



South East England General Histopathology EQA Scheme

Round q Final Case Analyses

Cases 829 to 840

Circulated
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143 responses (81.71%)

Prepared: December 2021

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

[Please click here to understand the scoring protocol for cases](#)

Authorised by:

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With thanks to those who contributed to this round:

Trust	ISO accreditation number
East Sussex Healthcare NHS Trust	8790
Maidstone and Tunbridge Wells NHS Trust	8062
Mid and South Essex NHS Foundation Trust	7880
Western Sussex Hospitals NHS Foundation Trust	/
Swansea Bay University Health Board	8990
East Kent Hospitals University NHS Foundation Trust	9246
Epsom and St Helier University Hospitals NHS Trust	8626
Kingston Hospital NHS Foundation Trust	8132
King's College Hospital - NHS Foundation Trust	8620
Guys and St Thomas's NHS Foundation Trust	9323
Frimley Park Hospital NHS Foundation Trust	9727

Case Number: 829

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Diagnostic category: Miscellaneous

Clinical : M38. Left submandibular region (level Ib) cystic mass measuring 3.7cm in greatest dimension

Specimen : Cyst

Macro : A cyst measuring 35mm with smooth outer surface and containing creamy soft material. In the same container there are multiple lymph nodes (no slide submitted)

	Final Merges	Score
1	Branchial Cleft / Lymphoepithelial cyst	9.44
2	Epithelial / Epidermoid cyst	0.49
3	Tonsillar cyst	0.07

Most popular diagnosis: Branchial Cleft / Lymphoepithelial cyst

Reported Diagnosis: Squamous inclusion cyst

Case Number: 830

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Diagnostic category: Respiratory

Clinical : F76. Likely lung Ca with bone mets

Specimen : Lung Biopsy

Macro : Tan core measuring 15mm

Immuno: Positive: CK7, TTF1, Negative: CK20, CA125, Napsin A, CDX2, ER, PR, GCDFP, WT1, PAX8, Gata3, CK5/6, p63

	Final Merges	Score
1	Primary lung adenocarcinoma	8.98
2	Metastatic thyroid carcinoma	0.44
3	Carcinoma. Primary/metastatic not stated	0.58

Most popular diagnosis: Primary lung adenocarcinoma

Reported Diagnosis: Lung Adenocarcinoma

Case Number: 831 [Click here to view digital image](#)

Diagnostic category: Breast

Clinical : F66. Left mastectomy and SLNB

Specimen : Breast

Macro : Left mastectomy weight 1337grams, dimensions 180mm ML, 220mm SI, 75mm AP. Nipple bearing ellipse of skin 205 x 150mm. Poorly defined firm lesion 30mm across present centrally, 25mm away from nipple.

Immuno : p63 - occasional positive cells at periphery of ducts.
ER - strongly and diffusely positive in the epithelial cells.

	Final Merges	Score
1	In-situ / Intraductal / Intracystic / Encysted Papillary carcinoma / DCIS	9.76
2	Atypical / possible / suggestive of DCIS	0.09
3	Intraductal papillary lesion / papilloma / Nipple adenoma	0.15

Most popular diagnosis: **In-situ / Intraductal / Intracystic / Encysted Papillary carcinoma / DCIS**

Reported Diagnosis: **Intraductal papillary carcinoma**

Case Number: 832

[Click here to view digital image](#)

Diagnostic category: Endocrine

Clinical : F53. Total thyroidectomy with a right dominant nodule - for Graves disease

Specimen : Total thyroidectomy

Macro : Thyroid with right lobe 55x20x25mm & left lobe 30x25x15. In the right lobe is a tan haemorrhagic nodule 15mm maximum. Rest of thyroid has a nodular cut surface.

	Final Merges	Score
1	Thyroid hyperplasia	3.10
2	Thyroid adenoma	3.81
3	Thyroid carcinoma	2.12
4	Non-invasive follicular thyroid neoplasm	0.55
5	Follicular tumour of uncertain malignant potential	0.07
6	Hurthle cell neoplasia	0.07
7	Toxic nodule	0.07
8	Hurthle cell adenoma with suspicion of minimally invasive Carcinoma	0.07
	THIS CASE HAS BEEN EXCLUDED FROM PERSONAL ANALYSES	

Most popular diagnosis: **Thyroid adenoma**

Reported Diagnosis: **Minimally invasive (capsule only) follicular carcinoma**

Case Number: 834

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Diagnostic category: Gynae

Clinical : F43. Vulval cyst

Specimen : Vulval cyst excision

Macro : Irregular piece of tan tissue measuring 35 x 20 x 9mm

	Final Merges	Score
1	Bartholin's cyst	9.89
2	Epithelial inclusion cyst	0.04
3	Mullerian cyst	0.06
4	Other benign vaginal cyst	0.01

Most popular diagnosis: [Bartholin's cyst](#)

Reported Diagnosis: [Bartholin's gland cyst](#)

Case Number: 835

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Diagnostic category: GI

Clinical : M79. Biliary obstruction. Oedematous ampulla, ? malignant

Specimen : Ampullary Biopsy

Macro : Four biopsies up to 3mm

	Final Merges	Score
1	(Ampullary) adenocarcinoma	9.95
2	IAPN (intra-ampullary papillary tubular neoplasia)	0.05

Most popular diagnosis: (Ampullary) adenocarcinoma

Reported Diagnosis: Adenocarcinoma consistent with local (pancreaticobiliary) origin

Case Number: 836

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Diagnostic category: GU

Clinical : M44. Testicular Lump

Specimen : Testis

Macro : Testis 45x45x40mm with solid grey white soft tumour 27x25mm.

	Final Merges	Score
1	Seminoma	9.98
2	Yolk sac tumour	0.01
3	Spermatocytic tumour	0.01

Most popular diagnosis: [Seminoma](#)

Reported Diagnosis: [Classical seminoma](#)

Case Number: 837

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Diagnostic category: Skin

Clinical : 24M. Wide anal fissure

Specimen : Anal tissue

Macro : None provided

	Final Merges	Score
1	Fibroepithelial / Anal Polyp / sentinel skin tag	0.49
2	Anal fissure	1.06
3	Exclude Syphilis	4.33
4	Exclude Crohn's	1.34
5	Exclude parasites	0.07
6	Lichenoid / lichen planus	1.16
7	Chronic inflammation +/- ulcer / epithelioid granulomas / plasma cell mucositis	1.27
8	Haemorrhoid	0.07
9	Exclude infections	0.14
10	??any abnormality of renal / parathormone function	0.07

**THIS CASE HAS BEEN EXCLUDED
FROM PERSONAL ANALYSES**

Most popular diagnosis: **Exclude Syphilis**

Reported Diagnosis: **Non-caseating granulomas consistent with Crohn's disease**

Case Number: 838 [Click here to view digital image](#)

Diagnostic category: Lymphoreticular

Clinical : M27. Left para-renal mass excised.

Specimen : Left para-renal mass

Macro : A fatty mass 160x110x80mm, weight 299g, inked black. Serial sectioning reveals and tan to fatty well circumscribed nodule 91x41x37mm which is abutting the inked margin. A separate adrenal 35x35mm is noted 8mm from the mass.

Immuno : CD20 shows small follicles. CD21 shrunken follicular dendritic cell meshworks. Plasma cells numbers are not excessive by CD38, CD79a or MUM1 immunostaining and express mixed light and heavy chain by ISH and immunocytochemistry respectively. IgG4 expressing plasma cells represent only a small proportion of IgG-class plasma cells. CMV, EBER ISH and HHV8 are all negative.

	Final Merges	Score
1	Hyaline vascular Castleman's disease	9.29
2	Accessory spleen / ectopic splenic tissue / splenunculus	0.37
3	Reactive LN with fibrosis	0.25
4	HV Castleman's disease <u>and</u> angiomyolipoma	0.07
5	Follicular lymphoma	0.01

Most popular diagnosis: **Hyaline vascular Castleman's disease**

Reported Diagnosis: **Hyaline-vascular variant of Castleman's disease**

EDUCATIONAL CASE

Case Number: 839 [Click here to view digital image](#)

Diagnostic category: Miscellaneous

Clinical : M83. Suspect right eye conjunctival squamous cell carcinoma

Specimen : Conjunctival biopsy

Macro : Piece of tissue measuring 3mm, plus fragment.

Immuno : EMA, CK7 and CK5/6 positive; p63 patchy positivity; CK20, GCDPF-15, S-100, chromogranin, synaptophysin, CD56, SMA and myosin negative.
Special stains: PAS and Southgate's mucicarmine – negative

Suggested diagnoses:

<p>Squamous cell carcinoma x 22 Adenosquamous carcinoma x 22 Adenocarcinoma x 16 Sebaceous Carcinoma x 11 Mucoepidermoid carcinoma (MEC) x 7 Oncocytoma x 5 Conjunctival carcinoma x 4 Conjunctival squamous cell carcinoma x 3 APOCRINE ADENOMA x 3 Oncocytic carcinoma x 3 Poorly differentiated squamous carcinoma x 2 Conjunctival oncocytic adenocarcinoma x 2 Carcinoma x 2 Meibomian duct carcinoma x 2 Lacrimal gland adenocarcinoma x 2 Squamous cell carcinoma with acantholysis x 2 Malignant lacrimal gland tumour Lacrimal gland carcinoma Squamous cell carcinoma with pseudoglandular architecture SQUAMOUS CELL CARCINOMA WITH MUCOEPIDERMOID FEATURES Carcinoma – Squamous cell carcinoma Invasive carcinoma confirmed Apocrine carcinoma (of Moll's gland) Carcinoma, favour squamous cell carcinoma of conjunctiva Adenocarcinoma with focal sebaceous differentiation. Consider possibility of metastases or direct extension from skin. ?Muir Torre syndrome. Adnexal adenocarcinoma</p>	<p>Apocrine adenocarcinoma Carcinoma of the conjunctival glands Inverted papilloma with atypia Carcinoma ? adenosquamous Eccrine adnexal tumour Conjunctival adnexal carcinoma POORLY DIFFERENTIATED CARCINOMA OF CONJUNCTIVA Adenocarcinoma of adnexal ?sweat gland origin Malignant adnexal tumour Sweat gland type carcinoma Adenocarcinoma ? Meibomian gland carcinoma Malignant adnexal tumour, suggestive of a sebaceous carcinoma Metastatic adenocarcinoma Adenocarcinoma, possibly of lacrimal duct Genetic storage defect CARCINOMA OF CONJUNCTIVA, PROBABLY MUCOEPIDERMOID Acantholytic squamous carcinoma Conjunctival intraepithelial neoplasia conjunctival squamous cell carcinoma Acantholytic SCC Conjunctival oncocytic adenocarcinoma Inverted benign papilloma Squamous carcinoma in situ with marked adnexal involvement Metastatic carcinoma ?primary Squamous cell carcinoma, pseudoglandular</p>
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Reported Diagnosis: **Oncocytic adenocarcinoma.**

EDUCATIONAL CASE

Case Number: 840

[Click here to view digital image](#)

Diagnostic category: Gynae

Clinical : F24. Intrapartum stillbirth (38+5 weeks, 2360g, female SVD). Known I-cell disease (genetic testing during pregnancy)

Specimen : Placenta

Macro : 752g singleton placenta 200x175x35mm. 200x12mm cord.

Suggested diagnoses:

<p>I cell disease x 32 Mucopolipidosis x 16 Mucopolipidosis type II x 10 Chorangiosis x 8 Placental calcification x 4 Chorangioma x 4 Foetal storage disease x 2 Trophoblastic Lipidosis x 2 Glycogen storage disease x 2 Placental mucopolipidosis x 2 Placental lipidosis consistent with I-cell disease x 2 Foamy macrophages/lipidosis of villi, consistent with I-cell disease x 2 Lysosomal storage disease x 2 Placental I-cell disease Chorioamnionitis Chorangiomas Mucopolipidosis of the chorionic villi MUCOPOLYSACCHARIDOSIS Marked placental Calcification and chorangioma Vacuolisation on cells decidua and cytotrophoblast, infarction, vascular thrombosis, consistent with I-cell disease (mucopolipidosis) Placenta of storage disorder (I-cell disease) Placental calcification due to hyperparathyroidism associated with I cell disease POST MATURE CALCIFIED PLACENTA WITH VACUOLIZATION OF SYNCYTIOTROPHOBLASTS CONSISTENT WITH I- CELL DISEASE Consistent with history of mucopolipidosis Vacuolization of the syncytiotrophoblast and calcification in keeping with placental</p>	<p>Vacuolisation of chorionic villi consistent with I cell disease type 1 Foamy syncytiotrophoblast c/w I-cell disease Placenta with changes in keeping with I cell disease Foamy cells within villi (syncytiotrophoblastic layer as part of inclusion cell disease) Foamy cells present ? consistent with I-cell disease (mucopolipidosis), although I haven't looked at a placenta in over 20 years Metastatic tumour to placenta SUBCAPSULAR HAEMORRHAGE + CALCIFICATION FOR PLACENTAL INSUFFICIENCY Vacuolated Hofbauer cells in villi consistent with a storage disorder including Vacuolated trophoblastic cells in I cell disease ?Lipid storage disease. (mucopolipidosis). Third trimester placenta, congestion present. Vacuolisation of syncytiotrophoblast c/w I cell disease Calcifications are coarse. The cytotrophoblast shows vacuolated lipid storage cells Multivacuolated macrophages consistent with I-cell lysosomal storage disorder CALCIFICATION IN KEEPING WITH PLACENTAL INSUFFICIENCY & MUCOLIPIDOSIS Trophoblastic lipidosis in keeping with foetal I-cell disease Placental lipidosis in keeping with congenital lipid storage disorder ie foetal I-cell disease Trophoblastic lipidosis consistent with I cell disease Chorangiosis and extensive vacuolisation of syncytiotrophoblast suggestive of lysosomal</p>
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<p>changes expected with I-cell disease (mucopolipidosis type 2) TROPHOBLASTIC LIPIDOSIS, CONSISTENT WITH I-CELL DISEASE I cell disease placental inclusion cells Inclusion body disease inclusions in macrophages of placenta Vacuolated cells in syncytiotrophoblasts in keeping with I-cell disease + dystrophic microcalcification PLACENTAL CALCIFICATION AND TOXOPLASMOSIS Ischaemia Multivacuolated macrophages in keeping with known I-cell lysosomal disease Placental Calcification Clusters and intervillous – moderate – Grade 6 Vacuolisation of syncytiotrophoblast Vacuolization of the syncytiotrophoblastic layer of the chorionic villi and chorionic mesenchymal cells consistent with fetal I-cell disease. Chorioamnionitis Lysosomal storage disorder (GM1 gangliosidosis) Sickle Cell Disease VACUOLISATION OF SYNCYTIOTROPHOBLASTIC CELLS - CONSISTENT WITH PLACENTAL CHANGES IN FETAL I-CELL DISEASE Aggregates of foamy histiocytes present in the intervillous space consistent with an inherited glycoside storage disorder.</p>	<p>storage disease I-KW clinical history. Multivacuolisation of trophoblast, in keeping with I-cell disease Vacuolization of syncytiotrophoblast layer in keeping with I cell disease Trophoblastic vacuolation consistent with I-cell disease (mucopolipidosis) Increased Hofbauer cells in villi and possible cryptococci Fetal hydrops & vacuolisation of villus cells compatible with fetal storage disorder (I-cell disease / mucopolipidosis). (Retroplacental hematoma is also present - correlate clinically re any history of abruption). Trophoblastic lipidosis</p>
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**Reported Diagnosis: Features consistent with I-cell disease.
Extensive vacuolisation of villous trophoblast consistent with known diagnosis of mucopolipidosis.**