FRCPath Part 2 Spring 2013. Short cases: preferred diagnoses and commentary.	
Case 1 – Hypersecretory DCIS/ Grade 1 invasive ductal carcinoma	Many candidates identified both the invasive and the in situ components of this tumour. Candidates who failed either didn't observe both components or equivocated about the invasive component. There was a tendency to over grade the invasive component as grade 2 or grade 3, but candidates who had correctly identified both components of the tumour weren't penalised for over-grading. A few candidates added value by correctly grading the tumour and indicating that testing for receptors and HER2 was indicated. Very few candidates identified the hypersecretory component, but no-one was penalised for this. *(Mean score 2.32/5)*
Case 2 – Meningioma, meningoendothelial sub type, WHO grade 1	This case was adequately answered by most candidates, with the majority identifying that this was a meningioma. Very few candidates managed to add value to their answers by correctly grading the lesion or adding prognostic information. A few candidates proffered inappropriate malignant diagnoses.*(Mean score 2.65/5)*
Case 3 - Classical Hodgkin lymphoma, nodular sclerosing subtype.	This was a straightforward case which was well answered by most candidates. Most candidates also added value by describing appropriate immunohistochemical stains or correlating with the patient's known HIV positive status. One or two candidates failed by resorting to inappropriate differential diagnoses or considering the lesion to be benign. *(Mean score 2.99/5)*
Case 4 – Herpes simplex infection, left labia majora.	This case was reasonably well answered by most candidates, but only a few candidates managed to add value by correlating with the patient's history, raising the possibility of immunocompromise or suggesting immunohistochemistry to type the Herpes simplex virus. Candidates who failed didn't observe the cytopathic features (these were visible in all the sections used in the exam) or offered inappropriate malignant or dysplastic diagnoses. *(Mean score 2.39)*
Case 5 – Well differentiated hepatocellular carcinoma.	Most candidates arrived at an appropriate diagnosis of hepatocellular carcinoma but few added value by suggesting immunohistochemical panels or considering background live pathology. A few candidates lost marks by suggesting other malignant diagnoses or even benign diagnoses. *(Mean score = 2.51/5)*
Case 6 – Benign adenomatiod tumour of fallopian tube.	This was well answered by most candidates, with many adding value by suggesting appropriate immunohistochemistry and commenting on the mesothelial origin of these tumours. A few candidates lost marks by resorting to differential diagnoses and failing to commit to a diagnosis. One or two candidates were misled by the patient's BRCA1 status and offered inappropriate malignant diagnoses (this was a prophylactic procedure). *(Mean score = 2.71/5)*

Case 7- Apocrine adenosis with atypia, breast	This case was poorly answered by many candidates. This was undoubtedly a difficult case, and many candidates overcalled this lesion as being unequivocally malignant. In real life this approach would have resulted in unnecessary and possibly mutilating surgery. A good answer would have noted the atypia and suggested appropriate immunohistochemistry to identify myoepithelial cells and considered the possibility that this may have been part of a complex sclerosing lesion or radial scar. Candidates were also given credit for mentioning the need for MDT discussion. *(Mean score = 2.13/5)*
Case 8 – Benign Peutz-Jegher's polyp with misplaced glands.	This case caused problems for many candidates. Very few candidates correctly recognised the nature of this polyp, despite the anatomical location and the arborizing musculature. Few candidates correctly identified epithelial misplacement. Many candidates overcalled this lesion by either identifying dysplastic epithelium or frank invasive carcinoma. Only a few of the candidates who correctly identified this a Peutz-Jegher's polyp then added value by discussing the genetics of the condition. *(Mean score 1.91/5)*
Case 9 – Granulomatous orchitis with features of mycobacterial infection.	This case was generally well attempted, with most candidates appropriately describing the pattern of inflammation and suggesting appropriate ancillary testing to prove a diagnosis of tuberculosis. One or two candidates indicated inappropriate malignant diagnoses. *(Mean score 2.68/5)*
Case 10 – Ganglioneuroblastoma (retroperitoneal)	This lesion had very characteristic histology and should have presented few problems to a well read and suitably experienced candidate. Many candidates failed to observe the characteristic histology and offered wide differential diagnoses, with some candidates offering inappropriate benign diagnoses. Some candidates added value by commenting on the high grade nature of this lesion and the need for MDT discussion. *(Mean score = 2.42/5)*
Case 11- Round cell/ myxoid liposarcoma	This case was well answered by the majority of candidates, and many added value by grading the lesion or suggesting appropriate cytogenetic testing. A few candidates lost marks by resorting to inappropriate differential diagnoses or diagnosing a benign lesion *(Mean score = 2.59/5)*
Case 12 – Pemphigus vulgaris.	This case was poorly answered in general. Many candidates failed to observe that this was a blistering dermatosis, or misclassified the blistering lesion. The histology was made more difficult to interpret by erosion, but this should not have deterred candidates in observing the location of the bulla. Many answers lacked the necessary precision. A few candidates added value by suggesting appropriate immunofluorescent testing to confirm, or making useful clinical observations *(Mean score = 2.32/5)*
Case 13 –metastatic seminoma in femoral lymph node.	This case was answered very variably. A good number of candidates did arrive at a correct diagnosis or differential diagnosis, and suggested appropriate immunohistochemical

	panels to confirm the diagnosis. There was a significant tail of candidates who suggested that this might be lymphoma, or proffered immunohistochemical panels that would not have helped in confirming the diagnosis. One or two candidates offered inappropriate benign diagnoses *(Mean score = 2.42/5)*
Case 14 – Mucinous cystic neoplasm of pancreas with low grade dysplasia.	This question was generally well answered, with most candidates providing a competent description of the lesion and correctly identifying ovarian type stroma. A few candidates added value by confirming the presence of low grade dysplasia and indicating the need to sample the lesion extensively. Candidates who lost marks failed to recognise the presence of ovarian type stroma or found high grade dysplasia or invasive carcinoma *(Mean score = 2.63/5)*
Case 15 – Proliferating trichilemmal tumour	Many candidates correctly identified this lesion and a few added value by offering useful clinical advice regarding excision or making appropriate observations on the nature of these lesions. There was a significant tail of candidates who offered inappropriate benign or malignant diagnoses. *(Mean score 2.34/5)*
Case 16- Bronchial adenoid cystic carcinoma.	This question was answered well by most candidates, with the majority recognising that this was an adenoid cystic carcinoma. A small number of candidates raised inappropriate differential diagnoses or overcalled/undercalled the lesion. *(Mean score 3.02/5)*
Case 17 – Sinonasal malignant melanoma.	This question was well answered. Most candidates correctly identified this as a primary malignant melanoma or raised appropriate differentials and many added value with immunohistochemical panels to confirm the diagnosis or recognition of atypical melanocytic hyperplasia. A few candidates failed to observe the very obvious clues indicating that this was the primary site of the lesion, or offered other inappropriate diagnoses. *(Mean score 2.76/5)*
Case 18 – Necrotising granuloma lung, likely rheumatoid nodule.	This question caused few problems to most candidates. Most recognised the nature of the process and many added value by correctly observing features suggestive of rheumatoid disease. Only a few candidates lost marks by inadequate descriptions or inappropriate diagnoses of malignancy. *(Mean score 2.73/5)*
Case 19 – Low grade mucoepidermoid carcinoma arising over hard palate.	This question was well answered by the majority. Most cndidates correctly identified the lesion and some added value with appropriate comments about the anatomical location of the lesion and the age of the patient. Candidates who failed this question resorted to differential diagnoses (the lesion had characteristic histology and shouldn't have needed a differential) or arrived at a benign diagnosis. *(Mean score 2.60/5)*
Case 20 – Chordoma of sacrum	This question was well answered by many candidates, who correctly identified the tumour. Most added value by suggesting appropriate immunohistochemical panels and clinical correlates.

	Those who failed resorted to indefinite differential diagnoses and didn't favour chordoma. *(Mean score 2.77/5)*