



7808

# South East England General Histopathology EQA Scheme

## Round t Final Case Analyses

Cases **865** to **876**

Circulated  
September – October 2022

**156** responses (**93.41%**)

Prepared **November 2022**

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

Authorised by:

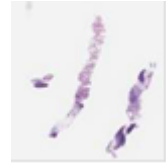
Prof J Schofield

Date: **02/12/22**

With thanks to those who contributed to this round:

Trust	ISO accreditation number
<b>Kingston Hospital NHS Foundation Trust</b>	<b>8132</b>
<b>Barts Health NHS Trust</b>	<b>9330</b>
<b>East Sussex Healthcare NHS Trust</b>	<b>8790</b>
<b>Mid and South Essex NHS Foundation Trust</b>	<b>7880</b>
<b>Guys and St Thomas's NHS Foundation Trust</b>	<b>9323</b>
<b>Surrey &amp; Sussex Healthcare NHS Trust</b>	<b>N/A</b>
<b>Frimley Park Hospital NHS Foundation Trust</b>	<b>9727</b>
<b>Maidstone and Tunbridge Wells NHS Trust</b>	<b>8062</b>
<b>Queen Victoria Hospital NHS Foundation Trust</b>	<b>8238</b>
<b>University Hospitals Sussex NHS foundation Trust</b>	<b>9678</b>
<b>Maidstone and Tunbridge Wells NHS Trust</b>	<b>8062</b>
<b>Kingston Hospital NHS Foundation Trust</b>	<b>8132</b>

**Case Number:** 865



**Diagnostic category:** Respiratory

**Clinical** : M51. 38mm RLL Mass, enlarging and faintly FDG avid. Asthma.

**Specimen** : Right lower lobe

**Macro** : Two cores 6 & 8 mm

	<b>Final Merges</b>	<b>Score</b>
1	<b>Chondroid / pulmonary hamartoma</b>	<b>9.73</b>
2	<b>Lipoma</b>	<b>0.07</b>
3	<b>Chondrosarcoma</b>	<b>0.07</b>
4	<b>Enchondroma</b>	<b>0.07</b>
5	<b>Benign-Chronic inflammation</b>	<b>0.07</b>

**Most popular diagnosis:** Chondroid / pulmonary hamartoma

**Reported Diagnosis:** **Pulmonary Hamartoma**

**Case Number:** 866



**Diagnostic category:** Endocrine

**Clinical** : F41. Left hemithyroidectomy for Thy3f thyroid nodule (not included in the slide). Incidental finding in one tissue block.

**Specimen** : Thyroid

**Macro** : A thyroid lobe weighing 66g and measuring 79x60x36mm. The main tan nodule measures 55x48x37mm (not included in the slide). Incidental finding (lesion not seen grossly).

**Immuno** : TTF-1(+), Thyroglobulin (+), HBME-1 (-), Calcitonin (-), DPAS stain: Positive intratrabecular hyalin

	<b>Final Merges</b>	<b>Score</b>
1	<b>Hyalinising adenoma +/- thyroiditis</b>	<b>9.20</b>
2	<b>Hashimoto thyroiditis with micropapillary carcinoma</b>	<b>0.33</b>
3	<b>Papillary carcinoma</b>	<b>0.08</b>
4	<b>Papillary microcarcinoma</b>	<b>0.07</b>
5	<b>Chronic Thyroiditis (Hashimoto)</b>	<b>0.07</b>
6	<b>Tall cell variant micropapillary adenocarcinoma</b>	<b>0.26</b>

**Most popular diagnosis:** Hyalinising adenoma and thyroiditis

**Reported Diagnosis:** **Hyalinising trabecular tumour**

**Case Number: 867**



**Diagnostic category:** Gynae

**Clinical** : F27. Cervical smear showed severe dyskaryosis. Colposcopy -  
?microinvasive

**Specimen** : Loop biopsy of cervix

**Macro** : Loop biopsy 23 x 20 x 13 including the os.

**Immuno** : Immuno shows positivity for CD10 and low Ki67 index

	<b>Final Merges</b>	<b>Score</b>
1	<b>Mesonephric hyperplasia / remnants</b>	<b>8.85</b>
2	<b>Mesonephric adenocarcinoma</b>	<b>0.40</b>
3	<b>Minimal deviation adenocarcinoma</b>	<b>0.54</b>
4	<b>Papillary endocervicitis</b>	<b>0.07</b>
5	<b>Microglandular adenosis</b>	<b>0.07</b>
6	<b>Endocervical polyp</b>	<b>0.07</b>
7	<b>Metastatic carcinoma</b>	<b>0.01</b>

**Most popular diagnosis:** Mesonephric hyperplasia / remnants

**Reported Diagnosis:** **Mesonephric/gartner's duct remnants**



**Case Number:** 868

**Diagnostic category:** Lymphoreticular

**Clinical** : F75. Hypercalcemia and widespread adenopathy ? Lymphoma.  
Past medical history of arthritis, uveitis, erythema nodosum

**Specimen** : Left Axillary Node

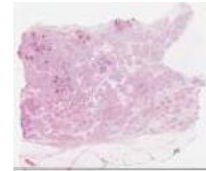
**Macro** : Left axillary node biopsy. Three cores 13-17mm

	Final Merges	Score
1	Granulomatous inflammation cw Sarcoidosis	10.00

**Most popular diagnosis:**  
**Granulomatous inflammation cw Sarcoidosis**

**Reported Diagnosis:** **Sarcoidosis (Granulomatous Lymphadenitis)**

**Case Number: 869**



**Diagnostic category:** Breast

**Clinical** : F44. Left skin sparing mastectomy

**Specimen** : Breast

**Macro** : Mastectomy specimen weighing 270g and measuring 12 x 11 x 4cm.  
Extensive ill-defined area of grittiness in UOQ measuring 9.5cm maximally.

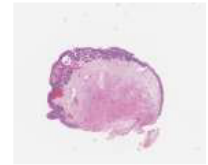
	<b>Final Merges</b>	<b>Score</b>
1	<b>DCIS - High Grade</b>	<b>9.19</b>
2	<b>Pleomorphic LCIS with comedo necrosis</b>	<b>0.07</b>
3	<b>DCIS - High grade ? microinvasion</b>	<b>0.34</b>
4	<b>Microinvasive ductal carcinoma and DCIS</b>	<b>0.31</b>
5	<b>Invasive ductal carcinoma and DCIS</b>	<b>0.07</b>
6	<b>DCIS-like-invasive carcinoma. (IHC required)</b>	<b>0.03</b>

**Most popular diagnosis: DCIS - High Grade**

**Reported Diagnosis:**

**High grade DCIS (solid and cribriform, with comedo necrosis).**

**Case Number:** 870



**Diagnostic category:** GU

**Clinical** : M36. Small lesion ? inverted papilloma of bladder trigone

**Specimen** : Bladder

**Macro** : One piece of pale tissue measuring 3mm

	<b>Final Merges</b>	<b>Score</b>
1	<b>Cystitis glandularis / cystica</b>	<b>9.79</b>
2	<b>Prostatic type polyp</b>	<b>0.07</b>
3	<b>Nephrogenic adenoma</b>	<b>0.07</b>
4	<b>Prostatic acinar and Glandular metaplasia &amp; Von Brunn's nests</b>	<b>0.07</b>

**Most popular diagnosis:** Cystitis glandularis / cystica

**Reported Diagnosis:** Cystitis Glandularis

**Case Number:** 871



**Diagnostic category:** Miscellaneous

**Clinical** : F53. Three-year history of pedunculated pink nodule gradually increasing in size ?Neurofibroma? dermatofibroma,? DFSP, ? SCC, ? BCC.

**Specimen** : Left lateral thigh

**Macro** : A shave disk of skin 22 x 22mm.

**Immuno** : IHC Positive for Factor XIIIa. Negative for CD34, S100, Actin and Desmin. Ki67 is low <1%

	<b>Final Merges</b>	<b>Score</b>
1	<b>Dermatofibroma</b>	<b>9.74</b>
2	<b>Xanthogranuloma</b>	<b>0.06</b>
3	<b>Glomus tumour</b>	<b>0.13</b>
4	<b>Capillary haemangioma</b>	<b>0.06</b>

**Most popular diagnosis:** Dermatofibroma

**Reported Diagnosis:**

**Haemosiderotic, Aneurysmal cellular fibrous histiocytoma.**



**Case Number:** 872



**Diagnostic category:** GI

**Clinical** : F38. Laparotomy for haemorrhagic pancreatitis

**Specimen** : Right hemicolectomy

**Macro** : The caecum and ascending colon are dilated and their surface shows adherent fibrin and blood. The mucosa appears oedematous.

	<b>Final Merges</b>	<b>Score</b>
1	<b>(Pancreatitis associated) fat necrosis</b>	<b>9.76</b>
2	<b>Amoebic colitis</b>	<b>0.03</b>
3	<b>Ischaemia</b>	<b>0.08</b>
4	<b>Lipomatous proliferation</b>	<b>0.06</b>
5	<b>Colonic paralytic ileus</b>	<b>0.03</b>
6	<b>Large bowel pseudo obstruction</b>	<b>0.04</b>

**Most popular diagnosis:** (Pancreatitis associated) fat necrosis

**Reported Diagnosis:** **Fat necrosis secondary to acute pancreatitis**

**Case Number:** 873



**Diagnostic category:** Skin

**Clinical** : M66. ?BCC tip of nose

**Specimen** : Skin

**Macro** : Disc of skin 8 x 7mm, depth 2mm. There is a raised, pale nodule 3mm across.

	<b>Final Merges</b>	<b>Score</b>
1	<b>Sebaceous hyperplasia / adenoma</b>	<b>9.81</b>
2	<b>Sebaceous trichofolliculoma</b>	<b>0.13</b>
3	<b>Sebaceous naevus</b>	<b>0.06</b>

**Most popular diagnosis:** Sebaceous hyperplasia / adenoma

**Reported Diagnosis:** **Sebaceous hyperplasia**

**Case Number:** 874



**Diagnostic category:** Lymphoreticular

**Clinical** : M74. nasopharyngeal lesion. ?Lymphoma. Asymmetric tonsil L>R.  
Biopsy from post nasal space.

**Specimen** : Nose biopsy

**Macro** : Tissue aggregates 15 x 15 x 4mm

**Immuno** : Positive: CD20, PAX-5, CD5, Cyclin D1, SOX-11, BCL-2, weak  
CD43. Scattered - CD10, BCL-6, CD21, CD23.  
Negative: CD30, EBER-ISH, AE1/AE3. No light chain restriction.

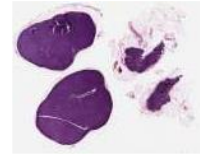
	<b>Final Merges</b>	<b>Score</b>
1	<b>Mantle Cell Lymphoma</b>	<b>9.86</b>
2	<b>Small lymphocytic lymphoma</b>	<b>0.07</b>
3	<b>Diffuse large B cell lymphoma – activated subtype (germinal centre)</b>	<b>0.07</b>

**Most popular diagnosis: Mantle Cell Lymphoma**

**Reported Diagnosis:**  
**Mantle Cell Lymphoma.**

## EDUCATIONAL CASE

**Case Number:** 875



**Diagnostic category:** Lymphoreticular

**Clinical** : F54. Rt axillary LN

**Specimen** : Lymph node

**Macro** : Nodular tan tissue 20x10x10mm with tattooing at one end. Cut surface is solid and yellow white

**Immuno** : Large cells: CD45+, CD30-, MUM1-, CD20+, CD15

<p>Nodular lymphocyte predominant Hodgkins disease x 114                  DIFFUSE LARGE B-CELL LYMPHOMA x 6                  T-cell rich large B-cell lymphoma x 3                  Lymphoma ? Hodgkin type x 2                  T-cell/Histiocyte-Rich Large B-Cell Lymphoma x 2                  T-cell rich B-cell Non-Hodgkin's lymphoma x 2                  Lymphoma x 2                  High grade B cell lymphoma                  Diffuse large B cell lymphoma subtype with abundant nonneoplastic T cells and histiocytes                  Reactive lymphoid hyperplasia (? EBV-related)                  nLPHL (should be given full appropriate IHC panel !)                  NLPHD                  Variant of Hodgkins Disease with popcorn cells                  Tattoo granuloma and lymphocyte predominant Hodgkin's lymphoma x 2                  T cell rich DLBCL                  Tattoo reaction/granuloma                  B cell lymphoma - Follicular                  Nodular sclerosis type of Hodgkin's lymphoma                  Reactive LN ? infectious                  Non-classical Hodgkins Lymphoma – Lymphocyte predominant                  Reactive                  Lymphoma (? Follicular lymphoma mimicking Hodgkin's)</p>	<p>Non-classical Hodgkin Lymphoma                  B cell lymphoma                  Lymphoproliferative disorder versus benign lymph node.                  Case would be referred to our lymphoma panel.                  Nodular lymphocyte predominant B-cell lymphoma – ICC classification 2022)</p>
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### Reported Diagnosis:

**Nodular lymphocyte predominant Hodgkins Lymphoma.**

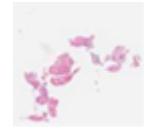
## EDUCATIONAL CASE

**Case Number:** 876

**Diagnostic category:** Lymphoreticular



A1



A2

**Clinical** : F42. Splenomegaly +/- lymphadenopathy

**Specimen** : Bone Marrow Trephine

**Macro** : A1 = Core measuring 7mm  
A2 = Clot 5 x 4 x 2 mm

**Immuno** : CD68 positive

### DIGITAL ONLY CASE - TWO SLIDES TO VIEW

#### Suggested diagnoses:

<p>Gaucher's disease x 60 Storage disease / disorder x 38 Langerhans cell histiocytosis x 12 Erdheim-Chester disease x 12 Niemann-Pick Disease (Acid Sphingomyelinase Deficiency) x 7 Rosai-Dorfman disease x 5 Crystal storing histiocytosis x 5 Histiocytosis, ? LCH x 5 Leishmaniasis x 4 Histiocytic sarcoma x 4 Hemophagocytic Lymphohistiocytosis x 4 Glycogen storage disease x 3 Whipple x 3 Foamy macrophage accumulation in bone marrow (?post chemotherapy, ?metabolic disorder) <b>MACROPHAGE STORAGE DISORDER</b> Lysosomal storage disease <b>MULTIPLE MYELOMA WITH FOAMY MOTT CELLS</b> malignant histiocytosis. Ceroid histiocytosis Histiocytic disorder <b>SEA BLUE HISTIOCYTOSIS SUGGESTIVE OF STORAGE DISORDER</b> Infective e.g. Whipple's, mycobacterial Gaucher's (storage type histiocytosis) – would like to see a Giemsa. Also need to exclude AML - ?blasts in BM ?just small histiocytes necessary. Histiocytic neoplasm – Alk positive Histiocytosis</p>	<p>Extensive histiocytic infiltration in bone marrow ; ? Infective ? storage disease, ? Histiocytic neoplasm. Special stains to exclude infective agents and immunohistology</p> <p>This is a lysosomal storage disease, probably Gaucher's Disease plasma cell neoplasm mucopolipidosis</p> <p>Foamy "storage-type" histiocytes (consider lysosomal storage disorders and other causes of pseudo-Gaucher cells – patient too old to be classic Gaucher's disease)</p> <p>?Erdheim chester, presume special stains for organisms are negative, systemic ?xanthomatous histiocytic (foamy) neoplasm of bone marrow</p> <p>Fabrys disease Bone marrow histiocytosis - ?storage disorders xanthogranulomatous Atypical Mycobacterial infection Histiocytic neoplasm, DD includes Erdheim-Chester disease, metastatic histiocytic sarcoma</p>
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<p>DD; Langerhans cell histiocytosis, Storage disease, reactive/infection Further tests: CD1a and special stains</p> <p>Inherited <b>storage disorder</b> with foamy macrophages infiltrating bone marrow. Possibilities include Gaucher's or Neuman-Pick disease. Also consider infective cause e.g., whipples disease or histoplasmosis.</p> <p>Histiocyte collections, ?storage disease</p> <p>Foamy xanthomatous histiocytic like cells. Infection (atypical mycobacteria, Whipple disease) versus metabolic disease/Gaucher disease, diffuse histiocytosis, .</p> <p>Some form of Storage disorder (?Gaucher's, Niemann-Pick, Tay Sach's)</p>	
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**Reported Diagnosis:** **Suggestive of Gaucher's disease**