

ref	Code	Case	Diagnosis	Comment	Score
2854	109	AP253	Suspicious of papillary thyroid carcinoma; hyperplastic nodule; parathyroid gland present. (100%)	suggest to sample more blocks	100
2833	222	AP253	Nodular goiter	nil	50
2898	246	AP253	Nodular hyperplasia; intrathyroidal parathyroid tissue featuring hyperplastic changes; calcified psammoma particles present in thyroid tissue.	Need to check serum calcium level to rule out hyperparathyroidism. Need to rule out papillary thyroid carcinoma by thorough sampling.	100
2932	333	AP253	Intra-thyroid parathyroid; colloid nodule.	Psammoma bodies seen, further specimen sampling to look for papillary carcinoma.	100
2861	338	AP253	A background of NODULAR GOITER with psammoma bodies and a focus suspicious of papillary carcinoma (microcarcinoma). Parathyroid gland attached. 100%	More sampling to look for more classic groundglass nuclei and nuclear pseudoinclusions.	100
2890	369	AP253	Follicular lesion with atypia. Please see comment.(100%)	DDx between nodular hyperplasia and papillary carcinoma. Do CK19, CD56 and p63 stains. Papillary carcinoma will be CK19+, CD56- and p63+.	100
2826	448	AP253	Right lobe THYROID - NO MALIGNANCY, presence of psammoma bodies and an intrathyroid parathyroid gland 100%	Thorough sampling of the specimen required to exclude existence of papillary thyroid carcinoma.	100
2847	515	AP253	Colloid nodule, intrathyroidal parathyroid and calcifications	nil	80
2897	517	AP253	Nodular goitre (100%).	In view of the presence of psammoma bodies, more extensive sampling should be performed to look for foci of papillary thyroid carcinoma.	100
2911	530	AP253	Sequestered / Parasitic thyroid nodule; Intrathyroidal parathyroid gland.	Because of presence of numerous psammoma bodies, papillary carcinoma should be excluded in other sections in extensive sampling.	100
2840	663	AP253	Thyroid - Papillary carcinoma must be excluded by deeper sections or additional blocks.	nil	100
2868	763	AP253	Intrathyroidal psammoma bodies, and hyperplastic nodule with focally atypia.	There is no indisputable evidence for papillary carcinoma (PTC). Need to totally embed the specimen to exclude PTC.	100
2918	794	AP253	Thyroid - Hyperplastic nodule; intrathyroidal parathyroid; multiple psammoma body-like calcifications in the thyroid parenchyma, uncertain significance (100%)	Further sampling to exclude papillary carcinoma elsewhere.	100
2882	873	AP253	Follicular lesion with sclerosis (?FNA	More sections for any papillary	100

			effect) and mild nuclear atypia not diagnostic of papillary carcinoma, background with many psammoma bodies (100% probability).	carcinoma suggested.	
2875	888	AP253	Intrathyroid parathyroid hyperplasia, 100%	nil	50
2925	911	AP253	Thyroid - Nodular goiter	nil	50
2855	109	AP254	Organizing thrombus with papillary endothelial hyperplasia (Masson's tumour) (100%)	nil	90
2834	222	AP254	Hematoma with foreign body encapsulation	nil	100
2900	246	AP254	Organizing hematoma with foreign body particles. (100%)	nil	100
2933	333	AP254	Masson's tumor	nil	90
2862	338	AP254	GAUZOMA. 100%	nil	95
2891	369	AP254	Organizing hematoma with focal papillary endothelial hyperplasia and presence of gauze-like foreign body material.(100%)	nil	100
2832	448	AP254	Thigh mass - Organized Hematoma ("Masson's tumour") with fibrin and suture material. No malignancy 100%	nil	100
2848	515	AP254	Foreign body and haematoma	nil	100
2899	517	AP254	Organizing hematoma with presence of foreign bodies, probably related to previous surgical procedure. (100%)	nil	100
2912	530	AP254	Organizing hemorrhage / thrombosis with papillary endothelial hyperplasia involving areas of previous sutures.	nil	100
2841	663	AP254	Soft tissue - Organizing haematoma. Suggestive of amyloidosis.	nil	90
2869	763	AP254	Pseudoaneurysm with organizing thrombus and foreign body reaction, probably toward stitch material.	nil	100
2919	794	AP254	Hematoma with organization. Refractile foreign bodies suggestive of suture material. (100%)	nil	100
2883	873	AP254	Organizing hematoma with birefringent foreign material (100% probability).	Need more sections and correlation with previous pathology.	100
2876	888	AP254	Masson tumor, Foreign Body, 100%	nil	100
2926	911	AP254	Soft tissue - Organizing Haematoma	nil	90
2856	109	AP255	Pneumatosis coli (Pneumatosis cystoides intestinalis) (100%)	nil	100
2835	222	AP255	Inflammatory polyp	nil	50
2901	246	AP255	Pneumatosis intestinalis. (100%)	nil	100
2934	333	AP255	Pneumatosis intestinalis, with foreign	nil	100

			body reaction; inflammatory polyps		
2863	338	AP255	Pneumatosis coli associated with acute colitis. 100%	Culture to exclude infection.	100
2892	369	AP255	Acute colitis with pneumatosis coli.(100%)	Acute self limiting colitis needs to be excluded.	100
2831	448	AP255	1. Colon - Hyperplastic Polyposis 90% 2. Colon - Ulcerative Colitis with pseudopolyps 10%	nil	50
2849	515	AP255	Pneumatosis cystoides intestinalis	nil	100
2906	517	AP255	Inflammatory pseudopolyps; Focal foreign body reaction in submucosa.	Although no cyst is seen in the specimen, the presence of foreign body reaction in submucosa raises the possibility of pneumatosis cystoides intestinalis. Clinical correlation is required.	80
2913	530	AP255	Pneumatosis cystoides intestinalis	nil	100
2843	663	AP255	Colon, clinically polyp - Consistent with pseudopolyp.	nil	50
2870	763	AP255	Pneumatosis intestinalis with ischemic change	nil	100
2920	794	AP255	Pneumatosis cystoides intestinalis; active colitis with erosions in the mucosa (100%)	nil	100
2884	873	AP255	Pneumatosis coli with area of active colitis (100% Probability)	nil	100
2877	888	AP255	Pneumatosis Coli, 100%	nil	100
2927	911	AP255	Colon - Pneumatosis Intestinalis	nil	100
2857	109	AP256	Lymphoepithelioma-like carcinoma (100%)	Immunostain for CK for confirmation. ISH for EBER will be positive.	100
2836	222	AP256	Lymphoepithelial carcinoma	nil	100
2902	246	AP256	Lymphoepithelioma-like carcinoma. (100%)	nil	100
2935	333	AP256	Lymphoepithelioma-like carcinoma.	To rule out metastatic tumor from nasopharynx.	100
2864	338	AP256	LYMPHOEPITHELIOMA-LIKE CARCINOMA. 100%	EBER to confirm.	100
2893	369	AP256	Lymphoepithelioma-like carcinoma.(100%)	Do EBER stain.	100
2830	448	AP256	Left lower lung mass - Lymphoepithelioma-like Carcinoma 100%	nil	100
2850	515	AP256	Lymphoepithelioma-like carcinoma	rule out secondary nasopharyngeal carcinoma	100
2907	517	AP256	Lymphoepithelioma-like carcinoma (100%).	nil	100
2914	530	AP256	Lymphoepithelioma-like carcinoma	There is background of foreign body type giant cells with psammomatous bodies.	100
2844	663	AP256	Left lung mass - Large cell carcinoma,	To rule out possibility of large cell	100

			lymphoepithelioma-like.	lymphoma, immunohistochemical staining for cytokeratin, L26, CD5 is recommended. Also suggest FISH for EBER.	
2871	763	AP256	Lymphoepithelioma-like carcinoma	Need to rule out metastatic undifferentiated carcinoma, from nasopharynx, etc.	100
2921	794	AP256	Lung - Lymphoepithelioma-like carcinoma (100%)	nil	100
2885	873	AP256	Lymphoepithelioma-like carcinoma. DDx include metastatic thymic carcinoma (CD5, CD70, CD117 positive), primary or metastatic lymphoepithelioma-like carcinoma. (100% probability)	nil	100
2878	888	AP256	Lymphoepithelial like carcinoma, 100%	nil	100
2928	911	AP256	Lung - Lymphoepithelioma-like Carcinoma	Exclude primary from nasopharynx	100
2858	109	AP257	Complete hydatidiform mole (100%)	Immunostain for p57 will show lack of staining of the cytotrophoblasts and villous mesenchyme	80
2837	222	AP257	Early complete mole	nil	80
2903	246	AP257	Hydatidiform mole, favour partial mole (100%).	do p57 immunostain to exclude complete mole. FISH study for triploidy.	100
2936	333	AP257	Products of gestation	nil	50
2865	338	AP257	Partial mole 70% Complete mole 30%	Do flow cytometry. Partial mole: triploid. Complete mole: diploid.	100
2896	369	AP257	Products of gestation. Please see comment.(100%)	To exclude early partial molar pregnancy by demonstrating if the tissue is triploid or not. CISH is a possible method.	70
2827	448	AP257	UTERINE CAVITY, tissue mass PV - COMPLETE HYDATIDIFORM MOLE 100%	nil	80
2851	515	AP257	Products of gestation	nil	50
2908	517	AP257	Partial hydatidiform mole (80%); Products of gestation (20%).	nil	80
2915	530	AP257	Hydatidiform mole, suggestive of partial.	Confirmed with immunohistochemistry and/ or molecular pathology.	100
2842	663	AP257	Endometrium, tissue mass per vagina - Hydatidiform mole, favor partial type.	Differential diagnosis includes complete hydatidiform mole. Suggest p57 immunostain to rule out the latter.	100
2872	763	AP257	Products of gestation with trophoblastic proliferation	Suggest embedding all tissue for examination and correlating with gestational age and serum HCG to rule out molar pregnancy.	70

2922	794	AP257	Hydropic villi with trophoblastic proliferation and trophoblastic inclusions, favor partial mole (100%)	P57 immunostaining to differentiate from complete mole. Recommend follow-up HCG level of the patient.	100
2886	873	AP257	Blastocyst (early implantation of product of gestation). (100% probability)	nil	50
2879	888	AP257	Partial mole, 100%	nil	100
2931	911	AP257	Genital Tissue Mass - Complete Hydatidiform Mole	Perform p57 immunostain to confirm diagnosis	80
2859	109	AP258	Myoepithelial carcinoma (100%)	Immunostains for p63, calponin, S100 for confirmation.	95
2838	222	AP258	Pleomorphic adenoma	nil	50
2904	246	AP258	Carcinoma ex pleomorphic adenoma (100%)	nil	100
2937	333	AP258	Pleomorphic adenoma (recurrent) - 60% Myoepithelial carcinoma, compatible with carcinoma ex pleomorphic adenoma - 40%	nil	70
2866	338	AP258	Myoepithelial neoplasm of uncertain malignant potential. 100%	Sampling to look for definite invasive growth to confirm malignant category.	90
2894	369	AP258	Recurrent pleomorphic adenoma.(100%)	Correlate with clinical and radiological findings to see how invasive the lesion is.	50
2828	448	AP258	ORAL CAVITY, mandibulectomy - MYOEPITHELIAL CARCINOMA 100%	Correlated with known history of recurrent PA, this is suggestive of Carcinoma ex pleomorphic adenoma.	100
2852	515	AP258	Pleomorphic adenoma with predominant myoepithelial component	nil	50
2910	517	AP258	Carcinoma ex pleomorphic adenoma (100%)	nil	100
2916	530	AP258	Carcinoma ex pleomorphic adenoma, suggestive of Myoepithelial carcinoma ex pleomorphic adenoma.	nil	100
2845	663	AP258	Mandible cystic mass - Carcinoma Ex pleomorphic adenoma, with suggestion of myoepithelial differentiation (i.e. myoepithelial carcinoma)	nil	100
2873	763	AP258	Carcinoma ex pleomorphic adenoma	nil	100
2923	794	AP258	Low grade carcinoma, probably ex-pleomorphic adenoma. (100%)	nil	100
2887	873	AP258	Myoepithelial carcinoma. (100% probability)	nil	95
2880	888	AP258	Myoepithelial carcinoma, 100%	nil	95
2929	911	AP258	Mandible - Carcinoma ex Pleomorphic Adenoma	nil	100
2860	109	AP259	Giant cell angiofibroma (100%)	Tumour cells are CD34 positive	100
2839	222	AP259	Aneurysmal fibrous histiocytoma	nil	80

2905	246	AP259	giant cell angiofibroma (100%)	nil	100
2938	333	AP259	Giant cell angiofibroma	nil	100
2867	338	AP259	Giant cell angiofibroma 100%	Can be confirmed by CD34.	100
2895	369	AP259	Giant cell angiofibroma.(100%)	Do CD34 to confirm.	100
2829	448	AP259	Sub-conjunctival mass - Giant Cell Angiofibroma 100%	nil	100
2853	515	AP259	Giant cell angiofibroma	nil	100
2909	517	AP259	Giant cell angiofibroma (100%).	nil	100
2917	530	AP259	Vascular tumor, Kaposiform with presence of multinucleated giant cells lining vascular space, suggestive of Kaposi sarcoma.	Do immunohistochemistry HHV8.	50
2846	663	AP259	Left eye subconjunctival mass - Vascular tumour of at least intermediate malignant potential, differential diagnosis include angiosarcoma and haemangioendothelioma.	nil	50
2874	763	AP259	Giant cell angiofibroma	nil	100
2924	794	AP259	Giant cell angiofibroma (100%).	A variant of solitary fibrous tumour, may do immunostaining for CD34 for confirmation.	100
2888	873	AP259	Giant cell angiofibroma (CD34 positive) (100% probability)	nil	100
2881	888	AP259	Giant cell angiofibroma, 100%	nil	100
2930	911	AP259	Eye - Giant Cell Angiofibroma	nil	100