Circulation: AA  Case number: 800  Number of responses: 83  Date: 19 NOV 13

Clinical: Large Nodule THY3F Cytology  38 Years Female

Specimen: Left Thyroidectomy
Macro: Left lobe of thyroid gland 41gms with a solitary nodular lesion 50x30x35mm reaching up to the capsular surface.

Diagnostic categories: Score:
1 Thyroid adenoma (oncocytic) 2.75
2 Follicular carcinoma (minimal invasive) (hurth/onc) 4.64
3 Follicular adenoma 0.60
4 Follicular (hurth/onc) neoplasm of uncertain malig. pot. 0.36
5 Angiavasive (hurth/onc) carcinoma 0.12
6 Hurthle/oncocytic neoplasm 0.72
7 Hurthle/oncocytic neoplasm suspicious of invasion 0.60
8 Hurthle/oncocytic adenoma/neoplasm atypical 0.02
9 Papillary carcinoma +/- follicular variant 0.06
10 Unclaimed Exemption 0.12

Highest scoring diagnosis was 2 with 4.64  Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):
Well differentiated hurthle cell follicular carcinoma with vascular and capsular invasion

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Circulation: AA  Case number: 801  Number of responses: 82  Date: 19 NOV 13

Clinical: Recurrent swelling right palm, attached to fascia. Female, aged 18.

Specimen: Soft Tissue
Macro: Fibrofatty mass measuring 15x9x7mm

Diagnostic categories: Score:
1 Calcifying aponeurotic fibroma 7.15
2 (Dystrophic) calcinosis cutis 0.35
3 Necrobiotic granulomas/rheumatoid nodule 0.63
4 Myositis ossificans 0.07
5 Deep granuloma annulare 0.44
6 Granulomatous reaction to crystals 0.12
7 Fibro-osseus pseudotum/ hyalins. tum. with gt rosettes 0.17
8 Soft tissue chondroma/chondromatosis 0.17
9 Gout/Pseudogout 0.77
10 Epithelioid sarcoma 0.12

Highest scoring diagnosis was 1 with 7.15  Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):
Calcifying aponeurotic fibroma
Yorkshire General Histopathology EQA Scheme
Case Response Analysis

**Circulation: AA  Case number: 802**  
Number of responses: 82  Date: 19 NOV 13

**Clinical:** Para-aortic mass evident on CT scan, during investigation for anaemia. ?lymphoma Female, Aged 49

**Specimen:** Core biopsy of para-aortic mass

**Macro:** Needle biopsy 2.7cm long

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.27</td>
<td>Ganglioneuroma</td>
</tr>
<tr>
<td>0.24</td>
<td>Desmoid fibromatosis</td>
</tr>
<tr>
<td>0.12</td>
<td>Idiopathic retroperitoneal fibrosis</td>
</tr>
<tr>
<td>0.12</td>
<td>Benigh nerve sheath tumour</td>
</tr>
<tr>
<td>0.24</td>
<td>Neurofibroma</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 1 with 9.27 Asterisks (if any) indicate dangerous diagnoses.

**Secondary diagnoses and comments (if any):**

Original report and further information (if any):
Ganglioneuroma

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**Circulation: AA  Case number: 803**  
Number of responses: 85  Date: 19 NOV 13

**Clinical:** 15 mm polyp in sigmoid colon Male, Aged 64

**Specimen:** Colon Polypectomy

**Macro:** Pedunculated polyp 20mm in diameter

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.71</td>
<td>Tubulovillous adenoma with LGD + pseudo-invasion</td>
</tr>
<tr>
<td>1.06</td>
<td>Villous adenoma +/- LGD +/- pseudo-invasion</td>
</tr>
<tr>
<td>2.35</td>
<td>Villous adenoma +/- LGD +/- pseudo-invasion</td>
</tr>
<tr>
<td>2.35</td>
<td>Tubular adenoma +/- LGD +/- pseudo-invasion</td>
</tr>
<tr>
<td>0.35</td>
<td>Tubulovillous adenoma</td>
</tr>
<tr>
<td>1.18</td>
<td>Tubulovillous adenoma with pseudoinv./entrap.</td>
</tr>
<tr>
<td>0.35</td>
<td>Tubulovillous adenoma with pseudoinv./entrap.</td>
</tr>
<tr>
<td>2.71</td>
<td>Tubulovillous adenoma with LGD</td>
</tr>
<tr>
<td>1.85</td>
<td>Tubulovillous adenoma with pseudoinv./entrap.</td>
</tr>
<tr>
<td>0.35</td>
<td>Tubulovillous adenoma with pseudoinv./entrap.</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 4 with 2.71 Asterisks (if any) indicate dangerous diagnoses.

**Secondary diagnoses and comments (if any):**

Original report and further information (if any):
Pedunculated tubulo-villous adenoma with low grade dysplasia and "pseudo-invasion"
Yorkshire General Histopathology EQA Scheme
Case Response Analysis

Circulation: AA  Case number: 804  Number of responses: 85  Date: 19 NOV 13


Specimen: Gastric Biopsy
Macro: 4 endoscopic biopsies

Diagnostic categories: Score:
1 Erosive/reactive/portal gastritis with iron deposition 0.59
2 Erosive/reactive/portal gastritis due to iron effect 6.00
3 Erosive gastritis 0.24
4 Reactive gastritis with erosion 0.24
5 Reactive gastritis with iron 0.24
6 Portal hypertensive gastropathy 0.59
7 Iron encrustation/deposition/haemosiderosis 1.18
8 Gastric angiodysplasia 0.35
9 Oxynic hyperplasia/no dysplasia/fundic polyp 0.59

Highest scoring diagnosis was 2 with 6.00 Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):
Acute gastric erosion with iron (?iron pill gastritis)

Circulation: AA  Case number: 805  Number of responses: 76  Date: 19 NOV 13

Clinical: Longstanding fibroadenoma with recent increase in size. Female, Aged 35

Specimen: Diagnostic Excision Left Breast
Macro: Fibrous nodule with whorled appearance to cut surface.

Diagnostic categories: Score:
1 Fibroadenoma 9.09
2 Benign phyllodes tumour 0.38
3 Fibroadenoma with lobular neoplasia 0.13
4 Mammary hamartoma 0.26
5 Unclaimed Exemption 0.13

Highest scoring diagnosis was 1 with 9.09 Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):
Complex Fibroadenoma (with some myoid differentiation in the stroma)
Yorkshire General Histopathology EQA Scheme
Case Response Analysis

**Circulation: AA**  **Case number: 806**  **Number of responses: 78**  **Date: 19 NOV 13**

**Clinical:** Haematuria. Red Patches. Bladder Biopsies. Male, aged 77.

**Specimen:** Bladder Biopsy

**Macro:** 5 tissue fragments

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.49</td>
<td>Amyloidosis</td>
</tr>
<tr>
<td>0.13</td>
<td>Haemangioma</td>
</tr>
<tr>
<td>0.26</td>
<td>Vesical arteriovenous malformation</td>
</tr>
<tr>
<td>0.10</td>
<td>Radiation cystitis</td>
</tr>
<tr>
<td>0.03</td>
<td>Haemorrhagic cystitis</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 1 with 9.49

Asterisks (if any) indicate dangerous diagnoses.

**Secondary diagnoses and comments (if any):**

**Original report and further information (if any):**

Amyloid

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**Circulation: AA**  **Case number: 807**  **Number of responses: 83**  **Date: 19 NOV 13**

**Clinical:** Right labial cyst. Excision under GA. Female, aged 35

**Specimen:** Right Labial Cyst Excision

**Macro:** a nodule of tan soft tissue measuring 10x9x6mm. No cyst seen on glass.

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.88</td>
<td>Hidradenoma papilliferum</td>
</tr>
<tr>
<td>0.12</td>
<td>Hidradenoma papilliferum with atypia</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 1 with 9.88

Asterisks (if any) indicate dangerous diagnoses.

**Secondary diagnoses and comments (if any):**

**Original report and further information (if any):**

Hidradenoma Papilliferum
**Yorkshire General Histopathology EQA Scheme**

**Case Response Analysis**

**Circulation: AA**  
**Case number: 808**  
**Number of responses: 83**  
**Date: 19 NOV 13**

**Clinical:** Uterus and BSO for early endometrial CA. Ovaries stuck in pouch of Douglas? Endometriosis. Female, Aged 76

**Specimen:** Ovary  
**Macro:** Ovary 30x25x10mm. Has a ragged and cystic surface.

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.23</td>
<td>Endometriosis</td>
</tr>
<tr>
<td>2.23</td>
<td>Serous/endomet. cystadenofibro. with endometriosis</td>
</tr>
<tr>
<td>1.20</td>
<td>Serous/endometrioid (cyst) adenofibroma</td>
</tr>
<tr>
<td>1.02</td>
<td>Endometriosis + atypical hyperplasia +/-adenofibrom</td>
</tr>
<tr>
<td>0.12</td>
<td>Endometrioid adenofibroma with endometriosis</td>
</tr>
<tr>
<td>0.36</td>
<td>Endosalpingiosis/salpingitis ishmaina nodosa</td>
</tr>
<tr>
<td>0.33</td>
<td>Endometrioidal adenocarcinoma</td>
</tr>
<tr>
<td>1.08</td>
<td>Serous/endomet. cystadeno(fibroma) borderline/atypi</td>
</tr>
<tr>
<td>0.36</td>
<td>Metastatic endometrial ADC in cystadenofibroma</td>
</tr>
<tr>
<td>0.06</td>
<td>Proliferating germinal inclusion cysts</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 1 with 3.23  
Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):  
Endometrial adenocarcinoma arising in endometriotic deposits showing atypical hyperplasia

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**Circulation: AA**  
**Case number: 809**  
**Number of responses: 86**  
**Date: 19 NOV 13**

**Clinical:** Right Cheek Excision, ?Melanoma Female, aged 85

**Specimen:** Skin  
**Macro:** Ellipse of skin, 21 x 12 x up to 10mm deep, bearing a variably pigmented macule 9 x 7mm within which there is a raised grey nodule 4 x 4mm

**Diagnostic categories:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.33</td>
<td>Lentigo maligna melanoma</td>
</tr>
<tr>
<td>4.88</td>
<td>Malignant melanoma</td>
</tr>
<tr>
<td>0.58</td>
<td>Nodular malignant melanoma</td>
</tr>
<tr>
<td>0.35</td>
<td>Superfiical spreading malignant melanoma</td>
</tr>
<tr>
<td>0.23</td>
<td>Spindle cell melanoma</td>
</tr>
<tr>
<td>0.12</td>
<td>Minimally invasive spitzoid melanoma</td>
</tr>
<tr>
<td>0.27</td>
<td>Halo/blue any benign</td>
</tr>
<tr>
<td>0.07</td>
<td>Any dysplastic naevus</td>
</tr>
<tr>
<td>0.12</td>
<td>Suspicious +/- dysplastic naevus</td>
</tr>
<tr>
<td>0.06</td>
<td>Malignant, nos</td>
</tr>
</tbody>
</table>

Highest scoring diagnosis was 2 with 4.88  
Asterisks (if any) indicate dangerous diagnoses.

Secondary diagnoses and comments (if any):

Original report and further information (if any):  
Lentigo Maligna Melanoma