



South East England General Histopathology EQA Scheme

Round x Final Case Analyses

Cases **914 to 926**

Circulated **January - February 2024**
152 responses (85.88%)

Prepared **February 2024**

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

Authorised by:



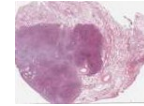
Dr Nipin Bagla

Date: **28/03/24**

With thanks to those who contributed to this round:

Trust	ISO accreditation number
Royal Sussex County Hospital	9678
Guys and St Thomas Hospital	9323
Frimley Park Hospital	9727
East Surrey Hospital	N/A
Maidstone Hospital	8062
Eastbourne District General Hospital	8790
Broomfield Hospital	9864
University Hospital Lewisham	8443
Singleton Hospital	8990
Southend Hospital	7880

Case Number: 915



Diagnostic category: Respiratory

Clinical : F91. PET positive left lower lobe nodule and bilateral PET negative small pulmonary nodules. Frozen section suggestive of benign disease ??lymphoma therefore no further pulmonary resection.

Specimen : Lobe Nodule

Macro : Left lower lobe wedge contains a wedge excision measuring 106 x 94 x 25 mm with a nodule at 21 x 19 x 17 mm. 8mm from the stapled margin. 35mm away from the nodule is further nodule 12 x 5 x 5 mm it is 5 mm from the stapled line.

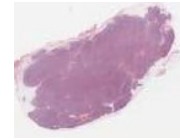
Immuno : Positive for CD20, CD79a, bcl-2 and IgM. Reversal of the normal kappa: lambda ratio. Cells are negative for CD10, bcl-6 and cyclin-D1. Scattered CD3 and CD5 positive cells. The ki67 proliferation index is low.

	Final Merges	Score
1	MALT Lymphoma / Low Grade B Cell Lymphoma	8.86
2	Lymphoplasmacytic lymphoma / Waldenstroms	0.68
3	Follicular Lymphoma	0.10
4	Plasmacytoma	0.07
5	CLL / Small lymphocytic lymphoma	0.14
6	Reactive - pseudolymphoma	0.01
7	Lymphoproliferative lesion. (Does not report lymph.)	0.08
8	Hodgkin lymphoma (nodule lymphocyte predominant)	0.07

Most popular diagnosis: MALT Lymphoma / Low Grade B Cell Lymphoma

Reported Diagnosis: MALToma (extra-nodal marginal zone lymphoma of mucosa-associated lymphoid tissue)

Case Number: 917



Diagnostic category: Breast

Clinical : F28. Left breast mass excised due to size.

Specimen : Breast

Macro : Nodular white tissue measuring 15x30x40mm. Firm white cut surface

Immuno : None provided

	Final Merges	Score
1	Tubular Adenoma	9.12
2	Adenomyoepithelioma	0.48
3	(microglandular) Adenosis	0.33
4	Fibroadenoma	0.07

Most popular diagnosis: Tubular Adenoma

Reported Diagnosis: Tubular Adenoma

Case Number: 918



Diagnostic category: Lymphoreticular

Clinical : M59. Small bowel obstruction

Specimen : Bowel

Macro : 52mm lesion invading bowel wall and obstructing lumen

Immuno : Positive:CD79a, BCL-2, MUM1, PAX-5
Negative: CD3, CD5, CD10, CD21, CD23, Cyclin D1. MIB-85-95%

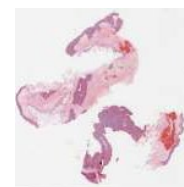
	Final Merges	Score
1	High Grade B Cell Lymphoma / DLBCL	9.37
2	Hodgkins lymphoma (nodular lymphocyte predominant)	0.14
3	Marginal zone lymphoma	0.07
4	Plasmacytoid lymphoma	0.14
5	Lymphoma	0.22
6	Burkitts lymphoma	0.05
7	Blastoid lymphoma	0.01

Most popular diagnosis: High Grade B Cell Lymphoma / DLBCL

Reported Diagnosis: Diffuse large B cell lymphoma

Case Number: 919

Diagnostic category: Gynae



Clinical : F38. Left vulval cyst.

Specimen : Vulva

Macro : Cyst measuring 13x10x5mm; contents of a tan gel-like substance.

Immuno : None provided

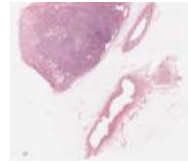
	Final Merges	Score
1	Benign Cyst (Bartholins / Mullerian etc)	9.63
2	Hidrocystoma	0.37
3	Hidradenoma papilliferum cystically dilated	0.01

Most popular diagnosis: Benign Cyst (Bartholins / Mullerian etc)

Reported Diagnosis: **Vulval mucinous and ciliated cyst**

Case Number: 920

Diagnostic category: GU



Clinical : F47. Left renal mass? RCC. Laparoscopic left radical nephrectomy.
History of breast cancer.

Specimen : Kidney

Macro : Kidney measures 140 x 80 x 80mm. Lower pole of kidney contains a large bulging circumscribed tumour, 80 x 60 x 60mm. The cut surface has a mahogany brown colour and a central white scar.

Immuno : CD117 and EMA positive. CK7 and CD10 negative.

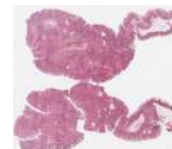
	Final Merges	Score
1	Oncocytoma	9.79
2	Renal Cell Carcinoma	0.21

Most popular diagnosis: Oncocytoma

Reported Diagnosis: **Oncocytoma**

Case Number: 921

Diagnostic category: GI



Clinical : F66. D2 polyp removed

Specimen : Polyp

Macro : Polyp measuring 20mm. Normal mucosa at base.

Immuno : None provided

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

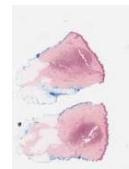
	Final Merges	Score
1	Peutz Jeghers polyp	5.77
2	Adenoma (dysplasia)	2.55
3	Hyperplastic polyp	0.85
4	Hamartomatous polyp	0.66
5	Sessile serrated lesion (without dysplasia)	0.10
6	Benign epithelial proliferation ? gastric metaplasia	0.07

Most popular diagnosis: Peutz Jeghers polyp

Reported Diagnosis: Hamartomatous (Peutz-Jegher-type) polyp

Case Number: 922

Diagnostic category: Skin



Clinical : M29. Mole? Blue naevus? Malignant melanoma. Left posterior, inner and upper thigh

Specimen : Mole

Macro : An irregular ellipse of skin 13 x 5 x 7mm deep. Towards one edge, there is a flat grey lesion measuring 4 x 3mm. The lesion is located approximately 1mm away from the nearest peripheral margin. Slicing reveals an orange cut surface.

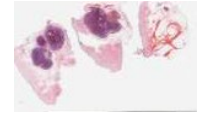
Immuno : Melan – A negative. Perls stain positive.

	Final Merges	Score
1	Dermatofibroma / Fibrous Histiocytoma	9.61
2	Blue Naevus	0.20
3	AFX (Atypical Fibroxanthoma)	0.07
4	Giant cell tumour of skin	0.02
5	Hobnail haemangioma	0.07
6	Juvenile Xanthogranuloma	0.03

Most popular diagnosis: Dermatofibroma / Fibrous Histiocytoma

Reported Diagnosis: **Dermatofibroma**

Case Number: 923



Diagnostic category: Miscellaneous

Clinical : F81. Lump on neck. Previous surgery for salivary gland tumour.

Specimen : Neck

Macro : Ellipse of skin containing subcutaneous nodule 10x6x35mm.

Immuno : DPAS positive granules

	Final Merges	Score
1	Acinic Cell carcinoma	9.41
2	Granular Cell Tumour	0.16
3	Myoepithelioma	0.03
4	Hibernoma	0.13
5	Acinic cell adenoma	0.07
6	Sebaceous gland adenoma	0.07
7	Oncocytoma	0.07
8	Salivary gland tumour	0.07

Most popular diagnosis: Acinic Cell carcinoma

Reported Diagnosis: **Acinic cell carcinoma, metastatic**

Case Number: 924



Diagnostic category: Miscellaneous

Clinical : M65. Ventral mid tongue surface chronic ulcer

Specimen : Tongue Biopsy

Macro : Tongue bx. Two fragments of tissue 1mm x 4mm

Immuno : None provided

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

DIGITAL ONLY

	Final Merges	Score
1	(pseudo)epithelial Hyperplasia (incl keratosis)+/- haemangioma	4.20
2	Haemangioma	3.11
3	Dyplasia	0.13
4	Ulcer (with Vascular Base)	0.43
5	SCC / suspicious for verrucous carcinoma	0.39
6	(Partly organised) granulation tissue / reparative process	0.26
7	Pyogenic granuloma	0.95
8	Vascular proliferation needs IHC ? Kaposi's	0.07
9	LCH	0.05
10	Arteriovenous malformation	0.41

Most popular diagnosis: (pseudo)epithelial Hyperplasia (incl keratosis)+/- haemangioma

Reported Diagnosis: Favour a benign vascular lesion

EDUCATIONAL CASE

Case Number: 925

Diagnostic category: Skin



Clinical : M53.Penile lesion gradually increasing in size.

Specimen : Penile biopsy

Macro : Piece of grey tan mucosal tissue measuring 7x5mm and 2mm in depth.
There is a slightly raised discoloured area towards one edge measuring

4 x
3mm, bisected and all embedded.

Immuno : Immunocytochemistry demonstrates that the histiocytoid cells are positive
for S-

100 and CD1a with focal CD68.
They are negative for melanocyte markers (Melan-A, HMB-45 and
SOX10),
also negative for CD30 and pan cytokeratin (MNF116).

**N.B. This is an Educational Case which will NOT form part of the Personal
Analysis.**

Suggested diagnoses:

Eosinophilic granuloma x 3 Langerhans cell histiocytosis x 143 Eosinophilic granuloma(Langerhans histiocytoma) Langerhans cell histiocytosis (ideally needs confirmatory langerin IHC or EM) Histiocytosis X/ LCH x 3 Histiocytic neoplasm	
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Reported Diagnosis: Langerhans Cell Histiocytosis

EDUCATIONAL CASE

Case Number: 926

Diagnostic category: Lymphoreticular



Clinical : M76. CABG. Specimen sent as a mediastinal node.

Specimen : Mediastinal node

Macro : Fatty tissue with calcified presumed lymph node 20x15x5mm.
Trisected and all embedded.

Immuno : Positive for AE1/AE3, CK7, CK5, P63, PAX8 and SDH-B.
Negative for CD45, S100, chromogranin, synaptophysin,
GATA3, CD5, CD117, CK20, carbonic anhydrase IX and
CD10, RCC. Very sparse staining with CD5, TdT, CD1a and
CD99 within the nodules.

N.B. This is an Educational Case which will NOT form part of the Personal Analysis.

Suggested diagnoses:

<p>Thymoma x48 Thymoma, B3 x26 Thymic carcinoma x 19 Metastatic renal cell carcinoma x 17 Metastasis renal cell cancer x 5 Thymic squamous cell carcinoma x 5 Metastatic renal cell carcinoma with metaplastic bone formation x 2 Renal cell carcinoma x 3 Thymoma, Type B2/B3 Thyoma, B1 Thyoma type A x2 AN EPITHELIAL Tumour arising within the Thymus SDHB syndrome associated renal cell carcinoma (metastatic) Clear cell thymic carcinoma x 3 Carcinoma x2 NUT carcinoma X2 SDH DEFICIENT RCC Metastatic renal cell carcinoma (with ossification) within thymic remnant Paraganglioma x 3</p>	<p>Carcinosarcoma (with foci of poorly differentiated squamous cell carcinoma) Metastatic Renal chromophobe carcinoma SCC Thymoma with ossification x 3 CK7 positive metastatic carcinoma possible renal origin Thyroid carcinoma Residual thymic tissue Chromophobe RCC Germ cell tumour (need more immunohistochemistry)</p>
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Reported Diagnosis: B3 Thymoma, Masaoka 2b (no tumour encapsulation) and pT1a