ref	code	case	diagnosis	comment	score
2025	448	AP205	Thyroid - Hyalinizing trabecular adenoma 100%	nil	100
2032	246	AP205	Hyalinizing trabecular tumour (100%)	nil	100
2039	338	AP205	Hyalinizing trabecular adenoma. 100%	Rarely medullary carcinoma can mimmic hyalinizing trabecular adenoma(HTA). Immunostains can help. HTA: thyroglobulin+, calcitonin-. The reverse is true for medullary carcinoma	100
2046	873	AP205	Hyalinizing trabecular adenoma 100%	nil	100
2056	333	AP205	Hyalinizing trabecular adenoma, 100%	nil	100
2065	515	AP205	Hyalinizing trabecular adenoma (100%)	nil	100
2079	763	AP205	Hyalinizing trabecular adenoma	It may be prudent to perform immunohistochemical staining (TTF1, thyroglobulin and calcitonin) to exclude the unlikely possibility of hyalinizing trabecular adenoma-like medullary carcinoma.	100
2086	663	AP205	THYROID - HYALINISING TRABECULAR ADENOMA (100%)	nil	100
2093	109	AP205	Hyalinizing trabecular adenoma (100%)	nil	100
2096	369	AP205	Hyalinizing trabecular adenoma. (100%)	nil	100
2106	888	AP205	Hyalinizing trabecular adenoma (100%)	Benign, associated with RET/PTC gene translocation	100
2113	517	AP205	Hyalinizing trabecular adenoma 100%	nil	100
2121	222	AP205	Thyroid: Hyalinizing trabecular adenoma	nil	100
2129	530	AP205	Hyalinizing trabecular tumor (WHO)/ Hyalinizing trabecular adenoma	nil	100
2136	911	AP205	Hyalinizing trabecular adenoma	nil	100

2026	448	AP206	1. Kidney - Capillary hemangioblastoma 90% 2. Kidney - Epithelioid angiomyolipoma 10%	Examine more sections from thorough sampling, need to exclude renal cell CA (with hemangioblastoma-like area?). Do HMB-45 immunostain to rule out AML. Correlate with clinical history of patient - any von Hippel-Lindau syndrome?	100
2040	338	AP206	Capillary hemangioblastoma 100%	Renal cell carcinoma can be excluded by negativity for cytokeratin. Capillary hemangioblastoma is positive for inhibin. It's worthwhile to screen for von Hippel-Lindau disease clinically.	100
2057	333	AP206	Hemangioblastoma	nil	100
2066	515	AP206	Haemangioblastoma(70%) Paraganglioma (30%)	Perform immunostaining for S-100 for sustenticular cell for paraganglioma and neuroendocrine markers including synaptophysin and chromogranin.	100
2073	246	AP206	Paraganglioma (50%) / Haemangioblastoma (50%) -see comment.	Immunohistochemistry S100, Chromogranin & syaptophysin etc. for confirmation of paraganglioma. Consider capillary haemangioblastoma if these immunohistochemistry negative and in setting of von Hippel-Lindau disease.	80
2078	873	AP206	Haemangioblastoma, would perform HMB45 to exclude epithelioid angiomyolipoma 100%	nil	100
2080	763	AP206	Hemangiomatous tumor (benign)	Differential diagnoses are hemangioblastoma, hemangioma and angiomyolipoma, suggest immunohistochemistry for definitive diagnosis (CD34,	80

				CD31 and HMB45)	
2087	663	AP206	Right KIDNEY - clear cell RENAL CELL CARCINOMA (Fuhrman grade 2) (100%)	nil	50
2097	369	AP206	Hemangioblastoma. (100%)	nil	100
2107	888	AP206	Differential diagnoses: Epithelioid haemangioendothelioma (70%) Epithelioid angiomyolipoma (30%)	Perform CD31 and Melan-A for confirmation. The former is positive for CD31 and the latter is positive for Melan-A.	50
2114	517	AP206	Haemangioblastoma 70% Angiomyolipoma 30%	Need to perform HMB-45 for the diagnosis of angiomyolipoma.	100
2120	109	AP206	Perivascular epithelioid cell tumour, PEComa, (70%); Juxtaglomerular cell tumour (20%); Renal cell carcinoma (10%)	Perform immunstains for HMB45, melan A, renin, cytokeratin. PEComa is positive for HMB-45 and melan A, negative for renin and cytokeratin. Juxtaglomerular cell tumour is positive for renin, but negative for HMB-45, melan A and cytokeratin. Renal cell carcinoma is positive for cytokeratin.	50
2122	222	AP206	Kidney: Epithelioid hemangioendothelioma	nil	50
2130	530	AP206	Vascular lesion with area containing epithelioid cells, that in conjunction with clinical data of Polycythemia and specimen (kidney), would favor A) Vasculr lesion mixed with area of renal cell carcinoma; B) Epithelioid vascular neoplasm.	RCC marker and CD31 are most important.	50
2137	911	AP206	Angiomyolipoma (50%), hemangioblastoma (50%)	Order immunostain for HMB45, if negative favour hemangioblastoma. Hemangioblastoma of kidney	80

				is very rare. Only one case mentioned we could find. Turi S, Visy M, Vissy A, Jaszai V, Czirbesz Z, Haszon I, Szelid Z, Ferkis I. Long-term follow-up of patients with persistent/recurrent, isolated haematuria: a Hungarian multicentre study. Pediatr Nephrol. 1989	
2028	448	AP208	Placenta - Parvovirus B19 infection	nil	100
2035	246	AP208	Parvovirus B19 infection (100%)	Confirm with maternal antibodies (IgG, IgM) or any other molecular studies e.g. PCR, ISH. EM to examine viral particles.	100
2042	338	AP208	Parvovirus infection. 100%	Parvovirus B19 infection can be confirmed by immunostain, in-situ hybridization or PCR. Other specials stains can be performed to look for other infective agents eg immunostain for cytomegalovirus, and Warthin-Starry stain for spirochaetes.	100
2059	333	AP208	Parvovirus infection	confirm by immunohistochemical studies or in-situ hybridization for parvovirus B19.	100
2064	873	AP208	Parvovirus infection evident by viral inclusion in erythroblasts, correlation with maternal serology suggested. 100%	nil	100
2068	515	AP208	Parvovirus infection (100%)	Perform immunostaining for confirmation	100
2082	763	AP208	Parvovirus B19 infection of fetus	nil	100

2089	663	AP208	PLACENTA - PARVOVIRUS INFECTION (100%)	nil	100
2095	109	AP208	Parvovirus infection (100%)	May be confirmed with in-situ hybridization for Parvovirus B19.	100
2100	369	AP208	Parvovirus B19 infection. (100%)	nil	100
2109	888	AP208	Viral infection, suggestive of Parvovirus (100%)	Check serology for raised antibody level	100
2116	517	AP208	Parvovirus B19 infection 100%	nil	100
2124	222	AP208	Placenta: Sickle cell disease	nil	0
2132	530	AP208	Placental hydrop with several erythroblasts of which contains pale eosinophilic intranuclear inclusion, suggestive of Parvovirus infection.	To confirm by Immunohistochemistry, serology and if possible, electromicroscopy.	100
2139	911	AP208	Parvovirus infection	nil	100
2029	448	AP209	Thigh, soft tissue tumour - Extraskeletal Chondrosarcoma 100%	nil	90
2036	246	AP209	Extraskeletal myxoid chondrosarcoma (100%)	nil	100
2043	338	AP209	Extraskeletal myxoid chondrosarcoma. 100%	X ray, CT or MRI to exclude bone origin. The top differential is parachordoma. More sampling to look for chondroid differentiation eg. lacunar cells to support myxoid chondrosarcoma and physaliferous cells to support parachordoma. For myxoid chondrosarcoma, less than 20% of cases are +ve for S100 while parachordoma is usually +ve for S100 and cytokeratin. Rhabdomyosarcoma(another differential) will be +ve for muscle markers. Myxoid matrix of chondrosarcoma stains with colloidal iron and	100

				is hyaluronidase resistant while that of other differential are hyaluronidase sensitive. Myxoid chondrosarcoma can be confirmed by cytogenetics: t(9;22)(q22;q12) balanced translocation.	
2051	873	AP209	Extraskeletal myxoid chondrosarcoma 100%	nil	100
2060	333	AP209	Extraskeletal myxoid chondrosarcoma, 100%	nil	100
2069	515	AP209	Extraskeletal myxoid chondrosarcoma (100%)	nil	100
2083	763	AP209	Extraskeletal myxoid chondrosarcoma	nil	100
2090	663	AP209	SOFT TISSUE mass, left thigh - Extraskeletal MYXOID CHONDROSARCOMA (100%)	nil	100
2099	109	AP209	Extraskeletal myxoid chondrosarcoma (100%)	nil	100
2101	369	AP209	Extraskeletal myxoid chondrosarcoma. (100%)	nil	100
2110	888	AP209	Extraskeletal myxoid chondrosarcoma (100%)	Associate with t(9;12)(q22;q12) translocation; one of the soft tissue sarcoma related to EWS gene translocation	100
2117	517	AP209	Myxoid chondrosarcoma 100%	nil	100
2125	222	AP209	Soft tissue: Extraskeletal myxoid chondrosarcoma	nil	100
2133	530	AP209	Extraskeletal myxoid Chrondrosarcoma.	nil	100
2140	911	AP209	Extraskeletal myxoid chondrosarcoma	nil	100
2030	448	AP210	Vagina - Superficial Cervicovaginal Myofibroblastoma 100%	nil	100
2044	338	AP210	Neurofibroma. 100%	Diagnosis can be confirmed	60

				by positivity for S100. For differential, fibroepithelial polyp is +ve for desmin and may show bizarre stromal cells on multiple sections. Angiomyofibroblastoma is +ve for desmin and may show concentric whorls of spindly cells around vessels.	
2054	873	AP210	Spindle cell lesion, DDx solitary fibrous tumor, cellular angiofibroma and myofibroblastoma. Will perform CD34, SMA, Desmin. 100%	nil	70
2062	333	AP210	Cellular angiofibroma, 100%	nil	60
2070	515	AP210	Benign spindle cell tumour ddx: Angiomyofibroblastoma (70%), superficial myofibroblastoma (10%), cellular angiofibroma (10%), cellular neurofibroma (10%)	Perform immunostain actin, desmin, CD34 and S-100 for differentiation of tumour.	70
2076	246	AP210	Superficial cervicovaginal myofibroblastoma (100%).	Correlate with history of tamoxifen intake and immunohistochemistry of ER/PR and CD34.	100
2084	763	AP210	Benign spindle cell tumor, favor superficial cervicovaginal myofibroblastoma	Differential diagnoses include neural/nerve sheath tumors like neurofibroma, to be confirmed by immunohistochemistry (desmin, ER and S100 etc).	100
2091	663	AP210	VAGINA, mass - SUPERFICIAL MYOFIBROBLASTOMA (100%)	nil	100
2102	369	AP210	Cellular angiofibroma. (100%)	nil	60
2104	109	AP210	Benign spindle cell tumour favour peripheral nerve sheath tumour (100%). Differential diagnoses	To perform immunostains for EMA and S100. Perineurioma is positive for EMA and negative for S100.	50

			include perineurioma and neurofibroma.	Neurofibroma is positive for S100 and negative for EMA.	
2118	517	AP210	Superficial myofibroblastoma 100%	nil	100
2126	222	AP210	Vagina: Inflammatory myofibroblastic tumor	nil	40
2128	888	AP210	Differential diagnoses Neurofibromm (80%) Palisaded circumscribed neuroma (20%)	nil	50
2134	530	AP210	Polypoid Lesion. Differential diagnosis includes A) Fibroepithelial stromal polyp B) Superficial cervicovaginal myifibroblastoma. Favoring more item A.	nil	70
2141	911	AP210	Superficial cervicovaginal myofibroblastoma	nil	100
2031	448	AP211	Skin - Glomus tumour 100%	nil	100
2038	246	AP211	Glomus tumour (100%)	nil	100
2045	338	AP211	Glomus tumor. 100%	Glomus tumor is +ve for smooth muscle actin and muscle specific actin. The differnetial diagnosis of nodular sweat gland tumor can be ruled out by negativity for EMA and keratin.	100
2053	873	AP211	Glomus tumour 100%	nil	100
2063	333	AP211	Glomus tumor	nil	100
2071	515	AP211	Glomus tumour (100%)	nil	100
2085	763	AP211	Glomus tumor	nil	100
2092	663	AP211	SKIN, biopsy - GLOMANGIOMA (100%)	nil	100
2103	369	AP211	Glomus tumor. (100%)	nil	100
2105	109	AP211	Glomus tumour (100%)	nil	100
2112	888	AP211	Glomangioma (100%)	Perform smooth muscle actin stain for confirmation	100
2119	517	AP211	Glomus tumour 100%	nil	100
2127	222	AP211	Skin: Glomus tumor	nil	100
2135	530	AP211	Glomus Tumor	nil	100

2142	911	AP211	Glomus tumour	nil	100