

code	case	diagnosis	comment	score
109	AP197	Benign lymphoepithelial cyst (100%)	check HIV status	100
222	AP197	MALT lymphoma	nil	20
246	AP197	Benign lymphoepithelial cyst 100%	Exclude HIV infection.	100
333	AP197	Lymphoepithelial cyst (cystic lymphoid hyperplasia), possibly HIV-associated	Check HIV status Perform CD20, CD3, kappa, lambda to rule out an early MALT lymphoma	100
338	AP197	CYSTIC LYMPHOID HYPERPLASIA. 100%	To check for HIV.	100
369	AP197	Malignant non-Hodgkin lymphoma. Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma). (WHO classification) (100%)	nil	20
401	AP197	Lymphoepithelial cyst.	Correlate with clinical findings to exclude HIV infection.	100
448	AP197	Bilateral parotid mass - Lymphoepithelial cyst 100%	Association with HIV infection has to be considered.	100
515	AP197	Lymphoepithelial cyst 100%	1) Suggest to rule out human immunodeficiency virus infection 2) Correlate with clinical picture to r/o Sjogren's syndrome and benign lymphoepithelial lesions	100

code	case	diagnosis	comment	score
			(BLEL), although less likely in males.	
517	AP197	Benign lymphoepithelial lesion 100%	nil	70
530	AP197	Benign lymphoepithelial cysts in the background of Lymphoepithelial lesion (Mikulicz's disease). Rule out Sjogren's syndrome and immunodeficiency (HIV).	nil	100
663	AP197	MIKULICZ'S DISEASE 100%. Suggest exclusion of malignant lymphoma by immunohistochemistry for T- and B-lymphocyte markers and molecular studies for immunoglobulin heavy chain gene rearrangement.	nil	70
666	AP197	Low grade extranodal MALT-type lymphoma 100%	Arising in BLEL Confirm with immunostains including CD20, CD3, kappa/lambda, CD5, CD10	20
763	AP197	Benign lymphoepithelial lesion	nil	70
815	AP197	Beign lymphoepithelial lesion/myoepithelial sialadenitis	Associated with Sjogren's syndrome and other autoimmune diseases. Autoimmune markers should be done.	70
873	AP197	Suggestive of HIV associated lymphoepithelial	nil	100

code	case	diagnosis	comment	score
		cyst, correlate clinically. 100% Probability		
888	AP197	Benign lymphoepithelial cyst (100%)	Association with HIV has to be considered.	100
911	AP197	Benign lymphoepithelial cyst.	Please exclude the possibility of HIV association.	100
109	AP198	Cutaneous mastocytosis (100%)	Confirm with toluidine blue stain and c-kit	100
222	AP198	Cutaneous mastocytosis	nil	100
246	AP198	Mastocytosis 100%	Confirmation of mast cells with special stains (toluidine blue, mast cell triptase) or immunostain (CD117). Suggest further clinical evaluation for systemic mast cell disease, include possible bone marrow examination.	100
333	AP198	Mastocytosis	Confirm by immunostaining for CD117 or mast cell tryptase	100
338	AP198	MASTOCYTOSIS. 100%	Confirm by metachromatic stain toluidine blue and immunostain for tryptase.	100
369	AP198	Mast cell disease. (100%)	nil	100

code	case	diagnosis	comment	score
401	AP198	Mast cell disease. (100%)	Confirmed the diagnosis by immunohistochemical stain for c-kit.	100
448	AP198	Perianal and vulval mass - Cutaneous mastocytoma 100%	nil	100
515	AP198	Cutaneous mastocytosis, consistent with urticaria pigmentosa (100%)	To be confirmed by c-kit	100
517	AP198	Mastocytosis 100%	nil	100
530	AP198	In conjunction with information received, compatible with Cutaneous Mastocytosis. If it is only solitary large lesion, it is called Solitary mastocytoma of skin.	Perform Tryptase, Choroacetate esterase and CD117.	100
663	AP198	Mastocytosis 100%	nil	100
666	AP198	Urticaria pigmentosa 100%	Confirm with toluidine blue for mast cells	100
763	AP198	Mastocytosis	To be confirmed by toluidine blue stain and CD117 immunostaining	100
815	AP198	Mastocytosis (urticaria pigmentosa)	nil	100
873	AP198	Urticaria pigmentosa, nodular form. 100% Probability	nil	100
888	AP198	Cutaneous mastocytosis (100%)	nil	100
911	AP198	Mastocytosis.	Need to correlate with the clinical history for	100

code	case	diagnosis	comment	score
			further subtyping.	
109	AP199	Malignant tumour (100%), suggestive of granulocytic sarcoma. Differential diagnoses -malignant lymphoma, lobular carcinoma	Immunostains for myeloperoxidase and c-kit for confirmation of granulocytic sarcoma; LCA, L26 and CD3 to exclude lymphoma and CK to exclude carcinoma	100
222	AP199	Highly suspicious of carcinoma	nil	50
246	AP199	Granulocytic sarcoma 100%	Confirmation with immunostains: Positive with myeloperoxidase, negative for LCA (lymphomas) and cytokeratin (excluding lobular carcinoma).	100
333	AP199	Hematolymphoid malignancy, favor myeloid leukemia 80% Infiltrative lobular carcinoma 20%	Confirm diagnosis by immunostains: MPO for myeloid leukemia, CD20/CD3 for lymphoma, cytokeratin for lobular carcinoma	100
338	AP199	GRANULOCYTIC SARCOMA 100%	To be confirmed by myeloperoxidase stain. The differential diagnosis of	100

code	case	diagnosis	comment	score
			large cell lymphoma can be excluded by negativity for lymphoma markers. Remote possibility of invasive lobular carcinoma also can be excluded by negative cytokeratin stain.	
369	AP199	Malignant infiltration. DDx between hematolymphoid malignancy and infiltrative carcinoma mainly of lobular type. (100%)	Do immunostains including myeloperoxidase, CD34 and c-kit (for leukemia); LCA (for lymphoma); and keratin (for carcinoma).	100
448	AP199	Right breast mass - Granulocytic sarcoma 100%	To correlate with blood and bone marrow findings - any AML?	100
515	AP199	Malignant, consistent with invasive lobular carcinoma (100%) with focal lobular carcinoma in-situ (LCIS) present , to be confirmed by immunostains for epithelial cell marker (CK) and E-cadherin	nil	50
517	AP199	Infiltrative lobular carcinoma 100%	nil	50
530	AP199	General architecture compatible with Infiltrating malignant tumor.	Perform Pancytokeratin and LCA for	70

code	case	diagnosis	comment	score
		Differential diagnosis include Infiltrating lobular carcinoma and Malignant lymphoma.	confirmation.	
663	AP199	Invasive lobular carcinoma 100%	nil	50
666	AP199	Haematolymphoid malignancy, probably lymphoma 100%	Immunostains: lymphoid CD45, CD20, CD3, CD30 MPO to exclude granulocytic sarcoma	100
763	AP199	Malignant infiltrate, favor hematolymphoid malignancy, differential diagnoses include pleomorphic lobular carcinoma and angiosarcoma	Need immunohistochemistry for definitive diagnosis	70
815	AP199	Sclerosing lymphocytic lobulitis (diabetic mastopathy)	nil	0
873	AP199	Leukaemic infiltrate, confirmed by CAE and MPO, would exclude lymphoma and lobular carcinoma by immunostaining. 100% Probability	nil	100
888	AP199	Malignant infiltration, favour leukaemic infiltrates (90%), invasive carcinoma (10%)	Correlate with clinical history; enzyme stain for CAE (positive in leukaemic infiltrates) and immunostain for cytokeratin (positive in carcinoma).	100
911	AP199	Haematolymphoid malignancy. Probably	Confirm by myeloperoxida	100

code	case	diagnosis	comment	score
		Granulocytic sarcoma.	se immunostain. To exclude lymphoma with panel of T and B-cell markers.	
109	AP200	Microglandular adenosis (100%)	nil	100
222	AP200	microglandular adenosis	nil	100
246	AP200	Microglandular adenosis 100%	nil	100
333	AP200	Microglandular adenosis	nil	100
338	AP200	MICROGLANDULAR ADENOSIS. 100%	nil	100
369	AP200	Microglandular adenosis. (100%)	nil	100
401	AP200	Microglandular adenosis. (100%)	Nil	100
448	AP200	Left breast lesion - Microglandular adenosis 100%	nil	100
515	AP200	Microglandular adenosis (100%)	nil	100
517	AP200	Microglandular adenosis 100%	nil	100
530	AP200	Microglandular adenosis in the background of Fibrocystic change with focal ductal hyperplasia.	nil	100
663	AP200	Microglandular adenosis 100%	nil	100
666	AP200	Benign microglandular adenosis 100%	nil	100
763	AP200	Microglandular adenosis	nil	100
815	AP200	Tubular adenosis	nil	80
873	AP200	Microglandular adenosis. 100% Probability	nil	100
888	AP200	Microglandular adenosis (100%)	nil	100
911	AP200	Microglandular adenosis.	Microcalcificati on is noted.	100

code	case	diagnosis	comment	score
109	AP201	Yolk sac tumour (100%)	nil	100
222	AP201	yolk sac tumor	nil	100
246	AP201	Yolk sac tumor 100%	There is focal glandular/intestinal differentiation. No other germ cell tumor component identified on this slide, but still need adequate sampling and correlation with serum hCG and AFP levels.	100
333	AP201	Yolk sac tumor	nil	100
338	AP201	YOLK SAC TUMOR. 100%	SAMPLING TO LOOK FOR OTHER GERM CELL COMPONENTS.	100
369	AP201	Yolk sac tumor. (100%)	Nil.	100
401	AP201	Yolk Sac tumour. 100%	nil	100
448	AP201	Pelvic mass - Yolk sac tumour 100%	nil	100
515	AP201	Yolk sac tumour (100%)	Extensive sampling to rule out other germ cell tumour components	100
517	AP201	Yolk sac tumour 100%	nil	100
530	AP201	Yolk sac tumor.	nil	100
663	AP201	Yolk Sac Tumour	nil	100

code	case	diagnosis	comment	score
666	AP201	Yolk sac tumour 100%	AFP, inhibin immunostain tp confirm and exclude GCT	100
763	AP201	Yolk sac tumor	nil	100
815	AP201	Yolk sac tumor	nil	100
873	AP201	Yolk sac tumour with focal glandular differentiation 100% Probability	nil	100
888	AP201	Yolk sac tumour (100%)	nil	100
911	AP201	Yolk sac tumour.	nil	100
109	AP202	Malignant myxoid tumour consistent with myxoid malignant fibrous histiocytoma (100%)	nil	100
109	AP202	Malignant myxoid tumour consistent with myxoid malignant fibrous histiocytoma (100%)	Immunostains for desmin, actin, S100, CD31, CD34 to exclude specific differentiation.	100
222	AP202	myxofibrosarcoma	nil	100
246	AP202	Myxofibrosarcoma 100%	Main differentiation is from myxoid liposarcoma. Immunostaining with S-100 protein will highlight lipoblasts, whereas in myxofibrosarcoma the pseudolipoblasts will not be stained.	100
333	AP202	Myxoid malignant fibrous histiocytoma 70% Inflammatory myxohyaline	nil	70

code	case	diagnosis	comment	score
		tumor 30%		
338	AP202	Malignant myxoid sarcoma consistent with myxoid malignant fibrous histiocytoma. 100%	For differential diagnosis, to sample more tissue and do immunostains to search for any line of differentiation eg. myxoid liposarcoma.	100
369	AP202	Myxoid sarcoma. (100%)	Inflammatory myxohyaline tumor of the distal extremities with vascuole or Reed-Sternberg-like cells needs to be considered/excluded. Other Ddx includes chondrosarcoma, etc. Suggest more sampling and correlate with imaging.	60
448	AP202	Right knee tumor - Myxofibrosarcoma (Myxoid MFH) 100%	nil	100
515	AP202	Malignant myxoid tumour (100%), differential diagnosis includes low grade fibromyxoid tumour (90%) and myxoid malignant fibrous histiocytoma (10%)	nil	60
517	AP202	Myxoid sarcomatous lesion 100%	Differential diagnoses include Myxoid liposarcoma, Myxoid	60

code	case	diagnosis	comment	score
			malignant fibrous histiocytoma	
530	AP202	Malignant myxoid tumor: 1) Myxofibrosarcoma; 2) Myxoid Chondrosarcoma; 3) Myxoid Liposarcoma.	Perform x-ray, special stains and IHC.	60
663	AP202	Myxofibrosarcoma 100%	nil	100
666	AP202	Juxta-articular myxoma 60% Low-grade myxoid sarcoma 40%	Further blocks and correlation with clinical/radiology findings Ki-67 to assess proliferation Immunostains cytokeratin to exclude myxoid synovial sarcoma	40
763	AP202	Myxoid sarcoma, favor myxoinflammatory fibroblastic sarcoma, less likely myxoid malignant fibrous histiocytoma	nil	60
815	AP202	Myxofibrosarcoma, intermediate grade	nil	100
873	AP202	Myxofibrosarcoma. 100% Probability	nil	100
888	AP202	Malignant myxoid tumour (100%); favour low grade myxoid malignant fibrous histiocytoma,(myxoid MFH)(90%); myxoid chondrosarcoma (10%)	Examine more sections; immunostains for actin for myofibroblastic differentiation in myxoid MFH; S100 protein to exclude chondrosarcoma.	90

code	case	diagnosis	comment	score
911	AP202	Low-grade myxofibrosarcoma.	nil	100
109	AP203	Foreign body reaction consistent with breast implant material (100%)	nil	95
222	AP203	foreign body with foreign body granuloma reaction	nil	95
246	AP203	Foreign body granulomatous inflammation 100%. The foreign body material is morphologically compatible with polyacrylamide hydrogel.	<p>Polyacrylamide hydrogel has been used for breast augmentation, by direct injection into the breast tissue. Detail clinical history is of paramount importance. The differential diagnosis is mucinous carcinoma. Complete excision and processing of the whole 2 cm mass for thorough histologic examination is necessary.</p> <p>Special studies: Mucicarmine stain (to confirm the material is in fact not mucin), and a cytokeratin</p>	100

code	case	diagnosis	comment	score
			stain to confirm absence of any occult malignant epithelial cells.	
333	AP203	Foreign body reaction to breast augmentation material, most likely PAAG	nil	100
338	AP203	Favor FOREIGN BODY REACTION 70% vs MUCOCELE-LIKE TUMOR 30%.	Definitive diagnosis can be established easily by correlation with any history of foreign body injection eg. breast augmentation. If that history is negative, the diagnosis is MUCOCELE-LIKE TUMOR, and throughout sampling should be done to exclude atypical hyperplasia, DCIS or mucinous carcinoma. Furthermore, the mucin nature of the extravasated material can be confirmed by mucin stains.	95
369	AP203	Foreign body reaction against amorphous purplish material. (100%)	PAAG needs to be excluded.	100

code	case	diagnosis	comment	score
448	AP203	Breast - foreign body giant cell reaction 100%	PAAG is the likely foreign material introduced into the breast.	100
515	AP203	Mucinous lesion, consistent with mucocele-like lesion, complete excision with extensive sampling to rule out mucinous carcinoma	Immunohistochemical study for epithelial cell marker (CK) to detect tiny epithelial island floating in the mucin pools.	50
517	AP203	Paraffinoma 100%	nil	90
530	AP203	Foreign body granulomatous inflammatory process related to breast augmentation procedure.	nil	95
663	AP203	Foreign body consistent with polyacrylamide hydrogel injection 100%	nil	100
666	AP203	Foreign body reaction to gel mammoplasty, probably PAAG 100%	nil	100
763	AP203	Foreign body reaction, likely to PAAG	Need correlation with history	100
815	AP203	Foreign body granulomatous reaction--?silicone	nil	90
873	AP203	Foreign body, suggestive of polyacrylamide hydrogel injection. 100% Probability	nil	100
888	AP203	Foreign body giant cell reaction, likely reaction to implant material; no malignancy (100%).	Correlation with clinical history.	95
911	AP203	Foreign body reaction.	Need to exclude previous history of	95

code	case	diagnosis	comment	score
			breast augmentation.	
109	AP204	Focal nodular hyperplasia (100%)	nil	100
222	AP204	Focal nodular hyperplasia	nil	100
246	AP204	Focal nodular hyperplasia (100%)	Careful radiologic correlation, in particular, the presence of a central fibrous scar would confirm the diagnosis.	100
333	AP204	Focal nodular hyperplasia	nil	100
338	AP204	FOCAL NODULAR HYPERPLASIA 100%	Nil.	100
448	AP204	Liver mass - Focal nodular hyperplasia 100%	nil	100
515	AP204	Consistent with focal nodular hyperplasia (100%)	nil	100
517	AP204	Focal nodular hyperplasia 100%	nil	100
530	AP204	Compatible with Focal nodular hyperplasia.	nil	100
663	AP204	Focal Nodular Hyperplasia 100%	nil	100
666	AP204	Focal nodular hyperplasia 100%	nil	100
763	AP204	Focal nodular hyperplasia	nil	100
873	AP204	204 Focal nodular hyperplasia. 100% Probability	nil	100
888	AP204	Focal nodular hyperplasia (100%)	nil	100
911	AP204	Focal nodular hyperplasia.	nil	100