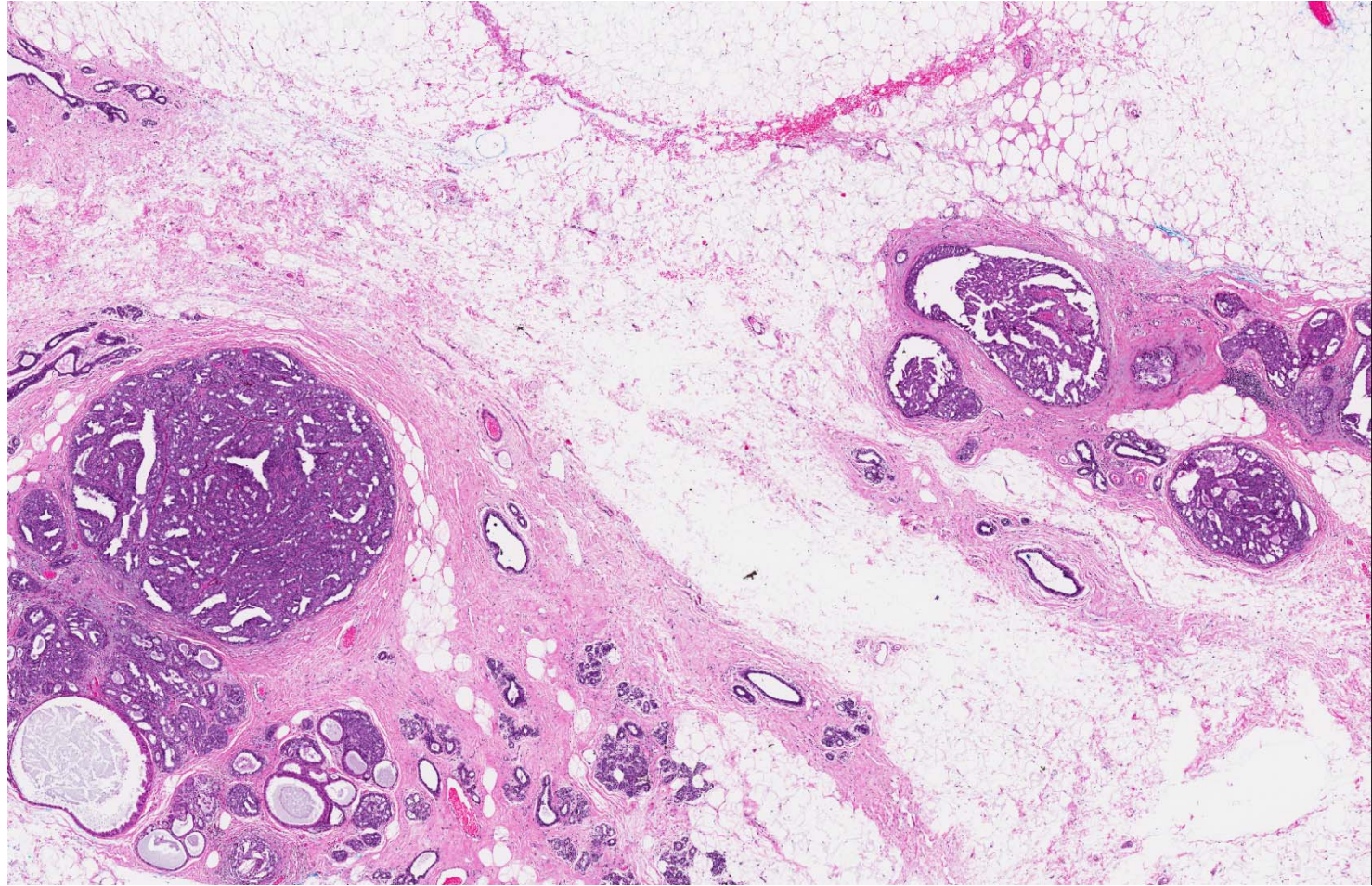
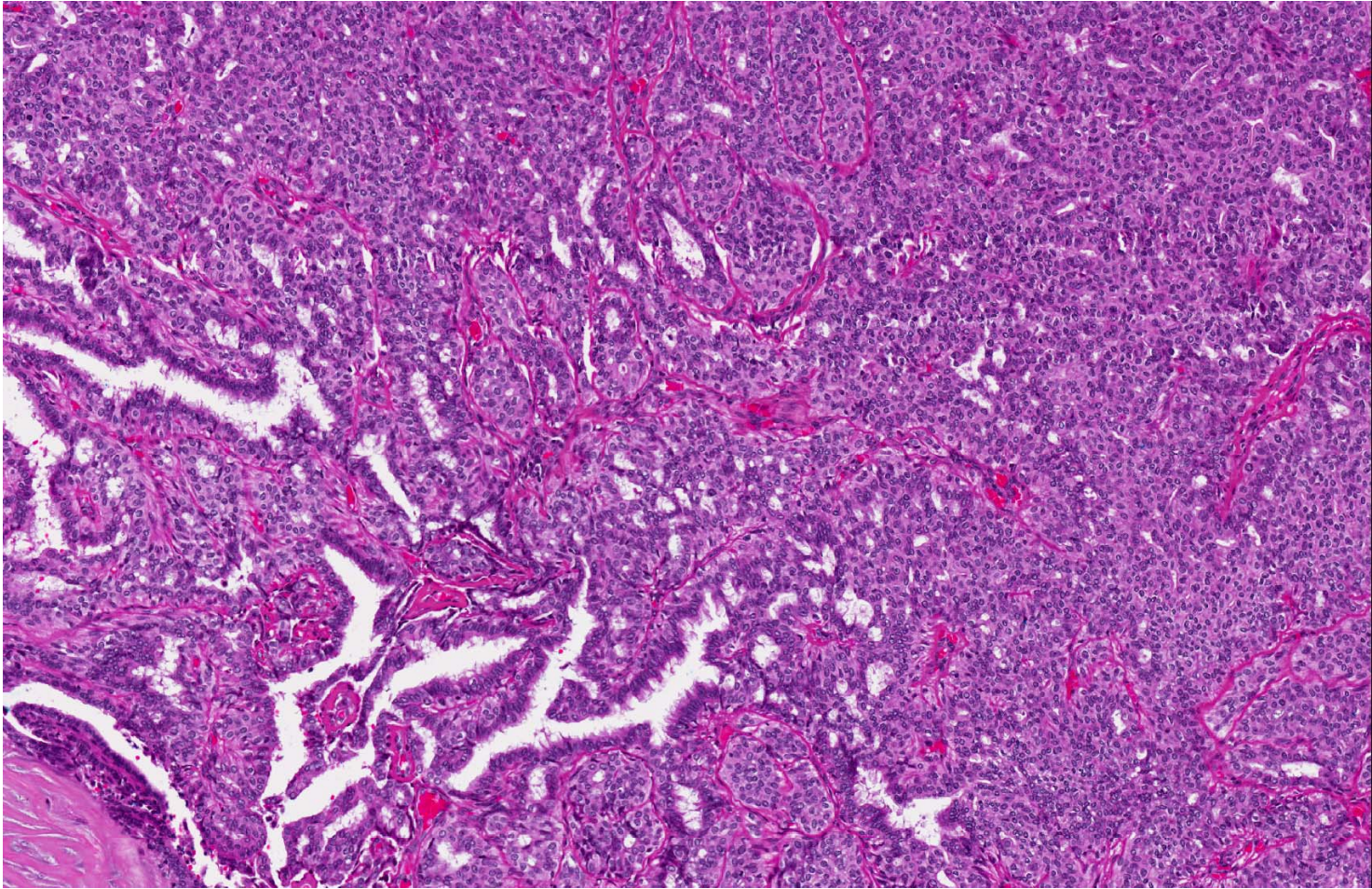
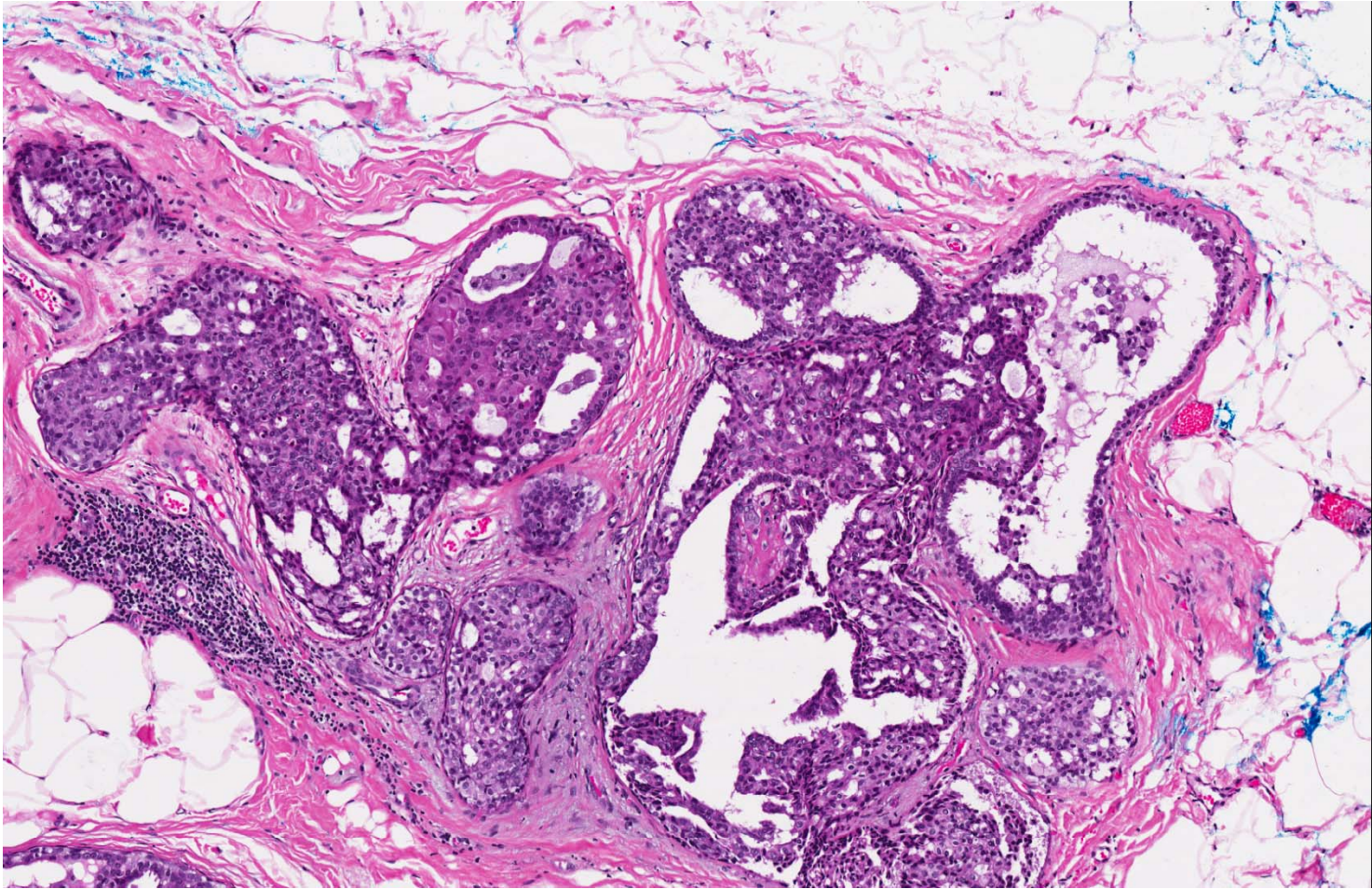
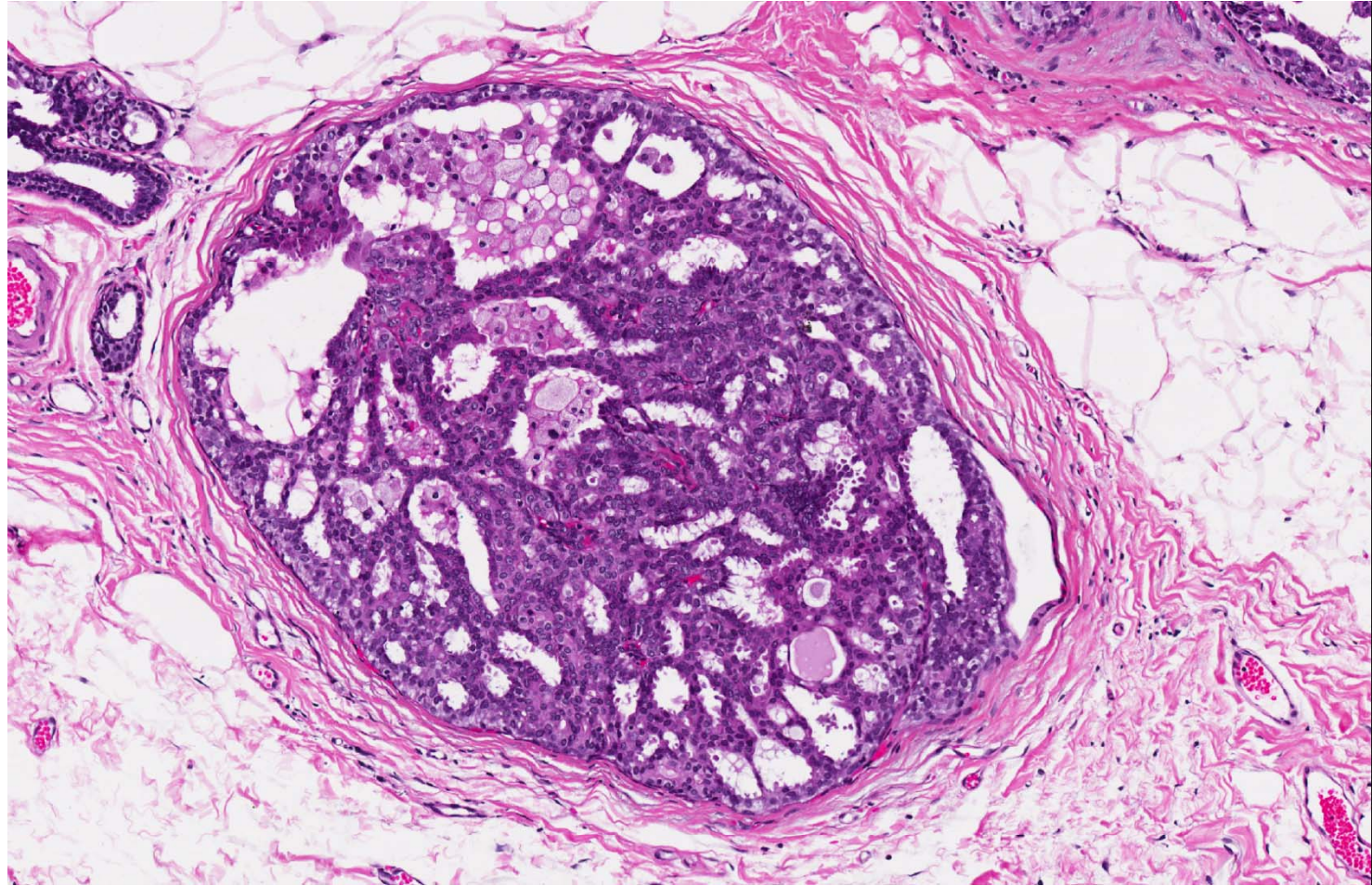


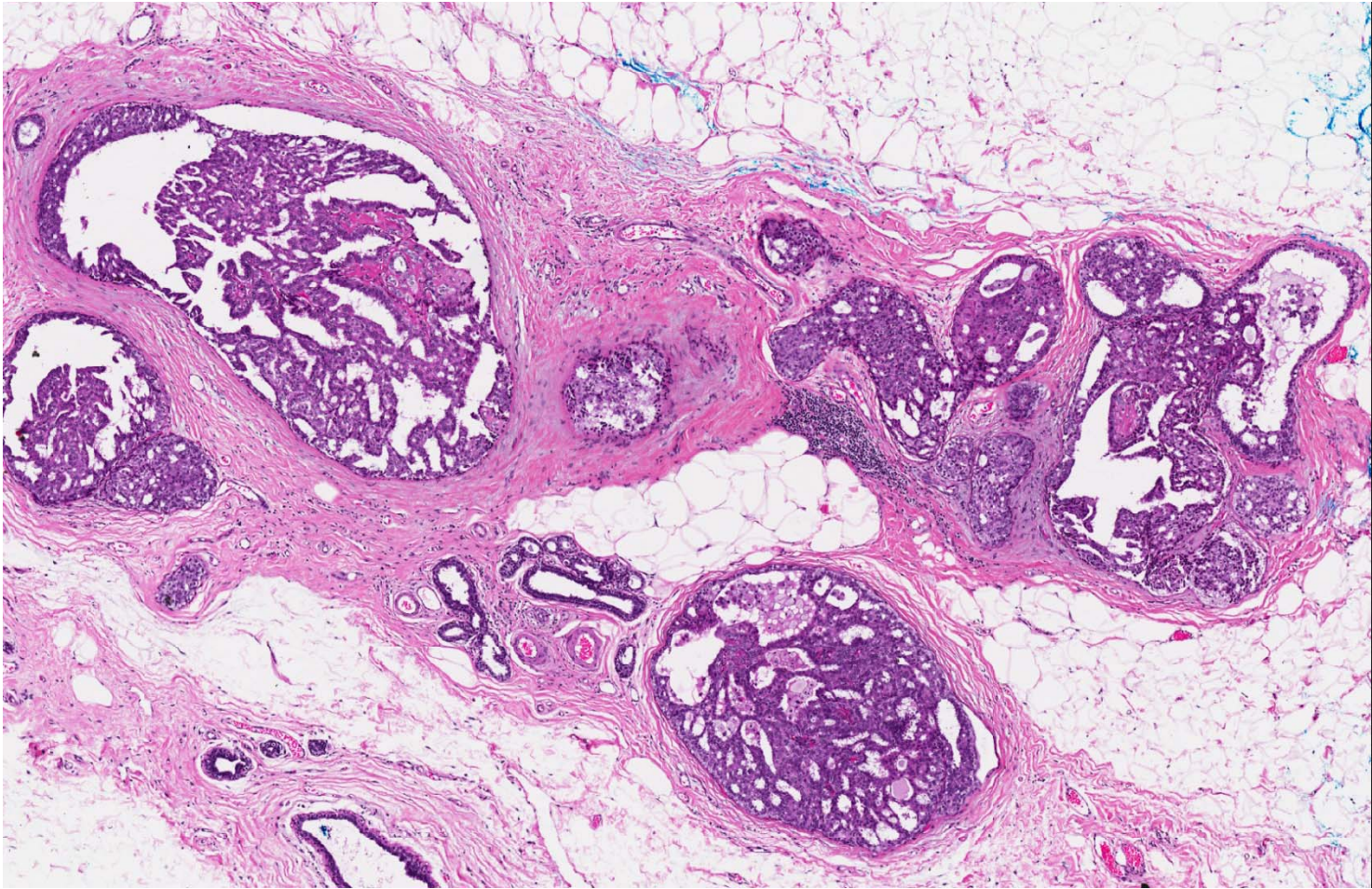
- Set A.10
- 60 year old woman with right breast lump

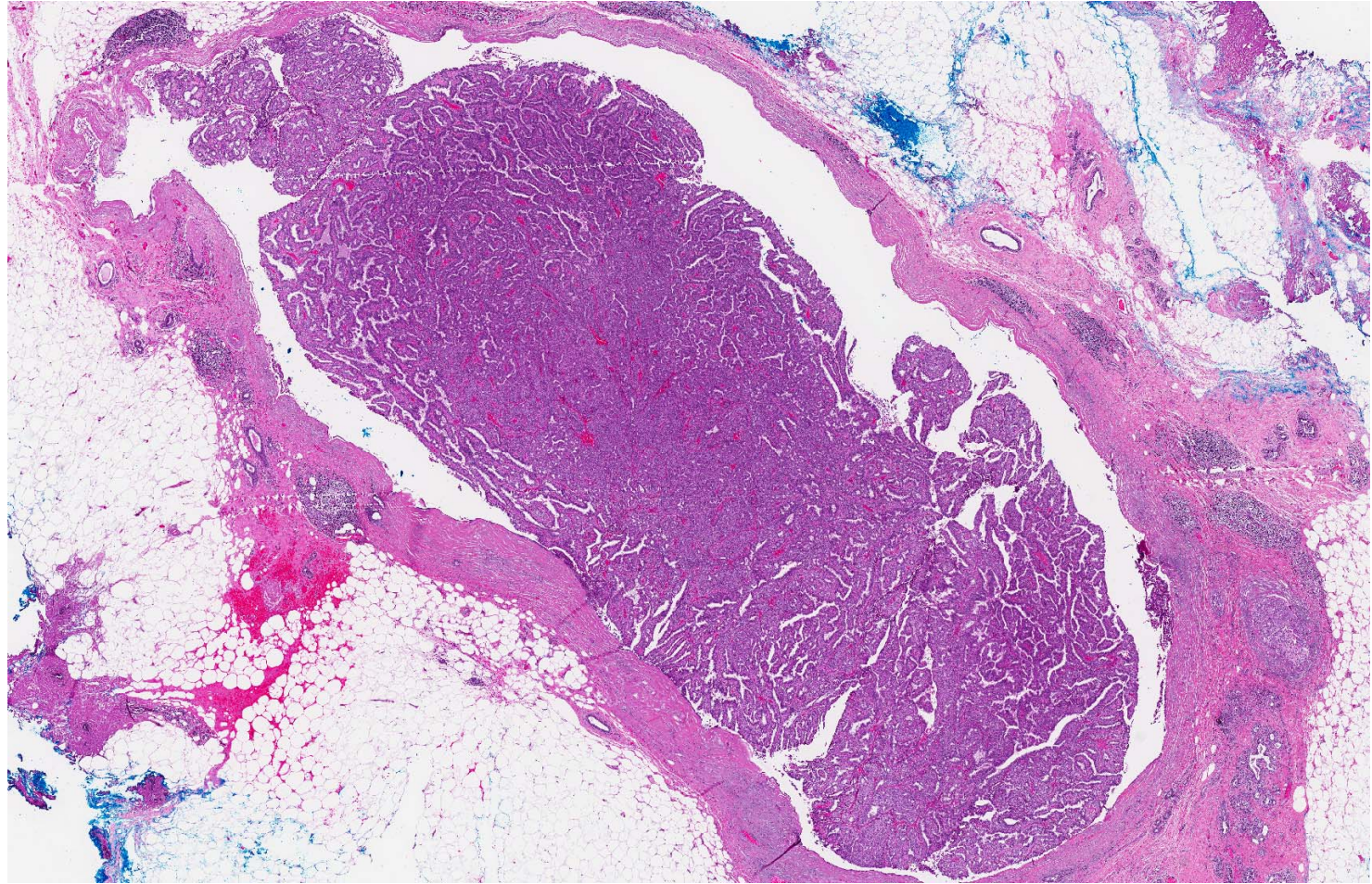


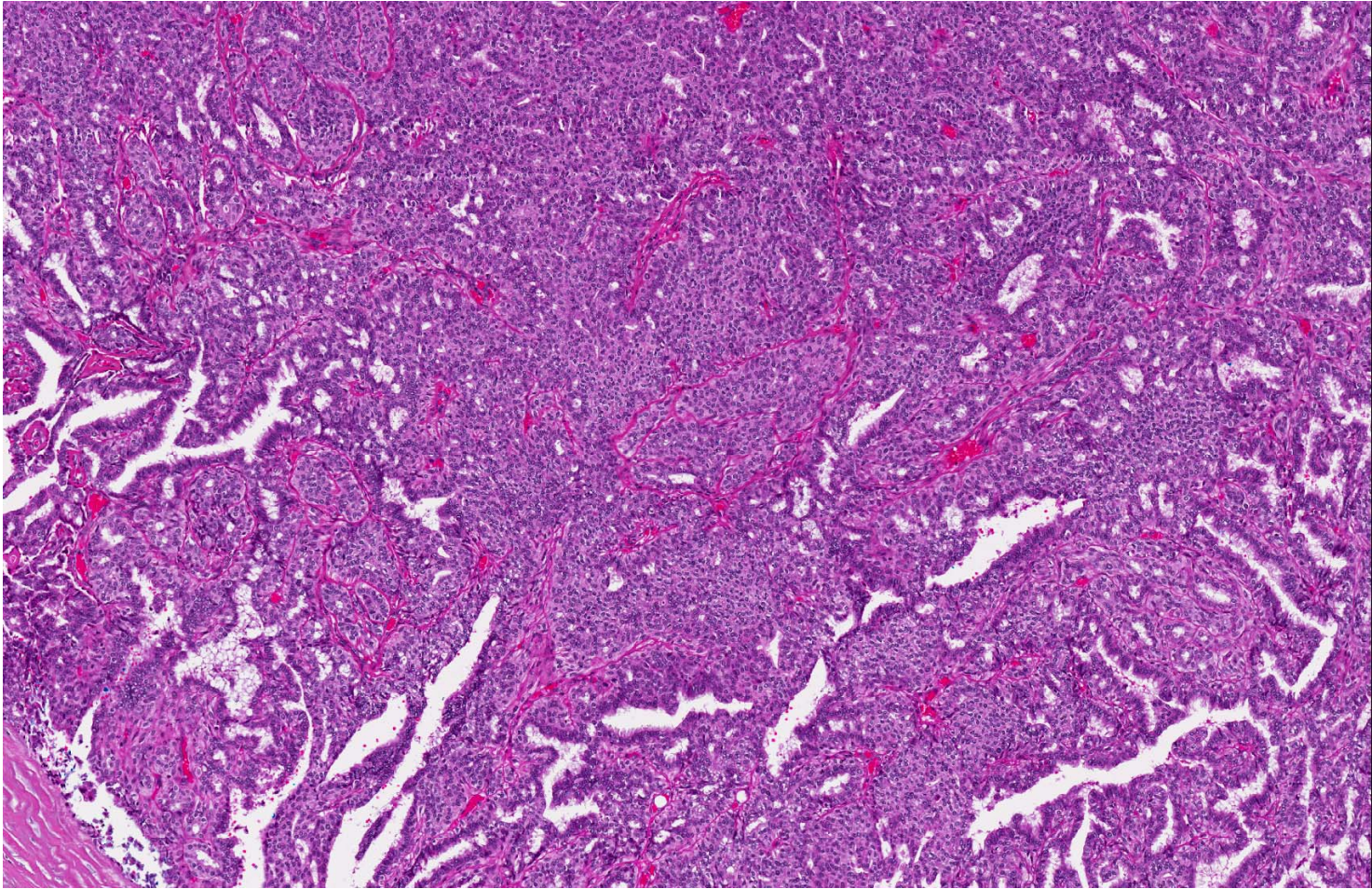




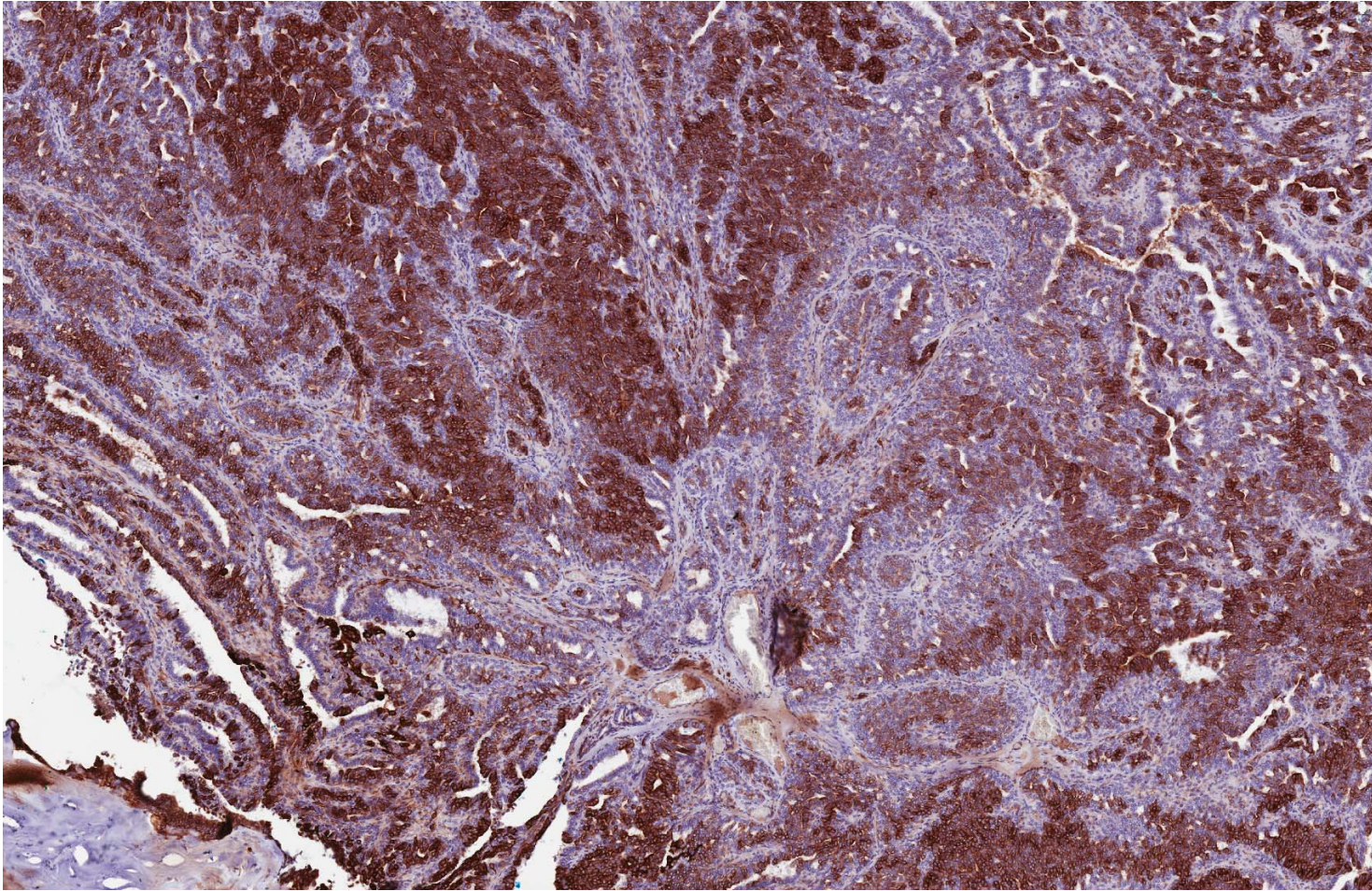




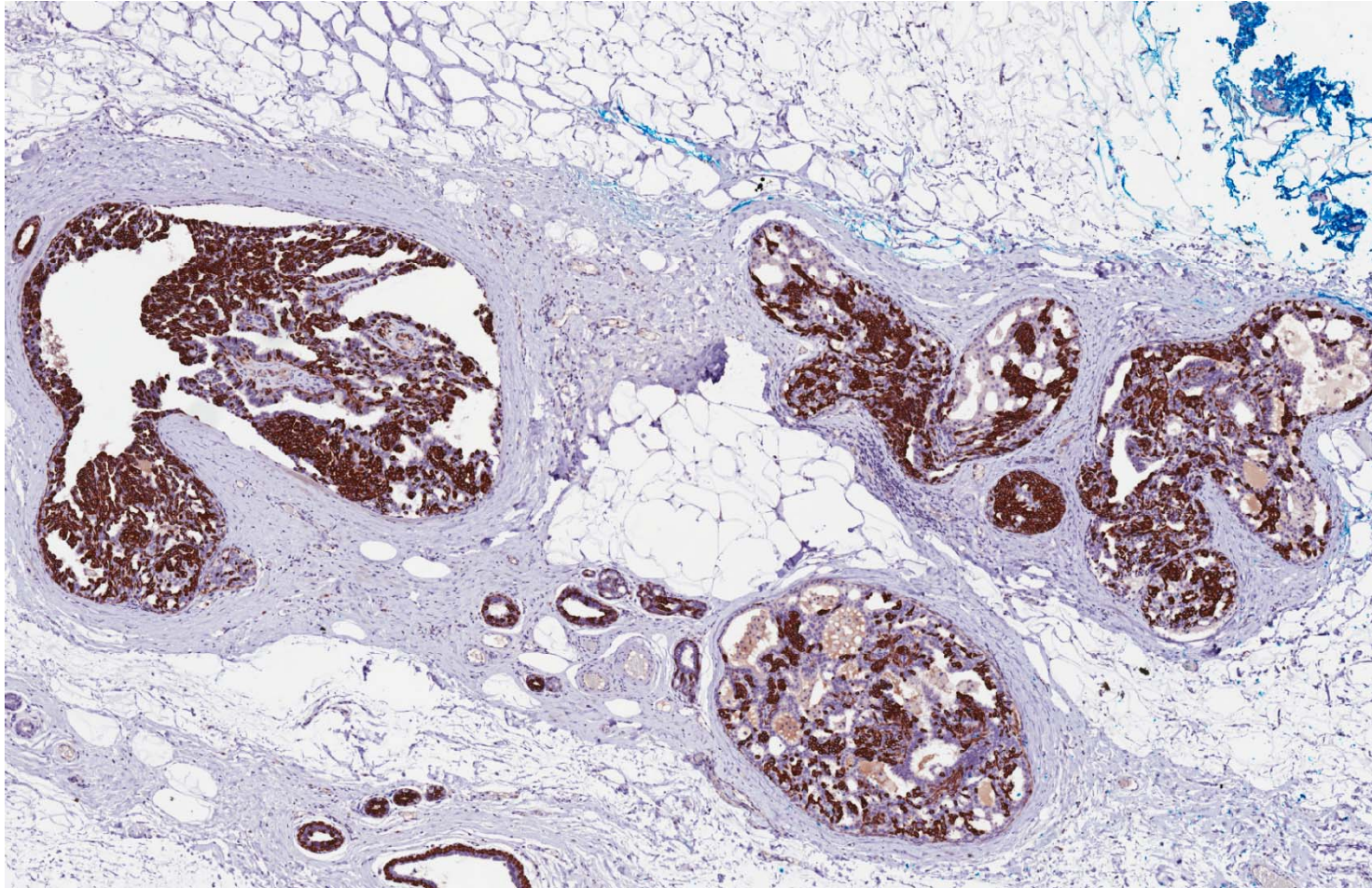




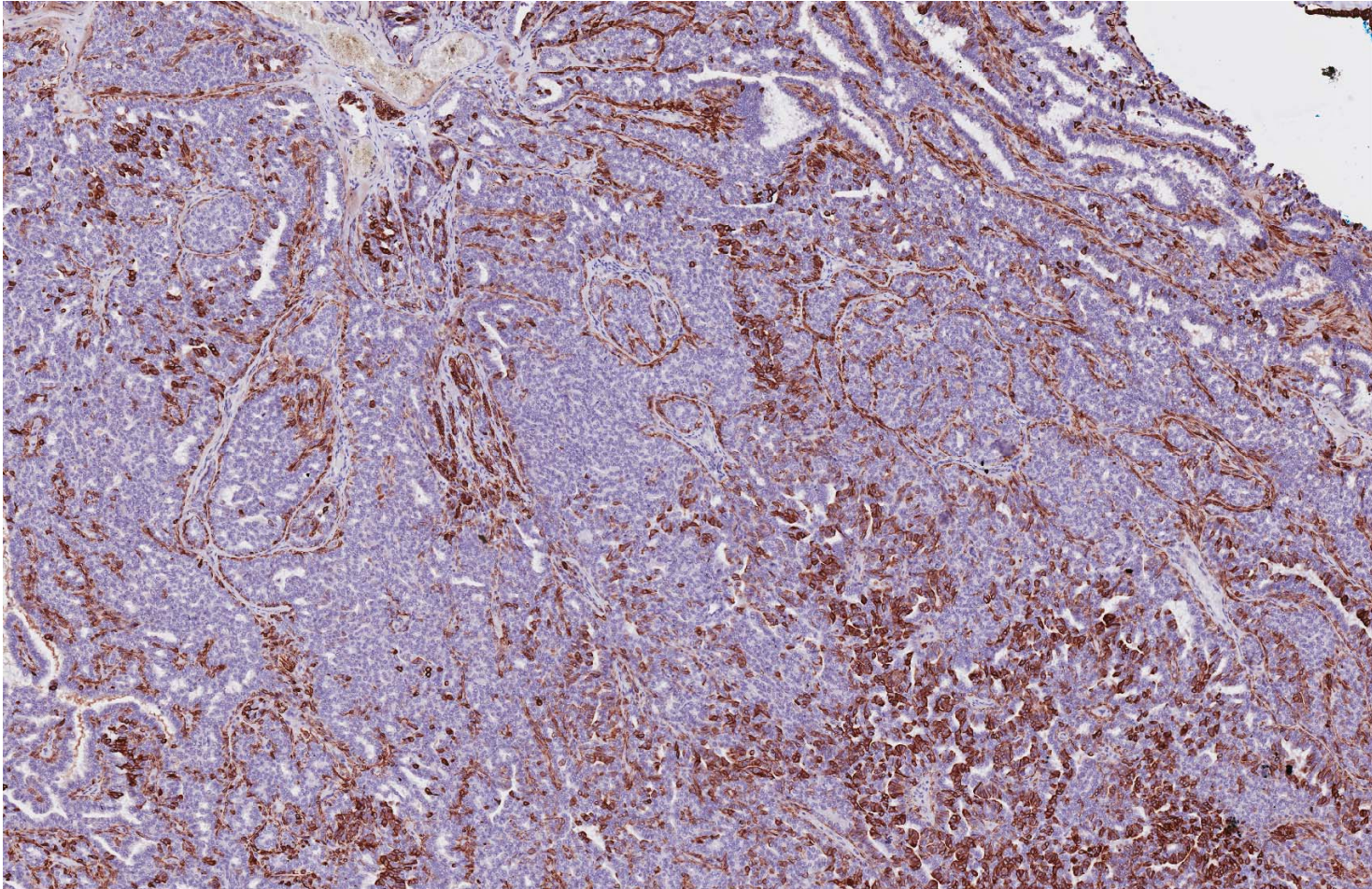
CK5/6



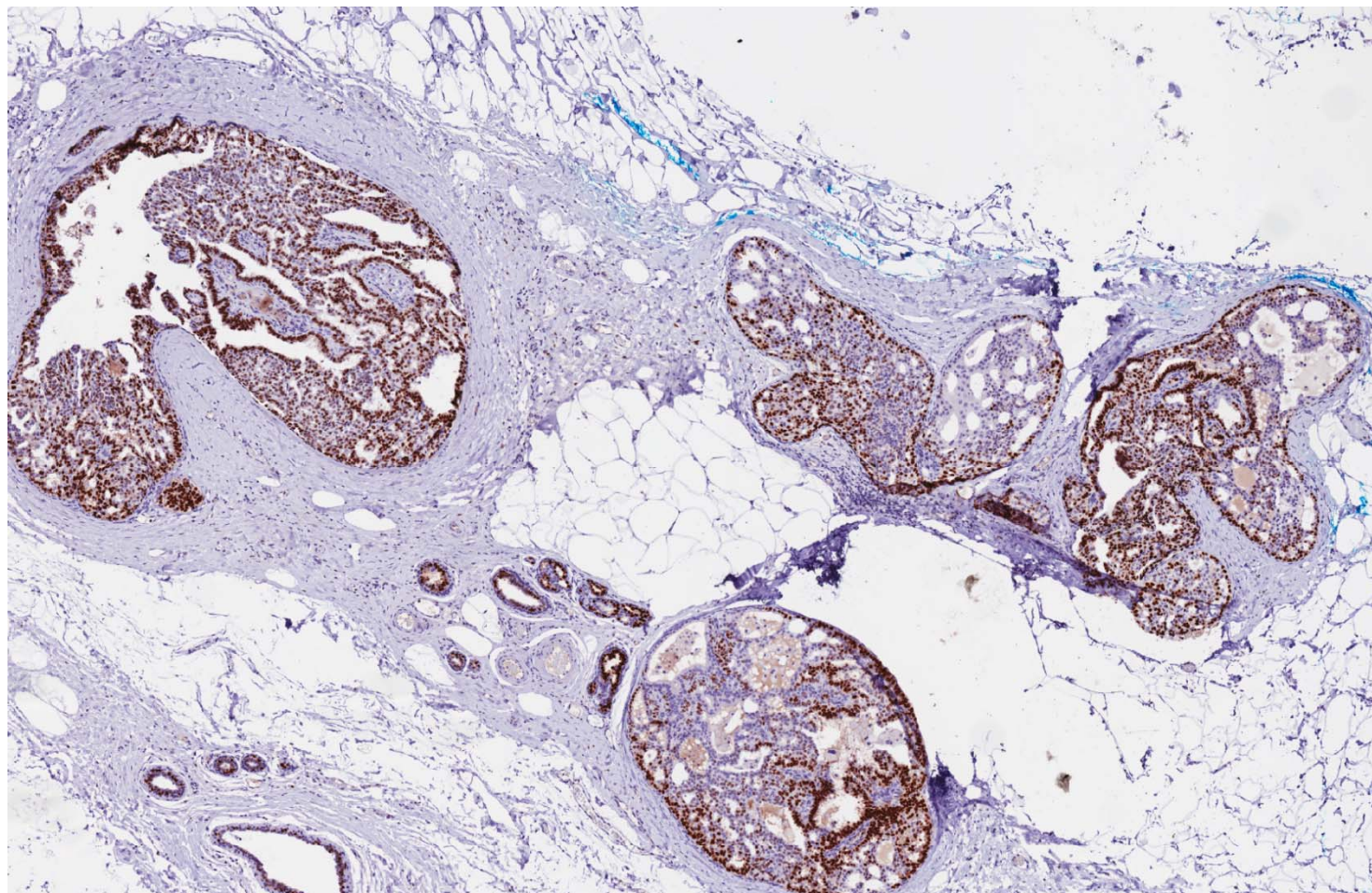
CK14



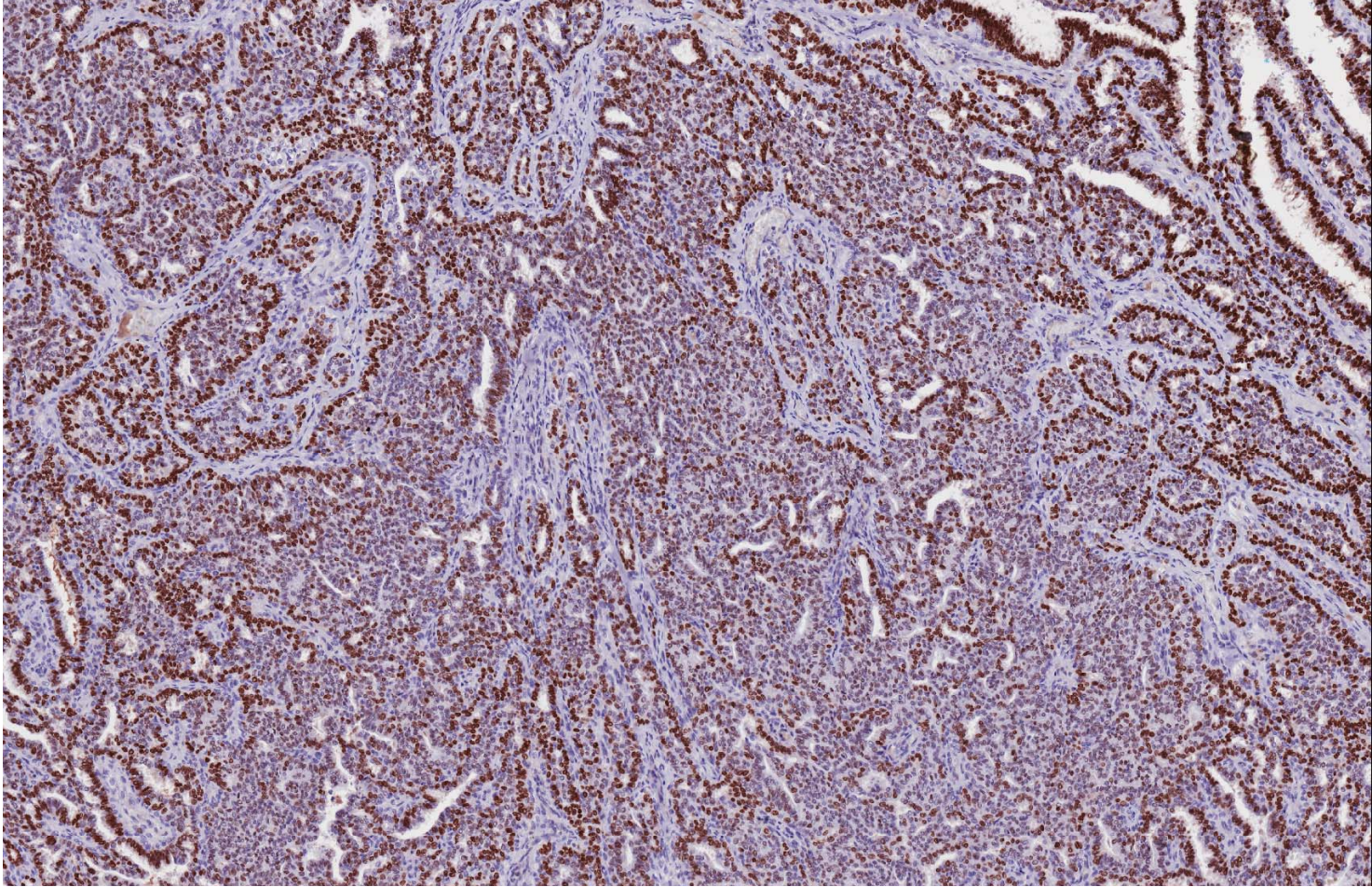
CK14



ER



ER



- Papillary lesion, favour benign intraductal papilloma.

Table 1 Distinction of papilloma from encysted papillary carcinoma

Histological features	Papilloma	Encysted papillary carcinoma
1. Fibrovascular cores	Usually broad and extend throughout the lesion	Very variable, usually fine and may be lacking in at least part of the lesion
2. Cells covering papillae		
a. Basal	Myoepithelial layer always present	Myoepithelial cells usually absent, but when present may form a discontinuous layer
b. Luminal	Single layer of regular luminal epithelium OR features of regular usual type hyperplasia	Cells often taller and more monotonous with oval nuclei, the long axes of which lie perpendicular to the stromal core of the papillae. Nuclei may be hyperchromatic. Epithelial multilayering frequent, often producing cribriform and micropapillary patterns of DCIS overlying the papillae or lining the cyst wall
3. Mitoses	Infrequent with no abnormal forms	More frequent; abnormal forms may be seen
4. Apocrine metaplasia	Common	Rare
5. Surrounding tissue	Benign changes may be present including regular epithelial hyperplasia	Surrounding ducts may show DCIS
6. Necrosis and haemorrhage	May occur in either. Not a useful discriminating feature	<i>From NHS Breast Screening Program publication – Guidelines for pathology reporting in breast cancer screening</i>
7. Periductal and intratumoral fibrosis	May occur in either. Not a useful discriminating feature	

NB All the features of a lesion should be taken into account when making a diagnosis. No criterion is reliable alone.

Learning points

- Distinction between papilloma vs encysted papillary carcinoma:
 - Morphological appearances of the intraductal lesion.
 - Immunohistochemistry for CK5/6, CK14, ER.
 - Adjacent DCIS if present, can favour a malignant intraductal papillary lesion.