

# LX4

Female 57 years

Coeliac disease. IDDM since 21 years old. Raised ALT and bilirubin, drop in albumin +ANA. Raised IgG A M treated with prednisolone. AIH? index grading? acute/chronic/cirrhosis?

Specimen:

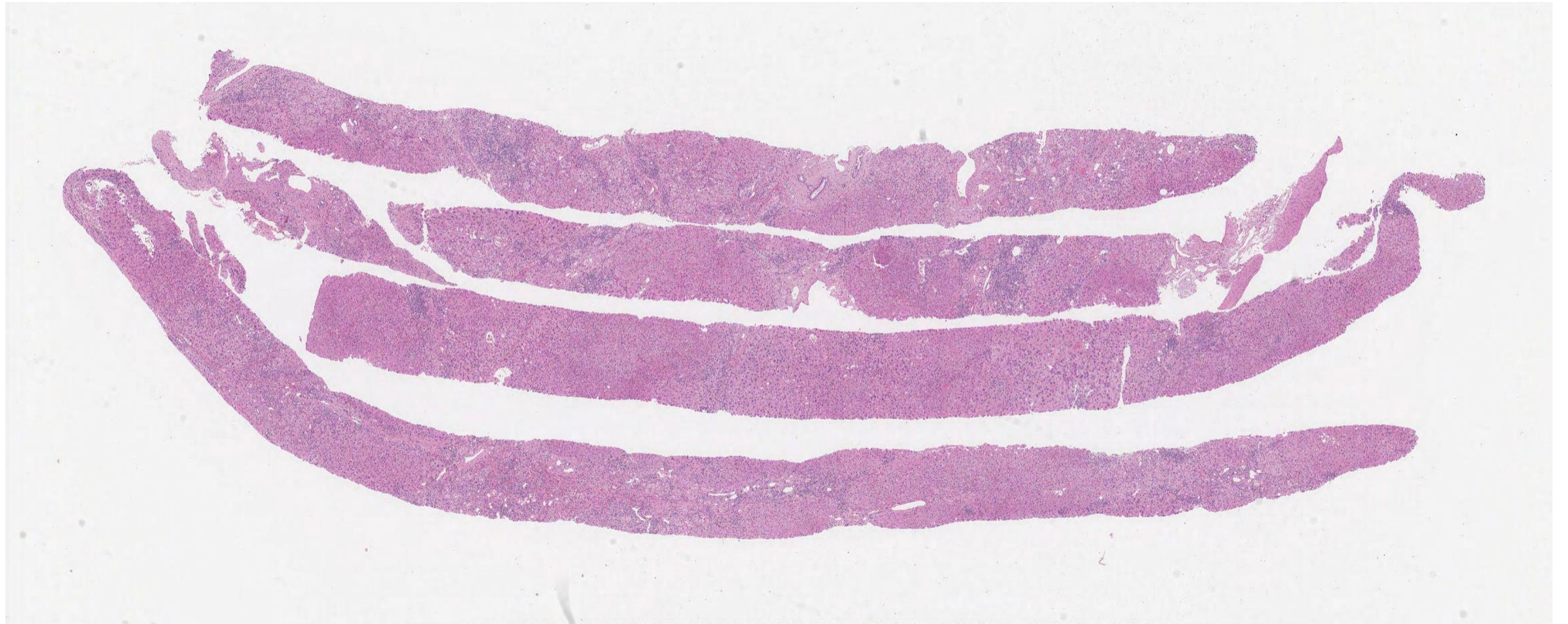
Liver biopsy.

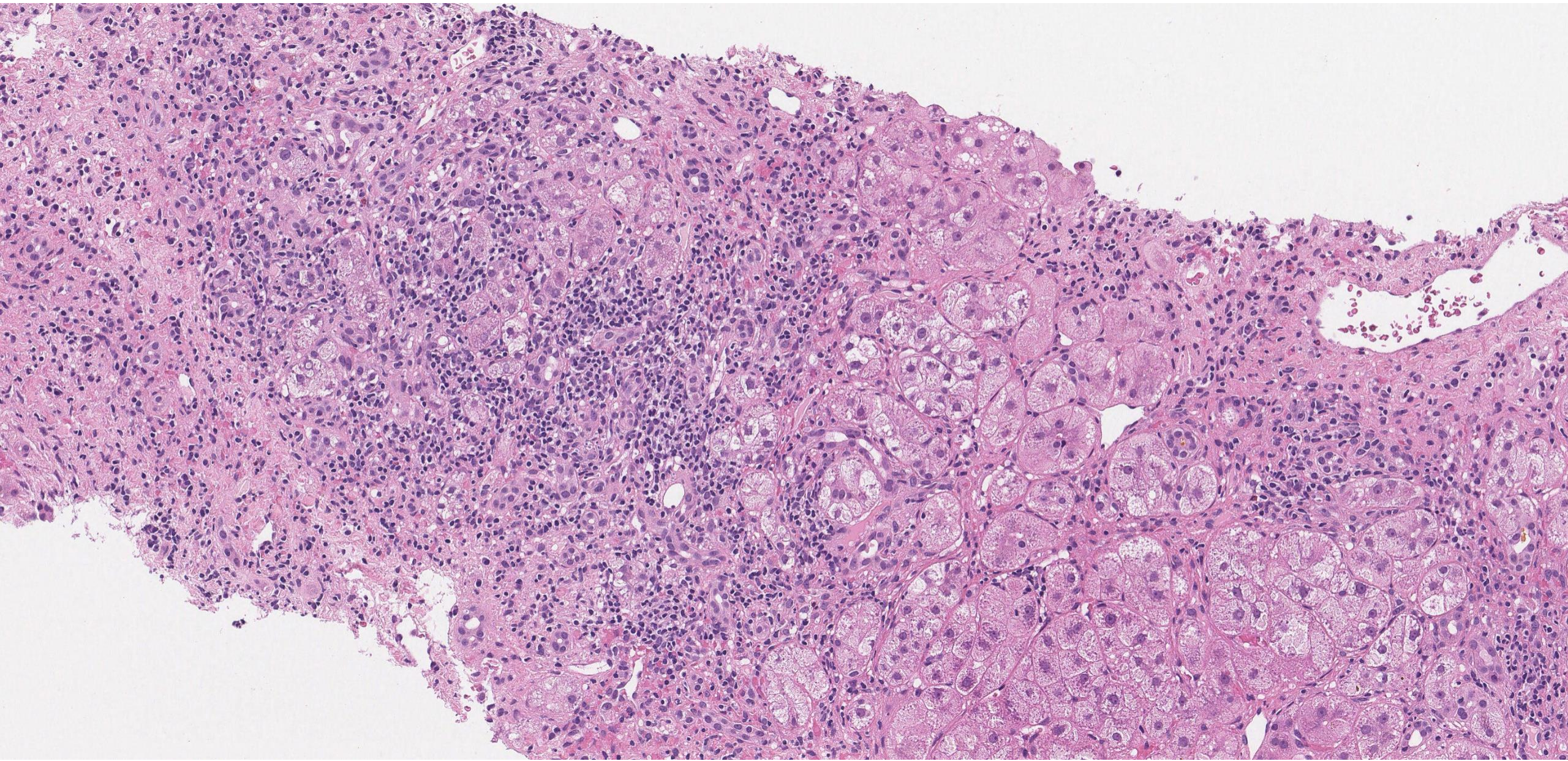
Macroscopic description:

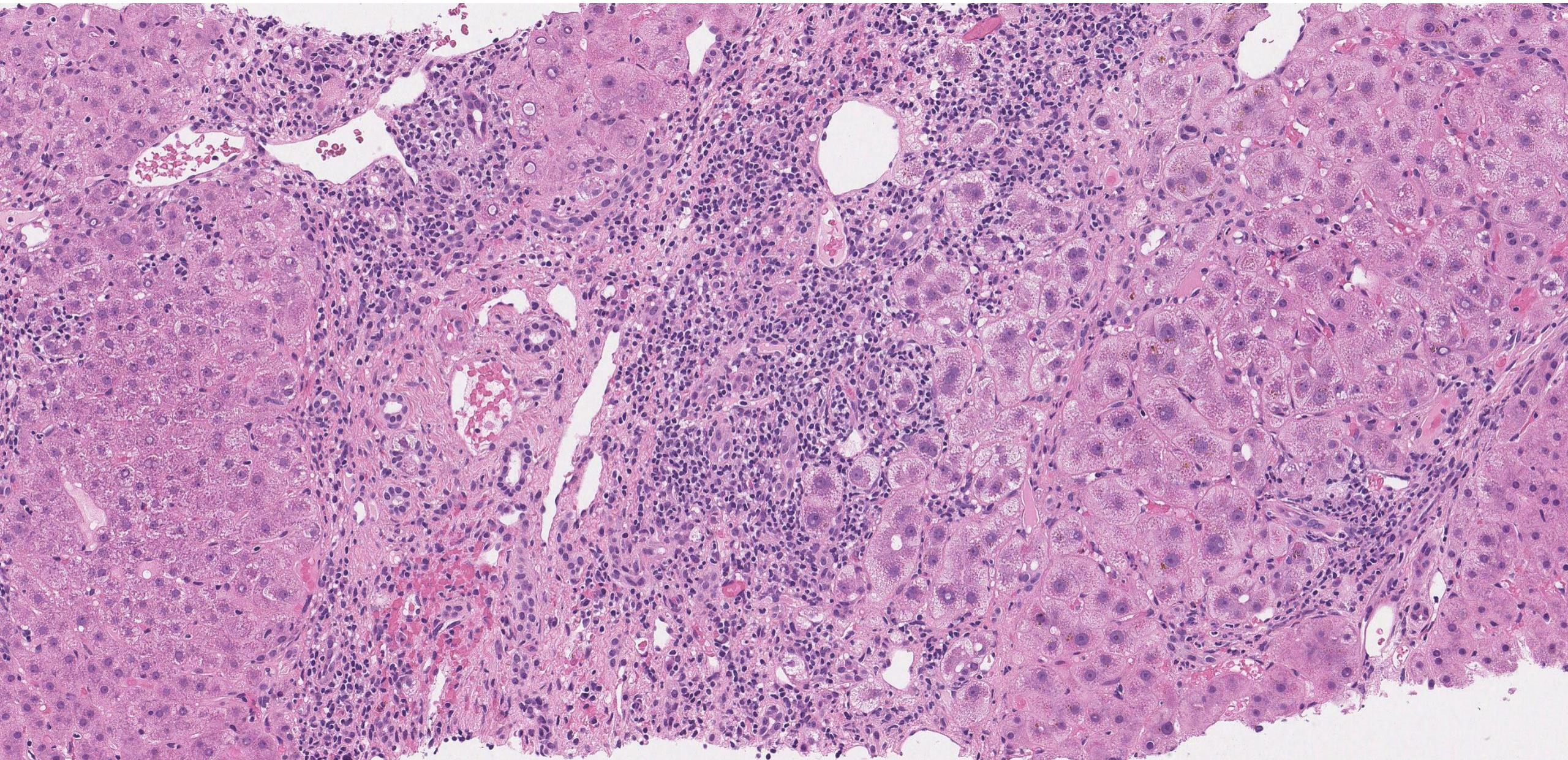
Two cores 25 and 30mm both bisected.

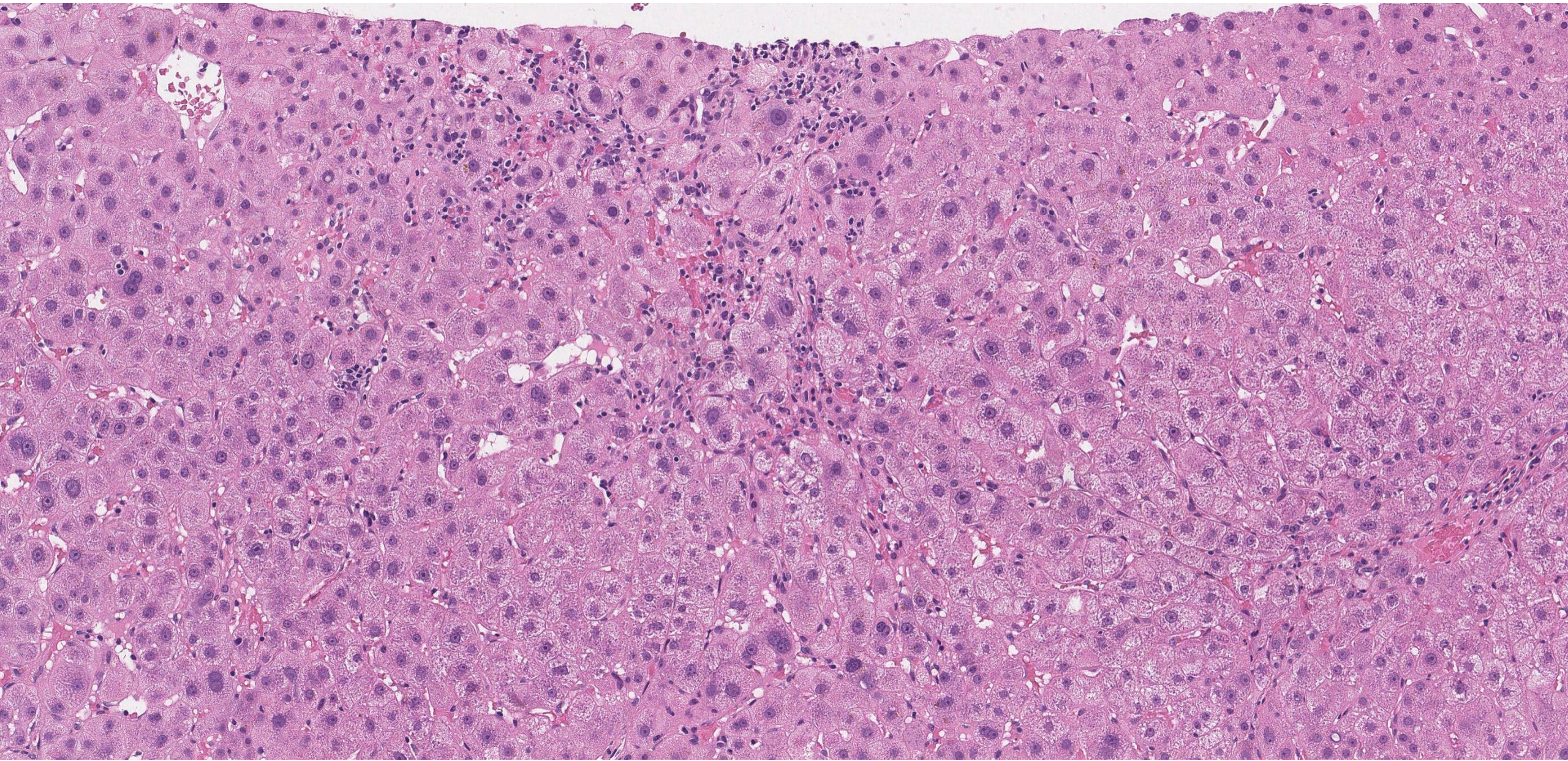
Immunohistochemistry:

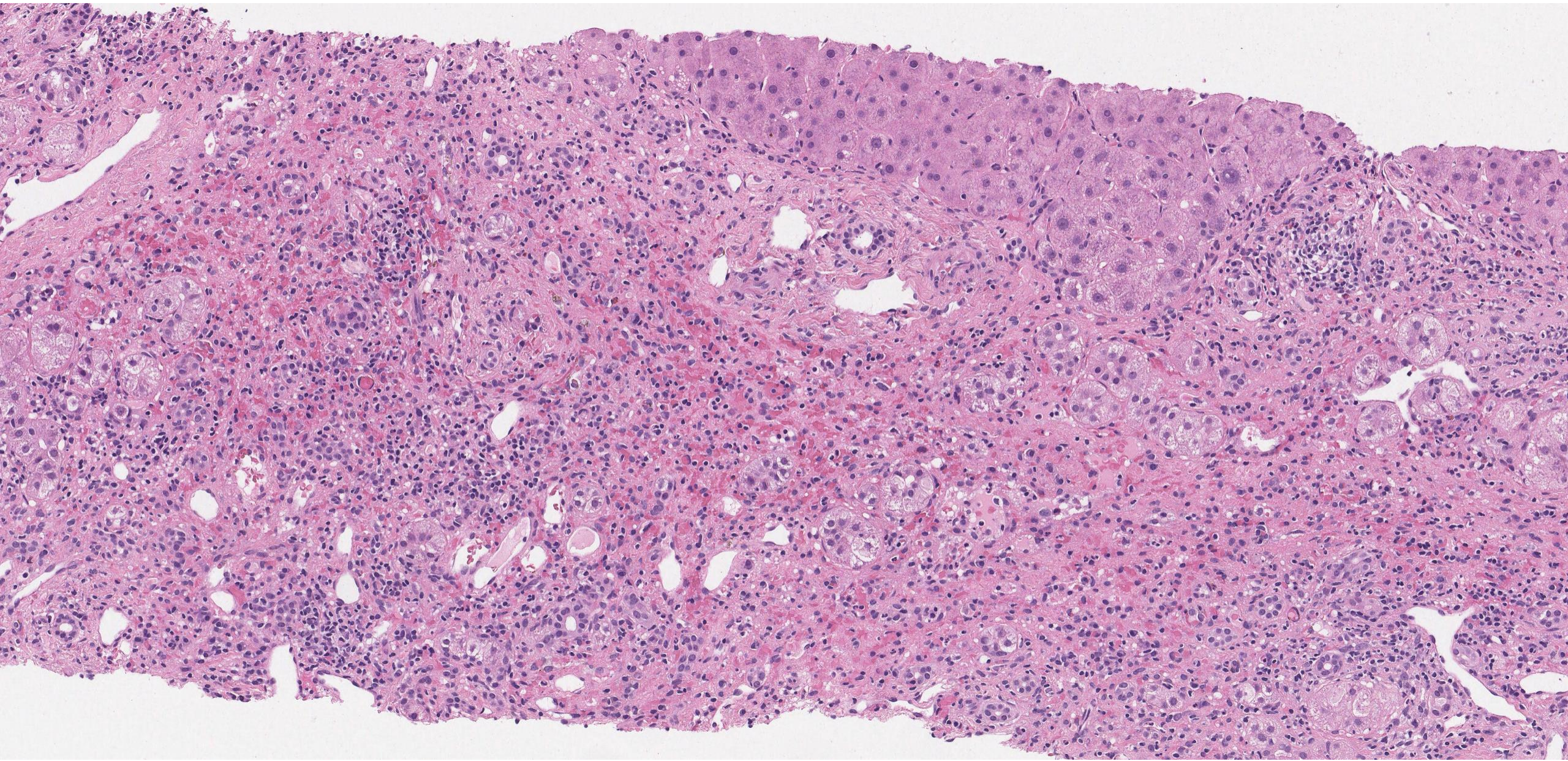
Nil.

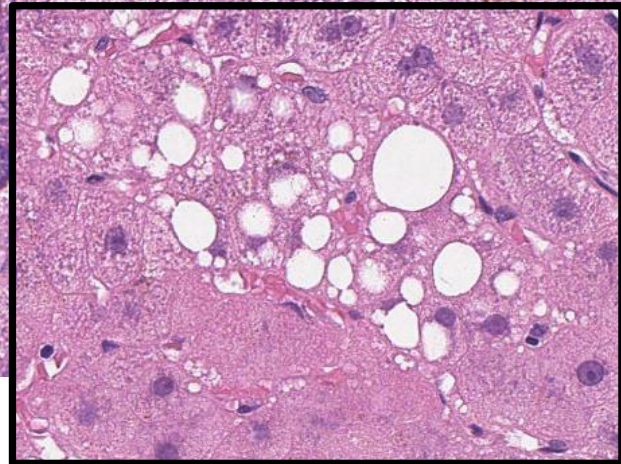
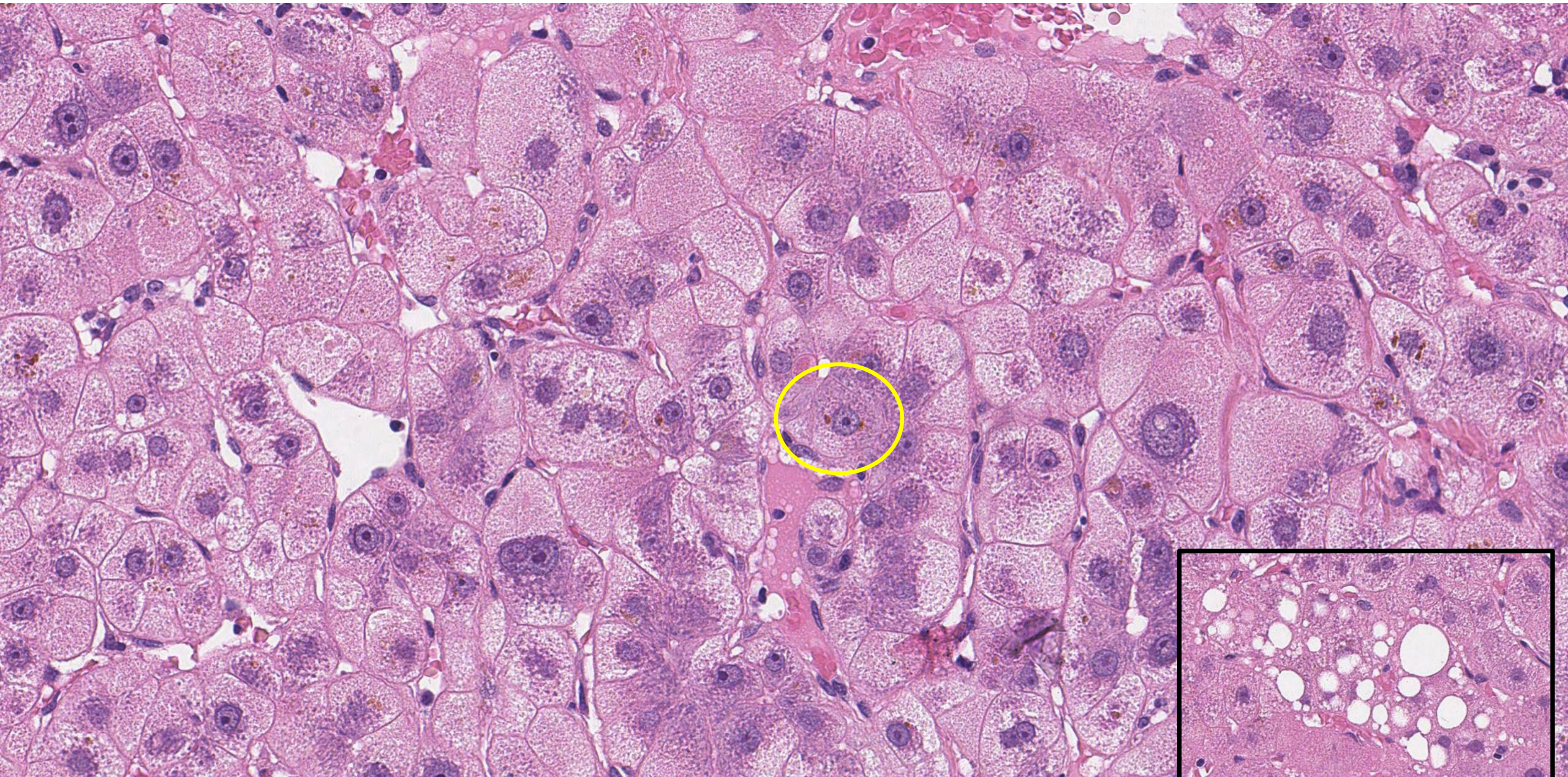


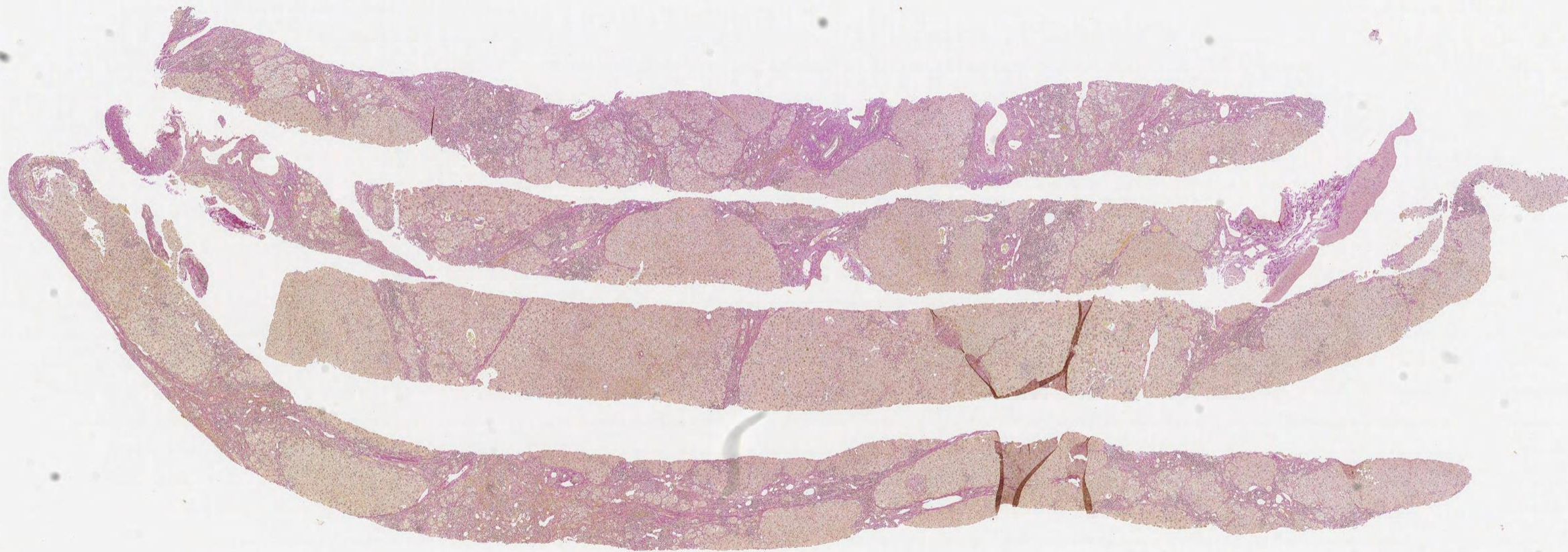


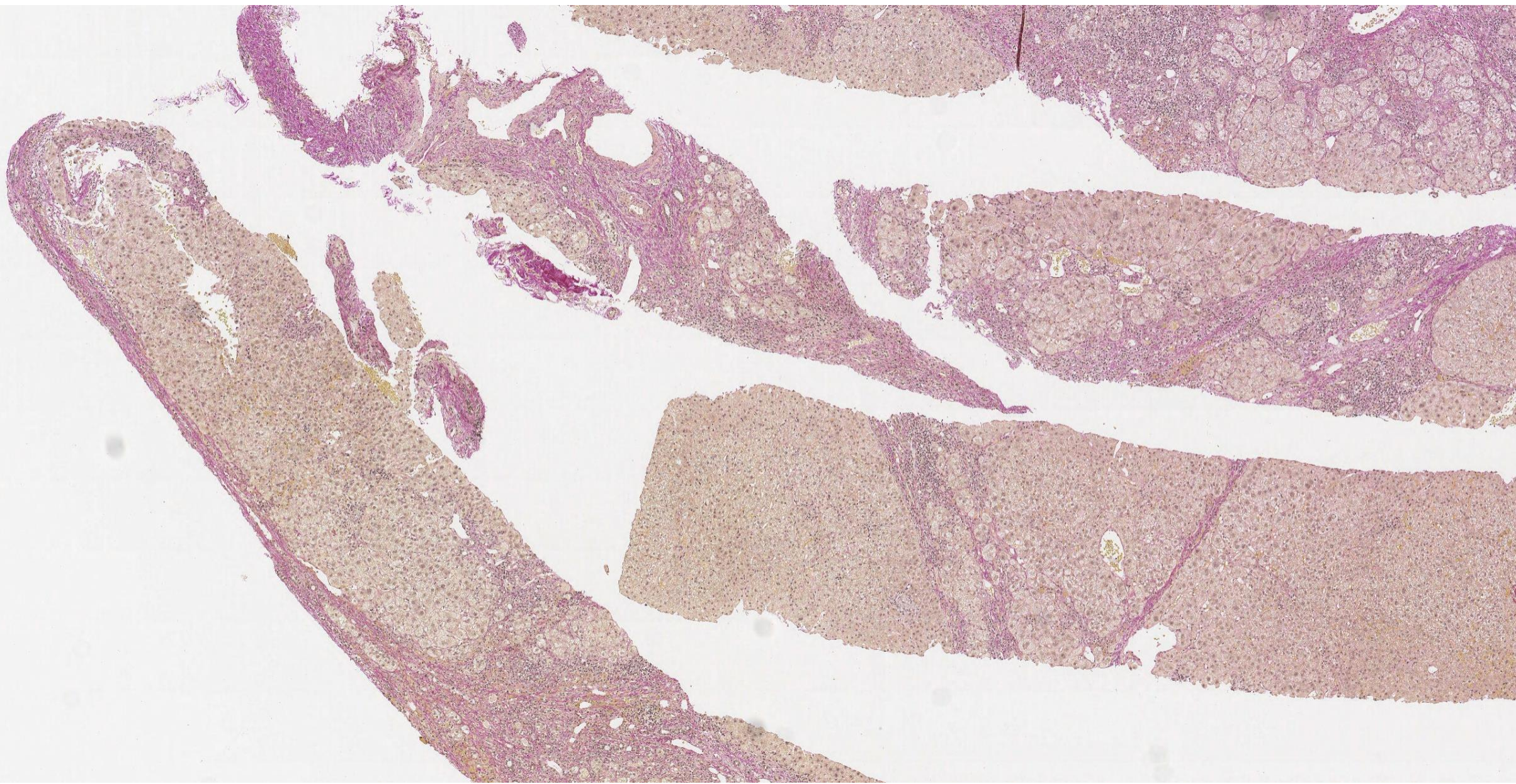


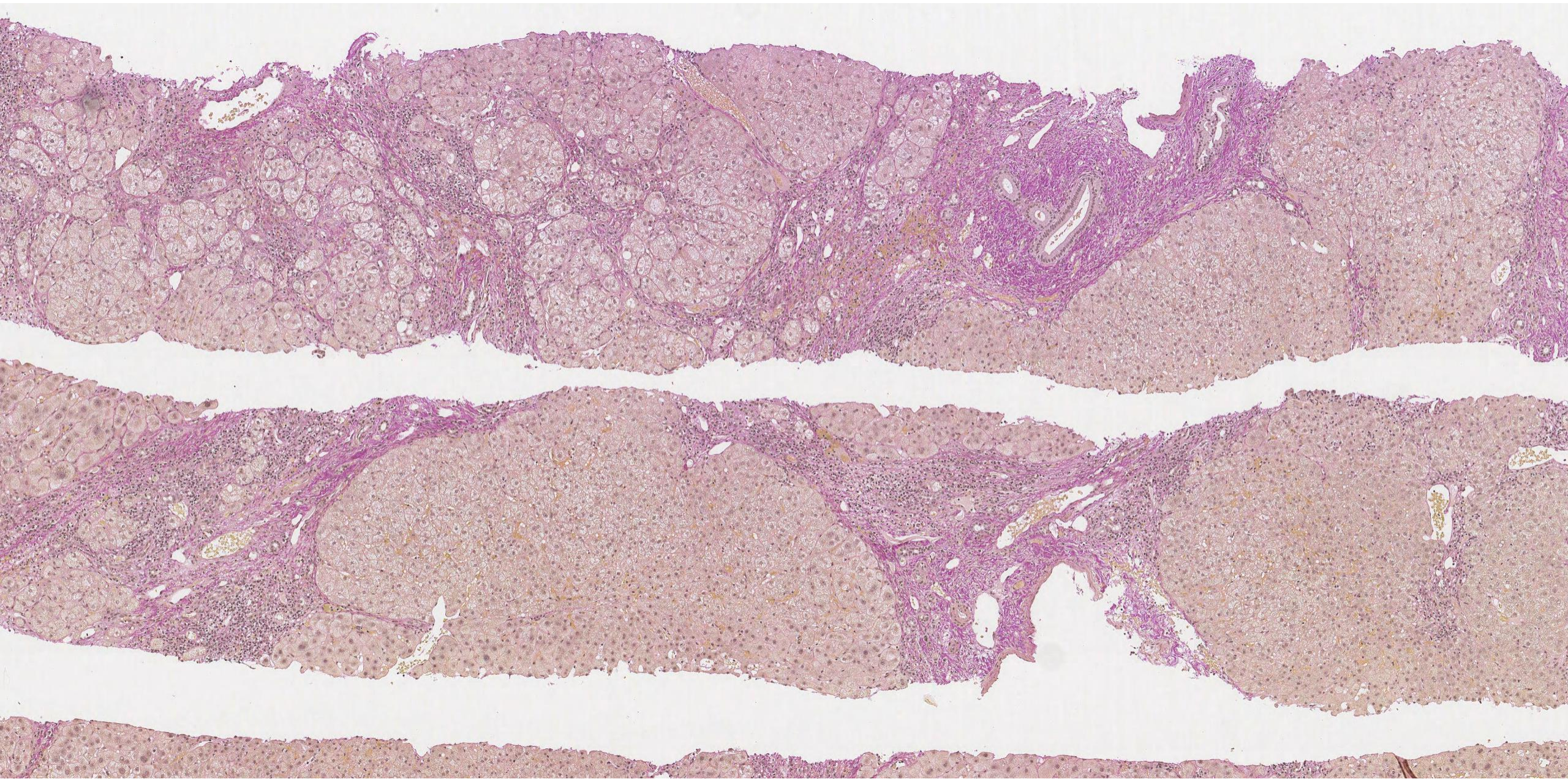


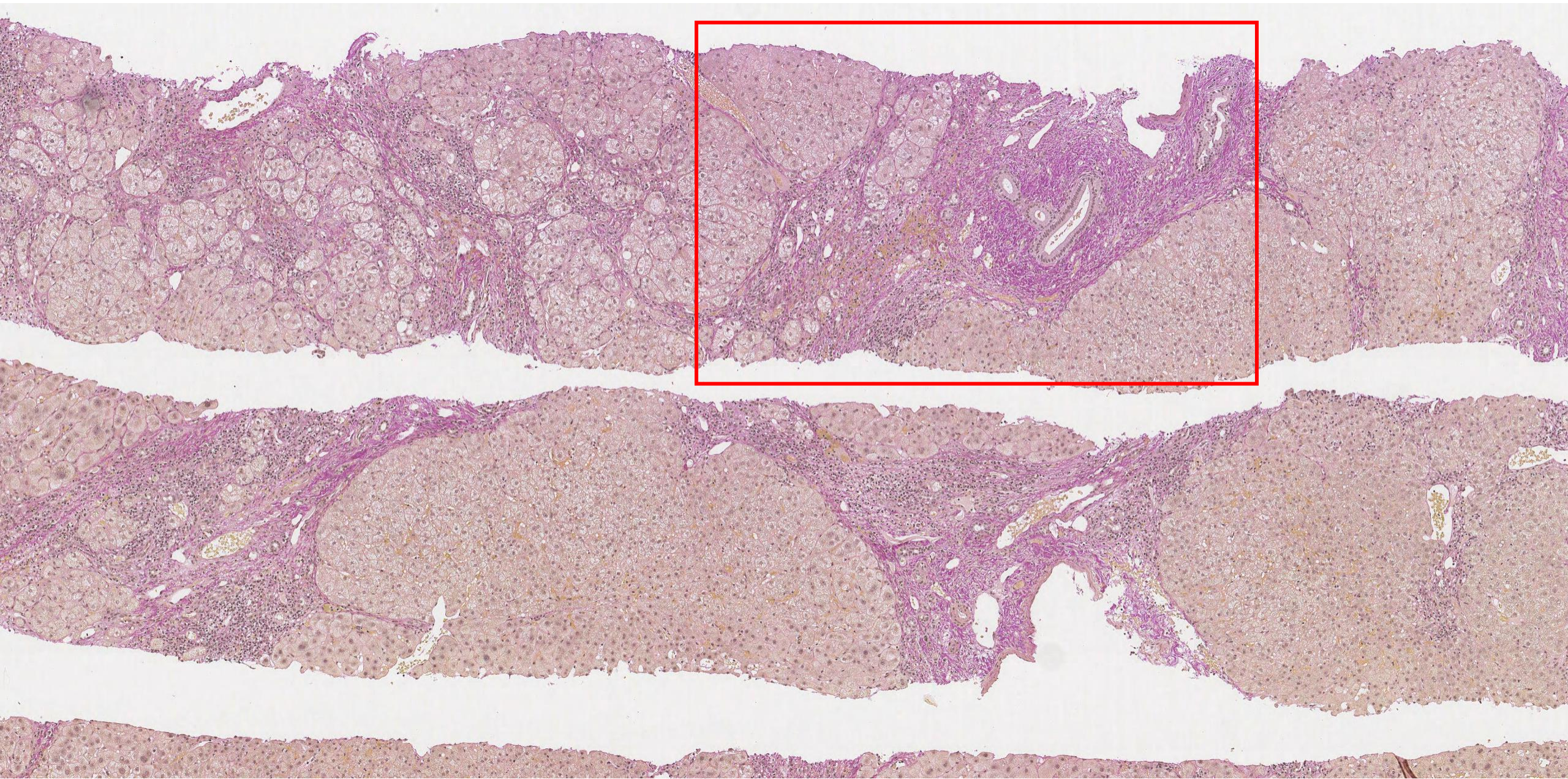


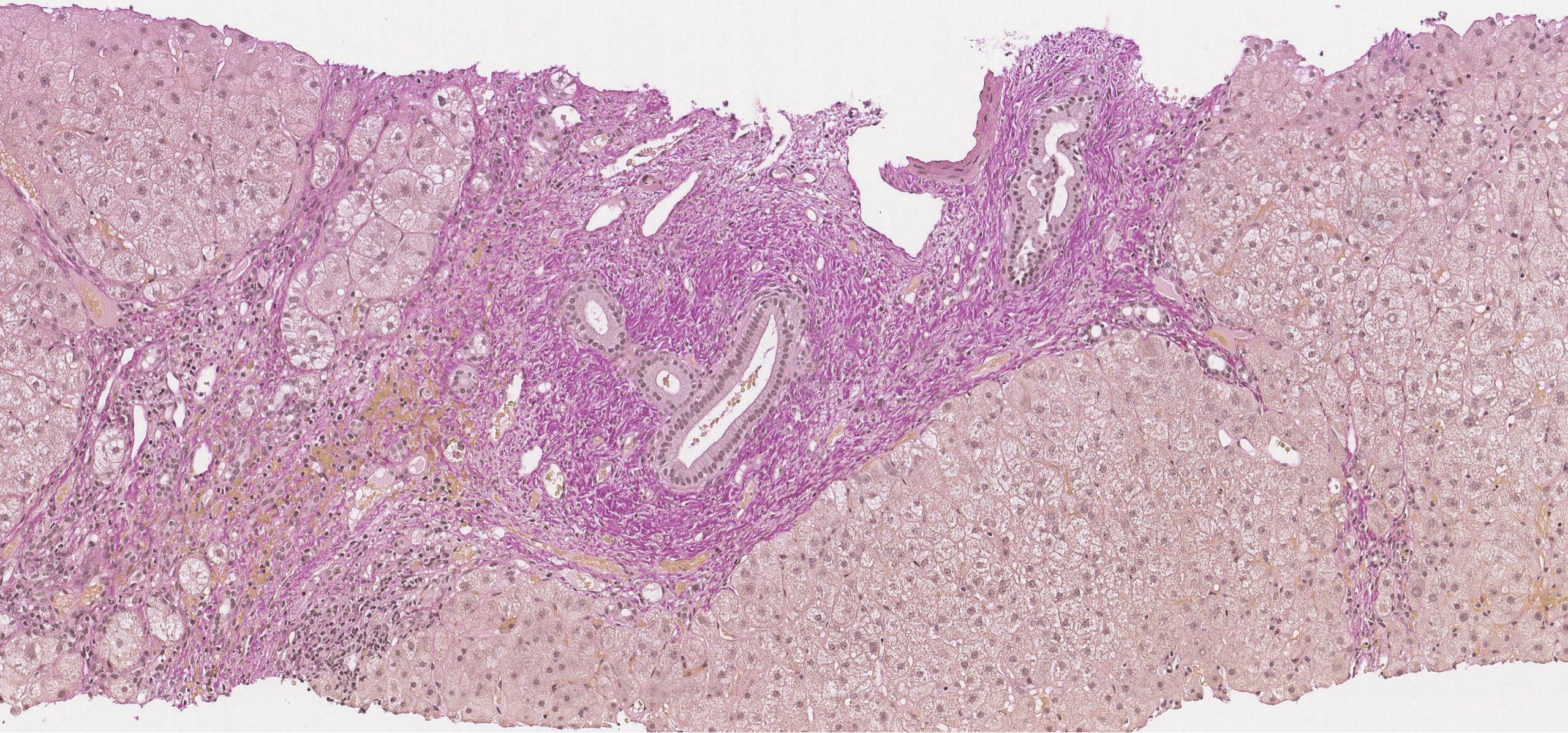


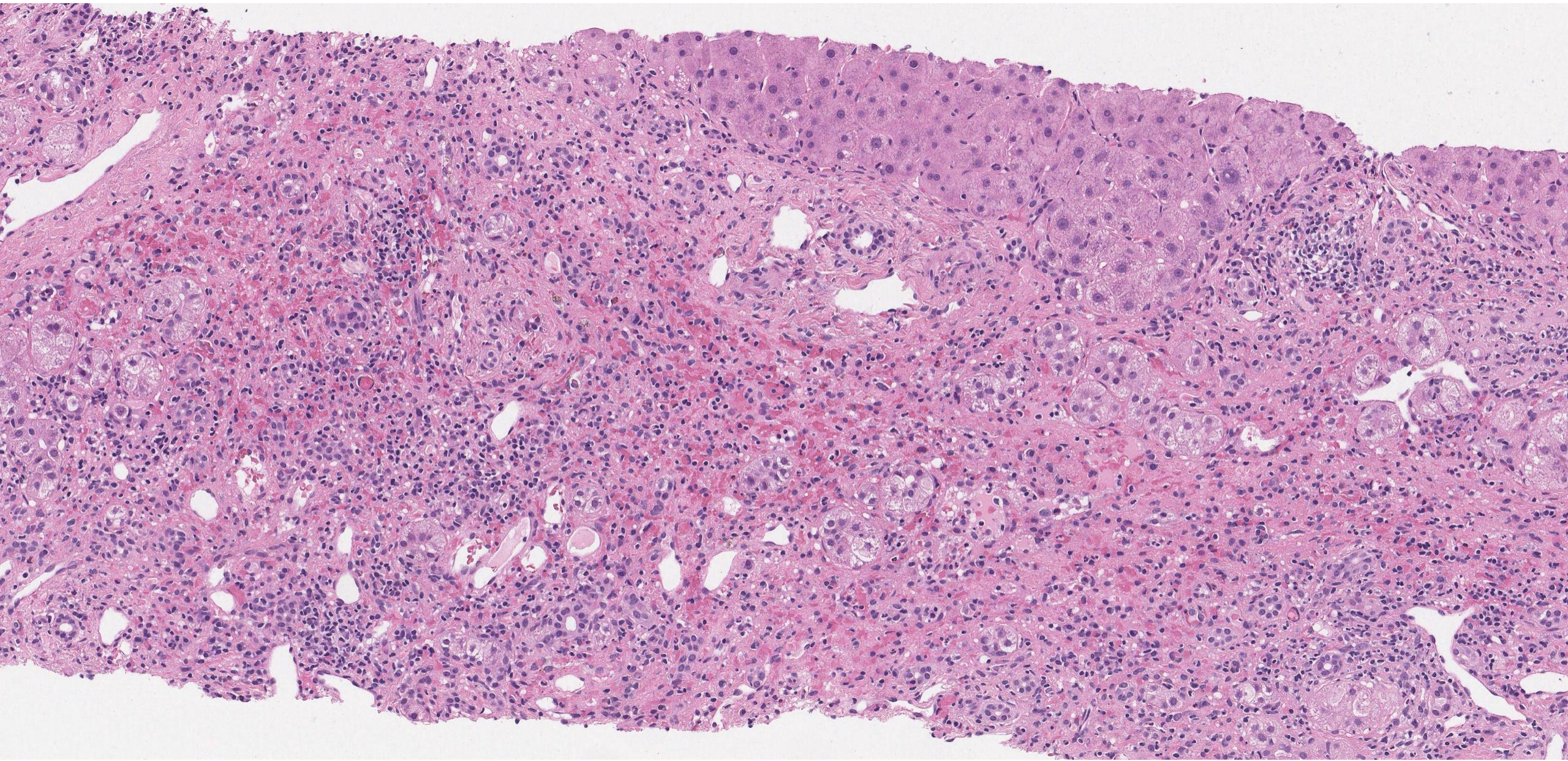


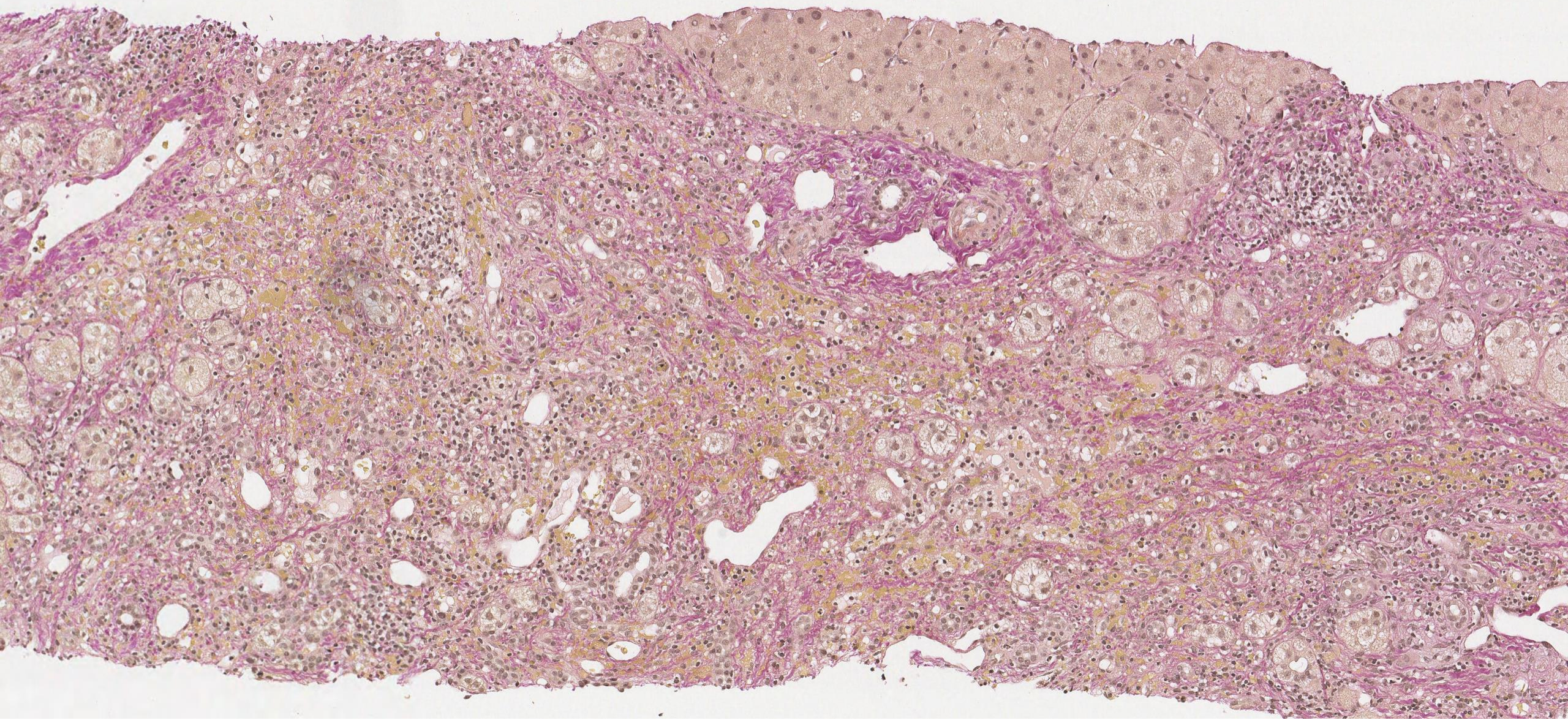












<b>Pattern:</b>	<b>Popularity:</b>
chronic hepatitis	83.7%
lobular hepatitis	29.1%
cholestasis, bilirubinostasis	5.8%
steatosis	4.7%
Other (please specify in Comments)	4.7%
not applicable	2.3%
steatohepatitis	2.3%
chronic biliary disease	1.2%

<b>Pattern 1:</b>	<b>Pattern 2:</b>	<b>Count:</b>
chronic hepatitis		42
lobular hepatitis		10
chronic hepatitis	lobular hepatitis	8
lobular hepatitis	chronic hepatitis	6
chronic hepatitis	cholestasis, bilirubinostasis	5
chronic hepatitis	Other (please specify in Comments)	3
chronic hepatitis	steatosis	3
chronic hepatitis	steatohepatitis	2
not applicable		2
chronic biliary disease	chronic hepatitis	1
chronic hepatitis	chronic hepatitis	1
lobular hepatitis	Other (please specify in Comments)	1
steatosis	chronic hepatitis	1
		1

<b>Diagnostic categories:</b>	<b>Popularity:</b>
autoimmune hepatitis	97.7%
fatty liver disease - non-alcohol related fatty liver disease	7.0%
acute / subacute hepatitis - autoimmune / drug / viral	4.7%
drug induced liver injury (please specify in comments box)	2.3%
Other (please enter alternative diagnosis in comments box)	1.2%

<b>Diagnosis Combination:</b>	<b>Count:</b>
autoimmune hepatitis	73
autoimmune hepatitis, fatty liver disease - non-alcohol related fatty liver disease	6
acute / subacute hepatitis - autoimmune / drug / viral	2
acute / subacute hepatitis - autoimmune / drug / viral, autoimmune hepatitis	2
autoimmune hepatitis, drug induced liver injury (please specify in comments box)	2
autoimmune hepatitis, Other (please enter alternative diagnosis in comments box)	1

<b>Stages:</b>	<b>Popularity:</b>
advanced fibrosis with bridging and nodularity/cirrhosis	84.9%
hepatocyte loss or bridging - favour collapse not fibrosis	7.0%
fibrosis with bridging between vascular structures	7.0%
Other (please specify in Comments)	1.2%

- **Consensus** for hepatitic injury pattern, AIH, advanced fibrosis and nodularity/cirrhosis
- **Suggested scoring for 10 points:** AIH, advanced fibrosis with nodularity/cirrhosis.
  - Accept FLD (n = 6) as also diagnosed AIH. Focal steatosis present
  - Accept acute/subacute hepatitis with differential/DILI if mentioned in relation to possibly causing AIH or autoimmune component in comment.
  - Accept chronic biliary disease pattern as stated said AIH (as only diagnosis) and hepatitis
  - Accept bridging fibrosis for those responses that suggested that acute necrosis was contributing to nodularity
- **Lose 5 marks:**
  - referred to collapse rather than fibrosis and no reference to presence of advanced (bridging or worse) fibrosis
- **Lose 10 marks (score 0): No participants**

# Original diagnosis

*Cirrhosis but likely mixture of acute and chronic changes, severe inflammation ongoing, fully in keeping with autoimmune hepatitis.*

# Points

- Distinction between necrosis and fibrosis
- Hx asks for index grade

LX5

Female 46 years

Liver mets of unknown primary. Lesion in right lobe targeted.

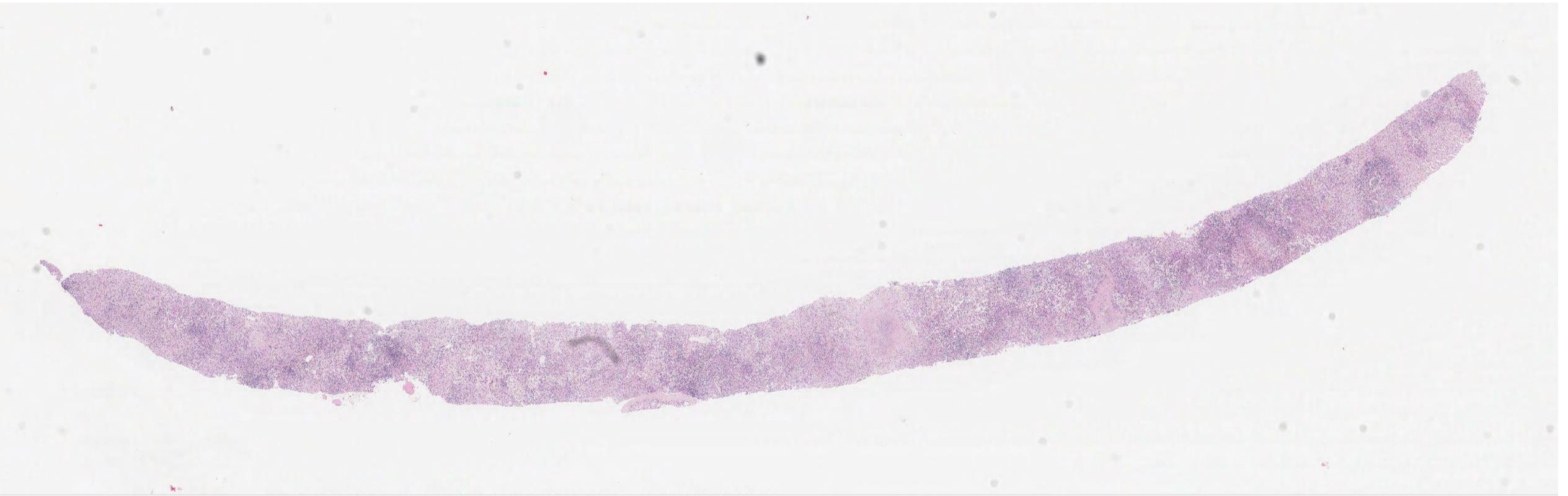
Specimen: Targeted liver biopsy.

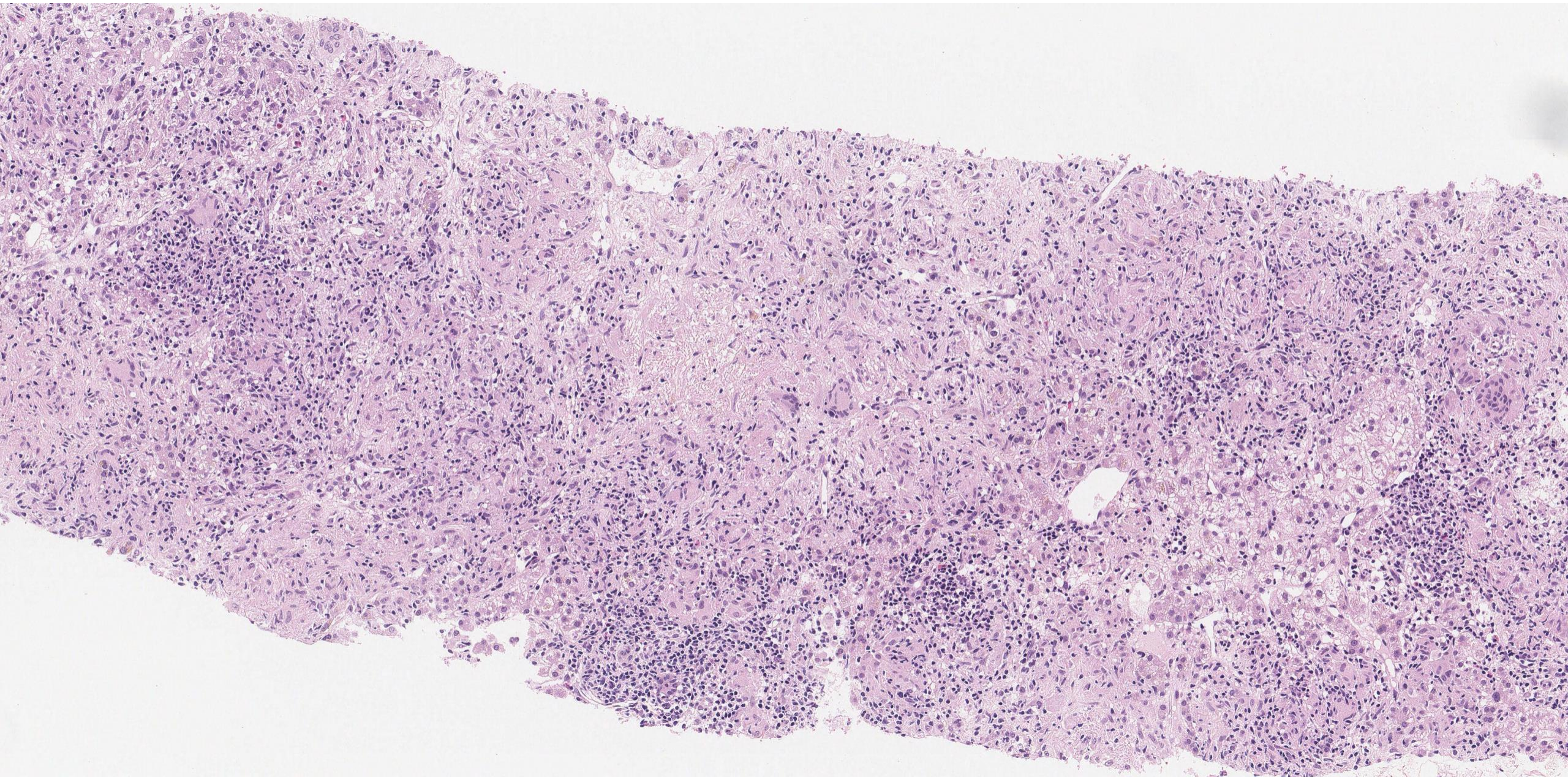
Macroscopic description:

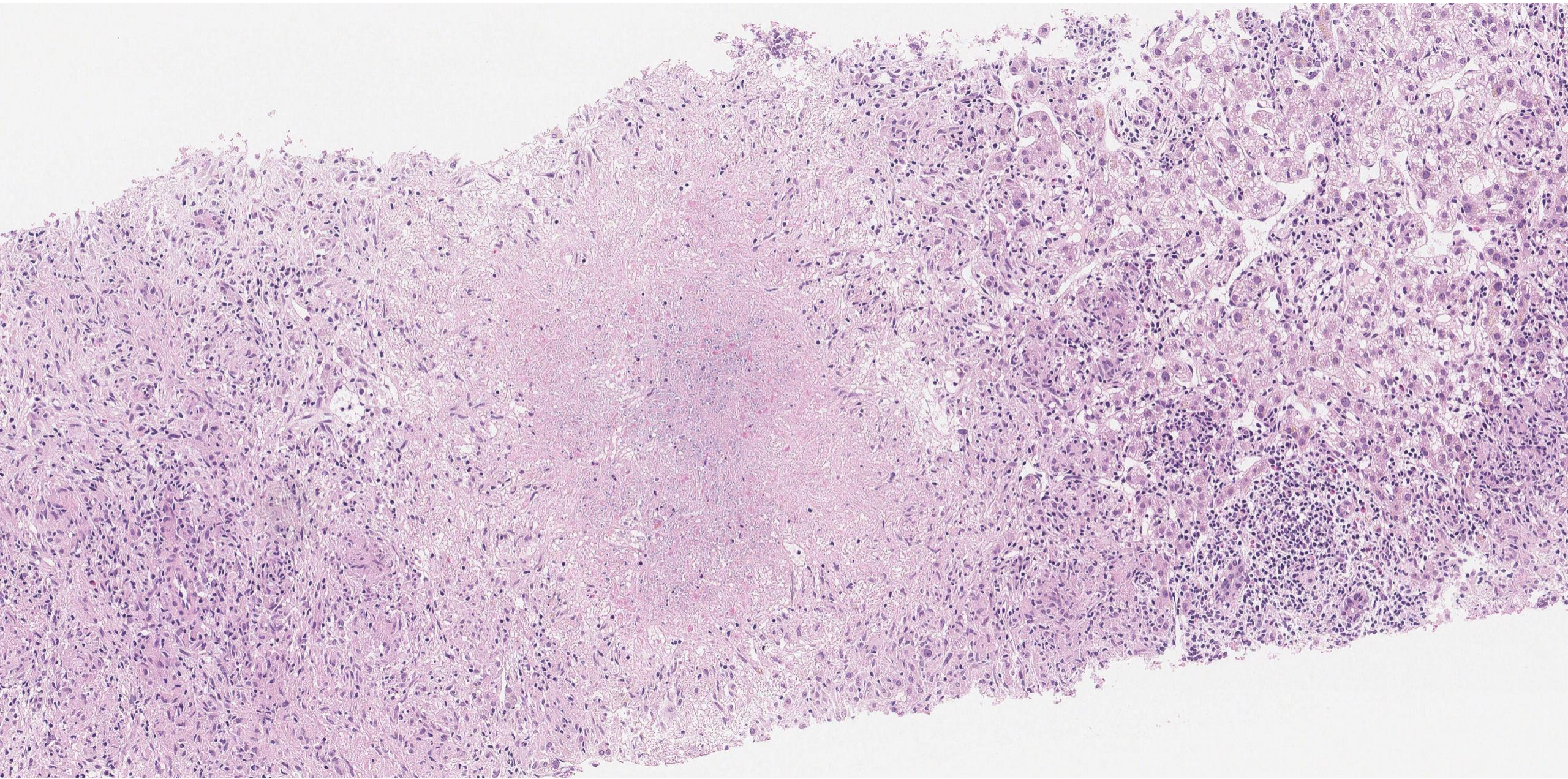
One core 16mm long.

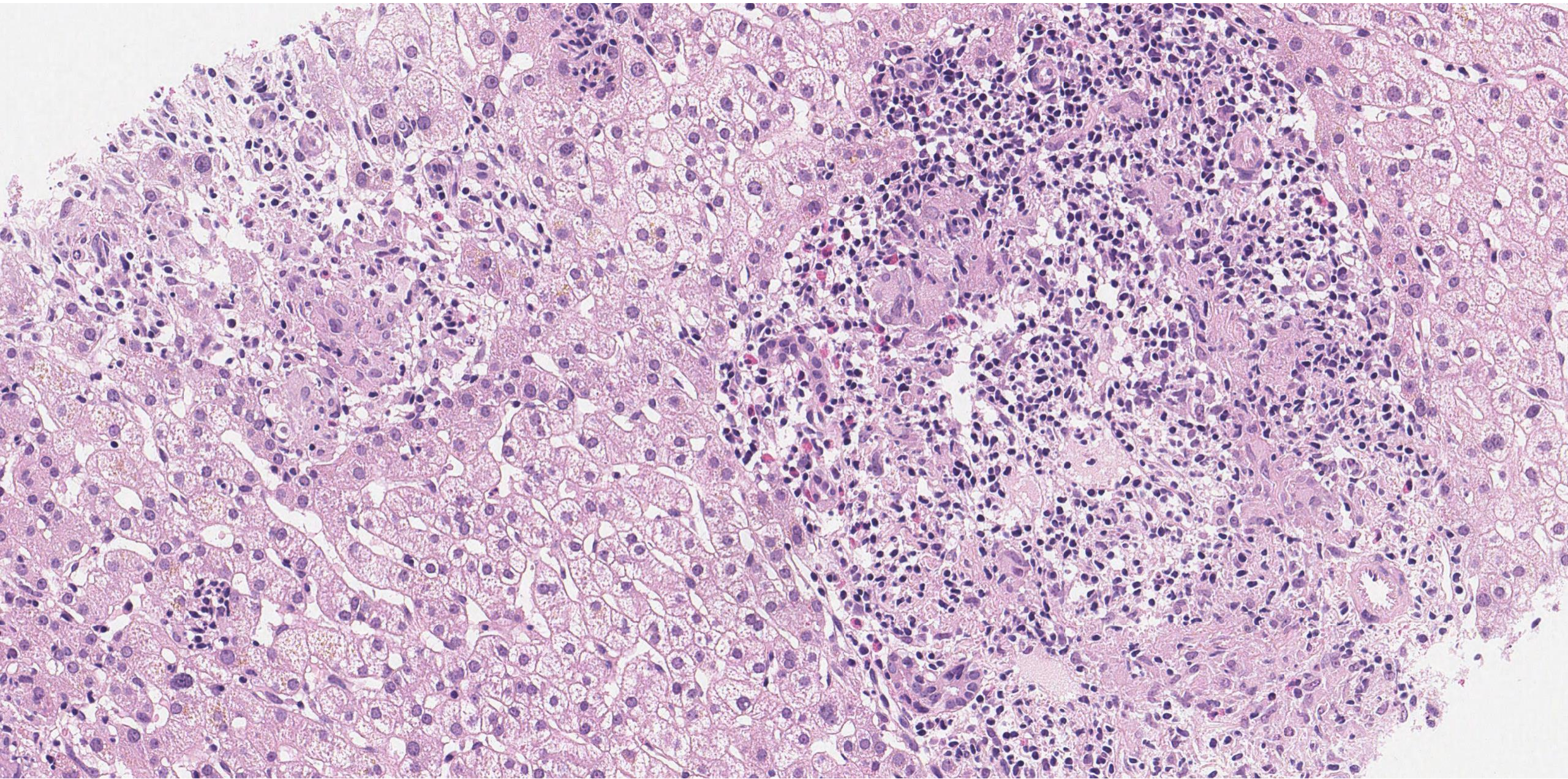
Immunohistochemistry:

None.









<b>Tumour:</b>	<b>Popularity:</b>
- No tumour/lesion present	80.2%
Other (please specify in Comments)	19.8%
inflammatory pseudotumour	2.3%
metastasis (further comment in Comments)	1.2%

<b>Tumour 1:</b>	<b>Tumour 2:</b>	<b>Count:</b>
- No tumour/lesion present		62
Other (please specify in Comments) <i>none make D of mass lesion acknowledging history/targeted Bx</i>		14
- No tumour/lesion present	- No tumour/lesion present	4
- No tumour/lesion present	Other (please specify in Comments) <i>none make D mass lesion</i>	3
inflammatory pseudotumour <i>neither make D mass lesion</i>		2
<i>metastasis (further comment in Comments)</i>	<i>Metastatic small cel undiff Ca</i>	1

Pattern:	Popularity:
granulomatous	90.7%
Other (please specify in Comments)	8.1%
not applicable	8.1%
lobular hepatitis	1.2%
cholestasis, bilirubinostasis	1.2%
chronic hepatitis	1.2%

Pattern 1:	Pattern 2:	Count:
granulomatous		67
not applicable	<i>all describe granulomas</i>	6
granulomatous	Other (please specify in Comments) <i>4 no second pattern in comments 1 look at slides to exclude tumour</i>	5
granulomatous	granulomatous	2
Other (please specify in Comments)	<i>Both describe granulomas</i>	2
granulomatous	cholestasis, bilirubinostasis <i>no further mention /interpretation of second pattern</i>	1
granulomatous	chronic hepatitis <i>no further mention /interpretation of second pattern</i>	1
granulomatous	lobular hepatitis <i>eosinophils raising poss HLneo</i>	1
granulomatous	not applicable	1

<b>Stages:</b>	<b>Popularity:</b>
not applicable / no special stains to assess architecture	82.6%
hepatocyte loss or bridging - favour collapse not fibrosis	5.8%
mild/early fibrosis without bridging	2.3%
fibrosis with bridging between vascular structures	1.2%
no fibrosis/equivocal fibrosis	1.2%
Other (please specify in Comments)	1.2%

Diagnosis Combination:	Count:
granulomatous disease NOS (please specify in comments box)	66
non-hepatotropic - viral, bacterial, parasitic (please specify in comment box) <i>all refer to granulomas</i>	7
[No selections made] <i>3 describe grans and DD; 1 diagnosed carcinoma</i>	3 1
- histologically indeterminate for cause	2
granulomatous disease NOS (please specify in comments box), manifestation of systemic or extrahepatic disease (please specify in comments box)	2
Other (please enter alternative diagnosis in comments box)	2
- not applicable (insufficient non-lesional tissue)	1
granulomatous disease NOS (please specify in comments box), non-hepatotropic - viral, bacterial, parasitic (please specify in comment box)	1
manifestation of systemic or extrahepatic disease (please specify in comments box)	1

All refer to granulomatous disease differential

- *Variety of selections but all refer to granulomatous inflammation in response*
- *80+ refer to possible or likely infection, including Tb/mycobacteria*
- *1 person diagnosed metastatic carcinoma with granulomatous inflammation*

- **Consensus for** granulomatous inflammation, majority considering infectious aetiology/TB
- **Suggested scoring for 10 points:**
  - Granulomatous inflammation AND reference to infectious aetiology in differential
    - DD sarcoid, rheumatoid nodules, exclude haematolymphoid neoplasia
- **Lose 5 marks:**
  - Granulomatous inflammation but no reference to potential infectious cause (n = 3)
- **Lose 10 marks (score 0):**
  - Malignant diagnosis (n = 1)

- **Original report and further information (if any):** granulomatous inflammation. ZN and PCR -ve. Resolved and no cause found.

# LX6

Male 58 years

Chronic liver disease due to haemochromatosis diagnosed in 2020. HCC 24mm seg 8 previous TACE, also 8mm LIRADS 4 lesion segment 5.

Specimen: Liver explant.

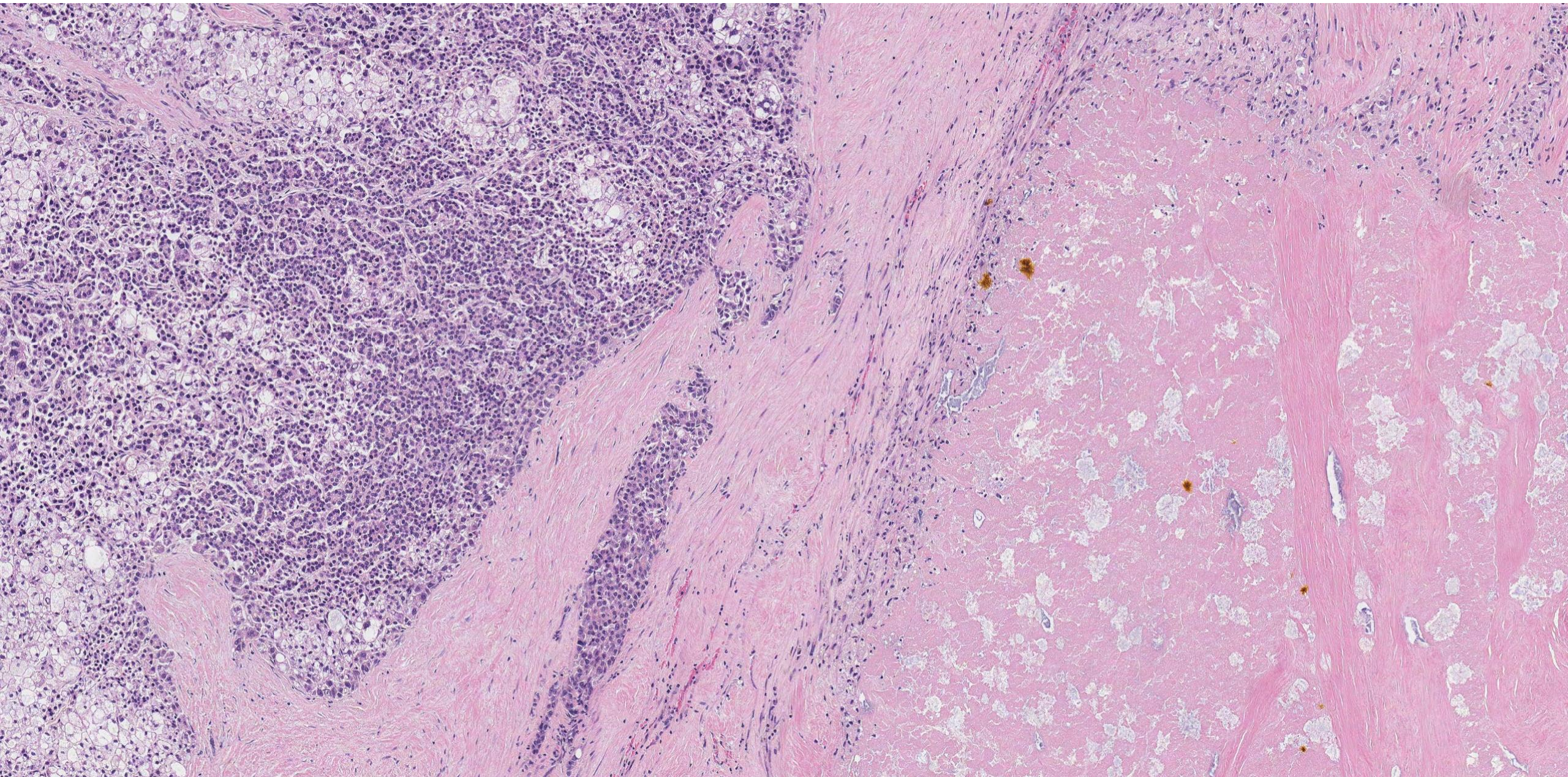
Macroscopic description:

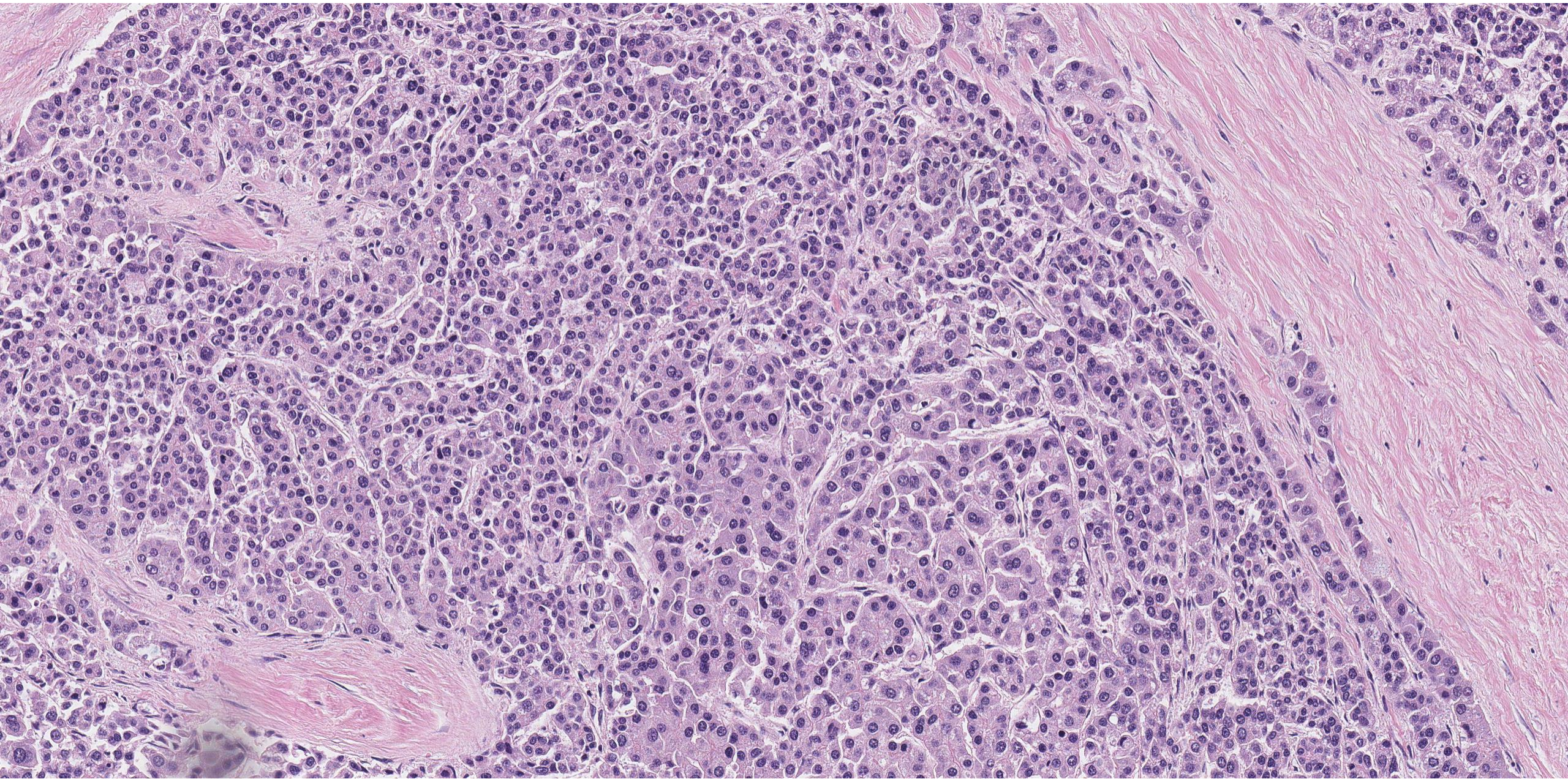
Liver 2249g, nodular appearance. Lesions 21mm in segment 8, and 8mm segment 5. This is segment 8 lesion and background liver.

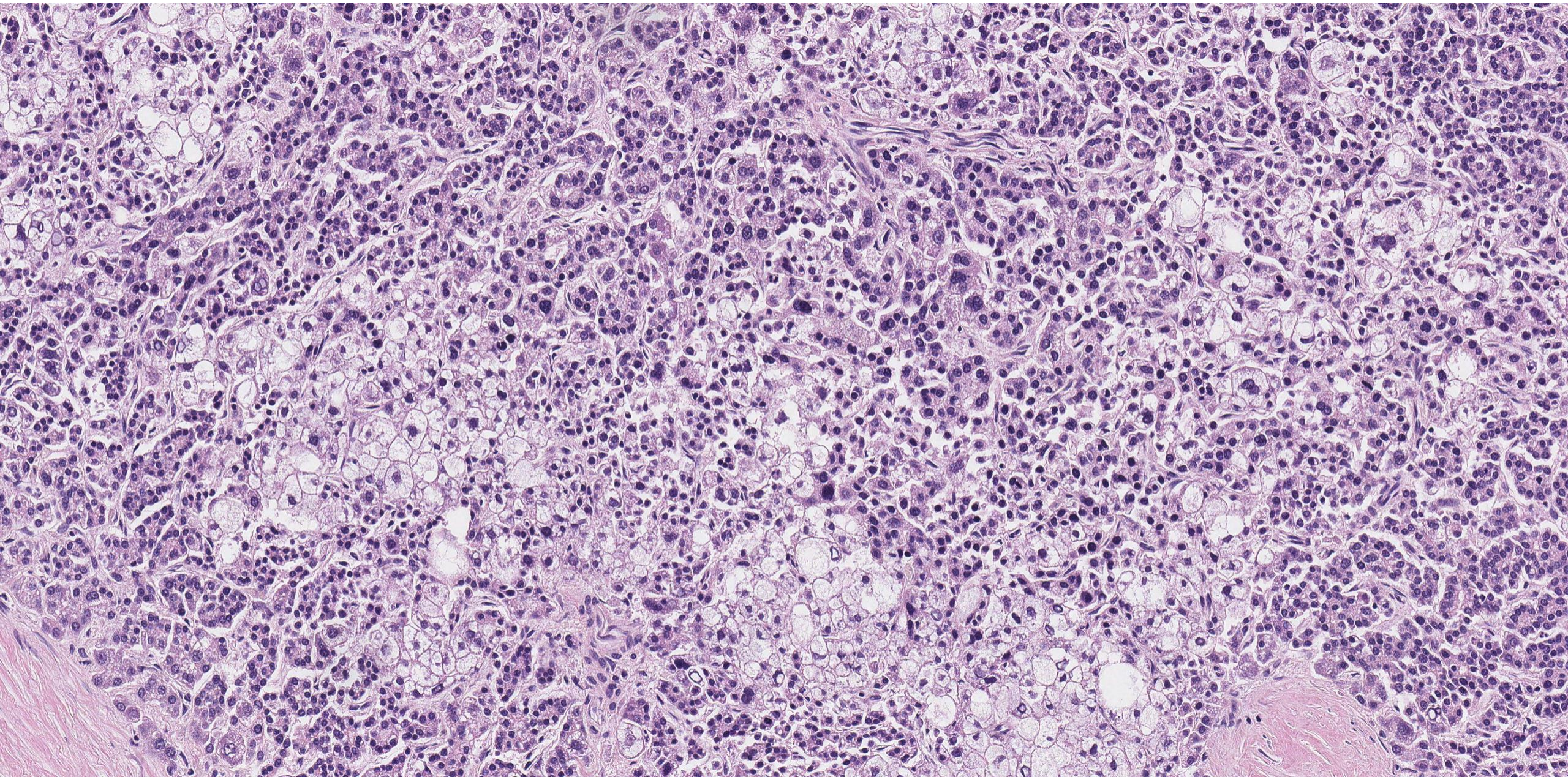
Immunohistochemistry:

Segment 8 lesion, also background liver Perls and van Gieson.

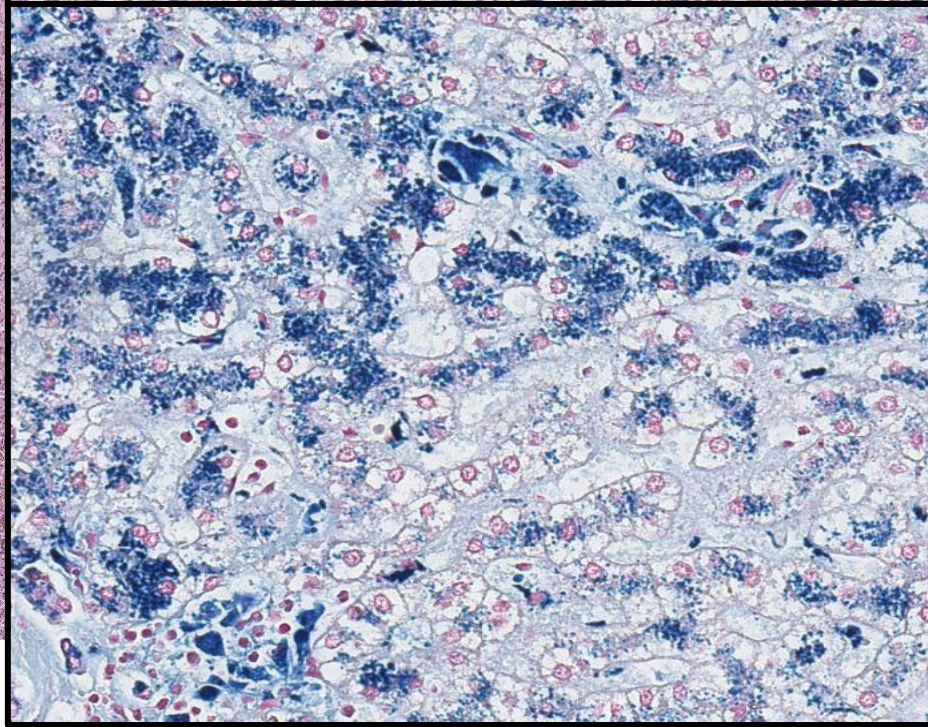
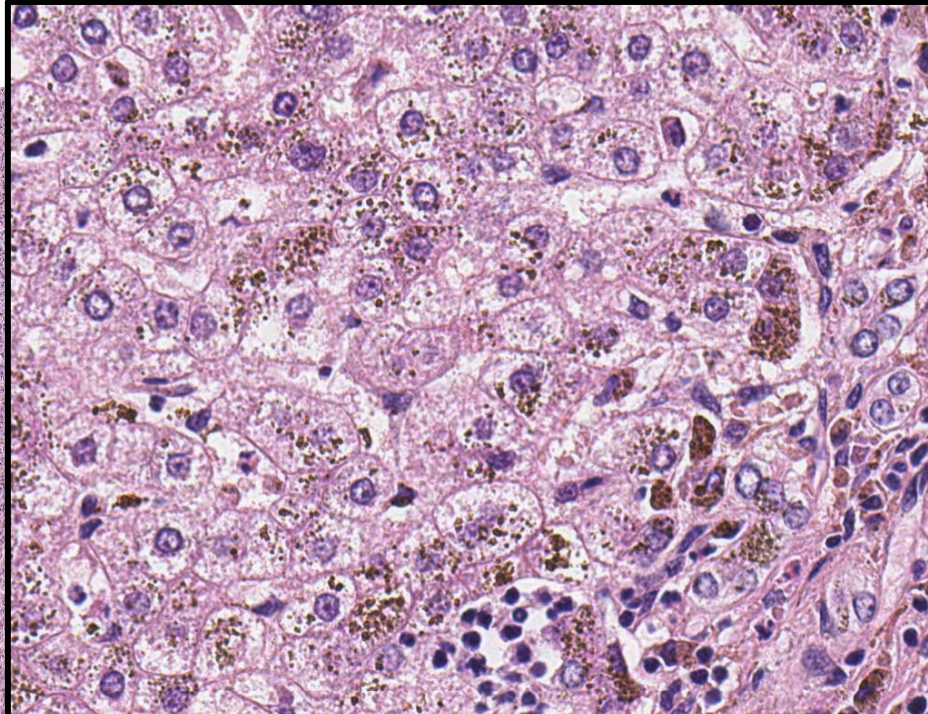
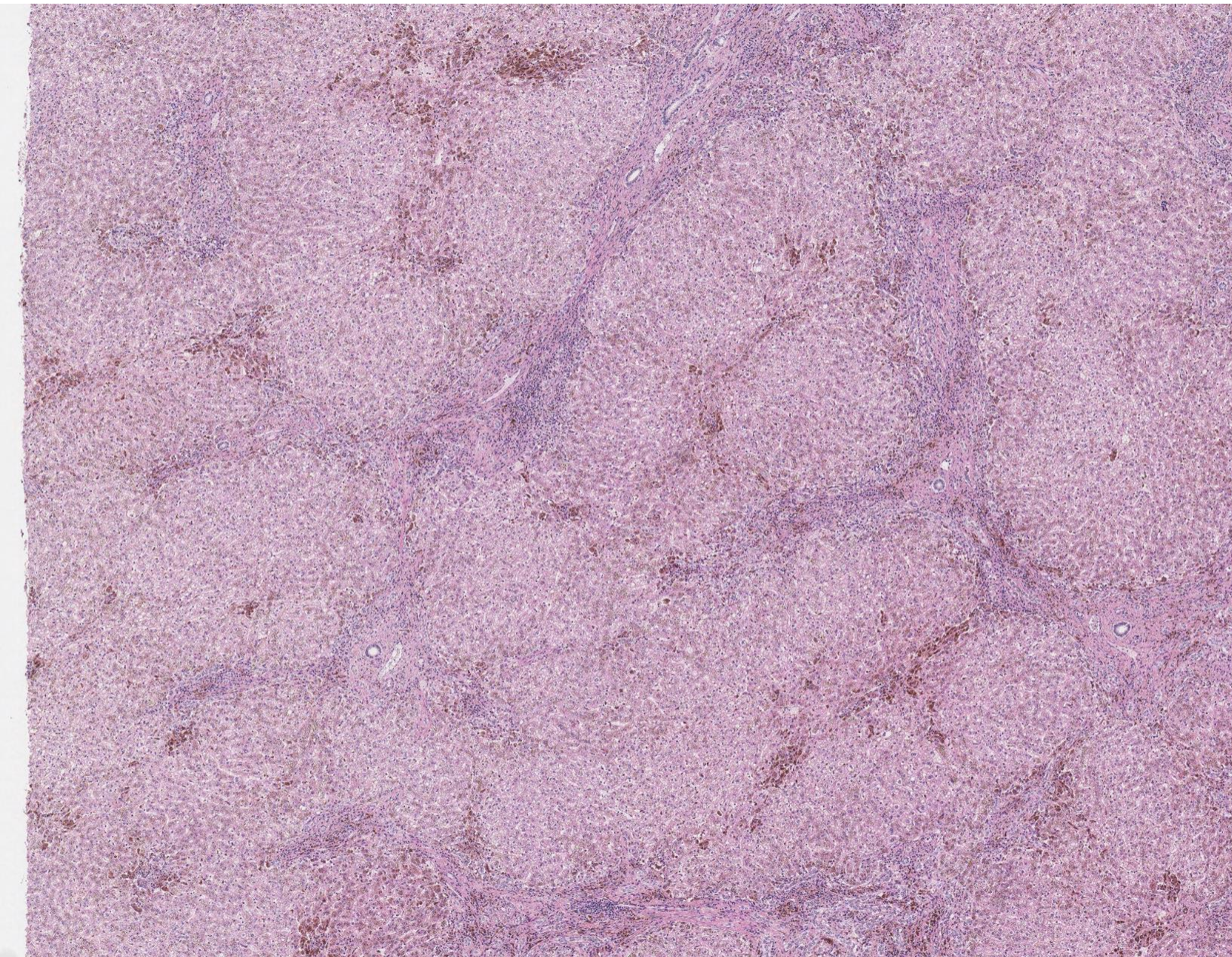


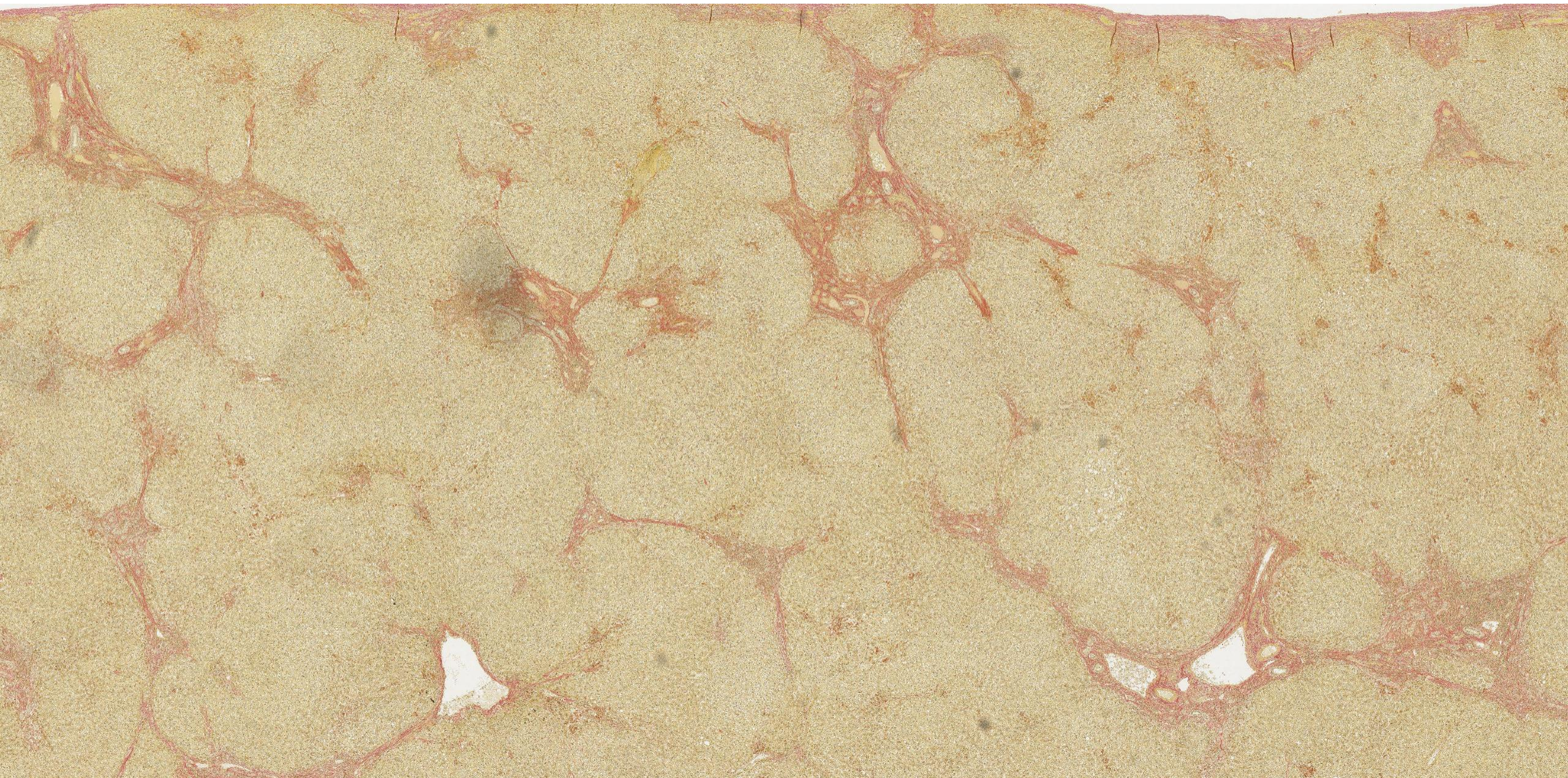












<b>Tumour:</b>	<b>Popularity:</b>
hepatocellular carcinoma	94.2%
Other (please specify in Comments)	5.8%
hepatocellular carcinoma variant (specify in Comments)	2.3%

<b>Tumour 1:</b>	<b>Tumour 2:</b>	<b>Count:</b>
hepatocellular carcinoma		76
Other (please specify in Comments) <i>all favour HCC but 2 consider DD NEC and 1 cholangiocellular diff</i>		3
hepatocellular carcinoma	hepatocellular carcinoma	3
hepatocellular carcinoma	Other (please specify in Comments) <i>neither specify a second lesion</i>	2
hepatocellular carcinoma variant (specify in Comments) <i>1 intermediate cell features short of combined HCC CCa 1 no variant mentioned</i>		2

Pattern:	Popularity:
iron overload	97.7%
chronic hepatitis	1.2%
Other (please specify in Comments)	1.2%

Pattern 1:	Pattern 2:	Count:
iron overload		82
iron overload	chronic hepatitis <i>no further mention/interpretation of second pattern</i>	1
iron overload	iron overload	1
Other (please specify in Comments)	Other (please specify in Comments) <i>no mention Fe overload</i>	1
	<i>Does describe Fe in comment</i>	1

Diagnostic categories:	Popularity:
iron overload, hereditary	97.7%
iron overload - acquired, secondary	2.3%
Other (please enter alternative diagnosis in comments box)	1.2%
- not applicable (insufficient non-lesional tissue)	1.2%
- histologically indeterminate for cause	1.2%

Diagnosis Combination:	Count:
iron overload, hereditary	82
- histologically indeterminate for cause, - not applicable (insufficient non-lesional tissue)	1
iron overload - acquired, secondary says <i>HCtosis in comment</i>	1
iron overload - acquired, secondary, iron overload, hereditary <i>both!</i>	1
iron overload, hereditary, Other (please enter alternative diagnosis in comments box) <i>no additional D given</i>	1

Stages:	Popularity:
advanced fibrosis with bridging and nodularity/cirrhosis	70.9%
fibrosis with bridging between vascular structures	26.7%
not applicable / no special stains to assess architecture <i>n=1</i>	1.2%
mild/early fibrosis without bridging <i>n=1</i>	1.2%

>80%

- **Consensus for HCC** (even with DD), at least bridging fibrosis and background of iron overload/haemochromatosis
- **Suggested scoring for 10 points:**
  - As above (all participants stating iron overload do refer to hereditary cause)
- **Lose 5 marks:**
  - Less than bridging fibrosis
  - Stage not assessable (connective tissue stain provided)
  - Not recognising iron in view of history
- **Lose 10 marks (score 0): No participants**

**Original report and further information (if any):** haemochromatosis, fibrosis, not cirrhotic. HCC with partial necrosis (no TACE beads visible)