

ref	code	case	diagnosis	comment	score
4326	109	AP333	Chordoid meningioma (100 %)	Confirm with immunohistochemical stain EMA	100
4391	222	AP333	Chordoid meningoma	nil	100
4335	246	AP333	CHORDOID MENINGIOMA (100%)	to perform EMA	100
4400	333	AP333	Chordoid meningioma 100%	Confirm with immunostaining for EMA.	100
4420	338	AP333	Chordoid meningioma, grade 2.	Confirm by EMA positivity.	100
4307	369	AP333	Chordoid meningioma	nil	95
4298	448	AP333	Chordoid meningioma 100%	nil	100
4325	515	AP333	Chordoid meningioma (100%)	nil	100
4373	517	AP333	Chordoid meningioma	nil	100
4409	530	AP333	Chordoid meningioma.	nil	100
4383	663	AP333	BRAIN tumour, left frontal, section - CHORDOID MENINGIOMA.	nil	100
4344	762	AP333	Chordoid meningioma	nil	100
4437	763	AP333	Chordoid meningioma. (100%)	nil	100
4419	794	AP333	chordoid meningioma (100%)	nil	100
4374	873	AP333	Chordoid meningioma (100% Probability).	nil	100
4446	881	AP333	Chordoid Meningioma. DDx: Chordoma. IHC: EMA, CK	nil	100
4354	888	AP333	Chordoid meningioma (100%)	nil	100
4455	911	AP333	Brain, left frontal tumour - Chordoid meningioma, WHO grade II.	nil	100
4327	109	AP334	Cytomegalovirus infection, Kayexalate-induced colonic ulcer (100%)	Confirm with immunohistochemical stain CMV	100
4392	222	AP334	CMV infection+kayexalate	nil	100
4336	246	AP334	CMV-COLITIS, presence of ulcer and KAYEXALATE CRYSTALS (100%)	nil	100
4401	333	AP334	CMV colitis, wth Kayaxelate crystal deposition 100%	Confirm with immunostaining for CMV	100
4421	338	AP334	Cytomegalovirus colitis.	Confirm by CMV	100

				immunostain.	
4308	369	AP334	Ulcer with Cytomegalovirus inclusions	nil	95
4299	448	AP334	Cytomegalovirus colitis 100%	Immunostaining to confirm CMV	100
4317	515	AP334	CMV colitis + kayexalate crystals (100%)	nil	100
4365	517	AP334	Cytomegalovirus colitis; Kayexalate-associated colitis	nil	100
4410	530	AP334	Ulcerative inflammatory process with presence of Cytomegalovirus infection.	nil	100
4384	663	AP334	COLON, right hemicolectomy - CYTOMEGALOVIRUS COLITIS	nil	100
4345	762	AP334	cytomegalovirus colitis	nil	100
4438	763	AP334	Kayexalate-associated ulcer (100%).	Immunohistochemical staining for cytomegalovirus (CMV) would be performed to look for CMV inclusion.	80
4422	794	AP334	colonic ulceration with CMV inclusions and deposits of crystals consistent with sodium polystyrene sulfonate (100%)	perform immunostaining to confirm CMV infection and correlate with clinical and drug history	95
4375	873	AP334	CMV colitis and presence of resonium crystals with ulcer (100% Probability).	nil	100
4447	881	AP334	Colitis with ulceration, suggestive of CMV colitis. IHC for CMV confirmation	nil	100
4355	888	AP334	CMV colitis; kayexalate seen (100%)	nil	100
4456	911	AP334	Colon - Ulcer with CMV (cytomegalovirus) infection	nil	100
4328	109	AP335	Plexiform neurofibroma with suggestion of malignant transformation	nil	100
4393	222	AP335	Plexiform schwannoma	nil	40
4337	246	AP335	MALIGNANT PERIPHERAL NERVE SHEATH TUMOUR, in background of	nil	100

			plexiform neurofibroma (100%).		
4402	333	AP335	Malignant peripheral nerve sheath tumor 100%	Confirm with immunohistochemical studies for S100, SOX10; correlate with clinical history of neurofibromatosis.	100
4423	338	AP335	Plexiform schwannoma.	Diffuse S100+. Unlikely ddx: Plexiform neurofibroma with less diffuse S100+ and distinct clinical picture. Remote ddx: MPNST shows only focal S100+.	50
4309	369	AP335	Malignant transformation (malignant peripheral nerve sheath tumor) of plexiform neurofibroma	Neurofibromatosis needs to be considered. Suggest clinical correlation.	100
4300	448	AP335	Malignant peripheral nerve sheath tumour 100%	nil	100
4318	515	AP335	MPNST in the background of Plexiform Neurofibroma (100%)	nil	100
4366	517	AP335	Low grade malignant peripheral nerve sheath tumor, probably arising from plexiform neurofibroma	nil	100
4411	530	AP335	Malignant peripheral nerve sheath tumor, plexiform pattern, involving nerve fascicles and feature suggestive of vascular involvement	nil	100
4385	663	AP335	NECK - MALIGNANT TRANSFORMATION of PLEXIFORM NEUROFIBROMA	nil	100
4346	762	AP335	Plexiform neurofibroma with malignant peripheral nerve sheath tumor transformation.	nil	100
4439	763	AP335	Malignant peripheral nerve sheath tumour (80%). Differential diagnosis is plexiform schwannoma	Immunohistochemical staining for S-100 would be performed, for which diffuse positive staining	80

			(20%).	would favour plexiform schwannoma and negative or patchy staining would favour MPNST. Further sampling is also recommended, as well as correlation with any history of neurofibromatosis or previous excision of tumour.	
4430	794	AP335	sarcoma, favor malignant peripheral nerve sheath tumor, with extensive intraneural infiltration and plexiform pattern (100%)	perform immunostaining for S100	95
4376	873	AP335	Atypical/cellular plexiform neurofibroma in neurofibromatosis, need to rule out low grade malignant nerve sheath tumor (100% Probability).	nil	50
4448	881	AP335	Neurogenic tumour. DDx: 1. Plexiform schwannoma. 2. Neurogenic sarcoma	nil	50
4357	888	AP335	Plexiform neurofibroma with malignant change (100%)	nil	100
4457	911	AP335	Neck - Malignant peripheral nerve sheath tumour arising from plexiform neurofibroma	nil	100
4329	109	AP336	Solid-pseudopapillary neoplasm of pancreas (100 %)	nil	100
4394	222	AP336	Solid-pseudopapillary neoplasm of pancrea	nil	100
4338	246	AP336	SOLID PSEUDOPAPILLARY NEOPLASM (100%)	nil	100
4403	333	AP336	Solid pseudopapillary neoplasm	Confirm with immunohistochemical studies for CD10 and Beta catenin.	100
4424	338	AP336	Solid-pseudopapillary tumor.	Confirm by Beta-catenin nuclear and cytoplasmic +. Less likely ddx: Islet cell	100

				tumor, chromogranin+, synaptophysin+, Beta-catenin-. Remote ddx: acinar cell carcinoma. Beta-catenin-. Zymogen granules seen on PAS+/-D.	
4310	369	AP336	Solid pseudopapillary tumor (SPPT)	nil	100
4301	448	AP336	Pancreas - Solid pseudopapillary neoplasm 100%	nil	100
4319	515	AP336	Solid pseudopapillary tumour (100%)	nil	100
4367	517	AP336	Solid pseudopapillary neoplasm	nil	100
4412	530	AP336	Solid Pseudopapillary Tumor (Solid Pseudopapillary Neoplasm)	nil	100
4386	663	AP336	PANCREAS, excision - SOLID PSEUDOPAPILLARY TUMOUR	nil	100
4347	762	AP336	Solid pseudopapillary tumor	nil	100
4440	763	AP336	Solid-pseudopapillary tumour. (100%)	nil	100
4431	794	AP336	solid-pseudopapillary neoplasm with abundant hyaline globules (100%)	nil	100
4377	873	AP336	Solid pseudopapillary tumour of pancreas (100% Probability).	nil	100
4449	881	AP336	Solid pseudopapillary tumour of pancreas	nil	100
4358	888	AP336	Solid pseudodopapillary tumor (100%)	nil	95
4458	911	AP336	Pancreas - Differential diagnoses include solid pseudopapillary neoplasm (90%) and well-differentiated neuroendocrine tumour (10%).	Further immunohistochemical staining with beta-catenin (abnormal nuclear and cytoplasmic staining), CD10 and CD56 to confirm the former diagnosis, and neuroendocrine markers such as chromogranin A	100

				and synaptophysin for the latter.	
4330	109	AP337	Lymphocytic mastitis (100 %)	Correlate clinically with history of diabetes and autoimmune disease.	100
4395	222	AP337	Lymphocytic mastopathy	nil	100
4339	246	AP337	LYMPHOCYTIC LOBULITIS	check patient's history for DM	100
4404	333	AP337	Lymphocytic mastopathy 100%	nil	100
4425	338	AP337	Lymphocytic mastitis.	nil	100
4311	369	AP337	Sclerosing lymphocytic lobulitis	Diabetic mastopathy needs to be considered. Please correlate with clinical history and blood glucose.	100
4302	448	AP337	Breast - sclerosing lymphocytic mastitis/lobulitis 100%	To correlate with any history of diabetes (if yes, aka diabetic mastopathy)	100
4320	515	AP337	Lymphocytic mastitis, to rule out Diabetic Mastopathy (100%)	To correlate with clinical history of any DM	100
4368	517	AP337	Lymphocytic mastitis	nil	100
4413	530	AP337	Sclerosing lymphocytic lobulitis (Lymphocytic mastitis).	Need clinical information for Diabetes history to exclude Diabetes mastopathy	100
4387	663	AP337	BREAST (left breast mass), hookwire excision - LYMPHOCYTIC MASTITIS.	nil	100
4348	762	AP337	Lymphocytic mastitis	nil	100
4441	763	AP337	Lymphocytic mastitis. (100%)	nil	100
4432	794	AP337	lymphocytic mastitis, to exclude underlying diabetic mastopathy (100%)	nil	100
4378	873	AP337	Sclerosing lymphocytic mastitis with focal acute inflammation (100% Probability).	nil	100
4450	881	AP337	Lymphocytic lobulitis mastitis, benign	nil	95
4359	888	AP337	Lymphocytic mastitis (100%)	nil	100
4459	911	AP337	Left breast, hook-wire	nil	100

			excision - Benign, consistent with lymphocytic mastitis.		
4331	109	AP338	Zollinger-Ellison syndrome, Helicobacter pylori present. A group of atypical cells is seen at the edge.	Suggest correlate with morphology of the atypical cells with the main tumour histology.	100
4396	222	AP338	Zollinger-Ellison syndrome	nil	40
4340	246	AP338	ZOLLINGER-ELLISON SYNDROME (80%) DIEULAFOY LESION (CALIPER PERSISTENT ARTERY OF THE STOMACH) (20%)	nil	40
4405	333	AP338	Helicobacter (coccoid form) associated active chronic gastritis 100%. Suggestive of hypertrophic gastropathy	Correlate with gross findings and clinical history of possible Zollinger-Ellison syndrome.	100
4426	338	AP338	Menetrier disease complicated with a patch of carcinoma at the edge of the section. Coccoid form of Helicobacter pylori-associated chronic active gastritis.	Mucicarmin stain to confirm the carcinoma being adenocarcinoma.	100
4312	369	AP338	Chronic inactive gastritis with Helicobacter pylori (coccoid form)	nil	100
4303	448	AP338	Stomach - No malignancy. Coccoid form of Helicobacter pylori organisms seen 100%	nil	100
4321	515	AP338	Hypertrophic gastropathy + a tiny focus of Malignant Cells at the edge	nil	40
4369	517	AP338	Helicobacter-associated active chronic gastritis; Focal presence of suspicious cells; Areas suggestive of parietal cell hyperplasia, Zollinger-Ellison syndrome needs to be excluded.	nil	100
4414	530	AP338	Chronic active gastritis and	nil	100

			presence of coccoid bacterial, favoring coccoid form of <i>Helicobacter pylori</i> . Alteration suggestive of hyperplastic glandular / acinar compartment of mucosa. Presence of single large artery located high at submucosa, with feature suspicious of Dieulafoy disease		
4418	663	AP338	STOMACH - ACTIVE CHRONIC GASTRITIS with some coccoid-form microorganism (for immunostaining for <i>Helicobacter pylori</i>); Abnormal thick-wall blood vessel in submucosa with unknown significance	nil	100
4349	762	AP338	<i>Helicobacter</i> associated gastritis	nil	100
4442	763	AP338	Abnormal submucosal vessel and <i>Helicobacter pylori</i> (coccoid form) present. (100%)	The presence of abnormal large artery in the submucosa may represent Dieulafoy's lesion. Immunohistochemical staining for <i>Helicobacter pylori</i> would be performed to confirm the presence of <i>Helicobacter pylori</i> (coccoid form). Small number of probably carcinoma cells are identified at the edge of the histologic section received, but the amount is too scanty for proper assessment and this finding probably represents incidental exposure on step sectioning instead of the intended focus.	100
4433	794	AP338	active chronic gastritis with	nil	100

			coccoid Helicobacter organisms; prominent gastric folds with hyperplasia of parietal cells, need to exclude Zollinger-Ellison syndrome (?underlying gastrinoma) (100%)		
4379	873	AP338	Giant gastric rugae due to hyperplasia of gastric body parietal glands, consistent with Zollinger Ellison Syndrome (100% Probability).	nil	40
4451	881	AP338	Consistent with Dieulafoy's lesion	nil	40
4360	888	AP338	Zollinger-Ellison syndrome (100%)	nil	40
4460	911	AP338	Stomach - Active chronic gastritis; no evidence of malignancy.	Perform immunohistochemical staining for confirming the presence of Helicobacter pylori. The possibilities of an incidental Dieulafoy lesion and hypertrophic gastropathy may be considered.	60

Comment:

This case is meant to show the coccoid form of Helicobacter pylori which is relatively more common seen in resection specimen than biopsy. Carcinoma focus may be present in some sections.

4332	109	AP339	Malignant melanoma (100 %)	nil	100
4397	222	AP339	DDx melanoma and adenocarcinoma of the prostate with signet-ring cell-like features	Do IHC CK and HMB45	80
4341	246	AP339	MALIGNANT MELANOMA	to be confirmed by immunostains and rule out metastatic carcinoma.	100
4406	333	AP339	Malignant melanoma 100%	Confirm with immunohistochemical studies for S100, SOX10. Exclude differential	100

				diagnosis of carcinoma with cytokeratin, PSA.	
4427	338	AP339	Malignant melanoma.	Confirm by S100+ and HMB45+. Carcinoma excluded by CK-. Prostate adenocarcinoma excluded by PSA-. Rectal adenocarcinoma excluded by CDX2-.	100
4313	369	AP339	Malignant melanoma	nil	100
4304	448	AP339	Prostate - Malignant melanoma 100%	Correlate with histology of rectal mass (to ascertain if prostatic melanoma is primary or secondary)	100
4322	515	AP339	Malignant, favour Melanoma	Do immunohistochemical stains S100 protein, HMB-45 and Melan A to confirm	100
4370	517	AP339	Malignant melanoma	nil	100
4415	530	AP339	Malignant Melanoma, favoring metastasis	Need to look for primary	100
4388	663	AP339	PROSTATE, TRUS biopsy:- MELANOMA	nil	100
4350	762	AP339	Malignant melanoma	nil	100
4443	763	AP339	Malignant melanoma. (100%)	nil	100
4434	794	AP339	malignant, favor melanoma (100%)	perform immunostaining (melan A+, cytokeratin -) for confirmation	100
4380	873	AP339	Malignant melanoma (100% Probability).	nil	100
4452	881	AP339	Malignant rhabdoid tumour (?primary site: colon/prostate)	nil	50
4361	888	AP339	Malignant melanoma (100%)	nil	100
4461	911	AP339	Prostate, TRUS biopsy - Malignant melanoma.	nil	100
4333	109	AP340	Kaposi sarcoma (100%)	nil	100
4398	222	AP340	Kaposi sarcoma	nil	100
4342	246	AP340	KAPOSI SARCOMA (100%)	check for HHV8	100
4407	333	AP340	Kaposi sarcoma	Immunohistochemical studies for HHV-8, CD31	100
4428	338	AP340	Kaposi sarcoma	nil	100

4314	369	AP340	Kaposi sarcoma	nil	100
4305	448	AP340	Kaposi sarcoma 100%	nil	100
4323	515	AP340	Kaposi's Sarcoma (100%)	nil	100
4371	517	AP340	Kaposi's sarcoma	nil	100
4416	530	AP340	Kaposi sarcoma.	nil	100
4389	663	AP340	Right lower EYELID mass - KAPOSI'S SARCOMA	nil	100
4351	762	AP340	Kaposi's sarcoma	nil	100
4444	763	AP340	Kaposi sarcoma (100%).	nil	100
4435	794	AP340	Kaposi sarcoma (100%)	nil	100
4381	873	AP340	Kaposi sarcoma (100% Probability).	nil	100
4453	881	AP340	Kaposi's sarcoma	nil	100
4362	888	AP340	Kaposi sarcoma (100%)	nil	100
4462	911	AP340	Right lower eyelid - Kaposi sarcoma.	To confirm with immunohistochemical staining for HHV8.	100
4334	109	AP341	Bizarre parosteal osteochondromatous proliferation (100 %)	nil	20
4399	222	AP341	Osteosarcoma	nil	100
4343	246	AP341	OSTEOSARCOMA	check with X-ray	100
4408	333	AP341	Osteosarcoma 100%	Immunohistochemical studies for SATB2 (positive). Also S100 to rule out chrondroblastoma.	100
4429	338	AP341	Osteoblastoma-like osteosarcoma, grade 2 out of 4.	To confirm by FISH for MDM2 and CDK4 amplification. To correlate with clinical and radiological findings.	100
4315	369	AP341	Osteoblastoma-like osteosarcoma	nil	100
4306	448	AP341	Metatarsal bone - Osteosarcoma 95% - Aggressive osteoblastoma 5%	Radiological features have to be correlated	100
4324	515	AP341	Suspicious bone forming tumour, correlate with radiological features	Correlate with radiological features	80
4372	517	AP341	Osteosarcoma	nil	100
4417	530	AP341	Favor Osteosarcoma.	nil	100
4390	663	AP341	Right metatarsal BONE lesion:- OSTEOSARCOMA	Please correlate with clinical and imaging	100

				findings.	
4352	762	AP341	Osteblastoma-like osteosarcoma.	nil	100
4445	763	AP341	Atypical osteoblastic lesion, favour osteblastoma (80%), differential diagnosis of osteosarcoma (20%) to be excluded by clinical/radiological correlation and further sampling.	Correlation with the radiological findings and other histologic sections are essential to arrive at a definitive diagnosis. The X-ray appearance of the lesion (such as borders and periosteal reaction) should be assessed to see whether its features favour a benign or malignant lesion. Additional histologic sections also need to be sampled to look for areas of definite high grade cytologic atypia or atypical mitoses, which would favour osteosarcoma if present.	70
4436	794	AP341	osteosarcoma (100%)	correlate with radiologic findings	100
4382	873	AP341	Suspicious of osteosarcoma, important differential diagnosis is aggressive osteoblastoma, need to correlate with radiological findings (100% Probability).	nil	80
4454	881	AP341	Osteoblastoma	nil	50
4363	888	AP341	Chondroblastoma (50%) DDX: Bizarre parosteal osteochondromatous proliferation (50%)	nil	20
4463	911	AP341	Right 4th metatarsal bone - Differential diagnoses include osteosarcoma (70%) and aggressive osteoblastoma (30%).	Correlation with clinical and radiological findings is essential.	100