatic, lung adenocarcinoma (enteric variant) Colorectal carcinoma metastasis Colorectal metastasis</p>
--	---

**Reported Diagnosis: Metastatic Adenocarcinoma from colonic primary**

## EDUCATIONAL CASE

**Case Number: 658**

[Click here to view digital image](#)

**Diagnostic category:** Educational

**Clinical** : M80. Enlarged axillary and groin nodes. Ultrasound guided biopsy of left axillary node

**Specimen** : Lymph node core biopsy

**Macro** : Multiple cores of cream coloured tissue

### Suggested diagnoses:

<p>Chronic lymphatic leukaemia Lymphoma Castlemans disease Lymphoplasmamcytic / lymphoplasmacytoid lymphoma Lymphocyte predominant Hodgkin's lymphoma Hairy cell leukaemia Non-Hodgkin's Lymphoma Marginal zone lymphoma B-cell lymphoma Low grade NHL? LPL ? Marginal Low grade non Hodgkin lymphoma needs IHC Non-Hodgkin's lymphoma –lymphoplasmacytic type Benign lymphadenopathy NOS Lymphoplasmacytic lymphoma Malignant Lymphoma Low grade non-hodgkin lymphoma. ?CLL Favour low grade lymphoma, requires immuopanel Lymphoma, ? Hodgkin's Low grade non Hodgkin lymphoma favouring lymphoplasmacytic lymphoma ?Lymphoplasmacytoid lymphoma Lymphoproliferative disorder, ? low grade lymphoma. IHC required. Low grade lymphoma Low grade NHL ? Lymphoma for further molecular/immunohistochemical testing ? Castleman's disease Low grade non-hodgkin lymphoma. ?marginal zone, ?LPL Hodgkins disease Dermatopathic lymphadenopathy Lymphoma ?T cell, Metastatic melanoma CLL type small cell lymphoma Lymphoplasmacytic lymphoma Marginal zone lymphoma Plasmacytic lymphoma Angioimmunoblastic T cell lymphoma Hodgkin's lymphoma lymphocytic predominant / Lymphoma Immunostaining for confirmation B-Cell Non Hodgkin Lymphoma with plasmacytoid features.(immunost to confirm) Lymphoma, differential between low grade B cell lymphoma with plasmacytic differentiation and T cell angioimmunoblastic. Resort to IHC, history of ?IgG paraproteins Nodular lymphocyte predominant Hodgkin's lymphoma Mixed cellularity hodgkins lymphoma Plasmacytoma</p>	<p>Lymph node – B-cell lymphoma (IHC needed) Hodgkin's lymphoma – nodular lymphocytic predominant Hodgkin's lymphoma ? Lymphoplasmacytic lymphoma (needs IHC for confirmation) Lymphoplasmacytic lymphoma Low grade lymphoma (needs immuno panel for subtype) Myeloma Plasmablastic lymphoma Probably marginal zone lymphoma, needs IHC Non Hodgkin's Lymphoma probably mantle cell Follicular B cell lymphoma NHL ? CLL in transformation Dermatopathic. NH Lymphoma (possibly marginal zone with plasmacytic differentiation, but needs full IHC workup) Low grade B-NHL with plasmacytoid differentiation (?LPL)– needs immuno. Small round blue cell neoplasm possibly lymphoma – need immuno NHL Small lymphocytic lymphoma Non- Hodgkin's lymphoma - ?Angio-immunoblastic T-cell NHL ? Marginal zone lymphoma ? Hairy cell leukaemia infiltrate Dermatopathic lymphadenopathy Non-Hodgkin's lymphoma. Referral required for typing. Lymphoplasmacytic Lymphoma Malignant lymphoma, requires ICC Low grade non-Hodgkin lymphoma (mostly LPL) – IHC required Low grade diffuse lymphoma suggestive of SLL/CLL. Immunopanel to be done for typing Low grade diffuse lymphoma suggestive of SLL/CLL. Immunopanel to be done for typing Low grade B cell lymphoma Plasma cell neoplasm; further work up and clinical history required. Castleman's, plasma cell type Lymphoma (?nodular lymphocyte predominant Hodgkins) Nodular lymphocyte predominant Hodgkin's Lymphoma Favour Castleman's disease, plasma cell type. (dDx includes Mantle cell lymphoma, myeloma, autoimmune lymphadenitis) Low grade lymphoma, favouring marginal zone lymphoma Low grade Non Hodgkin Lymphoma-SLL/CLL Burkitt Lymphoma Nodular lymphocyte predominant lymphoma Lymphocyte rich Hodgkin's lymphoma</p>
--	--

**Reported Diagnosis: Low grade B-Cell lymphoma of lymphoplasmacytic type.**