



South East England General Histopathology EQA Scheme

Round dd Final Case Analyses

Cases dd1 to dd12

Circulated
Jan 2026 - Feb 2026
186 responses (91.63%)

Prepared: March 2026

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

Authorised by:

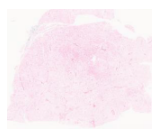
Dr Nipin Bagla

Date: 31/3/26

With thanks to those who contributed to this round:

Trust	UKAS accreditation number
Charing Cross Hospital	9615
Frimley Park Hospital	9727
Kingston Hospital	8132
Queen Elizabeth Hospital	8443
Singleton Hospital	8990
William Harvey Hospital	9246
Southend University Hospital	7880
Maidstone Hospital	8062
St Thomas' Hospital	9323
Royal Sussex County Hospital	9337
East Surrey Hospital	N/A
Worthing Hospital	8267

University of Leeds Virtual Pathology provide digital slide scanning and image hosting for the scheme.



Case number: dd2
Diagnostic Category: Skin
Clinical Information: F36. Subcutaneous lump right shoulder. Totally excised and encapsulated ?lipoma ??LG liposarcoma
Specimen: Subcutaneous lump on shoulder
Age: 36
Sex: Female
Macroscopic description: Well circumscribed fatty nodule 146g. 90 x 90 x 45 uniform yellow cut surface.
Immunohistochemistry: None Provided

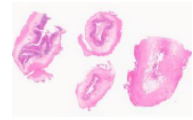
	Final Merges	Score %
1	Atypical Lipomatous tumour/Low grade liposarcoma (Lipoma-like variant)	0.55
2	benign lipoma	0.55
3	Hibernoma	96.35
4	low grade liposarcoma	2.54

Number of responses: 181

Most popular diagnosis: Hibernoma

Reported Diagnosis: Hibernoma (benign)

Case number: dd3
 Diagnostic Category: GI
 Clinical Information: F26. Appendicitis
 Specimen: Appendix
 Age: 26
 Sex: Female
 Macroscopic description: Appendix 75x7mm
 Immunohistochemistry: CD10+.



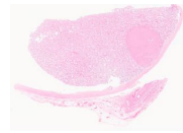
	Final Merges	Score %
1	Adenomyosis with (pseudo)decidual reaction	0.54
2	Appendiceal decidualosis / Endometriosis	97.01
3	decidualised endometrial stroma, ? extrauterine pregnancy	0.54
4	Low grade appendiceal mucinous neoplasm (LAMB)	0.54
5	PEComa - Micronodular type (micronodular perivascular epithelioid cell tumour - HMB45 + Melan-A+ SMA+, Desmin+ Cathepsin-K+	0.54
6	placental implantation site, EUG? decidualisation of the tissue. No fetal material.	0.54
7	Progestin therapy effects	0.27

Number of responses: 184

Most popular diagnosis: Appendiceal decidualosis / Endometriosis

Reported Diagnosis: Decidualised Endometriosis

Case number: dd4
 Diagnostic Category: GU
 Clinical Information: M40. ?Left testicular cancer
 Specimen: Left orchidectomy
 Age: 40
 Sex: Male
 Macroscopic description: Small 15mm cream coloured nodule
 Immunohistochemistry: Strong nuclear B catenin positivity, PLAP, CD117 and D240 Negative

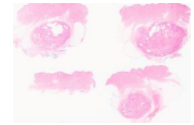


	Final Merges	Score %
1	Adenomatoid tumour (I'd like to see the IHC as I would expect calretinin and not catenin positivity. Is this a typo?)	0.57
2	Benign Sertoli cell tumour	94.17
3	Leydig cell tumour	3.43
4	Seminoma, classic	0.57
5	Sertoli-Leydig cell tumour	0.57
6	Sex cord stromal tumour	0.57
7	Yolk sac tumor	0.11

Number of responses: 175

Most popular diagnosis: Benign Sertoli cell tumour

Reported Diagnosis: Sertoli cell tumour



Case number: dd5
Diagnostic Category: Miscellaneous (Digital Only)
Clinical Information: F57. Tender subcutaneous nodule 12mm, well defined within the superficial fascia. Trace of vascularity. ? Neuroma or angiolipoma.
Specimen: Soft tissue and skin
Age: 57
Sex: Female
Macroscopic description: EOS 24x14x9mm. Nodular lesion 8x6mm in cross section.
Immunohistochemistry: None Provided

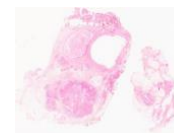
	Final Merges	Score%
1	Epithelioid hemangioma	0.22
2	Glomangioma	99.68
3	Hemangiopericytoma	0.11

Number of responses: 186

Most popular diagnosis: Glomangioma

Reported Diagnosis: Glomus tumour / Glomangioma

Case number: dd6
Diagnostic Category: Miscellaneous
Clinical Information: M84. Lump parotid.1 year, FNA ?Warthin's.
Specimen: Parotidectomy
Age: 84
Sex: Male
Macroscopic description: A piece of salivary gland weighing 16g and measuring 47x35x24mm. The specimen is unorientated. Slicing shows a lobulated tumour which is part solid and part cystic, measuring 20mm in maximum dimension.
Immunohistochemistry: Positive for CK7 and CEA, focally positive for CK5 and AR and negative for S100, p63,SMA, calponin and EMA.



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

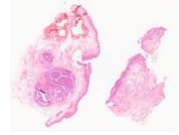
	Final Merges	Score%
1	adenocarcinoma NOS	0.11
2	Apocrine carcinoma	0.81
3	Carcinoma (Salivary duct Type) ex pleomorphic adenoma	47.42
4	Carcinoma, NOS	1.24
5	Dual Pathology ? PD carcinoma + adenoma	0.32
6	Favour malignant carcinoma but consult with head and neck colleague	0.54
7	High grade salivary carcinoma -salivary duct carcinoma	34.57
8	I find this case particularly difficult to classify and I am not convinced it is appropriate as an EQA case. There is clearly a malignant tumour present, morphologically in keeping with SCC and possible	0
9	Low-grade salivary duct carcinoma, I don't report head and neck, refer this case to the head and neck colleagues	0.54
10	metastatic carcinoma	0.05
11	metastatic SCC + adenoma of cutaneous origin	0.11
12	MUCOEPIDERMID CARCINOMA AND PLEOMORPHIC ADENOMA	0.05
13	Mucoepidermoid Carcinoma	10.32
14	Oncocytoma	0.54
15	Pleomorphic adenoma	1.08
16	Salivary duct carcinoma (invasive and intraductal) arising on a background of epithelial-myoepithelial carcinoma	0.16
17	Salivary duct carcinoma with adjacent benign lesion	0.54
18	sclerosing polycystic adenoma	0.27
19	Secondary salivary duct carcinoma	0.27
20	Squamous cell carcinoma ex pleomorphic adenoma	1.08

Number of responses: 186

Most popular diagnosis: Carcinoma (Salivary duct Type) ex pleomorphic adenoma

Reported Diagnosis: Salivary duct carcinoma ex pleomorphic adenoma.

Case number: dd7
Diagnostic Category: Gynae
Clinical Information: F49. Labial cyst left near fourchette, excision biopsy.
Specimen: Labial Cyst
Age: 49
Sex: Female
Macroscopic description: Skin ellipse 13 x 6 x 8mm deep. Bisected in the longest plane, two pieces entire.
Immunohistochemistry: None Provided



	Final Merges	Score%
1	Benign cyst - Benign Mullerian cyst	0.56
2	Hidradenoma Papilliferum	99.44

Number of responses: 177

Most popular diagnosis: Hidradenoma Papilliferum

Reported Diagnosis: Papillary Hidradenoma

Case number: dd8
Diagnostic Category: Lymphoreticular
Clinical Information: M66. Jejunal lesion with associated perforation.
Specimen: Small bowel
Age: 66
Sex: Male
Macroscopic description: Ill-defined cream-coloured lesion extending up to serosa and into adherent omental fat.
Immunohistochemistry: Positive with CD45, CD3, CD7 and CD30, patchy CD4. Negative with CD20, CD79a, CD5, CD8 and ALK-1. MIB-1 up to 90%



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

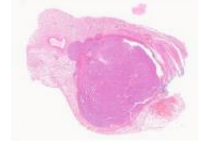
	Final Merges	Score %
1	ALK negative anaplastic b cell lymphoma	0.63
2	ALK negative anaplastic large T-cell lymphoma	9.06
3	ALK-negative Anaplastic Large Cell Lymphoma	19.63
4	angiimmunoblastic type T cell/NK lymphoma	0.5
5	CD30 positive high grade T cell lymphoma	1.88
6	CD30 positive T cell lymphoma	0.63
7	Enteropathy associated T cell lymphoma	48.13
8	high grade T cell lymphoma, ?T cell Acute lymphoblastic lymphoma	0.63
9	Hodgkin lymphoma CHL mixed cellularity	0.13
10	Non Hodgkin's lymphoma, high grade	1.88
11	Peripheral T-cell lymphoma	1.31
12	T cell lymphoma	15.63

Number of responses: 160

Most popular diagnosis: Enteropathy associated T cell lymphoma

Reported Diagnosis: Enteropathy associated with T cell Lymphoma

Case number: dd9
Diagnostic Category: Respiratory
Clinical Information: Two lung nodules - right middle and right lower lobes.
Specimen: right lower lobe lung wedge excision
Age: 72
Sex: Female
Macroscopic description: Wedge of lung with 16mm solid, well circumscribed tan tumour
Immunohistochemistry: None provided.



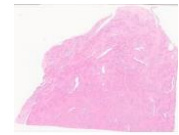
	Final Merges	Score
1	Atypical carcinoma (low grade neuroendocrine carcinoma)	0.57
2	Large cell neuroendocrine tumour	0.57
3	Malignant melanoma	0.91
4	Medullary thyroid carcinoma metastasis	0.29
5	Mesothelioma.	0.57
6	Metastatic tumour	0.51
7	Metastatic well differentiated neuroendocrine tumour	0.29
8	Paraganglioma	0.46
9	THYMOMA	0.06
10	To report this tumour with this clinical info on an H&E ONLY would be reckless beyond belief	0.06
11	Well differentiated neuroendocrine /atypical carcinoid	95.71

Number of responses: 175

Most popular diagnosis: Well differentiated neuroendocrine /atypical carcinoid

Reported Diagnosis: Typical carcinoid tumour

Case number: dd10
 Diagnostic Category: Breast
 Clinical Information: F40. Enlarging FAD? Phyllodes / malignant Phyllodes
 Specimen: Breast
 Age: 40
 Sex: Female
 Macroscopic description: 117g. 80 x 80 x 45mm Multinodular. No necrosis.
 Immunohistochemistry: None Provided



	Final Merges	Score
1	Adenomyoepithelioma	2.18
2	Apocrine adenosis / apocrine adenoma	0.57
3	Atypical phyllodes	0.23
4	Borderline phyllodes tumour	3.85
5	Cellular fibroadenoma / benign phyllodes tumour	92.93
6	Malignant phyllodes tumour	0.23

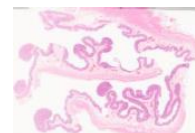
Number of responses: 181

Most popular diagnosis: Cellular fibroadenoma / benign phyllodes tumour

Reported Diagnosis: Fibroadenoma, juvenile type

EDUCATIONAL CASE

Case number: dd11
Diagnostic Category: GI
Clinical Information: F86. The patients only sibling had numerous polyps in the bowel. This patient also has numerous polyps at colonoscopy. Right hemicolectomy performed.
Specimen: Colon Polyp
Age: 86
Sex: Female
Macroscopic description: About 100 small polyps in the bowel from 1mm to 25mm in size.
Immunohistochemistry: None Provided

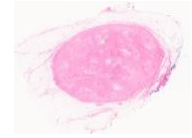


Suggested diagnoses:

Adenomas (familial polyposis)	61.81
adenoma	0.6
FAP like syndrome with possible early intramucosal adenocarcinoma	0.6
FAP/Gardner Syndrome ?? attenuated (multiple Tubular adenoma plus aberrant crypt foci)	0.6
multiple adenomas (unlikely APC due to age, consider alternative syndrome ? MUTYH)	0.6
Multiple tubular adenoma with high grade dysplasia. Assess for genes for FAP and other familial polyposis causes	2.41
Multiple tubular adenomata, low grade dysplasia / MUTYH over FAP	0.6
N/A	0
Papillomatosis	0.6
Polyposis Coli	0.6
Serrated polyposis syndrome	1.2
Sessile serrated adenoma polyposis syndrome	0.6
Sessile serrated lesions with dysplasia	0.6
The presence of numerous colorectal adenomas in the context of a positive family history is highly suggestive of an inherited polyposis syndrome (e.g. familial adenomatous polyposis or MUTYH-associate)	0.6
Tubular adenomas with low grade dysplasia, arising in polyposis syndrome (MutYH or attenuated FAP?)	0.6
Tubular adenomata, multiple. Low grade dysplasia	20.78
Tubulovillous adenoma	1.75

Reported Diagnosis: Familial adenomatous polyposis (possibly attenuated on account of patients age at presentation and lack of cancer developing into old age)

EDUCATIONAL CASE



Case number: dd12
Diagnostic Category: Miscellaneous
Clinical Information: F45. Left axilla excision biopsy? Low grade sarcoma on needle biopsy
Specimen: Axilla Excision
Age: 45
Sex: Female
Macroscopic description: Fibrofatty tissue 40 x 28 x 18mm with a well circumscribed pale and slightly myxoid nodule 21mm maximum.
Immunohistochemistry: Desmin, CD34, bc12, ER & PR positive AE1-AE3 and SMA negative

Suggested Diagnosis:

myofibroblastoma	65.58
Angiomyofibroblastoma	2.45
angiomyoma	0.61
Angiomyxoma	1.23
Atypical Adenomyofibroblastoma	0.61
Atypical myofibroblastoma	0.61
Atypical solitary fibrous tumour	0
atypical spindle cell/ pleomorphic lipomatous tumour	0.61
Cellular angiofibroma	0.12
DESMOID TYPE FIBROMATOSIS	0.18
Leiomyoma with bizarre nuclei	0.61
Low grade Fibromyxoid sarcoma	0.61
Low-grade myofibroblastic sarcoma	0.31
Mammary-type Myofibroblastoma (MTMF)	13.99
nodular fasciitis	1.1
pleomorphic leiomyoma	0.31
sarcoma	0.61
Solitary fibrous tumour	4.36
Spindle cell lipoma	1.23
Superficial CD34-positive fibroblastic tumor	3.01

Reported Diagnosis: Mammary type myofibroblastoma