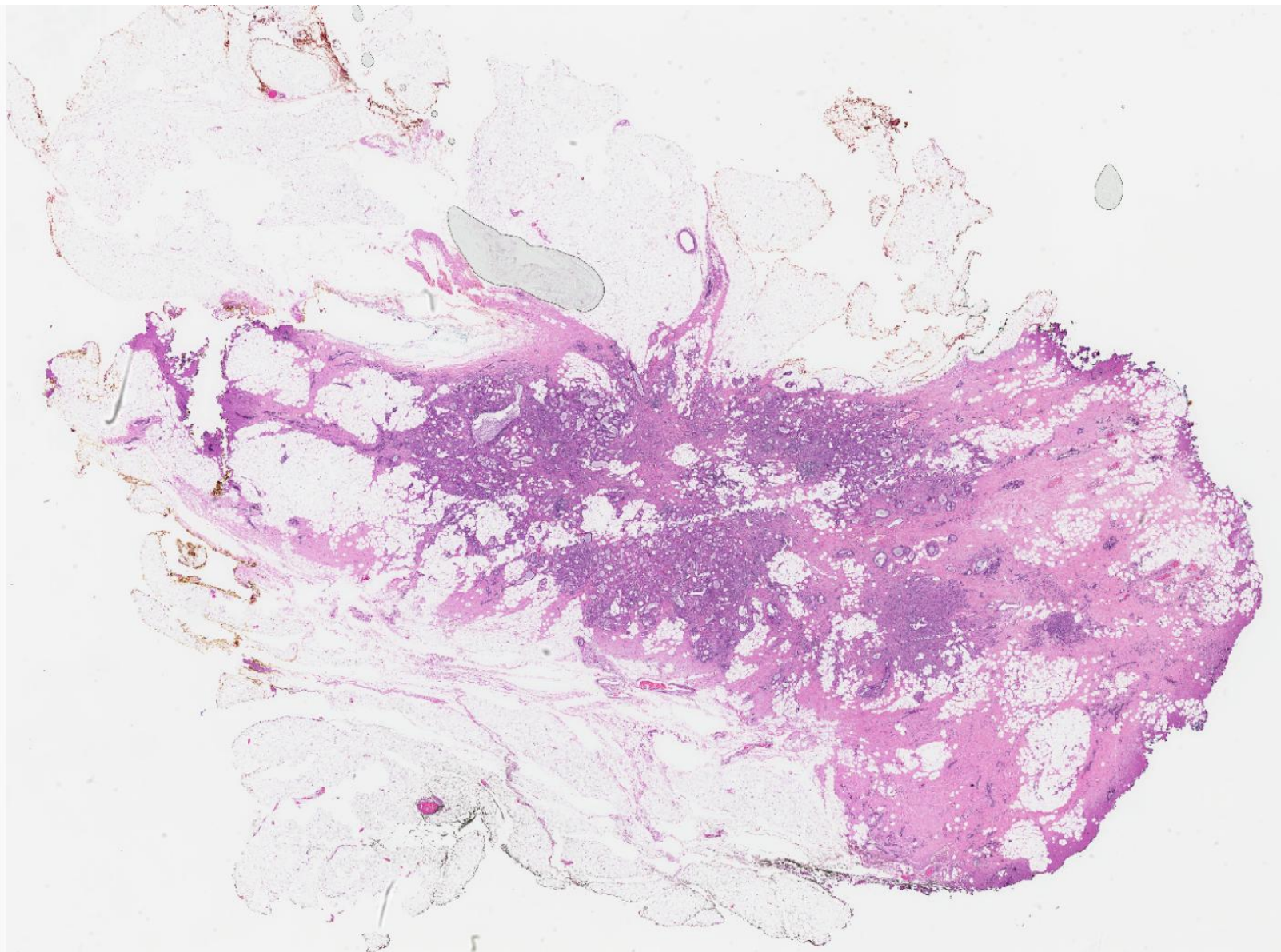
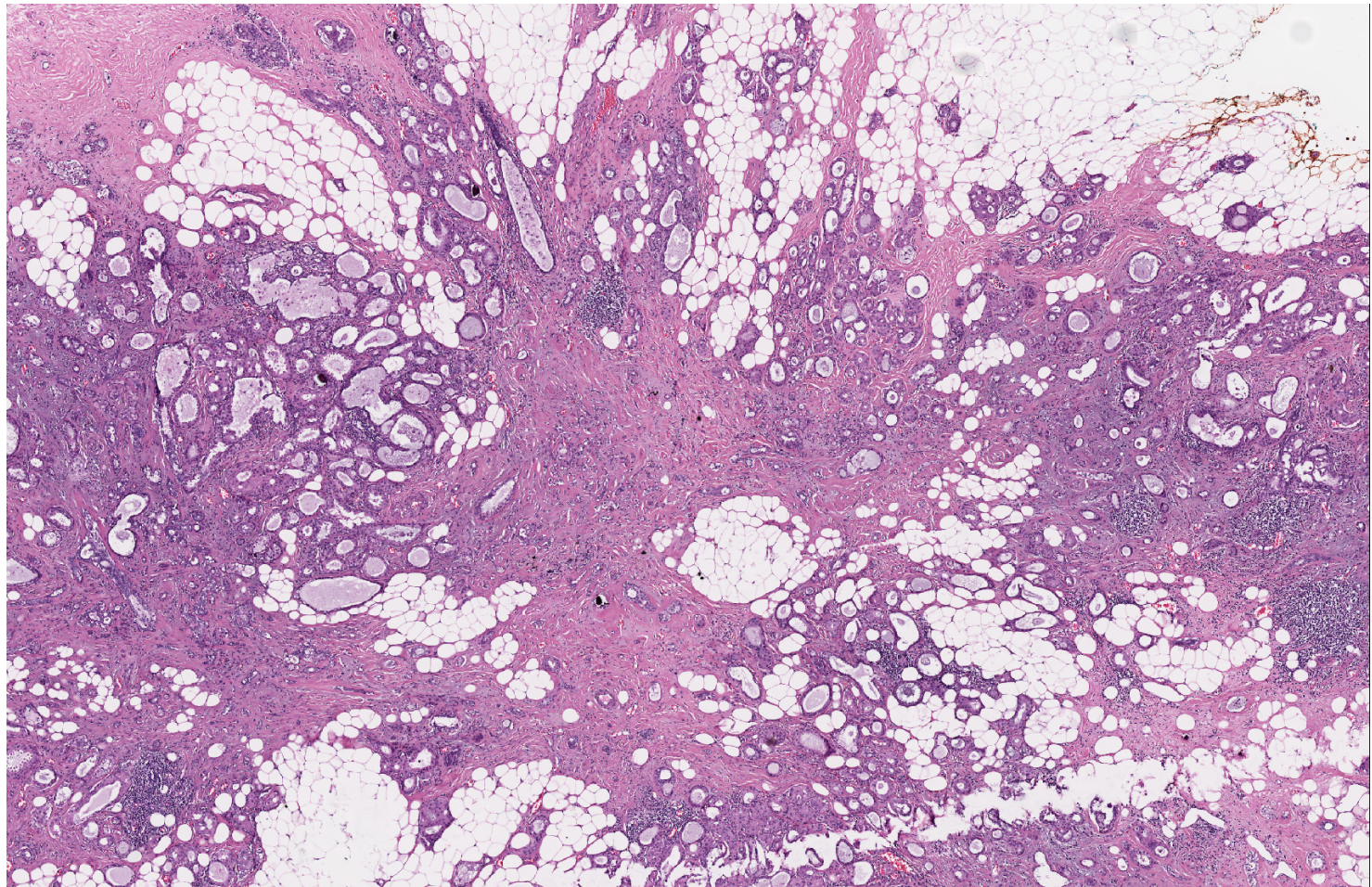
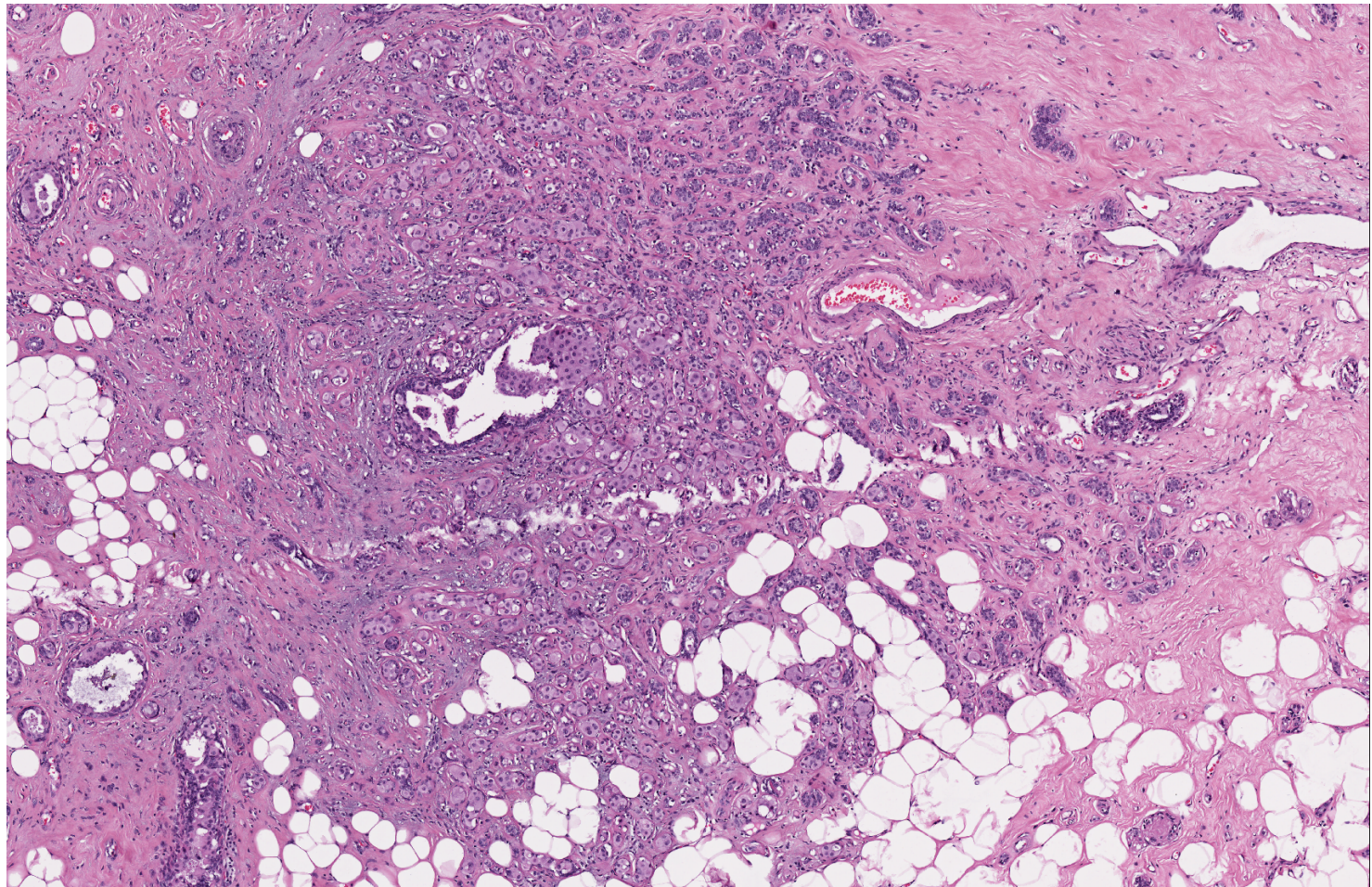
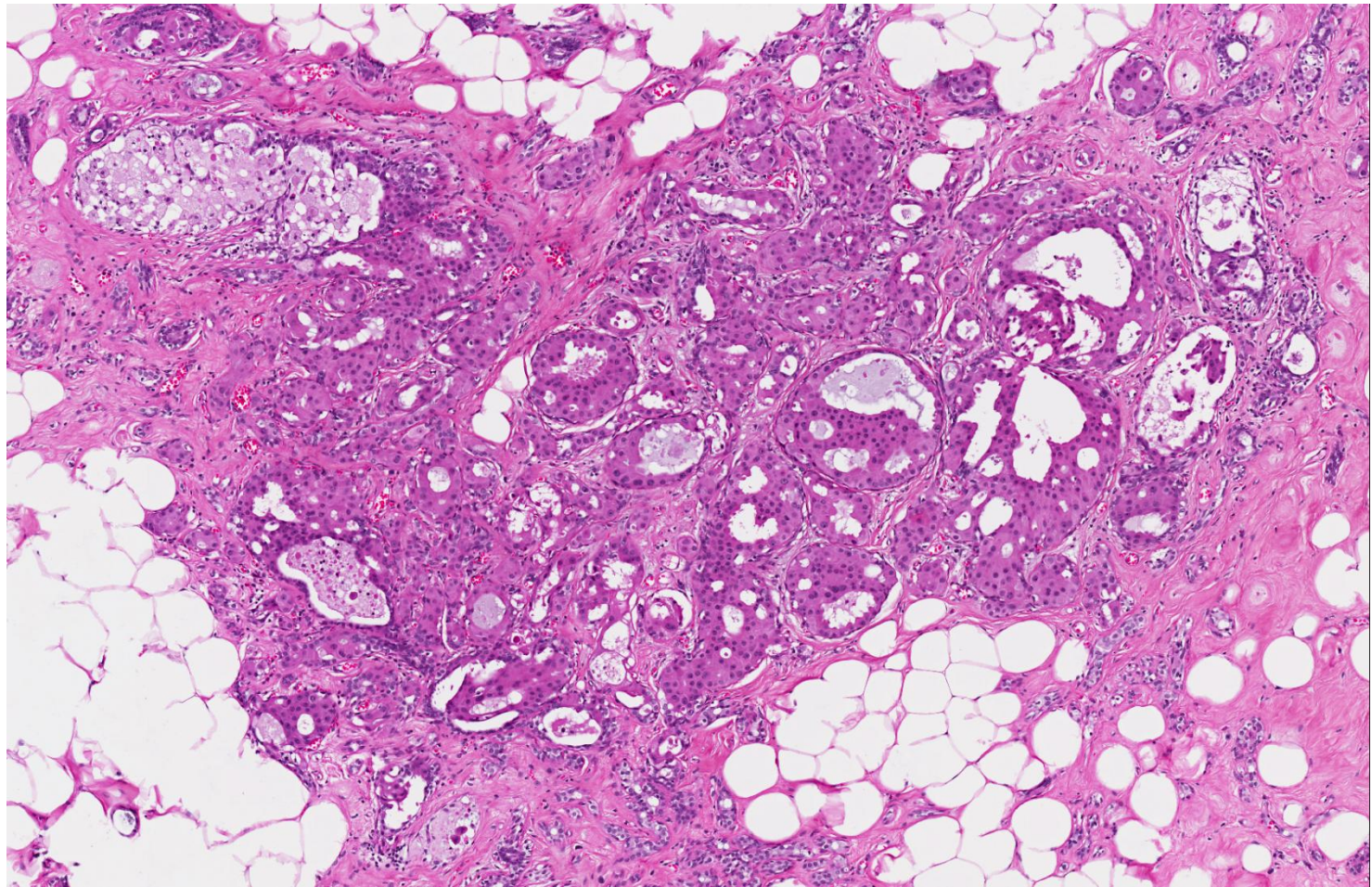


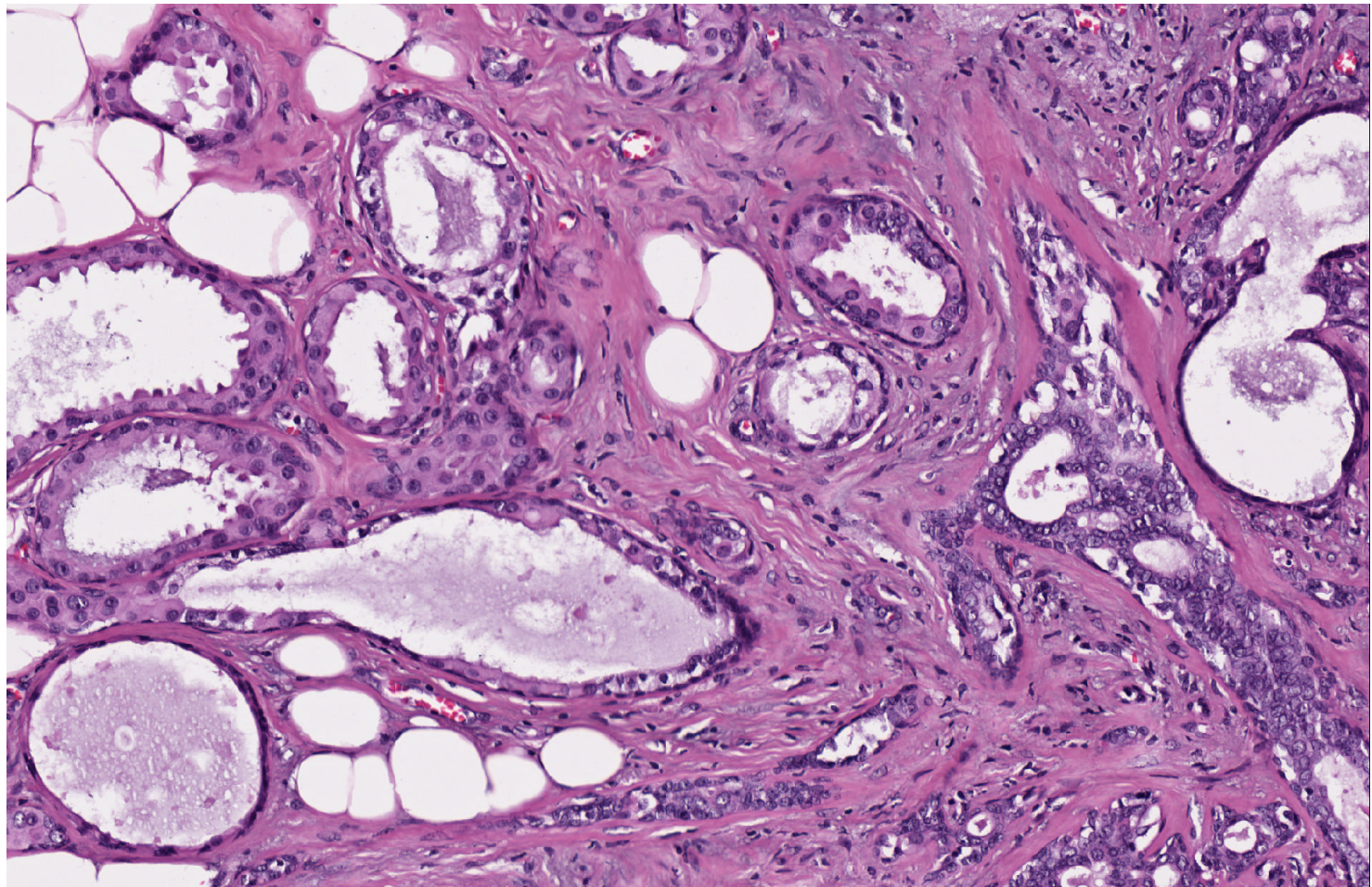
- Set B.6
- 64 year old Chinese woman underwent hookwire localisation excision biopsy for an architectural distortion detected on screening mammography of the left breast.

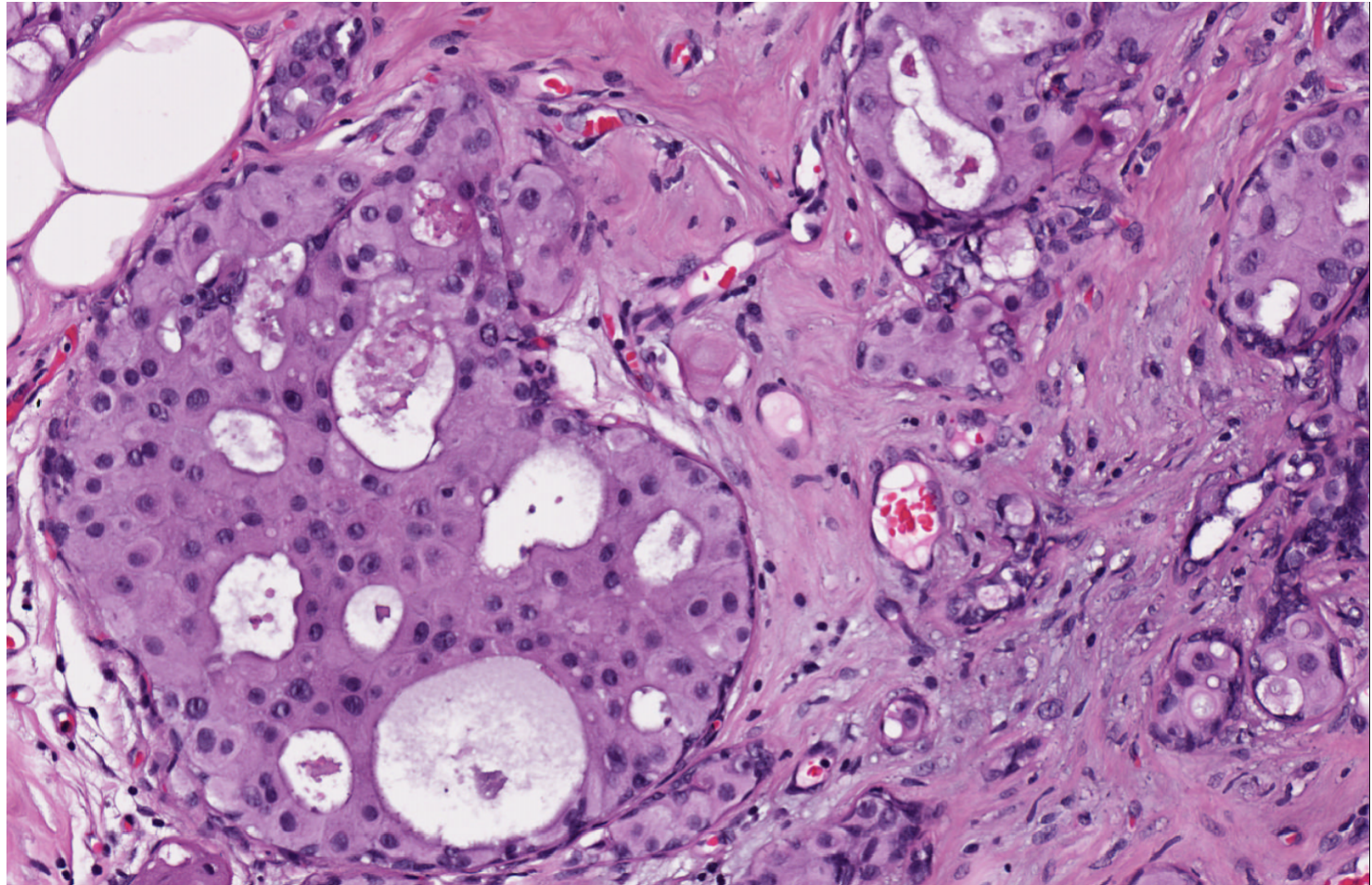


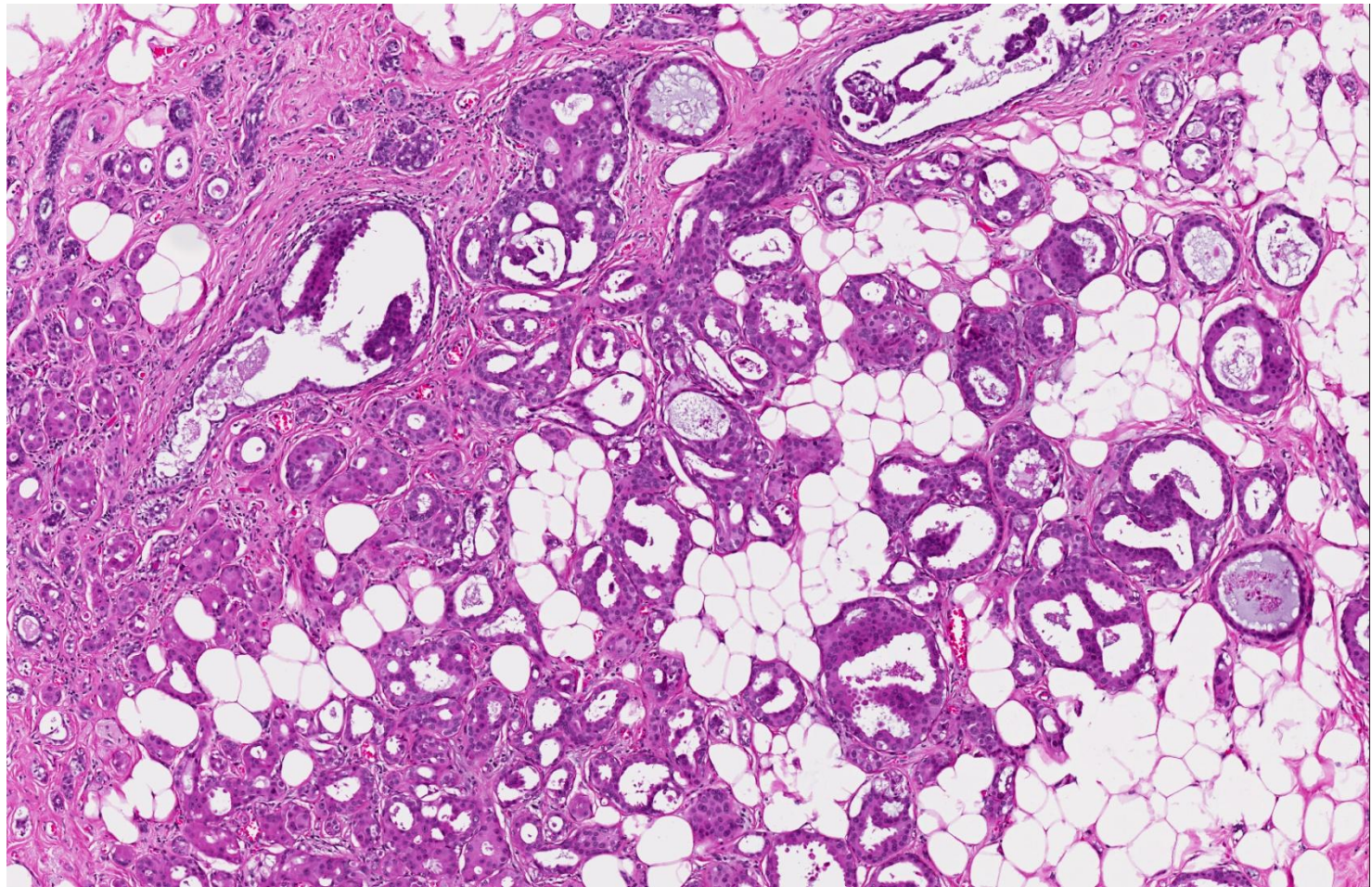


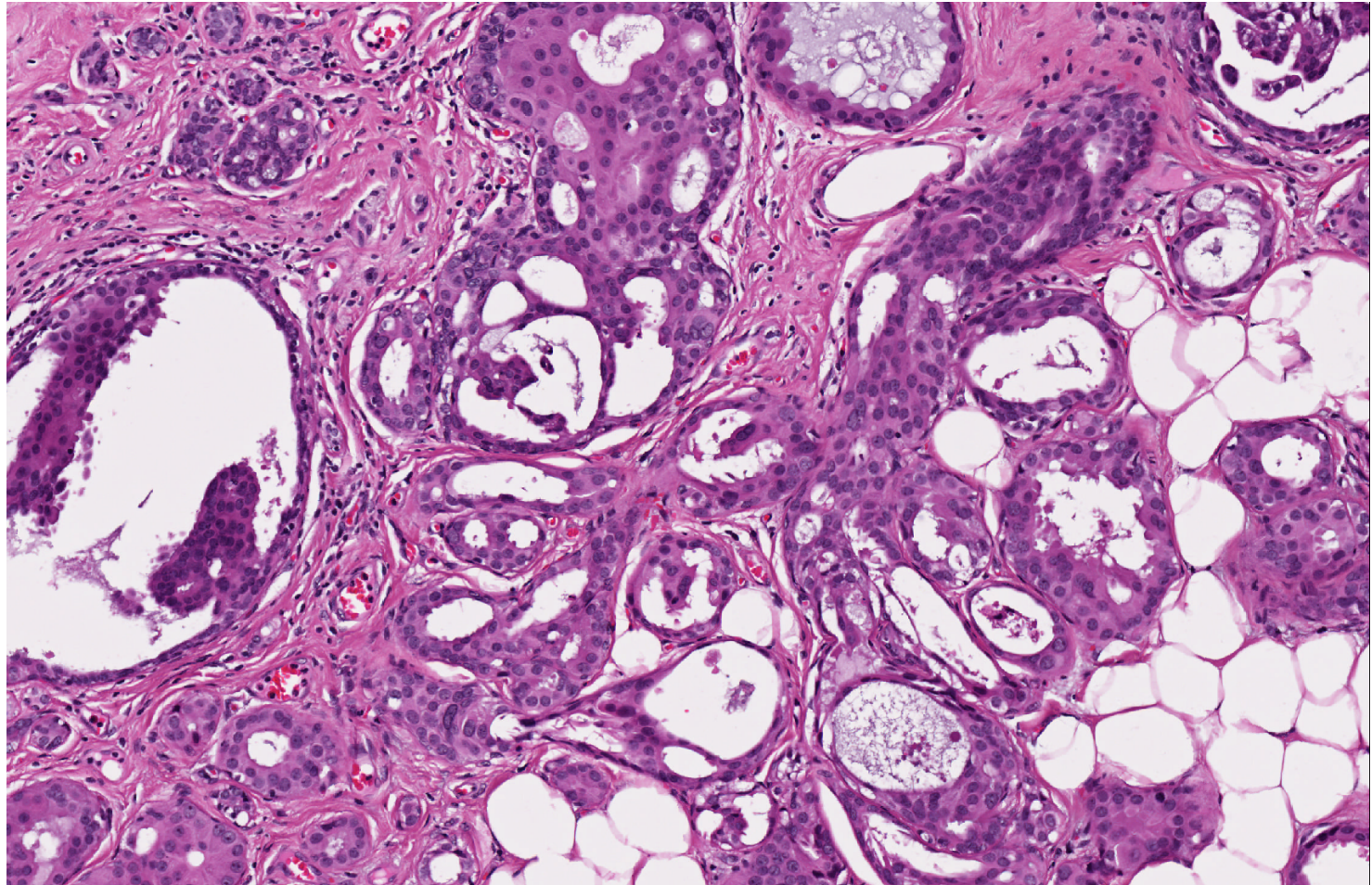


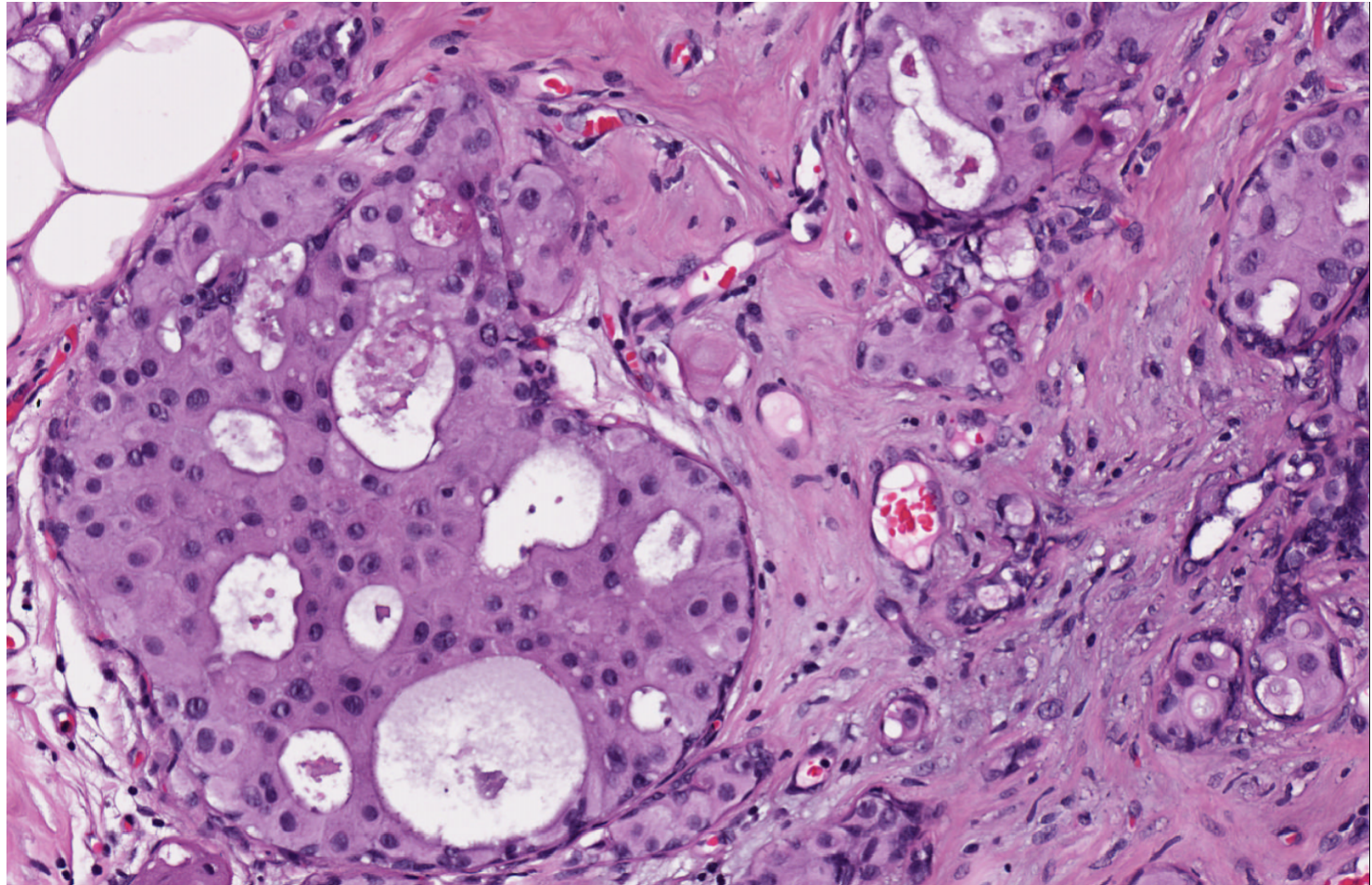


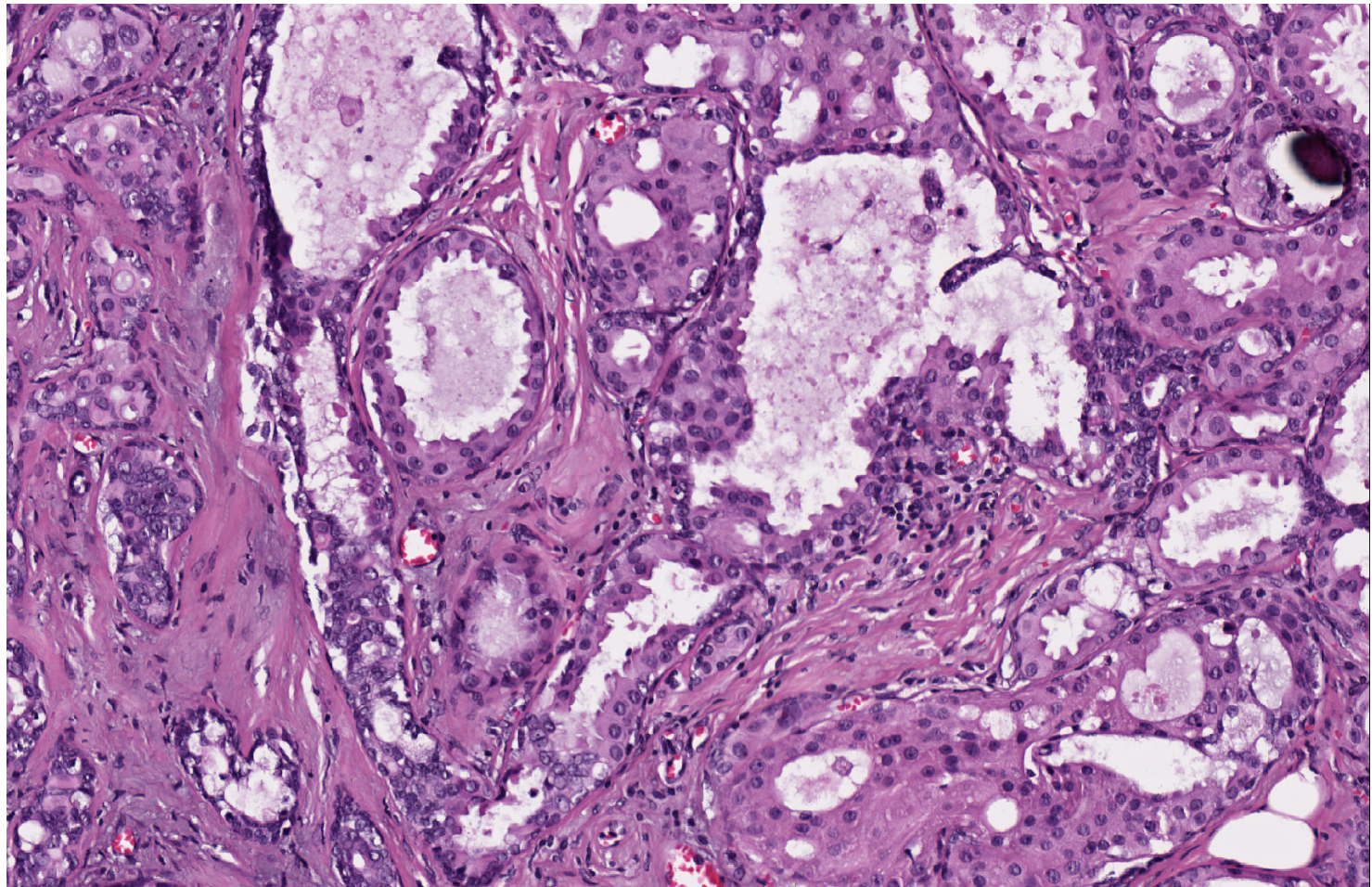


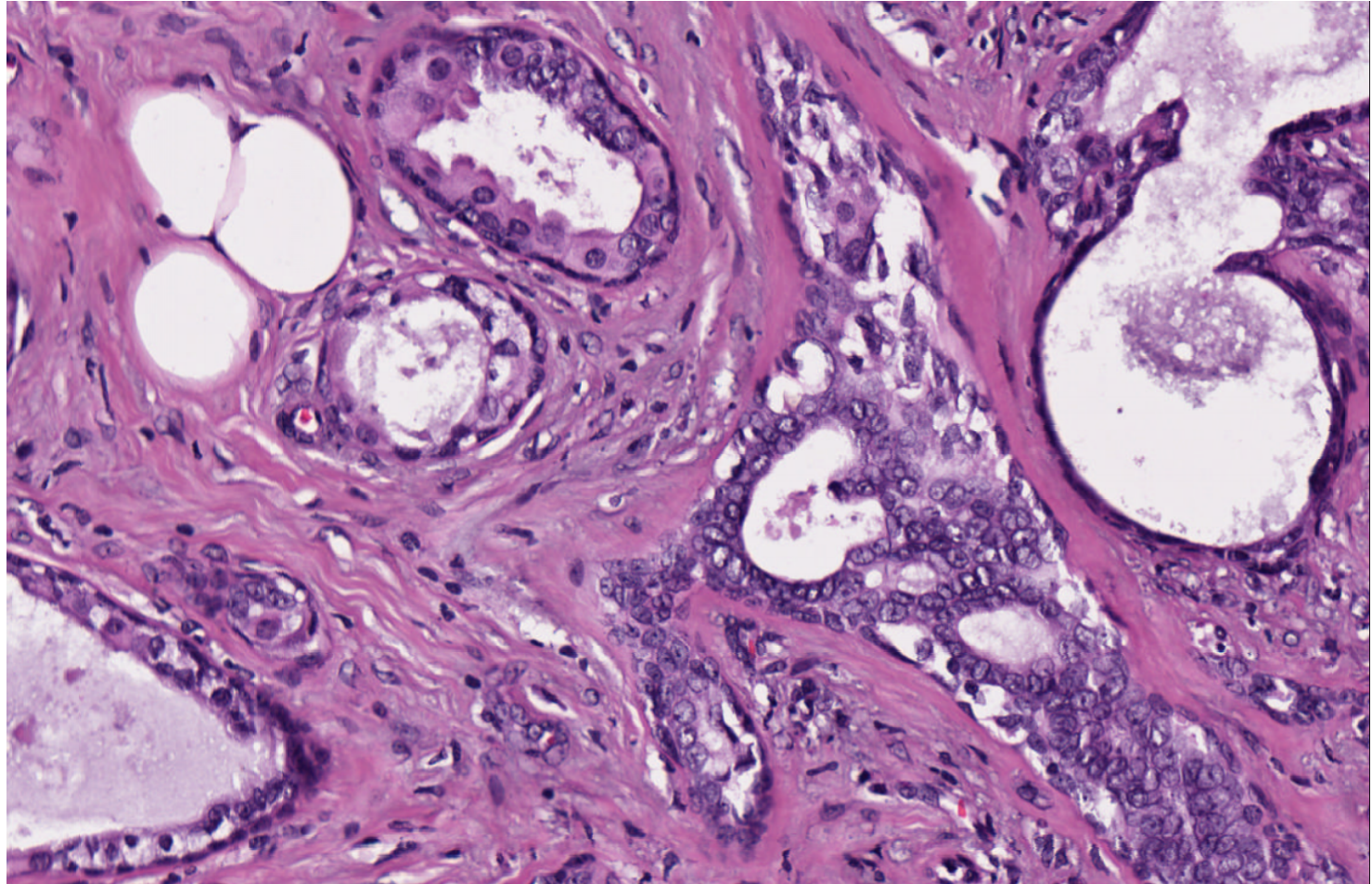


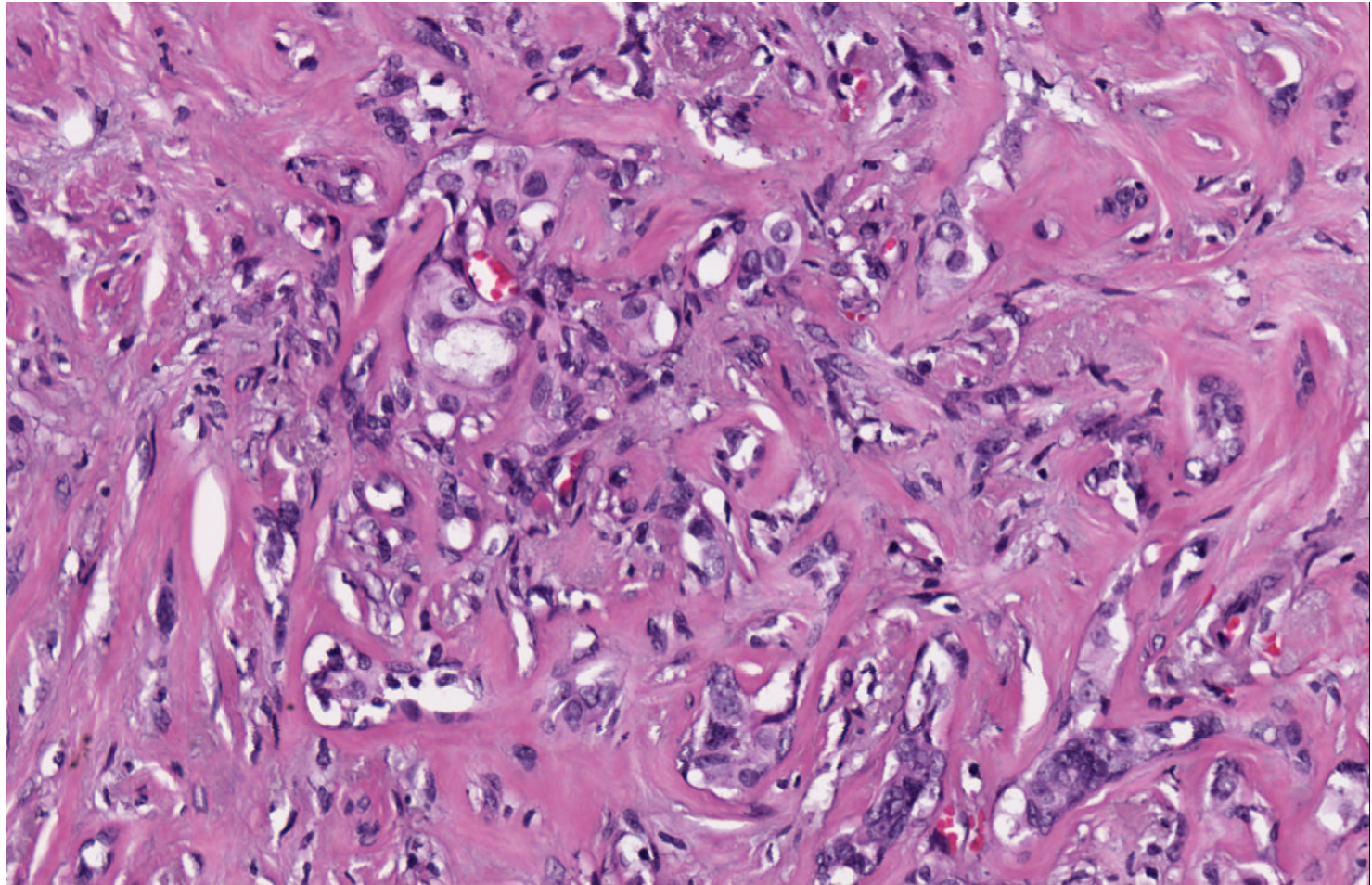


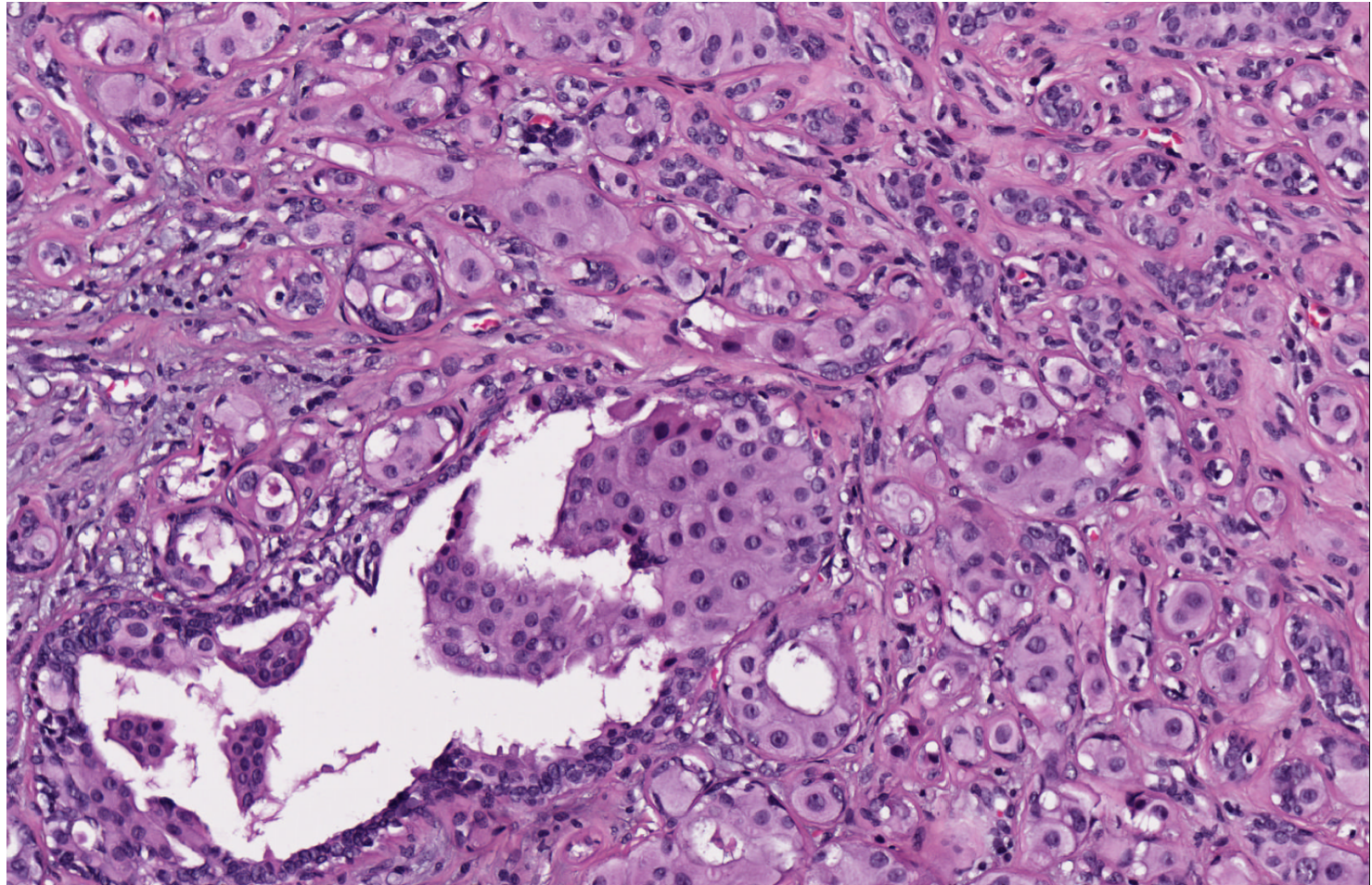


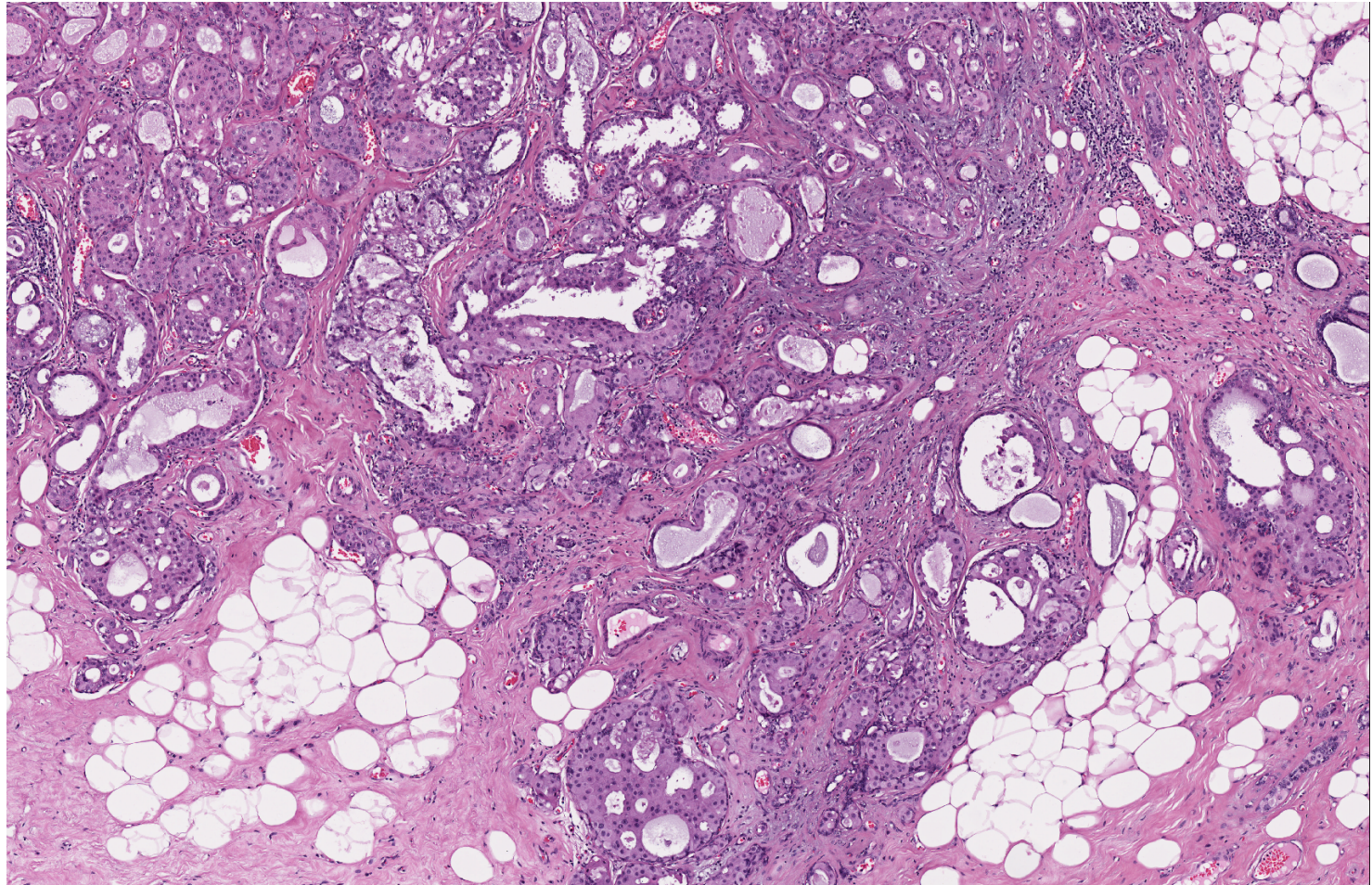


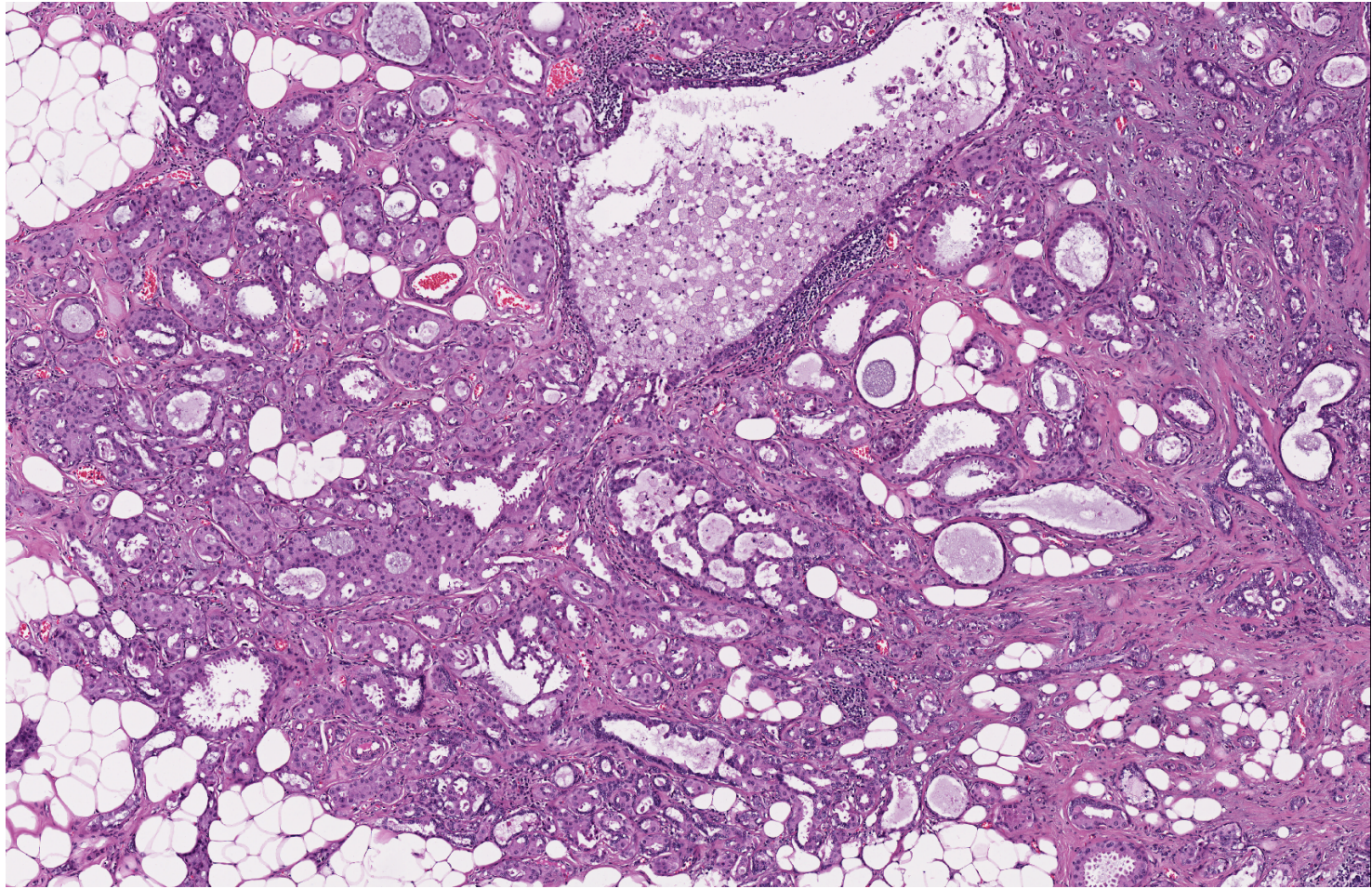


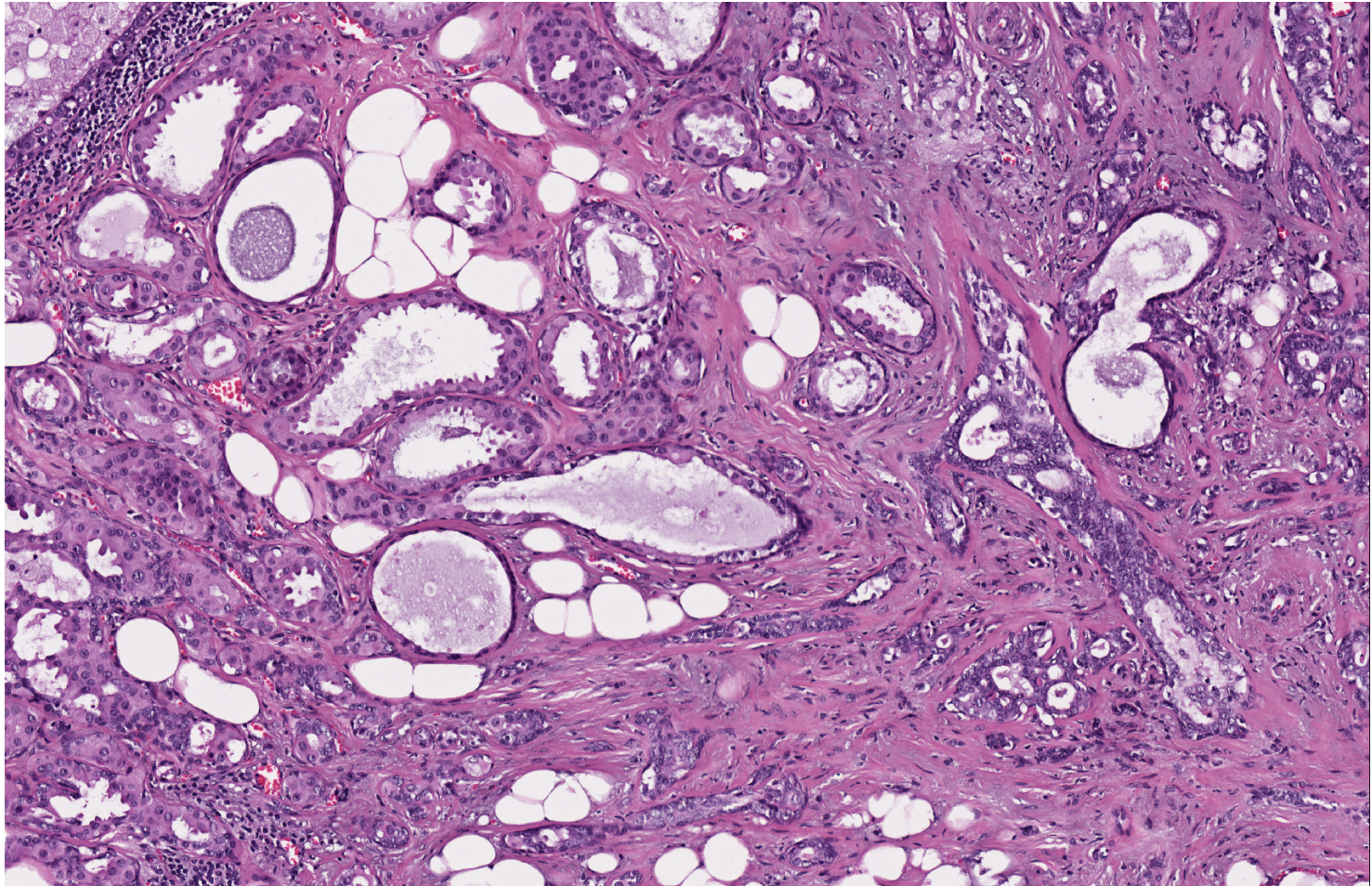


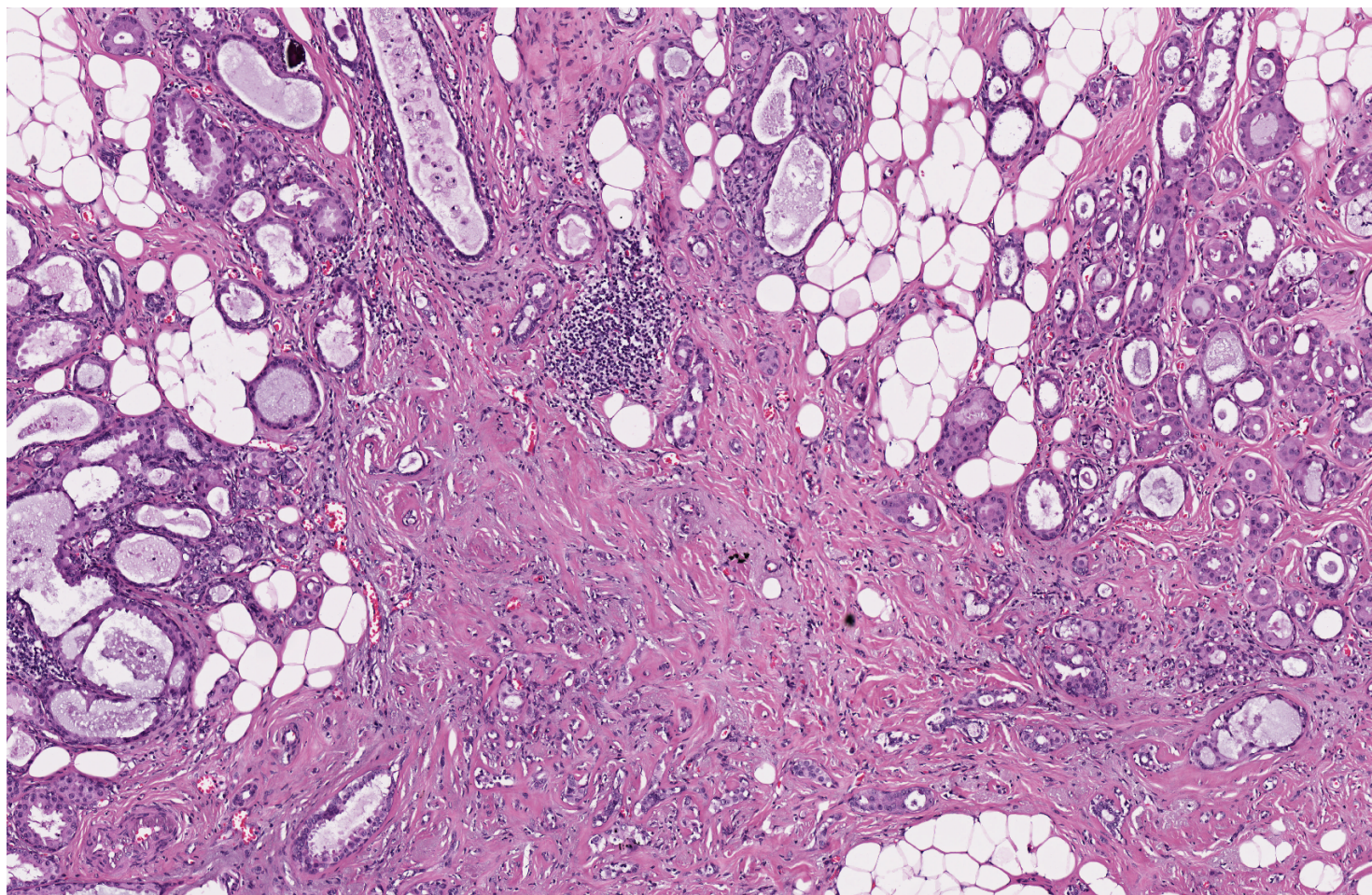


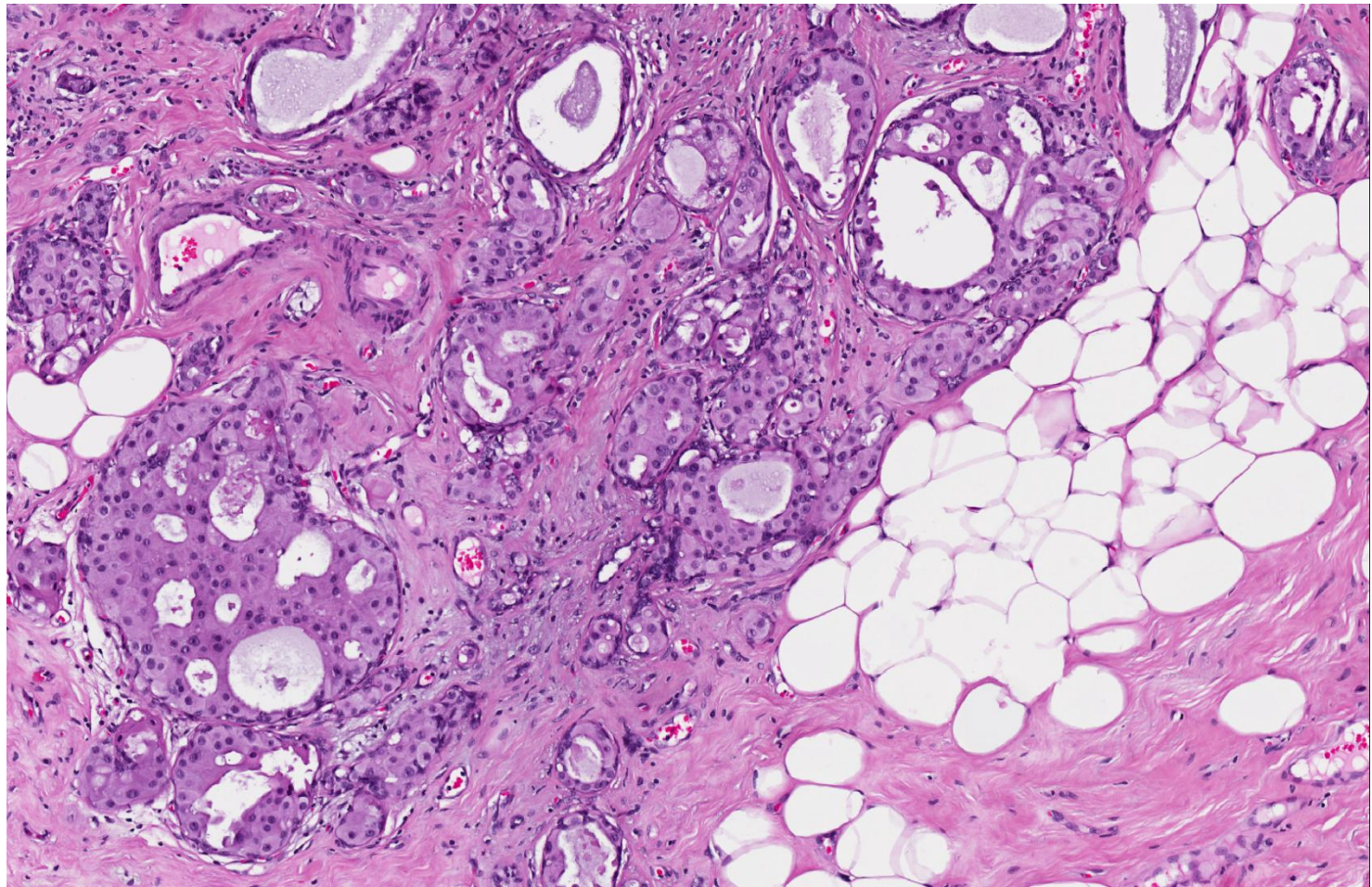


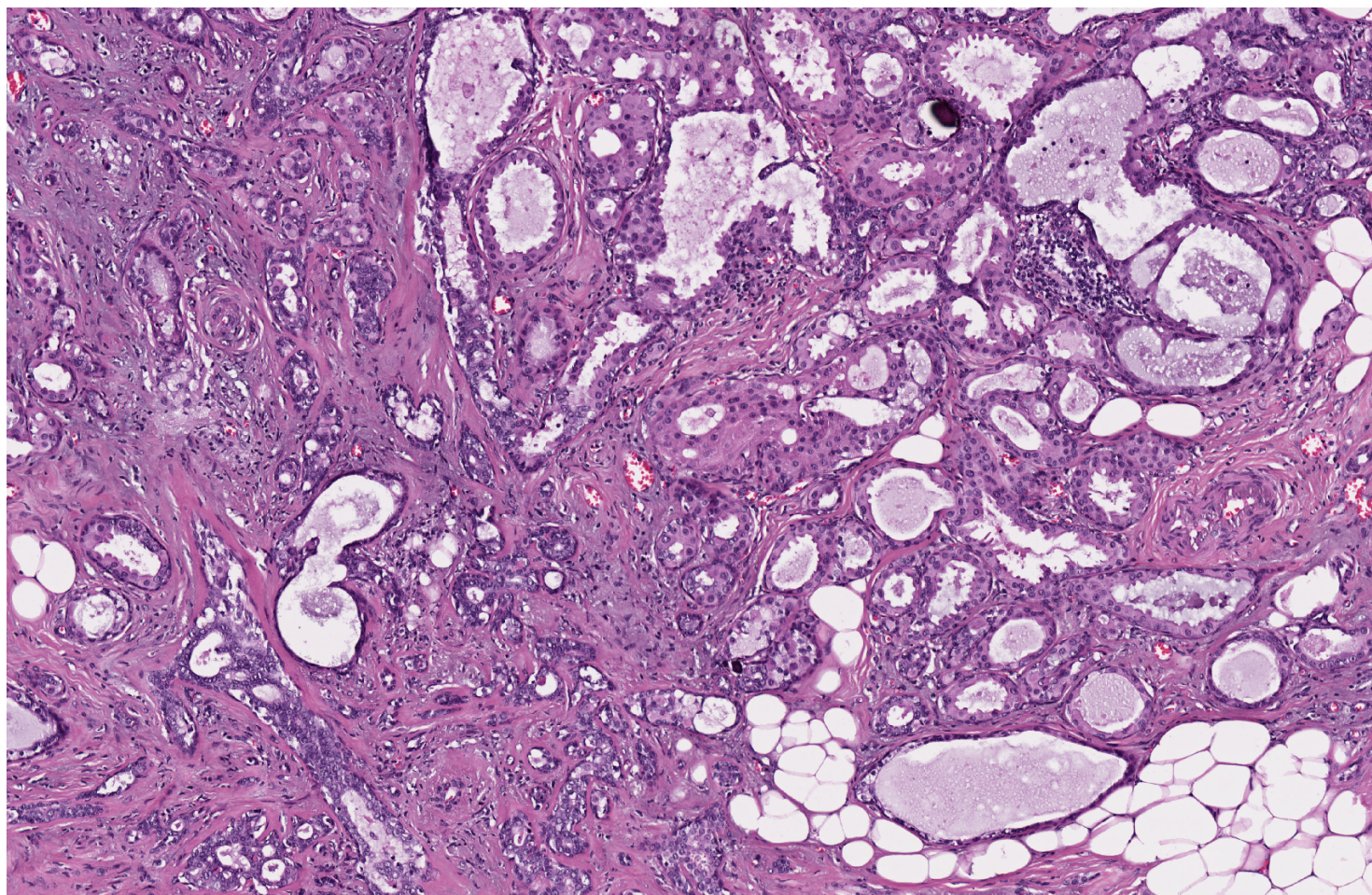


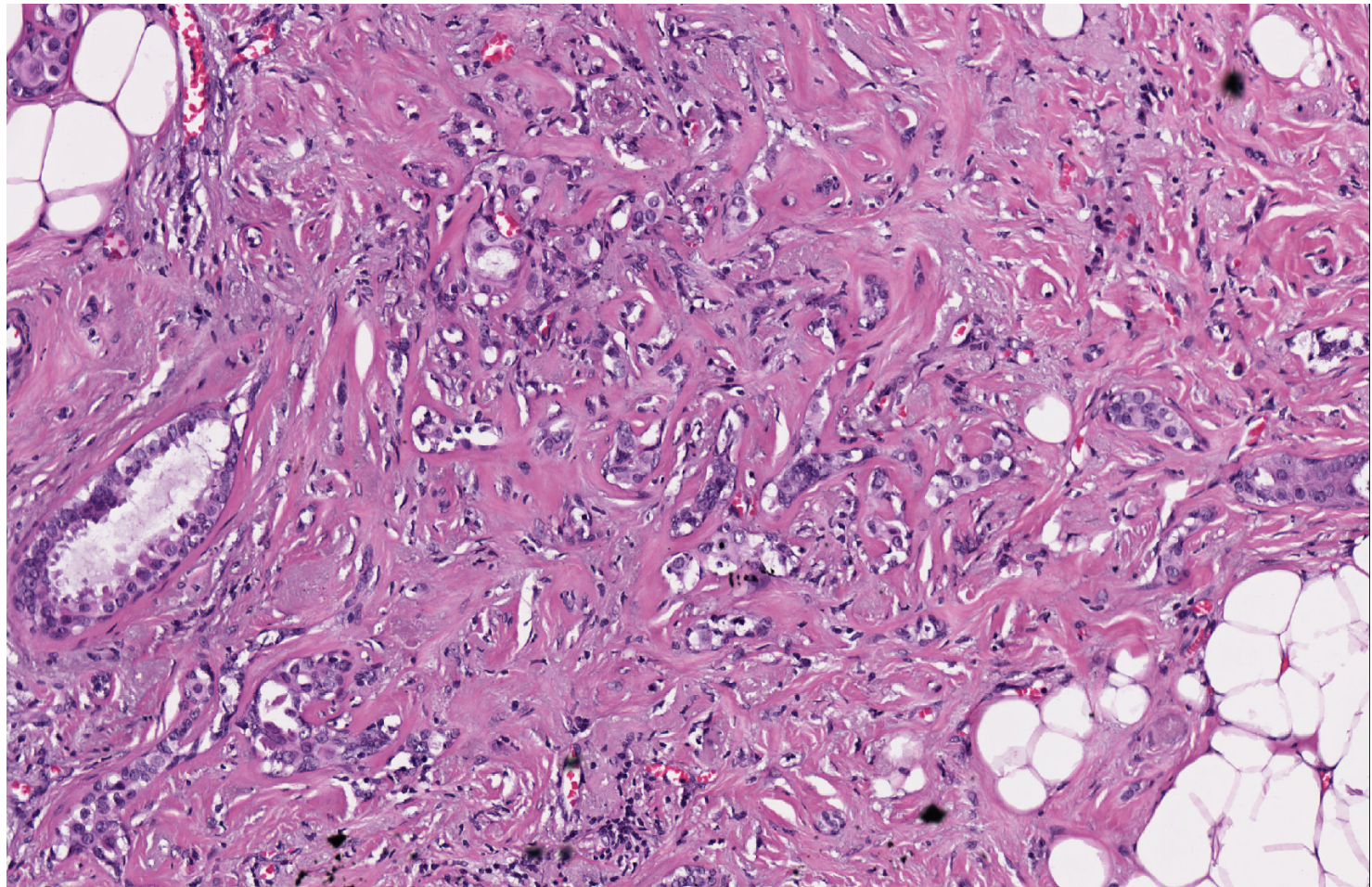


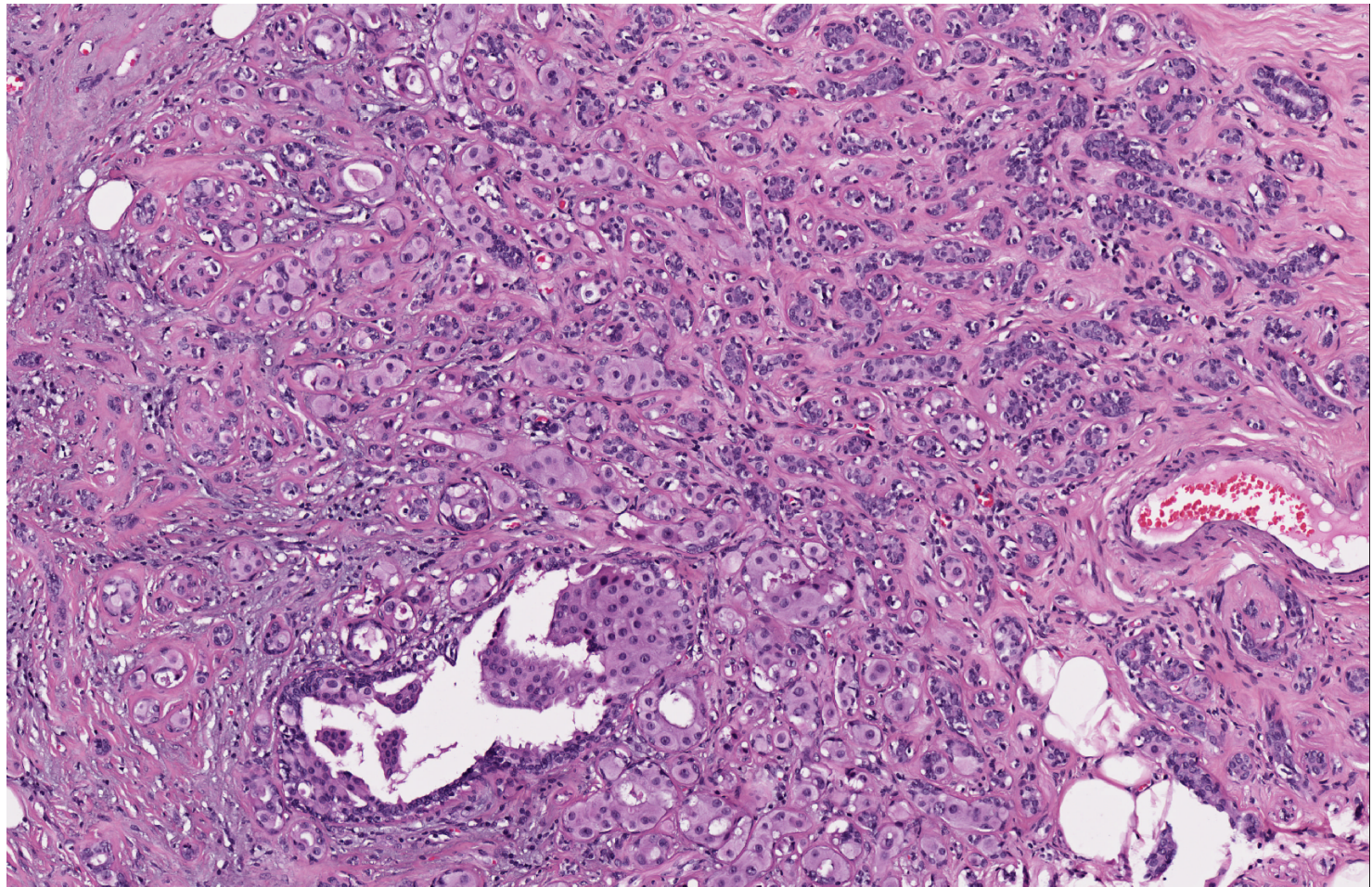




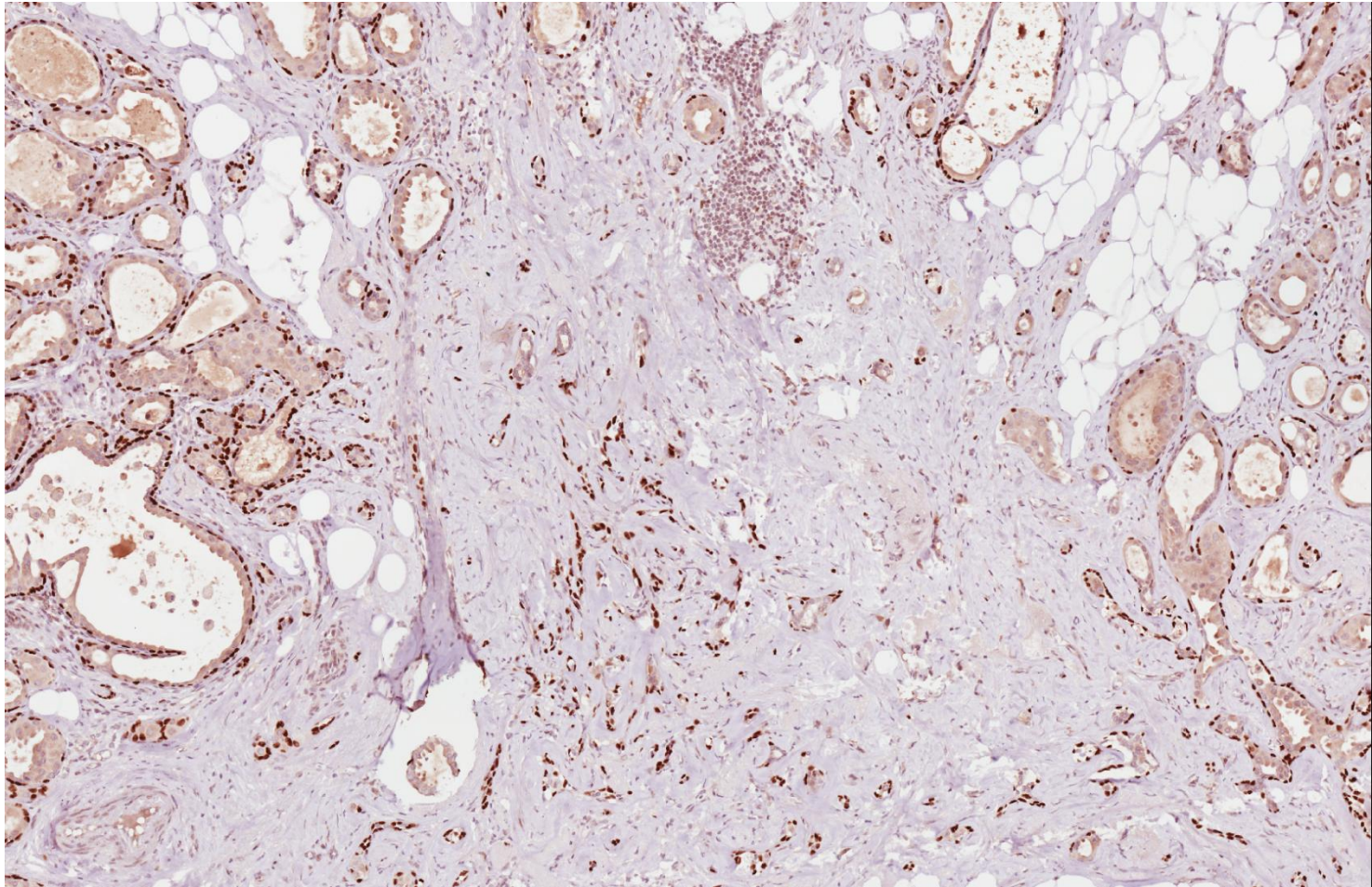




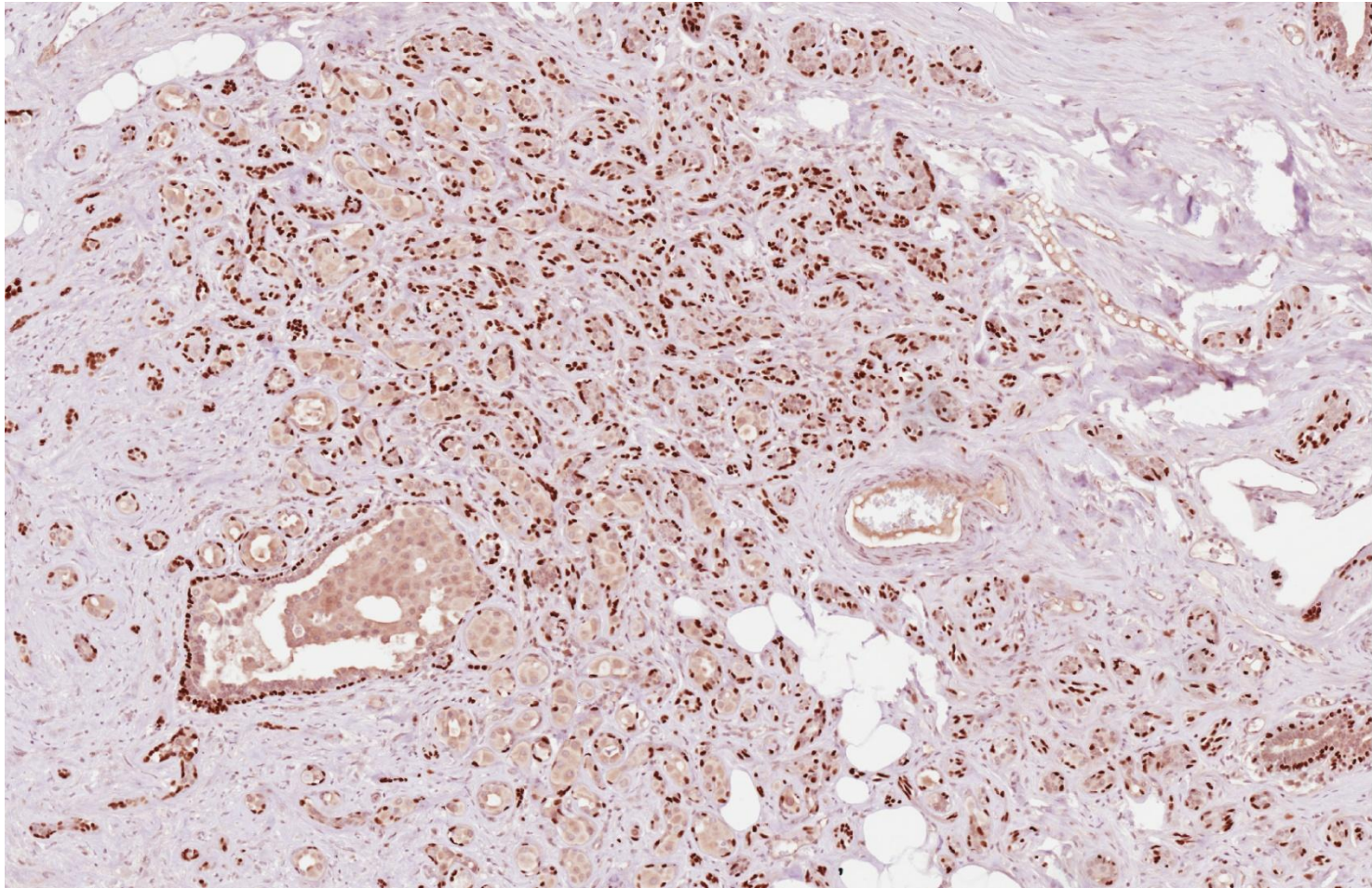




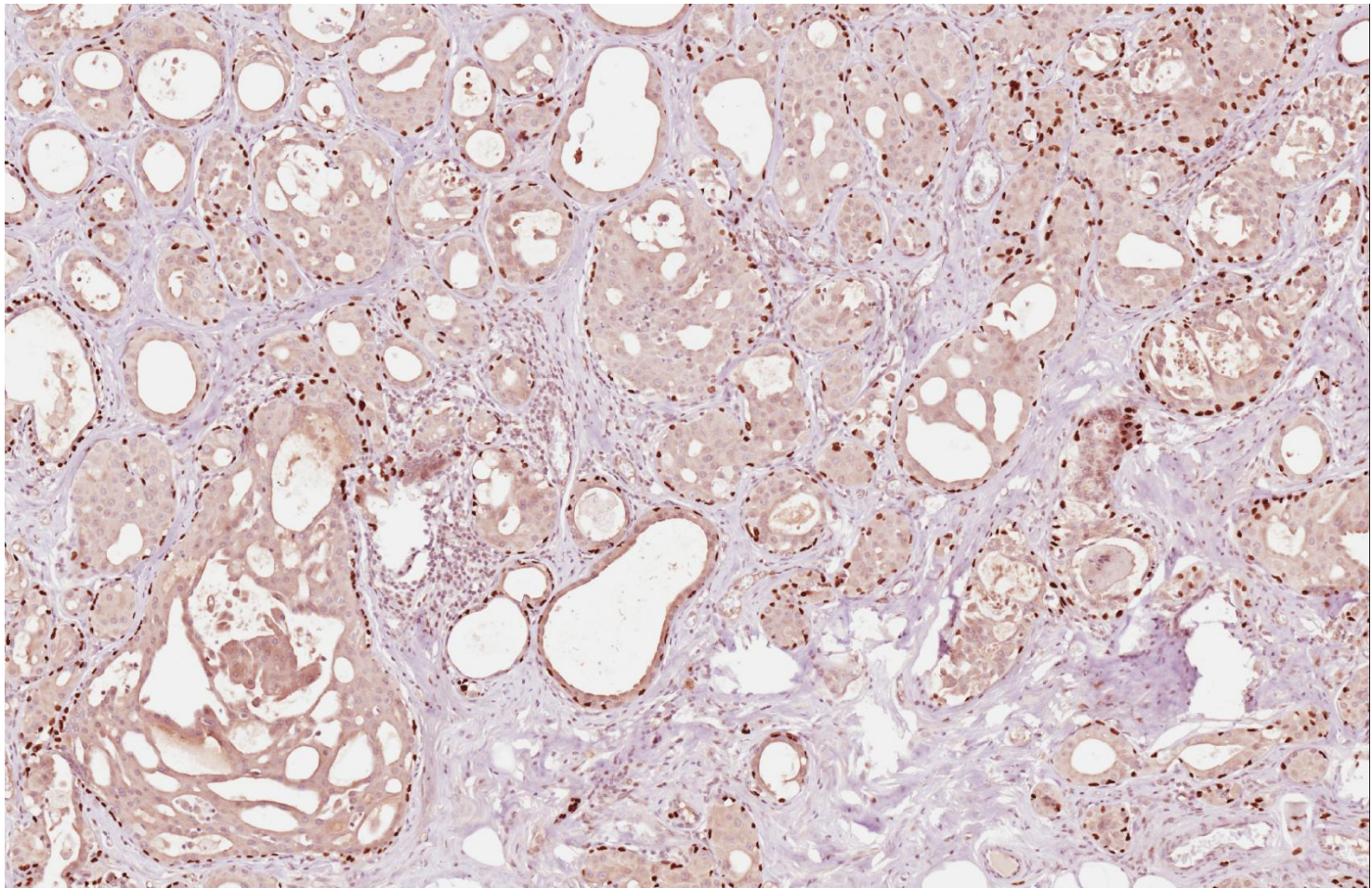
p63



p63



p63



- Apocrine DCIS, 11mm, intermediate nuclear grade, with punctate necrosis and focal calcifications, superimposed on a radial sclerosing lesion.

Apocrine DCIS

- Cells have abundant pink and eosinophilic cytoplasm.
- Architectural patterns can be solid, cribriform, micropapillary, comedo.
- Necrosis may be present, either punctate or comedo.
- Calcifications may be observed.
- Low, intermediate to high grade nuclear features can be seen.
- Nucleoli usually prominent.

Apocrine DCIS

- High grade lesions with marked cytologic atypia and often comedonecrosis are usually diagnosed without difficulty.
- Low grade apocrine DCIS is difficult to distinguish from atypical apocrine hyperplasia or apocrine metaplasia because of shared cytological characteristics:
 - Reliance on architectural alterations of DCIS.
 - Size considerations, but as yet no universally accepted size cutoff.

Learning points

- Diagnosis of apocrine DCIS.
- Recognition of radial sclerosing lesion.