



7808

# South East England General Histopathology EQA Scheme

## Round n Final Case Analyses

### Cases

792 to 803

### Circulated

September - October 2020

**147 responses (88.55%)**

**Prepared December 2020**

For information on scoring and statistical analysis, please see explanation on our website under section "How the scoring works".

Authorised by:

Prof J Schofield

Date: 14/12/2020

With thanks to those who contributed to this round:

Trust	ISO accreditation number
<b>Maidstone and Tunbridge Wells NHS Trust</b>	<b>8062</b>
<b>East Sussex Healthcare NHS Trust</b>	<b>8790</b>
<b>Western Sussex Hospitals NHS Foundation Trust</b>	<b>/</b>
<b>Kingston Hospital NHS Foundation Trust</b>	<b>8132</b>
<b>King's College Hospital NHS Foundation Trust</b>	<b>9705</b>
<b>Surrey and Sussex Healthcare NHS Trust</b>	<b>/</b>
<b>Lewisham &amp; Greenwich NHS Trust</b>	<b>9330</b>
<b>Colchester Hospital University NHS Foundation Trust</b>	<b>9316</b>
<b>Frimley Park Hospital NHS Foundation Trust</b>	<b>9727</b>
<b>Guys and St Thomas's NHS Foundation Trust</b>	<b>9323</b>



**Case Number:** n793 [Click here to view digital image](#)

**Diagnostic category:** Endocrine

**Clinical** : M52. Total parathyroidectomy. Renal failure patient.  
Hyperparathyroidism.

**Specimen** : Parathyroid

**Macro** : Parathyroid measuring 17x11x5mm, weighing 0.77g. Cut surface shows white nodule centrally 3x4mm.

	<b>Final Merges</b>	<b>Score</b>
1	Parathyroid adenoma	4.05
2	Parathyroid Hyperplasia	5.43
3	Nodular hyperplasia (tertiary hyperparathyroidism)	0.28
4	Atypical parathyroid adenoma	0.07
5	Parathyroid carcinoma	0.03
6	Adenomatoid hyperplasia	0.07
7	Adenomatoid hyperplasia with some atypical features	0.07
<b>THIS CASE HAS BEEN EXCLUDED FROM PERSONAL ANALYSES</b>		

**Most popular diagnosis:** Parathyroid Hyperplasia

**Reported Diagnosis:** Parathyroid Hyperplasia



**Case Number:** n795 [Click here to view digital image](#)

**Diagnostic category:** GU

**Clinical** : F63. TURBT specimen. Clinically TCC muscle invasive.

**Specimen** : TURBT

**Macro** : Multiple pale brown fragments, compiled 60 x 50 x 15mm, 19 grams.

**Immuno** : Positive: CK7, CA125, VIMENTIN, ER.  
Negative: p63, CK20, HMWCK, CEA, CDX2, TIF1.

	<b>Final Merges</b>	<b>Score</b>
1	Endometrioid adenocarcinoma NOS (Metastatic / invading bladder )	8.52
2	Primary bladder carcinoma (mullerian endometrioid)	0.44
3	Adenocarcinoma	0.36
4	Tubulovillous adenoma of urachus origin	0.04
5	Pseudoinfiltrative tubodometrioid metaplasia - mullerian	0.02
6	Tubulovillous adenoma arising in cystitis glandularis	0.01
7	Metastatic high grade serous carcinoma (FGT origin)	0.61

**Most popular diagnosis:** Endometrioid adenocarcinoma NOS (Metastatic / invading bladder)

**Reported Diagnosis:** Appearance suggestive of a well differentiated endometrioid adenocarcinoma. Patient had a history of ovarian endometrioid adenocarcinoma 11 years ago.

**Case Number:** n796 [Click here to view digital image](#)

**Diagnostic category:** Gynae

**Clinical** : F78. Post-menopausal bleeding. Disordered proliferation of the endometrium. Left ovarian mass.

**Specimen** : Ovary

**Macro** : The left ovary measures 22 x 27 x 18mm

**Immuno** : Positive: inhibin, calretinin, CD56, WT1  
Focal positive: CK8/18  
Negative: CK7 and EMA

	<b>Final Merges</b>	<b>Score</b>
1	Granulosa Cell Tumour	9.79
2	Sex Cord stromal tumour	0.14
3	Fibrothecoma	0.07

**Most popular diagnosis:** Granulosa Cell Tumour

**Reported Diagnosis:** Adult granulosa cell tumour.







**Case Number: n799** [Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical** : F78. Perianal skin tag

**Specimen** : Skin

**Macro** : Polypoid Skin 8x5x4mm

	<b>Final Merges</b>	<b>Score</b>
1	AIN with benign intradermal melanocytic naevus	8.66
2	Glomus coccygeum / glomus tumour	0.07
3	Benign Intradermal naevus	0.65
4	AIN only	0.10
5	Poorly differentiated SCC (+/- AIN 1-3)	0.03
6	Pagets with underlying poorly differentiated SCC / extra mammary invasive pagets	0.04
7	Malignant melanoma	0.28
8	Compound naevus with dysplastic features	0.14
9	Glomus Tumour with AIN3	0.01

**Most popular diagnosis:** AIN with benign intradermal melanocytic naevus

**Reported Diagnosis:** AIN + Naevus

**Case Number: n800** [Click here to view digital image](#)

**Diagnostic category:** Respiratory

**Clinical** : F76. 2cm left lower lobe lung mass? Ca? Metastasis

**Specimen** : Left lower lobe Lung

**Macro** : CT lung core biopsy

**Immuno:** Positive: CK7, TTF-1, CD56, Chromogranin A, synaptophysin  
Negative: CK20, CDX2

	<b>Final Merges</b>	<b>Score</b>
1	Carcinoid	9.82
2	NSCLC with neuroendocrine differentiation	0.07
3	Atypical carcinoid	0.03
4	Adenocarcinoma of lung with NE differentiation	0.01
5	Large cell neuroendocrine tumour	0.07

**Most popular diagnosis:** Carcinoid

**Reported Diagnosis:** Typical Carcinoid Tumour

**Case Number:** n801 [Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical** : F69. Ichthyosis skin changes ?Ichthyosiform sarcoidosis. PMHx sarcoid

**Specimen** : Skin biopsy

**Macro** : 6mm punch. Bisected, all embedded.

	<b>Final Merges</b>	<b>Score</b>
1	Granulomatous dermatitis in keeping with sarcoidosis	9.86
2	Fungal infection	0.01
3	Crohn's disease	0.01
4	Mycobacterial infection	0.01
5	Rosacea	0.02
6	Lupus Vulgaris	0.01
7	Granulomatous mycosis fungoides	0.07

**Most popular diagnosis:** Granulomatous dermatitis in keeping with sarcoidosis

**Reported Diagnosis:** Granulomatous inflammation in keeping with sarcoidosis

## EDUCATIONAL CASE

**Case Number: n 802** [Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical :** M59. 2cm papillomatous growth with crusting on left mammary area  
? Seb K, ? SCC. Past medical history of rectal and colonic  
adenocarcinoma at the age of 45 and 47 respectively.

**Specimen :** Skin

**Macro :** Piece of tan warty tissue measuring 23x22x4mm

**Immuno:** Positive: MLH1 AND PMS2  
Negative: MSH2 AND MSH6

<p>Sebaceous carcinoma x 49 Sebaceous Adenoma – Muir Torre x 38 Sebaceoma x 17 Sebaceoma, likely Muir-Torre syndrome x 10 Sebaceous Adenoma x 7 Sebaceous Epithelioma x 5 Sebaceous carcinoma (Lynch syndrome) x 3 Sebaceoma in context of Muir-Torre syndrome x 5 Sebaceous epithelioma / carcinoma occurring in the context of Muir Torre syndrome x 2 Sebaceous carcinoma with possible background of Naevus sebaceous Sabaceoma vs sebaceous carcinoma Sebaceous tumour in probable Torre-Muir syndrome (Sebaceoma vs sebaceous carcinoma) SEBACEOUS NEOPLASM (MUIR-TORRE SYNDROME) Sebaceous carcinoma (MMR-deficient) Skin appendage tumour – sebaceous differentiation Granular cell tumour</p>	<p>Sebaceous adenocarcinoma Sebaceous tumour Sebaceous adenoma possibility of Lynch syndrome should be suggested on MMR immuno stains results. Sebaceous cell carcinoma Sebaceous neoplasm, favour Sebaceoma</p>
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**Reported Diagnosis:** Sebaceoma/sebomatricoma, associated with  
muir-torresyndrome.

## EDUCATIONAL CASE

**Case Number:** n 803 [Click here to view digital image](#)

**Diagnostic category:** Skin

**Clinical:** M83. Punch biopsy from right chest:? Sarcoid. ? Mycosis fungoides. ? Amelanotic melanoma. ? Merkel cell carcinoma.

**Specimen** : Skin

**Macro** : Skin ellipse 20 x 7 x 5mm with central pearly white nodule 5 x5mm

**Immuno:** Positive: Lysozyme, CD123 and HLADAR

<p>BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM x 52 Myeloid sarcoma x 24 Acute myeloid leukaemia x 16 Histiocytic sarcoma x 9 Leukaemia cutis x 8 Dendritic cell neoplasm x 6 Acute myeloid/monocytic leukaemia x 6 Granulocytic sarcoma x 5 Chloroma x 3 Langerhans cell sarcoma x 3 Myeloblastic Leukaemia x 2 T cell leukaemia x 2 Leukaemic deposit x 2 Acute myeloid leukaemia, also do CD4/CD56 to rule out blastic plasmacytoid dendritic cell tumour, unless there is a history of AML Myeloid neoplasm Cutaneous myeloid sarcoma Myeloid sarcoma (AML with monocytic differentiation) Primary cutaneous anaplastic large cell lymphoma Myleomonocytic leukaemia Small round blue cell tumour in the dermis favour cutaneous lymphoma-needs IHC Histiocytic lymphoma MALIGNANT INFILTRATE DDX LYMPHOMA MELANOMA POORLY DIFF CAARCINOMA NEEDS IMMUNOS MYCOSIS FUNGOIDES Agranular haematodermic neoplasm</p>	<p>Skin infiltration by leukaemia Cutaneous leukaemic infiltrate, ?myeloid Cutaneous monoblastic Sarcoma Merckel cell tumour Myeloid sarcoma (granulocytic sarcoma) HAEMATOLOGICAL MALIGNANCY Monocytic leukaemic infiltrate AIN (anal intraepithelial neoplasia) - all grades – AIN 1, 2 and 3, overlying intradermal melanocytic naevus Haematolymphoid neoplasm - difficult to classify Lymphoreticular tumour Lymphoreticular neoplasm Haematological malignancy, likely acute myeloid leukaemia/myeloid sarcoma. Further IHC for confirmation Cutaneous monoblastic sarcoma / monoblastic leukaemia cutis Haematological malignancy x 2 Blastic NK cell lymphoma Monocytic sarcoma Malignant lymphoproliferative neoplasm; immunophenotype favouring a malignant dendritic cell neoplasm High-grade B-cell lymphoma Cutaneous involvement by Acute Myeloid Leukaemia Cutaneous T cell lymphoma (NK type) AML(of course this should not express cd123) CUTANEOUS CLL DEPOSIT</p>
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**Reported Diagnosis:** Blastic plasmacytoid dendritic cell neoplasm