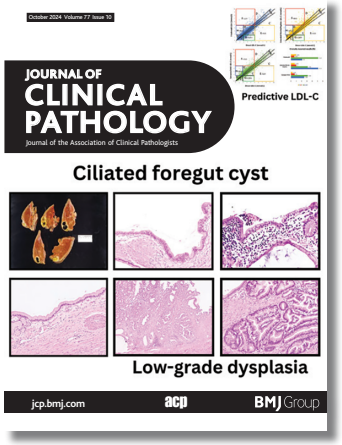
Journal of Clinical Pathology



(Top) (A–C) Error grid analysis for predictive LDL-C by the Friedewald (A) extended Martin/Hopkins (B) and Sampson/NIH (C) equations in the whole cohort (N=44 194). Descriptions for errors are shown on graphs. (A) Within 13.7% proportional error and below the regression line, (B) within 13.7% proportional error and above the regression line, (C) greater than 13.7% proportional error but no impact on patient management and below the regression line, (D) greater than 13.7% proportional error but no impact in patient management and above the regression line, (E) underestimation of LDL-C at high LDL-C cut-point (4.9mmol/L) leading to error in patient management, (F) overestimation of LDL-C at high LDL-C cut-point leading to error in patient management, (G) Underestimation of LDL-C at low LDL-C cut-point (1.8mmol/L) leading to error in patient management, (H) overestimation of LDL-C at low LDL-C cut-point leading to error in patient management. Numbers in the highlighted zones (E–H) indicate the number of clinically relevant errors, (D) percentage of clinically relevant errors at the low (1.8mmol/L) and high (4.9mmol/L) LDL-C cut-offs according to zones (E–H). LDL-C, low-density lipoprotein-cholesterol; NIH, National Institutes of Health. (Bottom) (A) Gross image of the case of hepatic ciliated foregut cyst with low-grade dysplasia. (B) H&E (400×): The lining epithelium is pseudostratified columnar epithelium with consistent presence of underlying smooth muscle layer. (C) H&E (400×): Ciliated epithelium was identified focally. (D) H&E (400×): Metaplastic foveolar type mucinous epithelium was present in areas. (E) H&E (400×) Cyst wall was expanded by complex epithelial proliferation of glands tubular glands, some showing back-to-back arrangement. (F) H&E (40×): At places, the cyst wall shows columnar epithelium with basally oriented nuclei and degree of nuclear atypia consistent with low-grade dysplasia.

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