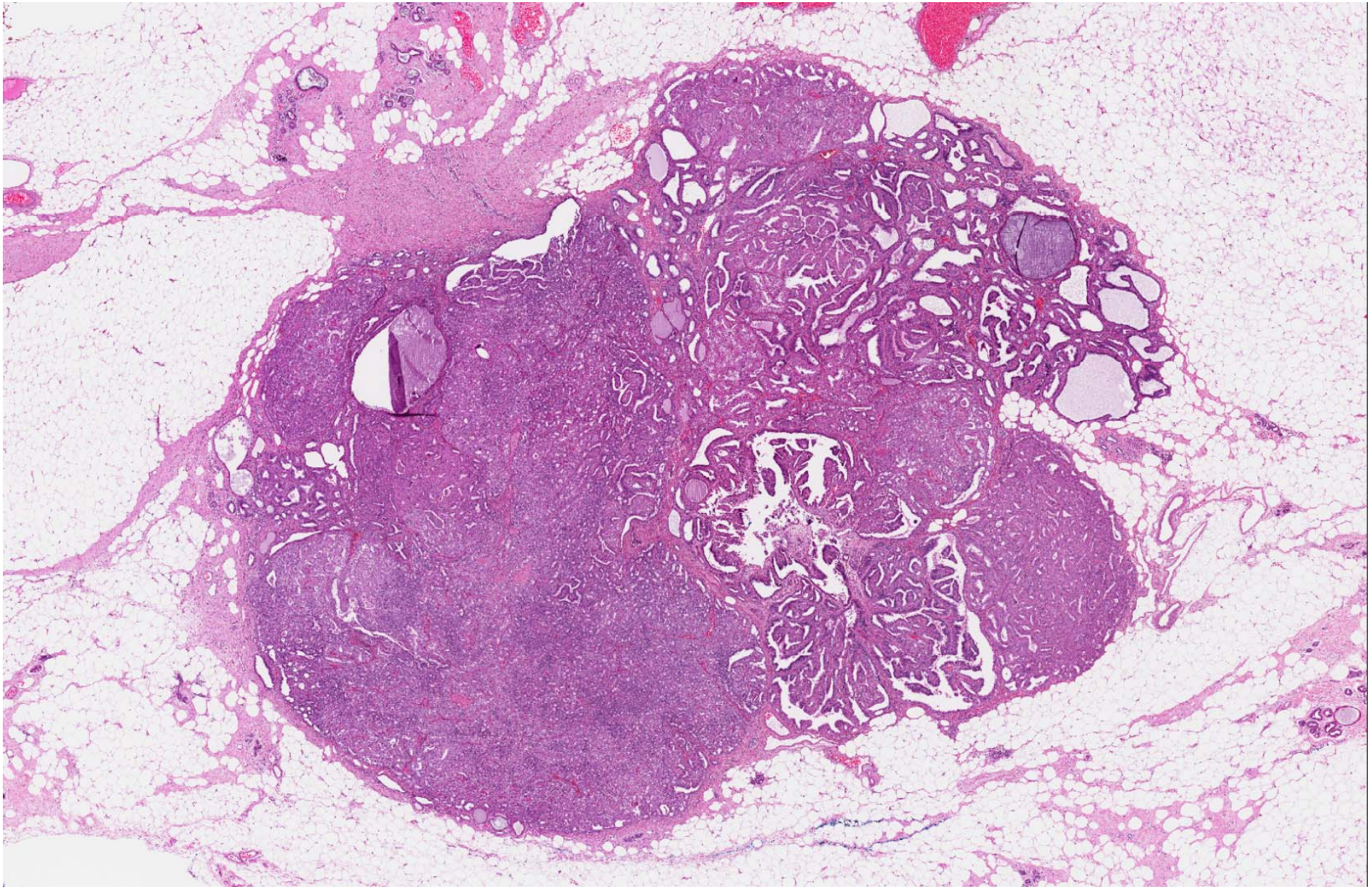
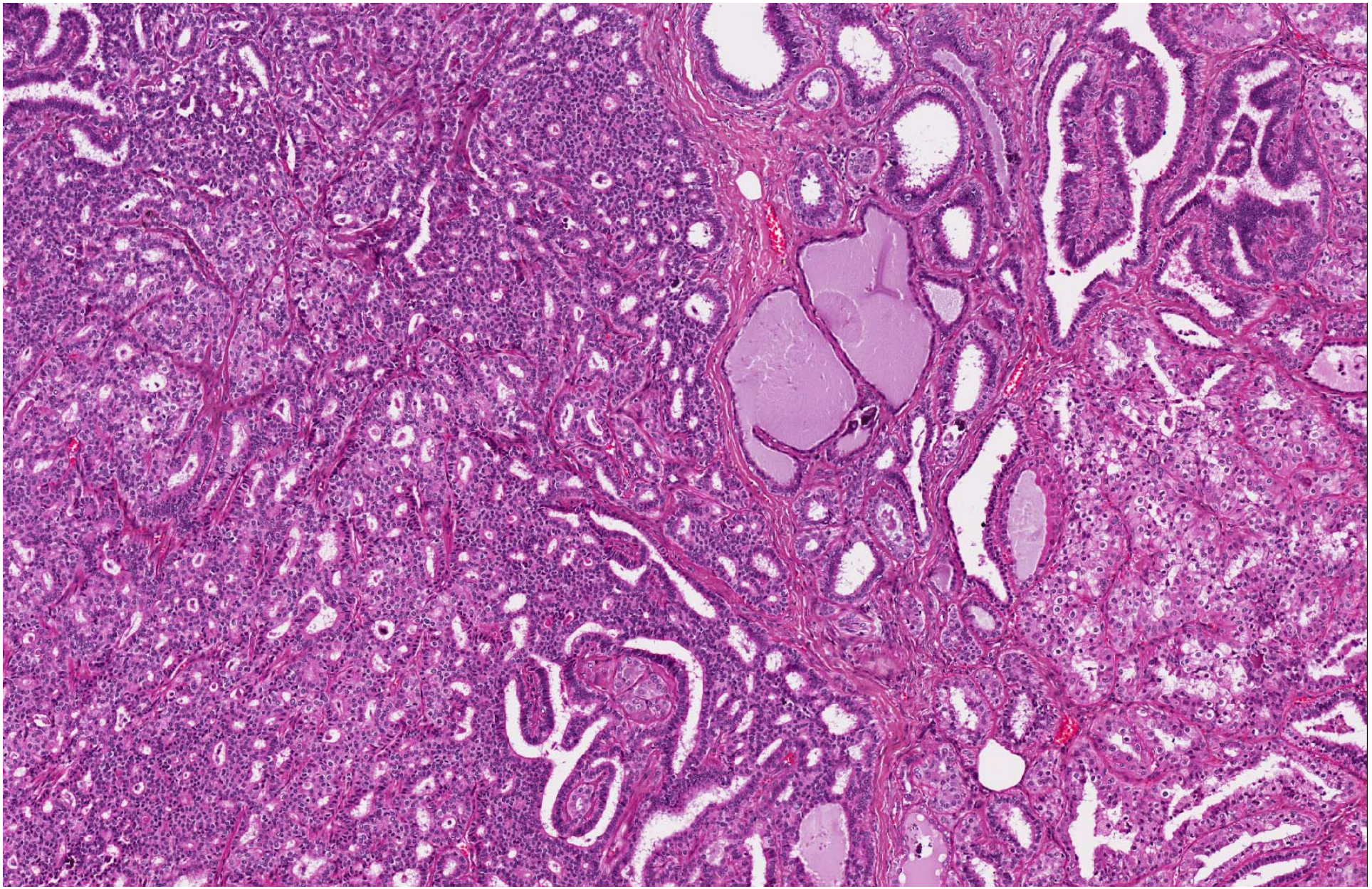
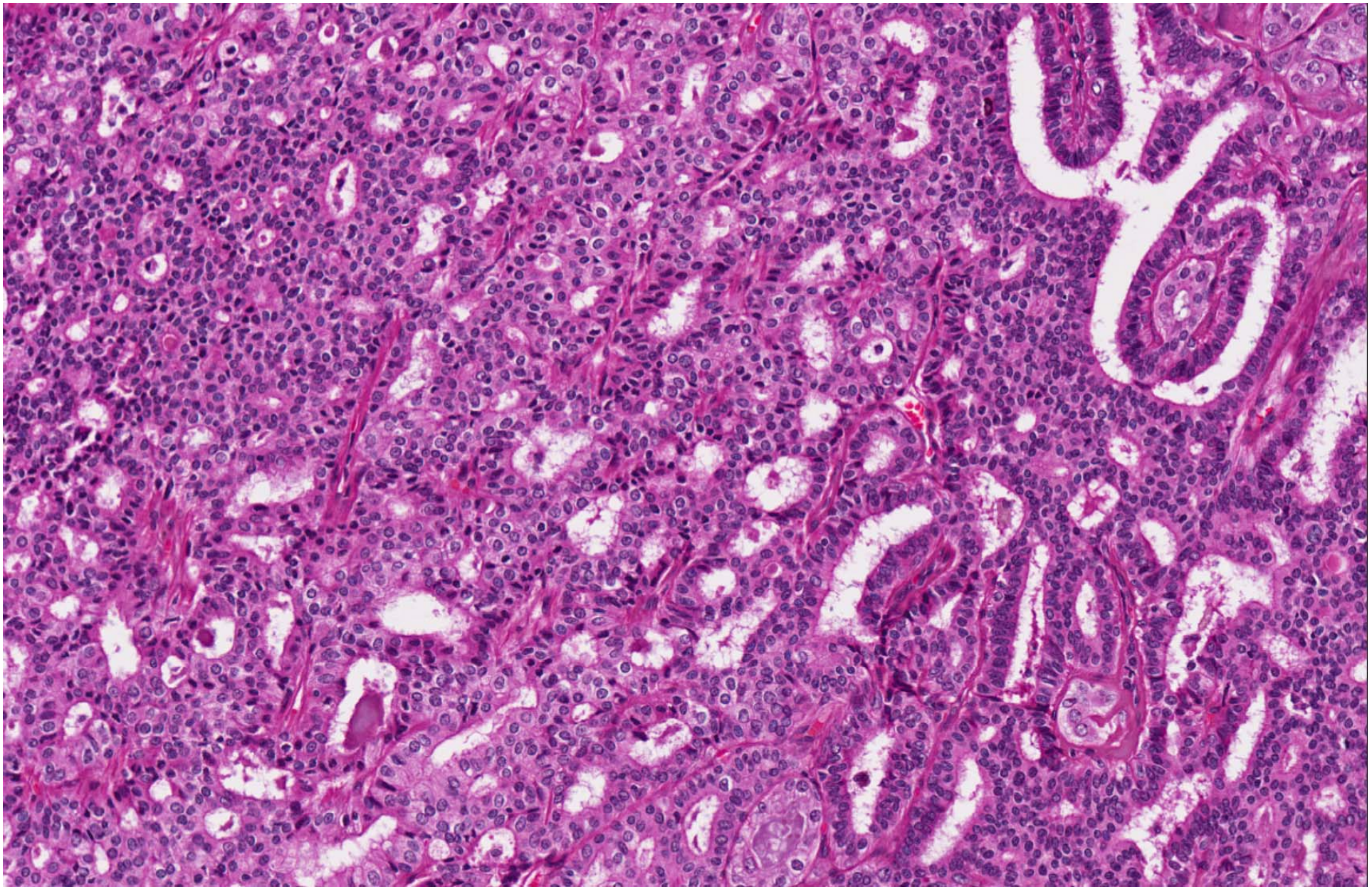
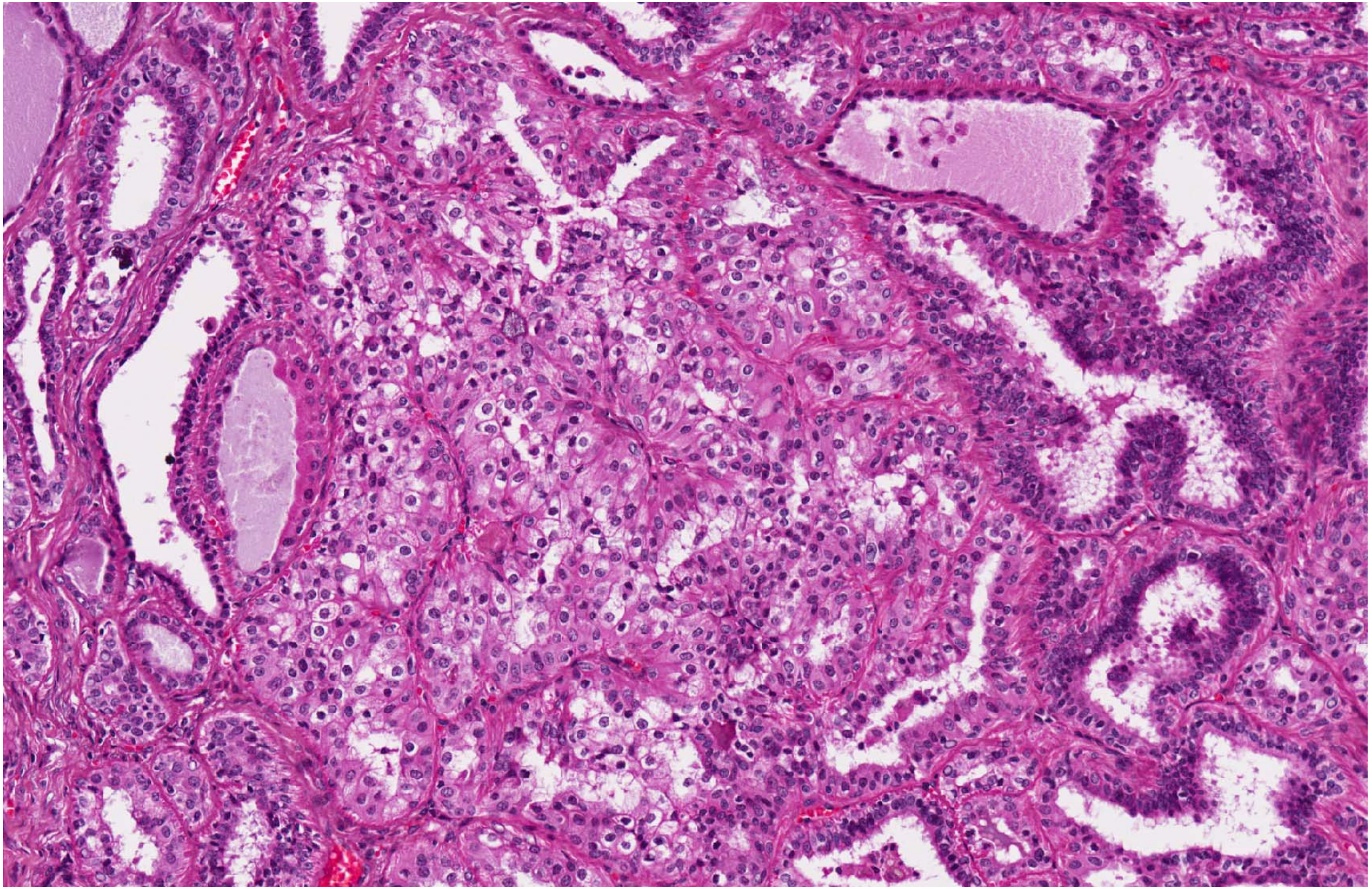
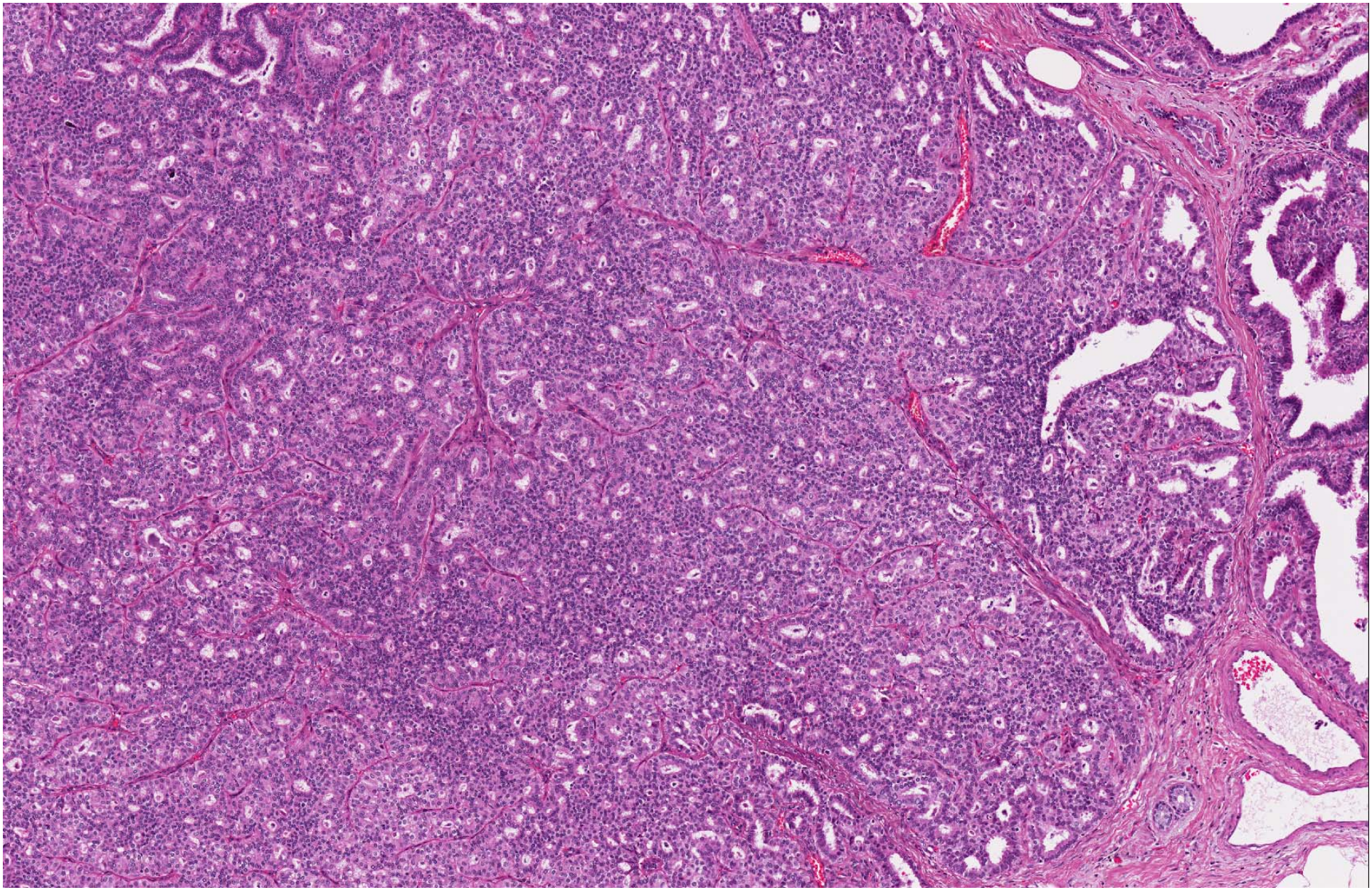
- Set A.3
- 71 year old Chinese lady underwent radiologically guided excision biopsy of a left breast lesion.

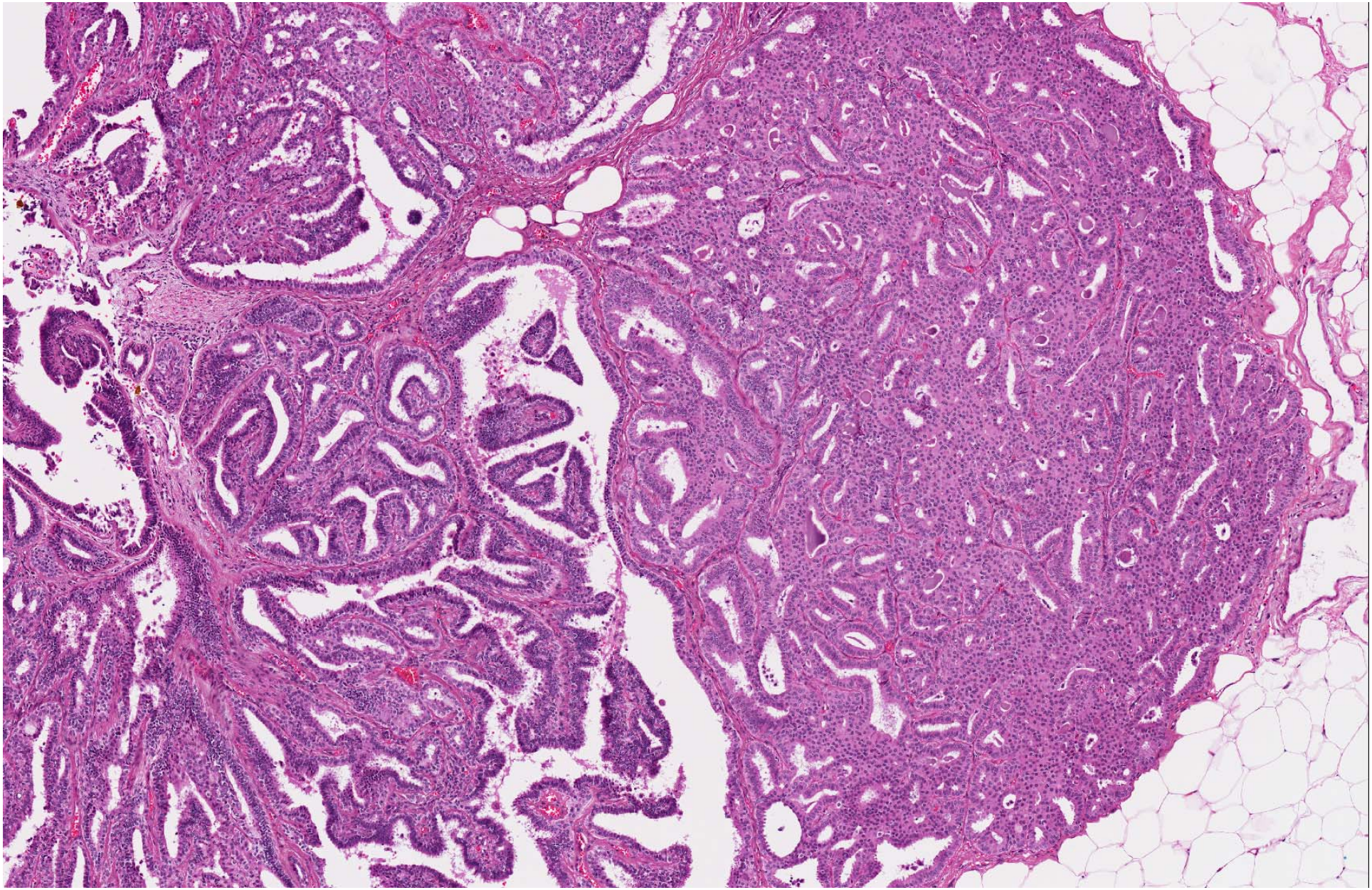


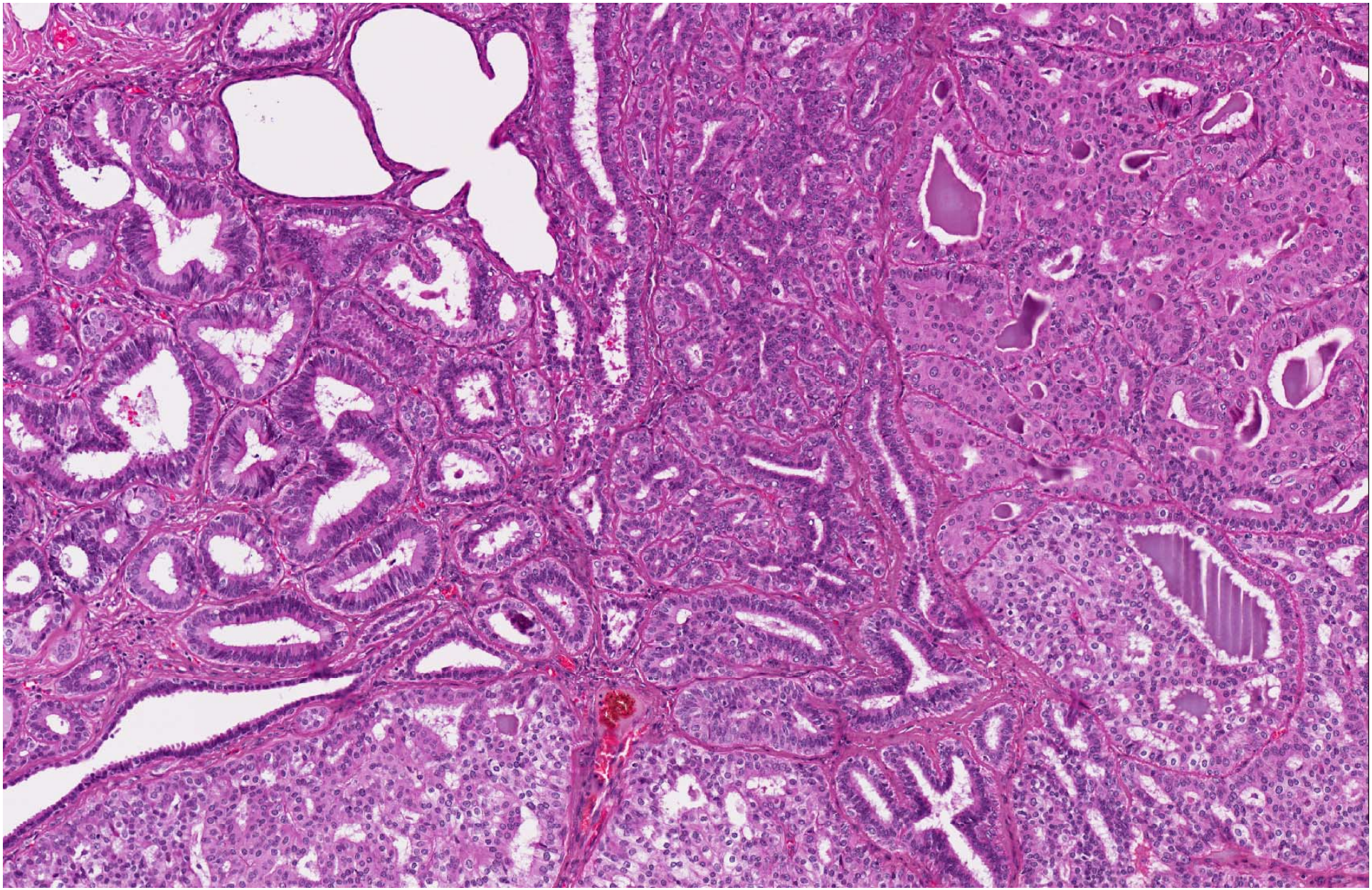


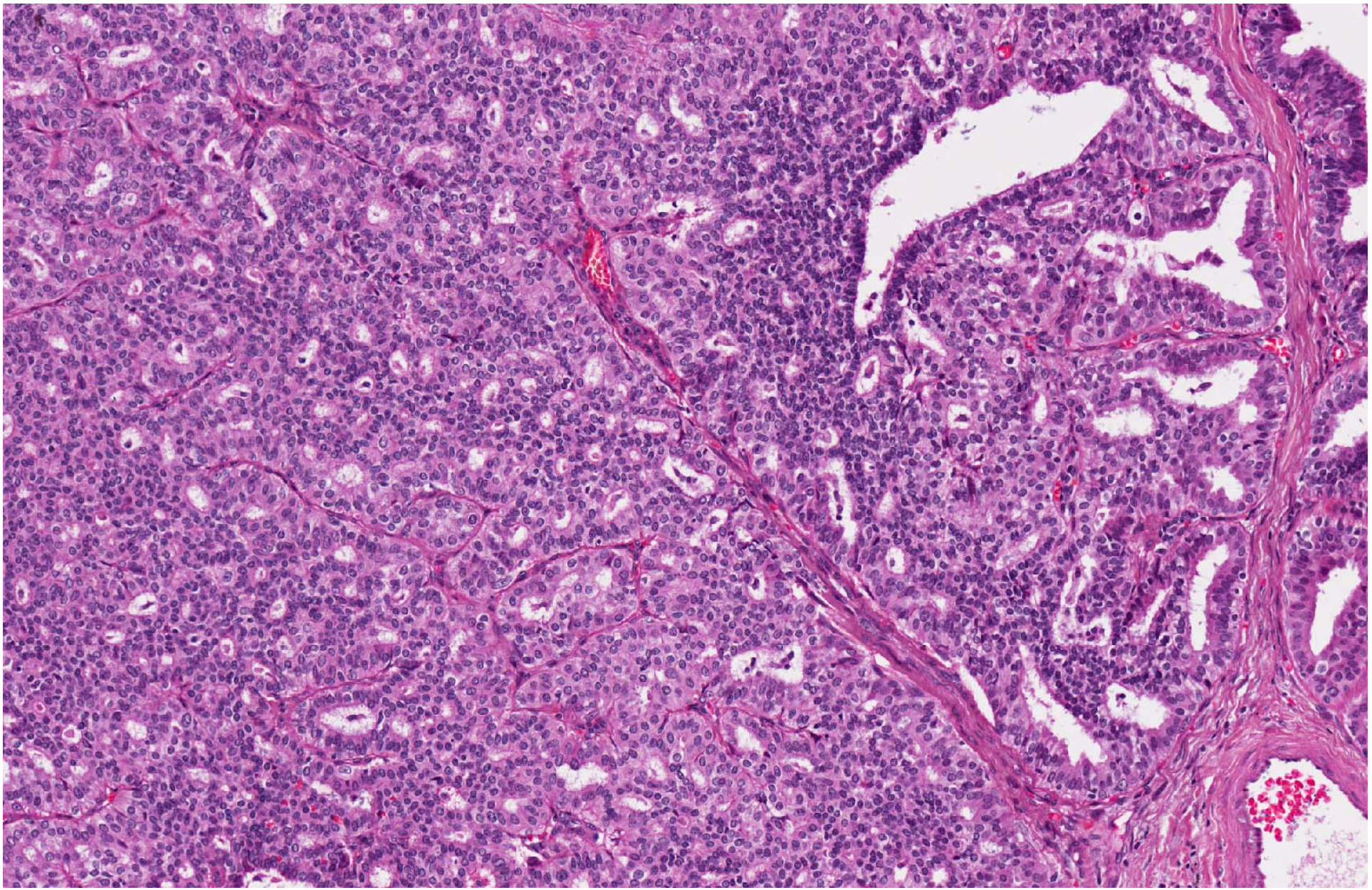


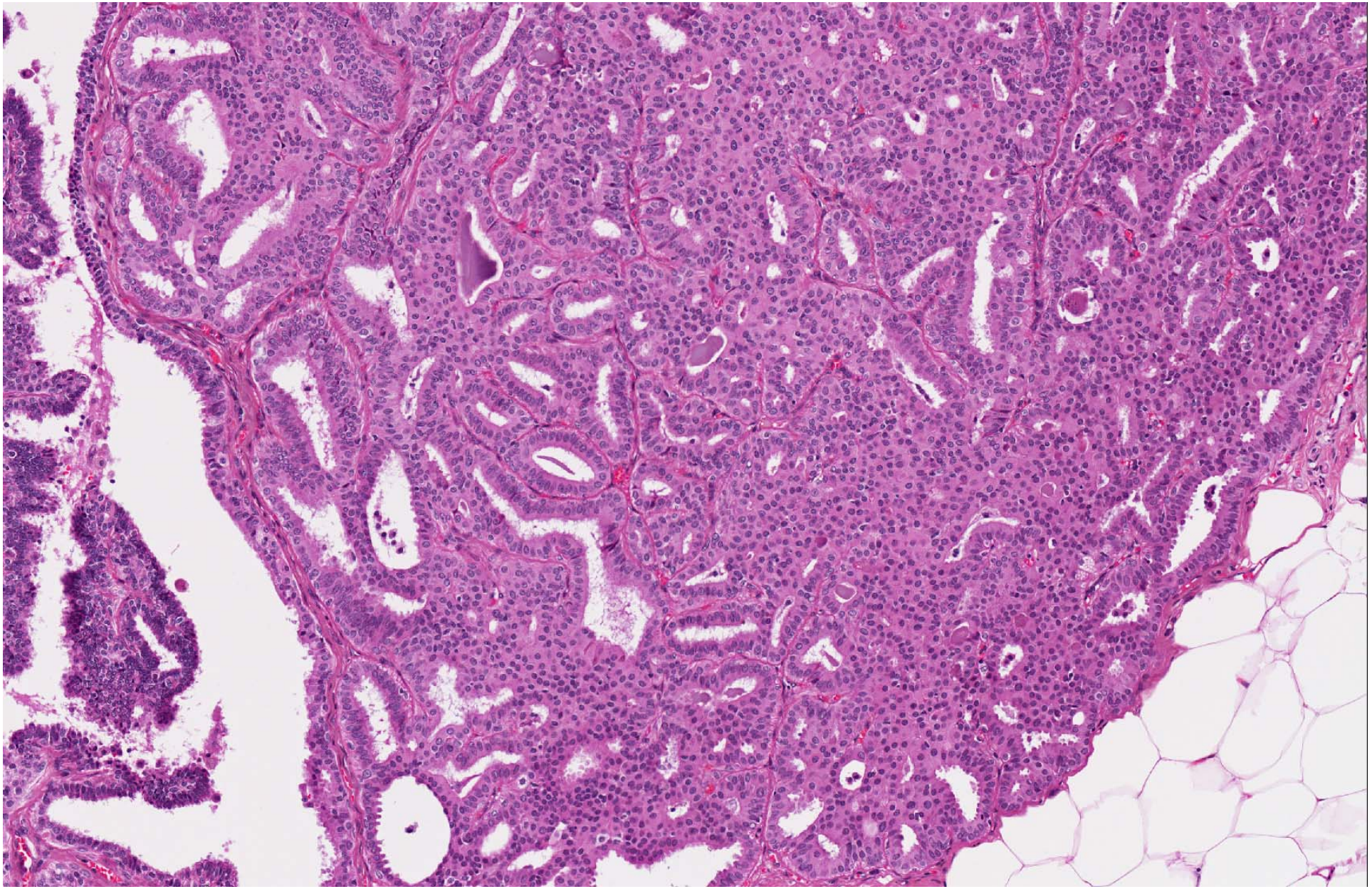


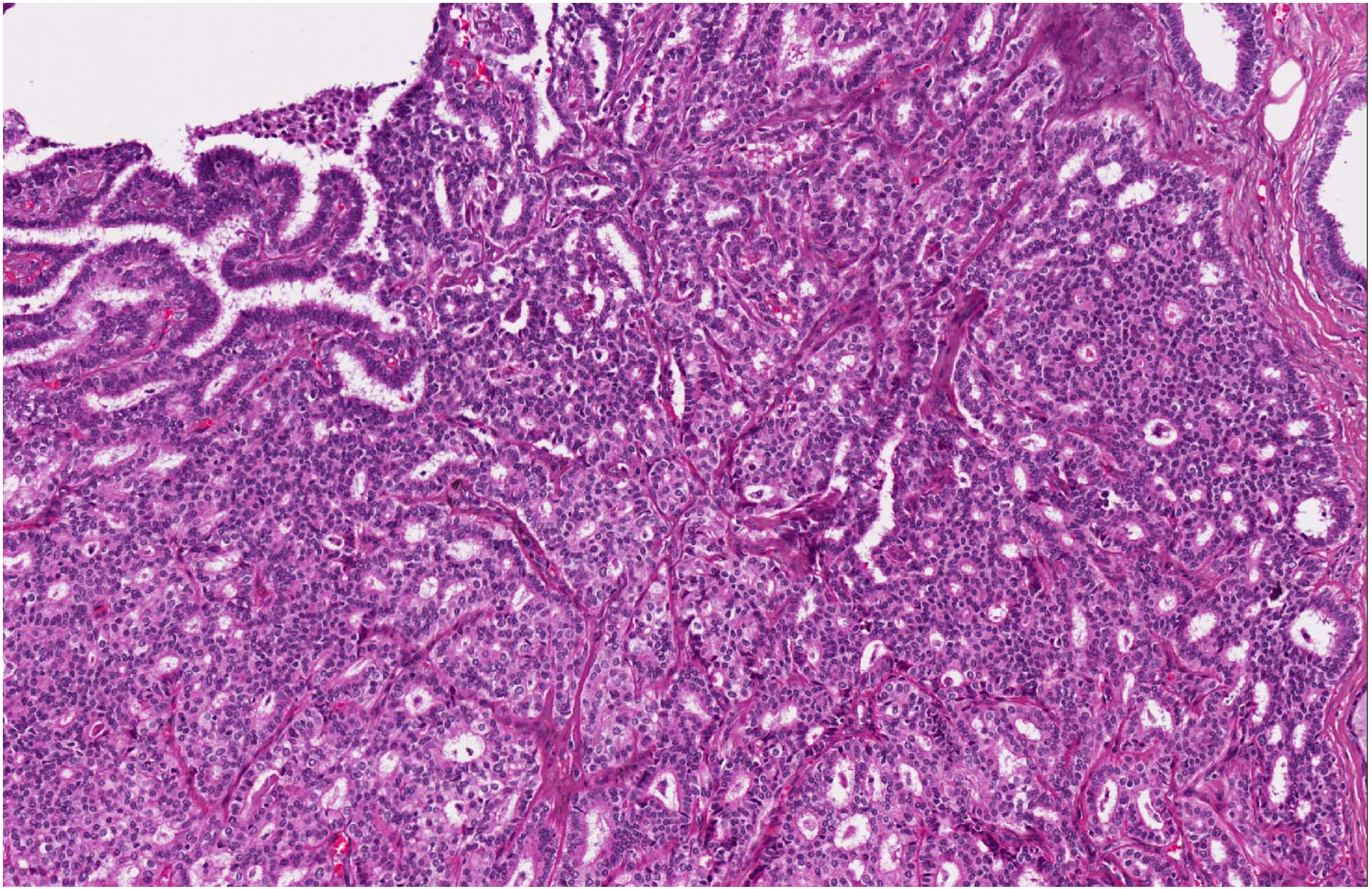




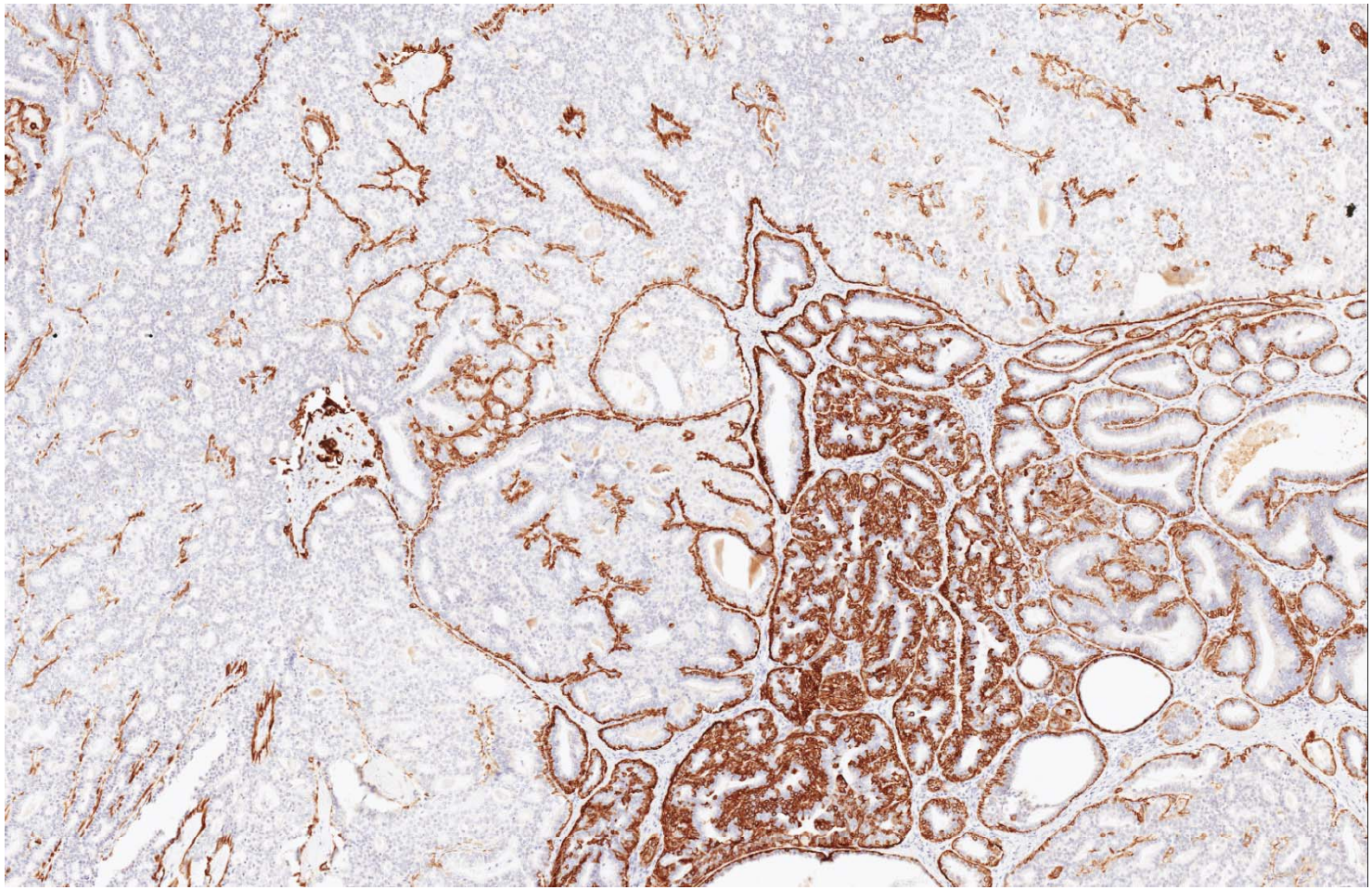








CK14



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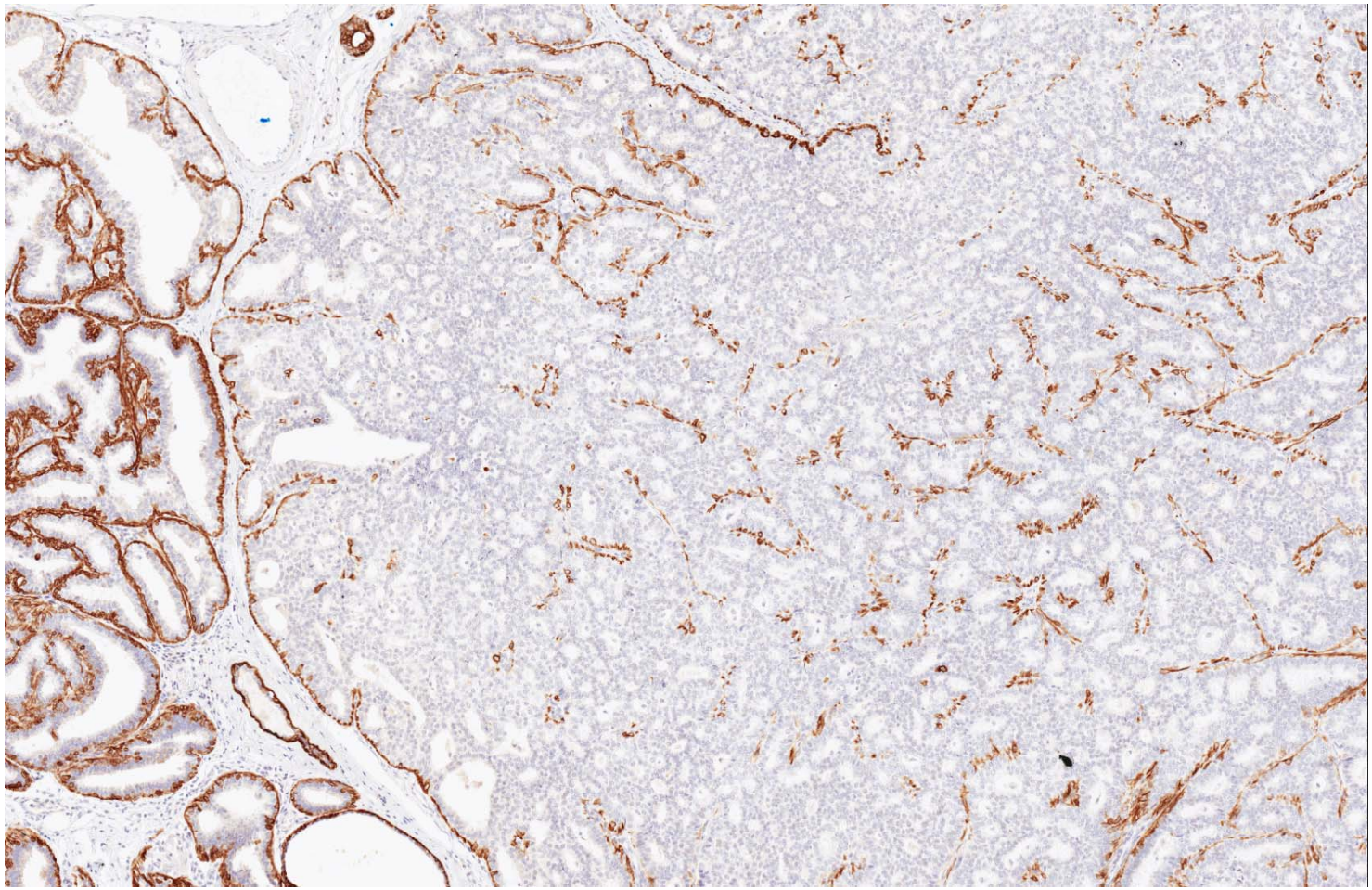

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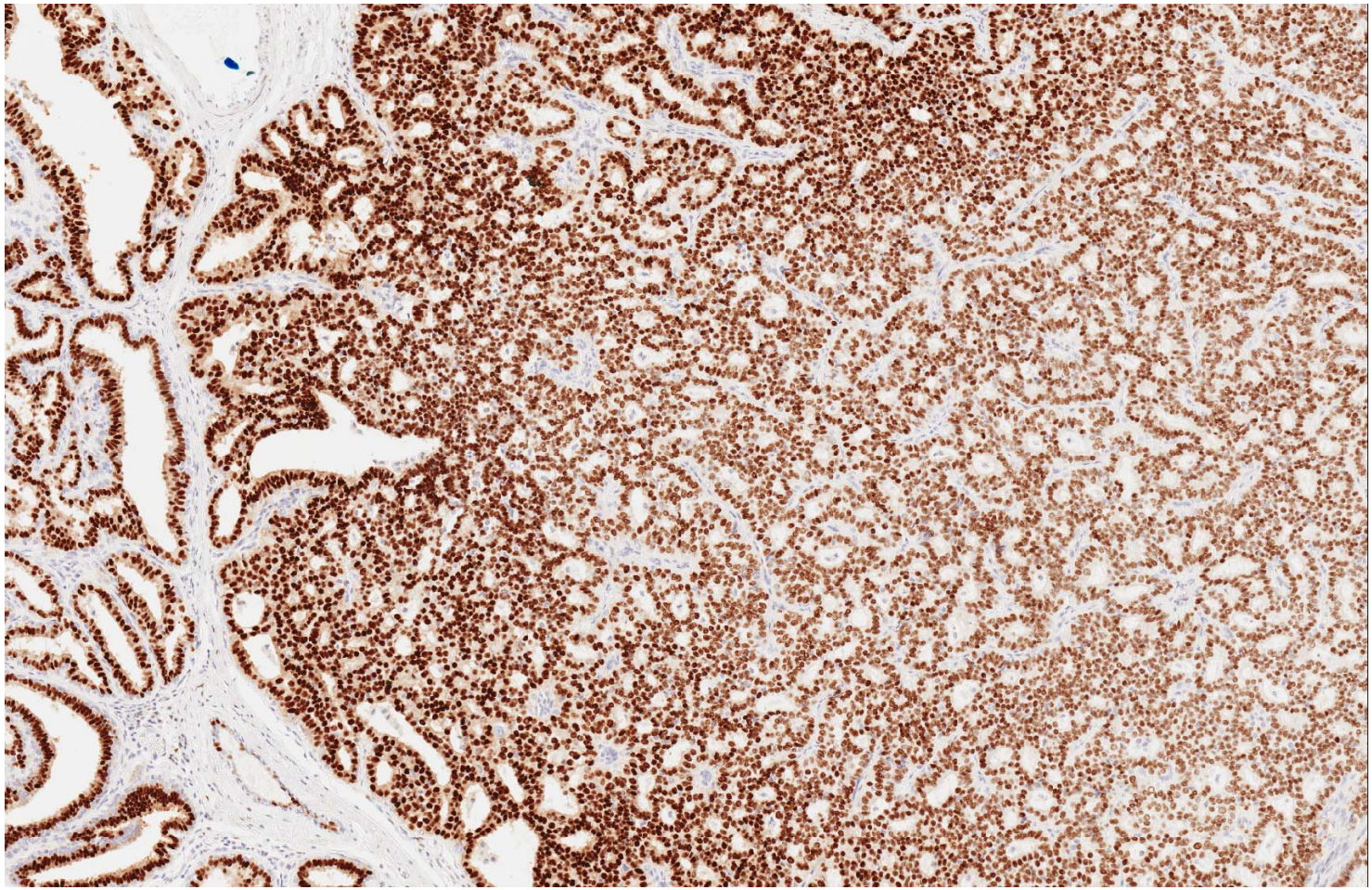

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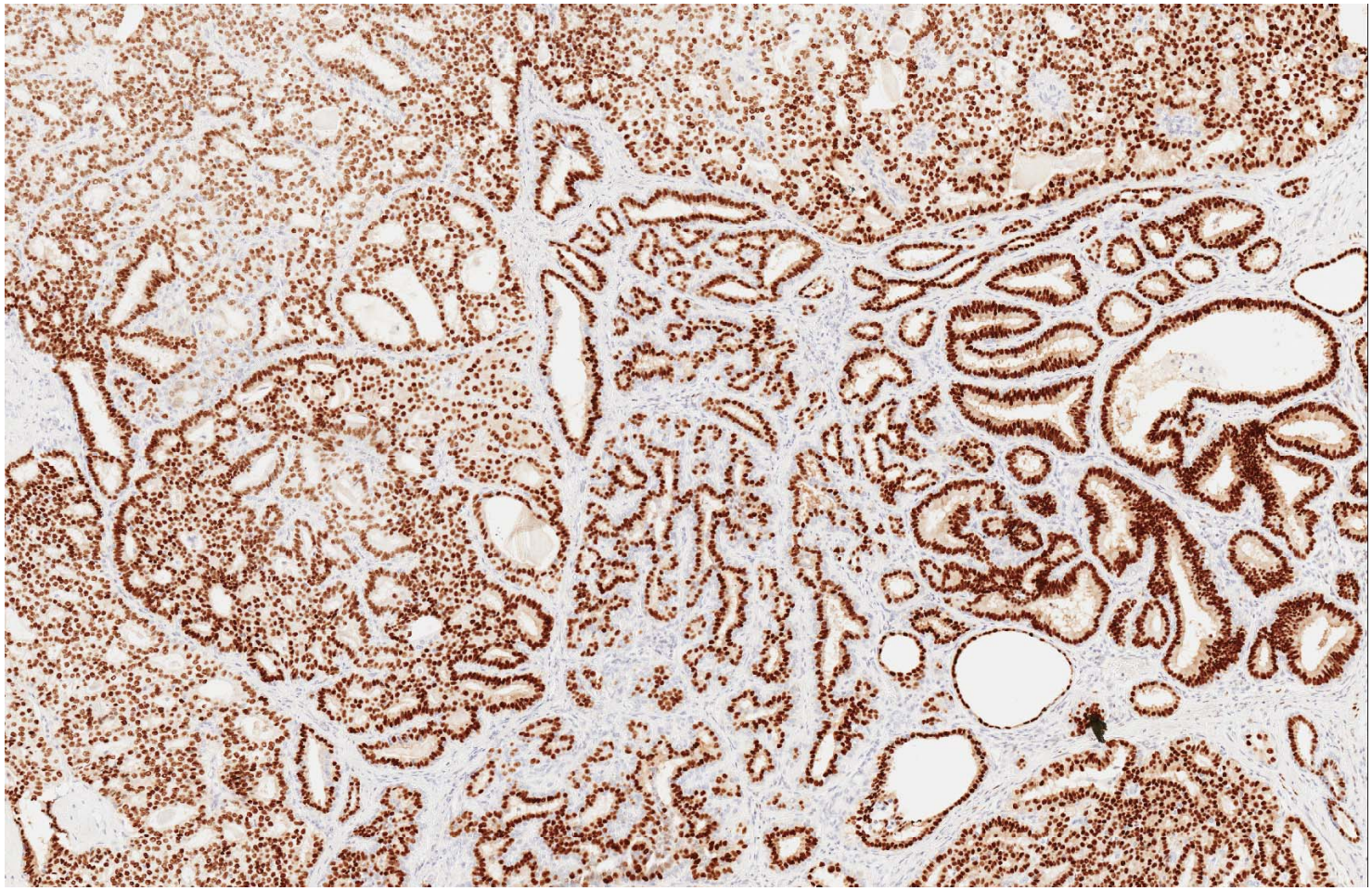

- DCIS, low nuclear grade, cribriform pattern within intraductal papilloma.

Papillary breast lesions

- Proliferated mammary epithelium that projects into duct lumens, forming fibrovascular stalks that may evolve into branching arborescent structures.
- One of the most diagnostically challenging areas in breast pathology.

  (21% of breast pathology 2nd opinion consults; Pathology 2008; 40: 564-572)

Intraductal papilloma with atypical hyperplasia

- Part of a benign papilloma shows changes of atypical lobular or atypical ductal hyperplasia.
- ‘Atypical papilloma’.
- Greater cancer risk (4-5x relative risk).
- Risk is local in the region of the original papilloma. *Page et al. Cancer 1996; 78: 258-66.*

Intraductal papilloma with DCIS

- Papillary lesion with recognisable benign papilloma areas partially replaced by DCIS.
- Cancerisation of papilloma by adjacent DCIS.
- Distinction from ADH within a papilloma:
  - Extent of abnormal epithelial proliferation, 3mm cutoff {*Page et al*}.
  - 'Atypical papilloma' (< 1/3); carcinoma arising in papilloma (1/3 to <90%) {Tavassoli}.
  - High nuclear grade changes warrant diagnosis of DCIS.

Learning points

- Diagnosis of DCIS within papilloma.
- Distinction from papillary DCIS and ADH within papilloma.