

Scotland and Northern Ireland EQA Scheme

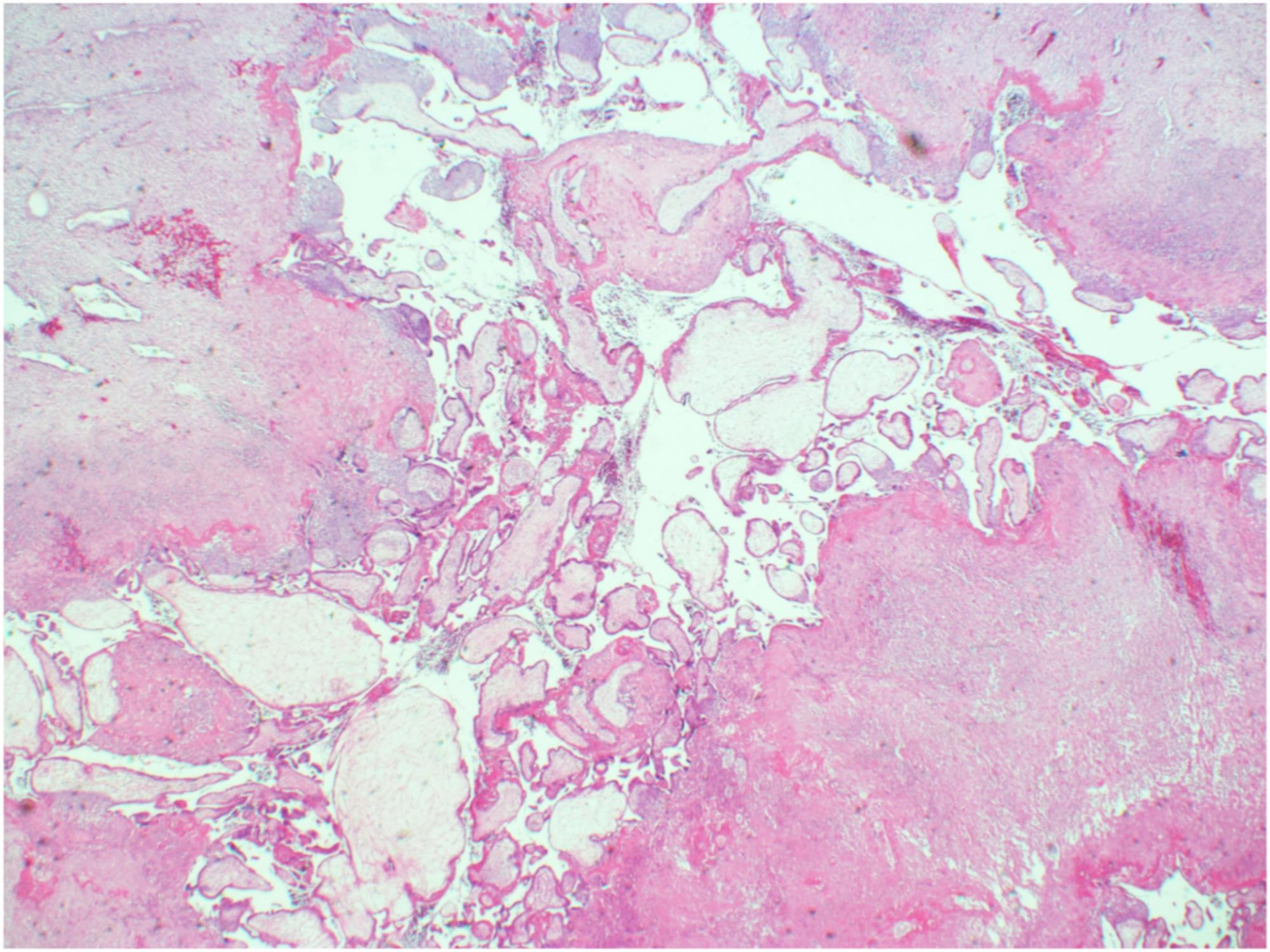
Circulation 53

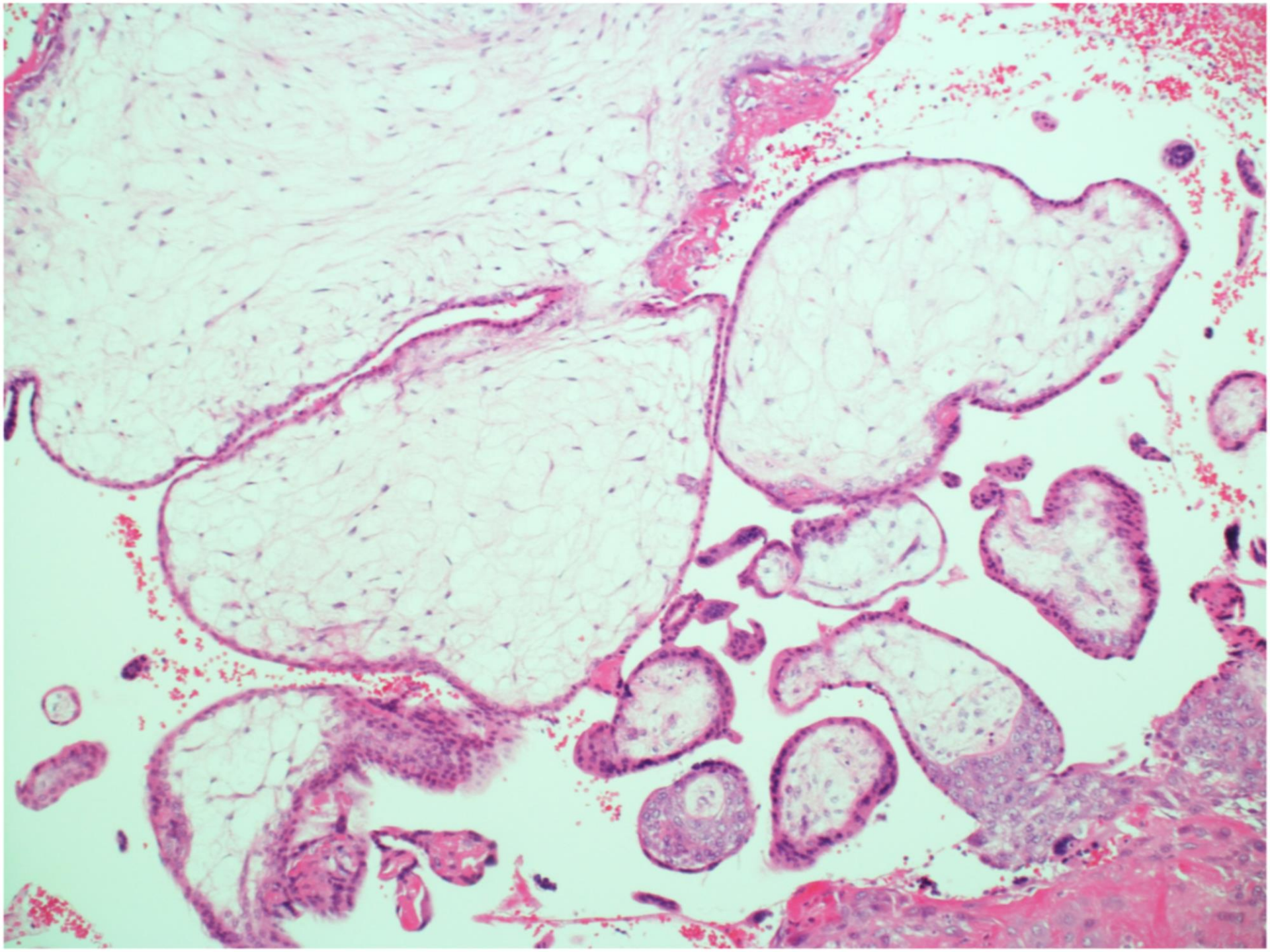
Cases A to E

Presented by Dr A Paton

Case A

- 22 year old female
 - Tissue passed PV
 - ? Miscarriage





- **Diagnosis:**
 - Normal POC

- Responses:
 - Score 1
 - 96

Examples of answers included:

- Normal POC
- Hydropic abortion / POC
- POC would send for ploidy / molar studies to exclude a molar pregnancy
- First trimester placental villi with decidua
- Retained poc
- Hydropic spontaneous abortion or molar pregnancy - ? Partial. P57 & P53 followed by genetic analysis to rule out molar pregnancy.
- Decidual cast, chorionic tissue
- Chorionic villi and decidua are present, consistent with products of conception

- Responses:

- Score 2: 14

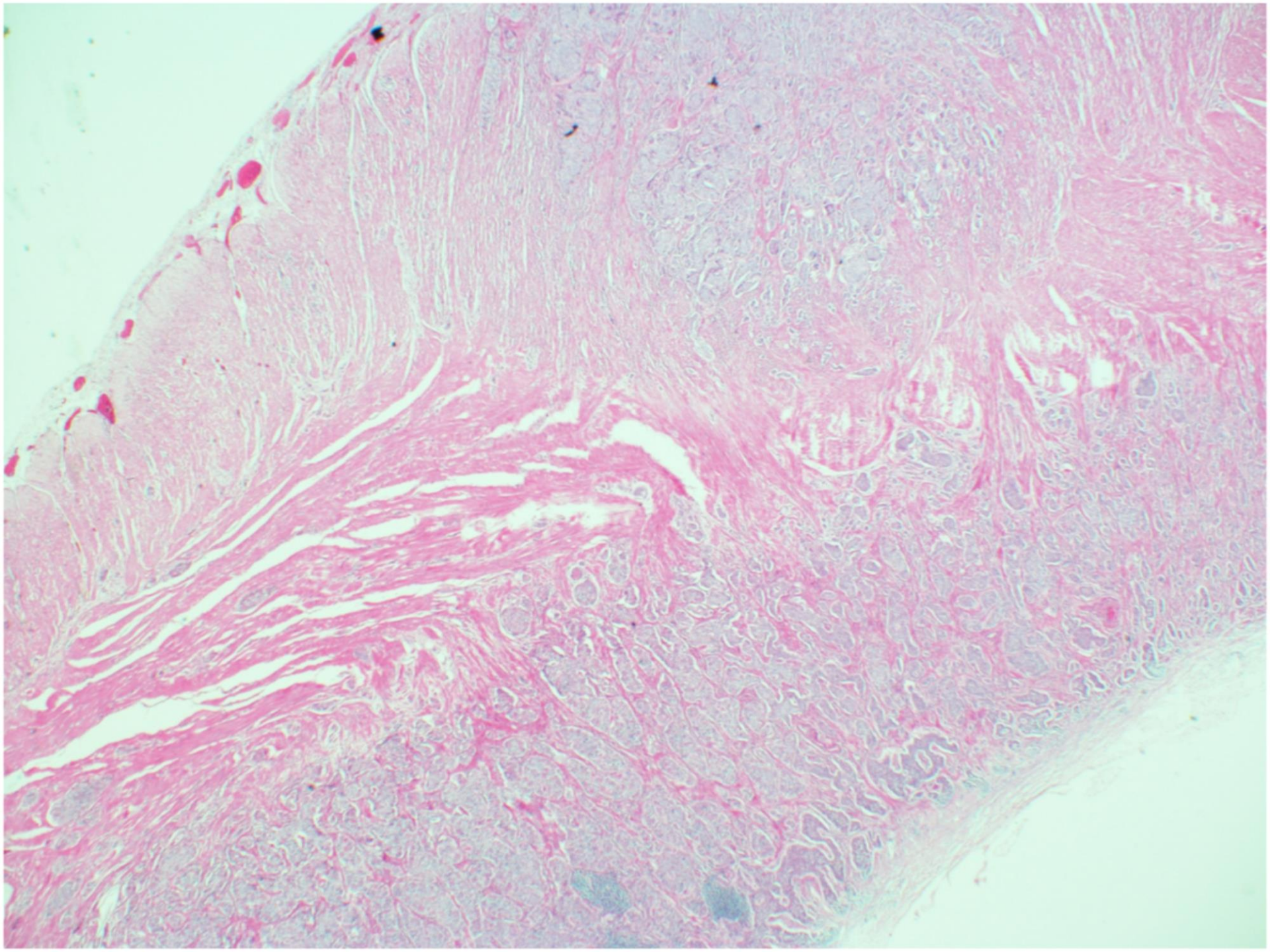
- Partial hydatiform mole
 - Hydropic spontaneous abortion or molar pregnancy –?
Partial
 - Mole, likely partial mole
 - POC? Molar (x 2)
 - Hydatidiform mole, favouring partial molar pregnancy.
Molecular genotyping required.
 - Molar gestation. No foetal elements. Complete?
 - Products of conception, histological features suspicious for partial mole (flow cytometry for confirmation to follow)
 - Cont....

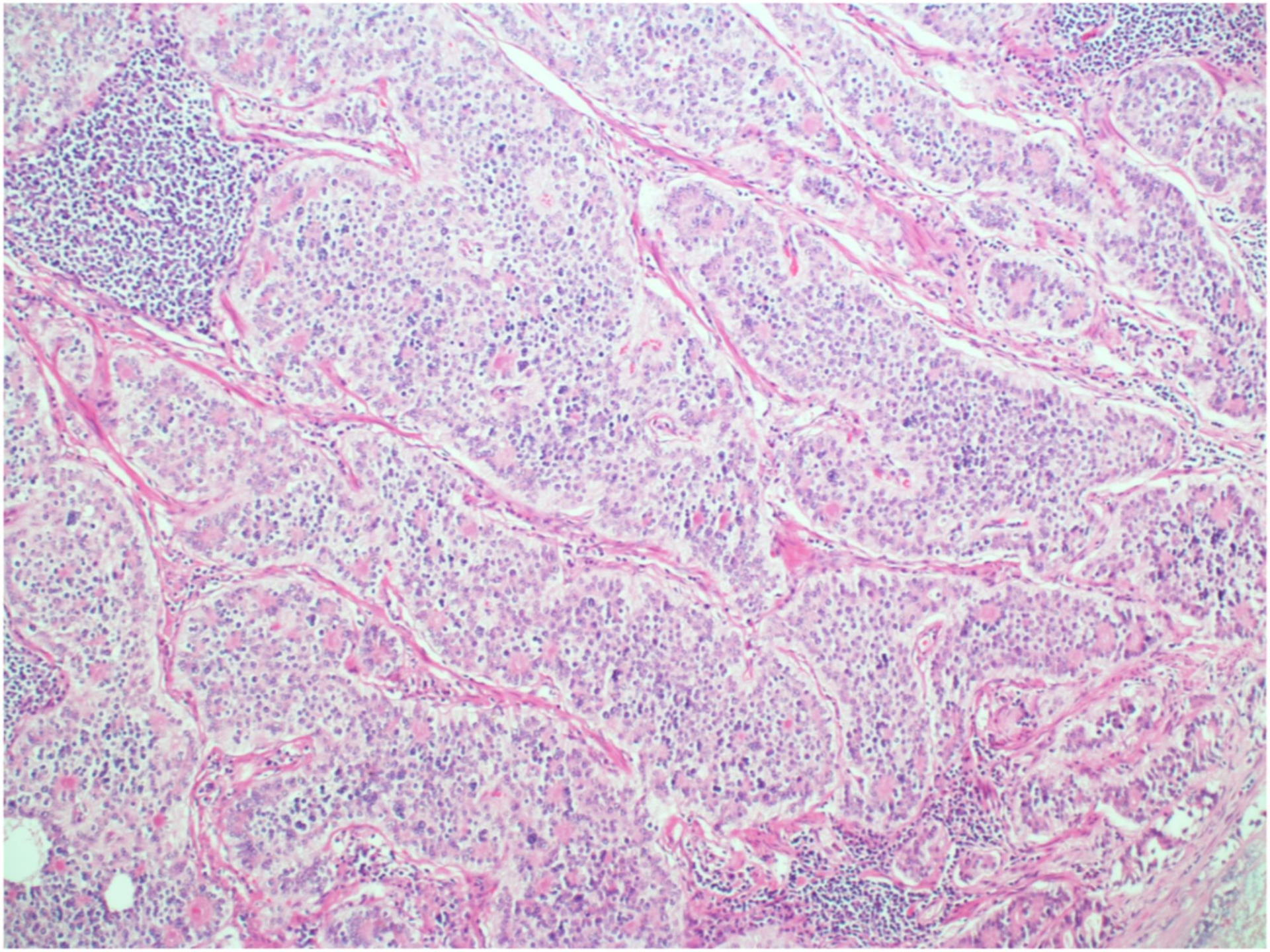
Case A cont...

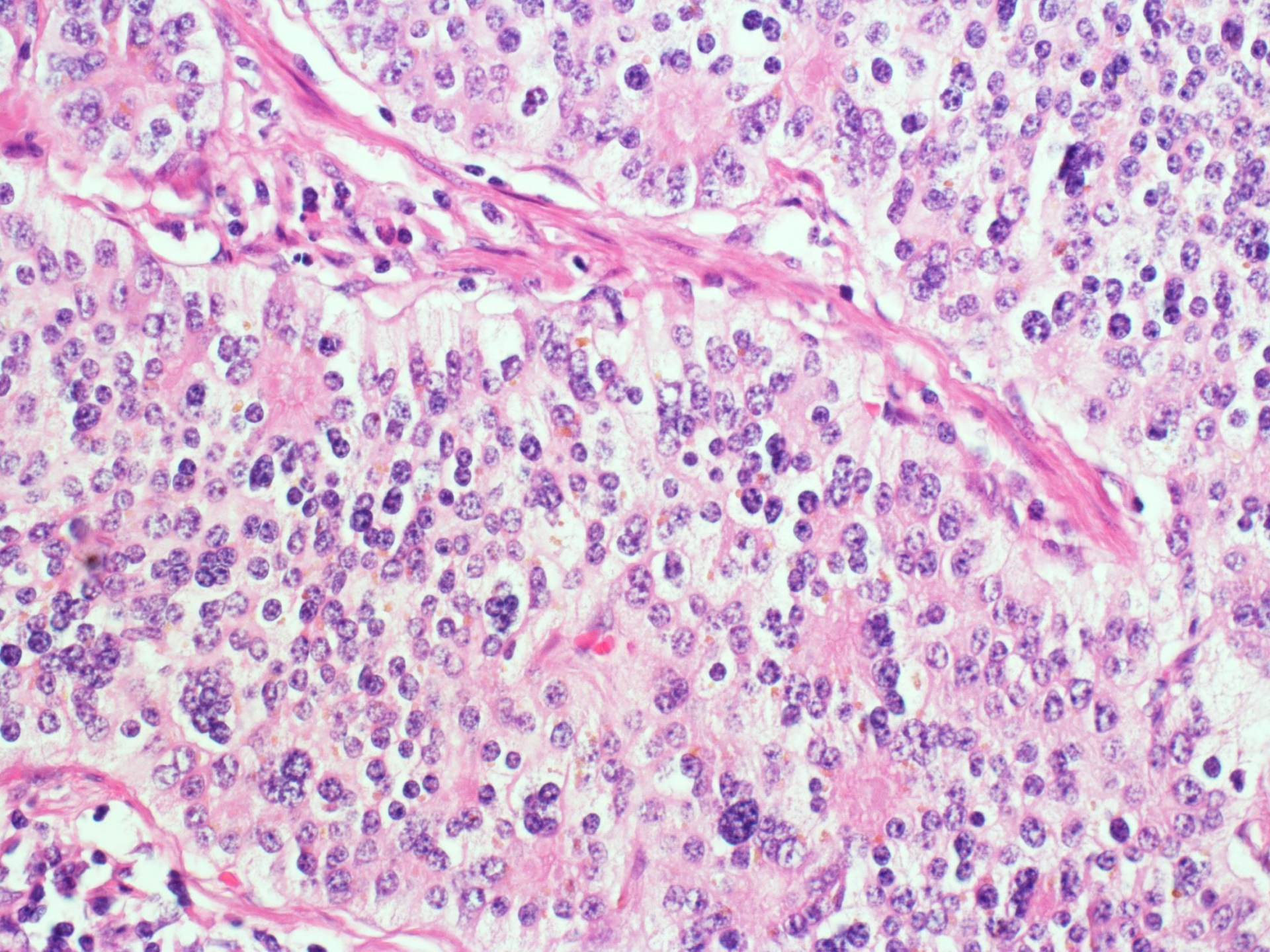
- Products of conception, histological features suspicious for partial mole (flow cytometry for confirmation to follow)
- Molar pregnancy (favours complete mole) will need P53, P57 and genetic testing
N.B I don't report Gyn cases in my practice
- Partial molar pregnancy.
- Partial hydatidiform mole
- Probable partial mole. Do P57 and refer for cytogenetics if indicated.
- Partial mole
- Partial hydatidiform mole

Case B

- 68-year-old male.
- Small bowel resection.
- Palpable nodules in small bowel at surgery.
- Multiple sessile mucosal masses macroscopically.
- Tumour positive with synaptophysin, chromogranin and CD 56.







- **Diagnosis:**
 - Well differentiated neuroendocrine tumour

- Responses:

- Score 1

- 109

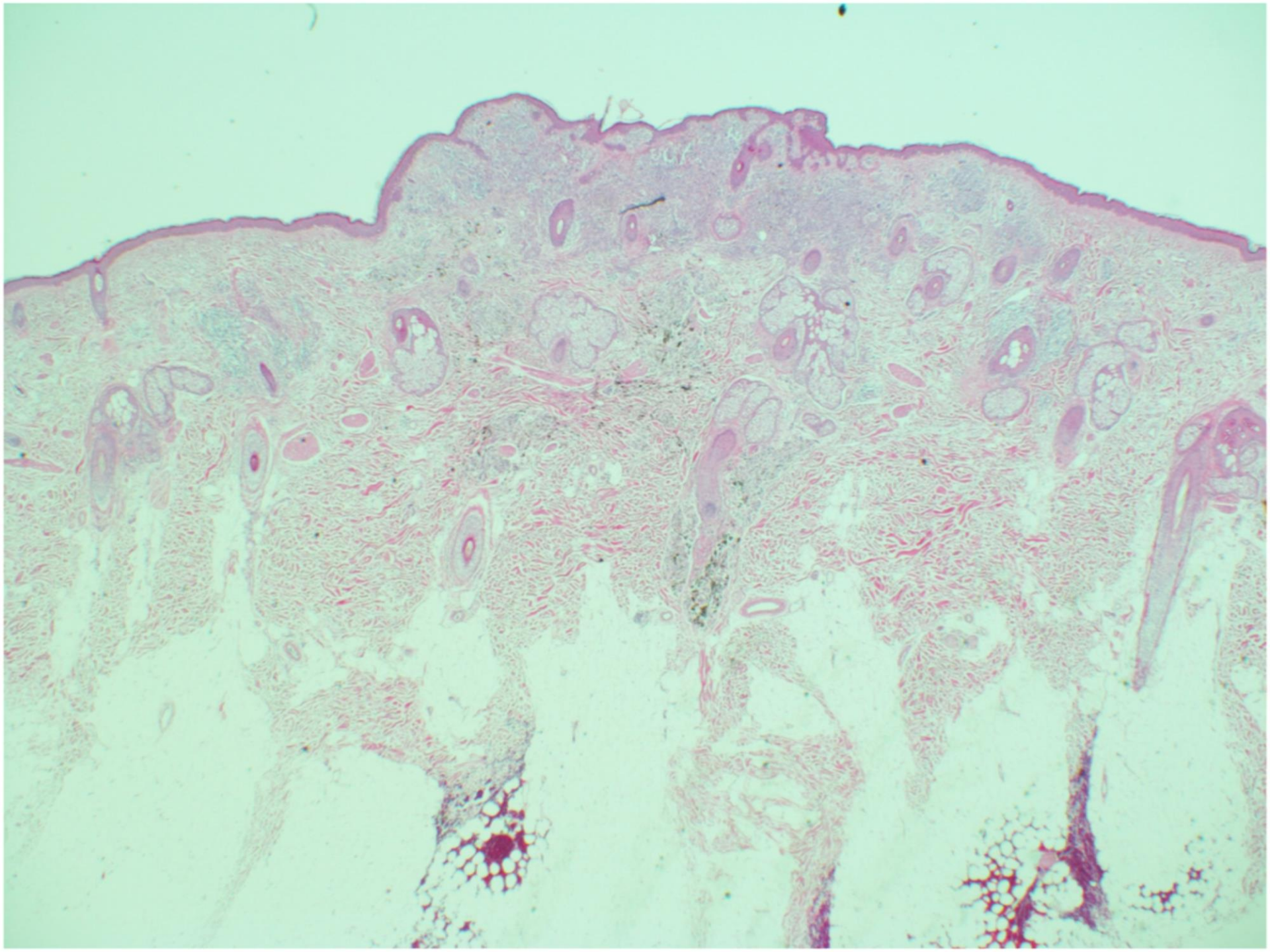
Examples of answers included:

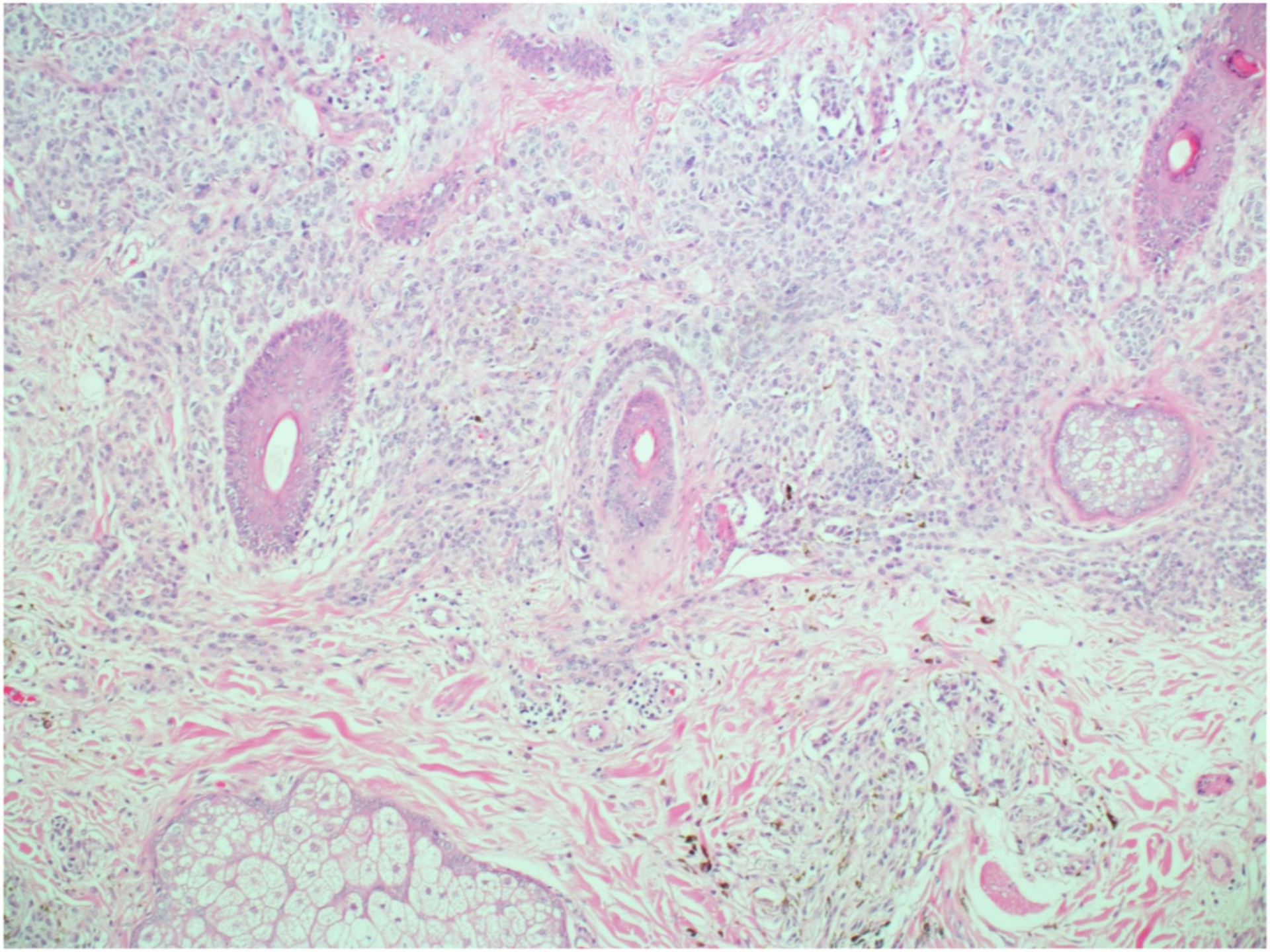
- Well differentiated neuroendocrine tumour
- Neuroendocrine tumour
- Well differentiated neuroendocrine tumour (NET) – low-grade
- Neuroendocrine tumour/carcinoid
- Well differentiated NET, grade 1 (though in practice would do a Ki 67)
- Neuroendocrine neoplasm
- Carcinoid
- NET
- Neuroendocrine tumour (carcinoid) – appears well differentiated but needs Ki 67 / Mitotic count for further reading
- Carcinoid tumour, extending almost through wall of small bowel. Primary to this site or met.
- G1 NET
- Neuroendocrine tumour pT3 low mitotic rate but need Ki67 and RCPATH guidelines to grade

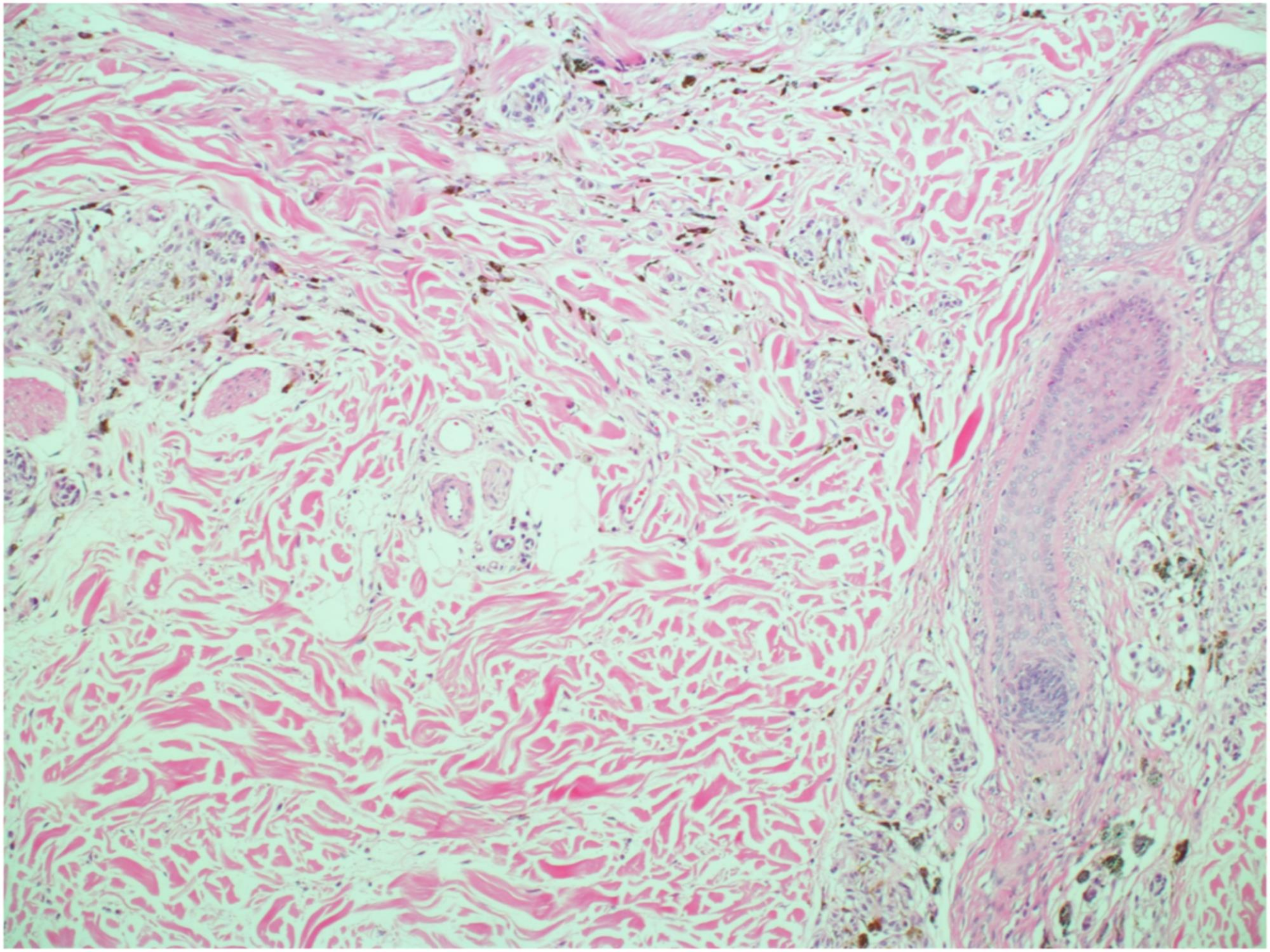
- Responses:
 - Score 2
 - 1
 - Neuroendocrine carcinoma

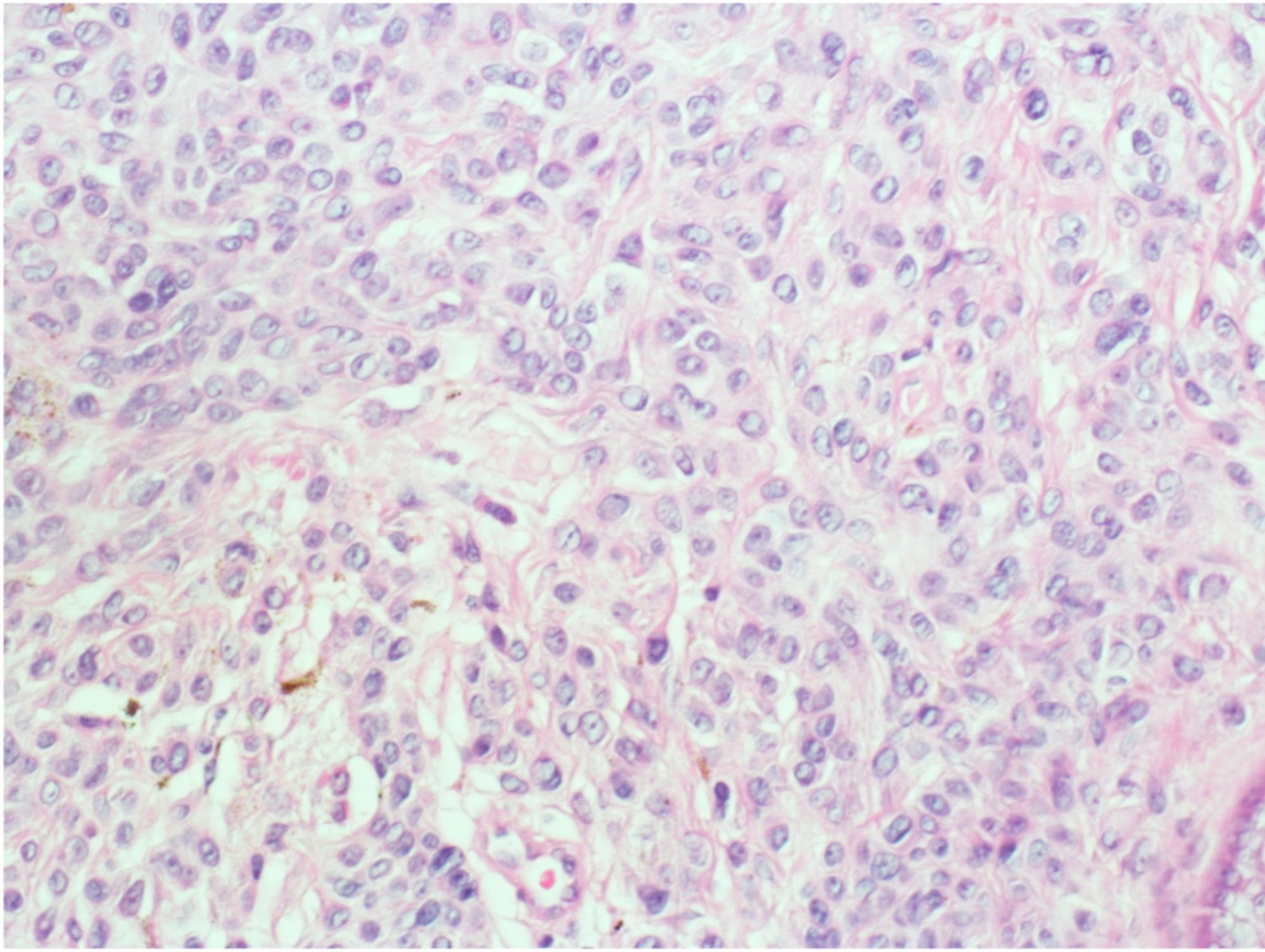
Case C

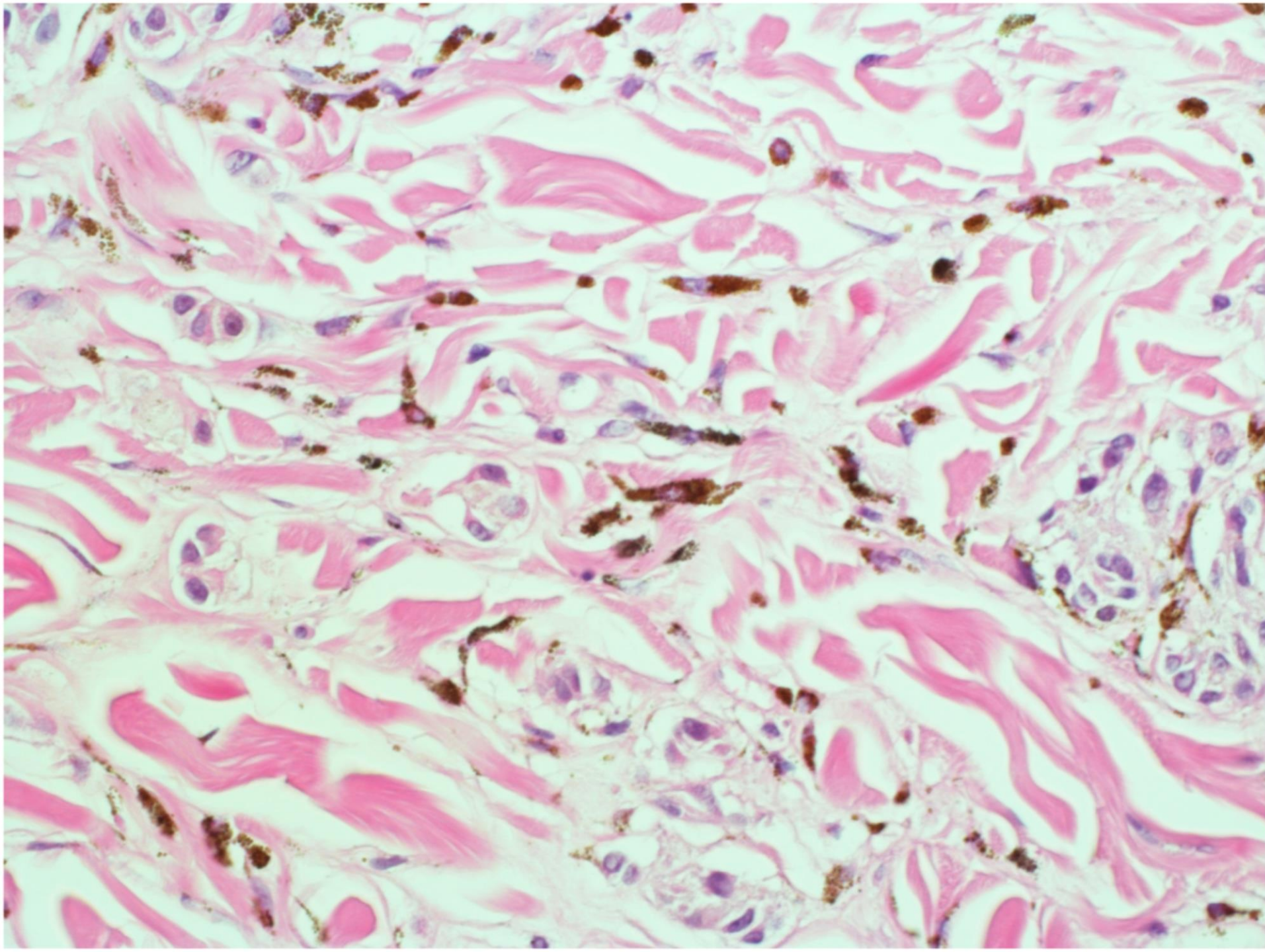
- 38 year old female
 - Excision of lesion on right cheek
 - ? Atypical naevus











- **Diagnosis:**
 - Combined true and blue naevus

- Responses:
 - Score 1
 - 106

Examples of answers included:

- Combined melanocytic naevus (common acquired naevus and blue naevus)
- Combined naevus (compound and blue naevus)
- Benign melanocytic naevus
- Combined true/conventional and blue naevus
- Combined naevus (compound and blue)
- Combined naevus (compound and blue). DD deep penetrating naevus
- Benign compound naevus (combined naevus)
- True and blue naevus
- Overall favour deep penetrating naevus (junctional and intradermal melanocytic proliferation with deep extension into superficial subcutis, slightly disordered maturation, abundant pigment, no mitoses seen in this section). Would do IHC (Melan-A, HMB 45 and Ki67) and more levels.
- Compound naevus Predominantly intradermal benign compound naevus
- Deep / deeply penetrating naevus
- Compound naevus with mixed features – conventional naevus superficially, more deeply with increased pigmentation suggesting combined naevus or possible penetrating naevus.
- Benign naevus either (combined) deep penetrating or congenital naevus. Which show to dermpath colleagues.
- Benign collision naevus

- Responses:

- Score 2

- 4

- Dysplastic naevus

- ? Deep penetrating naevus (?? Dysplastic naevus)

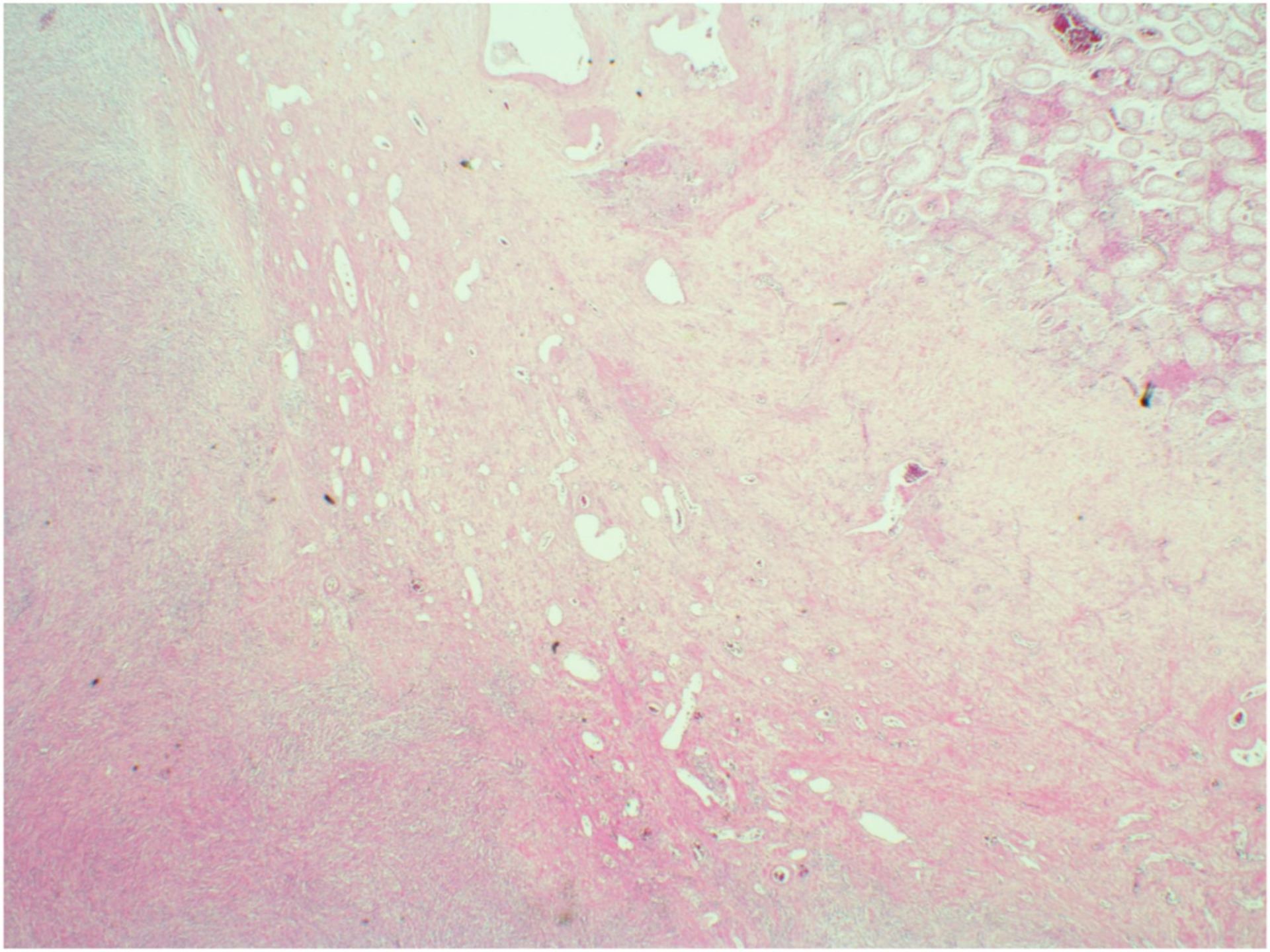
- Compound naevus with cellular blue naevus. ? Atypical (dermatopathological opinion)

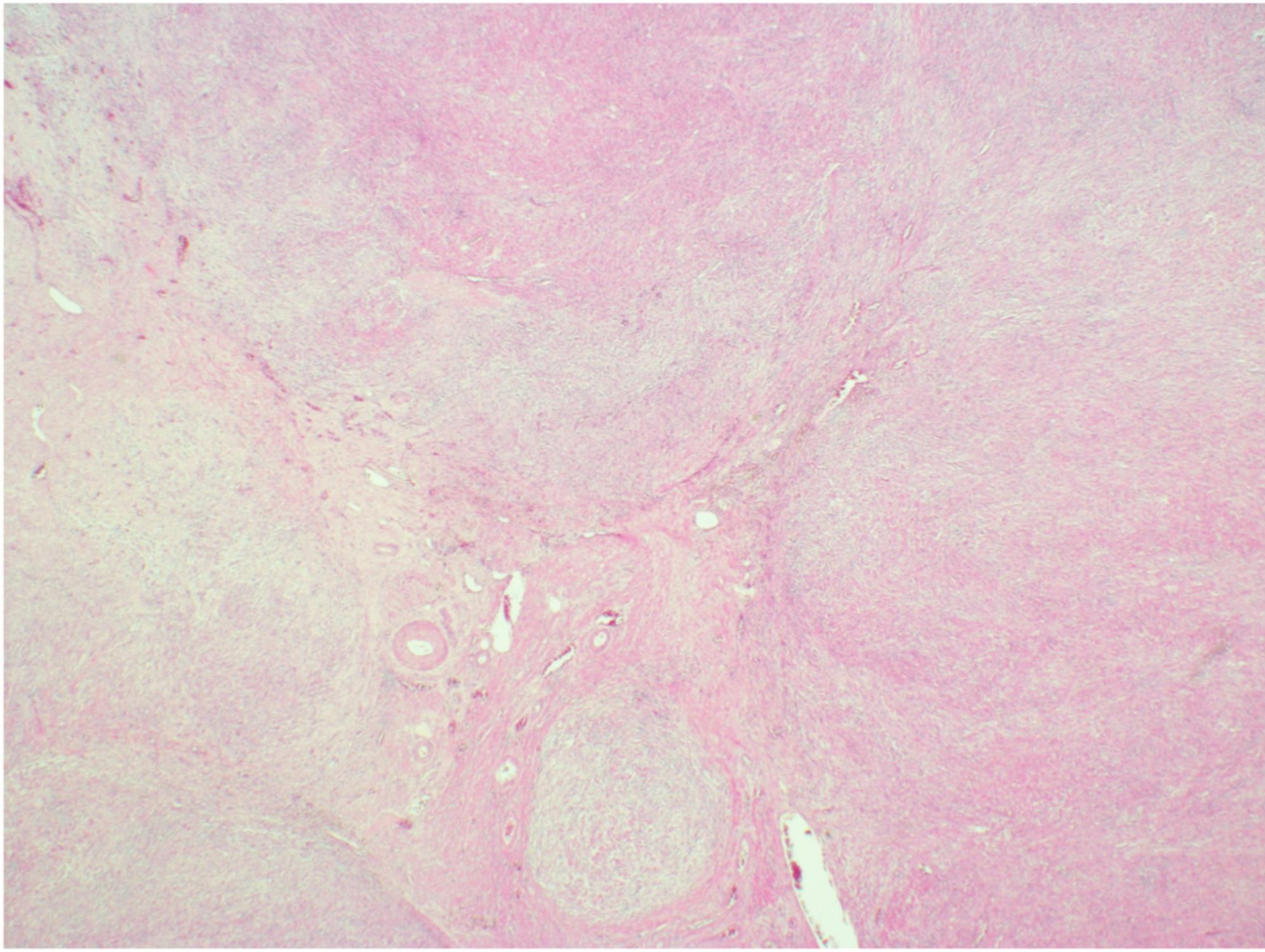
- Dysplastic / deep penetrating naevus

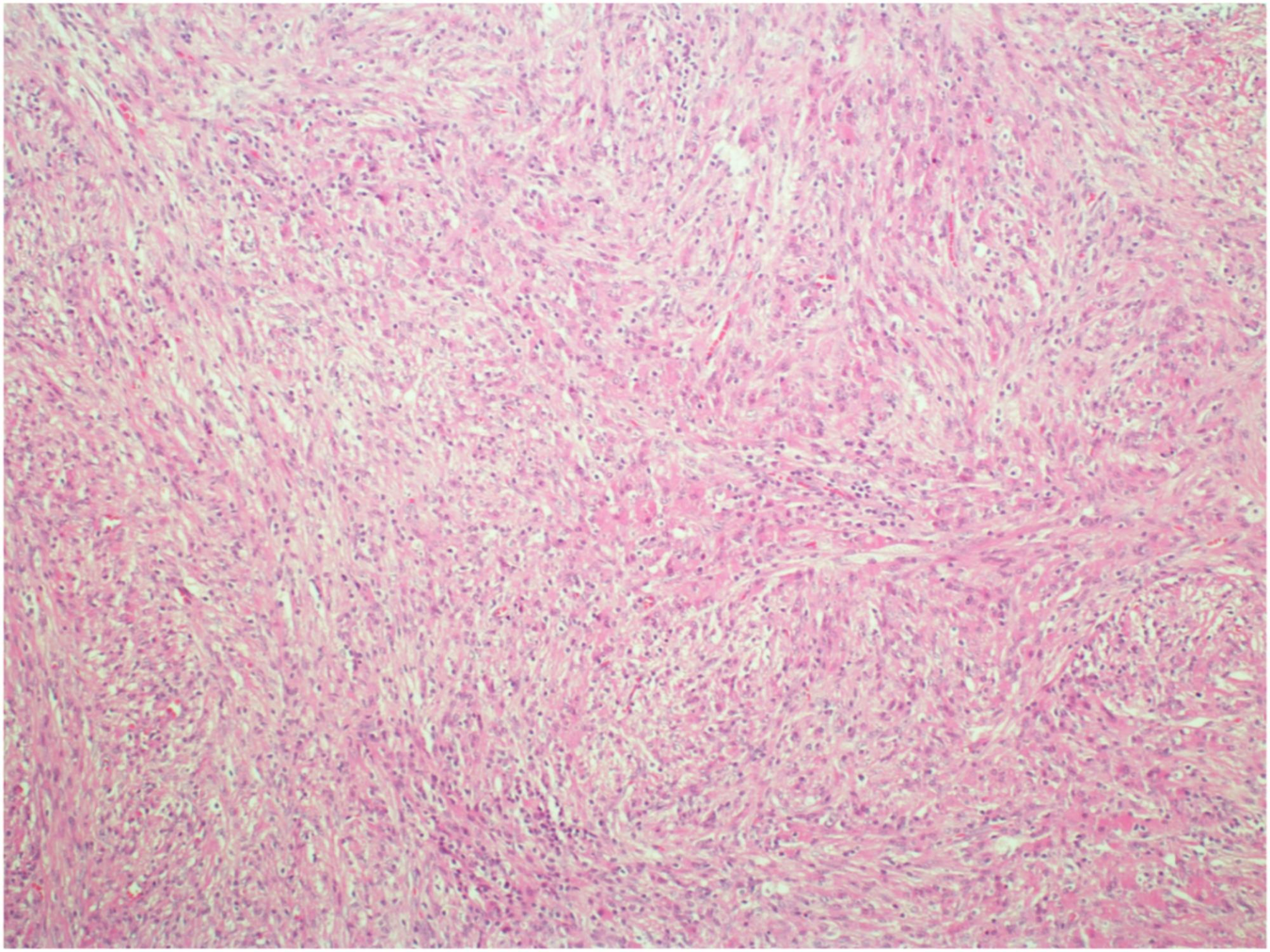
Note - poorly stained section made for difficult assessment. Couldn't see any mitoses in the slide provided but would obviously work the case up for ?melanoma

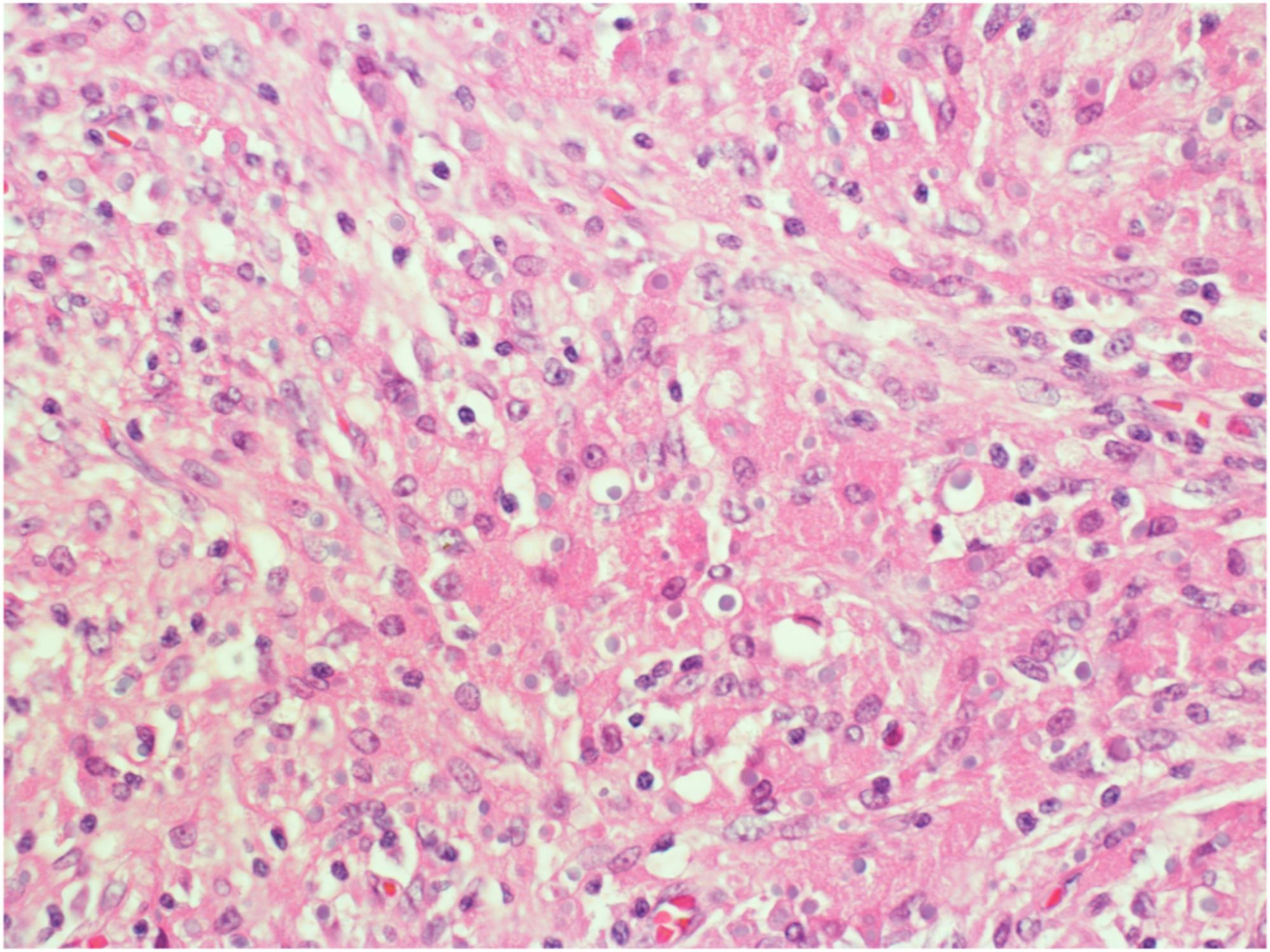
Case D

- 58 year old male
 - Left orchidectomy for firm testicular swelling.
 - Within the lesion there are Von Kossa positive bodies.









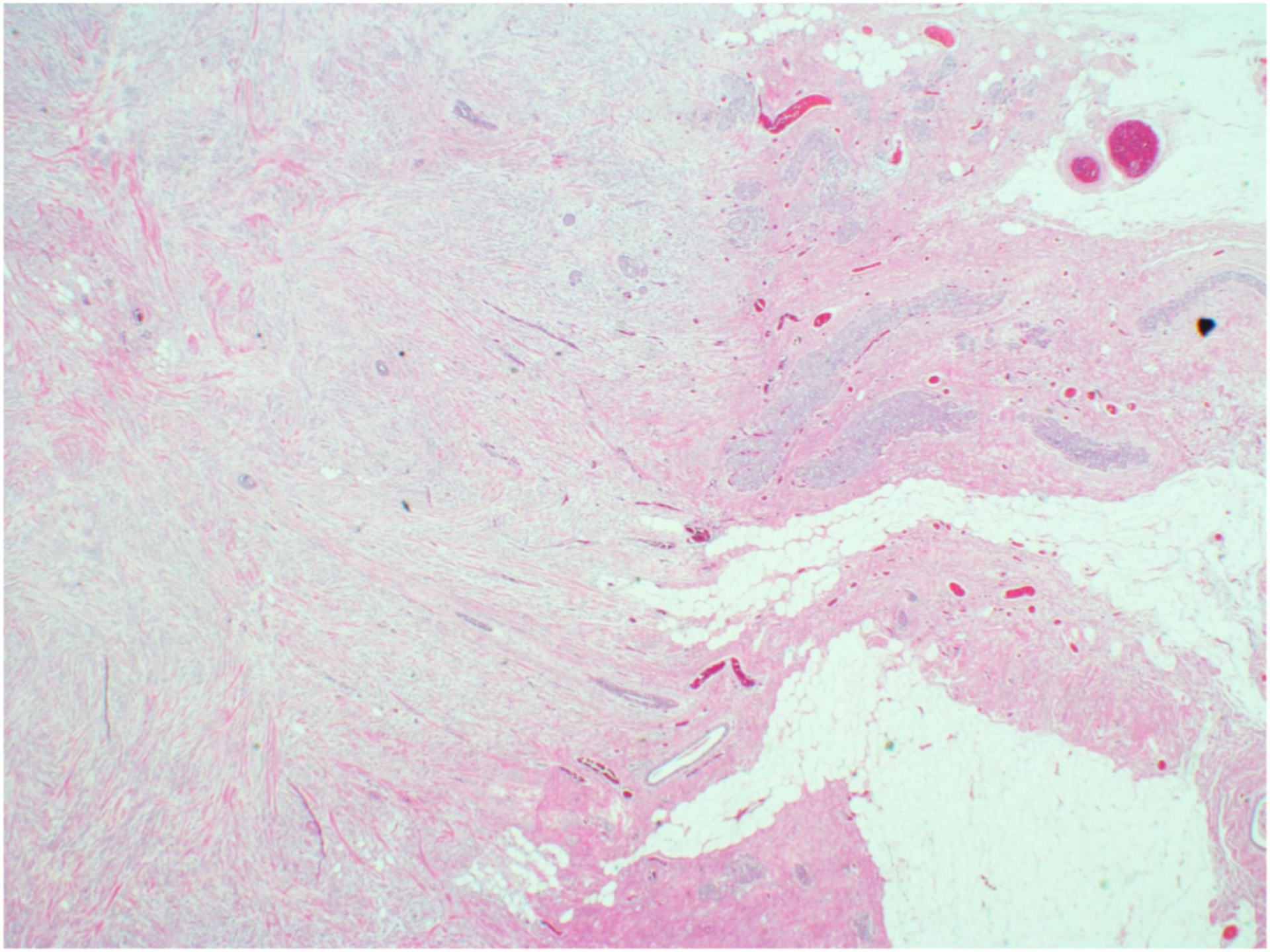
- **Diagnosis:**
 - Malakoplakia

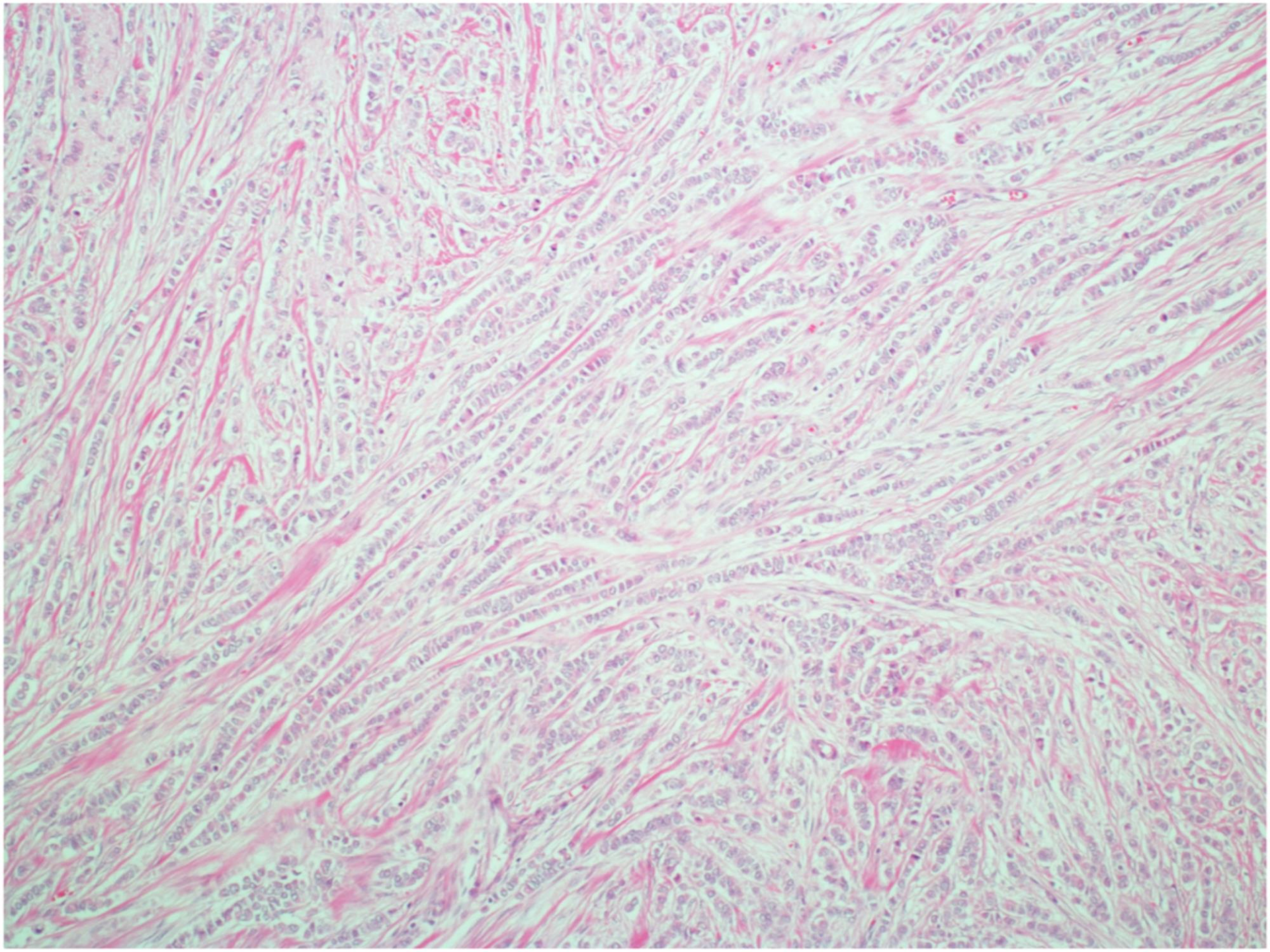
- Responses:
 - Score 1
 - 109
 - Malakoplakia

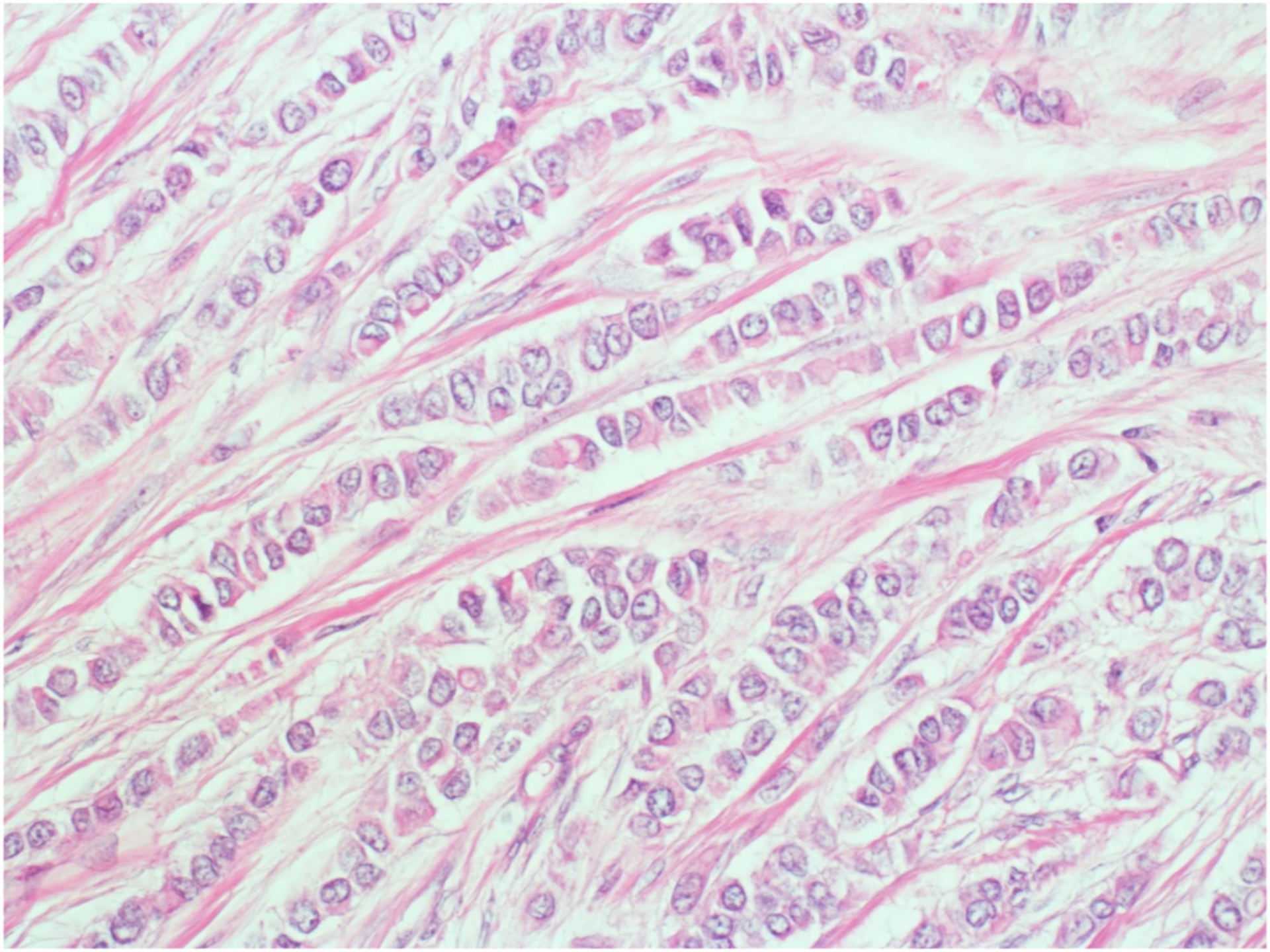
- Responses:
 - Score 2 – 0
 - Score 3 – 1
 - Sex cord stromal tumour – Leydig cell tumour

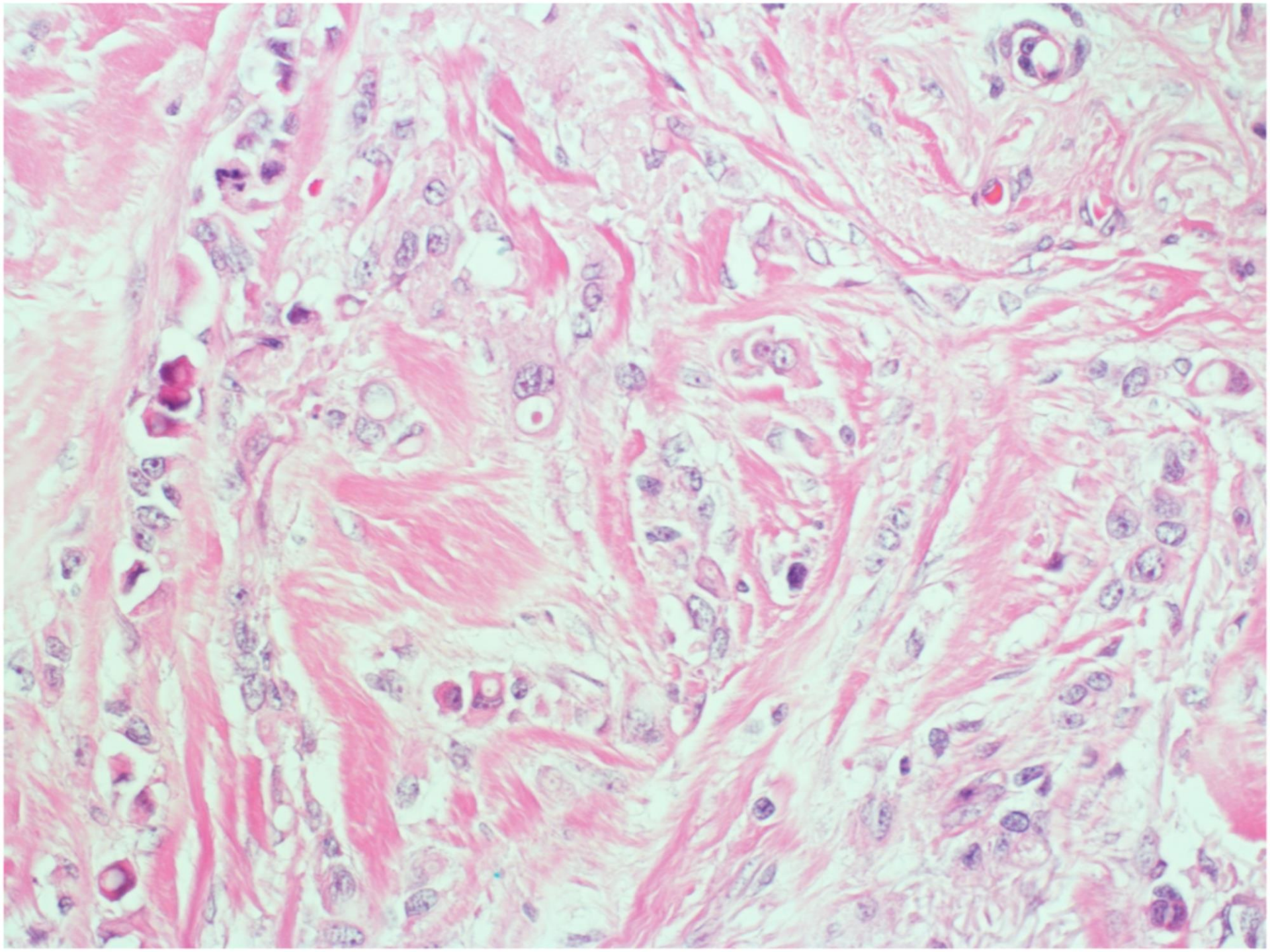
Case E

- 55 year old female
 - Palpable left breast lump
 - Wide local excision









- **Diagnosis:**
 - Invasive classical lobular carcinoma & LCIS.

- Responses:

- Score 1

- 110

- Invasive lobular carcinoma and LCIS
 - Invasive lobular carcinoma
 - Lobular carcinoma
 - Invasive lobular carcinoma of breast
 - In situ and invasive breast carcinoma, likely pleomorphic lobular CA but would confirm with E-cadherin staining
 - Lobular carcinoma (confirm e_cad) – staining poor
 - In situ and grade 2 infiltrating carcinoma breast with lobular features (E-cadherin required)
 - Breast carcinoma, favour lobular with ? LCIS. Needs CK 14, E-cadherin ect.
 - Carcinoma, favour lobular
 - Classical lobular carcinoma
 - Pleomorphic lobular carcinoma
 - Invasive lobular carcinoma, grade 2, with LCIS. I would do ICC (E-cadherin, P120 catenin) to confirm.
 - Pleomorphic lobular carcinoma G2
 - Invasive breast carcinoma, probably lobular, confirm with e-Cadherin staining
 - Grade 2 invasive lobular carcinoma, classic type and LCIS, focal apocrine metaplasia
 - Invasive carcinoma (invasive pleomorphic lobular type if E Cadherin is negative)
 - lobular Ca, pleomorphic variant
 - Invasive carcinoma
Invasive lobular carcinoma - classical, with LIN and background benign changes
 - In-situ and invasive lobular carcinoma (T3, N2, M1), plasmacytoid and signet ring morphology, clip site reaction

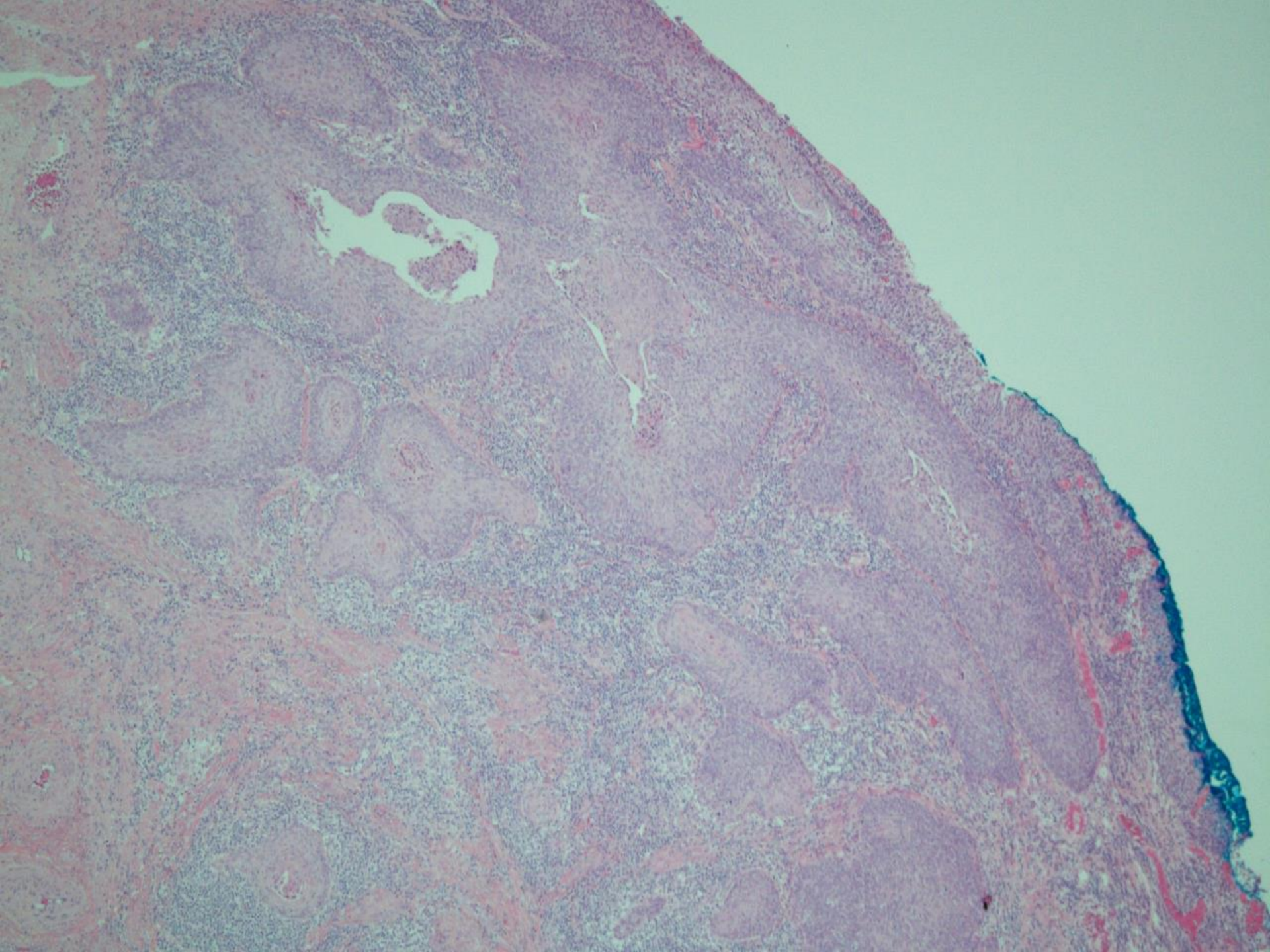
Scotland and Northern Ireland EQA
Scheme
Circulation 53

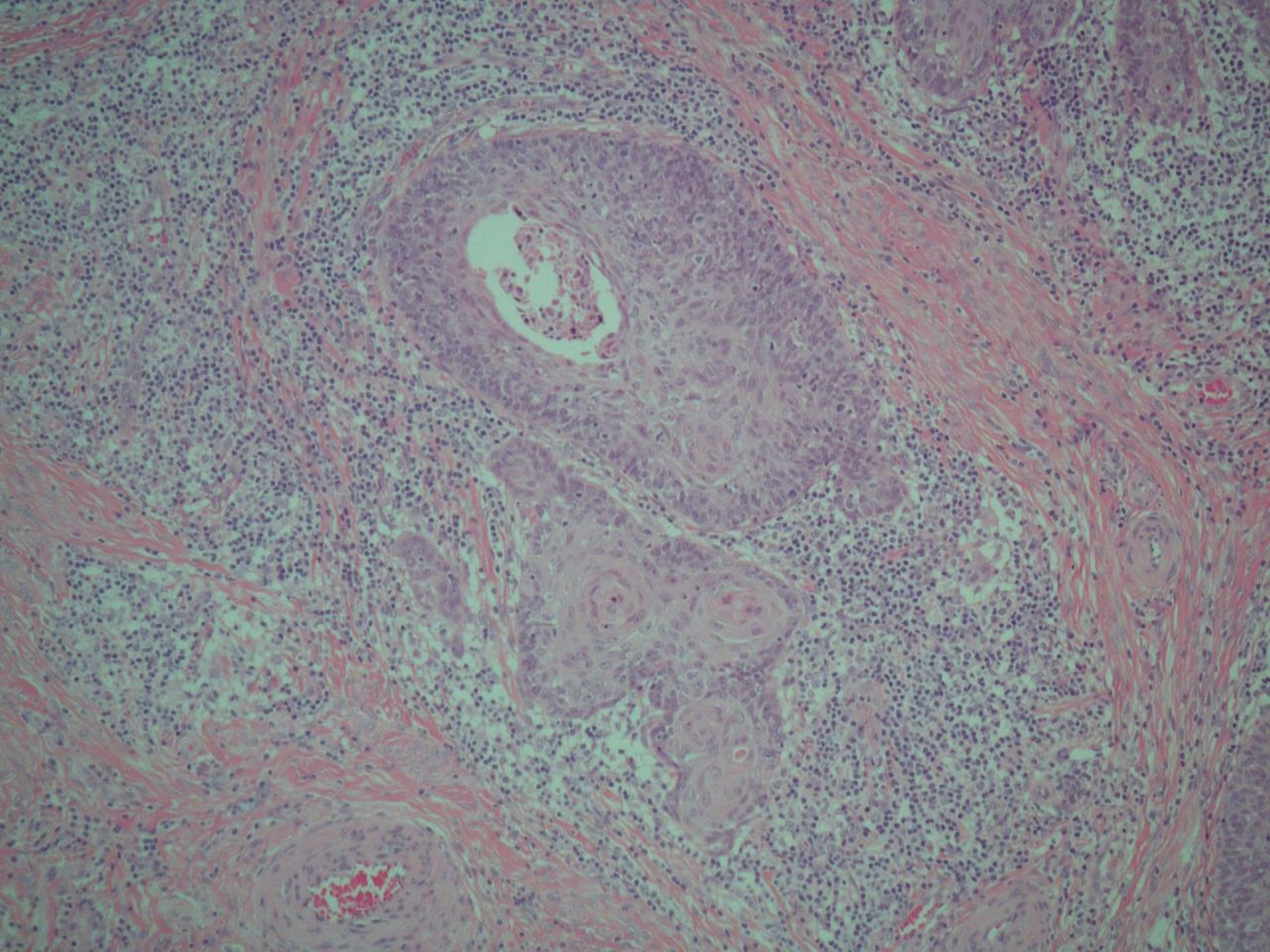
Cases F - J

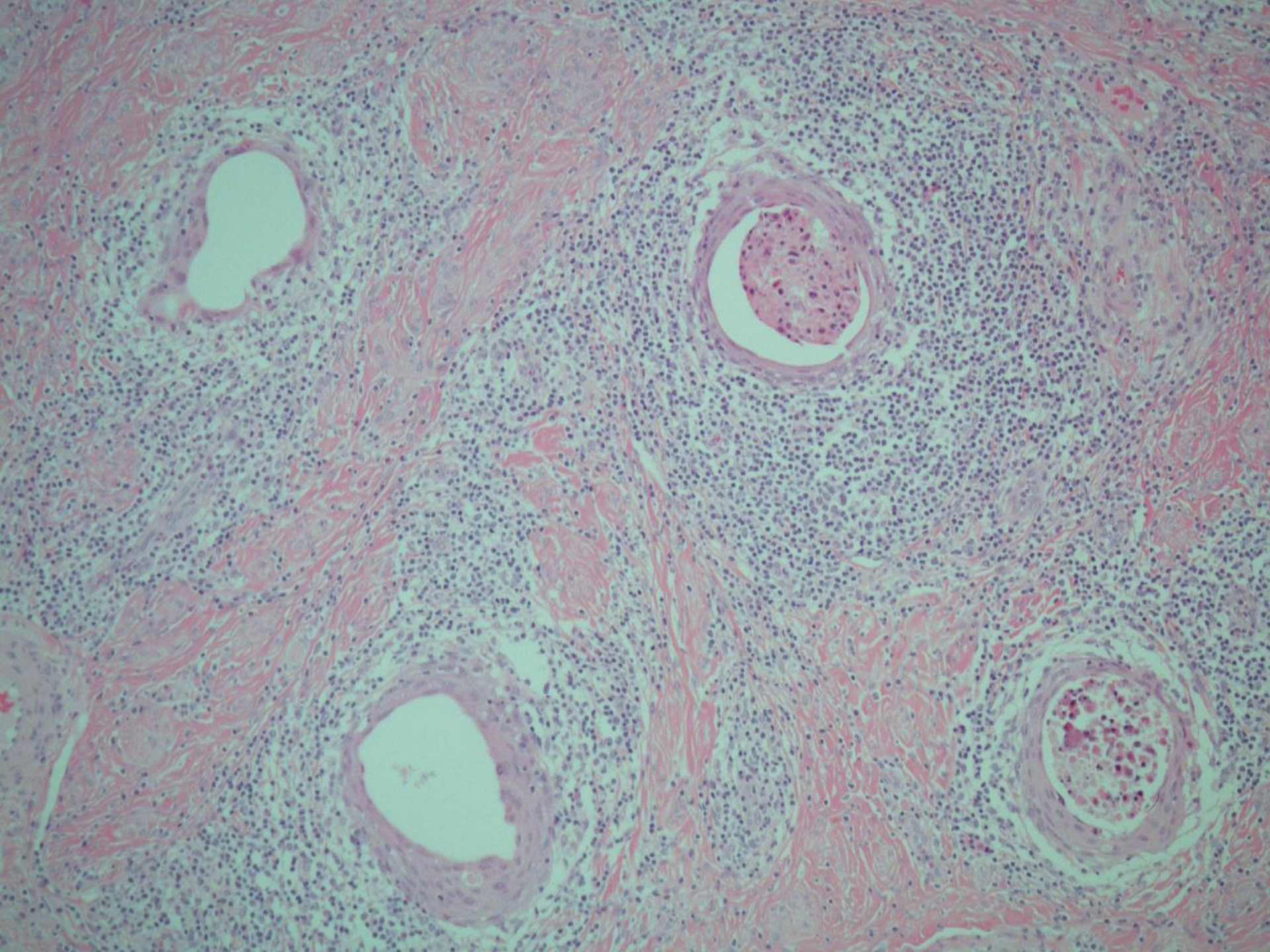
Dr M. Benkovicova

Case F

- Female, 39yrs. LLETZ for CIN3 on punch biopsy.
- Diagnosis: Invasive squamous cell carcinoma.





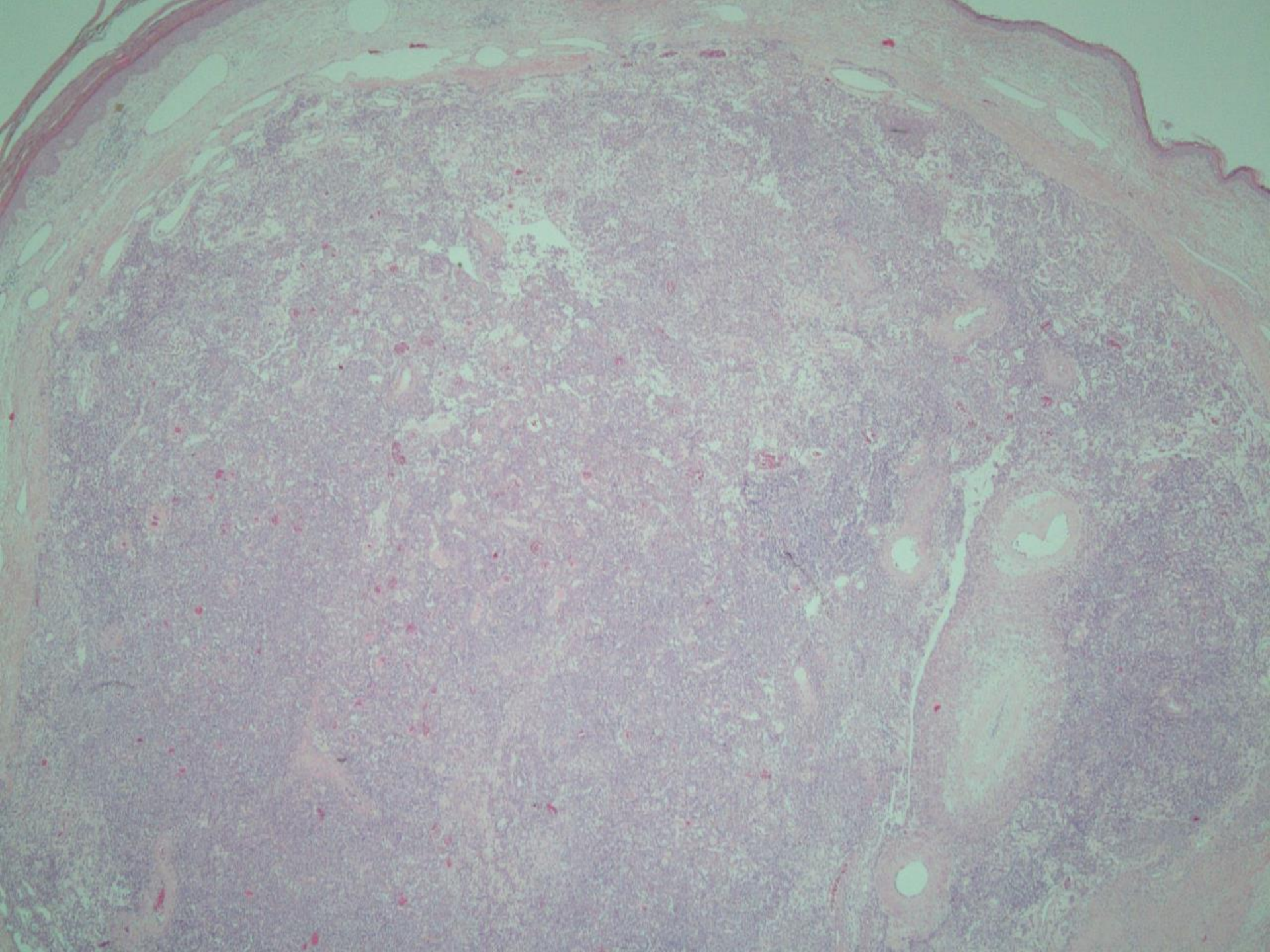


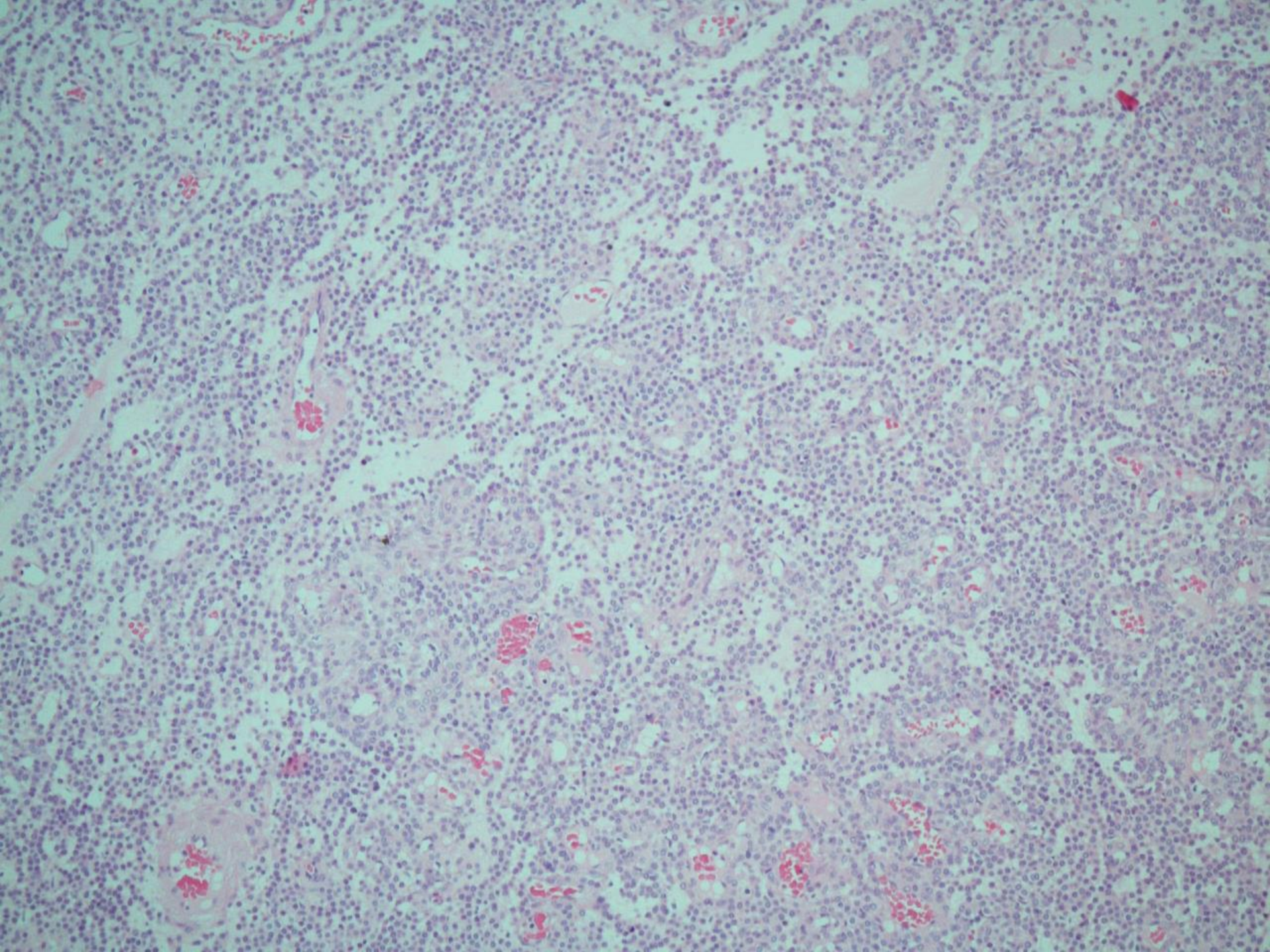
Case F

- Responses: 109 (1 – opt out of Gyn. Cases)
- Score 1 - 106
- - Score 2
 - 1 - Basaloid squamous cell carcinoma
 - 1 - CIN3 with extensive gland colonisation. In areas, suspicious of invasion, more levels and second opinion
- Score 3
 - 1 - CIN3 involving the endocervical glands

Case G

- Male, 82yrs. Skin excision. 1cm nodular lesion left forearm, ? angioma ? amelanotic lesion.
- Diagnosis: Glomus tumour.



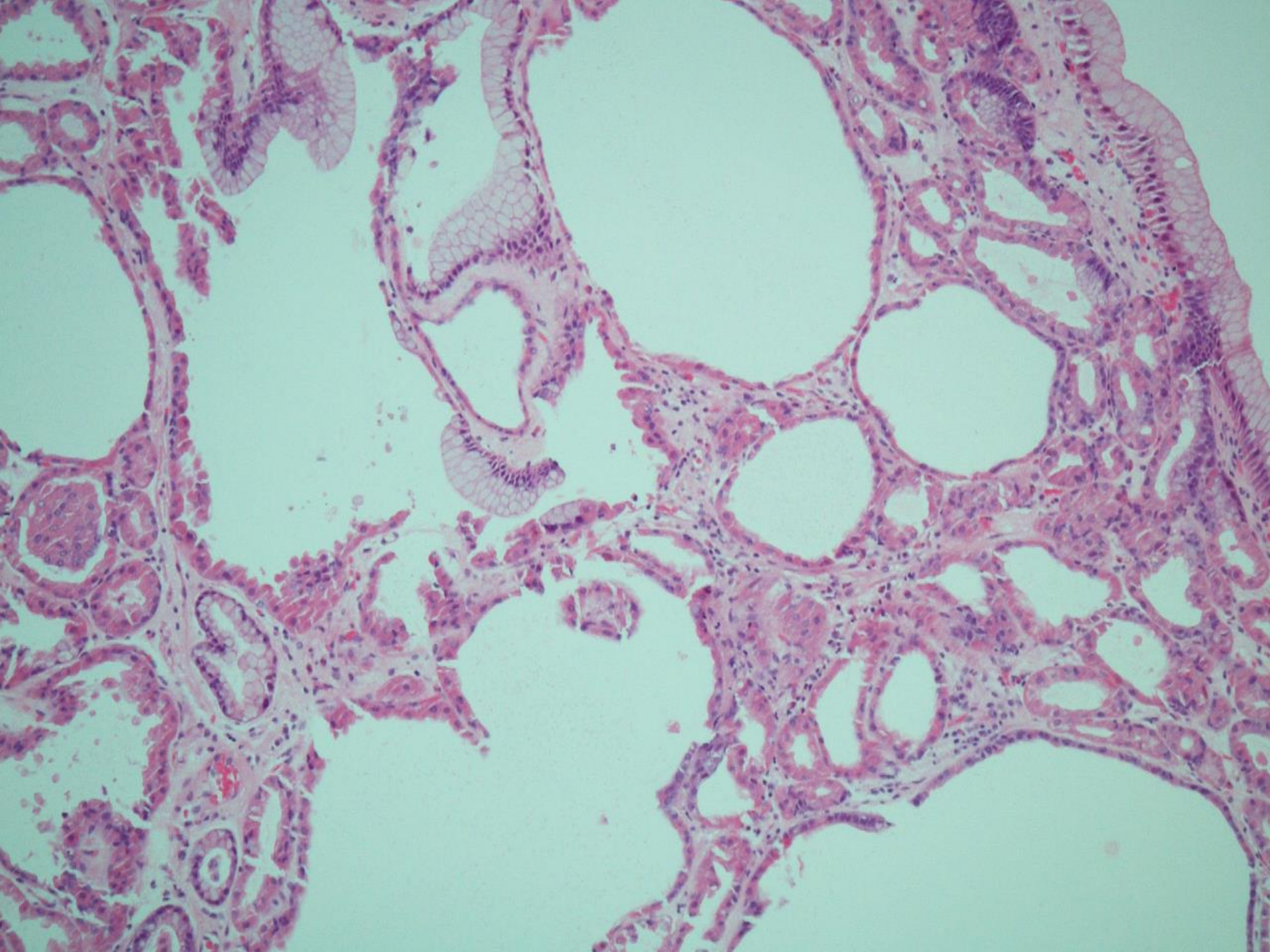


Case G

- Responses:109 (1 – opt out of Head and neck cases)
- Score 1 - 107 (Glomus tumour / Glomangioma)
- Score 2:
 - 1- Hidradenoma
 - 1- Glomus tumour/Glomangioma DDX Hidradenoma, immuno to decide

Case H

- Female, 57yrs. Gastric polyp biopsy. Worsening reflux symptoms.
- Diagnosis: Fundic polyp.

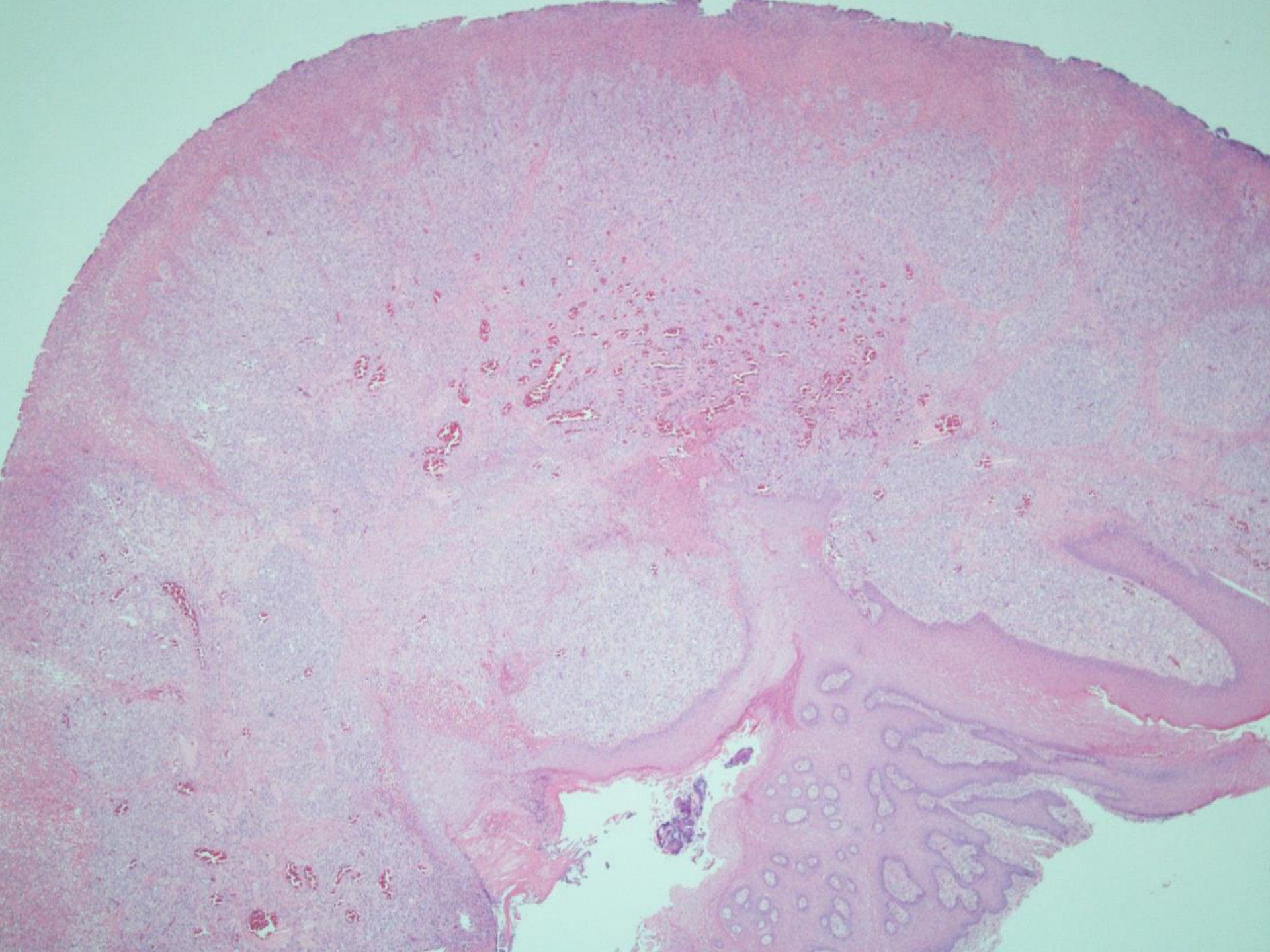


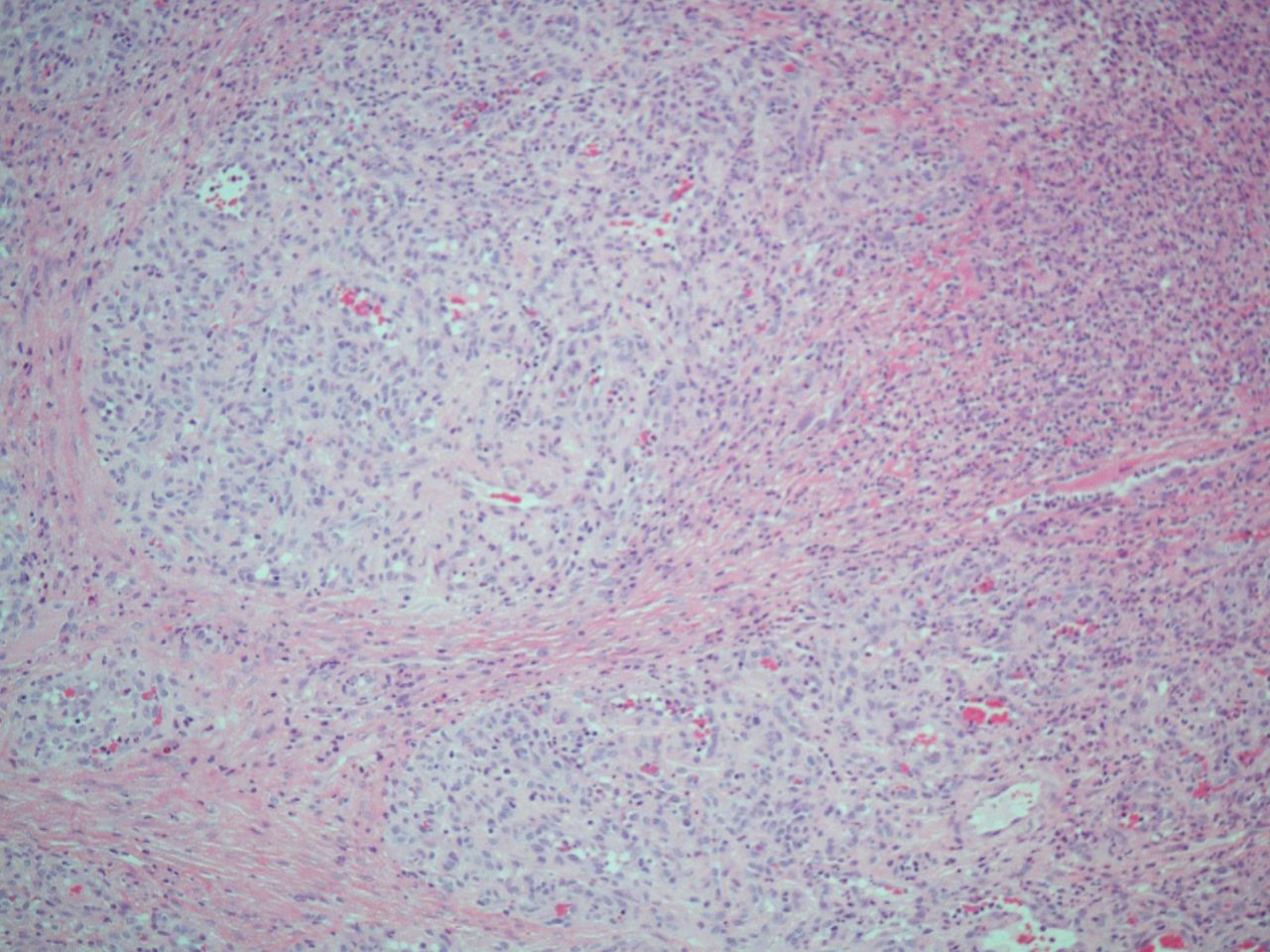
Case H

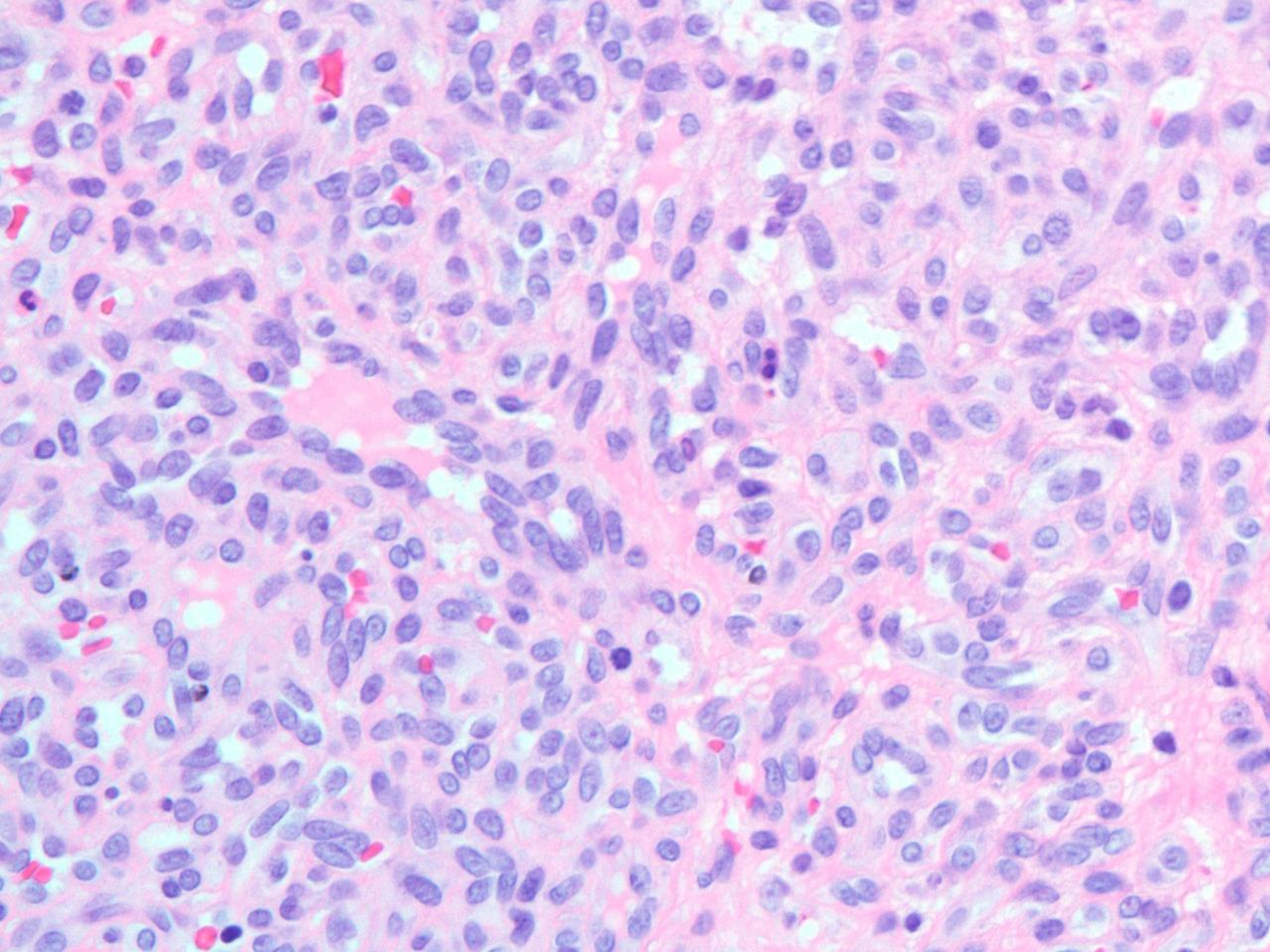
- Responses: 110
- Score 1 – 110

Case I

- Male, 54yrs. Pedunculated lump at the tip of tongue, ? fibroepithelial polyp
- Diagnosis: Pyogenic granuloma.





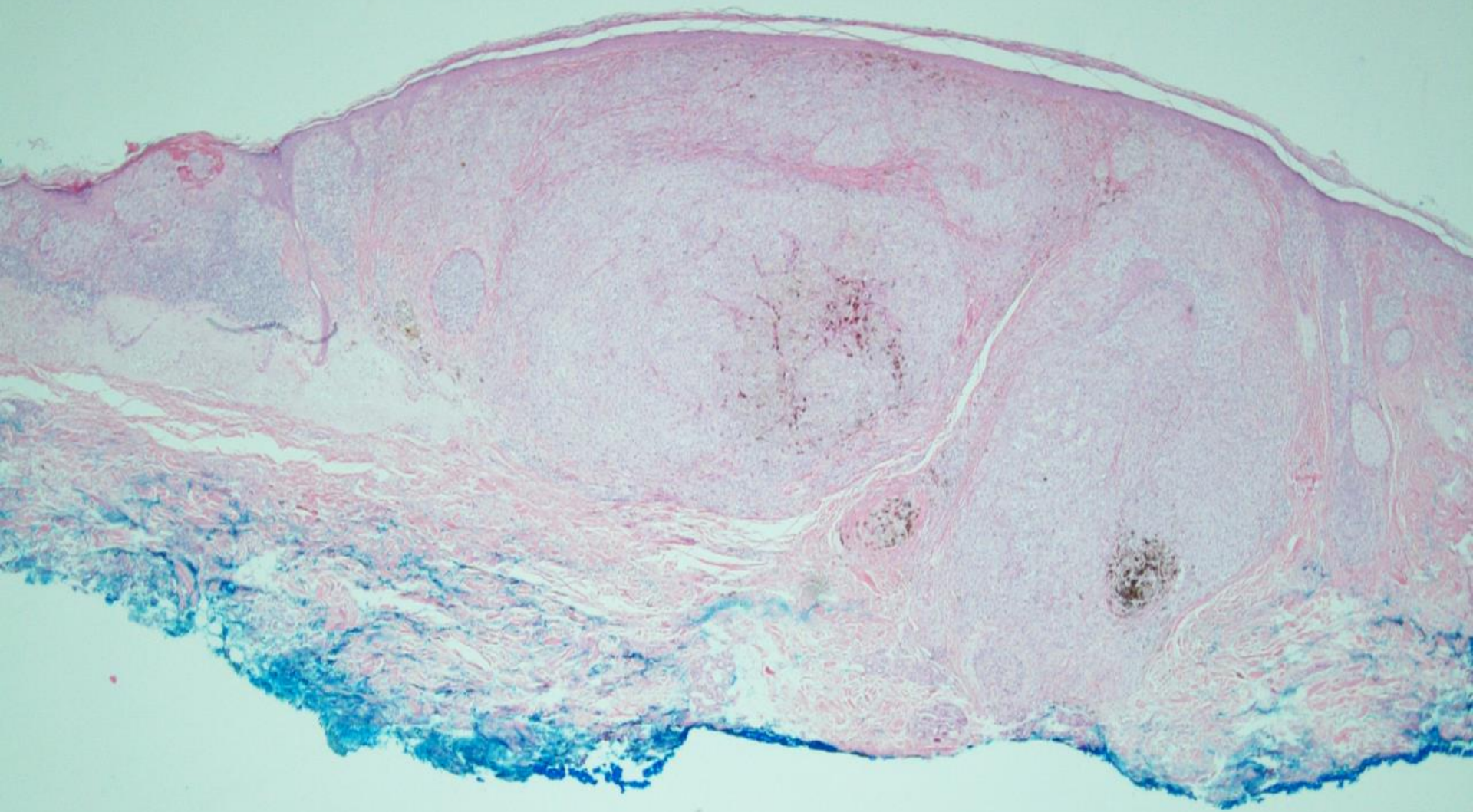


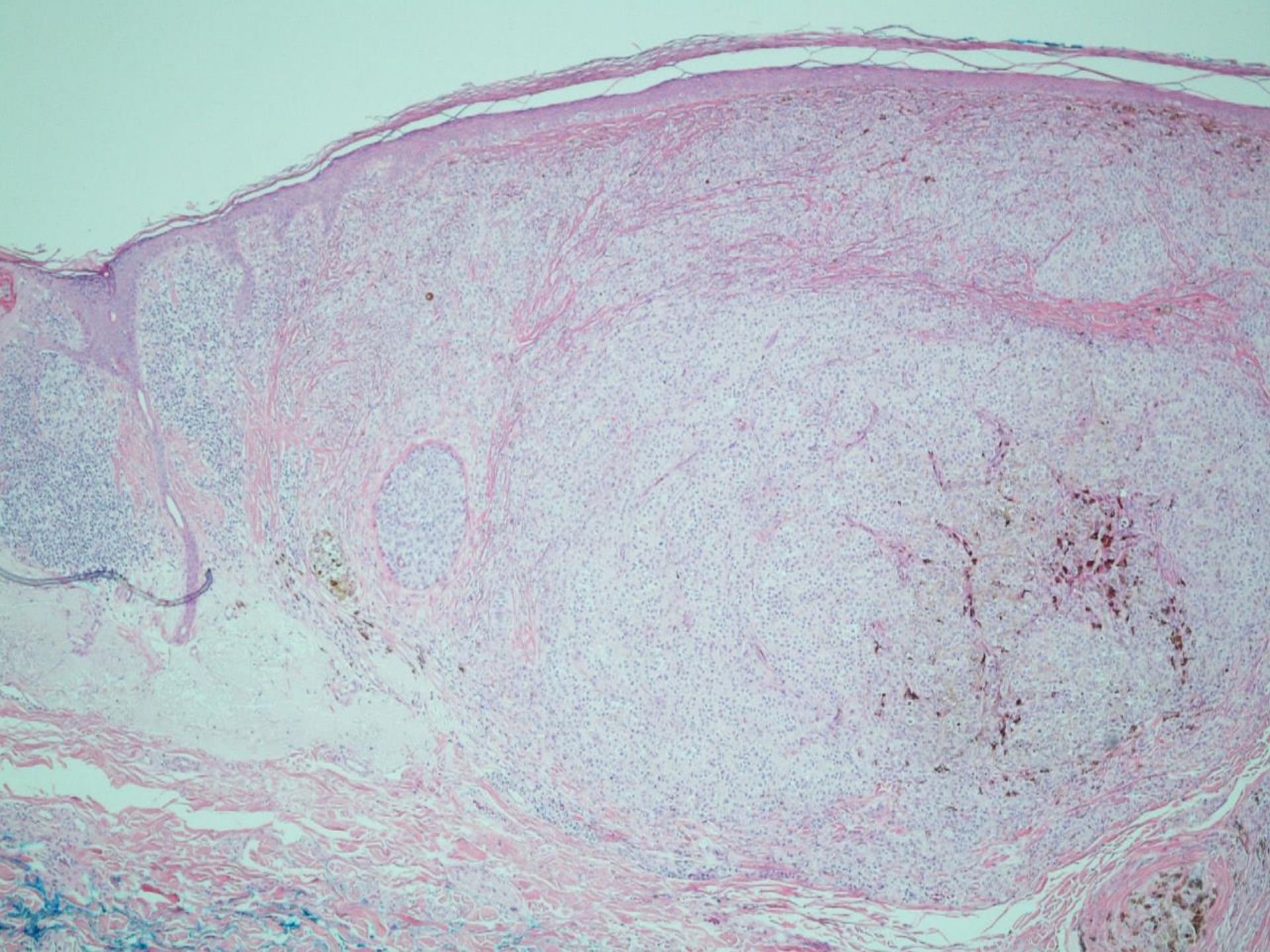
Case I

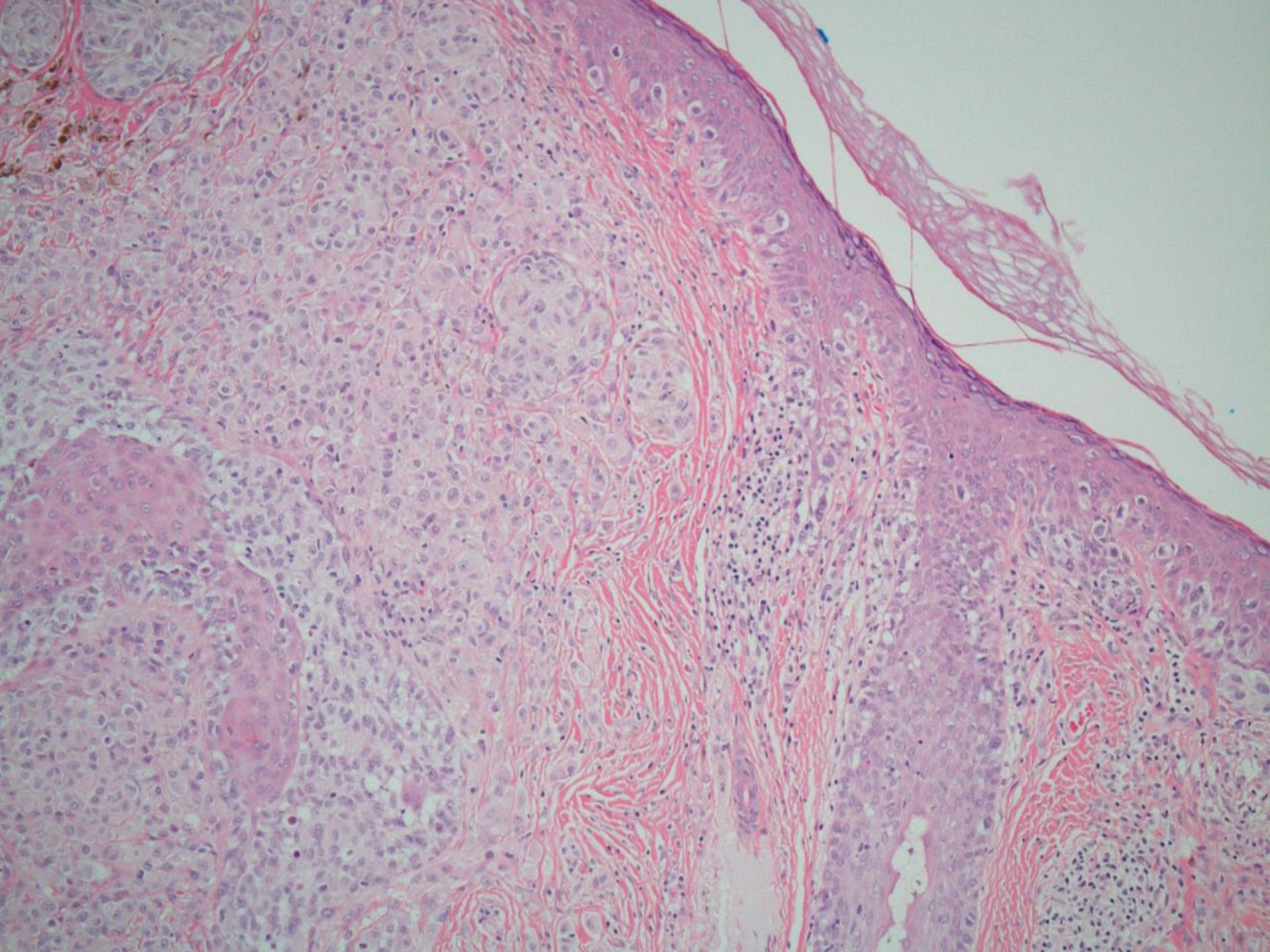
- Responses: 110
- Score 1 – 107
- Score 2
 - 1 - Favoured diagnosis: pyogenic granuloma, need to exclude Kaposi sarcoma and low grade haemangiosarcoma, need HHV8 IHC and further levels, possibly second opinion
 - 1 – Favour ulcerated haemangioma. HHV8 to rule out Kaposi's
 - 1 - ? Pyogenic granuloma, however, atypia and mitotic activity worrying in a vascular lesion and I would recommend a full excision of its bed

Case J

- Male, 77yrs. Skin ellipse left lateral neck. 0.6cm pigmented nodule.
- Diagnosis: Superficial spreading malignant melanoma.







Case J

- Responses: 110
- Score 1 – 110 (Superficial spreading malignant melanoma, Lentigo maligna melanoma, Malignant melanoma, Nodular melanoma, Melanoma, Melanoma ('Naevoid'))