

**Hong Kong College of Pathologists**  
**QAP (Anatomical Pathology)**  
**2002 Round 2**  
**Peer review and Scores**

**Intended Diagnosis**

Case	History	Intended Dx	Contributor
AP147	F41, change in bowel habits for a few months with recent episodes of loose stool, blood stained colonoscopy to exclude ulcerative colitis. An anal polyp was found and biopsied.	Endometriosis	FML
AP148	M34, diarrhea for months. Colonic biopsy.	Spirochetosis	MST
AP149	F51 Breast mass for frozen section	Invasive lobular carcinoma	JKCC
AP150	F80 Dysphagia. Esophagus biopsy	Malignant melanoma of esophagus	JKCC
AP151	F44 Incidental finding of left abdominal mass (? GIST). The abdominal mass was an enlarged spleen (14x9x7 cm) with a pedunculated mass of 10x8x7 cm.	Splenic hamartoma	JKCC

Code	Case	Diagnosis	Comment	Score
109	AP147	Endometriosis (100%)	nil	100
123	AP147	Endometriosis (100%)	nil	100
246	AP147	Endometriosis. 100%	nil	100
333	AP147	Endometriosis, 100%	nil	100
338	AP147	ENDOMETRIOSIS. 100%	nil	100
369	AP147	Endometriosis. (100%)	nil	100
448	AP147	Anal polyp biopsy - Endometriosis 100%	nil	100
515	AP147	Endometriosis (100%)	nil	100
517	AP147	Endometriosis 100%	nil	100
663	AP147	ENDOMETRIOSIS (100%)	nil	100
763	AP147	Endometriosis (100%)	Hormonal effects (e.g. progesterone) has to be excluded in view of presence of stromal predecidualization.	100
815	AP147	Inflammatory cloacogenic polyp	nil	50
873	AP147	Endometriosis. 100% Probability	nil	100
888	AP147	Endometriosis 100%	nil	100
911	AP147	Endometriosis with decidual change, 100%	nil	100

Code	Case	Diagnosis	Comment	Score
109	AP148	Intestinal spirochaetosis (100%)	Please check patient's HIV status.	100
123	AP148	Intestinal spirochetosis (100%)	Spirochetes can be highlighted by Warthin-Starry or PAS stains and EM.	100
246	AP148	Spirochetosis. 100%	nil	100
333	AP148	Intestinal spirochetosis	Confirm with Warthin-Starry stain	100
338	AP148	INTESTINAL SPIROCHETOSIS. 100%	nil	100
369	AP148	Spirochetosis. (100%)	nil	100
448	AP148	Colon biopsy - Intestinal spirochetosis 100%	nil	100
515	AP148	Spirochetosis (100%)	Please look for features of immunosuppression.	100
517	AP148	Intestinal spirochaetosis 100%	nil	100
663	AP148	INTESTINAL SPIROCHETOSIS (100%)	This condition may be associated with immunodeficiency states e.g. AIDS. Please correlate with other findings. Also suggest ZN and Grocott stains to rule out other coexistent opportunistic infection.	100
763	AP148	Spirochetosis (100%)	Suggest clinical correlation to exclude immunocompromised state (e.g. AIDS)	100
815	AP148	Eosinophilic gastroenteritis	nil	50
873	AP148	Spirochetosis.	Some may be associated with AIDS. 100% Probability	100
888	AP148	Spirochetosis 100%	HIV infection has to be considered.	100
911	AP148	Spirochetosis, 100%	nil	100

Code	Case	Diagnosis	Comment	Score
109	AP149	Invasive lobular carcinoma, classical type (100%)	Can confirm with immunostain for E-cadherin (Lobular carcinoma is negative for the stain).	100
123	AP149	Invasive lobular carcinoma (100%)	nil	100
246	AP149	Invasive lobular carcinoma. 100%	nil	100
333	AP149	Invasive lobular carcinoma	Confirm by immunostain for cytokeratin and E-cadherin (negative in lobular carcinoma)	100
338	AP149	INVASIVE LOBULAR CARCINOMA. Classical type. 100%	nil	100
369	AP149	Infiltrative lobular carcinoma. (100%)	nil	100
448	AP149	Breast mass - Invasive lobular carcinoma 100%	nil	100
515	AP149	Invasive lobular carcinoma (100%)	nil	100
517	AP149	Invasive lobular carcinoma 100%	nil	100
663	AP149	INFILTRATIVE LOBULAR CARCINOMA (100%)	nil	100
763	AP149	Invasive lobular carcinoma (100%)	Nil	100
815	AP149	Invasive lobular carcinoma, margins involved	nil	100
873	AP149	Invasive carcinoma, favour invasive lobular carcinoma. 100% Probability.	nil	100
888	AP149	Invasive carcinoma 100%, favour invasive lobular carcinoma (95%) over invasive ductal carcinoma (5%)	The invasive carcinoma shows the pattern of a lobular carcinoma but the tumour cells show nuclear pleomorphism suggestive of a pleomorphic lobular carcinoma. Immunostain for E-cadherin to be performed and the absence of which supports a lobular carcinoma.	100
911	AP149	Invasive carcinoma	Immunostain for E-cadherin	100

		favour lobular caricnoma, 100%		
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Code	Case	Diagnosis	Comment	Score
109	AP150	Malignant melanoma (100%)	Consistent with esophageal primary.	100
123	AP150	Malignant melanoma (100%)	To be confirmed by immunohistochemical study. The tumour cells will be positive for HMB-45 and S100.	100
246	AP150	Malignant melanoma. 100%	nil	100
333	AP150	Malignant melanoma	Confirm by immunostaining for S100, MelanA.	100
338	AP150	MALIGNANT MELANOMA. 100%	The presence of junctional atypical melanocytic proliferation favors a primary esophageal melanoma. However, since metastases are much more common, a cutaneous primary should be excluded clinically.	100
369	AP150	Malignant melanoma. (100%)	Confirm by performing S100 protein, HMB45 and/or Melan A stains which will be positive.	100
448	AP150	Esophagus biopsy - Primary malignant melanoma of esophagus 100%	The junctional change so spotted in this biopsy indicates a primary origin rather than being a metastatic lesion.	100
515	AP150	Malignant melanoma (100%)	To be confirmed with immunohistochemical studies. Melanoma tumour cells are S100 and HMB45 positive.	100
517	AP150	Malignant melanoma 100%	nil	100
663	AP150	MALIGNANT MELANOMA (100%)	nil	100
763	AP150	Malignant melanoma (100%)	nil	100
815	AP150	Poorly-differentiated squamous carcinoma 50% Undifferentiated carcinoma 50%	nil	50
888	AP150	Malignant melanoma (100%)	Immunostain for HMB45 to confirm the diagnosis of malignant melanoma	100
911	AP150	malignant melanoma, 100%	Correlate clinically to rule out metastatic melanoma	100

Code	Case	Diagnosis	Comment	Score
109	AP151	Splenic hamartoma (100%)	Focal mild extramedullary haematopoiesis is noted.	100
123	AP151	HAMARTOMA (100%)	Immunohistochemical staining may help in differentiation from hemangioma. The endothelial cells in hamartomas will be factor VIII, CD31 and CD8 positive. Hamangioma is negative for CD8.	100
246	AP151	Splenic hamartoma. 100%	nil	100
333	AP151	Spenic hamartoma	nil	100
338	AP151	LITTORAL CELL ANGIOMA. 100%	nil	90
369	AP151	Splenic hamartoma. (100%)	nil	100
448	AP151	Spleen - Extramedullary hemopoiesis 100%	EMH is the most striking feature in the section. Hemangioma-like or peliosis-like appearance is also noted. A hematologic work-up for this patient is indicated, to rule in/out chronic myeloproliferative disorders.	60
515	AP151	Splenic hamartoma with extramedullary haematopoiesis (100%)	nil	100
517	AP151	Splenic Haemangioma 100%	nil	90
663	AP151	HAEMANGIOMA (100%)	nil	90
763	AP151	Splenic hamartoma (100%)	nil	100
815	AP151	Splenic hamartoma with extramedullary hematopoiesis 100%	nil	100
873	AP151	Favour splenic hamartoma. Would perform CD8 to rule out hemangioma. 100% Probability	nil	100
888	AP151	Splenic hamartoma 100%	Association with tuberous sclerosis may be present.	100
911	AP151	Benign splenic	Differential diagnosis includes	95

		lesion, 100%	<p>accessory spleen, haemangioma and harmatoma.</p> <p>The endothelial lining cells of haemangioma are negative for CD8 while those of harmatoma are positive for CD8.</p> <p>CD8 will also highlight the sinuses in accessory spleen.</p>	
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