

South East England General Histopathology EQA Scheme



7808

Round h Final Case Analyses

Cases 719 to 730

Circulated
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143 responses (87.73%)

Prepared August 2018

Authorised by:

A handwritten signature in blue ink, appearing to read 'J Schofield', is positioned above the name of the author.

Prof J Schofield

Date: 9th August 2018

With thanks to those who contributed to this round:

Trust	CPA/ISO accreditation number
Frimley Park Hospital NHS Foundation Trust	7496
Royal Surrey County Hospital NHS Foundation Trust	1242
Brighton & Sussex University Hospital NHS Trust	779
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Guys and St Thomas' NHS Foundation Trust	9323
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**THIS CASE HAS BEEN EXCLUDED FROM
PERSONAL SCORES**

Case Number: 719

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Diagnostic category: Gynae

Clinical : F35. Atypical glandular cells on smear.

Specimen : Cervical biopsy

Macro : Cone shaped cervical tissue 23 x 10mm and 12mm in depth.

	Final Merges	Score
1	CGIN	5.24
2	Adenocarcinoma (incl prob; suspicious of; not excl; poss)	4.48
3	CGIN / Adenoma malignum	0.10
4	Tubeoendometrioid metaplasia (TEM)	0.14
5	Minimal deviation adenocarcinoma	0.01
6	Atypical hyperplasia	0.03

Most popular diagnosis: CGIN

Reported Diagnosis: Well differentiated endocervical adenocarcinoma

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

Case Number: 720

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Diagnostic category: Endocrine

Clinical : F58. Cushing's Syndrome

Specimen : Adrenal gland

Macro : Well circumscribed nodule with yellow homogenous cut surface, confined to adrenal gland.

	Final Merges	Score
1	Adrenocortical adenoma	9.26
2	Adrenocortical hyperplasia	0.58
3	Adrenocortical nodule	0.08
4	Adenocarcinoma	0.08
5	Metastatic RCC	0.00

Most popular diagnosis: Adrenocortical adenoma

Reported Diagnosis: Adrenocortical adenoma

Case Number: 721

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Diagnostic category: GU

Clinical : M69. Left upper pole lesion of left kidney on CT scan.

Specimen : Left radical nephrectomy

Macro : Left radical nephrectomy, upper pole lesion with haemorrhagic cystic cut surface 56mm in maximum dimension.

	Final Merges	Score
1	Clear cell renal cell carcinoma	10.0

Most popular diagnosis: Clear cell renal cell carcinoma

Reported Diagnosis: Clear cell renal cell carcinoma

Case Number: 722

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Diagnostic category: Skin

Clinical : F18. Skin nodule, forehead.

Specimen : Skin

Macro : Two fragments of pale fibrous tissue covered by skin 4 x 4mm.

	Final Merges	Score
1	Angiolymphoid hyperplasia (+/- eosinophilia)	9.53
2	Kimura's disease	0.05
3	Epithelioid haemangioendothelioma	0.14
4	Macro/slide don't match. Benign lymph reaction round duct.	0.07
5	Cutaneous granulomatous vasculopathy	0.07
6	Not answered	0.07
7	Cutaneous lymphoid hyperplasia	0.07

Most popular diagnosis: Angiolymphoid hyperplasia (+/- eosinophilia)

Reported Diagnosis: Epithelioid haemangioma (angiolymphoid hyperplasia with eosinophilia)

Case Number: 723

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Diagnostic category: Respiratory

Clinical : F78. Right hemilarynx. Stitch: Superior lateral.

Specimen : Partial laryngectomy

Macro : A piece of larynx measuring 45mm supero-inferiorly, 32mm antero-posteriorly and 27mm mediolaterally. There is a piece of thyroid cartilage measuring approx. 25mm in max dimension. Specimen inked red right, blue left and slices from superior to inferior. Slicing shows almost the entire specimen to be replaced by firm white tumour.

	Final Merges	Score
1	Adenoid cystic carcinoma	10.0

Most popular diagnosis: Adenoid cystic carcinoma

Reported Diagnosis: Adenoid cystic carcinoma

Case Number: 724

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Diagnostic category: GI Tract

Clinical : M68. Dyspepsia, dysphagia and weight loss.

Specimen : Gastric ulcer biopsies

Macro : Several pieces of tissue measuring up to 5mm. *Immuno*: Positive – CD20, CD79a, Bcl2. Negative – CD23, Bcl6, Cyclin D1 and CD10. MIB1 approx 30%.

	Final Merges	Score
1	Non Hodgkin Lymphoma – all types	9.97
2	Lymphocyte predominant HD	0.03

Most popular diagnosis: Non Hodgkin Lymphoma – all types

Reported Diagnosis: Gastric malt lymphoma (?transformation to high grade).

Case Number: 725

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Diagnostic category: Breast

Clinical : F73. Removal of breast implants and bilateral complete capsulectomies.

Specimen : Breast implant

Macro : Implant with capsule. Weight 448grams. The capsule shows four areas of yellowish-white discolouration and thickening up to 4mm. *Immuno*: Positive – CD4, CD30, EMA, high mib1. Negative – MNF116, EBV, ALK1, CD10, CD20, CD79, CD2, CD3, CD5, CD8.

	Final Merges	Score
1	Anaplastic lymphoma	9.86
2	Implant reaction. A typical lymphocytic response	0.07
3	High grade anaplastic B cell lymphoma	0.07

Most popular diagnosis: Anaplastic lymphoma

Reported Diagnosis: Implant associated anaplastic large cell lymphoma.

Case Number: 726

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Diagnostic category: Miscellaneous

Clinical : M52. Lipoma on back

Specimen : Soft tissue

Macro : A piece of fatty tissue measuring up to 20mm showing a homogenous cut surface. *Immuno*: S100 positive. Very low Ki67 proliferation rate. SMA, Desmin, CD34, MNF-116 negative.

	Final Merges	Score
1	Schwannoma	9.89
2	Neurofibroma	0.01
3	Liposarcoma	0.07
4	Neuroma	0.03

Most popular diagnosis: Schwannoma

Reported Diagnosis: Schwannoma

Case Number: 727

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Diagnostic category: Skin

Clinical : M 17months. Lesion left cheek ? Molluscum contagiosum.

Specimen : Skin

Macro : Lesion left cheek: Two pieces, the larger a rounded piece 7mm across and the smaller a pale piece 3mm across. The larger piece has a brownish surface. On bisecting there is yellow tissue 3mm deep.

	Final Merges	Score
1	(Juvenile) Xanthogranuloma	9.54
2	Granulomatous inflammation ? Rosacea	0.06
3	Granulomatous inflammation NOS / FB granuloma	0.07
4	Juvenile fibrous histiocytoma	0.22
5	Reticulohistiocytoma	0.07
6	LCH	0.01
7	Insect bite	0.02
8	Dermatofibroma	0.01

Most popular diagnosis: (Juvenile) Xanthogranuloma

Reported Diagnosis: Juvenile Xanthogranuloma

Case Number: 728

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Diagnostic category: Lymphoreticular

Clinical : F67. Total gastrectomy following neo-adjuvant chemotherapy for T3 N2 M0 gastric adenocarcinoma. This specimen – ‘splenic artery node’.

Specimen : Splenic artery node

Macro : Irregular piece of fatty tissue 1.7 x 1.5 x 0.5cm. No lymph node palpated.
A.E. *Special stain*: Congo red positive

	Final Merges	Score
1	Ectopic pancreatic tissue (+/- amyloid)	9.54
2	Ectopic islet cell tumour	0.04
3	Ectopic adrenal gland	0.04
4	Medullary carcinoma	0.08
5	Heterotopic glandular tissue (uncertain type)	0.08
6	Oncocytic neuroendocrine tumour	0.03
7	Oncocytic adenocarcinoma	0.03
8	Oncocytic tumour	0.01
9	Amyloid	0.15

Most popular diagnosis: Ectopic pancreatic tissue (+/- amyloid)

Reported Diagnosis: Pancreatic tissue with amyloid deposition in islets of langerhans (likely islet amyloid polypeptide/type 2 D. M.)

EDUCATIONAL CASE

Case Number: 729

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Diagnostic category: Educational

Clinical : M48. Abnormal LFTs

Specimen : Liver biopsy

Macro : Two cores of pale brown tissue measuring 18 + 16mm in length. *Immuno:*
C282Y mutation positive

<p>Haemochromatosis. Genetic/Hereditary haemochromatosis. NASH with HFE mutation with increased hepatic iron content. Haemochromatosis (grade 4). Leukaemoid Infiltrate-Granulocytic Sarcoma. Hemosiderin deposits, consistent with haemochromatosis, Need Fe stain. Primary biliary cirrhosis. Steatohepatitis. Cholestatic hepatitis. Liver – Hemochromatosis. Mild steatosis and no fibrosis. Haemochromatosis (siderosis grade 4), mild fibrosis. Fatty change with haemochromatosis. No cirrhosis. Haemochromatosis and moderate fatty change. Hereditary Haemochromatosis + Portal Granuloma. FEATURES CONSISTENT WITH HAEMOCHROMATOSIS+ STEATOSIS. Primary Haemochromatosis. Iron pigment in the hepatocytes - Haemochromatosis. (gene +).</p>	<p>HFE Hereditary haemochromatosis. HAEMOSIDEROSIS. CONSISTENT WITH AND HAEMOCHROMATOSIS BACKGROUND STEATOSIS. Fatty liver with hemosiderosis. Heterzygote haemochromatosis in liver. Haemochromatosis with ? PBC overlap. Haemochromatosis (early fibrosis). Steatohepatitis. Hereditary haemochromatosis with mild steatosis. Hereditary Haemochromatosis + Portal Granuloma. Hereditary haemochromatosis, grade 3-4 siderosis. Suggestive of a lymphoma – Needs immunostains . Haemosiderosis consistent with Haemochromatosis ; fatty change in background liver. Iron overload, genetic haemochromatosis. Primary Hemochromatosis with mixed steatosis.</p>
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Reported Diagnosis: Haemochromatosis

EDUCATIONAL CASE

Case Number: 730

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Diagnostic category: Educational

Clinical : M70. MDS. Lymphadenopathy

Specimen : Lymph node

Macro : Lymph node 18 x 20 x 9mm.

<p>Myeloid malignancy (chloroma/myeloid sarcoma). Extramedullary haemopoiesis. Acute myeloid leukaemia. High grade NHL. Granulocytic sarcoma. Acute myeloid leukaemia/Granulocytic sarcoma transformation of MDS. Extra medullary haemopoiesis. High grade non-Hodgkin's lymphoma. Myeloid sarcoma (extramedullary myeloid tumour). Extramedullary haematopoiesis. Haemochromatosis. High grade lymphoma. Chloroma. Extramedullary haematopoiesis and probable high grade NHL in lymph node. Extramedullary haematopoiesis with myelodysplasia and chronic myeloid leukaemia. Extramedullary haematopoiesis - ? transformation. ?AML myelomonocytic. MDS with excess of blasts in transformation to AML. Extra medullary haemopoeisis with leukemic transformation. Granulocytic sarcoma (Myeloid sarcoma). Dermatopathic L.N. Leukaemia Melanoma Lymph node – Hairy cell leukemia Myeloid sarcoma/granulocytic sarcoma/chloroma</p>	<p>Metastatic melanoma Myeloid neoplasm. Reactive proliferation T cell lymphoma. MYELOID LEUKAEMIA NODE INVOLVEMENT. Extramedullary deposit of chronic myeloid leukaemia. Extramedullary hematopoiesis in myelodysplastic syndrome. CMML in lymph node. Acute myeloid leukemia (transformation from MDS). Malignant lymphoma / leukemia. Extramedullary haematopoiesis. Granulocytic sarcoma should be excluded. Dermatopathic lymphadenopathy. Mielodysplastic syndrome involvement of the lymph node. ? lymphoma. Lymph node with haematological malignancy, favour acute myeloid leukaemia (AML). High grade Non Hodgkin lymphoma. Acute myeloid leukaemia within lymph node. Lymphoproliferative disorder/leukaemia/lymphoma. Dermatopathic lymphadenitis. Malignant lymphoma/leukaemia. MDS associated with immunoblastic lymphadenopathy (IBL)-like T-cell lymphoma. Neoplastic myeloid proliferation in a lymph node. Lymph node involvement of Leukaemia with extramedullary haemopoiesis.</p>
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<p>Acute myeloblastic leukaemia Extramedullary haematopoiesis +/- high grade transformation. Myeloid metaplasia with increased precursor cells, needs IHC. T cell lymphoma. Dysplastic EMH. DYSPLASTIC EXTRAMEDULLARY HAEMOPOIESIS AND DERMATOPATHIC LYMPHADENOPATHY. Malignant lymphoma. Florid extramedullary haematopoiesis. Diffuse large B cell Lymphoma. Extra medullary haematopoiesis. Myeloproliferative neoplasm with extramedullary haemopoiesis. Extramedullary haemopoiesis in a lymph node. Atypical lymphoid infiltrate (possibly involved by CML??). Granulocytic sarcoma. Need IHC. MDS transforming to lymphoma. High grade lymphoma Extramedullary haematopoiesis Myeloid infiltrate/granulocytic sarcoma. Malignant melanoma Myeloid leukaemia EXTRAMEDULLARY HAEMATOPOIESIS- TO EXCLUDE LYMPH NODE INVOLVEMENT BY MDS/ MPD.</p>	<p>CMML. Lymphoproliferative disorder (leukemia/lymphoma). Acute Myeloid. Diffuse non-Hidgkins B cell Lymphoma (Immunoblastic type) associated with MDS. Lymph node involved by MDS. Immunoblastic Lymphoma; requires immunohistochemistry and cytogenetic assay. Myeloid Sarcoma; requires immunohistochemistry and cytogenetic assay. High grade lymphoma/leukemia. Lymphoproliferative disorder, Needs Immunohistochemistry for confirmation Angioimmunoblastic T-cell Lymphoma.</p>
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Reported Diagnosis: Extramedullary haematopoiesis