

South East England General Histopathology EQA Scheme



7808

Round c Final Case Analyses

Cases 659 to 670

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133 responses (91.1%)

Prepared December 2016

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: 16/12/16

With thanks to those who contributed to this round:

Trust	ISO accreditation number	CPA accreditation number
Guys and St Thomas' NHS Foundation Trust	8126	
Ashford & St Peter's NHS Foundation Trust		
East Kent Hospital University Foundation Trust		899
Western Sussex Hospitals NHS Foundation Trust		
Hospital Pedro Hispano		
Queen Victoria Hospital NHS Foundation Trust	8238	
Frimley Park Hospital NHS Foundation Trust	7496	
Colchester Hospital University NHS Foundation Trust		2930
Queen Victoria Hospital NHS Foundation Trust	2838	
Maidstone & Tunbridge Wells NHS Trust		3060
Croydon Hospital		

Case Number: 659

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Diagnostic category: Endocrine

Clinical : F50. Subclinical Cushing's

Specimen : Right adrenal

Macro : An adrenal gland weighing 57g and measuring 105 x 55 x 30mm. It shows a well circumscribed tumour, 37 x 21 x 26mm which is solid, orange/yellow/tan in colour with areas of haemorrhage but no necrosis. It appears completely excised and does not infiltrate the surrounding fat.

	Final Merges	Score
1	Adrenocortical adenoma / myelolipoma	9.92
2	Adrenocortical carcinoma	0.08

Most popular diagnosis: Adrenocortical adenoma / myelolipoma

Reported Diagnosis: Adrenal cortical adenoma with prominent myelolipomatous metaplasia

Case Number: 660

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Diagnostic category: Miscellaneous

Clinical : M80. ?Infection ?TB, chronic sinus ?metatarsal osteomyelitis

Specimen : Soft tissue foot

Macro : Fragments of tissue up to 15mm.

	Final Merges	Score
1	Gout	9.25
2	Pseudogout	0.45
3	Chronic osteomyelitis	0.30

Most popular diagnosis: Gout

Reported Diagnosis: Gouty (tophaceous) arthritis

Case Number: 661

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Diagnostic category: Respiratory

Clinical : M79. History ca prostate. Lung tumour, ?primary

Specimen : Lung

Macro : Core biopsies. *Immuno*: CD56, TTF1 positive. MNF116 dot-like positivity. Chromogranin and synaptophysin - patchy staining.

	Final Merges	Score
1	Small cell carcinoma	9.88
2	Atypical carcinoid – neuroendocrine tumour	0.05
3	Small cell carcinoma – metastatic / prostate	0.07

Most popular diagnosis: Small cell carcinoma

Reported Diagnosis: Small cell carcinoma

Case Number: 662

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Diagnostic category: Lymphoreticular

Clinical : M67. Right aryepiglottic fold tumour removed with diathermy/laser

Specimen : Laryngeal

Macro : A lobulated piece of firm pale tissue measuring 22 x 14 x 10mm. Sectioned and all submitted. Immuno: Tumour positive for VS38c, CD138 and kappa, focally positive for CD79a and LCA, negative for CD20, lambda, CD56, S100 and MNF116.

	Final Merges	Score
1	Plasmacytoma / plasma cell neoplasia / myeloma	9.91
2	Lymphoplasmacytic lymphoma	0.02
3	High grade NHL. Plasmablastic diffuse large cell B cell	0.07

Most popular diagnosis: Plasmacytoma / plasma cell neoplasia / myeloma

Reported Diagnosis: Plasmacytoma

Case Number: 663

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Diagnostic category: Skin

Clinical : F78. Excision nodule dorsum of left hand

Specimen : Skin

Macro : Ellipse of skin 55 x 19 x 5 bearing a pale and ? tan lesion up to 16mm with a prominent nodule up to 12mm. *Immuno:* S100/Melan A +ve

	Final Merges	Score
1	Malignant melanoma	10.00

Most popular diagnosis: Malignant melanoma

Reported Diagnosis: Invasive, vertical growth phase superficial spreading malignant melanoma

Case Number: 664

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Diagnostic category: GI Tract

Clinical : M79. Partial gastrectomy (Billroth II) 50 years ago for a duodenal ulcer. Endoscopy showed hypertrophic folds adjacent to the anastomosis.

Specimen : Partial gastrectomy

Macro : Gastrectomy specimen with jejunal anastomosis. Slightly raised lesions adjacent to the anastomosis, the largest of which showed a 1cm cyst in the submucosa.

	Final Merges	Score
1	Benign changes (various)	9.92
2	Gastric adenocarcinoma	0.08

Most popular diagnosis: Benign changes (various)

Reported Diagnosis: Gastritis cystica polyposa/profunda

Case Number: 665

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Diagnostic category: Breast

Clinical : F45. Left breast cancer - lumpectomy and radiotherapy operation - left mastopexy and right mastopexy reduction. Right breast tissue 117g.

Specimen : Breast

Macro : Breast tissue right. Four pieces of fibrofatty tissue, the largest measuring 123 x 90 x 20mm, combined weight 126grams. There are firm pale areas up to 20mm across.

	Final Merges	Score
1	Sclerosing adenosis	9.45
2	Post therapy changes	0.23
3	Mastopathy & myoid atrophy and microcals	0.08
4	Fibrocystic change	0.08
5	Adenofibrosis	0.08
6	CSL with stromal hyalinosis	0.08

Most popular diagnosis: Sclerosing adenosis

Reported Diagnosis: Sclerosing adenosis

Case Number: 666

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Diagnostic category: Gynae

Clinical : F65. Long standing polypoid lesion right labia majora

Specimen : Vulval polyp

Macro : Skin covered polyp 19 x 17mm. *Immuno*: S100, Melan A, p16 positive.
HMB45 negative, Ki67 low.

	Final Merges	Score
1	Benign naevus	7.74
2	Atypical naevus	0.59
3	Atypical naevus & lichen sclerosus	0.15
4	Melanoma	1.02
5	LS with melanocytic lesion. DD melanoma. 2nd opinion	0.15
6	Melanocytic lesion of special site. 2nd opinion	0.08
7	Granular Cell tumour / benign appendage tumour (apocrine)	0.11
8	Lichen Sclerosus	0.08
9	Perivascular epithelioid neoplasm (PEComa)	0.08

Most popular diagnosis: Benign naevus

Reported Diagnosis: Benign intradermal naevus & lichen sclerosus

Case Number: 667

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Diagnostic category: Skin

Clinical : M62. Subcutaneous nodule right knee, ?angioma ?sarcoma

Specimen : Skin excision

Macro : A grey wrinkled strip of skin 3 x 0.5 x 0.4cm with and attached underlying intact soft cyst 2 x 2 x 1.5cm. The cut surface is fatty and haemorrhagic.

Immuno: SMA +, Desmin -, CD34 -, Synaptophysin -, HMB45 -

	Final Merges	Score
1	Glomus tumour / glomangioma	9.74
2	Neuroendocrine. Will do more markers	0.03
3	Myopericytoma	0.04
4	Angioleiomyoma	0.02
5	Other	0.02
6	Eccrine spiradenoma	0.15

Most popular diagnosis: Glomus tumour / glomangioma

Reported Diagnosis: Glomus Tumour

Case Number: 668

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Diagnostic category: GU

Clinical : M31. Left testicular tumour. Normal B-HCG and AFP.

Specimen : Left testis

Macro : Testis 41 x 30 x 29mm with attached spermatic cord, 70mm long. An irregular, firm, pale mass, 20mm in maximum dimension, infiltrates the tunica albuginea at the inferior margin of the specimen. *Immuno*: Tumour is CD30 and PLAP positive.

	Final Merges	Score
1	Embryonal carcinoma / MTU	7.81
2	Mixed embryonal ca and seminoma	2.11
3	Seminoma	0.08

Most popular diagnosis: Embryonal carcinoma / MTU

Reported Diagnosis: Embryonal carcinoma

EDUCATIONAL CASE

Case Number: 669

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Diagnostic category: Educational

Clinical : F46 Left mastectomy. 70mm tumour on MRI

Specimen : Left breast

Macro : Mastectomy weighing 512g, 190 x 160 x 40mm. On slicing, a tumour measuring 45 x 50 x 20mm seen approx 2mm from deep margin. ER & PR positive.

Suggested diagnoses:

<p>Invasive ductal carcinoma with apocrine differentiation and LCIS Invasive ductal (apocrine) carcinoma and lobular carcinoma (in situ and invasive components) Collision tumour of the breast (apocrine carcinoma & invasive lobular carcinoma with LCIS) Apocrine carcinoma and infiltrating lobular carcinoma Apocrine carcinoma + DCIS LCIS DCIS and infiltrating syringoma-like carcinoma Changes of FCC, radial scar, tubular ca and solid blue tumour ?neuroendocrine ?adenoid cystic Invasive carcinoma with possible neuroendocrine tumour Lobular and ductal carcinoma, focal ADH Malignant; mixed carcinoma (ductal NST & Secretory), LG DCIS and Florid HUT Grade 2 IDC of apocrine and basaloid type with high grade DCIS of NOS and apocrine type Breast – Ductal carcinoma in-situ and invasive carcinoma, with apocrine component Mixed solid papillary and apocrine carcinoma Biphasic carcinoma – apocrine/basaloid Ductolobular carcinoma with LCIS with Sclerosing adenosis (apocrine type)</p>	<p>Lobular and in-situ ductal carcinoma with ductal and cribriform areas (some looks lobular or transitional) LVI+ Invasive ductal carcinoma (apocrine), G1, with DCIS, LCIS/Neuroendocrine differentiation Invasive ductal carcinoma, overall grade 2 (T2, P3, M1) with mixed ductal differentiation and apocrine features colliding with more solid tumour (possible neuroendocrine features) and low/intermediate grade solid DCIS Mixed invasive ductal/secretory carcinoma of the breast Mixed tubulolobular carcinoma with in-situ lobular and ductal neoplasia Invasive apocrine and invasive ductal adenocarcinoma Combined apocrine and usual type DCIS and invasive ductal carcinoma Invasive ductal carcinoma with apocrine and basaloid morphological patterns and background DCIS</p>
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Reported Diagnosis: ‘Collision tumour’ showing 2 distinct morphologies: IDC NOS grade 2 and IDC with apocrine features grade 2.

EDUCATIONAL CASE

Case Number: 670

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Diagnostic category: Educational

Clinical : M42. Colectomy (completion). Previous subtotal colectomy for UC.

Specimen : Colon

Macro : Completion proctectomy measuring 160mm by 80mm. The peritoneal reflection is 45mm proximal to the distal margin. On opening there is loss of mucosal folds in its entirety with a stricture extending from the proximal margin for a distance of 60mm. The entire surface is ulcerated and no mass lesions are identified.

Suggested diagnoses:

<p>Diffuse lymphoid nodular hyperplasia/diversion changes Diversion colitis Reactive lymphoid hyperplasia Lymphoid follicular hyperplasia Primary MALT lymphoma ?Primary Follicular Lymphoma of GIT) Mantle cell lymphoma/hyperplasia of lymphoid follicles Reactive lymphoid hyperplasia Marginal zone lymphoma Lymphoproliferative disorder, raising suspicion of MALT lymphoma, low grade Diversion proctitis Diversion proctocolitis Follicular hyperplasia G1 Apocrine ca + G2 lobular carcinoma + LCIS/LIN Rectal pouchitis Colitis Ulcerative colitis with reactive lymphoid follicular hyperplasia ?due to faecal diversion Follicular proctitis/Ulcerative colitis Diversion proctitis superimposed on chronic ulcerative colitis Lymphoid (follicular) hyperplasia of the colon/rectum (Diversion colitis) Submucosal lipomatosis with diversion proctitis Lymphoid follicular proctitis Non-Hodgkin Lymphoma, MALT</p>	<p>EBV infection Benign lymphoid reaction Rectal mucosal lymphoid follicular hyperplasia associated with ulcerative colitis</p>
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Reported Diagnosis: Diversion colitis