ref	Code	Case	Diagnosis	Comment	Score
3860	109	AP309	Malignant Melanoma (100%)	nil	100
3964	222	AP309	Spindle cell melanoma	nil	100
3885	246	AP309	Malignant melanoma	nil	100
3852	333	AP309	Nodular Malignant melanoma 100%	nil	100
3844	338	AP309	Malignant melanoma	Confirm by positivity for HMB45 and S100. Exclude primary elsewhere.	100
3932	369	AP309	Malignant melanoma (100%)	nil	100
3826	448	AP309	Vulva mass biopsy - Malignant melanoma 100%	nil	100
3901	515	AP309	Malignant melanoma	nil	100
3893	517	AP309	Malignant melanoma 100%	nil	100
3940	530	AP309	Malignant Melanoma	nil	100
3909	663	AP309	Right VULVA mass, biopsy - MALIGNANT MELANOMA	nil	100
3923	762	AP309	Malignant melanoma. (100%)	nil	100

3913	763	AP309	Malignant melanoma. (100%)	nil	100
3956	794	AP309	malignant melanoma (100%)	perform immunostaining for S100 and melan-A for confirmation	100
3837	873	AP309	MALIGNANT MELANOMA with some spitzoid features, nodular with epidermal ulceration, invades deep dermis (Clark憓 level IV) and upto 3mm thick, mildly melanotic, extends to margin. (100% probability)	nil	100
3972	881	AP309	Melanoma	nil	100
3868	888	AP309	Melanoma 100%	nil	100
3877	911	AP309	Melanoma (100%)	nil	100
3861	109	AP310	Complete Hydatidiform Mole (100%)	Immunostaining for p57 is negative in the cytotrophoblasts and villous mesenchyme	100
3965	222	AP310	Early complete mole	perform immunostaining of P57 antibody to confirm	100
3886	246	AP310	Complete hydatidiform mole	nil	100
3853	333	AP310	Hydatidiform molar pregnancy, favor complete mole	Perform immunohistochemistry for p57 (lack of staining in villous stromal cells and cytotrophoblasts in complete mole).	100

3845	338	AP310	Complete mole 70%. Partial mole 30%.	Distinction can be by flow cytometry. Complete mole is diploid. Partial mole is triploid. Also by IHC for p57.	100
3933	369	AP310	Molar pregnancy (100%)	The features are in favor of complete mole. Immunohistohistochemistry of p57 to look for the loss of stain in cytotrophoblasts and villous mesenchymal cells to confirm the diagnosis of complete mole.	100
3827	448	AP310	Uterine curetting - Complete hydatidiform mole 100%	To do immunostain p57 and to correlate with serial clinical serology (beta HCG) data	100
3902	515	AP310	Molar pregnancy, favour complete mole (100%)	Immunostain for p57 protein to confirm the diagnosis (negative or markedly decreased in complete mole)	100
3894	517	AP310	Complete hydatidiform mole. 100%	nil	100
3941	530	AP310	Hydatidiform mole, favoring Complete.	Immunostain for P57 for demonstration of absence of staining in the cytotrophoblast and villous mesenchyme.	100
3921	663	AP310	ENDOMETRIUM, curetting - COMPLETE HYDATIDIFORM MOLE	nil	100

3927	762	AP310	Hydatidiform mole, in favor of complete mole. (Please see comment)	In order to differentiate partial and complete hydatidiform mole, all embedded the tissue submitted for examination to look for normal chorionic villi, nucleated red cells as well as fetal part which is indicative for partial mole. Immunohistochemical stain for p57 is negative in the villous stromal cells in complete mole and positive in villous stromal cells in partial mole.	100
3914	763	AP310	Complete hydatidiform mole. (100%)	Immunohistochemical staining for p57 for confirmation.	100
3957	794	AP310	complete hydatidiform mole (100%)	perform immunostaining for p57 for confirmation (negative in complete mole)	100
3836	873	AP310	COMPLETE HYDATIDIFORM MOLE (100% probability)	nil	100
3973	881	AP310	Partial Hydatidiform mole	nil	80
3869	888	AP310	Partial hydatidiform mole 100%	placental alkaline phosphatase	80
3878	911	AP310	Complete mole (100%)	nil	100

3862	109	AP311	MALToma (100%) arising from lymphocytic thyroiditis	Immunostaining for CD20 is positive in the MALToma area.	100
3966	222	AP311	Hashimoto thyroiditis with plasmacytoma	nil	70
3887	246	AP311	Extramucosal marginal zone B cell lymphoma of MALT type and Hashimoto thyroiditis	nil	95
3854	333	AP311	Extranodal marginal zone B cell lymphoma (MALT lymphoma) with background Hashimoto thyroiditis (100%).	Confirm with immunohistochemical stain for B marker (CD20) and Kappa/ Lambda for light chain restriction.	100
3846	338	AP311	Extranodal marginal zone B-cell lyphoma of MALT type arising from Hashimoto's thyroiditis	Confirm B lineage by IHC.	100
3934	369	AP311	Low-grade lymphoma (favors MALToma) in background of Hashimoto thyroiditis (100%)	nil	100
3828	448	AP311	Thyroid - Low grade Malignant Lymphoma arising in a background of Hashimoto's thyroiditis 100%	To do a panel of lymphoid markers for tumour classification (DDx extranodal marginal zone B lymphoma or lymphoplasmacytic lymphoma)	95
3903	515	AP311	Hashimoto's thyroiditis and low grade lymphoma, compatible with MALToma	nil	100
3895	517	AP311	Malignant lymphoma consistent with extranodal marginal zone lymphoma of MALT type. 100%	nil	80
3942	530	AP311	Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma), associated with Autoimmune thyroiditis.	nil	100

3910	663	AP311	THYROID, total thyroidectomy - EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA (MALT lymphoma) in background of HASHIMOTO'S THYROIDITIS.	nil	100
3953	762	AP311	Hashimoto thyroiditis with low grade malignant lymphoma.	Perform immunohistochemical stains for B-cell and T-cell. Molecular study including TCR and IgH is also helpful to delineate the monoclonal proliferation of lymphoid cells.	95
3915	763	AP311	Extranodal marginal zone lymphoma arising in Hashimoto thyroiditis. (100%)	nil	100
3958	794	AP311	malignant lymphoma, favor extranodal marginal zone B-cell lymphoma of MALT-type with plasmacytic differentiation, background of Hashimoto's thyroiditis (100%)	perform immunostaining for confirmation	100
3838	873	AP311	HASHIMOTO煘 THYROIDITIS complicated by MALIGNANT LYMPHOMA (100% probability), in favor of MALTOMA.	nil	100
3974	881	AP311	MALT lymphoma complicating lymphocytic thyroiditis	nil	95
3870	888	AP311	Extranodal marginal zone lymphoma of MALT arising from subacute thyroiditis 100%	CD20, kappa and lambda light chains, CD10, bcl-6, CD43, CD5, cyclin D1, and bcl-2.	90
3879	911	AP311	Thyroid - Extranodal marginal zone lymphoma, surrounding thyroid show features suggestive of lymphocytic thyroiditis.	nil	95
3863	109	AP312	Hepatoid adenocarcinoma with yolk sac-like appearance (100%)	Tumour cells are AFP +ve and SALL4 +ve.	100
3967	222	AP312	Mix germ cell tumor	nil	50

3888	246	AP312	Adenocarcinoma with yolk sac tumour-like features, suggestive of hepatoid adenocarcinoma (> 90%).	To perform immunostaining for alpha-fetoprotein, glypican-3, SALL-4 (expected positive). Ddx: Metastatic yolk sac tumour, primary yolk sac tumour.	100
3855	333	AP312	Poorly differentiated adenocarcinoma with features of yolk sac tumor and hepatoid carcinoma	Immunohistochemical studies for alpha fetal protein (AFP), SALL4. Correlate with patient serum AFP level. Sample for other possible germ cell components.	100
3847	338	AP312	Hepatoid adenocarcinoma.	Check serum AFP. Exclude secondary from liver. Rare differential is yolk sac tumor. For hepatoid adenocarcinoma, pCEA shows cannalicular staining pattern. Others markers like hepPar-1, AFP and glypican3 may overlap. Sampling for more classic solid trabeular pattern of hepatoid adenocarcinoma. Sampling for usual adenocarcinoma component.	100
3935	369	AP312	Hepatoid adenocarcinoma (100%)	Immunohistochemical stains of HepPar-1 and AFP would highlight those tumor cells	100

3829	448	AP312	Stomach tumour DDX (1)carcinoma with unusual features (high nuclear grade, clear cytoplasm, microcystic and tubulopapillary pattern) -- favor a rare variant of gastric carcinoma 95% (2)Epithelioid AML 5%	Immunomarkers CAM5.2, alpha fetoprotein, synaptophysin, HMB45	70
3907	515	AP312	Carcinoma (100%), suggestive of hepatoid adenocarcinoma and yolk-sac tumour-like carcinoma	To perform immunostain for alpha fetoprotein to confirm the nature of the eosinophilic globules.	100
3896	517	AP312	High grade malignant tumour. 100%	Differential diagnoses include extragonadal malignant germ cell tumour and adenocarcinoma exhibiting yolk sac tumour-like pattern. Suggest immunohistochemical study for CK, AFP, hCG and CD30.	70
3943	530	AP312	High grade Malignant tumor. Differential diagnosis include 1) Germ cell tumor especially embryonal carcinoma; 2) Poorly differentiated carcinoma either primary or direct extension from adjacent organ; 3) Mixed carcinoma with neuroendocrine feature	Immunostain is very important for diagnosis such as CD30, Cytokeratin markers, Neuroendocrine markers and etc	50
3911	663	AP312	STOMACH (tumour) - HEPATOID ADENOCARCINOMA.	nil	100
3928	762	AP312	Malignant tumor. Differential diagnosis includes adenocarcinoma with hepatoid pattern (80%) and metastatic carcinoma (20%). (Please see comment)	Correlate with clinical and radiological findings to see if there is only one tumor in stomach or if there is history of primary cancer to other primary cancer in the body. Regarding hepatoid	100

				adenocarcinoma, they are immunoreactive towards AFP. Increased AFP is noted in serum.	
3916	763	AP312	Adenocarcinoma with yolk sac tumour differentiation. (100%)	The distinction between gastric yolk sac tumour and adenocarcinoma with yolk sac tumour differentiation is controversial. Immunohistochemical staining for alpha-fetoprotein (AFP) would be performed.	100
3959	794	AP312	malignant, favor adenocarcinoma with yolk sac tumour component (100%)	perform immunostaining for AFP, Glypican-3 and SALL4 to delineate the yolk sac tumour component; correlate with clinical and serologic findings	100
3839	873	AP312	MALIGNANT TUMOR, differential diagnoses of YOLK SAC TUMOR vs POORLY DIFFERENTIATED CARCINOMA. (100% probability). Immunohistochemistry and clinical correlation. Yolk sac tumor positive for PLAP and alpha fetoprotein.	nil	100
3975	881	AP312	Adenocarcinoma with Yolk sac / trophoblastic component	nil	100
3871	888	AP312	Gastric hepatoid adenocarcinoma 100%	Hep-Par 1, alpa-foetal protein, and alpha-1-antitrypsin.	100
3880	911	AP312	Adenocarcinoma with yolk sac tumour-like pattern.	nil	100

3864	109	AP313	Granulomatous inflammation (100%), suggestive of Toxoplasmosis	To confirm by serology	100
3968	222	AP313	Toxoplasmosis of lymph node	nil	100
3889	246	AP313	Reactive lymphadenitis, consistent with toxoplasmosis	nil	100
3856	333	AP313	Reactive lymphoid hyperplasia with microgranulomas and monocytoid B cell hyperplasia; suggestive of toxoplasmosis	Serologic studies for toxoplasmosis; special stains to rule out other infective agents e.g. Zeihl Neelsen stain for acid fast bacilli; Grocott stain for fungus.	100
3848	338	AP313	Toxoplasmic lymphadenitis	Check serology. Correlate with history of contact with cats. *To exclude tuberculosis by ZN stain, +/-PCR, and culture.	100
3936	369	AP313	Reactive lymphadenopathy, in keeping with Toxoplasmosis lymphadenitis (100%)	Serology test for Toxoplasma is required to confirm the diagnosis	100
3830	448	AP313	Cervical lymph node - Toxoplasma lymphadenitis 100%	To correlate with serology and/or do immunostaining for organism localization	100
3904	515	AP313	Granulomatous lymphadenitis, suggestive of Toxoplasmosis	Suggest correlate with serology result	100
3897	517	AP313	Granulomatous lymphadenopathy consistent with Toxoplasmosis. 100%	The possibility of mycobacterial infection needs to be excluded. Suggest Ziehl Neelsen stain	100

				and correlation with culture result.	
3944	530	AP313	Infectious lymphadenitis, favoring Toxoplasmic lymphadenitis	Immunostain for Toxoplasma for confirmation. Correlation with clinical history and serologic study advised.	100
3955	663	AP313	LYMPH NODE, cervical, excisional biopsy - GRANULOMATOUS LYMPHADENITIS with monocytoid B cell proliferation, most compatible with toxoplasmosis infection, for PCR of toxoplasma DNA to confirm diagnosis.	nil	100
3931	762	AP313	Granulomatous inflammation. (100%) (Please see comment for the finding the cause of the granulomatous inflammation)	1. Correlate with clinical finding and family history to see if the possibility of chronic granulomatous disease. 2. Perform PCR test for toxoplasmosis. 3. Perform micro-organism stains including Zeihl-Neelsen stain, Gram stain, Grocott stain and Warthin-Starry stain to look for micro-organism.	70
3917	763	AP313	Reactive follicular hyperplasia with granulomas, suggestive of toxoplasmosis. (100%)	Correlate with serology (IgM antibodies to Toxoplasma gondii). Grocott stain would be performed to exclude fungal infection. Ziehl-Neelsen stain would be performed to look for acid-fast bacilli.	100

3960	794	AP313	reactive lymph node with monocytoid B-cell reaction and small epithelioid granulomas; toxoplasmosis has to be excluded (100%)	correlate with serologic findings to confirm the diagnosis and to exclude other differential diagnoses such as EBV infection	100
3840	873	AP313	TOXOPLASMA LYMPHADENITIS. (100% probability) Differentials would include other viral infections. Suggest correlation with toxoplasma serology, etc.	nil	100
3976	881	AP313	Reactive lymphoadenopathy. ? Toxoplasmosis	nil	100
3872	888	AP313	Toxoplasma lymphadenitis 100%	Sabin-Feldman dye test, serology, indirect immunofluorescence and PCR.	100
3881	911	AP313	Reactive lymphadenopathy, suggestive of Toxoplasmosis.	Correlate with immunohistochemical studies and serology please.	100
3865	109	AP314	Infarcted paraganglioma with foreign-body induced thrombosis (100%)	confirm with immunostaining for synaptophysin.	100
3969	222	AP314	Foreign body granulomatous reaction to cosmetic filler	nil	50
3890	246	AP314	Foreign body reaction and infarction, consistent with embolization effect. Residual nests of cells suspicious of residual paraganglioma, to perform immunostaining for chromogranin and synaptophysin to confirm.	nil	100
3857	333	AP314	Infarcted paraganglioma due to pre-operative embolization 100%	Confirm diagnosis by immunohistochemical studies for S100 and synaptophysin (positive in residual tumor cells).	100

3849	338	AP314	Paraganglioma with pre-operative embolisation.	Confirm by synaptophysin, chromograinin and S100(sustenticular cells). Differential is vascular tumors which should be positive for CD31 and CD34. Sampling for more viable areas.	100
3937	369	AP314	Paraganglioma (post-therapeutic embolization) (100%)	nil	100
3831	448	AP314	Left jugular mass - Paraganglioma with post embolization changes 100%	nil	100
3908	515	AP314	Foreign body present, suggestive of history of surgical intervention or embolisation	Suggest correlate with clinical history of surgical intervention or embolisation.	50
3898	517	AP314	Paraganglioma 100%	nil	90
3952	530	AP314	Organizing hematoma -Thromboembolism with presence of foreign body material -Polyvinyl alcohol (PVA).	nil	50
3912	663	AP314	JUGULAR MASS:- ORGANIZED THROMBUS, with embolization material seen; atypical epithelioid cells seen, pre-existing paraganglioma cannot be excluded.	nil	70
3951	762	AP314	Infarcted paraganglioma	nil	100
3918	763	AP314	Paraganglioma with effects of embolization. (100%)	nil	100

3961	794	AP314	paraganglioma with extensive infarction due to embolization (100%)	correlate with clinical history and perform immunostaining (synaptophysin, S100)	100
3841	873	AP314	FOREIGN BODY (probable gel foam) with fibrosis and necrosis. Focal cellular area with packeting pattern, need to exclude residual TUMOR area. Perform S100 to exclude paraganglioma. Need history correlation and more sections. (100% probability)	nil	90
3977	881	AP314	Thromobus with foreign material	nil	50
3873	888	AP314	Inflammatory reaction to foreign body (nonbiodegradable soft tissue filler) 100%	nil	50
3882	911	AP314	Jugulotympanic paraganglioma (post embolization)	nil	100
3866	109	AP315	Eccrine poroma (100%)	nil	98
3970	222	AP315	Hidroacanthoma simplex, suggestive of Borst-Jadassohn phenomenon	nil	98
3891	246	AP315	Poroma	nil	98
3858	333	AP315	Eccrine poroma and Hidroacanthoma simplex	nil	100
3850	338	AP315	Eccrine poroma.	nil	98
3938	369	AP315	Poroma (100%)	nil	98
3832	448	AP315	Chest wall Skin lesion - Benign adnexal tumour with eccrine differentiation. DDx: (1)eccrine poroma 70% (2)nodular hidroadenoma 30%	nil	70

3905	515	AP315	Eccrine poroma	nil	98
3899	517	AP315	Eccrine poroma. 100%	nil	98
3946	530	AP315	Poroma with predominantly feature of Hidroacanthoma simplex.	nil	100
3922	663	AP315	POROMA	nil	98
3926	762	AP315	Eccrine poroma. (100%)	nil	98
3919	763	AP315	Eccrine poroma. (100%)	nil	98
3962	794	AP315	eccrine poroma (100%)	nil	98
3842	873	AP315	ECCRINE POROMA with adjacent intraepidermal component showing Borst ?Jadassohn phenomenon. Excision margin clear. (100% probability)	nil	100
3978	881	AP315	Seborrhoeic keratosis	nil	50
3875	888	AP315	Hidroacanthoma simplex (intraepidermal poroma) 100%	nil	90
3883	911	AP315	Poroma	nil	98
3867	109	AP316	Myofibroblastoma (100%)	confirm with immunostaining for CD34.	50
3971	222	AP316	Solitary fibrous tumor	nil	100

3892	246	AP316	Solitary fibrous tumour	nil	100
3859	333	AP316	Solitary fibrous tumor (with features of giant cell angiofibroma focally).	Immunostaining for CD34	100
3851	338	AP316	Pleomorphic hyalinizing angiectatic tumor.	CD34 usually +ve. S100-ve.	50
3939	369	AP316	Solitary fibrous tumor (100%)	nil	100
3833	448	AP316	Left axillary mass - Solitary fibrous tumour 100%	Immunostain CD34 positivity supports the diagnosis.	100
3906	515	AP316	Solitary fibrous tumour	nil	100
3900	517	AP316	Pleomorphic hyalinizing angiectatic tumour. 100%	nil	50
3947	530	AP316	Mesenchymal tumor, more suggestive of Solitary fibrous tumor. Differential diagnosis with Atypical fibrous histiocytoma.	nil	100
3954	663	AP316	Left AXILLA mass:- SOLITARY FIBROUS TUMOR.	nil	100
3950	762	AP316	Solitary fibrous tumor	nil	100
3920	763	AP316	Solitary fibrous tumour / giant cell angiofibroma. (100%)	The new WHO classification classifies the entity of giant cell angiofibroma as synonymous with extrapleural solitary fibrous tumour. The	100

				diagnosis would be confirmed with immunohistochemical staining for CD34.	
3963	794	AP316	solitary fibrous tumour with focal giant cell angiofibroma pattern (100%)	perform immunostaining for CD34 for confirmation and to exclude other differential diagnoses	100
3843	873	AP316	SOLITARY FIBROUS TUMOR (Immunohistochemistry for CD34, bcl 2 and CD99). (100% probability)	nil	100
3979	881	AP316	Solitary fibrous tumour	nil	100
3876	888	AP316	Perineurioma 100%	EMA, vimentin, CD34, and S100.	50
3884	911	AP316	Solitary fibrous tumour	nil	100