

South East England General Histopathology EQA Scheme

Case Discussion Round s
Tuesday 26th July, 2022

THANK YOU FOR WAITING
The meeting will start at 12:00pm



7808



Meeting Etiquette



If your camera is on, everyone can see you



Mute your mic if you're not speaking



Use the “raise hand”
Or “chat” feature
to raise questions
or share ideas



Wait for the
Chair person to call
on you before you
unmute your mic



Remember...
Everyone can see
your chat comments

Agenda

- 1. Welcome & Introduction of Scheme Staff**
- 2. Meeting Terms of Reference**
- 3. Case and Preliminary Score Review**
 - a) Case 853 – 862
 - b) Educational Cases – 863 - 864
- 4. Questions / comments**

2. Meeting Terms of Reference



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- This meeting is held between the end of case consultation and results being issued and now replaces the additional final week of the case consultation.
- This meeting is an educational exercise; an opportunity to explain the reasons behind scoring and merging or why cases were excluded.
- For clarity, this is not an opportunity to alter merging decisions, as participants have that opportunity during the “Case Consultation” period.
- An additional CPD point will be awarded to those who attend, and it will be added to the annual certificate. **Please note you have to stay for >50% of the meeting to gain this point (attendance times are monitored automatically by Teams)**
- We always welcome any feedback – good or bad – you may have about today.

3. Round s Review



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Case Consultation

- **148 responses received for round s**
- **85 responses received for consultation – 57.43% QUORATE**
- **Thank-you for submitting responses and consultation on time – you have made completion of this round much easier for all**
- **Basic Rules regarding Case Consultation and Merging Diagnostic categories:**
 - If you are exempt from a category, your consultation response to that case is also not counted
 - Each case must have received a consultation response from at least 50% of those that answered it
 - For a merge to be automatically accepted, more than 50% of consultation respondents must agree
 - Between 40-50% agreement, the merge will be accepted only with the agreement of the Organiser (i.e. clinically valid).
 - The consensus CAN be over-ridden if there are clinically valid reasons for doing so. These are recorded, and reviewed at the AMR.

Case 853 – Respiratory

Specimen: Lung

Submitted Diagnosis: Nodular deposit of CLL

Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results
M69. Left upper lobe mass	10mm firm white nodule in lung parenchyma.	Lesional Cells: CD20+, CD79a+, CD5+, CD23+, p53+, CD10-, cyclinD1-, CD38-mib<2%	<u>Click here to view digital image</u>	1. Pseudolymphoma / lymphomatoid granulosis 0.16 2. Lymphoid interstitial pneumonia 0.04 3. CLL/SLL 7.54 4. Granulomatous inflammation. Foreign body/mycobacterial 0.18 5. CLL/SLL and granulomatous inflammation 1.06 6. Large / diffuse B cell lymphoma 0.21 7. plasma cell granuloma 0.11 8. B small cell lymphoma / MALT lymphoma 0.42 9. lymphoid infiltrate with granuloma component. Send for 2 nd opinion. 0.07 10. NHL 0.21	42.7% agreed to merge 3, 5 and 8 This will give 90.8% agreement

Case 854 – Endocrine

Specimen: Parathyroid

Submitted Diagnosis: Parathyroid adenoma

Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results								
M80. Left inferior parathyroid	Nodule of soft brown tissue, weight 4gr, 30x15x10mm	None provided	Click here to view digital image	<table border="0"><tr><td>1. Parathyroid adenoma</td><td>4.33</td></tr><tr><td>2. Parathyroid carcinoma</td><td>3.90</td></tr><tr><td>3. Atypical parathyroid tumour</td><td>1.76</td></tr><tr><td>4. Parathyroid hyperplasia</td><td>0.01</td></tr></table>	1. Parathyroid adenoma	4.33	2. Parathyroid carcinoma	3.90	3. Atypical parathyroid tumour	1.76	4. Parathyroid hyperplasia	0.01	<p>This case will be excluded as consensus is not reached</p> <p>We will feed back to contributor as responses split between benign and malignant</p>
1. Parathyroid adenoma	4.33												
2. Parathyroid carcinoma	3.90												
3. Atypical parathyroid tumour	1.76												
4. Parathyroid hyperplasia	0.01												

Case 855 – Gynae

Specimen: Resection - Left tubo-ovarian mass

Submitted Diagnosis: Acute on chronic endometritis

Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results
F70. Tubo-ovarian mass involving sigmoid colon and fistulation into uterus	Uterus 69 x 35 x 26mm. Endometrium appears atrophic, less than 1mm deep. Myometrium maximum 10mm deep. 4mm hole at left cornua patent through to serosa	None provided	Click here to view digital image	<ol style="list-style-type: none"> 1. Stromal tumour / mesenchymal tumour / sarcoma / granulosa cell tumour 0.60 2. Myeloma / plasma cell dyscrasia 0.20 3. Chronic Endometritis 7.70 4. Inflammation NOS / pyometra uterus with perforation / chronic salpingitis 0.70 5. Endometriotic cyst / endometrioma / endometriosis 0.43 6. Unassessable 0.07 7. Chronic tubo-ovarian abscess 0.07 8. Chronic endometritis and cellular leiomyoma 0.06 9. Colon diverticulitis with fistula to ovary and uterus / colitis 0.10 10. Endometriosis and stromal proliferation ? neoplastic 0.07 	<p>This case is a scoring case as it stands.</p> <p>However, due to technical issues with some slides, we will merge all diagnoses offered in order not to penalise any participant (everyone gets full marks).</p>

Case 856 – Lymphoreticular

Specimen: Groin node

Submitted Diagnosis: Amyloid, Lymphoplasmacytic lymphoma

Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results
M65. Right groin node. CT shows multiple lymph nodes in thoracic and abdominal region. IgM paraproteinaemia	Lymph node 35 x15x10mm	Lymphoid cells are kappa light chain restricted. MYD88/L26 5P fusion detected	Click here to view digital image	<ol style="list-style-type: none"> Lymphoplasmcytic lymphoma / Waldenstroms + AMYLOID 4.96 Lymphoplasmcytic lymphoma / Waldenstroms AMYLOID 3.96 Amyloidosis NOT MENTIONED 0.72 Multiple myeloma and amyloid 0.07 Marginal zone lymphoma with amyloid 0.07 Amyloid secondary to plasma cell neoplasm 0.22 	<p>69.2% agreed to merge 1 and 2</p> <p>This will give 89.2% agreement</p>

Case 857 – Breast

Specimen: Breast core biopsy

Submitted Diagnosis: Gynaecomastia, B2: Benign



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results										
M55. History of testicular cancer. M2, U2	Two cores, largest measuring 15mm	None provided	Click here to view digital image	<table><tr><td>1. Gynaecomastia</td><td>9.51</td></tr><tr><td>2. Ductal hyperplasia</td><td>0.14</td></tr><tr><td>3. PASH</td><td>0.14</td></tr><tr><td>4. Gynaecomastia and PASH</td><td>0.14</td></tr><tr><td>5. Angiosarcoma</td><td>0.07</td></tr></table>	1. Gynaecomastia	9.51	2. Ductal hyperplasia	0.14	3. PASH	0.14	4. Gynaecomastia and PASH	0.14	5. Angiosarcoma	0.07	<p>65% agreed to merge 1 and 4</p> <p>This will give 96.5% agreement</p>
1. Gynaecomastia	9.51														
2. Ductal hyperplasia	0.14														
3. PASH	0.14														
4. Gynaecomastia and PASH	0.14														
5. Angiosarcoma	0.07														

Case 858 – GU

Specimen: Orchidectomy

Submitted Diagnosis: Lobular capillary haemangioma (and testicular atrophy)



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results																
M71. Orchidectomy for right testicular lesion	Radical orchidectomy specimen. Slicing revealed a hydrocele. The testis was 35mm maximum with haemorrhagic parenchymal nodule 14mm diameter.	None Provided	Click here to view digital image	<table border="0"> <tr> <td>1. Angiosarcoma</td> <td>0.22</td> </tr> <tr> <td>2. Haemangioma</td> <td>6.71</td> </tr> <tr> <td>3. Haemangioma and Leydig cell hyperplasia</td> <td>2.52</td> </tr> <tr> <td>4. Angiomyolipoma</td> <td>0.18</td> </tr> <tr> <td>5. Sclerosing haemangiomatoid nodule</td> <td>0.07</td> </tr> <tr> <td>6. Haemangioendothelioma</td> <td>0.19</td> </tr> <tr> <td>7. Adenomatoid tumour</td> <td>0.04</td> </tr> <tr> <td>8. Haematoma and Leydig cell hyperplasia</td> <td>0.07</td> </tr> </table>	1. Angiosarcoma	0.22	2. Haemangioma	6.71	3. Haemangioma and Leydig cell hyperplasia	2.52	4. Angiomyolipoma	0.18	5. Sclerosing haemangiomatoid nodule	0.07	6. Haemangioendothelioma	0.19	7. Adenomatoid tumour	0.04	8. Haematoma and Leydig cell hyperplasia	0.07	<p>85.9% agreed to merge 2 and 3</p> <p>This will give 92.3% agreement</p>
1. Angiosarcoma	0.22																				
2. Haemangioma	6.71																				
3. Haemangioma and Leydig cell hyperplasia	2.52																				
4. Angiomyolipoma	0.18																				
5. Sclerosing haemangiomatoid nodule	0.07																				
6. Haemangioendothelioma	0.19																				
7. Adenomatoid tumour	0.04																				
8. Haematoma and Leydig cell hyperplasia	0.07																				

Case 859 – Miscellaneous

Specimen: Salivary gland

Submitted Diagnosis: Metastatic clear cell renal cell carcinoma



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results				
M83. Right submandibular lump. Previous renal tumour	Salivary gland, 45x35x20 mm containing a cream and haemorrhagic nodule 22x20x18mm	None provided	Click here to view digital image	<table><tr><td>1. Metastatic renal cell carcinoma</td><td>9.99</td></tr><tr><td>2. Primary clear cell tumour of salivary gland</td><td>0.01</td></tr></table>	1. Metastatic renal cell carcinoma	9.99	2. Primary clear cell tumour of salivary gland	0.01	<p>88.2% agreed to no merges</p> <p>This will give 99.9% agreement</p>
1. Metastatic renal cell carcinoma	9.99								
2. Primary clear cell tumour of salivary gland	0.01								

Case 860 – GI

Specimen: Transverse biopsy

Submitted Diagnosis: Collagenous colitis



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results								
M69. Altered bowel habits - loose stools	Biopsies from transverse - 2 light tan biopsies 2 & 6mm.	None provided	Click here to view digital image	<table><tbody><tr><td>1. Collagenous colitis</td><td>8.98</td></tr><tr><td>2. Mild chronic colitis. Likely parasitic</td><td>0.07</td></tr><tr><td>3. Microscopic (collagenous) colitis</td><td>0.88</td></tr><tr><td>4. Lymphocytic (collagenous) colitis</td><td>0.07</td></tr></tbody></table>	1. Collagenous colitis	8.98	2. Mild chronic colitis. Likely parasitic	0.07	3. Microscopic (collagenous) colitis	0.88	4. Lymphocytic (collagenous) colitis	0.07	<p>58.3% agreed to merge 1, 3 and 4</p> <p>This will give 93.3% agreement</p>
1. Collagenous colitis	8.98												
2. Mild chronic colitis. Likely parasitic	0.07												
3. Microscopic (collagenous) colitis	0.88												
4. Lymphocytic (collagenous) colitis	0.07												

Case 861 – Skin

Specimen: Skin lesion

Submitted Diagnosis: Benign cellular blue naevus



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results														
F30 pigmented cystic lesion upper natal cleft	EOS 11 x 6mm. slicing shows a brownish nodule 8mm on the deep aspect	None provided	Click here to view digital image	<table><tbody><tr><td>1. Cellular blue naevus</td><td>5.70</td></tr><tr><td>2. Deep penetrating naevus</td><td>3.82</td></tr><tr><td>3. Atypical cellular blue naevus</td><td>0.07</td></tr><tr><td>4. Cellular deep penetrating blue naevus (mixed / combined)</td><td>0.34</td></tr><tr><td>5. Melanoma</td><td>0.03</td></tr><tr><td>6. Non-melanocytic spindle cell neoplasm</td><td>0.01</td></tr><tr><td>7. Dermatofibroma</td><td>0.03</td></tr></tbody></table>	1. Cellular blue naevus	5.70	2. Deep penetrating naevus	3.82	3. Atypical cellular blue naevus	0.07	4. Cellular deep penetrating blue naevus (mixed / combined)	0.34	5. Melanoma	0.03	6. Non-melanocytic spindle cell neoplasm	0.01	7. Dermatofibroma	0.03	<p>46.4% agreed to merge 1, 2 and 4</p> <p>This will give 98.6% agreement</p>
1. Cellular blue naevus	5.70																		
2. Deep penetrating naevus	3.82																		
3. Atypical cellular blue naevus	0.07																		
4. Cellular deep penetrating blue naevus (mixed / combined)	0.34																		
5. Melanoma	0.03																		
6. Non-melanocytic spindle cell neoplasm	0.01																		
7. Dermatofibroma	0.03																		

Case 862 – Breast

Specimen: Breast WLE

Submitted Diagnosis: Mammary Myofibroblastoma



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Clinical	Macro	Immuno	Image link	Preliminary Results	Final Merge Results				
F70. Ovoid mass, right breast. M3.U3	Fatty Tissue with a well-defined round tumour 12mm	Positive: BCL2, ER, CD34, Desmin, PgR. Negative: CD10, AE1/AE3	Click here to view digital image	<table border="0"><tr><td>1. Myofibroblastoma / stromal spindle cell tumour</td><td>9.58</td></tr><tr><td>2. Solitary Fibrous tumour</td><td>0.42</td></tr></table>	1. Myofibroblastoma / stromal spindle cell tumour	9.58	2. Solitary Fibrous tumour	0.42	<p>94% agreed to no merges</p> <p>This will give 95.8% agreement</p>
1. Myofibroblastoma / stromal spindle cell tumour	9.58								
2. Solitary Fibrous tumour	0.42								

Case 863 – Skin (EDUCATIONAL)

Specimen: Skin lesion elbow

Clinical	Macro	Immuno	Image link	Suggested Diagnosis (Top 10)	Submitted Diagnosis
F75. Patient on humera and methotrexate for rheumatoid arthritis. After holiday? bites in June. Now curious lesions on left outer upper elbow / back and leg. ?aetiology ? pyogenic granuloma ?Other.	A skin excision 27 x 17 x 4mm, bearing a central ulcerated and tan lesion, 15 x 10mm	Giemsa highlights intracellular organisms	<u>Click here to view digital image</u>	<ol style="list-style-type: none">1. Leishmaniasis x 1262. Granulomatous dermatitis3. Drug induced granulomatous inflammation4. Fish tank granuloma5. Atypical mycobacterium6. Cutaneous microsporidiosis7. Exaggeration insect bite reaction	Cutaneous Leishmaniasis

Case 864 – Miscellaneous (EDUCATIONAL)

Specimen: Core biopsy thigh mass

Clinical	Macro	Immuno	Image link	Suggested Diagnosis (Top 10)	Submitted Diagnosis
M43. Left thigh mass, vascular, aggressive on MRI. ?Sarcoma. Intramuscular.	Pale core 16mm	Positive: TFE3, Focal CD68 Negative: Desmin, S100, EMA, AE1/AE3, CAM5.2, HMB45, NSE & synaptophysin. ASPCR1/TFE type 1 detected by PCR	Click here to view digital image	1. Alveolar soft part sarcoma x 137 2. Metastatic RCC 3. MIT renal cell carcinoma 4. PeComa with TFE3 mutation	Alveolar soft part sarcoma

4. Questions Comments Suggestions Feedback

Thank you for attending. This presentation can be found on the EQA website from next week.

