



South East England General Histopathology EQA Scheme

Round **w** Final Case Analyses

Cases **901** to **913**

Circulated
(September)-(October) 2023

158 responses (**87.78%**)

Prepared (Nov) 2023

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: **01/12/23**

With thanks to those who contributed to this round:

Trust	ISO accreditation number
Southend University Hospital	7880
Eastbourne District General Hospital	8790
Charing Cross Hospital	9615
Royal Sussex County Hospital	9678
Frimley Park Hospital	9727
St Peter's Hospital	9727
Colchester Hospital	9316
Epsom and St Helier University Hospital	8626
East Surrey Hospital	N/A
Kings College Hospital	9705
Guys and St Thomas Hospital	9323
Conquest Hospital	8790

Case Number: 901



Diagnostic category: Endocrine

Clinical : M25.Left thyroid lobe large cystic nodule, THY3F

Specimen : Thyroid

Macro : Thyroid lobe 84gr, 74x57x51mm, replaced by a solid /
cystic tan nodule with calcifications and thick fibrous capsule

Immuno : None provided

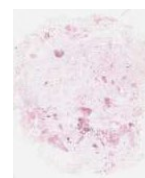
	Final Merges	Score
1	Papillary Thyroid carcinoma	9.97
2	Papillary variant of Follicular carcinoma	0.03

Most popular diagnosis: Papillary Thyroid carcinoma

Reported Diagnosis: Papillary thyroid carcinoma, encapsulated classic type

Case Number: 902

Diagnostic category: Respiratory



Clinical : F73. Mediastinal Lymphadenopathy? Lymphoproliferative disorder? Carcinoma

Specimen : EBUS-TBNA

Macro : 25ml reddish collection fluid

Immuno : ZN & PAS negative

	Final Merges	Score
1	Granulomatous Inflammation +/- Sarcoid	9.82
2	Pneumocystis	0.07
3	Lymphoproliferative disorder	0.07
4	Atypical cells ? Malignant (slightly favour SCC)	0.05

Most popular diagnosis: Granulomatous Inflammation +/- Sarcoid

Reported Diagnosis: Granulomatous inflammation suggestive of sarcoidosis

Case Number: 903

Diagnostic category: Miscellaneous



Clinical : M71. left submandibular gland mass

Specimen : Submandibular mass

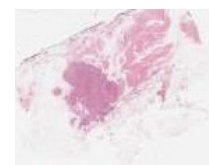
Macro : Cream tan tissue measuring 25 x 20 x 14mm

Immuno : Germinal centres are Bcl2(-) and appear non-colonized.
Plasma cells are polyclonal. IgG:IgG4 ratio is <40%

	Final Merges	Score
1	Lymphoepithelial sialadenitis / LESA / Sjogren's / Kuttners	7.91
2	IgG4 sialadenitis	1.87
3	Mantle cell Lymphoma	0.09
4	Hashimoto's Thyroiditis	0.06
5	MALToma	0.01
6	Reactive lymphoid infiltrate	0.06

Most popular diagnosis: Lymphoepithelial sialadenitis / LESA / Sjogren's / Kuttners

Reported Diagnosis: Chronic sclerosing sialadentitis (Kuttner tumour)



Case Number: 904

Diagnostic category: Breast

Clinical : F69. P1, M3/4, U4. Ill-defined mass right breast.

Specimen : Breast

Macro : 12g. 40 x 35 x 12mm. Spiculate tumour 11mm.

Immuno : ER and PR +, Her 2 -

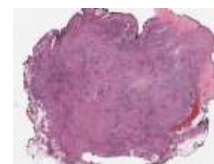
	Final Merges	Score
1	Invasive breast (ductal) carcinoma	9.59
2	Invasive lobular carcinoma	0.27
3	Invasive solid papillary carcinoma	0.13
4	Neuroendocrine carcinoma	0.01

Most popular diagnosis: Invasive breast (ductal) carcinoma

Reported Diagnosis: **Grade 2, invasive ductal carcinoma**

Case Number: 905

Diagnostic category: Lymphoreticular



Clinical : F31. Left axillary mass ?Lymphoid ?Adnexal tumour. Imaging and cytology inconclusive

Specimen : Axillary Mass

Macro : Fibrofatty tissue with attached skin ellipse measuring 35x33x30mm. On slicing there is a possible tumour measuring 23x16mm which is poorly defined and has a pale white/ cream appearance.

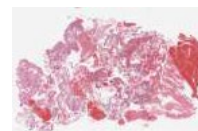
Immuno : Large histiocytes positive for S100, Cyclin D1, and OCT2 and negative for CD1a. CD3 and CD20 show an appropriate mixture of T cell and B cell lymphocytes. CD21 and BCL2 confirm the reactive nature of the lymphoid follicles. PAS, Grocott and ZN are negative.

	Final Merges	Score
1	Rosai-Dorfmann disease	9.72
2	Acute on chronic xanthogranulomatous inflammation	0.07
3	LCH	0.08
4	Kikuchi Disease	0.07
5	Reactive lymphoproliferative disorder	0.07

Most popular diagnosis: Rosai-Dorfmann disease

Reported Diagnosis: Rosai Dorfman Disease

Case Number: 906



Diagnostic category: Gynae

Clinical : F27. Products of conception; miscarriage 5/40. Scan indicates ?Molar pregnancy

Specimen : Products of conception

Macro : Spongy pieces of tissue 41gms with some vesicles

Immuno : None provided

	Final Merges	Score
1	Hydatidiform Mole	9.86
2	POC. No definite molar changes	0.06
3	Hydropic abortus	0.07

Most popular diagnosis: Hydatidiform Mole

Reported Diagnosis: Complete hydatidiform mole

Case Number: 907



Diagnostic category: GU

Clinical : F62. Right lower pole kidney tumour - partial nephrectomy.

Specimen : Kidney Tumour

Macro : 35mm cream coloured tumour with haemorrhagic areas

Immuno : CK7+, CK19+, Vimentin+, CD10 -ve

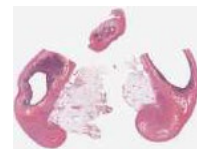
	Final Merges	Score
1	Papillary Renal Cell carcinoma	9.73
2	Renal Cell carcinoma	0.07
3	Renal collecting duct carcinoma	0.18
4	Metanephric adenoma	0.01
5	Tubulocystic carcinoma	0.01

Most popular diagnosis: Papillary Renal Cell carcinoma

Reported Diagnosis: Papillary renal cell carcinoma.

Case Number: 908

Diagnostic category: GI



Clinical : F35. Vermiform appendix US proven appendicitis.

Specimen : Appendix

Macro : Appendix 41 long, 8mm diam. Attached fibrofatty tissue 15 x 6 x 4 mm.

Immuno : None provided

	Final Merges	Score
1	Endometriosis	9.81
2	Benign	0.06
3	Goblet cell carcinoma	0.06
4	Reactive lymphoid hyperplasia (inc eosinophils and fat)	0.01
5	Cryptosporidiosis	0.01
6	MALToma	0.01
7	Eosinophilic appendicitis	0.01
8	Normal / No significant histological abnormality	0.01

Most popular diagnosis: Endometriosis

Reported Diagnosis: Endometriosis, no inflammatory process.

Case Number: 909

Diagnostic category: Skin



Clinical : M31. Cyst right jawline.

Specimen : Skin

Macro : A rounded nodule measuring 30 x 22 x 15mm. No surface skin. Slicing reveals a multiloculated thin walled cyst containing tan fluid. Sliced and all embedded.

Immuno : None provided

	Final Merges	Score
1	(Apocrine) hydrocystoma / apocrine cyst	9.55
2	Papillary eccrine adenoma	0.13
3	Intraductal carcinoma	0.13
4	Hidraadenoma	0.06
5	Branchial cleft	0.13

Most popular diagnosis: (Apocrine) hydrocystoma / apocrine cyst

Reported Diagnosis: Apocrine hidrocystoma.

Case Number: 910



Diagnostic category: Skin

Clinical : M32. Skin type I. Previous sun bed user. Darkly pigmented lesion left leg.

Specimen : Skin

Macro : None provided

Immuno : None provided

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

	Final Merges	Score
1	Naevus - dysplasia not mentioned	0.49
2	Dysplastic naevus - severity not mentioned	3.24
3	Dysplastic naevus - mild/moderate	3.51
4	Dysplastic naevus - Severe	0.93
5	Atypical naevus	0.13
6	(features of a) Spitz naevus	0.26
7	Melanoma / Melanoma in situ	0.28
8	Dysplastic naevus / melanoma in situ	0.19
9	Solar Lentigo	0.06
10	Reed naevus	0.90

Most popular diagnosis: Dysplastic naevus - mild/moderate

Reported Diagnosis: **Pigmented spindle cell naevus of Reed**

Case Number: 911



Diagnostic category: Miscellaneous

Clinical : F38, Right submandibular lesion. ??Intra-glandular - lobulated irregular borders. ??LN ?SMG lesion. Nil else in neck - no LN. Painful post 1 x biopsy.

Specimen : Submandibular biopsy

Macro : Single core of tissue 15mm long x 1mm in diameter

Immuno : None provided

DIGITAL ONLY

[Response required unless exempt]

	Final Merges	Score
1	Pleomorphic adenoma / benign mixed tumour	9.87
2	Sialometaplasia	0.06
3	Verrucous hyperplasia	0.06

Most popular diagnosis: Pleomorphic adenoma / benign mixed tumour

Reported Diagnosis: Salivary gland pleomorphic adenoma

EDUCATIONAL CASE



Case Number: 912

Clinical : F81. Longstanding lichenoid lesion on buccal mucosa

Specimen : Buccal

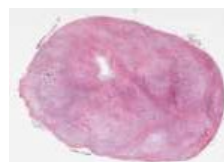
Macro : An ellipse of mucosa 19 x 9 x 7mm with a roughened 'warty' surface.

Immuno : None provided

<p>Verrucous carcinoma x 52 Pseudoepitheliomatous hyperplasia x 22 Well differentiated squamous cell carcinoma x 20 Verrucous squamous cell carcinoma x 17 Proliferative verrucous leukoplakia x 11 Verrucous hyperplasia x6 Leukoplakia x 2 Leukoplakia with dysplasia x 2 Squamous hyperplasia/keratosis x 2 Verrucous carcinoma of the oral cavity x 2 Verruciform Xanthoma, (PASD to check for fungi as well) Verruciform xanthoma Squamous cell carcinoma versus verrucous carcinoma more in favour of verrucous carcinoma Verrucous Hyperplasia Verrucous leukoplakia Hyperplastic squamous epithelium Verruciform hyperplasia Oral verrucous hyperplasia Differentiated dysplasia of the buccal mucosa Verrucous/squamous proliferative lesion Verrucous keratosis Lichenoid inflammation with reactive hyperplasia Lichen planus, hypertrophic type Proliferative squamous lesion. Squamoproliferative lesion more likely to be reactive than neoplastic Frictional keratosis (no dysplasia/ malignancy) Squamous dysplasia chronic and well differentiated squamous cell carcinoma/Verrucous carcinoma, favour the latter diagnosis. More sections required.</p>	<p>Benign squamous hyperplasia DYSPLASIA WITH HYPERPLASTIC CHANGES + SCARRING Hyperplastic squamous epithelium. I will do fungal stain Suspicious for squamous cell carcinoma. Do PAS stain to exclude fungus. Benign / reactive squamoproliferative lesion ? Lichen Simplex Chronicus ? Nodular prurigo Verrucous pseudoepitheliomatous hyperplasia Proliferative verrucous hyperplasia Squamoproliferative lesion VS well differentiated SCC LICHEN PLANUS Squamous proliferative lesion, favouring pseudoepitheliomatous hyperplasia. (Levels to exclude well-differentiated squamous cell carcinoma) Lichenoid Keratosis Hyperplastic favour benign, don't think verrucous carcinoma Verruca Accuminatuv Inflammatory papillary hyperplasia x 2 Squamo-proliferative benign lesion Squamo-proliferative lesion Inverted papilloma but do fungal stains first Squamous papilloma, possible viral origin Chronic frictional keratosis hyperplasia Extensive irregular psoriasis-form hyperplasia with deep pushing margins. DD; Lichen simplex</p>
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Reported Diagnosis: Verrucous hyperplasia

EDUCATIONAL CASE



Case Number: 913

Clinical : F19. Cystic lesion of left upper back deep to skin

Specimen : Skin from back

Macro : Received as an encapsulated lesion without discernible skin measuring 34x27x20mm.
Surface is inked green, serially sliced. Serial slicing reveals a white whorled appearance, no areas of haemorrhage or necrosis are seen.

Immuno : Focally positive for MUC4.
Negative for S100, SOX10, AE1/3, Desmin, Myogenin SMA, CD34, CD31, ERG, STAT6

Low grade fibromyxoid sarcoma x 124
Fibromyxoid sarcoma x 4
Low Grade Myxofibrosarcoma x 2
Myopericytoma (myofibroma) x 2
ANGIOLEIOMYOMA x 2
Benign spindle cell tumour x 2
Myxofibrosarcoma x 2
Low grade Fibromyosarcoma
Low grade myxofibrosarcoma
SUPERFICIAL (CUTANEOUS)
ANGIOMYXOMA
Fibromyxoma
Myxoma
Neurothekeoma
Myxoid Vascular tumour
SCLEROSING EPITHELIOID FIBROSARCOMA
Angiomyxoma
superficial angiofibroma
Nodular fasciitis
Myxoid lesion
benign mesenchymal lesion
Myxo-fibro-spindle cell proliferation, Ki67
needed

Reported Diagnosis: Low grade fibromyxoid sarcoma