South East England **General Histopathology EQA Scheme**



7808

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
Maidstone and Tunbridge Wells NHS Trust	8062
East Sussex Healthcare NHS Trust	8790
Western Sussex Hospitals NHS Foundation Trust	1
Kingston Hospital NHS Foundation Trust	8132
King's College Hospital NHS Foundation Trust	9705
Surrey and Sussex Healthcare NHS Trust	1
Lewisham & Greenwich NHS Trust	9330
Colchester Hospital University NHS Foundation Trust	9316
Frimley Park Hospital NHS Foundation Trust	9727
Guys and St Thomas's NHS Foundation Trust	9323

Case Number: n792 Click here to view digital image

Diagnostic category: Breast

Clinical : A 44 year old female with left medial and lateral breast masses.

Specimen : Lateral breast mass

Macro: A well demarcated mass weighing 5g and measuring 25 x 25 x 10mm. Cut

surface is tan lobulated with no areas of haemorrhage or necrosis.

	Final Merges	Score
1	Fibroadenoma	9.86
2	Benign Phyllodes tumour	0.14

Most popular diagnosis: Fibroadenoma

Reported Diagnosis: Complex fibroadenoma

Case Number: n793 <u>Click here to view digital image</u>

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.

	Final Merges	Score
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
	THIS CASE HAS BEEN EXCLUDED FROM PERSONAL ANALYSES)

Most popular diagnosis: Parathyroid Hyperplasia

Reported Diagnosis: Parathyroid Hyperplasia

Case Number: n794 <u>Click here to view digital image</u>

Diagnostic category: GI

Clinical : F59. Small bowel mass found on laparotomy. Previous history of

breast cancer. No evidence of gynaecological pathology.

Specimen : Small bowel

Macro: Segment of small bowel 290 m lengths with a mass 85x55x50mm, protruding

into bowel lumen, but extending into subserosal fat. The tumour has a solid

tan fleshy cut surface.

Immuno: DOG1, CD117, SMA +ve; AE1/3, S100, Desmin, caldesmon, CD34 -ve.

	Final Merges	Score 10.00
1	GIST	10.00

Most popular diagnosis: GIST

Reported Diagnosis: Gastro intestinal tumour

Case Number: n795 <u>Click here to view digital imag</u>

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.

	Final Merges	Score
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 tubodendometrioid 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 <u>Click here to view digital image</u>

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

	Final Merges Granulosa Cell Tumour	Score
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: n797 <u>Click here to view digital image</u>

Diagnostic category: Lymphoreticular

Clinical : F58. Lower abdominal pain 6/12. BG Haemochromatosis,

endometriosis, left breast cancer

Specimen : Ileum

Macro: Ileum 210mm in length with nodular thickening 80 x 60mm; clear of

margins, c/s shows soft fleshy tumour in the wall with involved LN's.

Immuno: Positive: CD20, CD10, BC16, BC12 (weak), Ki67 in up to 90% cells.

Negative: MUM-1.

	Final Merges	Score
1	Diffuse / Large / High grade B Cell Lymphoma	9.44
2	Burkitt's Lymphoma and ? Burkitt's	0.56

Most popular diagnosis: Diffuse / Large / High grade B Cell Lymphoma

Reported Diagnosis: Diffuse large B Cell Lymphoma

Case Number: n798 <u>Click here to view digital image</u>

Diagnostic category: Miscellaneous

Clinical : F43. Left lateral border of oral tongue lesion.

Specimen : Tongue

Macro: An ellipse of mucosal tissue measuring 14x8x7mm deep. No obvious lesion

is seen. T/S x 4 in two cassettes. All sent.

Immuno: Positive: PAS, S100 and CD68, Negative: Pankeratin

	Final Merges Granular cell tumour	Score
1	Granular cell tumour	10.00

Most popular diagnosis: Granular cell tumour

Reported Diagnosis: Granular cell tumour

Case Number: n799 <u>Click here to view digital image</u>

Diagnostic category: Skin

Clinical : F78. Perianal skin tag

Specimen : Skin

Macro: Polypoid Skin 8x5x4mm

	Final Merges	Score
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 <u>Click here to view digital image</u>

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

	Final Merges	Score
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 <u>Click here to view digital image</u>

Diagnostic category: Skin

: F69. Icthyosis skin changes ?Ichthyosiform sarcoidosis. PMHx sarcoid

Specimen : Skin biopsy

Macro: 6mm punch. Bisected, all embedded.

	Final Merges	Score
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

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

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

Reported Diagnosis: Sebaceoma/sebomatricoma, associated with muir-torresyndrome.

Date of issue: Aug 2019

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: Lyzozyme, CD123 and HLADAR

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

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

Reported Diagnosis: Blastic plasmacytoid dendritic cell neoplasm

Document title: Final Case Analysis template

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