

# South East England General Histopathology EQA Scheme



7808

## Round d Final Case Analyses

Cases 671 to 682

Circulated  
January-February 2017

130 responses (87.25%)

Prepared April 2017

Authorised by:

A blue ink signature of Prof J Schofield is shown on a light blue background.

Prof J Schofield

Date: 18<sup>th</sup> April 2017

With thanks to those who contributed to this round:

Trust	CPA/ISO accreditation number
Guys and St Thomas' NHS Foundation Trust	8126
Kingston Hospital NHS Foundation Trust	8132
Surrey & Sussex Healthcare NHS Trust	1814
Frimley Park Hospital NHS Foundation Trust	7496
East Sussex Healthcare NHS Trust	
Queen Victoria Hospital NHS Foundation Trust	8238
Western Sussex Hospitals NHS Foundation Trust	
Maidstone & Tunbridge Wells NHS Trust	3060
Royal Surrey County Hospital NHS Foundation Trust	1242

**Case Number: 671**

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**Diagnostic category:** Respiratory

**Clinical** : F77. Ex-smoker. Progressive lethargy and persistent cough. Wedge resections 2 lung nodules, RML & RUL.

**Specimen** : Respiratory

**Macro** : Sub-pleural grey/cream nodules approx. 1.5cm. *Special stains:* ZN and grocott stains negative

	<b>Final Merges</b>	<b>Score</b>
1	<b>Necrotising granulomatous inflammation. NOS/Wegner's/TB/Rheum</b>	<b>9.42</b>
2	<b>Sarcoid</b>	<b>0.14</b>
3	<b>Lymphomatoid granulomatosis</b>	<b>0.01</b>
4	<b>Bronchocentric granulomatosis / allergic</b>	<b>0.10</b>
5	<b>Aspergilloma / histoplasma /?fungi</b>	<b>0.27</b>
6	<b>Infective endocarditis</b>	<b>0.03</b>
7	<b>Aspiration pneumonia / Infarct</b>	<b>0.04</b>

**Most popular diagnosis:** Necrotising granulomatous inflammation.  
NOS/Wegners/TB/Rheum

**Reported Diagnosis:** Wegener's granulomatosis

**Case Number: 672**

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**Diagnostic category:** GI

**Clinical** : F14. RIF pain.

**Specimen** : Appendix

**Macro** : Pale appendix 90 x 7mm, the surface is slightly congested.

	<b>Final Merges</b>	<b>Score</b>
<b>1</b>	<b>Enterobius Vermicularis infestation (pinworm / threadworm)</b>	<b>10.00</b>

**Most popular diagnosis:** Enterobius Vermicularis infestation (pinworm / threadworm)

**Reported Diagnosis:** Enterobius Vermicularis parasites

**Case Number: 673**

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**Diagnostic category:** Miscellaneous

**Clinical** : F28. Abdominal wall scar tissue.

**Specimen** : Abdominal wall

**Macro** : 50 x 40 x 25mm piece of fibrofatty tissue. Scarred and haemorrhagic on slicing.

	<b>Final Merges</b>	<b>Score</b>
<b>1</b>	<b>Endometriosis</b>	

**Most popular diagnosis:** Endometriosis

**Reported Diagnosis:** Endometriosis

**Case Number: 674**

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**Diagnostic category:** Lymphoreticular

**Clinical** : F45. Laparoscopic mesenteric lymph node biopsy.

**Specimen** : Mesenteric lymph node excision

**Macro** : Lymph node measuring 35 x 20 x 15mm with an off white homogenous cut surface. Immuno: Cells in follicles positive for CD20, CD10, BCL2, BCL6, negative for CD3, CD5, . MIB-1 15-20%. CD23 highlights FDC meshworks

	<b>Final Merges</b>	<b>Score</b>
1	<b>Follicular NHL</b>	<b>10.00</b>

**Most popular diagnosis:** Follicular NHL

**Reported Diagnosis:** Follicular lymphoma (G1-2)

**Case Number: 675**

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**Diagnostic category:** Endocrine

**Clinical** : F55. Enlarged right thyroid lobe, right lobectomy

**Specimen** : right thyroid lobectomy

**Macro** : Right thyroid lobe weight 10gms measuring 45 x 32 x 16mm.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Papillary carcinoma / microcarcinoma</b>	<b>9.80</b>
2	<b>Hashimoto's thyroiditis</b>	<b>0.08</b>
3	<b>Post treated adenomatoid nodule</b>	<b>0.04</b>
4	<b>Papillary adenoma (plus mild Hashimoto's)</b>	<b>0.08</b>

**Most popular diagnosis:** Papillary carcinoma / microcarcinoma

**Reported Diagnosis:** Follicular variant papillary carcinoma with lymphocytic thyroiditis in background.

**Case Number: 676**

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**Diagnostic category:** Gynae

**Clinical** : F23. 23/40 IUD, ?Parvovirus

**Specimen** : Placenta

**Macro** : This specimen comprises singleton placenta measuring 180 x 160 x 40mm bearing an eccentric umbilical cord measuring up to 240mm in length. There is a left twist to the cord and slicing reveals three vessels. The membranes show a marginal insertion and appear translucent. The maternal surface appears intact although pallor is noted. Trimmed weight 528g.

	<b>Final Merges</b>	<b>Score</b>
1	Parvovirus / viral infection	9.43
2	Foetal hypoxia, hydropic degeneration	0.16
3	Incomplete/partial mole	0.24
4	Erythroblastosis fetalis	0.08
5	Sickle cell disease	0.08
6	Xanthogranuloma	0.01

**Most popular diagnosis:** Parvovirus / viral infection

**Reported Diagnosis:** Parvovirus infection

**Case Number: 677**

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**Diagnostic category:** Skin

**Clinical** : F14. Pigmented lesion left foot.

**Specimen** : Skin

**Macro** : Skin ellipse 28 x 14mm with warty plaque 14 x 10mm.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Spitz / Acral / pigmented naevus</b>	<b>8.65</b>
2	<b>Malignant melanoma</b>	<b>0.25</b>
3	<b>Atypical / dysplastic naevus</b>	<b>1.10</b>

**Most popular diagnosis:** Spitz / Acral / pigmented naevus

**Reported Diagnosis:** Spitz naevus





**Case Number: 679**

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**Diagnostic category:** Breast

**Clinical** : F43. Guidewire localised retro-areolar lesion.

**Specimen** : Breast lump

**Macro** : Fibrofatty tissue ( 3 x 2 x 1.5cm) with guidewire, marking clips and sutures.  
No tumour seen on the cut surface.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Intraductal / nipple papilloma / ductal adenoma</b>	<b>9.75</b>
2	<b>Atypical intraductal papilloma</b>	<b>0.08</b>
3	<b>Ectopic hidradenoma papilliferum</b>	<b>0.08</b>
4	<b>Other</b>	<b>0.01</b>
5	<b>DCIS</b>	<b>0.08</b>

**Most popular diagnosis:** Intraductal / nipple papilloma / ductal adenoma

**Reported Diagnosis:** Nipple adenoma

**Case Number: 680**

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**Diagnostic category:** Gynae

**Clinical** : F51. Hysterectomy for heavy bleeding.

**Specimen** : Uterus

**Macro** : Uterus 90 x 50 x 50mm. A fibroid nodule is present anteriorly. Endometrial cavity is normal. Immuno: Focally D2-40, calretinin & AE1/AE3 positive.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Adenomatoid tumour</b>	<b>9.76</b>
2	<b>Leiomyoma</b>	<b>0.08</b>
3	<b>Adenomatoid tumour &amp; endometriosis</b>	<b>0.08</b>
4	<b>Angioleiomyoma</b>	<b>0.08</b>

**Most popular diagnosis:** Adenomatoid tumour

**Reported Diagnosis:** Benign adenomatoid tumour

## EDUCATIONAL CASE

**Case Number: 681**

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**Diagnostic category:** Educational

**Clinical** : M76. (R) Upper lobectomy.

**Specimen** : Lung

**Macro** : Right upper lobe – weighing 228g before inflation and measuring 17 x 10 x 5cm. In the centre portion of the anterior pleural surface there is a depression with 2cm diameter and a pleural adhesion. Cut section shows, underneath the pleural depression, a grey tumour with well-defined borders measuring 3.5 x 2.5 x 3.5cm.

### Suggested diagnoses:

Adult Pulmonary Blastoma	Lipaedic adenocarcinoma with squamous metaplasia
Adenosquamous carcinoma	Well differentiated fetal adenocarcinoma
Pulmonary blastoma with florid squamous metaplasia	Peripheral type squamous cell carcinoma
Pulmonary Blastoma	Well differentiated squamous cell carcinoma with entrapped bronchial structures
Adult Pulmonary Blastoma showing squamous morules	SCC in teratoma
Adenosquamous carcinoma of lung	Pulmonary Blastoma
Squamous carcinoma	Mucoepidermoid carcinoma
Squamous cell carcinoma with secondary bronchiolisation of alveolar spaces	Mixture between a bronchoalveolar carcinoma and squamous cell carcinoma
Squamous cell carcinoma with bronchial metaplasia	Squamous cell carcinoma with entrapped glands
Non small cell carcinoma	Unusual very mixed with squamoid, adenomatoid, areas reminiscent of mesothelial and even teratomatous origin.
SCC ? mets	Could be be or unusual primary
?Mucoepidermoid carcinoma	

**Reported Diagnosis:** Invasive squamous cell carcinoma with a second component which is impossible to state definitively whether this represents a second neoplastic component (and therefore an adenosquamous carcinoma) or whether this is just a florid atypical epithelial proliferation. 2<sup>nd</sup> opinion favoured the latter which means the possibility of an adenoquamous carcinoma cannot be excluded.

## EDUCATIONAL CASE

**Case Number: 682**

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**Diagnostic category:** Educational

**Clinical** : F49. 7cm right breast cancer. Overseas blocks for review. Pre-operative chemotherapy. Node negative.

**Specimen** : Mastectomy

**Macro** : Not available. 7cm tumour indicated. Immuno: Most non-acinar cells stain strongly with CK5, 34BE12, S100 and SMA. ER+ in 10% of cells. Ki67<1%. PR/HER2 negative. Neuroendocrine markers negative.

### Suggested diagnoses:

Adenomyoepithelioma	Monomorphic adenoma
Adenomyoepithelial adenosis	Malignant Leydig cell tumour
Epithelial Myoepithelial Carcinoma	Epithelioid myoepithelioma with alveolar growth pattern
Metastatic carcinoma	Basal type carcinoma
Adenomyoepithelioma, lobulated type	Triple negative basal cell carcinoma, early relapse
Myoepithelial carcinoma	Acinic cell carcinoma
Plasmacytoid breast cancer	Secretory carcinoma
Unknown	Invasive apocrine carcinoma
Invasive duct carcinoma, grade 2	Adenosis
Metastatic carcinoma with squamous metaplasia	Myoepithelioma
Salivary gland like tumour	LCIS with cancerisation of pre-existing sclerosing adenosis
Adenosis tumour	Post chemo changes
Adenoid cystic carcinoma	Myoepithelial lesion
Metastatic carcinoma salivary gland type	Pleomorphic LCIS
Neoplasm NOS	Florid microglandular adenosis
Acinar cell carcinoma	Lobular cancerisation
Tubular adenoma	Atypical adenosis
Unusual lobular proliferation ?LCIS vs invasive lobular carcinoma	
Microglandular adenosis	

**Reported Diagnosis: Low grade epithelial-myoepithelial carcinoma similar to those seen in salivary gland.**