

Yorkshire General Histopathology EQA Scheme

Case Response Analysis: Circulation K

Case number: K100 Number of responses: 61 Date: 2 DEC 05

Clinical: Male – aged 55

Specimen: Gallbladder

Macro: Gall bladder removed as part of Whipple's procedure

Diagnostic categories	Score
1 Arteritis/vasculitis (of gall bladder)	4.59
2 Necrotising arteritis +chr cholecystitis	0.49
3 Cholecystitis+vasculitis ?PAN?isolated	1.31
4 Arteritis+/-PAN	1.80
5 PAN	1.31
6 Angiocentric T/NK cell lymphoma	0.33
7 Leukocytoclastic vasculitis	0.16

Highest scoring diagnosis: 1 with 4.59 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): Clinical details, serology, ?systemic condition X7, immunos needed – could be macrophages

Original report and further information (if any): Polyarteritis

Case number: K101 Number of responses: 62 Date: 2 DEC 05

Clinical: Abdominal mass is strongly positive for CD34, CD117 and vimentin, weakly positive for bcl-2. Negative for cytokeratin, SMA, desmin and S100. Male – aged 56.

Specimen: Stomach

Macro: Dumb-bell shaped mass, 12cm diameter in posterior wall of stomach

Diagnostic categories	Score
1 Gastrointestinal stromal tumour	10.00

Highest scoring diagnosis: 1 with 10.00 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): immunos

Original report and further information (if any): Gastrointestinal stromal tumour (c-kit positive)

Case number: K102 Number of responses: 63 Date: 2 DEC 05

Clinical: Excision of lump right cheek. Positive for bcl-2, NSE + CK20, patchy positivity for EMA and chromagranin. Female – aged 83.

Specimen: Skin

Macro: Ellipse of skin 15x7x5mm bearing a raised reddish-brown lesion 5mm diameter

Diagnostic categories	Score
1 Merkel cell carcinoma/tumour	9.37
2 Neuroendocrine tumour	0.63

Highest scoring diagnosis: 1 with 9.37 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): exclude met small cell ca clinically X 6, ttf-1

Original report and further information (if any): Merkel Cell Carcinoma (However, small cell carcinoma of lung should be ruled out clinically)

Case number: K103 Number of responses: 63 Date: 2 DEC 05

Clinical: ?Sweat gland tumour of the lip. Male – aged 45

Specimen: Lip

Macro: Piece of greyish-white elastic tissue, 8mm

Diagnostic categories	Score
1 Benign mixed tumour of salivary gland	1.11
2 Benign mixed tumour(chondroid syringoma)	5.63
3 Pleomorphic adenoma	2.94
4 Carcinoma ex-pleom adenoma	0.32

Highest scoring diagnosis: 2 with 5.63 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): where precisely was the lesion? X2, possibility of salivary gland origin

Original report and further information (if any): Chondroid syringoma, apocrine type (Apocrine mixed tumour)

Case number: K104 Number of responses: 53 Date: 2 DEC 05

Clinical: Left kidney mass. Female – aged 59

Specimen: Renal Tumour

Macro: Left kidney measuring 12x12x10cm which contains a multilocular cystic 12x6x6cm. The cysts are of varying size and contain yellow stained fluid. No solid or necrotic areas are seen.

Diagnostic categories	Score
1 (Multi)cystic nephroma	7.83
2 Cystic renal cell carcinoma	0.75
3 Adult polycystic kidney	0.85
4 Renal multilocular cyst	0.19
5 Medullary cystic kidney disease	0.19
6 Collecting duct RCC	0.19

Highest scoring diagnosis: 1 with 7.83 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): very thorough sampling to exclude RCC, remaining kidney normal? Other kidney?, CD10,CD68,Vim

Original report and further information (if any): Benign cystic nephroma

Case number: K105 Number of responses: 60 Date: 2 DEC 05

Clinical: Nodule in right fallopian tube found at time of hysterectomy for fibroids. Female – aged 54.

Specimen: Fallopian Tube

Macro: 1cm bulbous expansion at isthmic end of fallopian tube

Diagnostic categories	Score
1 Salpingitis isthmica nodosa	8.42
2 Salp isth nod +endometriosis on surface	0.33
3 Endometriosis	0.58
4 Endosalpingiosis	0.33
5 Leiomyoma	0.17
6 Benign smooth musc proliferation	0.17

Highest scoring diagnosis: 1 with 8.42 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any):

Original report and further information (if any): Salpingitis Isthmica Nodosum

Case number: K106 Number of responses: 62 Date: 2 DEC 05

Clinical: Right hemicolectomy for Caecal Carcinoma (Tumour positive for CD56 + Synaptophysin). Female – aged 77

Specimen: Caecal Tumour

Macro: Ulcerated tumour 5x4x3.5cm situated in caecal pole, invading pericolic fat

Diagnostic categories	Score
1 Neuroendocrine carcinoma	4.00
2 Neuroendocrine ca+carcinoid	0.32
3 Neuroendocrine ca +focal adenoca	2.90
4 Adenoca with neuroendoc differentiation	1.48
5 Neuroendocrine adenoca	0.16
6 Carcinoid possibly malignant	0.48
7 Carcinoid tumour with adenoca	0.16
8 Carcinoid-adenocarcinoid variant	0.16
9 Endocrine cell tumour-mixed pattern	0.16
10 Small cell ca of colon	0.16

Highest scoring diagnosis: 1 with 4.00 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): exclude met carcinoma clinically, areas of glandular diff, more blocks, mucin stains, spl stains, Ki67, was appendix normal?

Original report and further information (if any): Mixed adenocarcinoma/neuroendocrine carcinoma

Case number: K107 Number of responses: 53 Date: 2 DEC 05

Clinical: Multinodular goitre. Female – aged 68

Specimen: Thyroid

Macro: Right thyroid 42gms 70x35x35mm. Multiple nodules well circumscribed variegated reddish brown appearance.

Diagnostic categories	Score
1 Papillary carcinoma	5.68
2 Papillary ca +MNG	0.94
3 Benign nodular goitre	0.38
4 Bg papillary lesion	0.02
5 Multinod goitre	0.19
6 Papillary Hurthle cell tum /change	1.19
7 Hyperplastic nodule in MNG	0.38
8 Probably neoplasm, very difficult	0.19
9 Papillary hyperplasia in nod goitre	0.75
10 Medullary ca, follicular tumour	0.28

Highest scoring diagnosis: 1 with 5.68 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): tall cell variant X3, many more blocks--not suitable as single block case, entire lesion needs embedding, extensive sampling

Original report and further information (if any): Hurthle cell variant of papillary carcinoma

Case number: K108 Number of responses: 54 Date: 2 DEC 05

Clinical: Left testicular mass ?tumour. Male – aged 65

Specimen: Left testicular mass

Macro: Testis weighing 390gms and measuring 13x7x5cm. On slicing the entire testicular tissue is replaced by nodular grey tissue.

Diagnostic categories	Score
1 Diffuse large cell lymphoma	1.67
2 (high grade) NHL	4.61
3 Malignant lymphoma	3.33
4 Seminoma	0.19
5 Spermatocytic seminoma	0.19
6 Malig teratoma undiff	0.02

Highest scoring diagnosis: 2 with 4.61 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): needs markers X12, ref to HMDS X5, need to exclude spermatocytic seminoma X2

Original report and further information (if any): Diffuse large B cell lymphoma

Case number: K109 Number of responses: 59 Date: 2 DEC 05

Clinical: Cystic tumour head of pancreas. Female – aged 75

Specimen: Pylorus – preserving pancreaticoduodectomy

Macro: Cystic tumour in head of pancreas 3.9x2.8x2.5cm. Countless small watery cysts (0.2-0.4cm) and a few larger ones (max. 2cm).

Diagnostic categories	Score
1 (serous) cystadenoma	1.86
2 (serous)microcystic cystadenoma	7.97
3 Serous cystadenocarcinoma	0.17

Highest scoring diagnosis: 2 with 7.97 (Asterisks (if any) indicate dangerous diagnoses)

Secondary diagnoses and comments (if any): needs PAS to confirm cytoplasmic glycogen but not mucin, multiple sections, I would send to panc pathologist

Original report and further information (if any): Serous microcystic Adenoma of the pancreas