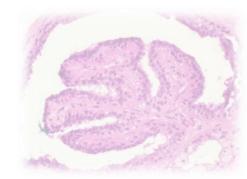
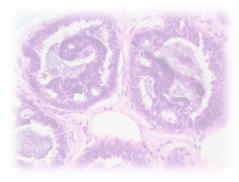


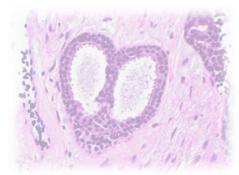
Case 14

58 year old Chinese female. Right breast, nipple sparing mastectomy.





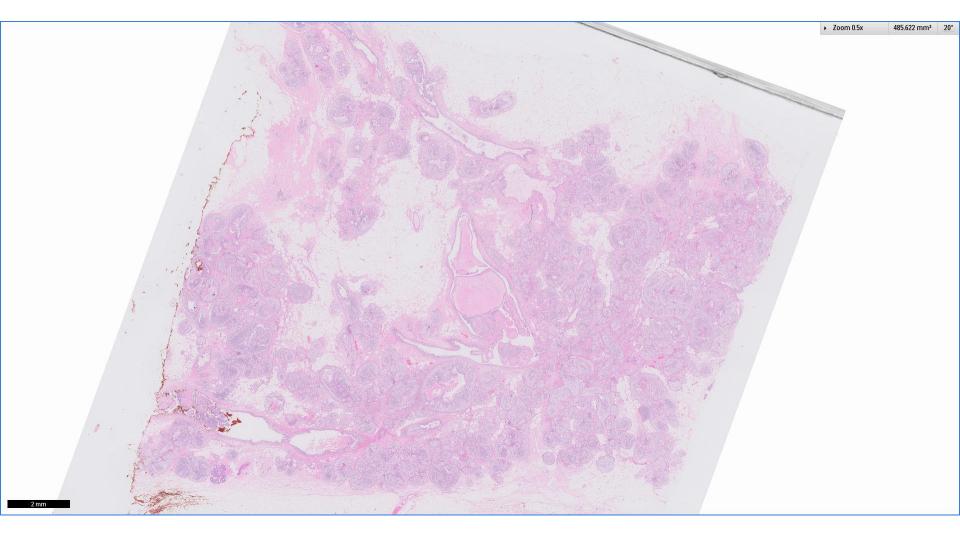








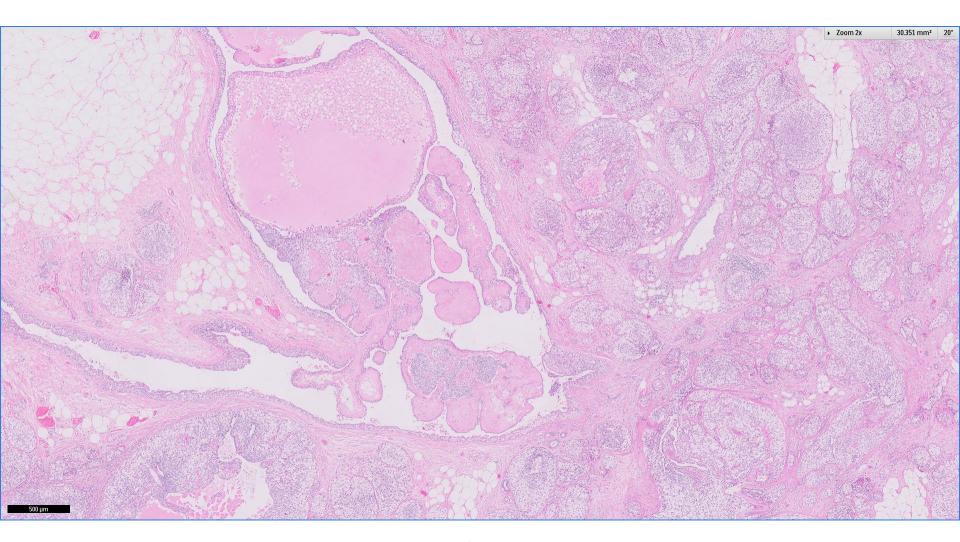








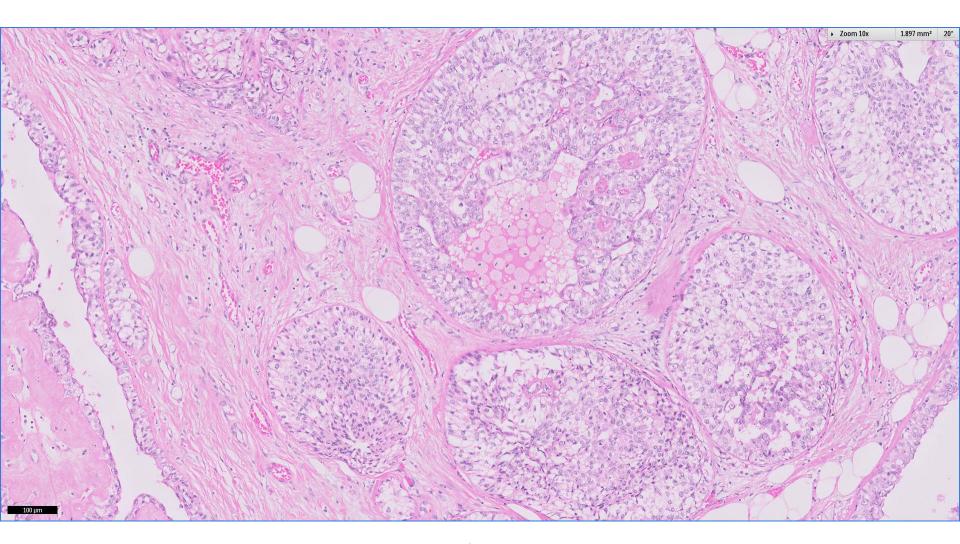








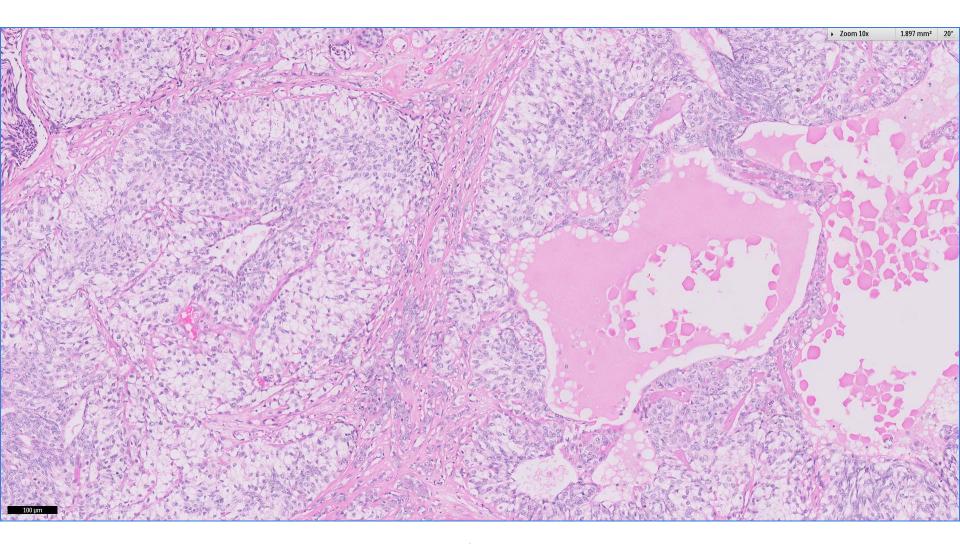








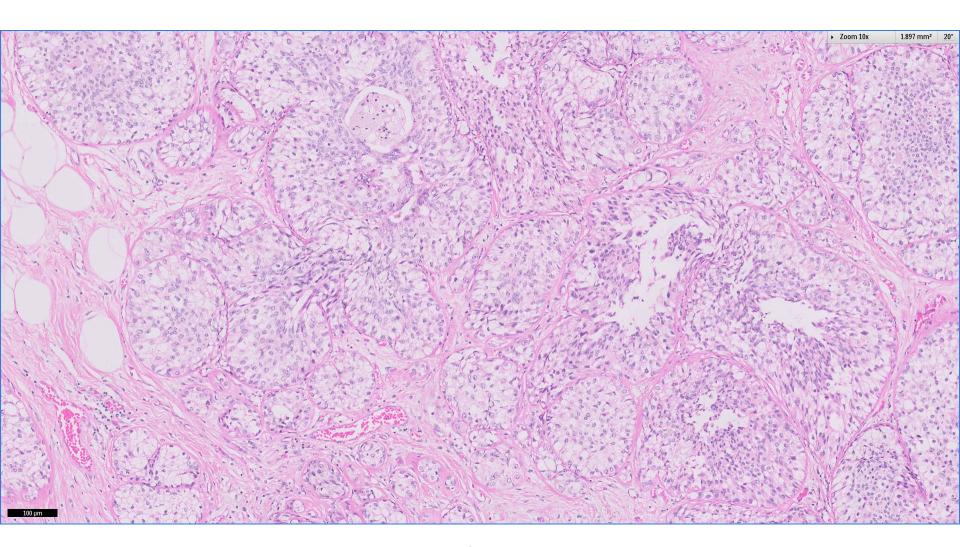










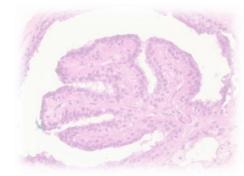






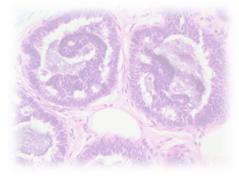


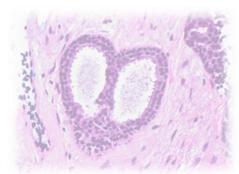




Additional pictures





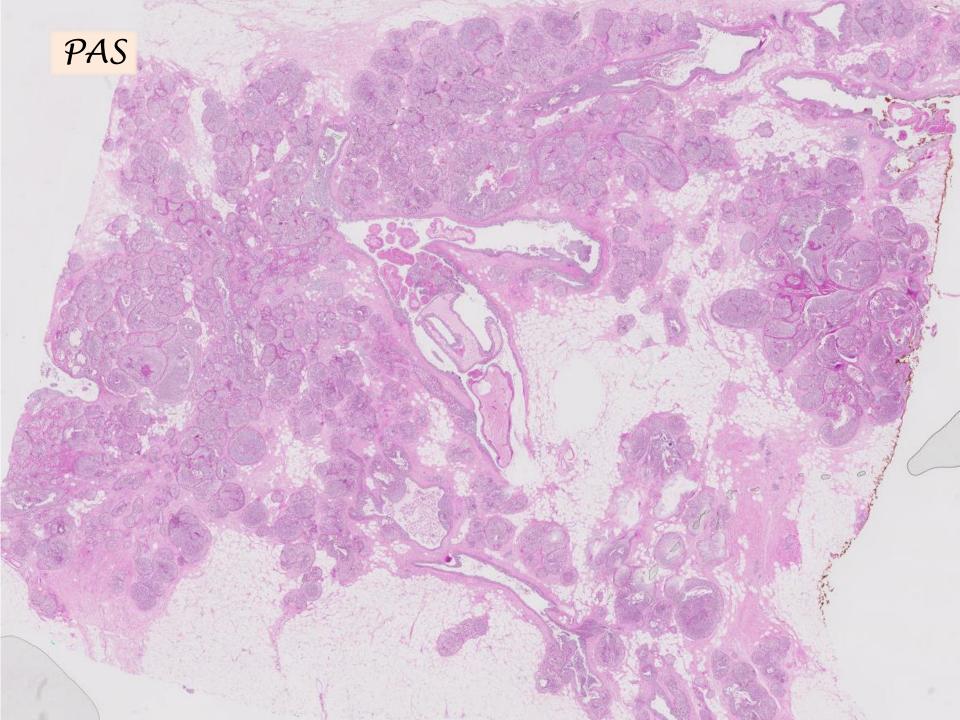




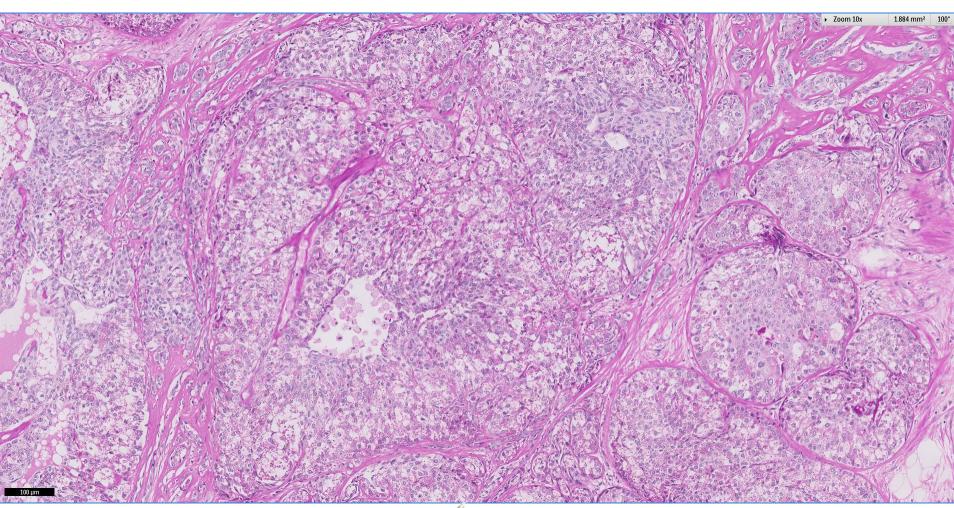








PAS

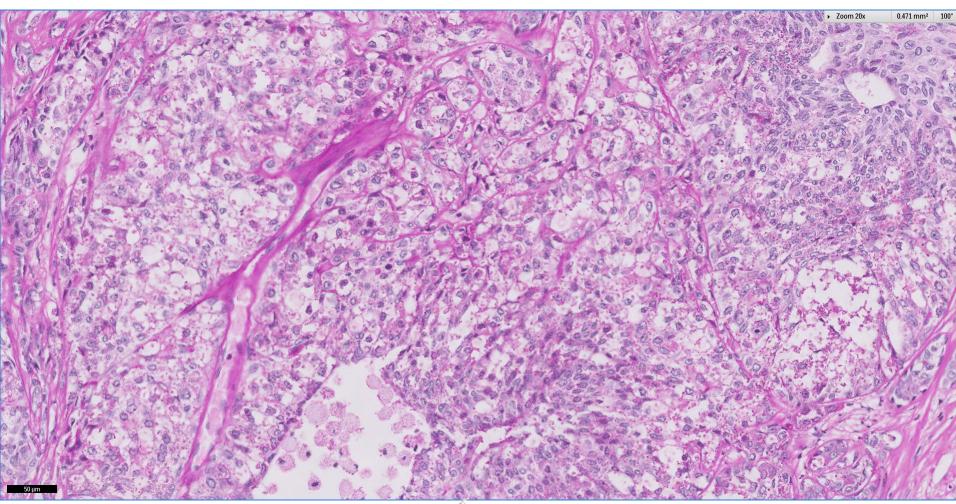








PAS

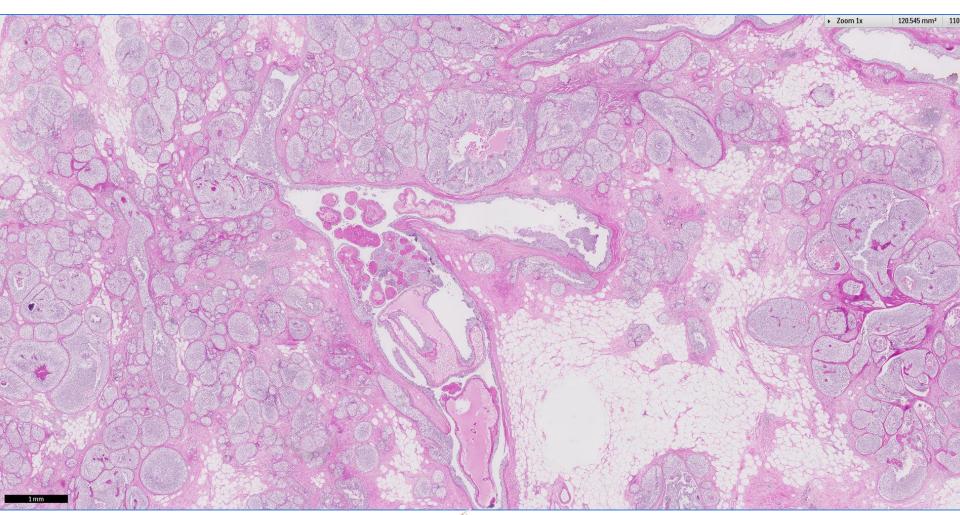








PASD

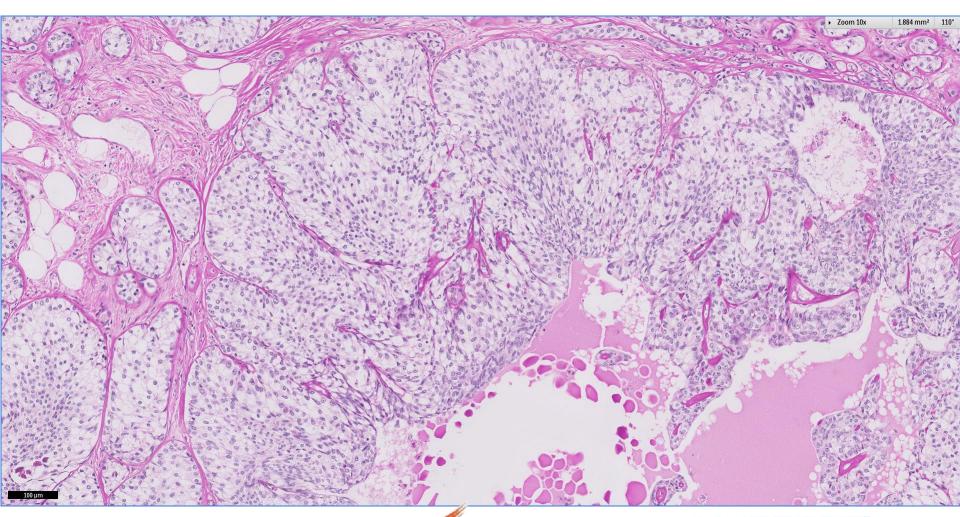








PASD







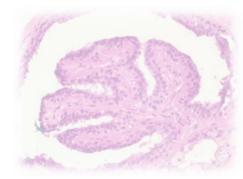


Diagnosis, case 14

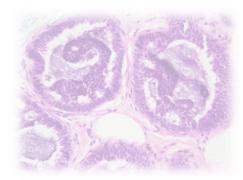
 Right breast, nipple sparing mastectomy:

Ductal carcinoma in situ, intermediate nuclear grade, glycogen-rich clear cell variant, 60mm.

3 benign sentinel lymph nodes.



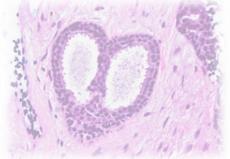












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Clear Cell Variant of Ductal Carcinoma in situ of the Breast

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The

DCIS showed solid, papillary, comedo, and cribriform patterns. The nuclear grade was intermediate (Fig. 2). The tumor cells were negative for glycogen, fat, and mucins. Immunohistochemically, the tumor cells expressed various cytokeratins (AE1/2, CAM5.2, 34βE12, 5/6. 7, 8, 14, 18, and 19), synaptophysin (focal), KIT, CEA (luminal), CA125 (focal), MUC1, vimentin, ER, and PgR. Ki-67 labeling was 10%.



Clear cells in breast tumours

- Glycogen, mucin, lipid in the cell cytoplasm.
- Breast tumours that may show clear cells ~
 - Histiocytoid invasive lobular carcinoma
 - Apocrine carcinoma
 - Hidradenoma
 - Secretory carcinoma
 - Adenomyoepithelioma
 - Sebaceous carcinoma
 - Metastatic clear cell renal carcinoma













