

Scotland and Northern Ireland EQA Scheme

Circulation 48

Educational Cases E1-E4

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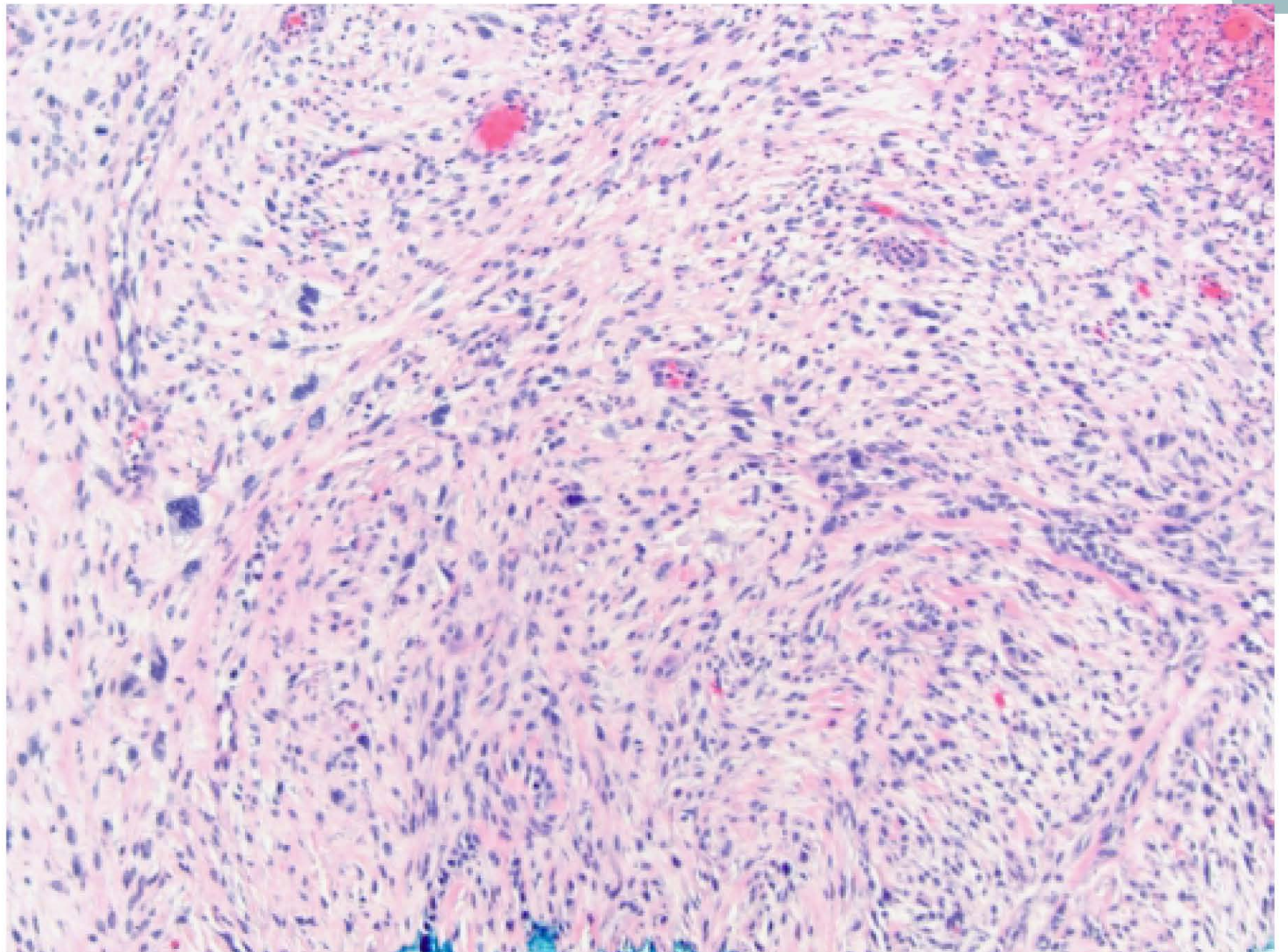
Dr John Robert Millar

Case E1

- M: 68 yrs
- Large 2.5 x 3 cm scabby area on the vertex of scalp for 5-6 weeks
- (ICC: CD10 +. MelanA, S-100, p40, p63, CK5/6 & desmin -)

- **Diagnosis:**

- ATYPICAL FIBROXANTHOMA /
PLEOMORPHIC DERMAL
SARCOMA



EDUCATIONAL POINTS:

Diagnosis of exclusion... must rule out sarcomatoid carcinoma, leiomyosarcoma, melanoma and other malignancies depending on morphology (which can be variable)

This is a curetting specimen, and therefore it is not possible to fully assess/differentiate between these two diagnoses unless there is an excision

Distinguishing between them requires assessment of lesional cells relationship to eccrine ducts

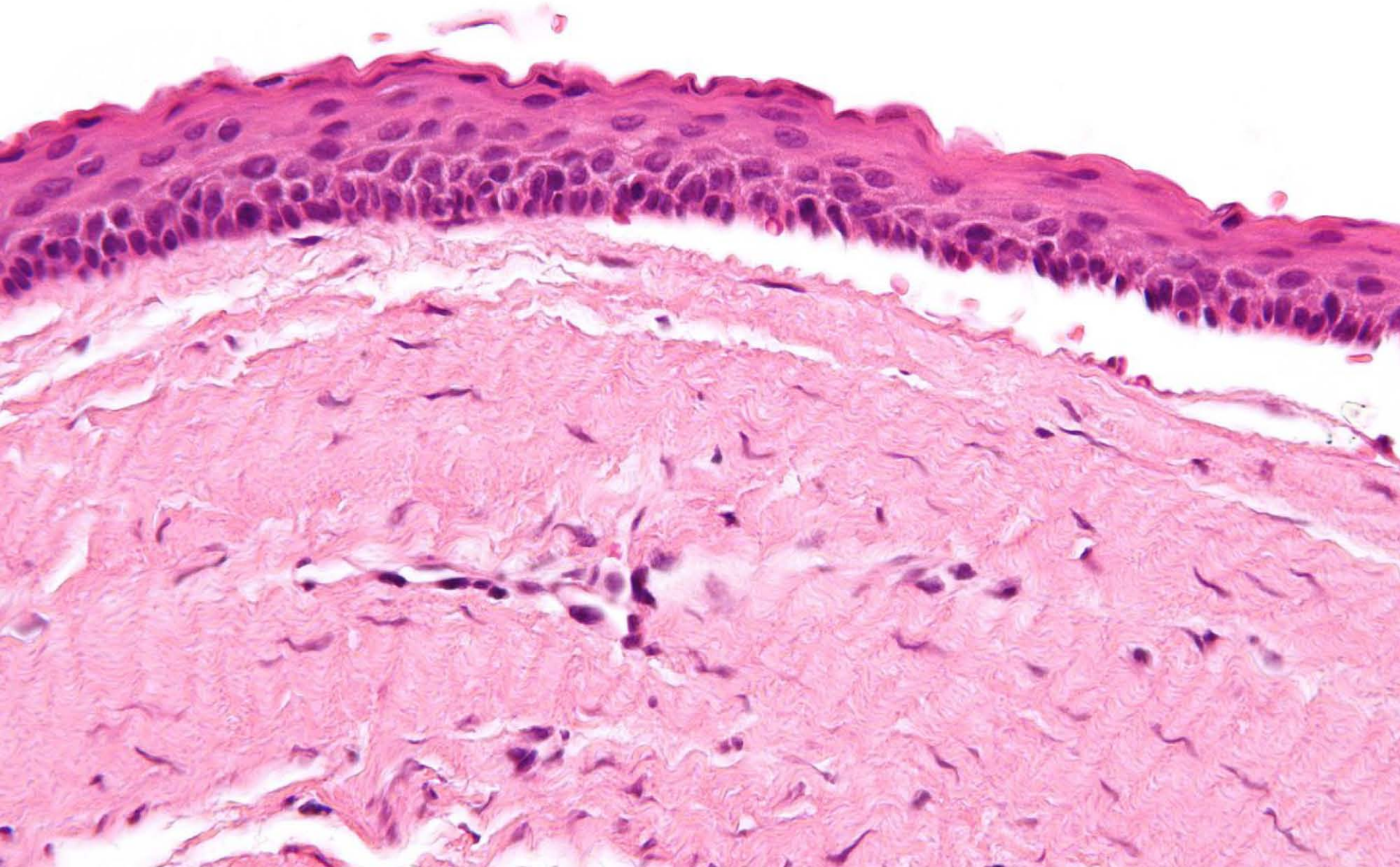
Above ducts AFX, below ducts PDS

PDS has greater propensity to recur locally and may metastasise

Case E2

- F: 24 yrs
- Cyst right mandible

- Diagnosis:
 - ODONTOGENIC KERATOCYST



EDUCATIONAL POINTS:

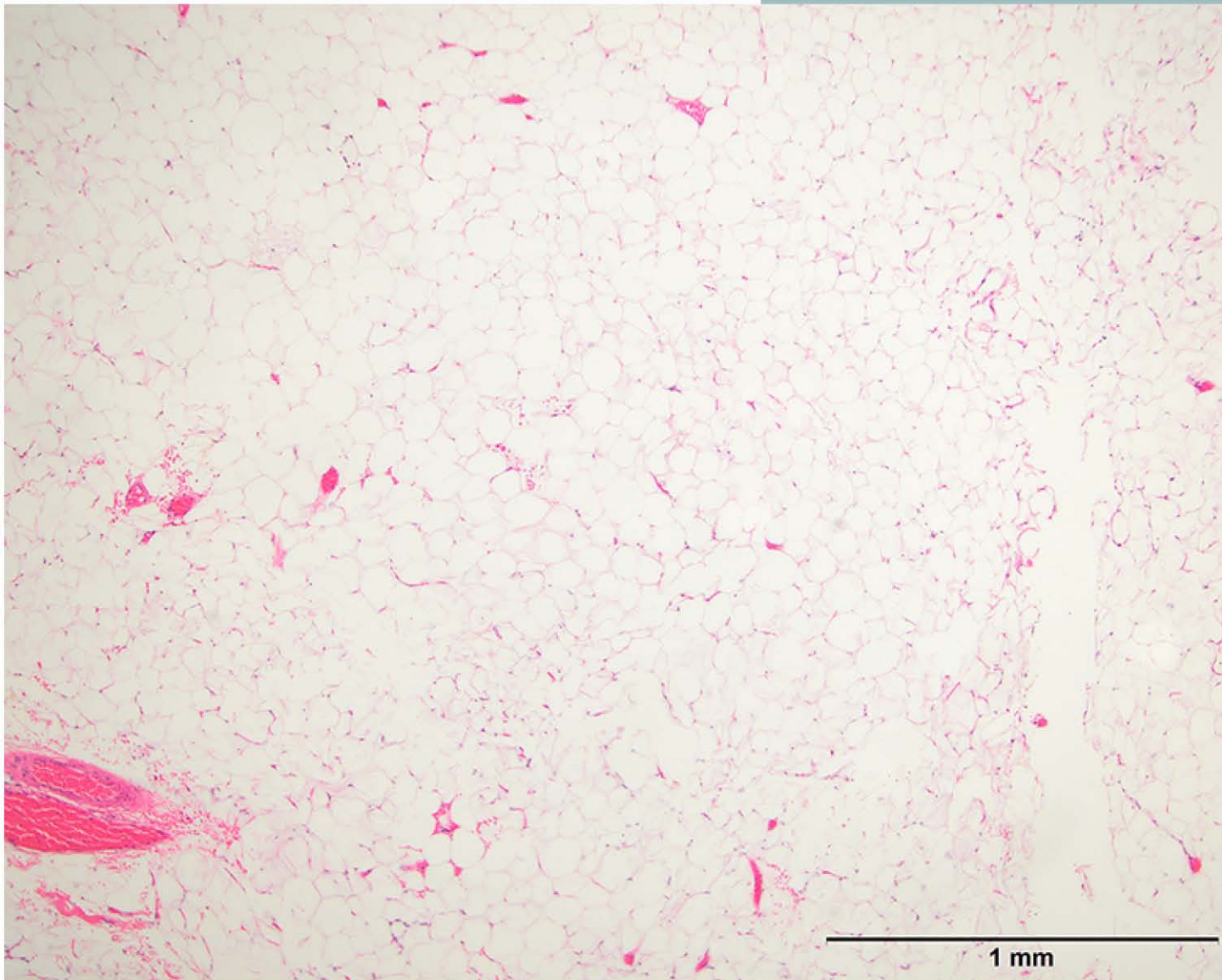
Just as pathologists got used to the idea of calling these keratocystic odontogenic tumours (KCOT), TNM8 changed reversed to the old terminology odontogenic keratocyst

This case has typical features of keratinised squamous epithelial lining with corrugated parakeratin, basal palisading & retraction artefact

Case E3

- M:29yrs
- Lipoma on thigh measured 190x120mm

- **Diagnosis:**
 - **ATYPICAL LIPOMATOUS TUMOUR / WELL DIFFERENTIATED LIPOSARCOMA**



Lipoma-like ALT, 4x
(variation in adipocyte size)

EDUCATIONAL POINTS:

The terms used will depend on the location in the body, atypical lipomatous tumour referring to more superficial lesions and well differentiated liposarcoma to deeper lesions

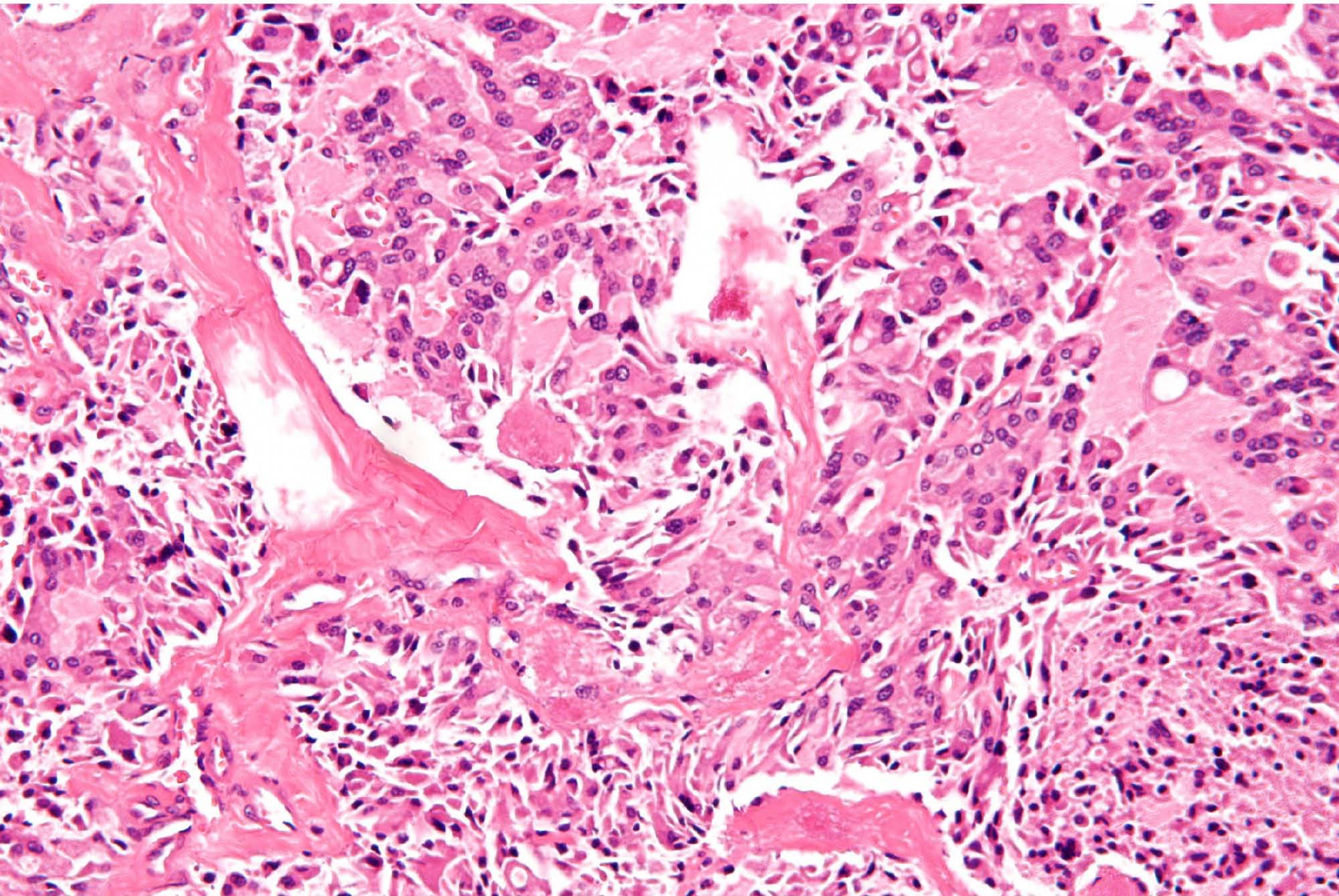
Sample widely

Referral must be made to Soft Tissue Pathologist for expert review per guidelines

Case E4

- M: 45 yrs Thyroid mass
- Calcitonin positive

- **Diagnosis:**
 - **MEDULLARY CARCINOMA**



EDUCATIONAL POINTS:

Wide morphology can mimic any other thyroid malignancy, but look for typical neuroendocrine nuclear features, granular cytoplasm & amyloid (also serum calcitonin, calcitonin ICC & congo red)

Clinically can be monitored for recurrence with serum calcitonin

Sporadic cases usually unilateral, but if familial (germline RET gene mutations) then may be bilateral/multifocal

Familial usually younger patients due to MEN syndromes, familial medullary thyroid carcinoma (FMTC) syndrome, von Hippel-Lindau disease or neurofibromatosis