

South East England General Histopathology EQA Scheme

Round YY Final Case Analyses

AMENDED FINAL CASE ANALYSIS.

Issued 6/11/15 v 2.0

Please discard all copies of v1.0 sent 18.08.2015

Re-issued due to : Corrected typo on case 617

Cases 611 to 622

Circulated
May-June 2015

134 responses (94%)

Prepared August 2015

Authorised by:



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With thanks to those who contributed to this round:

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CPA/ISO NUMBERS

1242
0912
3060
0190
1814
1214
0800
3077
2930

Case Number: 611

[Click here to view Case 611](#)

Diagnostic category: GI Tract

Clinical: F41. History of obstructive jaundice. Abnormal nodular duodenal papilla was noted. This was biopsied and later Whipple's resection was performed.

Specimen : Duodenum

Macro : A 12 x 8mm circumscribed yellow nodular lesion was noted in section part of duodenal. H&E section from duodenum. The tumour was positive for chromogranin, synaptophysin, CD56, CAM5.2 and S100 protein.

	Suggested Diagnoses	Score
1	Gangliocytic paraganglioma	7.81
2	Neuroendocrine / Carcinoid tumour	1.87
3	Endocrine tumour	0.23
4	Signet ring adenocarcinoma	0.08
5	GIST	0.01

Most popular diagnosis: Gangliocytic paraganglioma

Reported Diagnosis: Gangliocytic paraganglioma

Case Number: 612

[Click here to view Case 612](#)

Diagnostic category: Gynae

Clinical: F34. Menorrhagia. Fatty nodule? Endometrioma? Omentum? Desmoid?

Specimen : Lump from abdominal wall

Macro : Labelled fatty lump abdominal wall – specimen consists of two pieces of fatty tissue the larger measures 50 x 35 x 30mm, the smaller measures 45 x 30 x 20mm. Slicing reveals a variegated fibrous appearance some with cysts.

	Suggested Diagnoses	Score
1	Endometriosis	10.00

Most popular diagnosis: Endometriosis

Reported Diagnosis: Endometriosis

Case Number: 613

[Click here to view Case 613](#)

Diagnostic category: Endocrine

Clinical: F38. Thyroid nodule on ultrasound 2cm. Thy3 on FNA. Lobectomy performed.

Specimen: Right thyroid

Macro: Thyroid lobe 16.5g with an encapsulated nodule 19 x 17 x 20mm.
Comment: Background thyroid is multinodular.

	Suggested Diagnoses	Score
1	Follicular adenoma	9.31
2	Benign colloid nodule	0.31
3	Papillary carcinoma	0.08
4	Hyperplastic nodule (with focal HTA pattern)	0.09
5	Hyperthyroid nodule	0.08
6	Follicular carcinoma	0.13

Most popular diagnosis: Follicular adenoma

Reported Diagnosis: Follicular Adenoma

Case Number: 614

[Click here to view Case 614](#)

Diagnostic category: GU

Clinical: F58. Right upper pole renal tumour 28mm on CT. Underwent lap. partial nephrectomy.

Specimen: Kidney

Macro : Partial nephrectomy weighing 14.8g & measuring 35 x 35 x 20mm. Alcain blue positive. **Immuno:** CK7, E-cadherin, vimentin, CK19, P504S = pos. CD10, CD117 = neg. EMA = focal pos. MIB1 = 5%.

	Suggested Diagnoses	Score
1	Mucinous tubular and spindle cell carcinoma	8.99
2	Clear cell tubulopapillary carcinoma	0.15
3	Papillary RCC type 1	0.15
4	Collecting duct (Bellini) carcinoma	0.38
5	Chromophobe RCC	0.11
6	Metastatic adenocarcinoma	0.03
7	Papillary RCC type 2	0.02
8	Renal cell carcinoma	0.17

Most popular diagnosis: Mucinous tubular and spindle cell carcinoma

Reported Diagnosis: Mucinous tubular + spindle cell RCC

Case Number: 615

[Click here to view Case 615](#)

Diagnostic category: Breast

Clinical: F50. Multiple previous biopsies for benign breast disease. Recent 4cm cystic lump with 14mm mass.

Specimen: Breast

Macro :Fatty tissue 40 x 30 x 19mm weighing 13g. Cyst with solid areas extends through much of the specimen.

	Suggested Diagnoses	Score
1	Intraductal papilloma	9.84
2	Intraductal carcinoma	0.08
3	Papillary DCIS	0.08

Most popular diagnosis: Intraductal papilloma

Reported Diagnosis: Intra duct papillomata (multiple)

Case Number: 616

[Click here to view Case 616](#)

Diagnostic category: Skin

Clinical: F40. Vulval lesion (excision).

Specimen: Vulval excision

Macro : A nodule of ulcerated skin measuring up to 13mm.

	Suggested Diagnoses	Score
1	Hidradenoma papilliferum	9.77
2	Syringocystadenoma papilliferum	0.23

Most popular diagnosis: Hidradenoma papilliferum

Reported Diagnosis: Hidradenoma Papilliferum

Case Number: 617

[Click here to view Case 617](#)

Diagnostic category: Lymphoreticular

Clinical: M18. Left level 5 neck node. Bilateral cervical lymphadenopathy.
Asymptomatic.

Specimen: Lymph node

Macro : Lymph node 28 x 22 x 18mm. Immuno: Large cells CD15 & CD30 +ve /
CD20 & CD79a –ve.

	Suggested Diagnoses	Score
1	Hodgkins disease	9.96
2	T cell lymphoma	0.04

Most popular diagnosis: Hodgkins disease

Reported Diagnosis: Nodular sclerosis Hodgkin lymphoma

The reported diagnosis was amended and re-issued 6.11.15

Case Number: 618

[Click here to view Case 618](#)

Diagnostic category: Miscellaneous

Clinical: M29. Recurrent pain 3rd web space right foot after Morton's neuroma excision.

Specimen: Soft tissue

Macro : Elongated piece of fibrofatty tissue. 41 x 8 x 5 transverse slices taken all embedded.

	Suggested Diagnoses	Score
1	Stump neuroma / Morton's / Traumatic neuroma	9.81
2	Plexiform neurofibroma	0.11
3	Neurothekoma	0.08

Most popular diagnosis: Stump neuroma / Morton's / Traumatic neuroma

Reported Diagnosis: Nerve stump neuroma

This case has been excluded from personal scoring

Case Number: 619

[Click here to view Case 619](#)

Diagnostic category: Miscellaneous

Clinical: F80. Aneurysm of the aorta.

Specimen: Aorta

Macro : An irregular piece of aorta 77 x 58mm with some fatty plaques on the luminal aspect.

	Suggested Diagnoses	Score
1	Giant cell / Granulomatous aortitis	7.01
2	Cystic medial necrosis	0.87
3	Atherosclerosis related / aneurysm	1.08
4	Rheumatoid nodules	0.41
5	Necrotising aortitis	0.17
6	Fatty plaque. Granuloma	0.08
7	Syphilitic/infective aortitis	0.29
8	Necrobiotic granulomatous inflamm ? CT disease	0.09

Most popular diagnosis: Giant cell / Granulomatous aortitis

Reported Diagnosis: Giant cell arteritis

This case has been excluded from personal scoring

Case Number: 620

[Click here to view Case 620](#)

Diagnostic category: GI Tract

Clinical: M71. Laparoscopic cholecystectomy.

Specimen: Gall bladder

Macro: Gall bladder 75mm long and 25mm diameter with ragged scarred appearance. Immuno: Positive for CK7. Negative for CK20, chromogranin and synaptophysin.

	Suggested Diagnoses	Score
1	Adenocarcinoma	10.00

Most popular diagnosis: Adenocarcinoma

Reported Diagnosis: Poorly differentiated adenocarcinoma of gall bladder

EDUCATIONAL CASE

Case Number: 621

[Click here to view Case 621](#)

Diagnostic category: Educational

Clinical: F52. Emergency Laparotomy for abdominal pain. Ruptured left ovarian cyst with 1.5l of intra-abdominal blood.

Specimen: Cyst

Macro: A ruptured cyst measuring 105 x 70 x 20mm, partly thin-walled with blood clot and friable tissue on the inner surface and outer surface appears smooth. A fallopian tube is attached measuring 60 x 15mm. **Immuno:** Strongly positive for Calretinin, Vimentin, p53 and CD56 with weak expression for WT1 and patchy expression of cytokeratins. It is negative for S100, SMA, CK7, Chromogranin and Synaptophysin and CA125.

Suggested diagnoses:

<p>Granulosa Cell tumour Adult granulosa cell tumour Granulosa cell tumour of the ovary Granulosa cell tumour, adult subtype Sex cord tumour/granulosa cell tumour Granulosa cell tumour, adult-type Ovary/pelvic peritoneum – Papillary serous carcinoma Cystic granulosa tumour Ovarian small cell carcinoma of ovarian type Neuroendocrine carcinoma ?primary ovarian ?met Well differentiated granulosa cell tumour Small cell carcinoma, hypercalcemic type Neoplasm NOS ?sex cord stromal ?inhibin positive Sex cord stromal tumour – sertoli leydig lesion Small cell carcinoma Neuroendocrine carcinoma Malignant granulosa cell tumour Adnexal tumour / sex cord tumour Carcinoid arising in an ovarian teratoma Sertoli cell tumour Basaloid tumour, infiltrating, ?neuroendocrine/granulosa cell tumour</p>	<p>Carcinoma with Neuroendocrine features Sex cord stromal tumour most likely Granulosa cell tumour Poorly differentiated Sertoli-Leydig cell tumour Ovary /pelvic peritoneum –Papillary serous carcinoma Small cell undifferentiated carcinoma Small cell carcinoma Hypercalcemic type Small cell carcinoma pulmonary type PNET Papillary serous carcinoma Mesothelioma Gonadal stromal tumour – adult granulosa cell tumour. Brenner tumour Carcinosarcoma Sex cord – stromal tumour possibly granulosa cell tumour Small cell carcinoma of ovary (hypercalcaemic type)</p>
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Reported Diagnosis: Adult granulosa cell tumour

EDUCATIONAL CASE

Case Number: 622

[Click here to view Case 622](#)

Diagnostic category: Educational

Clinical: M85. Acute appendicitis.

Specimen: Appendix

Macro : Appendix received in two pieces, together 80mm. The serosa is congested.

<p>Tubulovillous Adenoma Sessile serrated polyp Mucinous cystadenoma Mucinous cystadenoma with low grade dysplasia Mucinous cystadenoma of the appendix Sessile serrated lesion with low grade dysplasia Serrated lesion – SSA +/- mucinous neoplasm Sessile serrated adenoma Low grade mucinous neoplasm of the appendix LAMN Sessile serrated polyp/adenoma without cytological atypia Appendix, resection – mucinous epithelial neoplasm, low grade/benign Low grade mucinous appendiceal neoplasm limited to appendix (LAMN) Serrated adenoma Cystadenoma NOS Low grade mucinous tumour / adenoma with low grade dysplasia Mucinous hyperplasia Evidence of possible organisms and areas of villous change ?adenoma Periappendicular serositis, mucinous tumour Low grade appendiceal mucinous neoplasm Serrated polyp with ?metastasis LAMN (at least); Appendix perforated and suspicious serosal component – needs CD34 and broad spectrum cytokeratin</p>	<p>Adenoma Mucinous tumour, tip area of appendix resembling a TVA Mucin secreting villous adenoma Mucinous cystadenoma with low grade dysplasia and acute appendicitis Mucinous cystadenoma of appendix Poorly differentiated carcinoma on serosal surface? Met Appendiceal mucinous tumour Appendix, resection – Mucinous epithelial neoplasm, low grade/benign Mucinous tumour/lesion ?Benign ?Borderline ? Mucocoele Hyperplasia vs sessile serrated lesion/polyp Benign Appendiceal Mucinous Neoplasm Low grade appendicular mucinous neoplasm Villous adenoma of appendix Low grade mucinous neoplasm of appendix Hyperplastic polyposis</p>
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Reported Diagnosis: Sessile serrated lesion