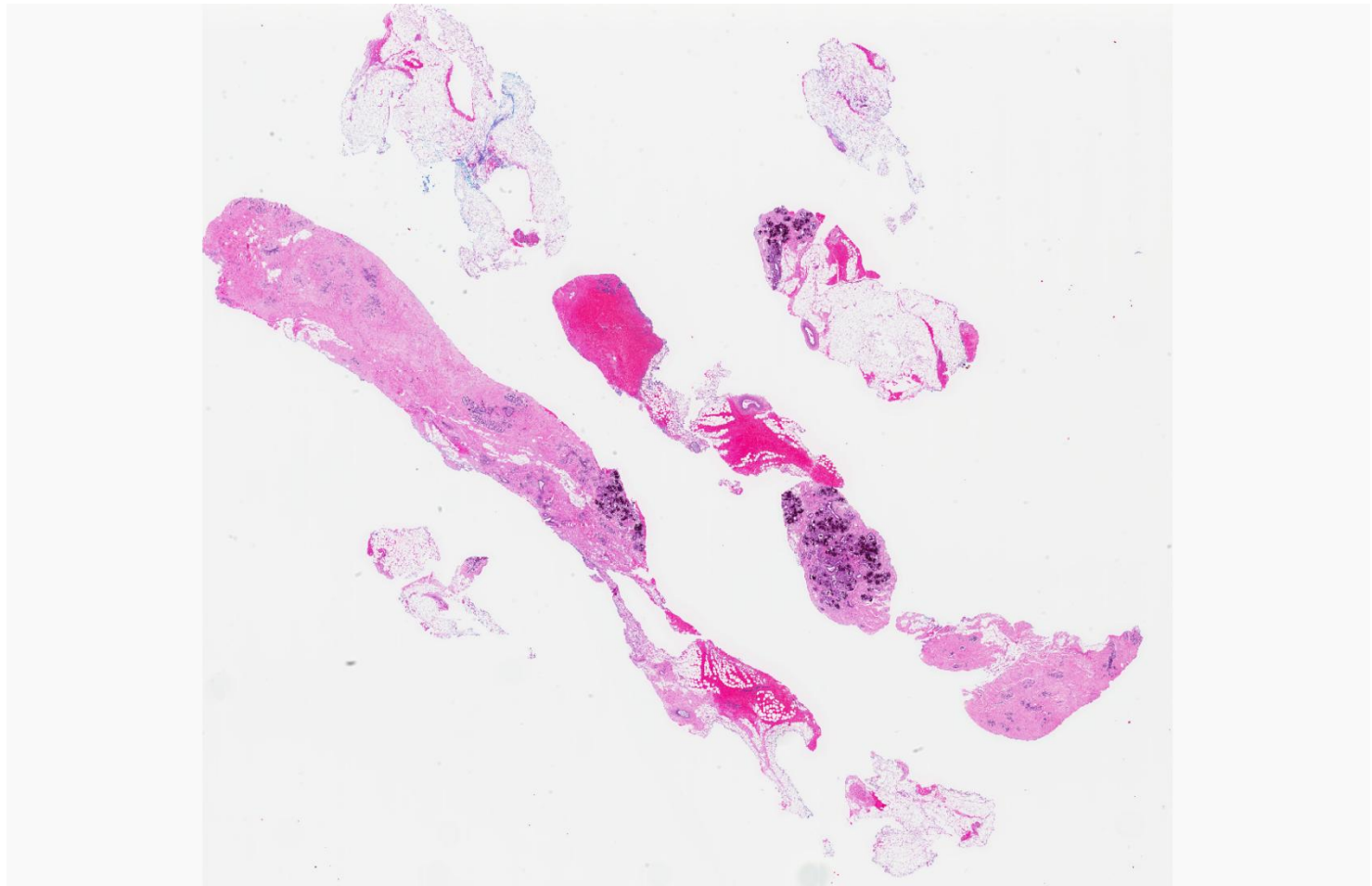
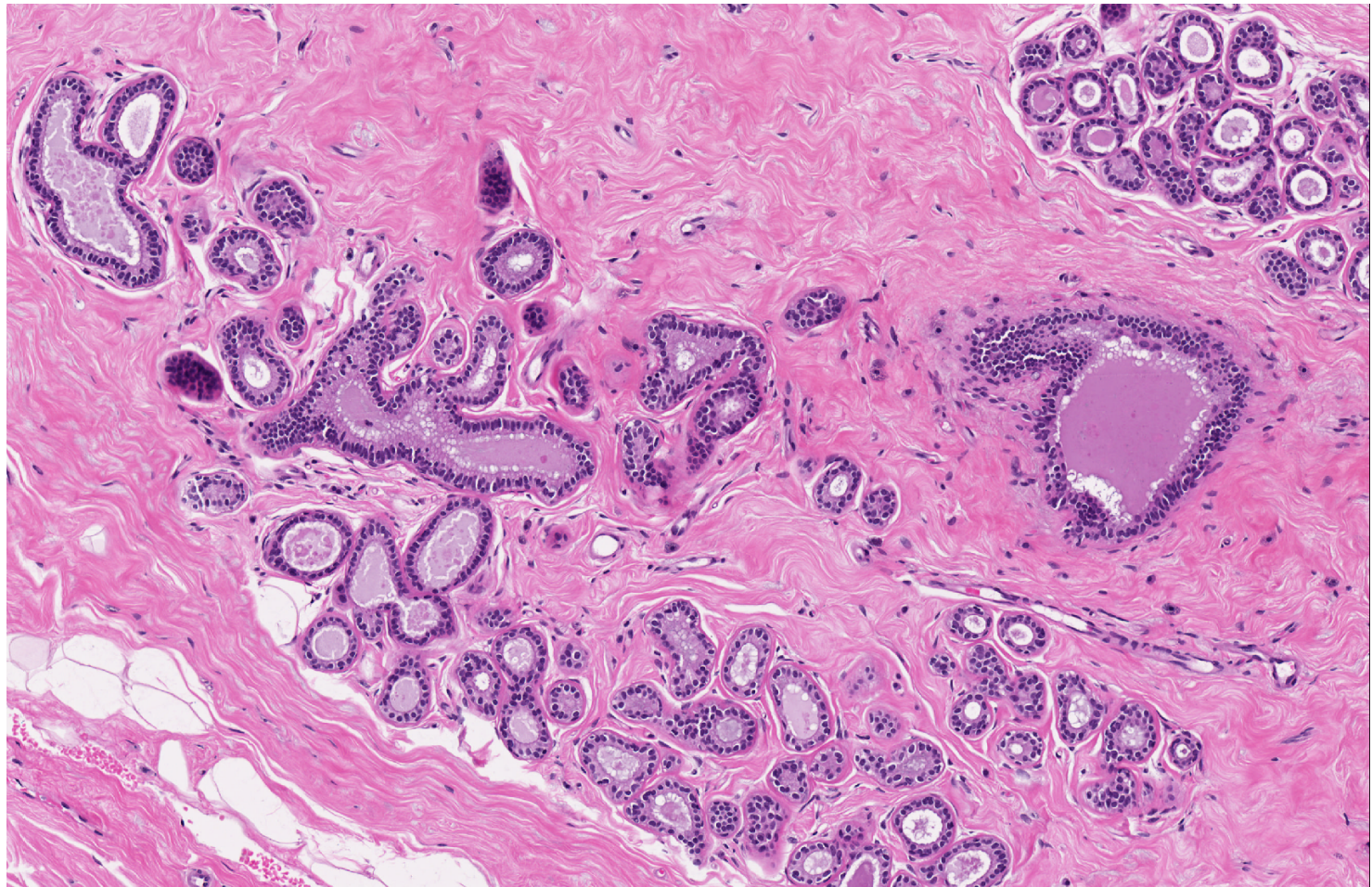
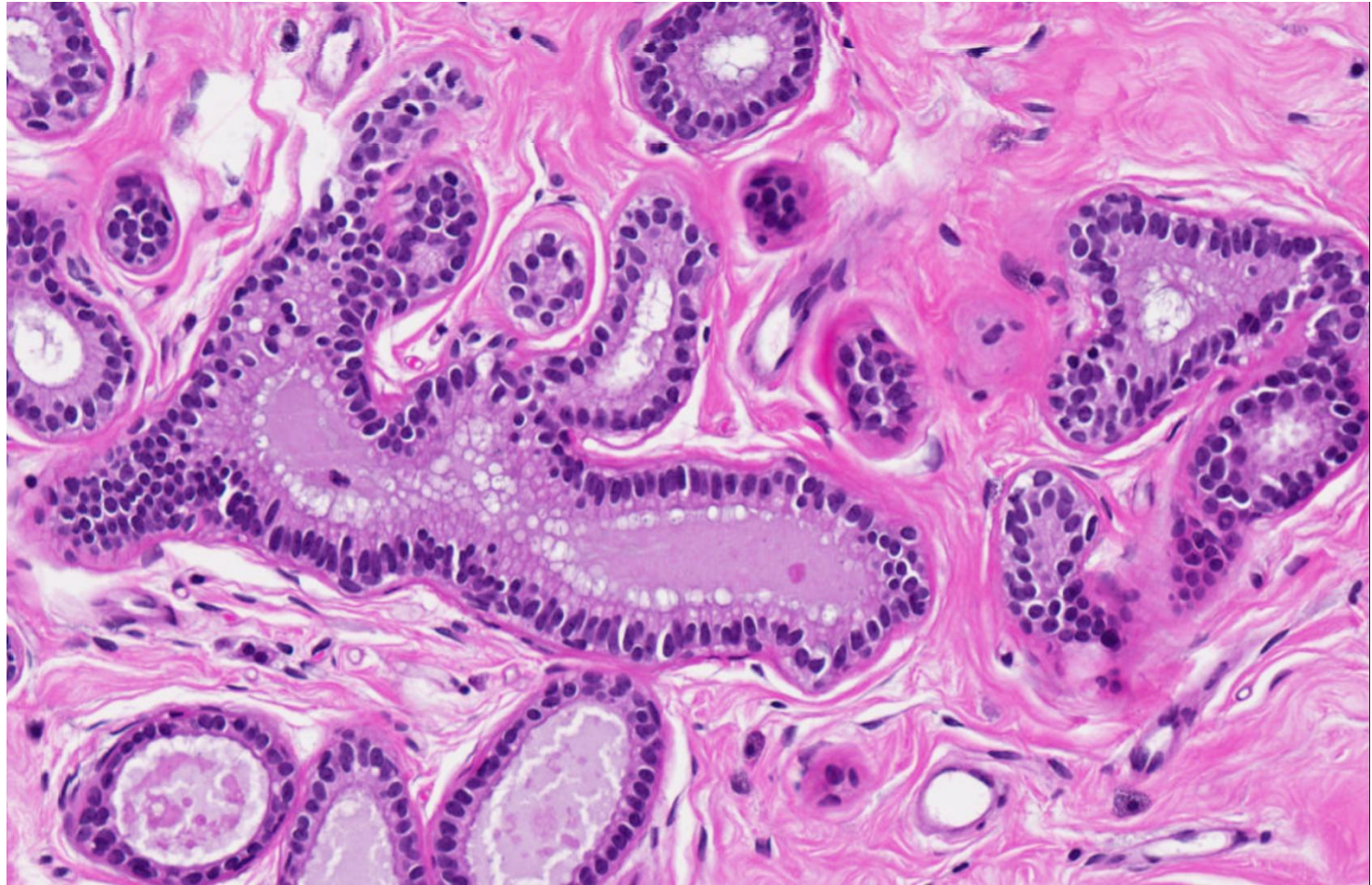
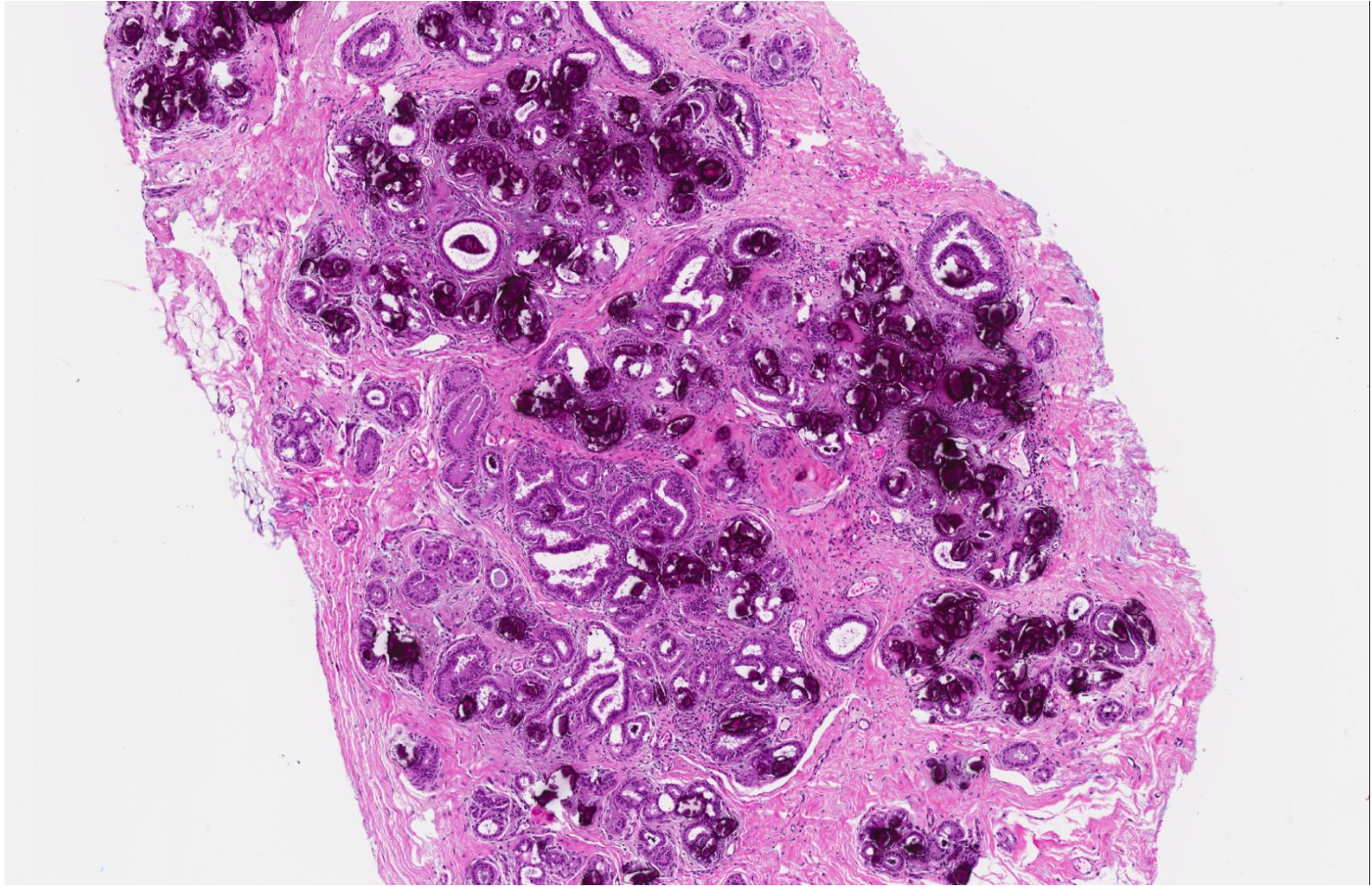


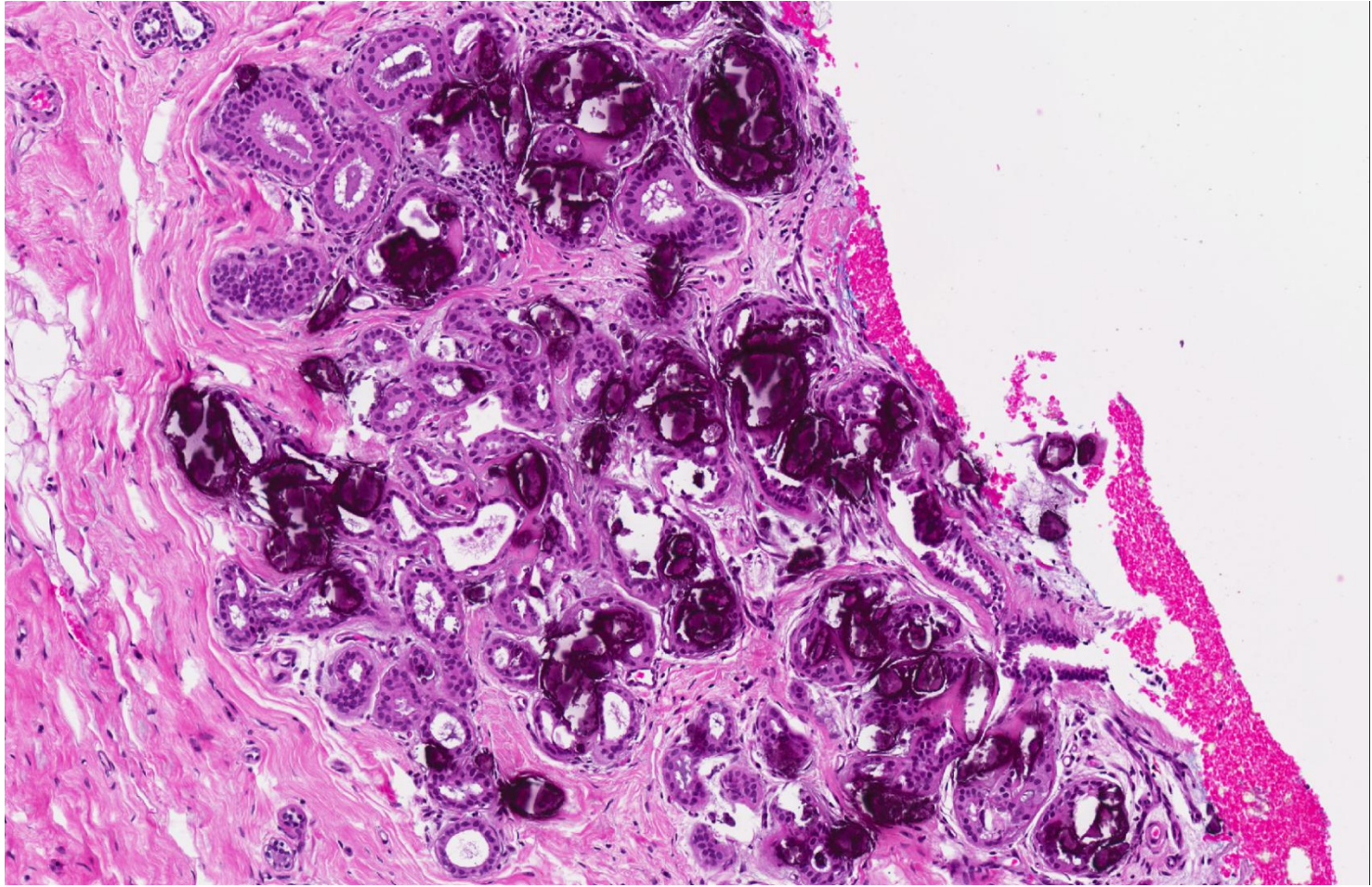
- Set B.3
- 51 year old Chinese female with screen detected 'indeterminate' calcifications in the lower outer quadrant of the left breast, underwent mammotome core biopsies.

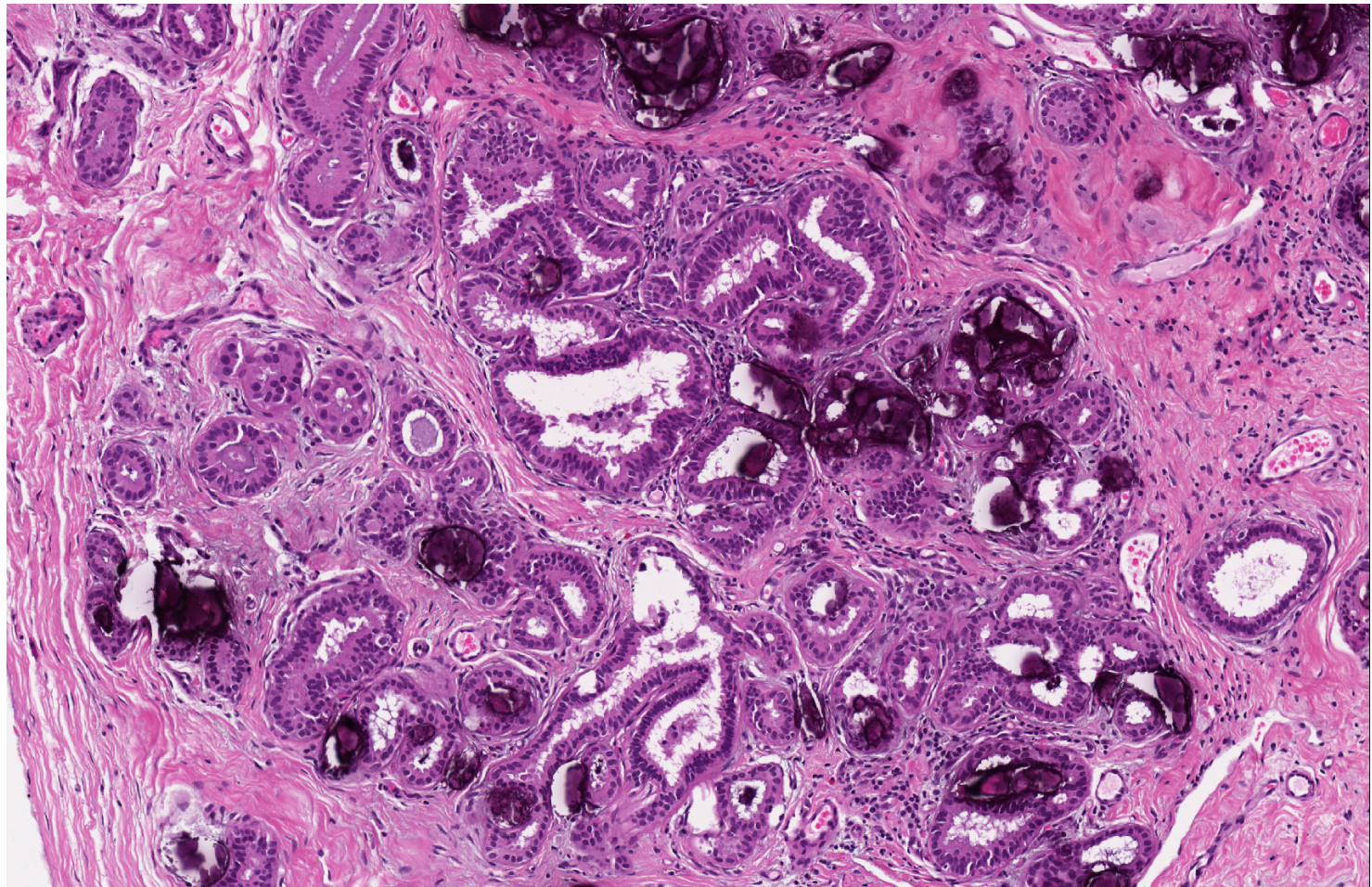


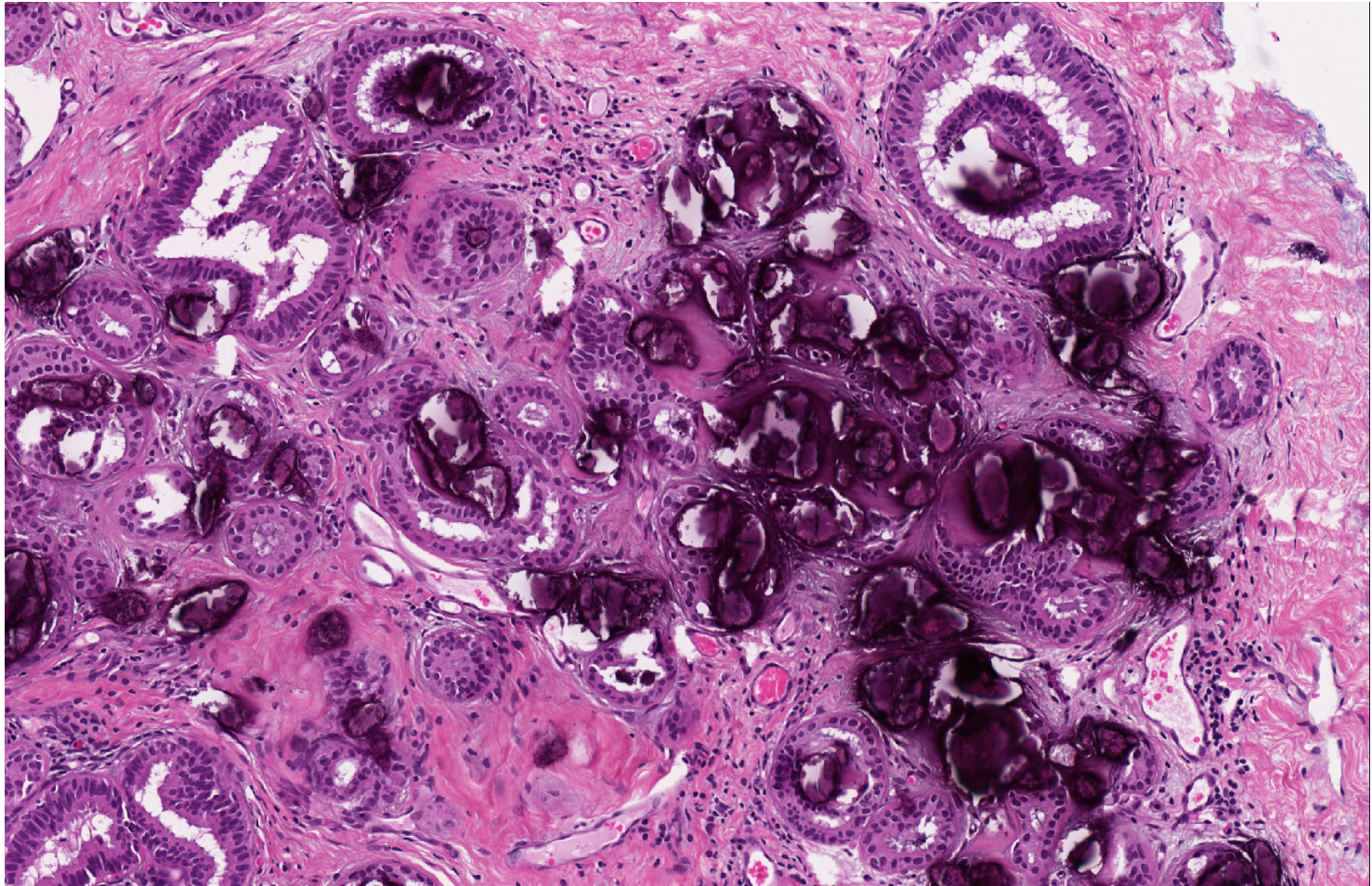


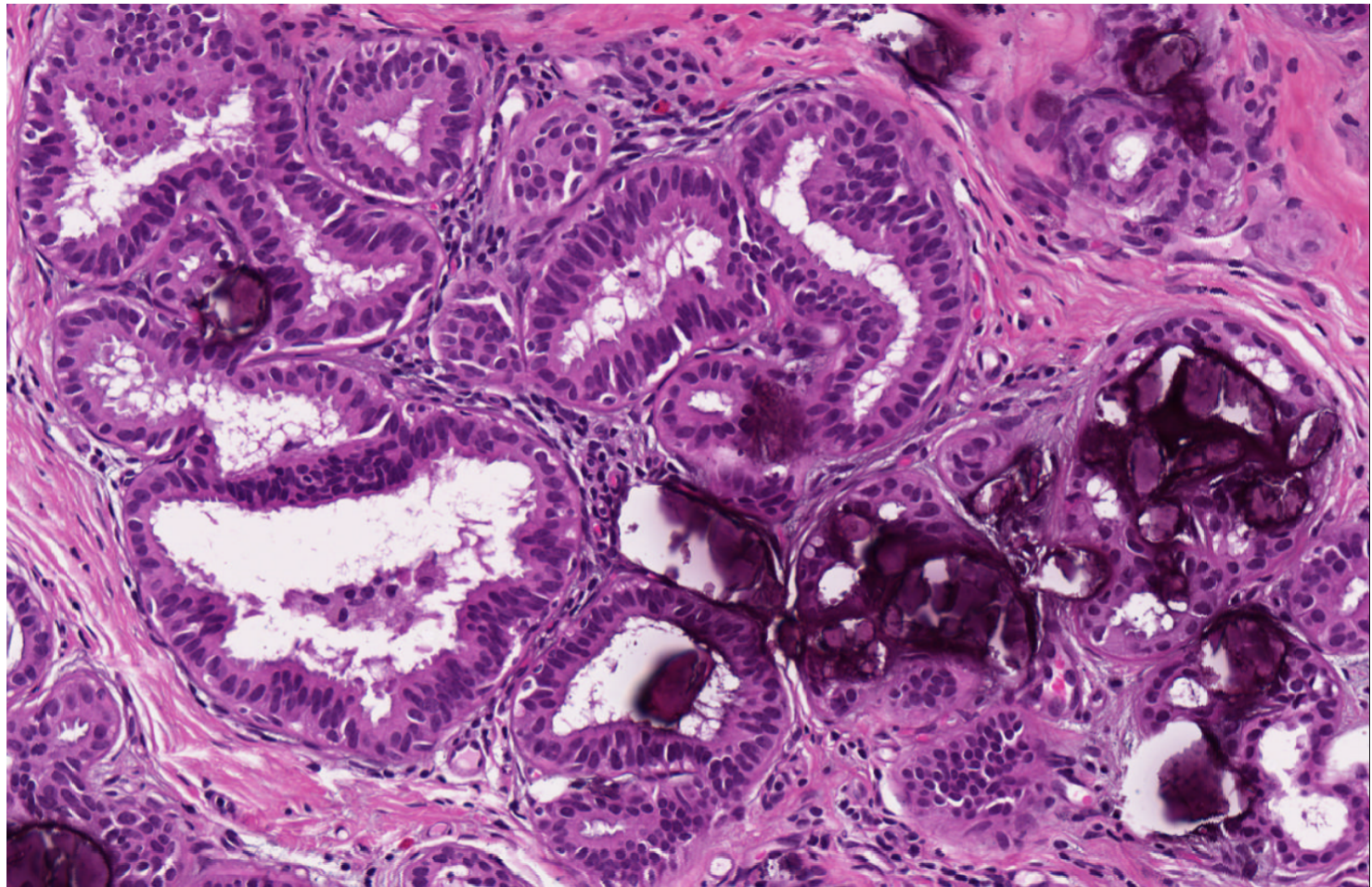


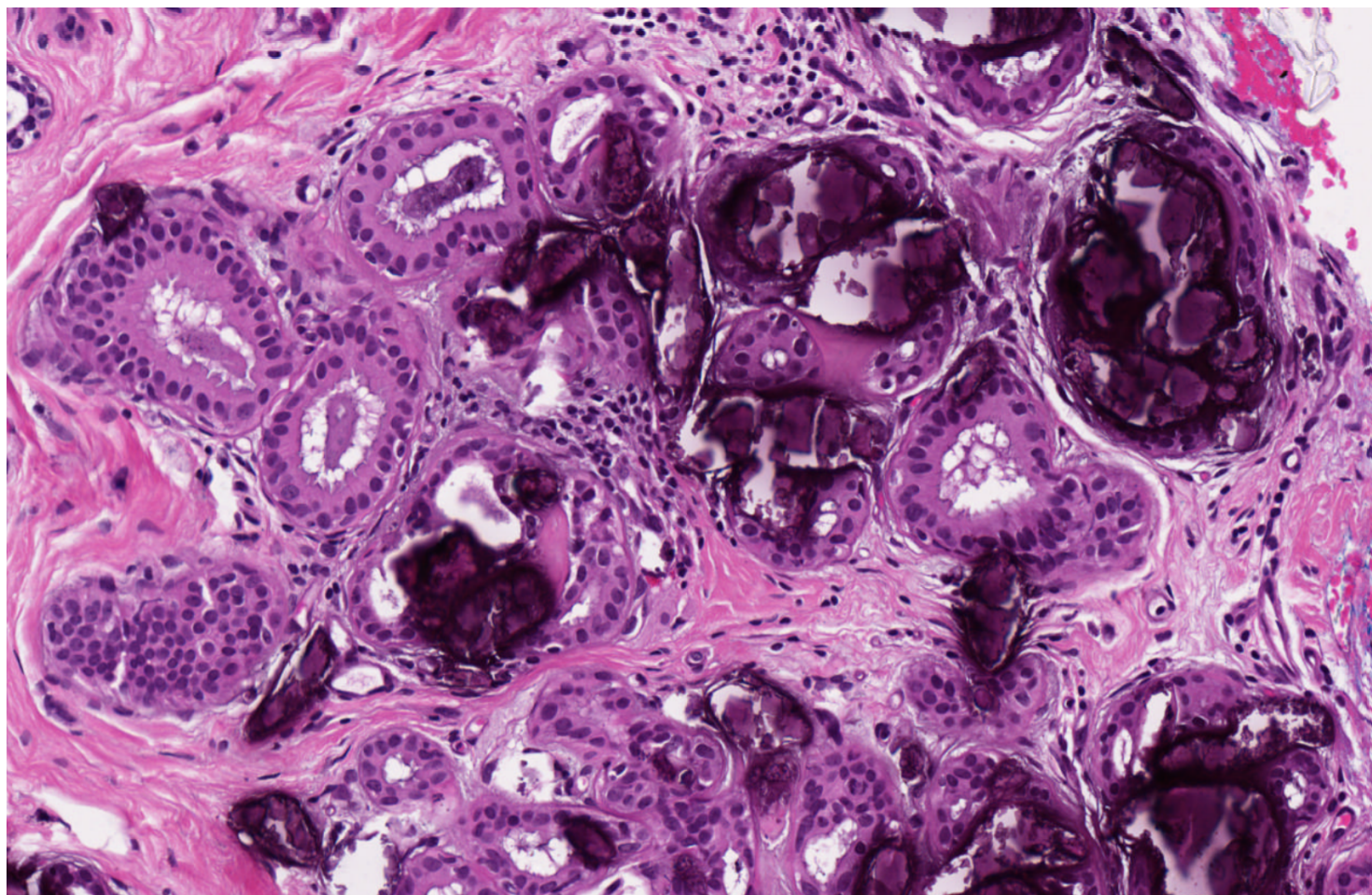


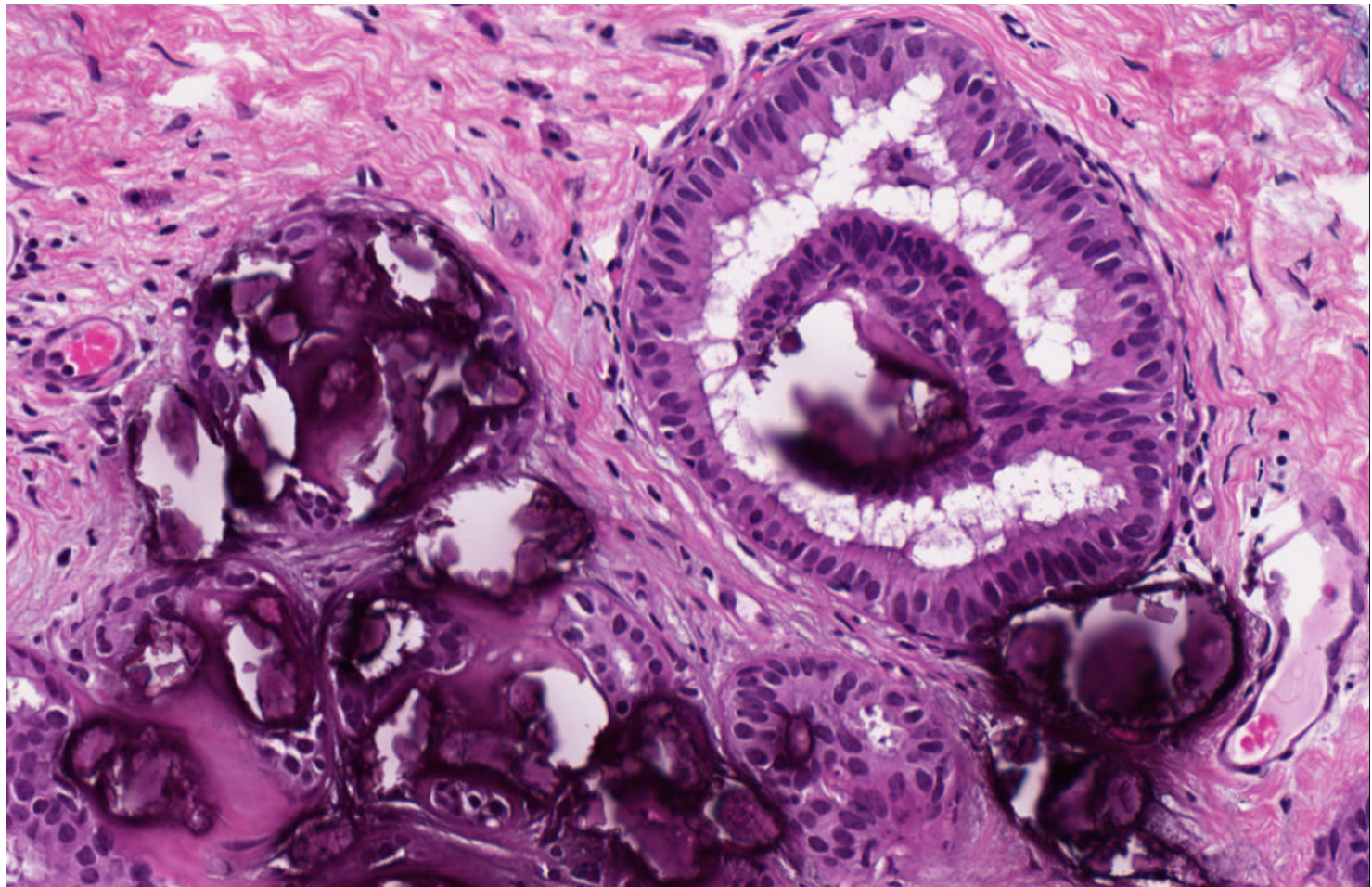












- Columnar cell lesion with calcifications.

Columnar cell lesions of the breast

- Spectrum of benign to atypical entities having in common variably dilated terminal duct lobular units lined by columnar epithelial cells with/without prominent apical cytoplasmic snouts.
- As luminal microcalcifications are a frequent accompaniment in these lesions, many such columnar lesions are picked up on radiography.

Flat epithelial atypia

- Presumably neoplastic intraductal alteration characterised by replacement of native epithelial cells by a single or 3 to 5 layers of mildly atypical cells.

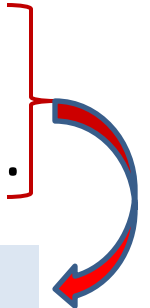
(World Health Organisation)

- Flat epithelial atypia:
 - *Distinguished from atypical ductal hyperplasia by absence of architectural atypia.*
 - *Lacking micropapillary tufts, Roman bridges and rigid arcades.*

- Spectrum of columnar cell lesions:

- Columnar cell change.
- Columnar cell hyperplasia.
- Columnar cell change with cytologic atypia.
- Columnar cell hyperplasia with cytologic atypia.

Flat epithelial atypia



ORIGINAL ARTICLE

Pathological diagnosis of columnar cell lesions of the breast: are there issues of reproducibility?

P H Tan, B C-S Ho, S Selvarajan, W M Yap, A Hanby

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J Clin Pathol 2005;58:705-709. doi: 10.1136/jcp.2004.025239

Take home messages

- We assessed inter/intraobserver variability in the interpretation by seven staff pathologists of a series of digitised images of columnar cell lesions (CCL) of the breast after a tutorial on breast CCL
- Interobserver and intraobserver agreement was good for ductal carcinoma in situ, but more effort is needed to improve diagnostic consistency in the category of columnar cell changes with cytological atypia
- Continued awareness and study of these lesions are necessary to enhance recognition and understanding

Columnar cell lesions:

Practical considerations

- If CCL are identified in the absence of cytologic or architectural atypia, no further action is needed.
- If a CCL is associated with cytologic and/or architectural atypia:
 - Open biopsy: follow-up.
 - Core biopsy: follow with open biopsy (treat as for atypical epithelial hyperplasia).

- Columnar cell lesions with cytologic and/or architectural atypia represent a “borderline” breast lesion for which management is currently best approached as for atypical epithelial hyperplasia of the breast.
- More information is required about the true biology of this lesion in order for better understanding and management.