ref	Code	Case	Diagnosis	Comment	Score
3613	109	AP292	Parasite infestation, consistent with sparganum (100%)	nil	100
3651	222	AP292	Worm(Sparganosis)	nil	100
3559	246	AP292	Sparganosis	nil	100
3542	333	AP292	Sparganosis 100%	nil	100
3577	338	AP292	Septal and lobular panniculitis due to parasitic infestation (worm). To correlate with microbiology findings.	To correlate with microbiology findings.	95
3524	369	AP292	Sparganosis (100%)	nil	100
3506	448	AP292	Thigh lump - Sparganosis 100%	nil	100
3533	515	AP292	Parasite seen, compatible with tapeworm, favour sparganosis	nil	100
3595	517	AP292	Parasitic infestation 100%	nil	95
3642	530	AP292	Chronic granulomatous inlfammatory process involved by parasite, compatible with Sparganosis.	nil	100
3618	663	AP292	Right thigh SOFT TISSUE lump:- - ACUTE ON CHRONIC INFLAMMATION involving subcutis; - PARASITE infestation, with morphology compatible with SPARGANOSIS.	nil	100
3568	762	AP292	Parasitic infestation, consistent with spanganosis.	nil	100

3628	763	AP292	Skin - Parasitic infestation, Tapeworm	Morphologically suggestive of sparganosis	100
3586	794	AP292	parasitic infestation (probably sparganosis) with panniculitis (100%)	nil	100
3515	873	AP292	parasite infestation: sparganosis. 100%	nil	100
3604	881	AP292	Parasitic infestation	nil	95
3623	888	AP292	Parasitic infestation, consistent with Sparganosis 100%	nil	100
3614	109	AP293	Schwannoma (100%)	S100 positive	95
3652	222	AP293	Fibromatosis	nil	50
3560	246	AP293	Schwannoma	nil	95
3543	333	AP293	Schwannoma 100%	nil	95
3578	338	AP293	Schwannoma. 100%	Can be confirmed by S100+. Unlikely differential diagnosis include inflammatory myofibroblastic tumor (ALK-1+ in a subset); gastrointestinal stromal tumor (c-kit+).	95

3525	369	AP293	Schwannoma (100%) with Atypical lymphoid infiltrate expanding lamina propria (100%)	Immunohistochemical stain for B-cell and T-cell markers to rule out lymphoma	100
3507	448	AP293	Gastric tumour - 1.Stromal tumour with ddx of Schwannoma (99%) and GIST (1%). 2.Florid small sized, monotonous looking lymphoid infiltrate in lamina propria and submucosa.	Immunostains S100 protein, CD117, more tissue sampling and lymphoid markers study to rule out low grade lymphoma.	100
3534	515	AP293	Spindle cell tumour, compatible with schwannoma (90%), differential diagnosis include gastrointestinal stromal tumour (10%)	To perform immunostains for S-100 protein and c-kit to differentiate schwannoma (S-100 +ve/ c-kit -ve) and gastrointestinal stromal tumour (S-100 -ve/ c-kit +ve)	95
3596	517	AP293	Schwannoma 100%	nil	95
3643	530	AP293	Schwannoma	nil	95
3551	663	AP293	STOMACH, lesser curve tumour, resection - consistent with SCHWANNOMA (HKCP QAP 2012 R2 AP293)	Diagnosis to be confirmed with positive S100 and	95

				negative c-kit immunostaining.	
3569	762	AP293	Schwannoma	nil	95
3634	763	AP293	Stomach - Schwannoma DDx: inflammatory pseudotumour (inflammatory myofibroblastic tumor)	IHC : S100 for schwannoma; ALK, desmin, actin for inflammatory myofibroblastic tumour; CD34, CD117 for GIST	95
3587	794	AP293	schwannoma (100%)	Immunostaining for S100 protein for confirmation.	95
3516	873	AP293	neurilemmoma, perform S100, and CD117 to exclude GIST. 100%	nil	95
3605	881	AP293	spindle cell neoplasm. ? Schwannoma	nil	70
3624	888	AP293	Schwannoma 100%	nil	95
3615	109	AP294	Non-seminomatous mixed germ cell tumour (100%), predominantly yolk sac tumour, immunostains to look for other components	Immunostains for alpha-fetoprotein, HCG, CD30, Oct-3/4,	95
3653	222	AP294	Mixed germ cell tumor	nil	90

3561	246	AP294	Mixed germ cell tumour	Suggest c-kit, CD30, alphafetoprotein and beta-HCG to determine the presence or absence of seminomatous and non-seminomatous components.	90
3544	333	AP294	Mixed germ cell tumor, with components of yolk sac tumor, immature teratoma.	Possible components of seminoma and embryonal carcinoma noted in this block, further work up by immunohistochemistry to confirm presence of embryonal carcinoma (CD30), and seminoma (OCT 3/4). Also perform further sampling to look for additional germ cell tumor components.	100

3579	338	AP294	Mixed germ cell tumor. Components include seminoma, embryonal carcinoma, immature teratoma with undifferentiated (sarcomatous) stroma.	More sampling to look for more definite yolk sac tumor component with the help of AFP stain. Oct3/4 and CD30 to highlight the seminoma and embryonal carcinoma components respectively.	100
3526	369	AP294	Malignant mixed germ cell tumor (100%)	nil	90
3508	448	AP294	Right testis tumour - Mixed Germ Cell Tumour 100%	nil	90
3535	515	AP294	Mixed germ cell tumour with immature teratoma and yolk sac tumour component	extensive sampling to look for other germ cell tumour component	100
3597	517	AP294	Yolk sac tumour 100%	nil	50
3644	530	AP294	Mixed germ cell tumor, with the following component: immature teratoma (about 60%), yolk sac tumor (about 20%), embryonal carcinoma (about 10%), and seminoma (about 10%).	nil	100
3552	663	AP294	TESTIS, right, section - MIXED GERM CELL TUMOUR consisting of IMMATURE TERATOMA and YOLK SAC TUMOUR	nil	100

3570	762	Ap294	Mixed germ cell tumor.	nil	90
3635	763	AP294	Right Testis - Malignant (mixed) germ cell tumour with major component of malignant teratoma, perform immunostains for presence of other components.	Examined more blocks from tumor and perform IHC: CD30, EMA for embryonal carcinoma; SALL 4, AFP for yolk sac tumour; bHCG for choriocarcinoma	100
3588	794	AP294	yolk sac tumour (100%)	Extensive sampling to exclude other germ cell tumour component.	50
3517	873	AP294	mixed germ cell tumour, with immature teratoma and high grade area suggestive of embryonal carcinoma. 100%	nil	100
3606	881	AP294	Mixed germ cell tumour(yolk sac tumour+ seminoma)	nil	95
3625	888	AP294	Mixed germ cell tumour (yolk sac tumour and immature teratoma) 100%	nil	100
3616	109	AP295	Choriocarcinoma (100%)	nil	100
3654	222	AP295	Choriocarcinoma	nil	100
3562	246	AP295	Choriocarcinoma	nil	100

3545	333	AP295	Choriocarcinoma 100%	nil	100
3580	338	AP295	choriocarcinoma	nil	100
3527	369	AP295	Choriocarcinoma (100%)	To correlate with clinical history to differentiate gestational-related or not.	100
3509	448	AP295	POD tissue - Choriocarcinoma 100%	nil	100
3536	515	AP295	Choriocarcinoma	nil	100
3598	517	AP295	Choriocarcinoma 100%	nil	100
3645	530	AP295	Choriocarcinoma	nil	100
3553	663	AP295	POUCH OF DOUGLAS - CHORIOCARCINOMA.	nil	100
3571	762	AP295	Choriocarcinoma	nil	100
3636	763	AP295	POD: choriocarcinoma	nil	100
3589	794	AP295	choriocarcinoma (100%)	nil	100
3518	873	AP295	choriocarcinoma. 100%	nil	100
3607	881	AP295	Choriocarcinoma	nil	100
3626	888	AP295	Choriocarcinoma 100%	nil	100
3617	109	AP296	Paraganglioma (100%)	nil	100

3655	222	AP296	Paraganglioma	nil	100
3563	246	AP296	Paraganglioma	nil	100
3546	333	AP296	Paraganglioma 100%	nil	100
3581	338	AP296	paraganglioma	S100 to highlight sustenticular cells.	100
3528	369	AP296	Paraganglioma (100%)	nil	100
3510	448	AP296	Urinary bladder tumour - Paraganglioma 100%	nil	100
3537	515	AP296	Paraganglioma	nil	100
3599	517	AP296	Paraganglioma 100%	nil	100
3646	530	AP296	Extraadrenal urinary bladder paraganglioma	nil	100
3554	663	AP296	URINARY BLADDER tumor, resection - PARAGANGLIOMA	nil	100
3572	762	AP296	Extra-adrenal paraganglioma	nil	100
3637	763	AP296	Bladder: paraganglioma	nil	100
3590	794	AP296	paraganglioma (100%)	nil	100
3519	873	AP296	paraganglioma. 100%	nil	100
3608	881	AP296	Paraganglioma	nil	100
3627	888	AP296	Extra-adrenal paraganglioma 100%	nil	100

3619	109	AP297	High grade sarcoma (100%), differential diagnoses are myxofibrosarcoma and de-differentiated liposarcoma	Immunostains for CDK4 and p16 are positive in de-differentiated liposarcoma. MDM2 amplication can be demonstrated by FISH test in liposarcoma.	100
3656	222	AP297	Liposarcoma	nil	50
3564	246	AP297	Low grade myxoid sarcoma	Differential diagnosis myxofibrosarcoma or myxoid liposarcoma	50
3547	333	AP297	Well-differentiated liposarcoma 90% Myxofibrosarcoma 10%	1. Perform immunohistochemical studies or FISH for CDK4 and mdm2 to confirm well-differentiated liposarcoma; 2. Sample more blocks to look for more typical well-differentiated liposarcoma and possible de-differenti	60

				ation area.	
3582	338	AP297	Myxoid liposarcoma	Unlikely ddx: sclerosing well differentiated liposarcoma should be MDM2+ and CDK4+. Myxoid liposarcoma has t(12,16) or t(12,22) translocation.	50
3529	369	AP297	Myxoid malignant fibrous histiocytoma (100%)	nil	100
3511	448	AP297	Left lower limb tumour, DDx: 1. Myxofibrosarcoma 80% 2. Well differentiated liposarcoma 20%	Ensure adequate sampling for definitive diagnosis, immunohistochemistry with markers MDM2 and CDK4 to rule in/out WD liposarcoma	100
3538	515	AP297	Sarcoma, favour myxofibrosarcoma (90%), differential diagnosis includes myxoid liposarcoma (5%) and well differentiated liposarcoma (5%)	extensive sampling to look for lipoblast	100
3600	517	AP297	Myxofibrosarcoma 100%	nil	100

3647	530	AP297	Dedifferentiated liposarcoma	nil	70
3555	663	AP297	SOFT TISSUE tumour, left lower limb - MYXOFIBROSARCOMA	nil	100
3573	762	AP297	Myxofibrosarcoma	nil	100
3638	763	AP297	Soft tissue - Well differentiated liposarcoma	With focal pleomorphic area. Examine more blocks from tumour.	50
3591	794	AP297	dedifferentiated liposarcoma (100%)	nil	70
3520	873	AP297	low grade fibromyxoid sarcoma. 100%	nil	50
3609	881	AP297	high grade sacrcoma liposarcoma	nil	60
3630	888	AP297	Pleomorphic liposarcoma 100%	nil	60
3620	109	AP298	Intraductal papillary mucinous neoplasm (IPMN), (100%), branch-duct type, with low grade dysplasia	nil	100
3657	222	AP298	Mucinous cystic neoplasm with low grade dysplasia	nil	50
3565	246	AP298	Gastric type intraductal papillary mucinous neoplasm (IPMN), branch duct type	nil	100
3548	333	AP298	Intraductal papillary mucinous neoplasm, branch-duct type, low grade dysplasia 100%	nil	100
3583	338	AP298	Mucinous cystadenoma.	More sampling to look for	70

				ovarian type stroma to confirm the diagnosis and also to rule out invasion and dysplasia. It is unusual for mucinous cystic tumor to occur in male and head of pancreas and without ovarian type stroma. Differential include periampullary duodenal wall cyst and intraductal papillary mucinous neoplasm. Correlation with imaging and ERCP studies are mandatory.	
3530	369	AP298	Intraductal papillary mucinous neoplasm, low-grade/non-invasive (100%)	It may represent a branch duct-type IPMN and a cystic variant of IPMN.	100
3512	448	AP298	Pancreas cystic lesion - Adenocarcinoma arising from intraductal papillary	nil	50

			mucinous neoplasm (IPMN) 100%		
3539	515	AP298	Intraductal papillary mucinous neoplasm with low grade dysplasia	extensive sampling to look for any high grade dysplasia or invasive malignancy	95
3601	517	AP298	Intraductal papillary mucinous neoplasm 100%	nil	95
3648	530	AP298	Intraductal papillary mucinous neoplasm.	nil	95
3556	663	AP298	clinically complex cystic lesion at uncinate process of PANCREAS - INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM, intermediate-grade dysplasia	nil	95
3574	762	AP298	Intraductal papillary mucinous neoplasm	nil	95
3639	763	AP298	Pancreas: intraductal papillary mucinous neoplasm	nil	95
3592	794	AP298	intraductal papillary mucinous neoplasm, branch duct type, no stromal invasion seen (100%)	nil	100
3521	873	AP298	mucinous cystadenoma. 100%	nil	50
3610	881	AP298	intraductal papillary mucinous neoplasm	nil	95
3631	888	AP298	Intraductal papillary mucinous neoplasm 100%	nil	95
3621	109	AP299	Myofibroblastoma (100%)	nil	100

3658	222	AP299	Spindle cell neoplasm(DDX: Cellular angiofibroma; myofibroblastoma; myoepithelioma)	nil	50
3566	246	AP299	Mammary-type myofibroblastoma	nil	100
3549	333	AP299	Myofibroblastoma 100%	Confirm with immunohistochemical studies for CD34 and smooth muscle actin (positive)	100
3584	338	AP299	Mammary type MYOFIBROBLASTOMA.	Remote differential: solitary fibrous tumor (CD34+ but desmin-) and leiomyoma (muscle markers+, and more sampling to look for more differentiated smooth muscle cells).	100
3531	369	AP299	Myofibroblastoma (100%)	nil	100
3513	448	AP299	Left breast mass - Mammary myofibroblastoma 100%	Immunohistochemical staining with CD34 positivity for confirmation.	100
3540	515	AP299	Myofibroblastoma	nil	100

3602	517	AP299	Perineurioma 100%	nil	30
3649	530	AP299	Myofibroblastoma.	nil	100
3557	663	AP299	Left BREAST, periareolar mass - MYOFIBROBLASTOMA, mammary-type	nil	100
3575	762	AP299	Myofibroblastoma.	nil	100
3640	763	AP299	Left breast ?myofibroblastoma	IHC: actin + Ddx : solitary fibrous tumour (CD34+)	100
3593	794	AP299	myofibroblastoma (100%)	nil	100
3522	873	AP299	myofibroblastoma. 100%	nil	100
3611	881	AP299	Myofibroblastoma of breast	nil	100
3632	888	AP299	Myofibroblastoma	nil	100
3622	109	AP300	consistent with secondary hyperparathyroidism (100%)	nil	100
3659	222	AP300	Osteoporosis with pathological fracture	nil	100
3567	246	AP300	Renal osteodystrophy associated with hyperparathyroidism	nil	100
3550	333	AP300	Hyperparathyroid bone disease	nil	100
3585	338	AP300	Hyperparathyroid bone disease (osteitis fibrosa).	nil	100

3532	369	AP300	Osteitis fibrosa cystica	It is associated with hyperparathyroidism in chronic renal failure	100
3514	448	AP300	Bone (femur) - Osteitis fibrosa cystica 100%	nil	100
3541	515	AP300	Osteitis fibrosa cystica (hyperparathyroidism, von Recklinghausen's disease)	To look for clinical evidence of hyperparathyroidism.	100
3603	517	AP300	Osteitis fibrosa compatible with secondary hyperparathyroidism 100%	nil	100
3650	530	AP300	Renal osteodystrophy, probably secondary hyperparathyroidism.	nil	100
3558	663	AP300	Neck of FEMUR, excision - RENAL OSTEODYSTROPHY.	nil	100
3576	762	AP300	Renal osteodystrophy	nil	100
3641	763	AP300	Femur ?Renal dystrophy and secondary hyperparathyroidism	nil	100
3594	794	AP300	increased osteoclastic activity, suggestive of renal osteodystrophy secondary to hyperparathyroidism	Correlate with blood calcium and parathyroid hormone level.	100
3523	873	AP300	hyperparathyroid bone disease. 100%	nil	100
3612	881	AP300	Osteitis fibrosa cystica	nil	100
3633	888	AP300	Renal osteodystrophy 100%	nil	100