



**FRCPath Part 2 in Histopathology Autumn 2011  
Surgical Pathology Section  
Central Marking Thursday 20/10/11**

You should provide a written report to the requesting clinician including a description and diagnosis incorporating clinical comment.

You may suggest additional investigations as appropriate.

1. M35 Rectal bleeding, polyp in distal sigmoid colon

*Juvenile polyp*

Comments: responses included the full range of non-neoplastic colorectal polyps, with a small minority suggesting adenomatous polyps and mucosal prolapse.

2. M12 Deeply pigmented lesion on thigh

*Pigmented spindle cell naevus of Reed*

Comments: this case was generally answered well with the main differential being from Spitz naevus. Very few called this a melanoma.

3. M54 Lung biopsy, Cough, shortness of breath and tiredness with diffuse parenchymal lung changes

*Active sarcoidosis*

Comments: most candidates described and interpreted this case well. Some considered Wegener's granulomatosis and BOOP.

4. M52 Gastric biopsy, thickened gastric folds seen but no focal lesion

*Lymphocytic gastritis*

Comments: The majority of candidates recognised this entity, with some overcalls of MALT lymphoma. A minority did not appreciate the lesion and sought other explanations including amyloid and vascular lesions.

5. M37 One week history of bloody diarrhoea, Hepatitis C virus infection, inflammation and ulceration of right colon with stricture

*Infective colitis*

Comments: Approximately half of the candidates recognised this condition. The main problems were in calling this chronic IBD and a significant minority thought they could see CMV inclusions.

6. M28 Orchidectomy for right testicular lesion, solid and cystic with haemorrhagic areas

*Embryonal carcinoma, seminoma and ITGCN*

Comments: Not all candidates appreciated all three elements present, while a significant proportion described the teratomatous element as yolk sac tumour. Some candidates had an over-reliance on immunohistochemistry to reach a conclusion.

7. F32 Hard nodule on tip of tongue for 6 months

*Granular cell tumour*

Comments: This was generally handled well by candidates.

8. F44 Wire localisation of screen detected breast lesion with satellite lesion (satellite lesion in biopsy)

*Grade 2 invasive ductal carcinoma*

Comments: A minority of candidates felt this was benign. Some considered this to be lobular carcinoma (suggesting IHC) while there was great variation in grading.

9. M 64 Thyroid swelling, hot on PET scan, two hard nodules in thyroid

*Medullary carcinoma of the thyroid*

Comments: Most candidates recognised this lesion. A minority called this either papillary or Hurthle cell in type and others said malignant, NOS.

10. M73 Multiple bony lesions in spine biopsied

*Metastatic prostatic carcinoma*

Comments: Most candidates recognised this lesion. Some called it Paget's disease and the other main primary lesion suggested was renal cell carcinoma.

11. M77 Acute and chronic retention of urine, a normal bladder mucosa on cystoscopy, TURB performed

*Polypoid cystitis, cystitis cystica and glandular metaplasia (catheter reaction)*

Comments: Most candidates recognised these features. A few called this transitional cell carcinoma or nephrogenic adenoma.

12. F80 Liver biopsy for ?mets found at op for GI obstruction

*Metastatic melanoma*

Comments: Most candidates called this metastatic neuroendocrine carcinoma and a significant proportion did not include melanoma markers in their IHC panel.

13. F28 Abdominal pain, perforated bowel at surgical exploration, previous history of cervical carcinoma

*Radiation enteritis*

Comments: Most candidates identified this lesion although a significant minority did not see typical radiation features and described vasculitis, IBD or CMV.

14. F19 16/40 pregnant by date; missed miscarriage; ?? molar changes on USS; retained products of conception

*Complete hydatidiform mole*

Comments: Most candidates recognised this as molar, some as incomplete and a proportion over-relied on IHC rather than morphology.

15. F51 Mammographically detected lesion biopsied from right breast

*Benign breast changes without calcification*

Comments: This case generated a large number of overcalls as CIS or even invasive carcinoma.

16. F33 Right ovarian cyst; normal Ca125; previous similar cyst 8 years ago  
*Struma ovarii (carcinoid)*

Comments: Generally recognised but some missed the 'carcinoid' component and others described papillary carcinoma.

17. F26 Hemithyroidectomy for solitary nodular lesion  
*Follicular carcinoma of thyroid with minimal capsular invasion*

Comments: There were some undercalls of follicular adenoma without invasion and a proportion described papillary features.

18. F56 Post menopausal bleeding; endometrial curettings  
*Poorly differentiated endometrioid adenoca/high grade serous Ca (10-15%)*

Comments: A significant proportion of candidates did not recognise the high grade component or suggest appropriate IHC.

19. F35 Previous stage 1b adenosquamous carcinoma of cervix, now has upper rectal stricture; resected  
*Endometriosis*

Comments: Most candidates identified this entity but there were some serious overcalls of carcinoma.

20. F52 Lesion left side of neck, attached to blood vessel at operation  
*Paraganglioma (carotid body tumour)*

Comments: Most recognised this lesion but a minority diagnosed parathyroid carcinoma.