ref	Code	Case	Diagnosis	Comment	Score
3750	109	AP301	Sclerosing haemangioma	nil	100
3730	222	AP301	Sclerosing haemangioma	nil	100
3694	246	AP301	Sclerosing haemangioma with granulomas in focal area, 100%	Ziehl-Neelsen stain for acid-fast bacilli Immunostain with pan-CK and EMA	100
3806	333	AP301	Pulmonary sclerosing hemangioma (sclerosing pneumocytoma)	nil	100
3790	338	AP301	SCLEROSING HEMANGIOMA.	nil	100
3662	369	AP301	Sclerosing hemangioma (100%)	nil	100
3678	448	AP301	Lung - Sclerosing haemangioma 100%	nil	100
3686	515	AP301	Sclerosing hemangioma 100%	nil	100
3722	517	AP301	Sclerosing haemangioma	nil	100

3741	530	AP301	Sclerosing Hemangioma, with chronic granulomatous process in the surrounding lung tissue.	nil	100
3715	663	AP301	SCLEROSING HEMANGIOMA	nil	100
3781	763	AP301	Sclerosing Haemangioma 100%	nil	100
3782	794	AP301	sclerosing hemangioma (100%)	nil	100
3707	873	AP301	Lung: sclerosing haemangioma. (100% Probability).	nil	100
3818	881	AP301	Sclerosing haemangioma	nil	100
3670	888	AP301	Sclerosing hemangioma (100%)	nil	100
3760	911	AP301	Sclerosing haemangioma 100%	nil	100
3751	109	AP302	Low grade lymphoma infiltrate	CD3, L26, MPO immunostains	70
3738	222	AP302	Lymphoma	perform hematolymphoid marker immunostaining of LCA,	50

				L26,CD3 etc...to assess diagnosis.	
3731	222	AP302	lymphoma	perform immunostaining of hematolymphoid marker such as LCA,L26,CD3,etc to assess diagnosis.	50
3695	246	AP302	Haematolymphoid malignancy, 100%	Favour medium sized lymphoma Immunostaining with CD3, CD20, MPO, Tdt Immunostain for MNF116 to rule out carcinoma.	100
3807	333	AP302	Hematolymphoid malignancy (with "blastoid" appearance)	Immunohistochemical studies to demonstrate lineage of the tumor cells e.g. blastoid mantle cell lymphoma, blastic plasmacytoid lymphoma, granulocytic sarcoma. Panel may include CD3, CD20, bcl-1, Myeloperoxidase, CD56,	100

				etc.	
3791	338	AP302	HEMATOLYMPHOID MALIGNANCY. Favor small cell lymphoma eg. maltoma. Other ddx: mantle cell lymphoma, B-CLL.	Other ddx, granulocytic sarcoma, T-cell lymphoma including gamma delta type. Remote ddx: invasive lobular carcinoma. Do B and T markers, CD5/10/23, myeloperoxidase, CK. Also to exclude primary elsewhere.	100
3663	369	AP302	Myeloid sarcoma (granulocytic sarcoma) (100%)	nil	100
3679	448	AP302	Breast - hematolymphoid neoplasm, favor granulocytic sarcom 100%	Special stain chloroacetate esterase for supporting diagnosis. Also to correlate with blood and marrow findings.	100
3687	515	AP302	Malignant infiltrate 100%	Differential diagnosis includes invasive lobular	50

				carcinoma and malignant lymphoma. Immunostains for cytokeratin and LCA are useful to differentiate the two. The resection margin is involved.	
3723	517	AP302	Malignant tumour. DDx are haematolymphoid malignancy and lobular carcinoma	Immunohistochemical stains to differentiate the type of malignancy	50
3742	530	AP302	Involved by Chronic lymphocytic leukemia / Small lymphocytic lymphoma.	nil	30
3758	663	AP302	HAEMATOLYMPHOID NEOPLASM, favour medium sized lymphoma. Differential diagnosis includes myeloid sarcoma and low grade B cell lymphoma.	nil	100
3799	762	AP302	Hematolymphoid malignancy (100%)	nil	30
3769	763	AP302	Favor Haematolymphoid malignancy (including granulocytic/myeloid sarcoma) over small cell invasive lobular carcinoma 100%	In real life, one will always perform immunohistochemical study, starting with epithelial	100

				(cytokeratin) and lymphoid (LCA, CD3, CD20) markers, followed by E-cad and p120-catenin if cytokeratin positive and possible MPO (for positive diagnosis of granulocytic/ myeloid sarcoma).	
3783	794	AP302	hematolymphoid malignancy, favor granulocytic sarcoma (100%)	Perform immunostaining to confirm the diagnosis and to rule out lymphoma and carcinoma: MPO, Tdt, CD3, CD20, cytokeratin	100
3708	873	AP302	Breast: atypical lymphoid infiltration favors malignant lymphoma of small lymphoid cells, including small lymphocytic lymphoma (positive for CD23 and CD5), mantle cell lymphoma (positive for cyclin D1), extranodal marginal cell lymphoma (negative for CD5, CD23, cyclin D1) and leukemic infiltration should also be ruled out (positive MPO) by performing relevant immunohistochemical stains. (100%	nil	100

			probability)		
3819	881	AP302	Lymphoid lesion. ? maltoma	nil	30
3671	888	AP302	Malignant lymphoid infiltrate, consistent with low-grade lymphoma (90%) Invasive lobular carcinoma (10%)	Confirm by performing CD3, CD20, MNF116 and E-Cadherin immunostains	50
3767	911	AP302	Granulocytic sarcoma (70%), lymphoblastic lymphoma (30%)	Do immunohistochemistry myeloperoxidase to confirm granulocytic sarcoma; and TdT to confirm lymphoblastic lymphoma	100
3752	109	AP303	Intraductal papilloma with atypical ductal hyperplasia	nil	80
3732	222	AP303	Intraductal papilloma with focal atypia	perform immunostaining of neuroendocrine marker such as Syn,CgA,NSE to rule out neuroendocrine DCIS	80

3706	246	AP303	Intraductal papilloma with atypical ductal hyperplasia; Fibrocystic change in adjacent area	nil	80
3699	246	AP303	Intraductal papilloma with atypical ductal hyperplasia; Fibrocystic change in adjacent area	nil	80
3808	333	AP303	Ductal papilloma with florid epithelial hyperplasia.	The hyperplatic nature of the epithelial proliferation can be confirmed with immunostaining for estrogen receptor (ER) and high molecular weight cytokeratin (HMCK) (strong, diffuse HMCK and weak, heterogeneous ER in hyperplasia; strong uniform ER and weaker and non-uniform HMCK in low grade DCIS). Staining with myoepithelial markers (e.g. p63) will	100

				highlight the two cell types arrangment.	
3792	338	AP303	SOLID PAPILLARY CARCINOMA (Neuroendocrine ductal carcinoma in situ).	Sampling to exclude invasion. DDX: Florid epitheliosis on intraduct papilloma. Look for monotonous ER staining and loss of HMWCK staining for DCIS.	50
3664	369	AP303	Duct papilloma with florid epithelial hyperplasia (100%) & Columnar cell change/hyperplasia (100%)	nil	100
3680	448	AP303	Breast - Low grade DCIS in papillomas 90% - ADH in papillomas 10%	Do immunostains CK14, ER. Diminished CK14 staining among proliferating ductal cells favor ADH/DCIS. More sampling to determine the size of lesion will determine if it is DCIS.	50

3688	515	AP303	Intraductal papilloma with atypia, 100%	nil	80
3724	517	AP303	Benign epithelial proliferation	nil	80
3743	530	AP303	Intraductal Papilloma with usual ductal epithelial hyperplasia, with usual ductal hyperplasia in surrounding breast tissue.	nil	100
3716	663	AP303	INTRADUCTAL PAPILLOMA and USUAL DUCTAL HYPERPLASIA.	nil	100
3800	762	AP303	Intraductal papilloma wiht hyperplasia and fibrocystic change. (100%)	nil	100
3770	763	AP303	Intraduct papillary neoplasm with florid usual hyperplasia (epitheliosis) and focal atypia 100%	Perform immunohistochemical study for neuroendocrine markers (Synaptophysin, Chromogranin) and examine more blocks to exclude micro/overt invasion.	80
3784	794	AP303	Papilloma with adenomyoepitheliomatous focus/usual ductal hyperplasia (100%)	Perform immunostaining for p63 to highlight the myoepithelial component.	100

3709	873	AP303	Breast: intraductal papilloma and usual ductal hyperplasia (100% probability)	nil	100
3820	881	AP303	? adenomyoepithelioma	nil	80
3740	888	AP303	Intraductal papilloma with atypical ductal hyperplasia (100%)	nil	80
3761	911	AP303	Intraductal papilloma 100%	nil	100
3753	109	AP304	Hepatoblastoma, mixed epithelial mesenchymal type	nil	100
3733	222	AP304	Hepatoblastoma	nil	100
3700	246	AP304	Hepatoblastoma, mixed type, with features suggestive of post-treatment effect. 100%	nil	100
3809	333	AP304	Hepatoblastoma, mixed epithelial and mesenchymal (with osteoid)	nil	100
3793	338	AP304	HEPATOBLASTOMA, mixed epithelial and mesenchymal pattern.	nil	100
3665	369	AP304	Hepatoblastoma, post-chemotherapy	nil	100

3681	448	AP304	Liver - Hepatoblastoma 100%	nil	100
3689	515	AP304	Hepatoblastoma, mixed epithelial and mesenchymal, 100%	nil	100
3725	517	AP304	Hepatoblastoma	nil	100
3744	530	AP304	Hepatoblastoma, mixed epithelial and mesenchymal components.	nil	100
3759	663	AP304	HEPATOBLASTOMA, mixed epithelial and mesenchymal type, with suggestion of post-chemotherapy change.	nil	100
3801	762	AP304	Hepatoblastoma (100%)	nil	100
3785	794	AP304	hepatoblastoma,mixed epithelial and mesenchymal pattern, probably post-chemotherapy treatment (100%)	nil	100
3710	873	AP304	Liver: mixed stromal and epithelial hepatoblastoma (100% probability).	nil	100
3821	881	AP304	Hepatoblastoma mixed with mesenchymal type	nil	100

3673	888	AP304	Hepatoblastoma, mixed epithelial and mesenchymal	nil	100
3762	911	AP304	Hepatoblastoma 100%	nil	100
3754	109	AP305	Chromophobe renal cell carcinoma	nil	100
3734	222	AP305	Chromophobe cell carcinoma	nil	100
3701	246	AP305	Chromophobe renal cell carcinoma, 100%	Hale's colloidal iron stain to confirm	100
3810	333	AP305	Chromophobe renal cell carcinoma.	nil	100
3794	338	AP305	CHROMOPHOBE RENAL CELL CARCINOMA	nil	100
3666	369	AP305	Chromophobe renal cell carcinoma (100%)	nil	100
3682	448	AP305	Kidney - Chromophobe renal cell carcinoma 100%	Colloidal iron staining positivity supports the diagnosis	100
3690	515	AP305	Chromophobe renal cell carcinoma, 100%	nil	100

3726	517	AP305	Chromophobe renal cell carcinoma	nil	100
3749	530	AP305	Consistent with Renal cell carcinoma, Chromophobe type (Fuhrman nuclear grade 3) and Oncotyoma. It is necessary to exclude Birt-Hogg-Dube syndrome.	nil	80
3717	663	AP305	RENAL CELL CARCINOMA, chromophobe variant.	nil	100
3802	762	AP305	Chromophobe renal cell carcinoma (100%)	nil	100
3772	763	AP305	Chromophobe Renal Cell Carcinoma 100%	If predominant tumour cells show eosinophilic cytoplasm as in the present slide, it could be called Chromophobe Renal Cell Carcinoma, eosinophilic variant. The variant has been shown to be genetically similar to classic Chromophobe RCC and distinct from Renal Oncocytoma which	100

				morphologically closely resembles this variant.	
3786	794	AP305	chromophobe renal cell carcinoma (100%)	nil	100
3711	873	AP305	Kidney: chromophobe renal cell carcinoma (100% probability).	nil	100
3822	881	AP305	Eoshinophilic chromophobe carcinoma	nil	100
3674	888	AP305	Chromophobe renal cell carcinoma (100%)	nil	100
3763	911	AP305	Chromophobe renal cell carcinoma 100%	nil	100
3756	109	AP307	Giant cell fibroblastoma	Immunostain CD34+	80
3736	222	AP307	Fibrous hamartoma of infancy	nil	40
3704	246	AP307	Giant cell fibroblastoma with features of dermatofibrosarcoma protuberans and focal suggestion of fibrosarcomatous transformation 100%	Immunostaining with CD34	100

3812	333	AP307	Giant cell fibroblastoma	Confirm with immunostaining for CD34 (positive)	80
3796	338	AP307	GIANT CELL FIBROBLASTOMA with dermatofibrosarcoma protuberans and possible fibrosarcomatous areas.	The fibrosarcomatous areas can be confirmed by additional sampling, loss of CD34 staining and increased Ki-67 staining.	100
3668	369	AP307	Giant cell fibroblastoma and dermatofibrosarcoma protuberans (100%)	nil	100
3684	448	AP307	Buttock - Giant cell fibroblastoma 100%	Molecular testing to detect any chromosomal abnormality of t(17,22).	80
3692	515	AP307	Dermatofibrosarcoma protuberans with giant cell fibroblastoma component, 100%	nil	100
3728	517	AP307	Giant cell fibroblastoma	nil	80
3747	530	AP307	Giant cell fibroblastoma.	nil	80
3719	663	AP307	Hybrid giant cell fibroblastoma and dermatofibroma protuberans with a focus of fibrosarcomatous	nil	100

			transformation		
3804	762	AP307	Giant cell fibroblastoma (100%)	nil	80
3776	763	AP307	Giant cell fibroblastoma with focal DFSP (Dermatofibrosarcoma Protuberans) 100%	nil	100
3788	794	AP307	giant cell fibroblastoma (100%)	nil	80
3713	873	AP307	Soft tissue: giant cell fibroblastoma (100% Probability).	nil	80
3824	881	AP307	Giant cell fibroblastoma	nil	80
3676	888	AP307	Giant cell fibroblastoma (100%)	nil	80
3765	911	AP307	Giant cell fibroblastoma, with area featuring dermatofibrosarcoma protuberans 100%	nil	100
3757	109	AP308	Adrenal cortical hyperplasia	nil	100
3737	222	AP308	Adrenal cortical carcinoma	nil	0

3705	246	AP308	Bilateral adrenal nodular hyperplasia, 100%	Look for central cause or paraneoplastic syndrome	100
3813	333	AP308	Adrenal cortical hyperplasia	nil	100
3797	338	AP308	MACRONODULAR ADRENAL HYPERPLASIA	nil	100
3669	369	AP308	Adrenocortical macronodular hyperplasia	nil	100
3685	448	AP308	Adrenal - Adrenocortical hyperplasia 100%	To sample adequately to rule out features of neoplasm. To alert on possibility of ectopic ACTH production to account for the florid adrenal hyperplasia.	100
3693	515	AP308	Macronodular hyperplasia with marked adrenal enlargement, 100%	nil	100
3729	517	AP308	Adrenocortical hyperplasia, suggestive of ACTH-independent macronodular adrenal hyperplasia	Check for blood ACTH	100

3748	530	AP308	MHMAE (Macronodular hyperplasia with marked adrenal enlargement).	nil	100
3721	663	AP308	Adrenal cortical neoplasm	nil	70
3805	762	AP308	Adrenal cortical adenoma (100%)	nil	70
3778	763	AP308	Macronodular Adrenal Hyperplasia 100%	Diagnosis in conjunction with clinical findings and bilateral organ size and weight.	100
3789	794	AP308	Features consistent with adrenal cortical hyperplasia (100%)	Need to look for ACTH producing pituitary tumour or ectopic ACTH secretion.	100
3714	873	AP308	Macronodular hyperplasia with marked adrenal enlargement (100% Probability).	nil	100
3825	881	AP308	Adrenocortical macronodular hyperplasia	nil	100
3677	888	AP308	Adrenal cortical hyperplasia (100%)	nil	100

3766	911	AP308	Macronodular hyperplasia with marked adrenal enlargement 100%	nil	100