code	case	diagnosis	comment	score
448	AP189	Acute suppurative villitis and intervillositis 100%	To correlate with microbiologic culture - for evidence of Listeria infection	90
666	AP189	Acute intervillositis 100%	Suggestive of Listeria monocytogenes infection Intervillous abscess formation with necrosis Perform: - organism stains: gram, PAS - blood culture	90
873	AP189	Acute intervillositis with microinfarct and microabscess, need to exclude bacterial infection like Listeria Monocytogenes Perform Gram stain and correlate with culture. Probability: 100%	nil	90
763	AP189	Acute suppurative villitis	Correlate with microbiological studies to exclude Listeria	90
515	AP189	Acute villitis, suggestive of Listeria infection (100%)	To be confirmed by Gram stain (Listeria is a Gram positive bacillus) and culture.	90
109	AP189	Acute suppurative villitis with microabscesses (100%), suggestive of listeria infection.	Gram stain for gram-positive coccobacilli. ZN and Grocott stain to exclude other organisms. Correlate with culture result.	90
663	AP189	PLACENTA - NECROTISING VILLITIS. (100%)	Please correlate with culture and serology. Organisms such as Listeria, rubella, toxoplasmosis, malaria should be considered and immunohistochemistry for CMV and herpes could be performed.	90

code	case	diagnosis	comment	score
517	AP189	Necrotizing villitis 100%, infective aetiology i.e. Listeria, toxoplasmaosis cannot be excluded	suggest correlation with clinical history & microbiological investigation result	90
369	AP189	Acute necrotizing and chronic villitis. (100%)	Do infective stains e.g. Gram, Warthin Starry, Giemsa, Grocott, Ziehl Neelsen, etc to confirm/exclude infection such as syphilis, listeria, fungus, mycobacterium, etc.	100
333	AP189	Acute villitis, 100%	Suggestive of Listeria infection. Perform special stain for microorganisms (ZN, grocott, Warthin-Starry) and correlate with microbiologic results.	100
338	AP189	ACUTE NECROTIZING VILLITIS pattern suspicious of LISTERIOSIS. 100%	Listeriosis can be highlighted by Warthin-Starry stain +/- immunostain. Differential includes other infective agent eg. toxoplasmosis(usually granulomatous inflammation). Immunostains, immunofluorescence and PCR can help. Also to correlate with microbiological studies.	100
888	AP189	Necrotising villitis with microabscesses; Listeria infection has to be considered 100%	Special stains to look for bacterial, fungal and acid fast organisms. Correlate with clinical and culture findings. If possible, immunohistochemical stain for Listeria antigens	90
530	AP189	Necrotizing villitis (Acute/ active chronic villitis, intervillositis with villous necrosis). Viral or bacterial causes should be ruled out.	Histochemical stain and immunohistochemistry test: Gram's Wahrthin Starry, GMS.	100

code	case	diagnosis	comment	score
815	AP189	Acute suppurative villitis	Can be caused by bacteria e.g. Streptococci, Staplylococcus, Hemophilus vaginalis, Listeria monocytogenes and different Gram-negative bacteria. Bacteriological culture should be done.	90
246	AP189	Necrotizing villitis with microabscesses formation (100%). Most important differential diagnoses including E Coli and Listerosis.	Special stains for infective organisms (Gram). Correlation with microbiology results.	90
911	AP189	Acute intervillositis.	Order tissue Gram's stain for bacteria such as Listeria.	90
448	AP190	Bladder - Inflammatory myofibroblastic tumour 100%	nil	100
666	AP190	Inflammatory myofibroblastic tumour 90% Other spindle cell neoplasm 10%	Perform: Alk-1 desmin, MyoD1 (rhabdomyosarcoma, leiomyosarcoma)	100
873	AP190	Sarcoma, favour spindle cell rhabdomyosarcoma DDx: leiomyosarcoma, fibroblastic/myofibroblastic tumour. Probability: 100%	nil	30
763	AP190	Inflammatory myofibroblastic tumor/inflammatory pseudotumor	To perform ALK1 immunostaining, and correlate with clinical history for previous bladder instrumentation or operation	100

code	case	diagnosis	comment	score
515	AP190	Spindle cell lesion, with differential diagnosis of 1. Inflammatory myofibroblastic tumour (80%) 2. Leiomyosarcoma (10%) 3. Rhabdomyosarcoma (10%)	A panel of immunostaining including ALK-1, desmin, myogenin, MyoD1, muscle-specific actin should be performed. ALK-1 will be positive in inflammatory myofibroblastic tumour.	100
369	AP190	Inflammatory myofibroblastic tumor. (100%)	Do ALK-1 stain to confirm.	100
109	AP190	Inflammatory myofibroblastic tumour (100%)	May be positive for actin, desmin, ALK-1. Also perform immunostains for myogenin and myo-D1 to exclude embryonal rhabdomyosarcoma.	100
663	AP190	INFLAMMATORY MYOFIBROBLASTIC TUMOUR	nil	100
517	AP190	Inflammatory pseudotumour 100%	nil	90
333	AP190	Spindle cell tumor, favor inflammatory myofibroblastic tumor (99%). Ddx: Post-operative spindle cell tumor (1%).	Correlate with any history of operation, and perform ALK-1 immunostaining (positive in inflammatory myofibroblastic tumor).	100
338	AP190	INFLAMMATORY MYOFIBROBLASTIC TUMOR(INFLAMMATORY PSEUDOTUMOR) 100%	Differential includes low grade leiomyosarcoma, especially myxoid subtype. More sampling of the tumor border, if invasive, favor low grade leiomyosarcoma. Immunostains, although overlap, may sometimes help for distinction betwen the two. INFLAMMATORY PSEUDOTUMOR usually	100

code	case	diagnosis	comment	score
			CK+/-, actin+/-, desmin +/-. Leiomyosarcoma usually CK-, actin+, desmin +/-.	
888	AP190	Inflammatory myofibroblastic tumour 100%	nil	100
530	AP190	Inflammatory myofibroblastic tumor (Inflammatory pseudotumor)	nil	100
815	AP190	Inflammatory pseudotumor	nil	90
246	AP190	Inflammatory myofibroblastic tumor (100%)	Immuno ALK-1 staining usually positive in IMT of bladder. A panel of immunostains should also include: S-100 protein, cytokeratin, desmin, smooth muscle actin, CD34.	100
911	AP190	Inflammatory pseudosarcomatous myofibroblastic proliferation.	nil	100
448	AP191	Kidney - Wilms' tumour 100%	nil	100
666	AP191	Wilm's tumour 100%	Triphasic, predominant mesenchymal	100

code	case	diagnosis	comment	score
873	AP191	Wilm岑 tumour with extensive skeletal muscle differentiation. No anaplastic component. Probability: 100%	nil	100
763	AP191	Wilms' tumor(triphasic) with no nuclear anaplasia in this section	nil	100
515	AP191	Wilms tumour with skeletal muscle differentiation, no anaplasia (100%)	Extensive sampling to rule out anaplastic features is required.	100
369	AP191	Wilm's tumor. (100%)	nil	100
109	AP191	Wilms' tumour (Nephroblastoma) (100%), no evidence of anaplasia	nil	100
663	AP191	FETAL RHABDOMYOMATOUS NEPHROBLASTOMA (100%)	nil	100
517	AP191	Wilms' tumour 100%	No anaplasia noted in the section.	100
333	AP191	Wilm's tumor with rhabdomyoblastic differentiation, 100%.	Negative for anaplasia.	100

code	case	diagnosis	comment	score
888	AP191	Nephroblastoma 100%	There is rhabdomyoblastic differentiation. Take more blocks to exclude features of anaplasia.	100
338	AP191	WILMS' TUMOR with skeletal muscle differentiation. No anaplasia. 100%	Skeletal muscle differentiation can be confirmed by actin, desmin, Myo-D1 stains. Extensive sampling to look for anaplasia.	100
530	AP191	Nephroblastoma (Wilm's tumor)	nil	100
815	AP191	Wilm's tumor showing rhabdomyoblastic differentiation	nil	100
246	AP191	Wilm's tumor (with prominent rhabdomyoblasts). 100% No evidence of anaplasia.	Nil	100
911	AP191	Wilms tumor (nephroblastoma)	No anaplasia seen in the present slide.	100
448	AP192	Brain - Pleomorphic Xanthoastrocytoma 100%	nil	100
666	AP192	Pleomorphic astrocytoma 100%	nil	95

code	case	diagnosis	comment	score
873	AP192	Pleomorphic xanthoastrocytoma. Probability: 100%	nil	100
763	AP192	Favor pleomorphic xanthoastrocytoma with florid meningeal reaction	To perform reticulin stain, GFAP and EMA immunostaining for definitive diagnosis and to exclude meningioma	100
515	AP192	Pleomorphic xanthoastrocytoma, WHO grade II (100%)	To be confirmed by immunoperoxidase for GFAP	100
369	AP192	Pleomorphic xanthoastrocytoma. (100%)	nil	100
109	AP192	Pleomorphic xanthoastrocytoma (100%)	nil	100
663	AP192	PLEOMORPHIC XANTHOASTROCYTOMA (100%)	nil	100
517	AP192	Pleomorphic xanthoastrocytoma 100%	nil	100
333	AP192	Pleomorphic xanthoastrocytoma	nil	100

code	case	diagnosis	comment	score
888	AP192	Pleomorphic xanthoastrocytoma 100%	Confirm by reticulin stain which shows pericellular reticulin pattern; immunostains for GFAP and S100 protein are positive. Correlate with radiological findings.	100
338	AP192	PLEOMORPHIC XANTHOASTROCYTOMA. 100%	Astrocytic lineage to be confirmed by positivity for GFAP.	100
530	AP192	Pleomorphic Xanthoastrocytoma	nil	100
815	AP192	Pleomorphic xanthoastrocytoma, WHO grade II	nil	100
246	AP192	Pleomorphic xanthoastrocytoma (100%)	nil	100
911	AP192	Pleomorphic Xanthoastrocytoma	nil	100
448	AP193	Lacrimal gland - small round cell tumour DDX:1) embryonal rhabdomyosarcoma 90% 2)Ewing sarcoma/PNET	Need ancillary tests (immunohistochemistry and/or EM) to reach definitive diagnosis	100
666	AP193	Malignant small round blue cell tumour 100%	DDx soft tissue leukaemic deposit, embryonal rhabdomyosarcoma, PNET, lymphoma Perform immunostains:	100

code	case	diagnosis	comment	score
			-CD99 -desmin, actin, MyoD1 (rhabdomyosarcoma) -CD45, MPO (leukaemia, lymphoma) -cytokeratin (rhabdoid tumour) -synaptophysin (PNET)	
873	AP193	Primitive small round cell tumour of children, favour embryonal rhabdomyosarcoma	nil	100
873	AP193	Primitive small round cell tumour of children, favour embryonal rhabdomyosarcoma. Probability: 100%	nil	100
763	AP193	Small round cell malignancy, favor embryonal rhabdomyosarcoma	To perform immunostaining, including actin, desmin, myogenin etc for definitive diagnosis	100
515	AP193	High grade malignant small round cell tumour, with differential diagnosis of 1. Rhabdomyosarcoma (90%) 2. Ewing sarcoma (10%)	A panel of immunostains should be performed. Desmin, myogenin and MyoD1 will be positive in rhabdomyosarcoma, CD99 will be positive in Ewing sarcoma.	100
369	AP193	Embryonal rhabdomyosarcoma. (100%)	Do myogenin stain to confirm.	100
109	AP193	Embryonal rhabdomyosarcoma (100%)	Immunostains for myogenin, MyoD1, desmin, actin for confirmation.	100

code	case	diagnosis	comment	score
663	AP193	LACRIMAL GLAND mass - MALIGNANT NEOPLASM, mesenchymal. (100%)	Differential diagnosis includes mesenchymal chondrosarcoma, rhabdomyosarcoma, PNET/Ewing's sarcoma, hemangiopericytoma and synovial sarcoma. Immunohistochemical stains need to be performed.	90
517	AP193	Malignant small round cell tumour 100%	DDX includes rhabdomyosarcoma, malignant lymphoma. Suggest immunohistochemical staining for desmin, myogenin, TdT, CD99	100
333	AP193	Malignant small round cell tumor, 100%, favor embryonal rhabdomyosarcoma. To confirm by positive immunostaining for desmin, actin and myogenin.	Differential diagnoses: Ewing's sarcoma/ PNET (PAS positive, myoid markers negative); lymphoma (LCA positive)	100
888	AP193	Embryonal rhabdomyosarcoma 100%	Confirm by immunostains for actin, desmin and MyoD1	100
338	AP193	EMBRYONAL RHABDOMYOSARCOMA. 100%	Skeletal muscle differentiation to be confirmed by actin, desmin, Myo-D1 etc.	100
530	AP193	Small blue round cell tumor of childhood. By the age and location, Embryonal rhabdomyosarcoma.	Confirmed by IHC - SMA, Desmin, Calponin, Myogen, MyoD1, NSE, Synaptophysin, Chromogranin, CD99 to exclude other differential diagnosis.	100

code	case	diagnosis	comment	score
815	AP193	Embryonal sarcoma	Exclude striated muscle differentiation (embryonal rhabdomyosarcoma) with desmin and muscle specific actin stains.	90
246	AP193	Malignant small round cell tumor (100%). Morphologic appearances most compatible with embryonal rhabdomyosarcoma.	Confirmation with immunostains (+ve myogenic markers - desmin, myogenin). The panel should include other stains including CD99, a cytokeratin and S-100 protein.	100
911	AP193	Small round cell tumor, differential diagnosis include embryonal rhabdomyosarcoma (80%) and other SRCTs (20%, eg. Ewing/PNET, myeloid sarcoma, neuroblastoma, melanoma, myoepithelioma, synovial sarcoma etc)	Immunohistochemical stains for myogenin, cytokeratin, desmin, neural markers, S100 proteins, CD99, MPO, LCA, HMB45, calponin would help diagnosis. Cytogenetics for characteristic translocations are also helpful.	100
448	AP194	Liver - Hepatocellular adenoma 100%	nil	100
666	AP194	Liver cell adenoma 100%	nil	100
873	AP194	favour liver cell adenoma with fatty change Perform reticulin stain to rule out well-differentiated hepatocellular carcinoma. Probability: 100%	nil	100

code	case	diagnosis	comment	score
763	AP194	Hepatocellular adenoma	nil	100
515	AP194	Liver cell adenoma with fatty change in a background of non-cirrhotic liver. (100%)	1. To be confirmed with reticulin stain which will highlight the retained reticulin network and liver architecture. Liver cell adenoma should be one to two cells thick. 2. Liver cell adenoma is associated with oral contraceptive use in some cases.	100
369	AP194	Hepatic adenoma. (100%)	nil	100
109	AP194	Hepatocellular adenoma (100%)	nil	100
663	AP194	LIVER CELL ADENOMA (100%)	Please correlate with history of contraceptive pill intake.	100
517	AP194	Hepatocellular adenoma 100%	nil	100
333	AP194	Liver cell adenoma	nil	100

code	case	diagnosis	comment	score
888	AP194	Hepatocellular adenoma 100%	nil	100
338	AP194	LIVER CELL ADENOMA. 100%	nil	100
530	AP194	Liver cell adenoma (Hepatocellular adenoma)	clinical data to clarify about hormonal exogenous therapy to correlate wtih diagnosis.	100
815	AP194	Hepatocellular adenoma	nil	100
246	AP194	Liver cell adenoma (100%)	Special stain (reticulin) to demonstrate preserved intercellular reticulin network.	100
911	AP194	Live cell adenoma with fatty changes (100%)	nil	100
401	AP194	Liver cell adenoma, 100%	nil	100
448	AP195	Parotid gland - Acinic cell carcinoma 100%	nil	100

code	case	diagnosis	comment	score
666	AP195	Acinic cell carcinoma 100%	Papillary pattern	100
873	AP195	acinic cell carcinoma. Probability: 100%	nil	100
763	AP195	Acinic cell carcinoma	nil	100
515	AP195	Acinic cell carcinoma (100%)	nil	100
369	AP195	Acinic cell carcinoma. (100%)	nil	100
109	AP195	Acinic cell carcinoma (100%)	The cytoplasmic granules are PAS positive.	100
663	AP195	ACINIC CELL CARCINOMA (100%)	nil	100
517	AP195	Acinic cell carcinoma 100%	nil	100

code	case	diagnosis	comment	score
333	AP195	Acinic cell carcinoma, 100%.	Compatible with papillary-cystic variant.	100
888	AP195	Acinic cell carcinoma 100%	nil	100
338	AP195	ACINIC CELL CARCINOMA 100%	nil	100
530	AP195	Acinic cell carcinoma	nil	100
815	AP195	Acinic cell carcinoma	nil	100
246	AP195	Acinic cell carcinoma (100%)	nil	100
911	AP195	Acinic cell carcinoma	nil	100
401	AP195	Acinic cell carcinoma, 100%	nil	100

code	case	diagnosis	comment	score
448	AP196	Brain - Chordoid Meningioma 100%	nil	100
666	AP196	Ependymoma 40% Meningioma 60%	Correlate with CT for location (?attachment to falx) Perform immunostaining: GFAP (ependymoma) EMA/S100/desmoplakin (meningioma)	80
873	AP196	meningioma, grade 1. Probability: 100%	nil	90
763	AP196	Meningioma, WHO grade I	nil	90
515	AP196	Meningioma with microcystic pattern (WHO grade I) (100%)	Extensive sampling of the tumour in order to rule out atypical features and coagulative necrosis is needed.	90
369	AP196	Meningioma. (100%)	nil	90
109	AP196	Meningioma (100%), chordoid subtype	Positive for EMA,varying positivity for S100 and negative for GFAP.	100
663	AP196	MICROCYSTIC MENINGIOMA (100%)	nil	90

code	case	diagnosis	comment	score
517	AP196	Meningioma 100%	nil	90
333	AP196	Meningioma, suggestive of chodoid variant (95%); Melanocytoma (5%)	Immunostaining for EMA (positive in meningioma); S100 and HMB45 (positive in melanocytoma)	95
888	AP196	Meningioma 100%	Features of chordoid variant are present. Chordoid variant of meningioma (WHO grade II) shows greater likelihood of recurrence.	100
338	AP196	MENINGIOMA consistent with chordoid subtype 100%.	Meningeal lineage to be confirmed by positivity to EMA(may be focal for this subtype).	100
530	AP196	Meningioma (Chordoid type)	nil	100
815	AP196	Hemangioma 50% Meningioma 50%	nil	50
246	AP196	Chordoid meningioma (100%).	nil	100
911	AP196	Meningioma with area of chordoid features.	Chordoid features can be mixed with typical meningioma. Recurrence rate would be higher than typical meningioma. More extensive sampling of tissue and immunostain (MIB1) for proliferative activity would be	100

code	case	diagnosis	comment	score
			useful in classification.	
401	AP196	Chordoid meningioma, WHO grade II, 100%	nil	100