

South East England General Histopathology EQA Scheme Round m Preliminary Case Analyses

Cases 780 to 791

Circulated December - February 2020

143 responses (91.08%)



Prepared **March 2020** Authorised by: Prof J Schofield

Date: 6th March 2020

Please return to the EQA office by Friday 27th March.

EQA Office email address: mtw-tr.EQA@nhs.net

EQA Preliminary Case Consultation Instructions

1. Please review the preliminary results and decide whether or not any diagnoses should be merged. Merging should be considered if
 - Two or more diagnoses are synonyms
 - The difference between two diagnosis would not alter clinical management of the patient

Note:

- More than one combination of merges may be appropriate e.g. merging two or more malignant diagnoses together and merging two or more benign diagnoses together.
 - After merging, the remaining list of diagnoses should be clinically distinct and you consider only one to be the "correct" diagnosis
2. Please only use the number of the diagnosis, not its full description. If you do not think any merging should be performed, then please indicate this ("merge none")
 3. The comments field can be used for your comments on the suitability of the case or any other comments you may have.
 4. Please ensure you comment on every case.
 5. Please complete the attached sheets and return to the EQA Office by the deadline date above. Any incomplete or late returns will not be accepted.
 6. Please ensure your confidential code is entered on your form.

General notes about the consultation process

Those taking part in the Case Consultation for a round are considered the expert participant group and each expert participant **will be awarded an extra CPD point per round.**

Please note the purpose of consultation is not to vote for the "correct" answer. This has already been determined by the percentage agreement of submitted diagnoses and the confidence level of the diagnosis. It is perfectly possible that there may be 80% agreement to merge two benign diagnoses, but the "correct" diagnosis may be a malignant diagnosis.

ROUND: m
PARTICIPANT CODE:**Case Number: 780**[Click here to view digital image](#)**Diagnostic category:** GI**Clinical** : F65. Laparoscopic cholecystectomy - previous cholecystitis and obstructive jaundice. White spots all over liver - biopsy of one taken.**Specimen** : Liver**Macro** : Tan piece of tissue measuring 7 x 5 x 2 mm maximum.

| | Suggested Diagnoses |
|---|--|
| 1 | Bile Duct Micro hamartoma / Von Meyenberg Complex |
| 2 | Acute Hepatitis |
| 3 | Bile Duct Adenoma |
| 4 | Sepsis |
| 5 | Bile Duct Adenoma with background hepatitis |
| 6 | Bile Duct Hamartoma with background hepatitis |
| 7 | Reactive ductular proliferation and acute inflammation |
| 8 | Capsular fibrous plaque with reactive ductal proliferation |
| 9 | Multiple hepatic microabscesses |
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CASE CONSULTATION:**Please suggest diagnoses to merge (numbers only)**

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Comments

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Case Number: 781

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Diagnostic category: Gynae

Clinical : F55. Subtotal hysterectomy + cervix

Specimen : Endomyometrium/ hysterectomy

Macro : Endometrium: Numerous papillary structures along the anterior endometrial component. Myometrium: markedly thickened, maximum width is 3.8cm.

| | Suggested Diagnoses |
|---|--|
| 1 | Adenomyosis |
| 2 | Adenomyosis and progesterone effect |
| 3 | Polypoid pseudodecidual reaction / Progesterone effect |
| 4 | Endometrial polyp with hormonal pseudodecidualisation |
| 5 | Endometrial polyp with adenomyosis |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 782

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Diagnostic category: Endocrine

Clinical : M74. Right nephrectomy for cancer. Also adrenal lesion.

Specimen : Right adrenal

Macro : 27 mm adrenal tumour.

| | Suggested Diagnoses |
|---|----------------------------------|
| 1 | Myelolipoma |
| 2 | Myolipoma |
| 3 | Myeloid metaplasia (bone marrow) |
| 4 | Extramedullary haematopoiesis |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 783

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Diagnostic category: GU

Clinical : M60. Sebaceous cyst excised from scrotum

Specimen : Scrotal cyst

Macro : An 12 x 10mm irregular piece with 3mm cyst containing white material.

| | Suggested Diagnoses |
|---|-----------------------------------|
| 1 | Calcinosis Cutis |
| 2 | Ruptured epidermal inclusion cyst |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 784

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Diagnostic category: Lymphoreticular

Clinical : F70. Enlarged left parotid gland

Specimen : Salivary gland

Macro : A piece of firm tan tissue 25 x 15 x 10mm. Slicing reveals a cyst measuring 20mm, no contents noted inside.

| | Suggested Diagnoses |
|---|----------------------------|
| 1 | Lymphoepithelial cyst |
| 2 | Warthin tumour / cyst |
| 3 | Lymphadenoma |
| 4 | Branchial cleft cyst |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 785[Click here to view digital image](#)**Diagnostic category:** Respiratory**Clinical** : F76. Previous breast cancer. Previous talc pleurodesis. Large left sided effusion ?malignancy.**Specimen** : Lung**Macro** : Multiple pieces of tissue, the largest measuring 10 x 8 x 3mm and the smallest 6 x 3 x 2mm.**Relevant information on special stains / immunohistochemistry:**

Immunohistochemistry shows variably-disrupted mesothelium (pancytokeratin, WT1 and calretinin), but no staining with TTF-1, CEA, Ber-EP4, CD56, ER or HER2. CD20 and CD79a shows B-cell follicles. The germinal centres are CD10+/BCL6+/BCL2-. CD23 follicular dendritic cell meshworks and noted. There is mixed kappa and lambda light chain immunostaining. CD3 and CD5 show scattered reactive T-cells. There is no cyclin D1 immunostaining. The Ki67 proliferation index is low.

| | Suggested Diagnoses |
|----|---|
| 1 | Reactive lymphoid reaction |
| 2 | Foreign body reaction to talc |
| 3 | Non-diagnostic. Tests requested to rule out lymphoproliferative process |
| 4 | Reactive mesothelial hyperplasia |
| 5 | Reactive fibrosing pleuritis |
| 6 | Benign changes in keeping with talc pleurodesis |
| 7 | Talc reaction and follicular lymphoma |
| 8 | NHL B Cell Lymphoma |
| 9 | Should not report without discussion with Lymphoreticular pathologist |
| 10 | Sub-optimal due to crush artefact |

CASE CONSULTATION:**Please suggest diagnoses to merge (numbers only)**

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Comments

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Case Number: 786

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Diagnostic category: Breast

Clinical : M69. Right chest wall mass M4U3

Specimen : Breast core biopsy

Macro : Two fibro fatty tissue cores measuring 6mm and 8mm

Relevant information on special stains / immunohistochemistry:

CD34/desmin positive/ SMA focal positive. MNF116, S100 negative

| | Suggested Diagnoses |
|---|--|
| 1 | Solitary Fibrous Tumour |
| 2 | Myofibroblastoma |
| 3 | Myoepithelioma |
| 4 | Dermatofibrosarcoma protuberance (DFSP) |
| 5 | Pseudoangiomatous stromal hyperplasia (PASH) |
| 6 | Angiomyofibroblastoma |
| 7 | Glomus Tumour |
| 8 | Leiomyoma |
| 9 | Angioleiomyoma |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 787

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Diagnostic category: Skin

Clinical : F93. Lesion on leg

Specimen : Leg

Macro : Skin 40 x 39 x 15mm with a 10mm raised surface lesion located 8mm from the margin.

Relevant information on special stains / immunohistochemistry:

CD56+, synaptophysin+, chromgranin A +/-; 'Dot-like positive for CK20 & MNF116.
TTF-1, S100, Melan A, HMB45, CD45 negative

| | Suggested Diagnoses |
|---|---|
| 1 | Merkel Cell carcinoma |
| 2 | Metastatic Neuroendocrine carcinoma |
| 3 | Small cell tumour. Favour Merkel but exclude metastatic |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 788

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Diagnostic category: Skin

Clinical : M54. Lesion on back. 17/12 ?hypertrophic scar

Specimen : Skin

Macro : ellipse of skin 47 x 20 x 13mm with scar 35 x 13, TS x 2.

| | Suggested Diagnoses |
|---|---|
| 1 | Keloid scar and ulcerated cyst |
| 2 | Keloid scar (+/- inflammation) |
| 3 | Elastofibroma |
| 4 | Ruptured epidermal cyst with FB reaction and scarring |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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Case Number: 789

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Diagnostic category: Miscellaneous

Clinical : F70. Large lump on inferomedial border of scapula deep to muscle

Specimen : Lump from right scapula

Macro : Nodule of fibrofatty tissue (8 x 5 x 3cm)

| | Suggested Diagnoses |
|---|----------------------------|
| 1 | Elastofibroma |
| 2 | Nuchal Type Fibroma |
| 3 | Spindle cell lipoma |
| 4 | Nodular Panniculitis |
| 5 | Intramuscular lipoma |
| 6 | Angiomyolipoma |
| 7 | Fibrolipoma |
| 8 | Atypical lipomatoid tumour |
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CASE CONSULTATION:

Please suggest diagnoses to merge (numbers only)

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Comments

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EDUCATIONAL CASE

Case Number: 790

[Click here to view digital image](#)

Diagnostic category: Miscellaneous

Clinical : M82. Left lower eyelid: ? Pyogenic granuloma.

Specimen : Eyelid

Macro : Skin ellipse measuring 10 x 6 x 2 mm, bearing a nodular lesion of 4mm.

Suggested diagnoses:

| | |
|--|---|
| <p>Sebaceous carcinoma x 95 Sebaceous gland carcinoma x6 Intra-epidermal sebaceous carcinoma Sebaceous carcinoma in situ Ocular sebaceous carcinoma Poorly differentiated sebaceous carcinoma Poorly differentiated sebaceous/Meibomian gland carcinoma Poorly differentiated sebaceous cell carcinoma Poorly differentiated carcinoma, ?Sebaceous (versus squamous) Poorly differentiated squamous cell carcinoma Malignant epithelial tumour-poorly diff Squamous cell carcinoma – although looks like melanoma! Porocarcinoma x 5 Basosquamous carcinoma x 4 Basosquamous cell carcinoma x 2 Basaloid squamous cell carcinoma x 5 Basaloid squamous cell carcinoma of the eyelid Early Squamous cell Carcinoma Squamous cell ca Poorly differentiated squamous cell carcinoma Basal cell carcinoma with sebaceous differentiation x 2 Basal-cell carcinoma x 2 Basal cell carcinoma with sebaceous differentiation x 2 Basaloid SCC x 4 Basaloid type poorly differentiated squamous cell carcinoma BCC with sebaceous differentiation x 2 Basaloid SCC with Bowen's disease x 2 Bowen disease and early invasive squamous cell carcinoma</p> | <p>Adnexal carcinoma Skin adnexal carcinoma Adnexal carcinoma/ sebaceous carcinoma Meibomian gland carcinoma x 2 Apocrine carcinoma carcinoma Cryptococcus Extra mammary Paget's disease with possible invasion (adenocarcinoma) No S100?</p> |
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Reported Diagnosis: Sebaceous carcinoma

EDUCATIONAL CASE

Case Number: 791

[Click here to view digital image](#)

Diagnostic category: GI

Clinical : F26. Appendix

Specimen : Appendix

Macro : Appendix showing fibro-obliterative change at tip but otherwise macroscopically unremarkable.

Suggested diagnoses:

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|--|---|
| <p>Cryptosporidiosis x 56 Ganglioneuroma x 8 Fibrosis obliteration at tip of appendix x 8 Lymphangioma x 5 Microsporidiosis x 5 No significant abnormalities x 5 Lymphangiectasia x 4 Normal x 5 Normal Appendix x 3 Minimal changes Normal histologic features in appendix Dilated lymphatics, unremarkable Diverticulosis x 3 Fungal infection x 3 Fungal organisms x 3 Fungal spores in lumen Parasite Parasitic (protozoan) infestation seen on surface of luminal cells Spores like organisms on the epithelial surface Microorganisms noted on the surface epithelium. Some form of infection Basophilic organisms on luminal surface Nothing obvious. ??vascular abnormality Serosal adhesions indicating previous inflammatory episodes Neurofibroma x 2 Leiomyoma x 2 Smooth muscle hyperplasia/leiomyoma x 2</p> | <p>Fibrous obliteration x 2 Fibrous obliteration of Appendix with adipose tissue within submucosa Adipose and fibrous obliteration of the tip Not sure fibro-obliterative change Appendiceal neuroma Mucosal Neuroma Neuroma Granular cell tumour Sebaceous carcinoma Amoebic Enteritis Fibrolipomatous hamartoma Angiomyolipoma Lipoblastoma Benign vascular malformation Vascular malformation Chronic appendicitis Lymphocytic appendicitis Appendiceal neuroma/neurogenic appendicitis Granulomatous appendicitis? Chon's Histoplasma Histiocytic collection Absence of plasma cells, in keeping with common variable immune deficiency (CVID). Dots along surface of epithelium Benign; mural inflammation at neck – eosinophils and foamy macrophages Focal ulceration with eosinophils</p> |
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Reported Diagnosis: Cryptosporidiosis