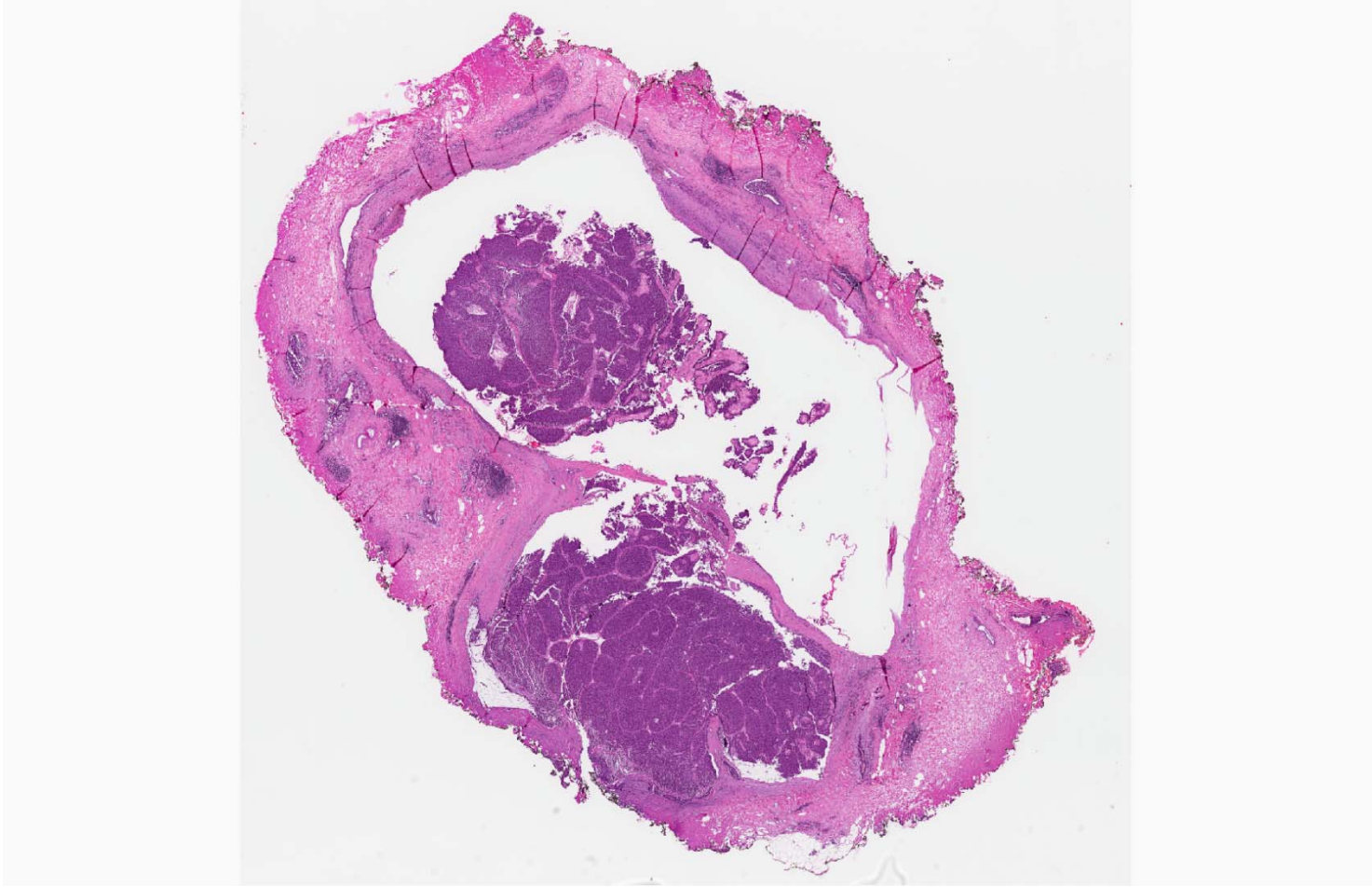
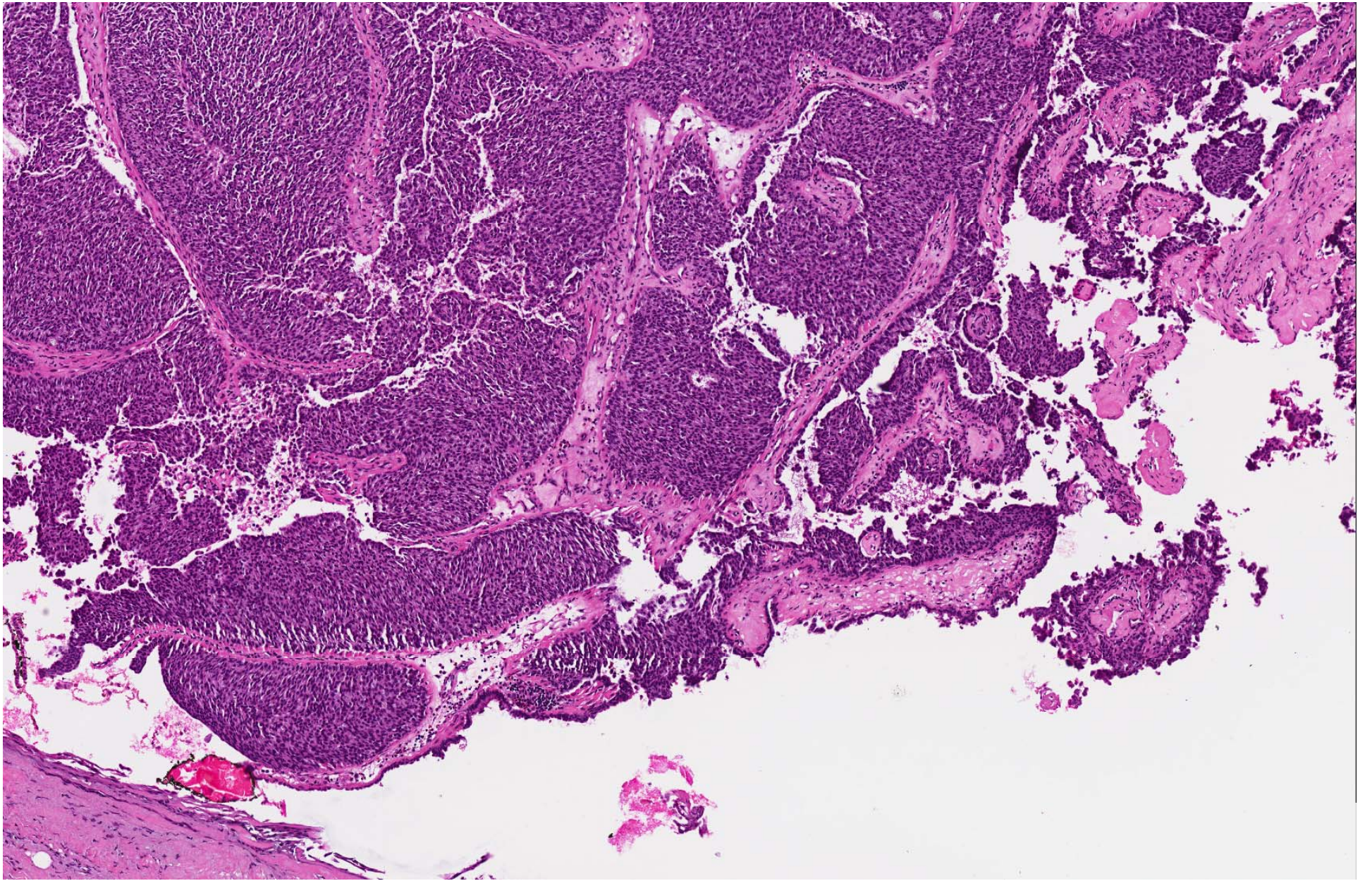
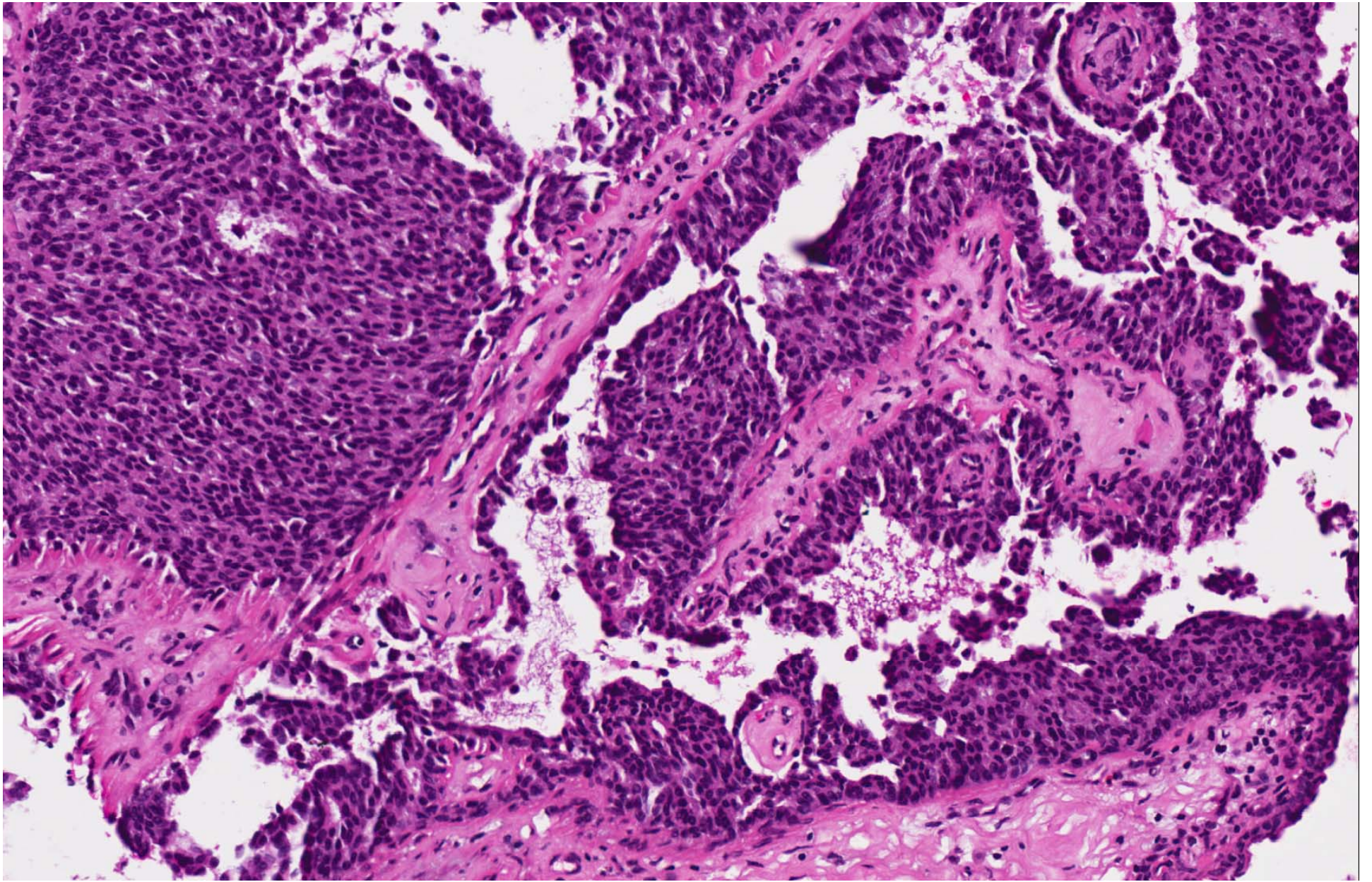
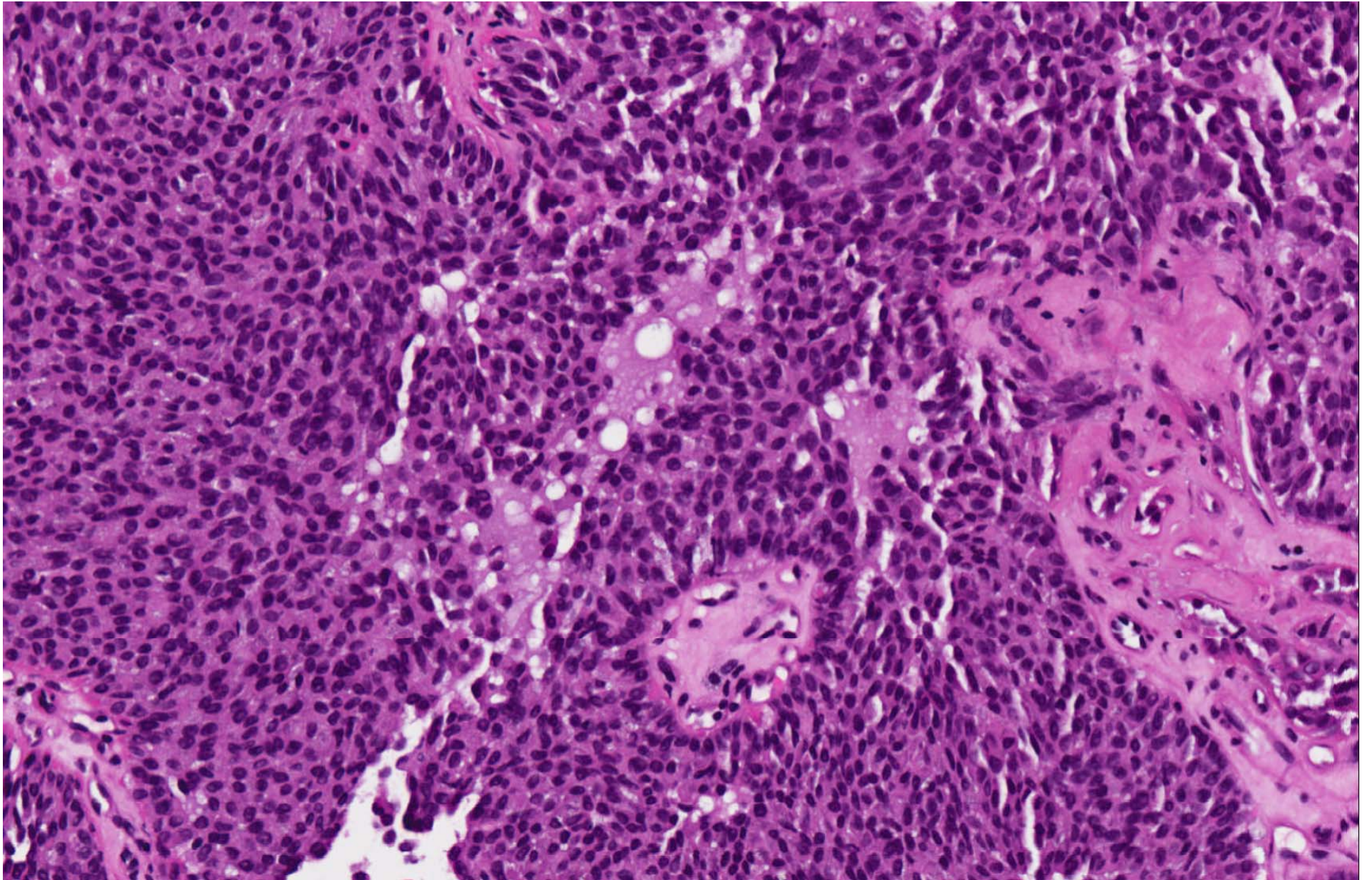


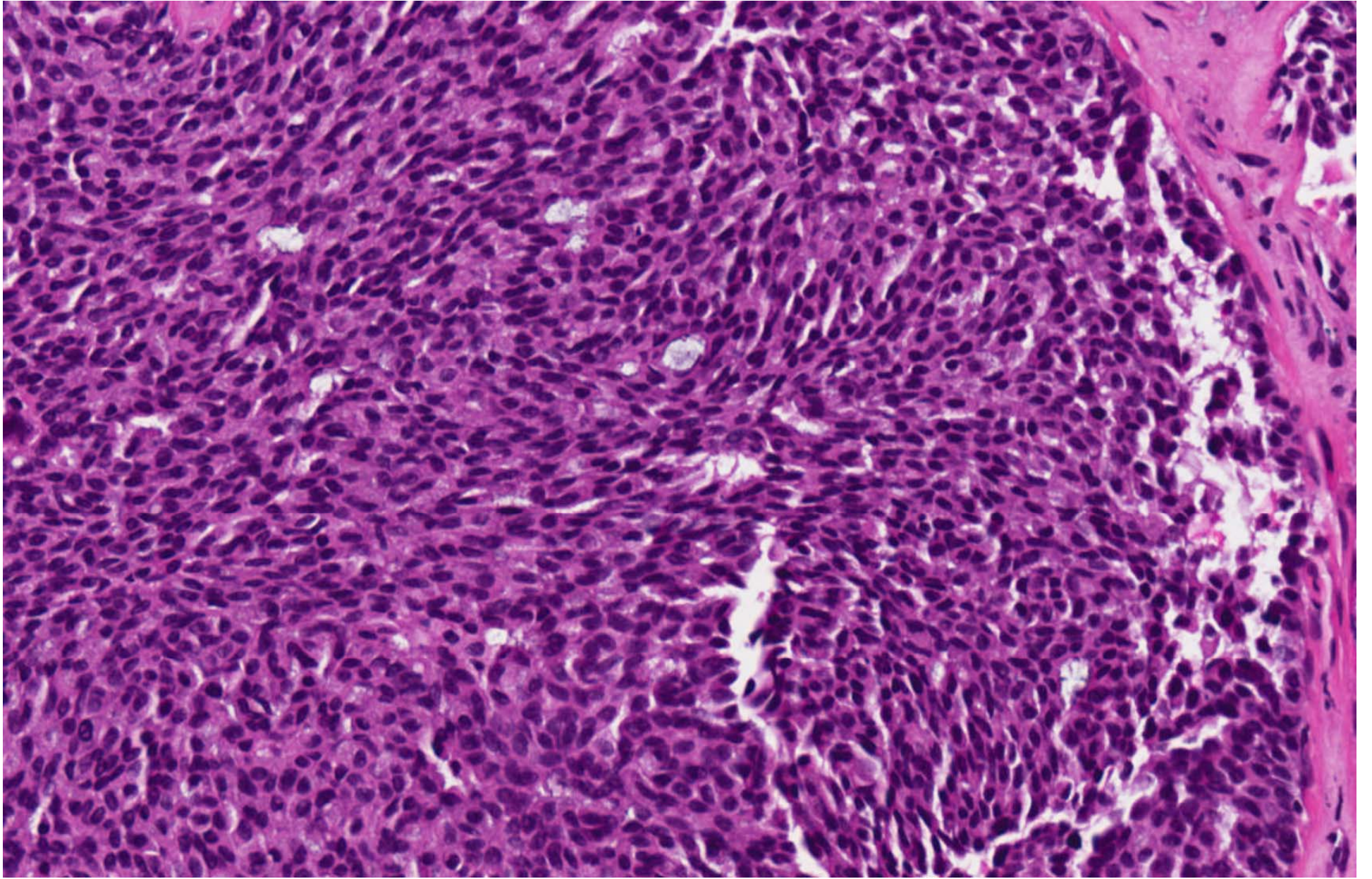
- A.12
- 72 year old Chinese lady presented with a right breast retroareolar lump. A frozen section with subsequent excision biopsy was performed.

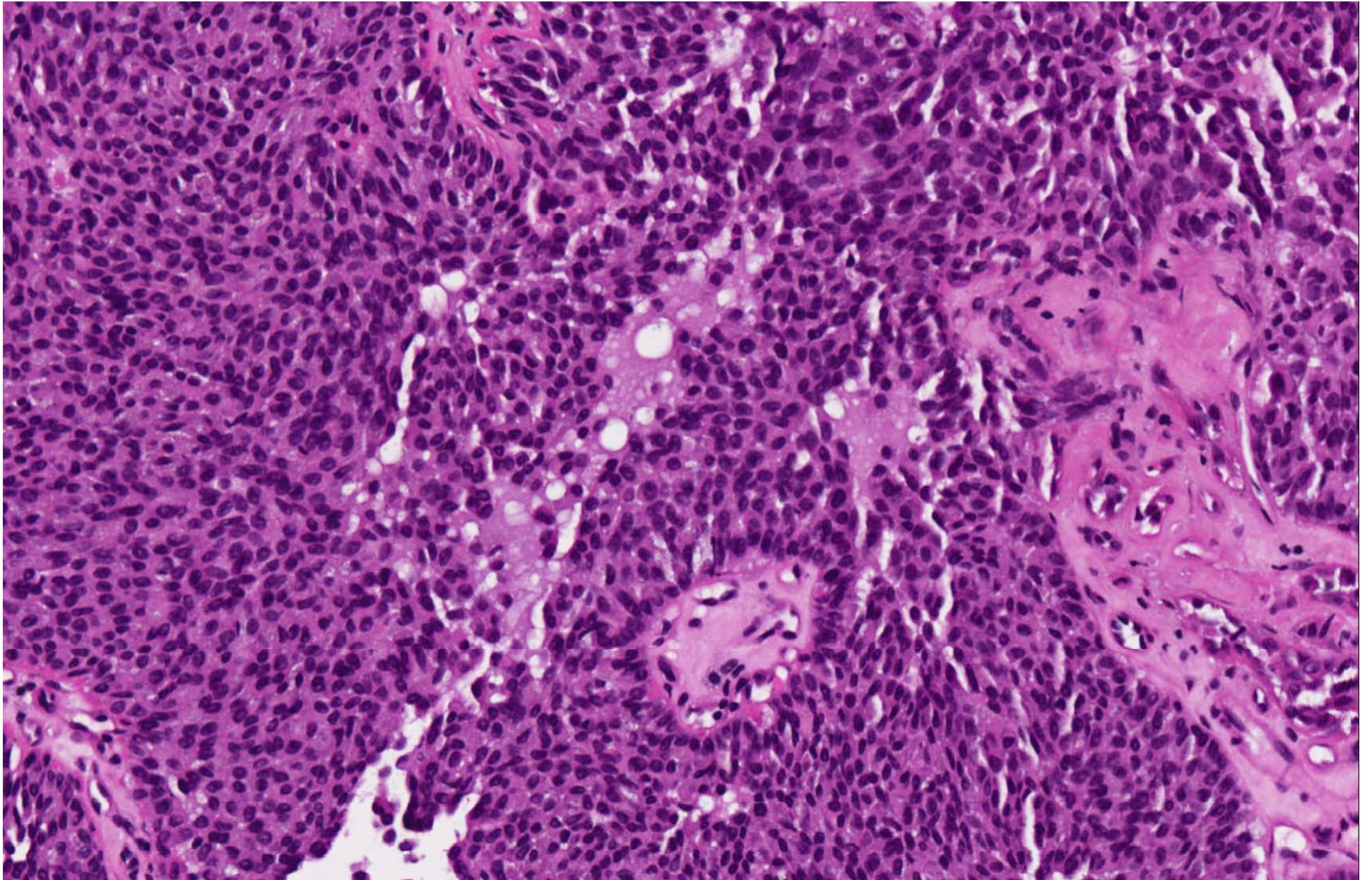


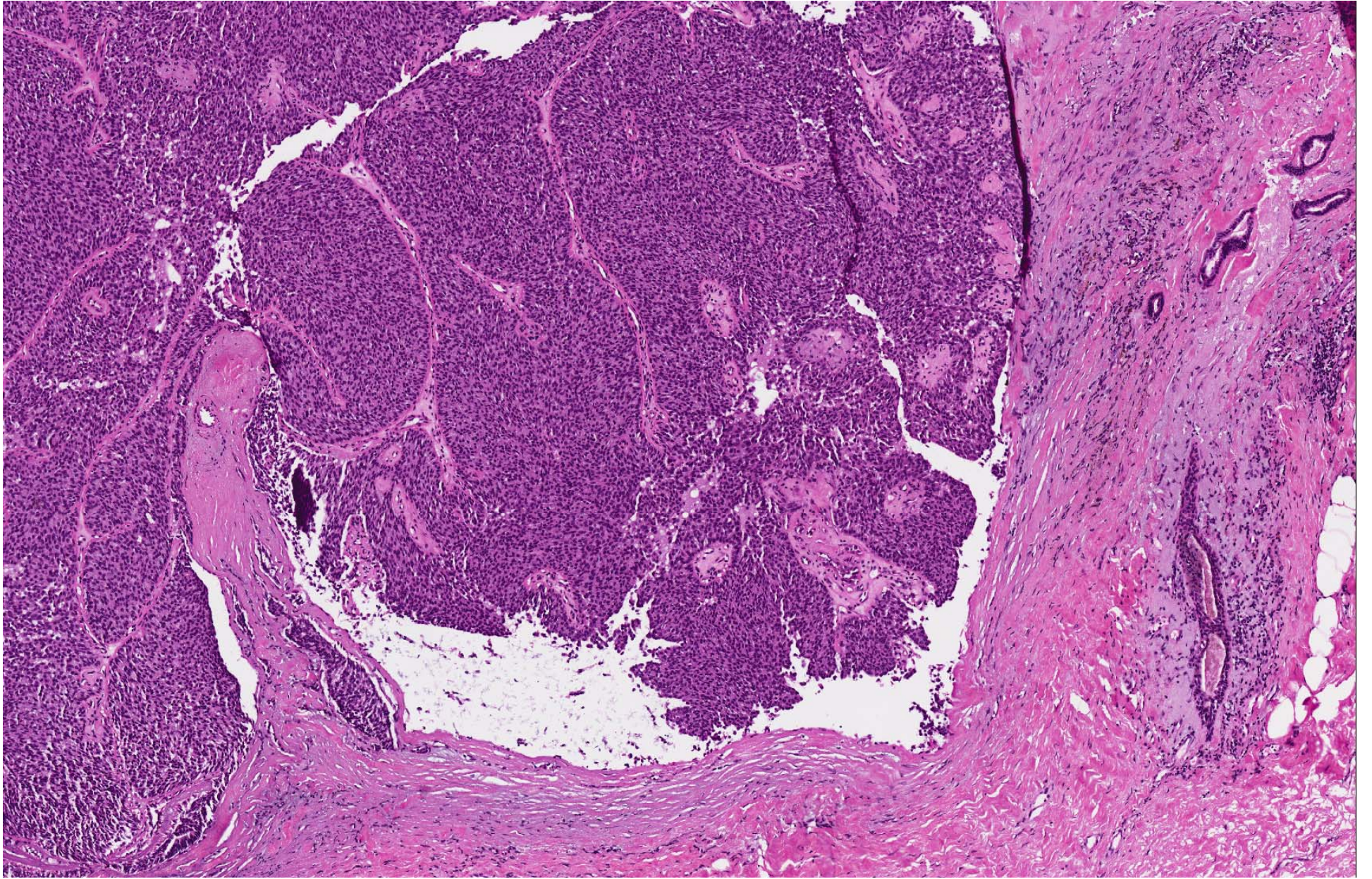




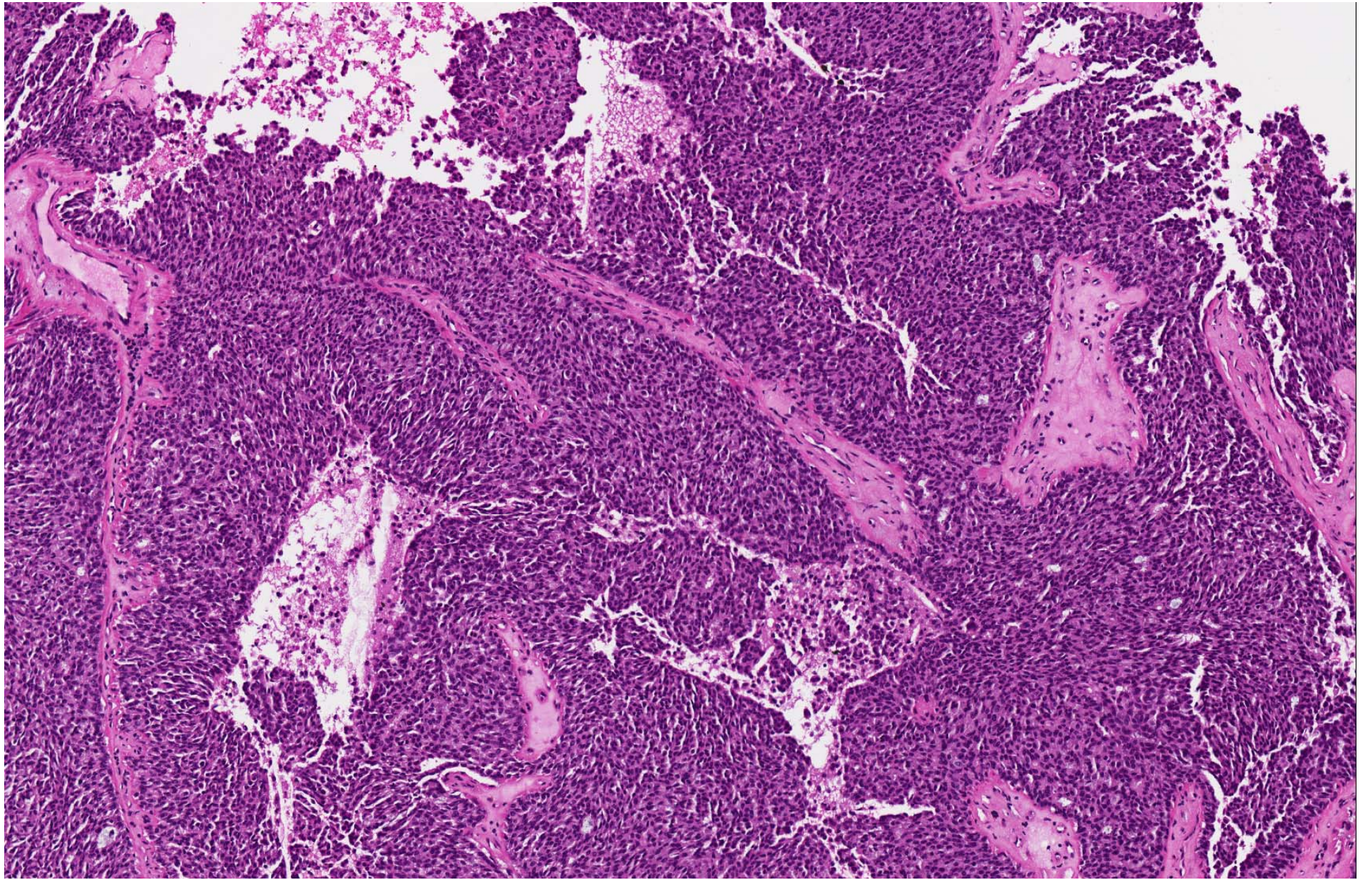


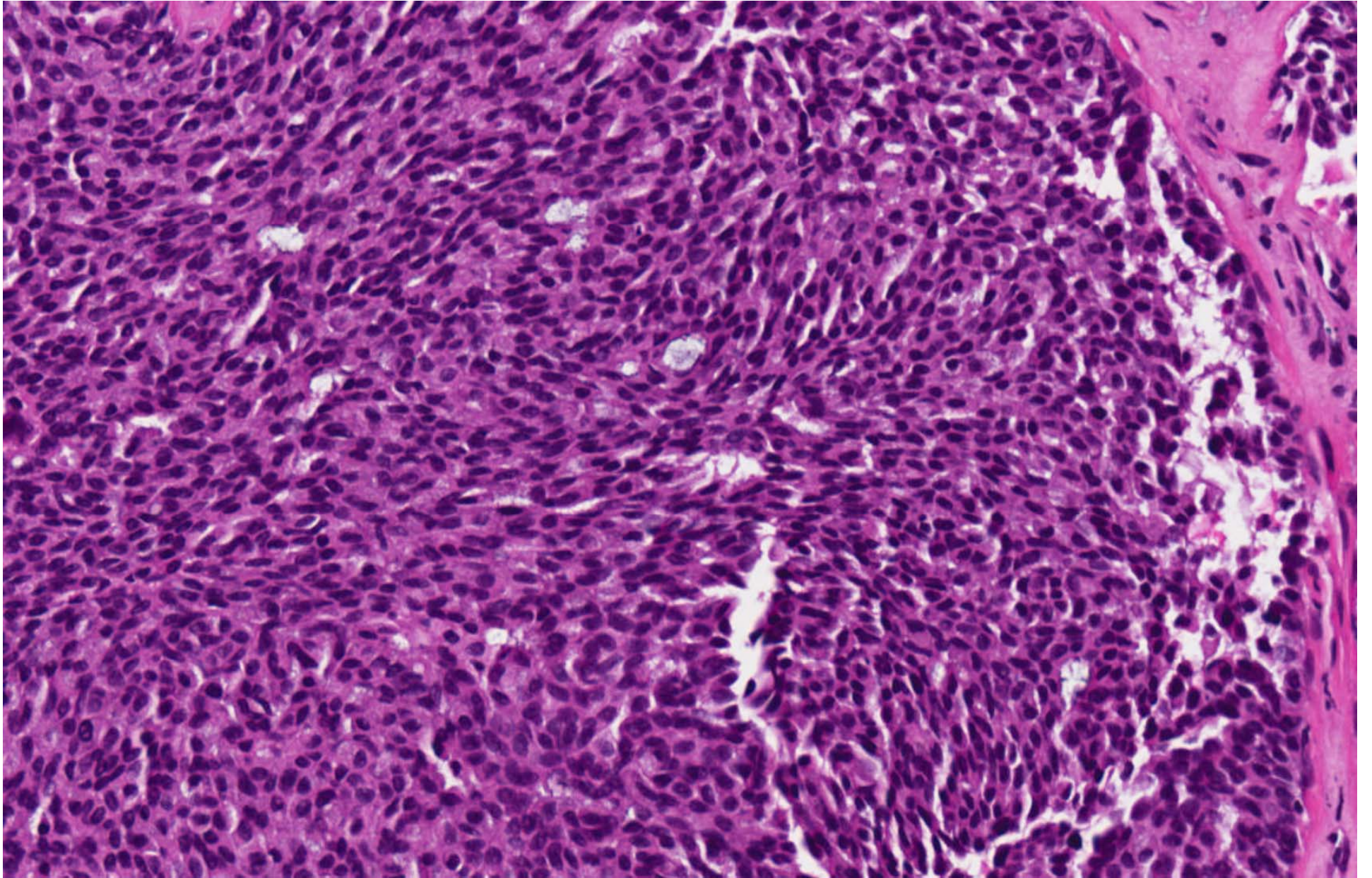


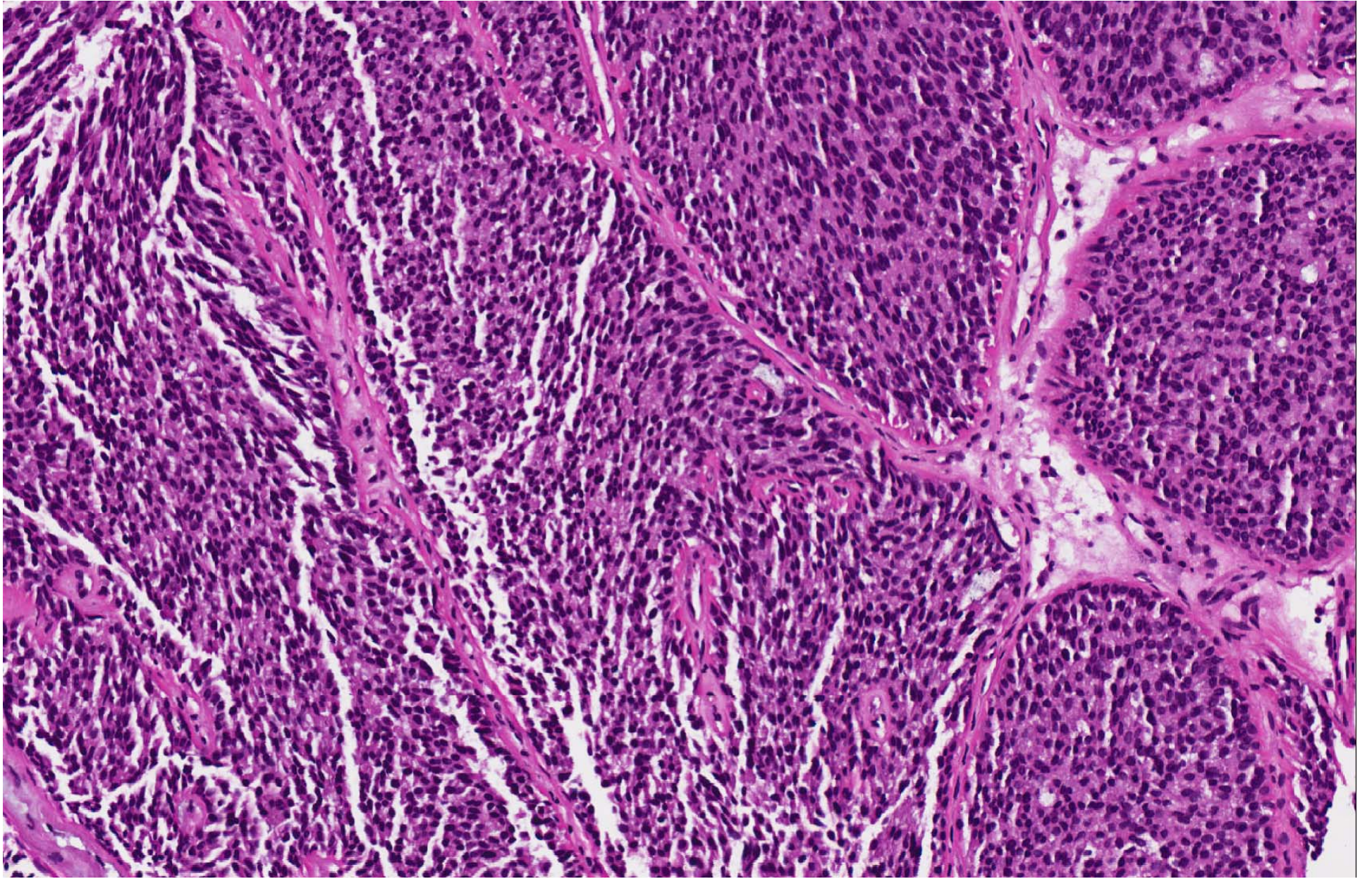


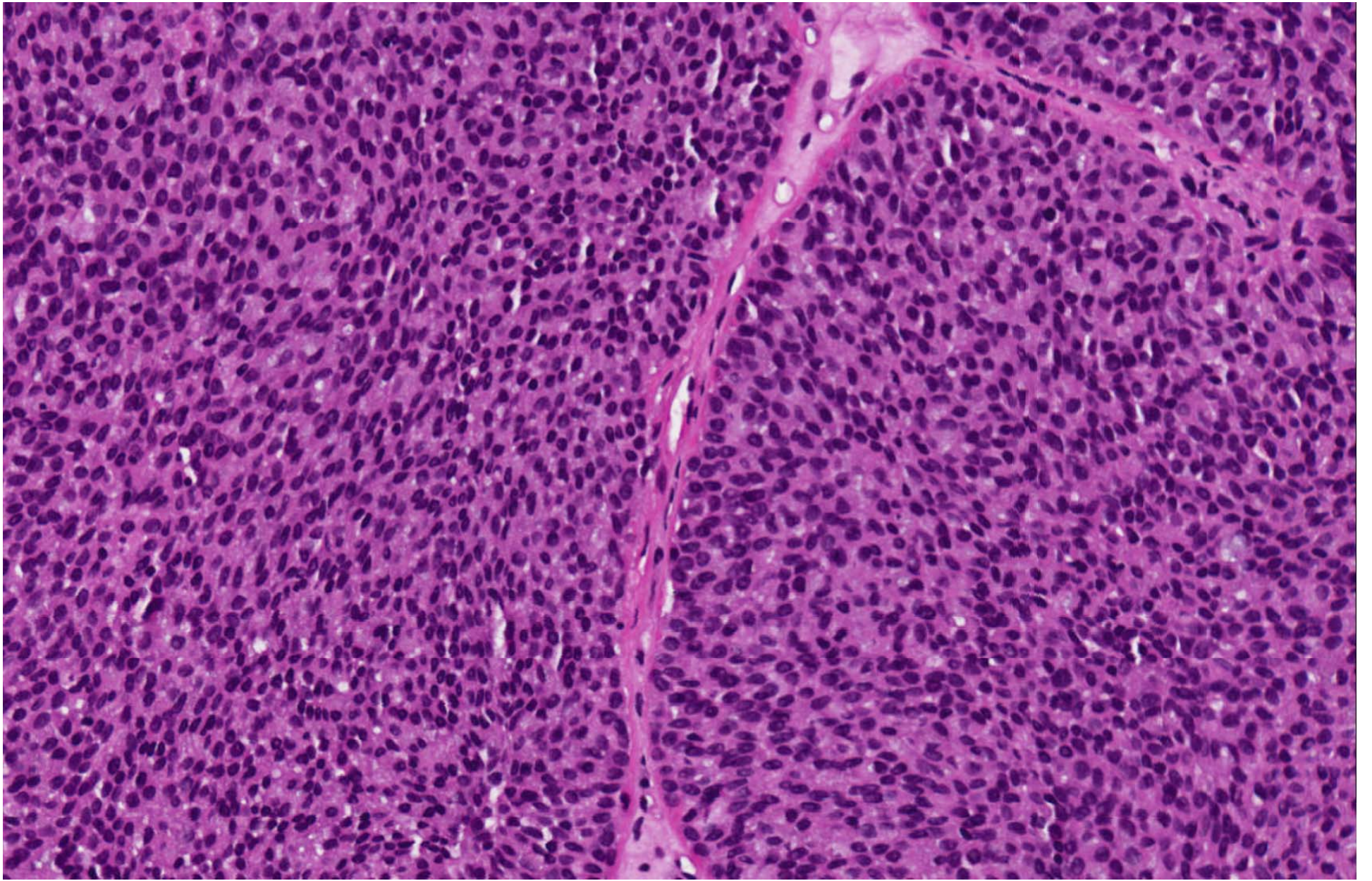




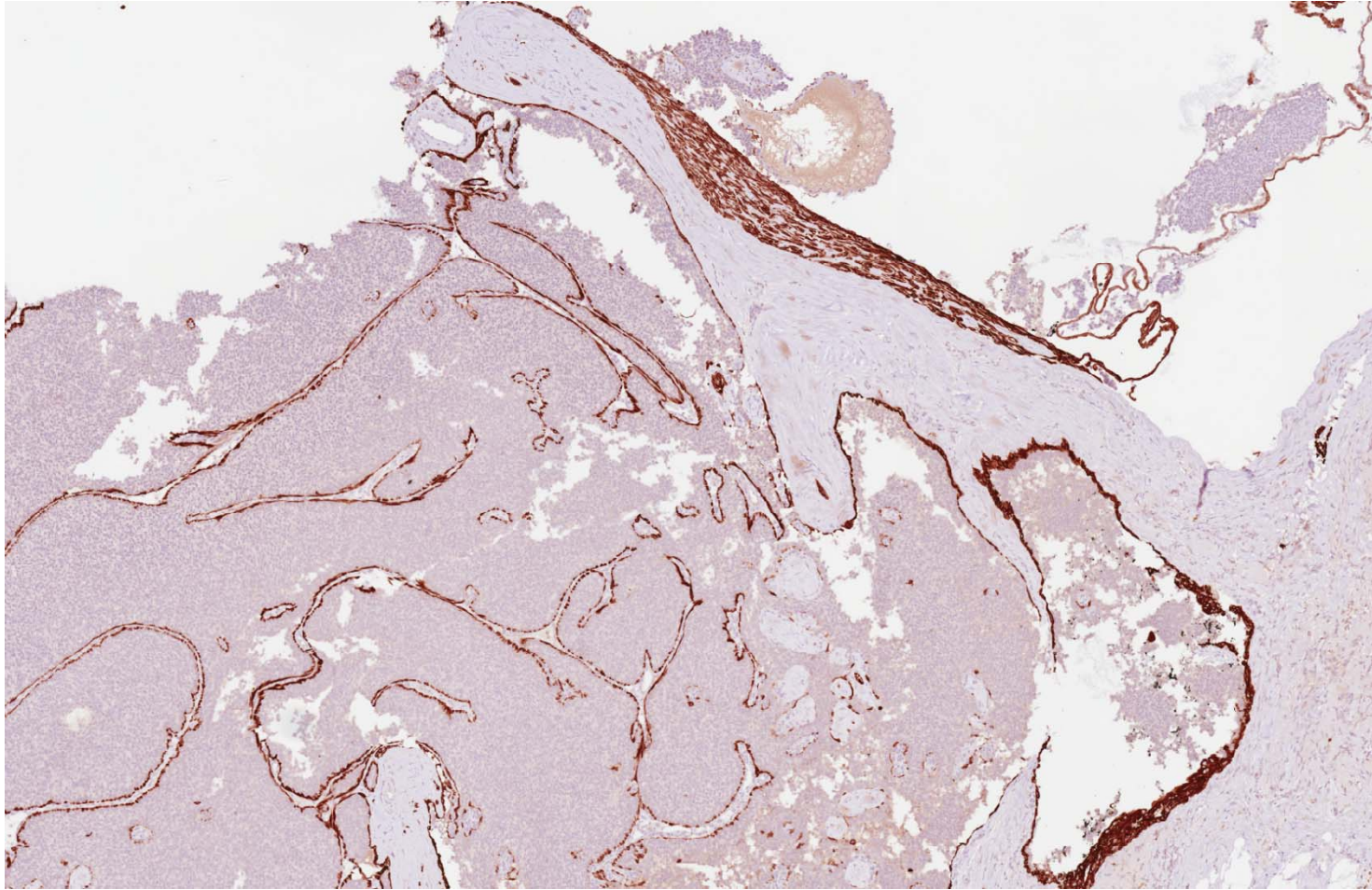




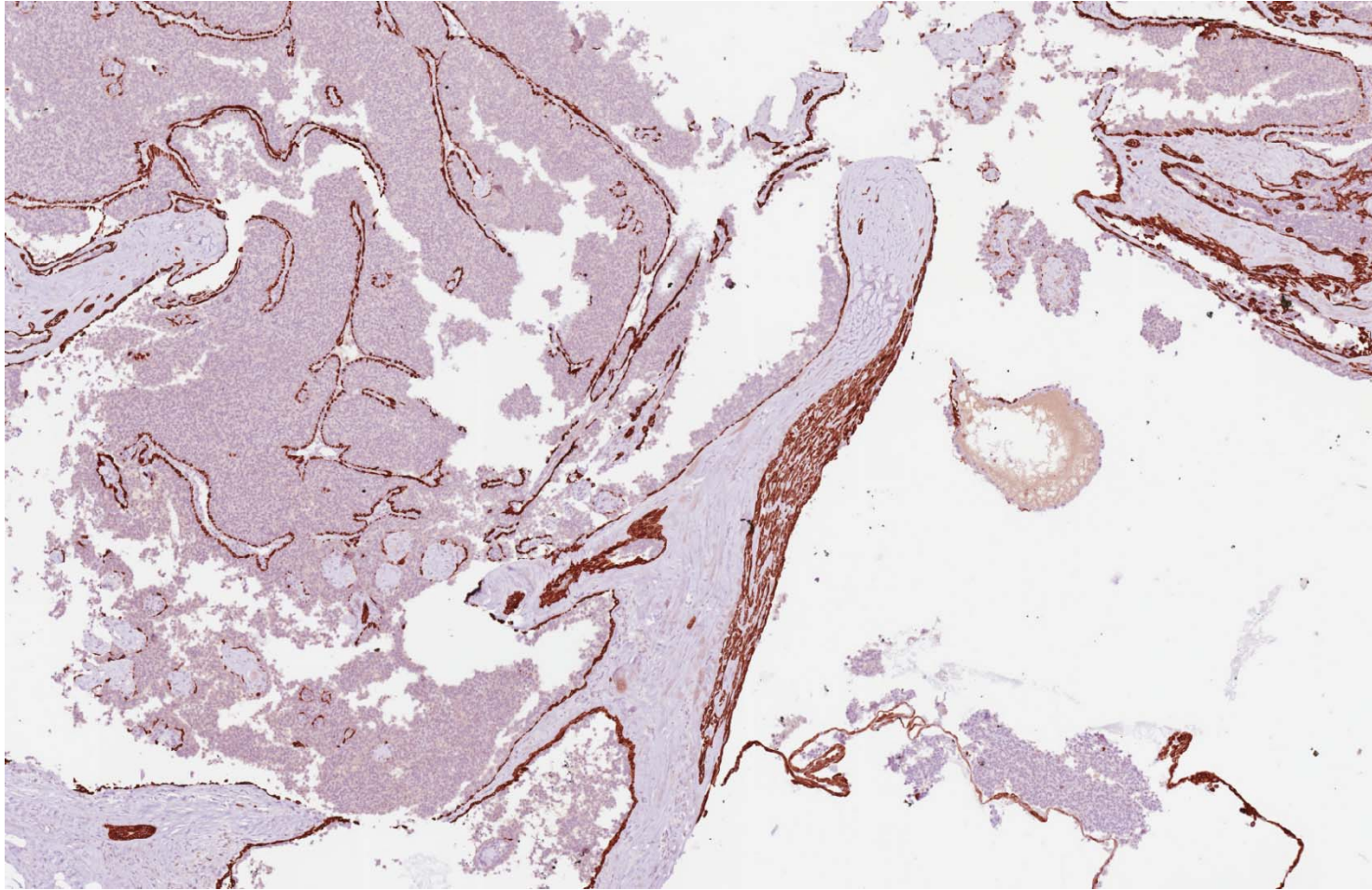




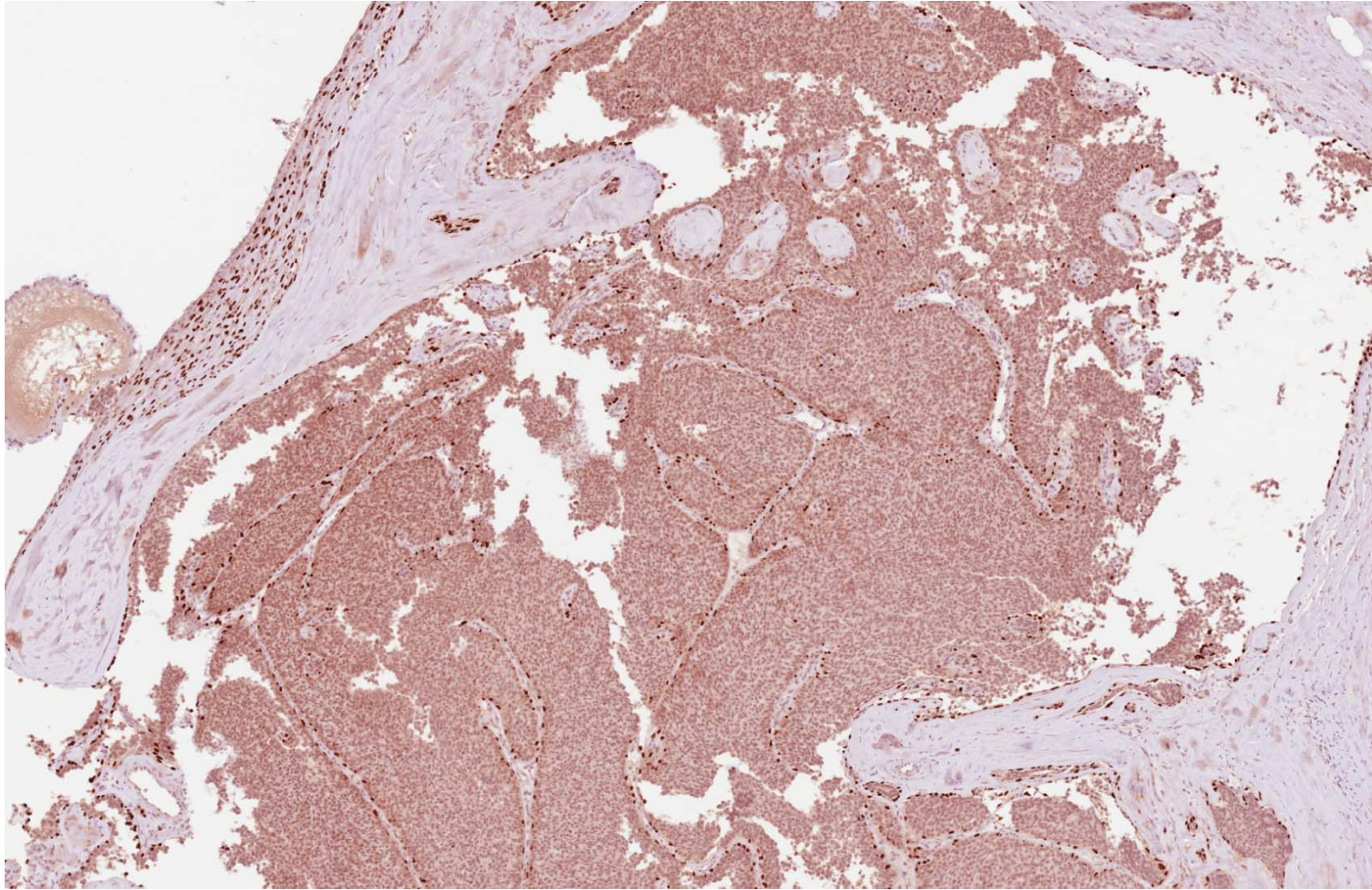
CK5/6



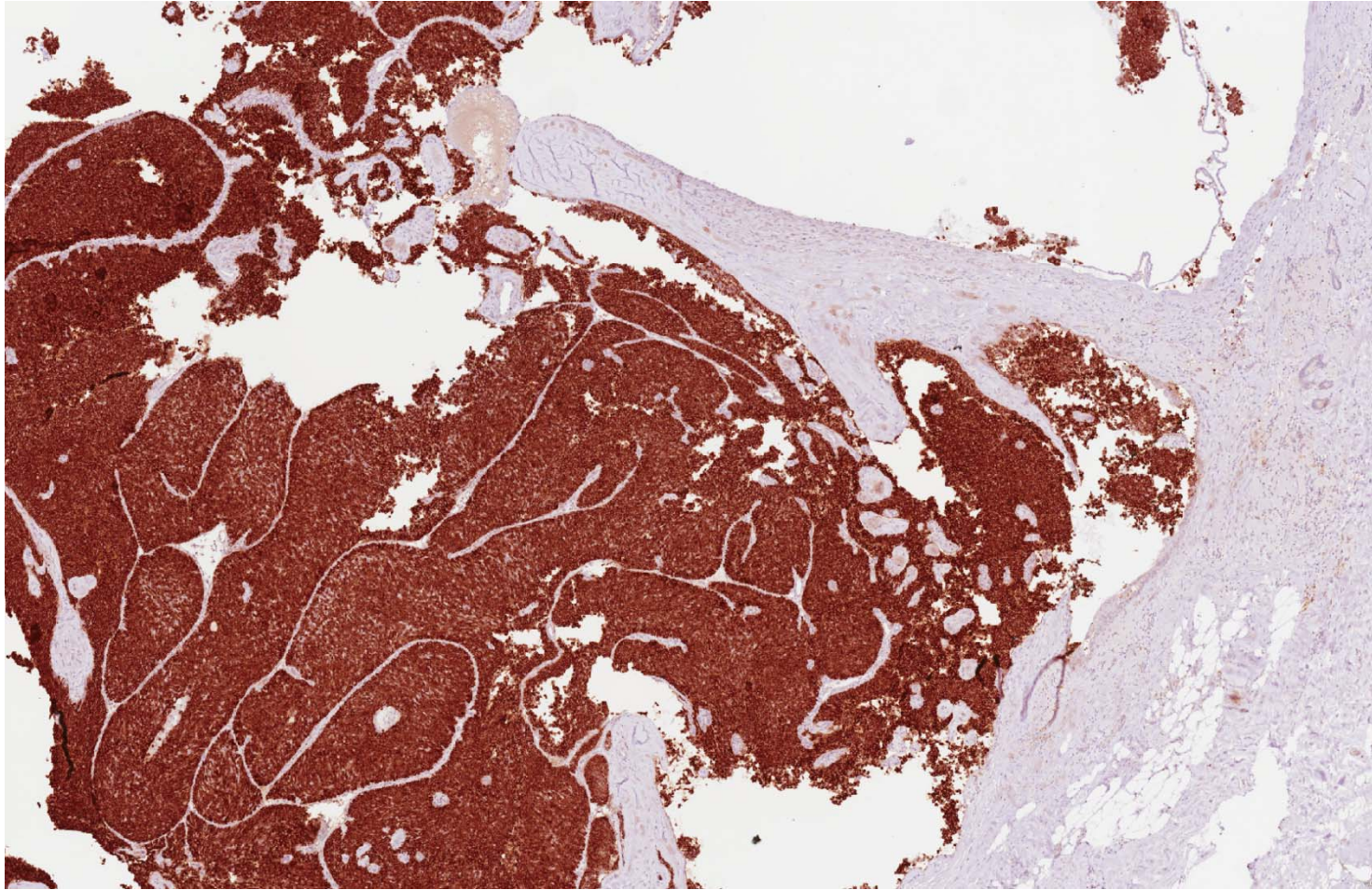
# CK14



p63



# synaptophysin





- Encysted papillary carcinoma with neuroendocrine differentiation

# Intraoperative frozen section diagnosis of papillary breast lesions

- Challenging.
- Often a deferred diagnosis unless findings are unequivocal (eg high nuclear grade, accompanying DCIS in surrounding tissue).
- Difficult to distinguish from a benign intraductal papilloma with florid usual epithelial hyperplasia.
- Sclerosis with entrapped tubules can mimic invasive cancer.
- Post-frozen section, histological appearances may be difficult to interpret, and nuclear grade assessment problematic.
- Advisable not to process the entire lesion for frozen section, so that there is sufficient properly fixed tissue for optimal assessment.

# Neuroendocrine differentiation in papillary breast lesions

- Presence of diffuse neuroendocrine differentiation implicates a monotypic cell population, supporting a malignant process.
- Neuroendocrine markers commonly used – synaptophysin, chromogranin.
- Ultrastructurally, dense core granules are seen in the cytoplasm.

# Learning points

- Recognition of encysted papillary carcinoma.
- Recognition of neuroendocrine differentiation.
- Frozen section in papillary lesions – pitfalls.