

ref	code	case	diagnosis	comment	score
2486	109	AP229	Chronic sclerosing sialadenitis (100%)	nil	100
2470	222	AP229	Chronic sialadenitis, may be IgG4 related sclerosing sialadenitis.	perform Ig4, IgG immunostains	100
2449	246	AP229	IgG4 related sclerosing sialadenitis	nil	100
2529	333	AP229	Chronic sclerosing sialadenitis	Confirm diagnosis by immunostaining for IgG and IgG4 (increase proportion of IgG4+ to IgG+ plasma cells to >40%).	100
2433	338	AP229	IgG4-RELATED CHRONIC SCLEROSING SIALADENITIS. 100%	Check for IgG and IgG4(serum and immunostains).	100
2537	369	AP229	Chronic sclerosing sialadenitis (Kuttner's tumor).(100%)	nil	100
2410	448	AP229	Chronic sclerosing sialadenitis (Kuttner tumour) 100%	nil	100
2418	515	AP229	Kuttner Tumour	nil	100
2478	517	AP229	Right submandibular gland : Chronic sclerosing sialadenitis. 100%.	nil	100
2519	530	AP229	Chronic sclerosing sialadenitis. (Kuttner tumor).	Immunohistochemical study including IgG 4.	100
2426	663	AP229	SUBMANDIBULAR GLAND, right - CHRONIC SCLEROSING SIALADENITIS	nil	100
2453	763	AP229	Chronic sclerosing sialadenitis	Perform immunohistochemical stains IgG and IgG4, and check serum IgG4 level for IgG4-related fibrosclerosing disease	100
2502	794	AP229	Chronic sclerosing sialadenitis (Kuttner's tumor) (100%)	Correlation with clinical features and exclusion of underlying IgG4-related disease.	100
2461	873	AP229	Chronic sclerosing sialadenitis. 100% Probability	nil	100
2510	888	AP229	Chronic sclerosing sialadenitis	nil	100

			100%		
2493	911	AP229	Chronic sclerosing sialadenitis	To perform IgG4 immunostain to rule out IgG4 related disease.	100
2487	109	AP230	Angiosarcoma (100%)	Immunostains for CD31, CD34 and factor VIII for confirmation.	100
2471	222	AP230	Angiosarcoma	nil	100
2450	246	AP230	Angiosarcoma, epithelioid variant	nil	100
2530	333	AP230	Epithelioid angiosarcoma	Confirm by immunostaining for CD34 and CD31.	100
2434	338	AP230	ANGIOSARCOMA. 100%	Confirm by CD31.	100
2538	369	AP230	Angiosarcoma.(100%)	nil	100
2411	448	AP230	Skin - Angiosarcoma 100%	nil	100
2419	515	AP230	Epithelioid Angiosarcoma	nil	100
2479	517	AP230	SKIN, left temporal pigmented lesion : Cutaneous angiosarcoma. 100%.	nil	100
2520	530	AP230	Angiosarcoma.	nil	100
2427	663	AP230	SKIN, left temporal lesion - ANGIOSARCOMA.	nil	100
2454	763	AP230	Angiosarcoma (epithelioid, high grade)	Confirmed by CD31 and CD34 immunohistochemical stains.	100
2503	794	AP230	Angiosarcoma (100%)	nil	100
2462	873	AP230	Angiosarcoma of skin. 100% Probability	nil	100
2511	888	AP230	Angiosarcoma 100%	nil	100
2495	911	AP230	Angiosarcoma	nil	100
2488	109	AP231	Herpes simplex viral infection (100%)	nil	100
2472	222	AP231	HSV infection	nil	100
2443	246	AP231	Herpes, favour Varicella-Zoster virus	nil	100
2531	333	AP231	Herpes infection	Confirm by immunostaining for herpes simplex virus	100
2435	338	AP231	HERPES INFECTION and SUSPICIOUS OF MYCOBACTERIUM AVIUM-INTRACELLULARE. 100%	Confirm herpes by immunostain and MAI by ZN stain. Other infective agents to be	90

				excluded are atypical TB by ZN stain, leprosy by Wade Fite stain, and fungi by grocott stain. To correlate with culture. Also to exclude leukemic infiltration by CAE and myeloperoxidase in some large atypical white cells.	
2539	369	AP231	Herpesvirus infection.(100%)	Do herpesvirus stain.	100
2412	448	AP231	Herpes infection 30% Leukemia cutis 30% Acute febrile neutrophilic dermatosis (Sweet's syndrome) 40%	a)Degenerated keratinocytes with multinucleation and ground nuclei - suggestive of Herpes infection. Other infectious causes need to be ruled out by special stains/culture. b)Atypical cells present, suspicious of immature granulocytes-Leukemic infiltration needs to be considered (CAE stain). c)Sweet's syndrome is known to be associated with AML.	60
2420	515	AP231	Ulcer and Herpes Virus Infection	nil	100
2480	517	AP231	SKIN, sacral ulcer : Herpetic ulcer. 100%.	nil	100
2521	530	AP231	Herpes simplex viral infection with ulceration.	nil	100
2428	663	AP231	SKIN, sacral, biopsy - HERPES INFECTION.	nil	100
2455	763	AP231	Herpes infection	Perform Ziehl-Neelsen and fungal stains to exclude concomitant infections.	100
2504	794	AP231	Herpes viral infection (100%)	nil	100
2463	873	AP231	Herpes infection. 100%	nil	100

			Probability		
2512	888	AP231	Herpes viral infection 100%	Perform special stains for microorganisms to exclude other infections.	100
2496	911	AP231	Herpes infection	nil	100
2489	109	AP232	Dedifferentiated liposarcoma (100%)	nil	100
2473	222	AP232	High grade sarcoma, liposarcoma	nil	90
2444	246	AP232	Liposarcoma with de-differentiation	nil	100
2532	333	AP232	Dedifferentiated liposarcoma	nil	100
2436	338	AP232	WELL-DIFFERENTIATED SCLEROSING LIPOSARCOMA with dedifferentiation. 100%	Check for S100, actin etc. in the dedifferentiated area.	100
2540	369	AP232	Dedifferentiated liposarcoma.(100%)	nil	100
2413	448	AP232	Liposarcoma with prominent myxoid features (myxoid liposarcoma like), plus a focus of dedifferentiated high grade sarcoma (MFH/leiomyosarcoma like) 100%	Molecular studies and cytogenetic analysis may offer better tumour typing.	90
2421	515	AP232	Myxoid Liposarcoma with dedifferentiation	nil	90
2481	517	AP232	SPERMATIC CORD, mass : Well-differentiated liposarcoma with area of dedifferentiation. 100%.	nil	100
2528	530	AP232	Dedifferentiated liposarcoma.	nil	100
2429	663	AP232	Spermatic cord tumour for section - Consistent with DEDIFFERENTIATED LIPOSARCOMA	nil	100
2456	763	AP232	Well-differentiated liposarcoma with dedifferentiation	nil	100
2505	794	AP232	Dedifferentiated liposarcoma, arising in well differentiated liposarcoma (100%)	nil	100
2464	873	AP232	Well differentiated liposarcoma	nil	100

			with myxoid area with dedifferentiation. 100% Probability		
2513	888	AP232	Myxoid liposarcoma with dedifferentiation 100%	nil	90
2497	911	AP232	Well-differentiated liposarcoma with dedifferentiation	nil	100
2490	109	AP233	Collagenous colitis (100%)	nil	100
2474	222	AP233	Collagenous colitis	nil	100
2445	246	AP233	Colitis - 50% Ischaemic Colitis / 50% Collagenous Colitis - advice special stains Masson's Trichrome, Perls (Fe) etc.	nil	80
2533	333	AP233	Collagenous colitis	nil	100
2437	338	AP233	COLLAGENOUS COLITIS. 100%	nil	100
2544	369	AP233	Collagenous colitis.(100%)	nil	100
2414	448	AP233	Collagenous colitis 100%	nil	100
2422	515	AP233	Collagenous colitis	nil	100
2482	517	AP233	COLON, caecum and sigmoid : Collagenous colitis. 100%.	Immunostaining for tenascin shows prominent subepithelial reactivity and supports the diagnosis.	100
2523	530	AP233	Collagenous Colitis.	Congo red to exclude amyloid.	100
2430	663	AP233	COLONIC BIOPSIES from multiple sites (caecum and sigmoid) - COLLAGENOUS COLITIS(100%)	nil	100
2457	763	AP233	Collagenous colitis	Differential diagnosis is ischemic colitis. Suggest correlation with clinical information	100
2506	794	AP233	collagenous colitis (100%)	Recommend correlation with clinical history and endoscopic findings.	100
2465	873	AP233	Collagenous colitis. 100% Probability	nil	100
2518	888	AP233	Collagenous colitis 100%	Congo red stain to exclude amyloid deposition.	100

2498	911	AP233	Collagenous colitis	nil	100
2491	109	AP234	Endometriosis (100%)	nil	100
2475	222	AP234	Endometriosis	nil	100
2469	246	AP234	Endometriosis	nil	100
2534	333	AP234	Endometriosis	nil	100
2438	338	AP234	ENDOMETRIOSIS. 100%	nil	100
2541	369	AP234	Endometriosis.(100%)	nil	100
2415	448	AP234	Endometriosis 100%	nil	100
2423	515	AP234	Endometriosis	nil	100
2483	517	AP234	SKIN and the underlying soft tissue, lower caesarean section scar : Endometriosis within scar tissue. 100%.	nil	100
2524	530	AP234	Iatrogenic Endometriosis with scar.	nil	100
2431	663	AP234	Lower Caesarean section scar SOFT TISSUE biopsy - ENDOMETRIOSIS	nil	100
2458	763	AP234	Endometriosis	nil	100
2507	794	AP234	Endometriosis (100%)	nil	100
2466	873	AP234	Endometriosis. 100% Probability	nil	100
2515	888	AP234	Endometriosis 100%	nil	100
2499	911	AP234	Endometriosis	nil	100
2492	109	AP235	Sex cord tumour with annular tubules (100%)	nil	50
2476	222	AP235	Juvenile granulosa cell tumor	nil	100
2447	246	AP235	Juvenile Granulosa cell tumour	nil	100
2535	333	AP235	Granulosa cell tumor, consistent with adult type.	nil	90
2439	338	AP235	JUVENILE GRANULOSA CELL TUMOR. 100%	Do mucicarmine stain. The differential diagnosis, adult type granulosa cell tumor usually does not show mucicarmine-positive follicular content.	100
2542	369	AP235	Juvenile granulosa cell tumor.(100%)	nil	100
2416	448	AP235	Ovary - Juvenile granulosa cell tumour 100%	nil	100
2424	515	AP235	Sex Cord Tumour with Annular Tubules	nil	50
2484	517	AP235	Right OVARY, cyst : Cystic	Important differential	90

			adult granulosa cell tumour. 100%.	diagnosis includes sex cord tumour with annular tubules (SCTAT). More blocks may be taken to look for more characteristic areas of SCTAT. The cores and the basement membrane-like material in SCTAT are PAS-positive. One-third of cases of SCTAT are associated with Peutz-Jeghers syndrome.	
2525	530	AP235	Granulosa cell tumor, favoring Adult type.	nil	90
2452	663	AP235	Ovary cyst, right - Sex-cord stromal tumour, most consistent with adult granulosa cell tumour	The diagnosis can be confirmed by CD99 or inhibin positivity in immunohistochemical study.	90
2460	763	AP235	Sex cord-stromal tumor, favor sex cord tumor with annular tubules	nil	50
2508	794	AP235	sex cord tumour with annular tubules (80%) granulosa cell tumour, adult type (20%)	Further sampling and expert consultation may contribute to a definitive diagnosis.	60
2467	873	AP235	Juvenile granulosa cell tumour. 100% Probability	nil	100
2516	888	AP235	Sex cord tumour with annular tubules 100%	Peutz-Jeghers syndrome to be considered.	50
2500	911	AP235	Adult granulosa cell tumour	nil	90
2494	109	AP236	Pancreatic endocrine tumour (100%)	Immunostains for chromogranin and synaptophysin for confirmation. Differential diagnosis: solid pseudopapillary tumour, which is positive for CD56 and CD10.	100
2477	222	AP236	Low grade endocrine tumor	nil	95
2448	246	AP236	Pancreatic endocrine	nil	100

			tumour-immunohistochemistry for endocrine hormones & correlate with clinical history		
2536	333	AP236	Pancreatic endocrine tumor (70%) Solid-pseudopapillary neoplasm (30%)	Immunostaining for neuroendocrine markers (synaptophysin, chromogranin) to confirm neuroendocrine tumor (and also subtyping by hormone immunostaining e.g. insulin, glucagon) Immunostaining for CD56, CD10 and B-catenin (which would be positive in solid-pseudopapillary neoplasm).	100
2440	338	AP236	ISLET CELL TUMOR 70%. ACINAR CELL CARCINOMA. 30%	Confirm islet cell tumor by diffuse strong positivity for synaptophysin and chromogranin, and specific markers eg. insulin, glucagon etc. Confirm acinar cell carcinoma by PAS for zymogen granules and by trypsin. A remote differential, solid pseudopapillary tumor will show diffuse vimentin+ and focal strong alpha-1 antitrypsin+.	100
2543	369	AP236	Endocrine tumor.(100%)	Do chromogranin, synaptophysin to confirm neuroendocrine nature. Do insulin, glycagon, somatostatin, pancreatic polypeptide, gastrin, etc... Do beta-catenin stain to exclude solid pseudo-papillary tumor.	100

2417	448	AP236	Pancreas tumour: a)Solid pseudopapillary tumour 50% b)Pancreatic endocrine tumour 50%	a)SPT tends to affect middle aged or younger subjects b)Ribbon and trabecular patterns noted. To do immunostains/EM. If hormone and neuroendocrine markers +ve, or easily found neurosecretory granules ultrastructurally - favor b)	80
2425	515	AP236	Solid pseudopapillary tumour of pancreas	nil	50
2485	517	AP236	PANCREAS, mass : Solid pseudopapillary neoplasm. 100%.	Differential diagnosis includes pancreatic endocrine tumour, which is positive for markers of the neuroendocrine phenotype, such as synaptophysin, chromogranins and neuro-specific enolase, etc. However, solid pseudopapillary tumour may also be positive for synaptophysin, but never any staining for chromogranins. Abnormal nuclear localization of Beta-catenin has been proposed as a diagnostic aid.	70
2526	530	AP236	Pancreatic endocrine tumor.	Immunohistochemical study including Pancytokeratin, neuroendocrine markers and pancreatic hormonal markers.	100
2432	663	AP236	PANCREAS mass - SOLID PSEUDOPAPILLARY TUMOUR. Differential	nil	70

			diagnosis is well differentiated endocrine tumour. Suggest immunostain CD10, alphas-antitrypsin, B-catenin, synaptophysin and chromogranin.		
2459	763	AP236	Pancreatic endocrine tumor	nil	100
2509	794	AP236	Pancreatic endocrine tumour (islet cell tumour) (80%) Solid pseudopapillary tumour (20%)	Immunostaining will be contributory: neuroendocrine markers synaptophysin and chromogranin will be diffusely positive in pancreatic endocrine tumour; whereas solid pseudopapillary tumour may be positive for CD56, CD10 and beta-catenin, and negative/focally positive for neuroendocrine markers.	100
2468	873	AP236	Solid pseudopapillary neoplasm. 100% Probability	nil	50
2517	888	AP236	Pancreatic endocrine tumour 100%	Clinical pathological correlation is required to assess the functional status and behaviour of the tumour.	100
2501	911	AP236	Pancreatic endocrine tumor	nil	100