

South East England General Histopathology EQA Scheme



7808

Round e Final Case Analyses

Cases 683 to 694

Circulated
May – June 2017

134 responses (90.54%)

Prepared August 2017

Authorised by:

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

Prof J Schofield

Date: 16th August 2017

With thanks to those who contributed to this round:

Trust	CPA/ISO accreditation number
East Sussex Healthcare NHS Trust	
Surrey & Sussex Healthcare NHS Trust	
Maidstone & Tunbridge Wells NHS Trust	3060
Epsom & St Helier University Hospital NHS Trust	704
Frimley Park Hospital NHS Foundation Trust	7496
St George's Healthcare NHS Trust	0356
East Sussex Healthcare NHS Trust	
Colchester Hospital University NHS Foundation Trust	2930
Royal Surrey County Hospital NHS Foundation Trust	1242
Lewisham & Greenwich NHS Trust	703

Case Number: 683

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Diagnostic category: GI

Clinical : F70. Gastric polyp removed.

Specimen : Gastric polyp excision

Macro : A firm tan polyp measuring 60 x 25 x 15mm. Cut surface is unremarkable.

	Final Merges	Score
1	Inflammatory fibroid polyp	9.68
2	GIST	0.08
3	Inflammatory pseudotumour	0.08
4	Inflammatory hyperplastic polyp	0.08
5	Eosinophilic gastritis	0.08

Most popular diagnosis: Inflammatory fibroid polyp

Reported Diagnosis: Inflammatory fibroid polyp

This case is excluded from personal scoring

Case Number: 684

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Diagnostic category: Miscellaneous

Clinical : F50. Firm tender lump heel.

Specimen : Lump on heel

Macro : 20 x 25 x 13mm irregularly shaped piece of fibrous tissue. On slicing it contains a 7mm firm white nodule.

	Final Merges	Score
1	Fibromatosis	1.86
2	Fasciitis	0.71
3	Rheumatoid nodule	4.03
4	Granuloma annulare	0.35
5	Tenosynovitis	0.62
6	Necrobiosis lipoidica / fibrosis / granulomatous inflammation / infection	0.38
7	Fibroma	1.68
8	Organising thrombus	0.04
9	Traumatic neuroma	0.26
10	Angioleiomyoma	0.07

Most popular diagnosis: Rheumatoid nodule

Reported Diagnosis: Rheumatoid nodule

This case is excluded from personal scoring

Case Number: 685

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Diagnostic category: Respiratory

Clinical : M84. ? Mesothelioma left pleura with spinal cord deposits. US guided 14g x 3 biopsies taken.

Specimen : Pleural biopsy

Macro : Four grey and tan fine needle core biopsies, the longest measuring 16mm.
Immuno: Tumour positive for MNF116 and EMA, with focally positivity for CK5/6 and very few cells showing weak positivity for WT1. The tumour is negative for calretinin, p63, desmin, CD34 and TTF-1. Mib-1 shows a proliferative index of about 30%.

	Final Merges	Score
1	Mesothelioma - All types	8.94
2	Metastatic ca	0.06
3	SCC	0.35
4	Sarcoma	0.10
5	Malignant epithelioid neoplasm. IHC & CPC	0.08
6	Sarcomatoid carcinoma	0.35
7	Carcinosarcoma (with SCC component)	0.04
8	Pseudomesotheliomatous adenocarcinoma	0.08

Most popular diagnosis: Mesothelioma - All types

Reported Diagnosis: Biphasic Malignant Mesothelioma

Case Number: 686

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Diagnostic category: Lymphoreticular

Clinical : F35. Lymph node, right groin, persistent > 1 year

Specimen : Lymph node excisional biopsy

Macro : Right groin: A firm grey tan nodule measuring 14 x 8 x 6mm

	Final Merges	Score
1	(Dermatopathic) lymphadenitis	9.08
2	HIV chronic lymphadenitis	0.08
3	Vascular transformation of sinuses	0.28
4	Angiomatous hamartoma in a reactive LN	0.54
5	Sinus histiocytosis	0.01
6	Architectural effacement. Rule out lymphoma	0.01

Most popular diagnosis: (Dermatopathic) lymphadenitis

Reported Diagnosis: Dermatopathic lymphadenitis

Case Number: 687

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Diagnostic category: Endocrine

Clinical : M54. Incidental 8cm mass on CT in left adrenal gland

Specimen : Adrenal gland

Macro : Adrenal gland 100 x 80 x 30mm; weight of 218g. The cut surface shows an ill-defined yellow and light brown mass which is 75mm in maximum dimension

	Final Merges	Score
1	Myelolipoma	9.35
2	Extramedullary haemopoiesis	0.23
3	Adrenocortical hyperplasia	0.08
4	Adrenal medullary calcifications	0.02
5	Adrenal medullary hyperplasia	0.01
6	Paraganglioma	0.08
7	Adenoma	0.04
8	Pheochromocytoma	0.19

Most popular diagnosis: Myelolipoma

Reported Diagnosis: Myelolipoma

Case Number: 688

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Diagnostic category: Gynae

Clinical : F56. History of endometriosis ?carcinoma of right ovary. Large abdominal pelvic mass

Specimen : Ovary

Macro : Total hysterectomy specimen with a large right ovary (142 x 95 x 80mm), cut surface shows partly cystic and partly yellowish solid areas. Immuno: CK7, Napsin A positive. ER, PR, WT1 negative. p53 wildtype.

	Final Merges	Score
1	Clear cell carcinoma	9.32
2	Yolk sac tumour	0.08
3	Metastatic carcinoma	0.38
4	Adenocarcinoma NOS	0.06
5	Clear cell endometrial adenocarcinoma	0.08
6	Granulosa cell tumour	0.08

Most popular diagnosis: Clear cell carcinoma

Reported Diagnosis: Clear cell carcinoma

Case Number: 689

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Diagnostic category: Skin

Clinical : M70. ?Pyogenic granuloma

Specimen : Skin excision

Macro : An irregular piece of grey and tan coloured tissue measuring 15 x 8mm to a depth of 6mm. *Immuno*: Diffuse positive staining for CD34 and CD31 with weak positive staining for H caldesmon. SMA highlights vessel walls; however the spindle cells are negative. Desmin and myosin negative.

	Final Merges	Score
1	Angiosarcoma / Kaposi's sarcoma	8.89
2	Spindle cell haemangioma / haemangioendothelioma	0.25
3	Epithelioid haemangioma	0.30
4	Epithelioid haemangioendothelioma	0.04
5	Cutaneous epithelioid angiomatous nodule (CEAN)	0.05
6	(Atypical) pyogenic granuloma	0.19
7	Haemangioendothelioma	0.22
8	Kaposiform haemangioendothelioma	0.06

Most popular diagnosis: Angiosarcoma / Kaposi's sarcoma

Reported Diagnosis: Kaposi sarcoma

Case Number: 690

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Diagnostic category: GU

Clinical : M67. TURBT

Specimen : Bladder resection

Macro : Bladder tumour. Less than 0.5g of light brown chippings

	Final Merges	Score
1	Inverted papilloma	9.98
2	TCC	0.02

Most popular diagnosis: Inverted papilloma

Reported Diagnosis: Inverted papilloma

Case Number: 691

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Diagnostic category: Breast

Clinical : F54. Multifocal right breast carcinoma

Specimen : Breast

Macro : Mastectomy 300 x 200 x 30mm, with nipple and areola 50mm diameter.
Extensive fibrosis and nodularity in UOQ and UC

	Final Merges	Score
1	Invasive carcinoma	7.78
2	LCIS	1.76
3	DCIS	0.23
4	Benign	0.23

Most popular diagnosis: Invasive carcinoma

Reported Diagnosis: Multifocal invasive lobular carcinoma, LCIS and papillomas

Case Number: 692

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Diagnostic category: GI Tract

Clinical : M74. Positive faecal occult blood test. Rectal polyp

Specimen : GI Tract

Macro : One tan polyp 15 x 10 x 8mm. Bisected.

	Final Merges	Score
1	Serrated adenoma	9.15
2	Tubulovillous adenoma	0.69
5	Hamartomatous polyp	0.08
6	Villous adenoma with high grade dysplasia	0.07
7	Intramucosal carcinoma	0.01

Most popular diagnosis: Serrated adenoma

Reported Diagnosis: Traditional serrated adenoma

EDUCATIONAL CASE

Case Number: 693

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Diagnostic category: Educational

Clinical : F74. Cystic mass in pelvis, no tumour markers

Specimen : Left ovary

Macro : Ovarian cystic and solid mass, 190 x 110 x 100mm. Partially examined for frozen section. Frozen section result differed to paraffin sections. Immuno: A1/A3 CAM5.2, calretinin, Inhibin and ER positive. CK7, CK20, chromogranin, synaptophysin, TTF1 and myogenin negative.

Suggested diagnoses:

<p>Sertoli Leydig tumour Adult granulosa cell tumour Clear cell carcinoma Granulosa cell tumour Sertoli-Leydig Cell Tumour of Intermediate differentiation Sex cord stromal tumour Sertoli-Leydig cell tumour of intermediate grade Somatically derived yolk sac tumour Malignant with sex cord stromal elements and clear cell carcinoma Juvenile Granulosa Cell Tumour FATWO Malignant Steroid cell tumour Malignant tumour with epithelial and sex-cord stromal differentiation Sex cord tumour with annular tubules Sertoli – Leydig cell tumour is favoured. The differential diagnosis includes a granulosa cell tumour and a lipid secreting tumour – ovarian steroid cell tumour. Signet ring carcinoma</p>	<p>Malignant sex-cord stromal tumour Sertoli-Leydig pattern Some kind of sex cord stromal tumour Unclassified sex chord stromal tumour Sertoli cell tumour Poorly differentiated sertoli leydig cell tumour Ovarian sex cord stromal tumour Sex cord tumour with annular tubules Wolffian adnexal tumour Granulosa cell tumour of the ovary (Adult type) Sertili cell tumour</p>
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Reported Diagnosis: Sex cord stromal tumour. Sertoli leydig cell tumour of intermediate differentiation.

EDUCATIONAL CASE

Case Number: 694

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Diagnostic category: Educational

Clinical : F84. Extensive lichenoid rash and weight loss

Specimen : Skin punch biopsy

Macro : 3mm punch biopsy. Immuno: Positive for S100, CD1a. Negative for MNF116, Melan A, CAM5.2 and ER

Suggested diagnoses:

<p>Langerhans cell histiocytosis Histiocytosis X Epidermotropic metastatic melanoma Cutaneous manifestation of Langerhans cell histiocytosis Langerhans Histiocytosis malignant/high grade pattern Cutaneous Langerhans cell histiocytosis Pagetoid infiltration of epidermis by Langerhan cells, ?LCH Malignant infiltrate extending into epidermis - ?Histiocytosis X Langerhans cell histiocytosis involving epidermis Acute generalised Langerhans cell histiocytosis Reticulohistiocytoma Cutaneous involvement by langerhan cell histiocystosis</p>	<p>Langerhands histiocytosis with pagetoid spread Spongiotic reaction Lichenoid dermatosis ?? para-neoplastic (need site) Melanoma Dermal Langerhans Histiocytosis ?Reticular cell neoplasm ?Melanocytic for further immune-testing</p>
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Reported Diagnosis: Langerhans cell histiocytosis