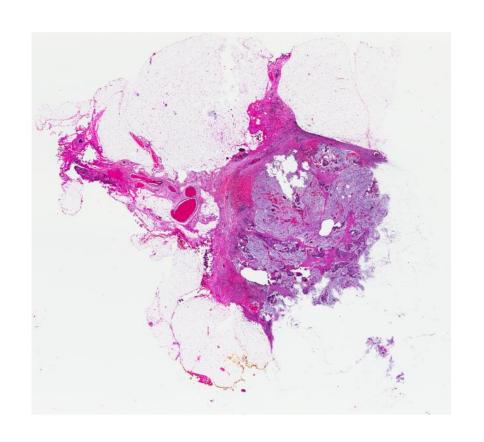
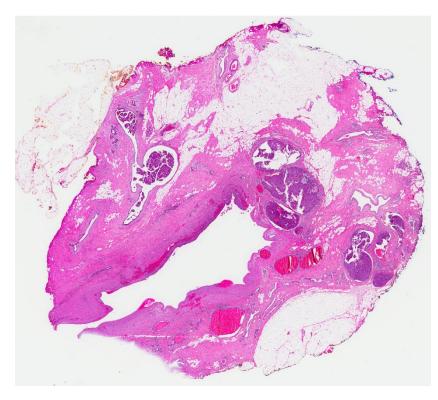
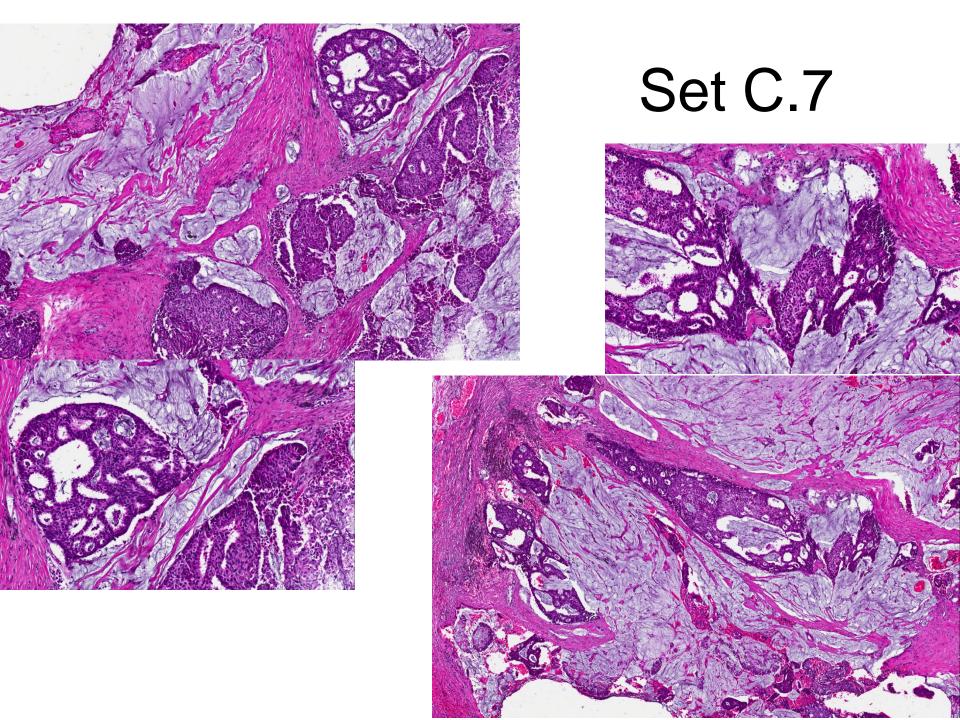
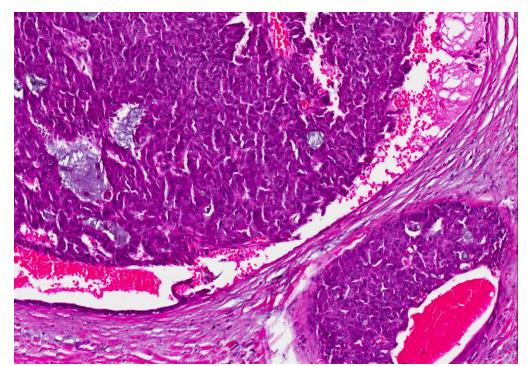
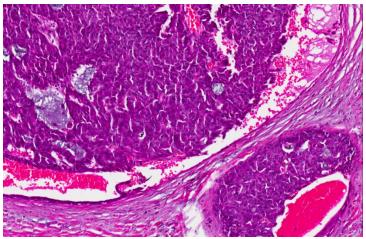
- 76 year old Chinese female presented with a right breast lump.
- A trucut biopsy was reported as an atypical epithelial proliferation suspicious of either a papillary neoplasm or low grade carcinoma in situ.
- She underwent surgery, and an intraoperative frozen section was concluded as a papillary neoplasm.
- A wide excision was performed.

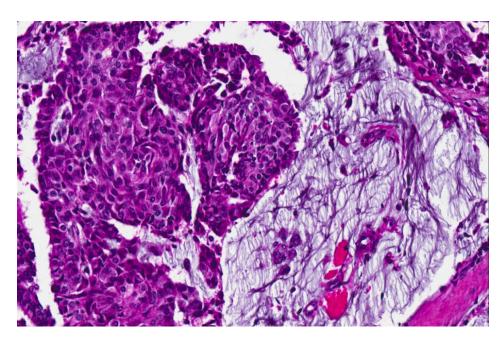


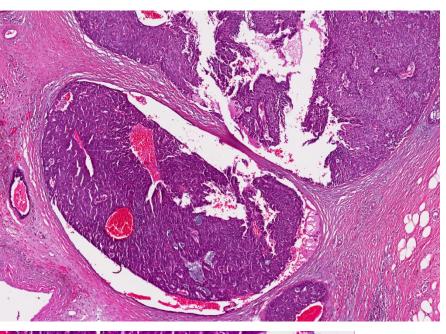


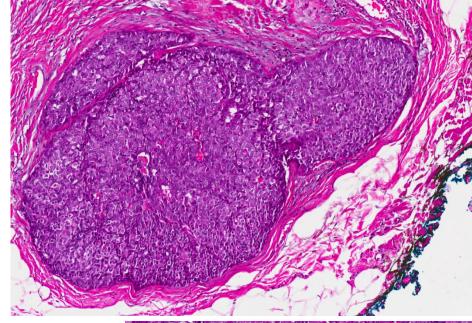


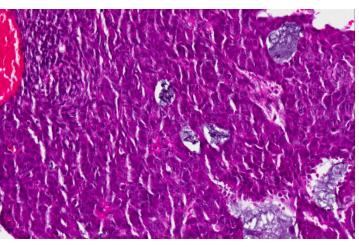


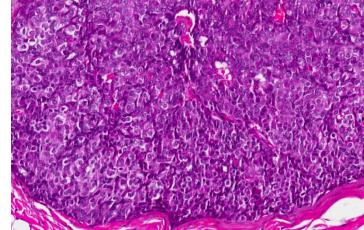


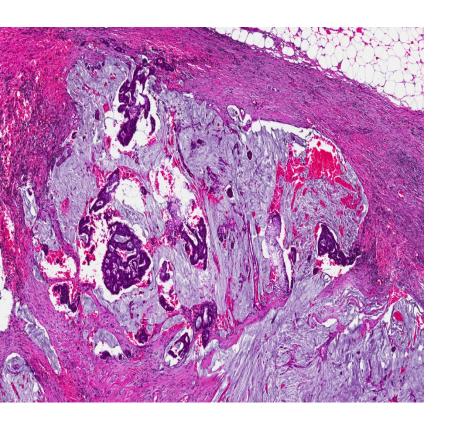


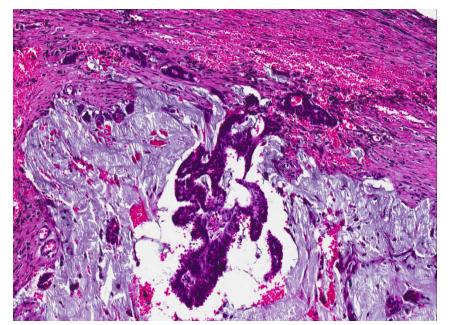


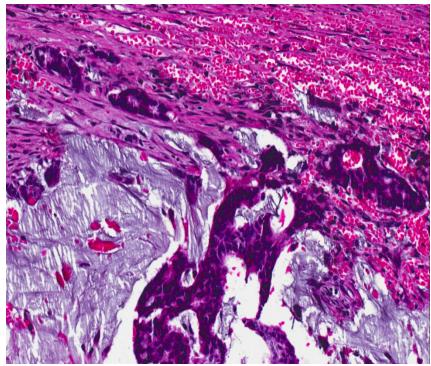








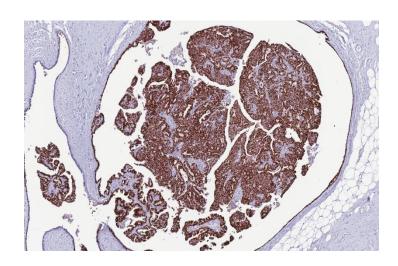


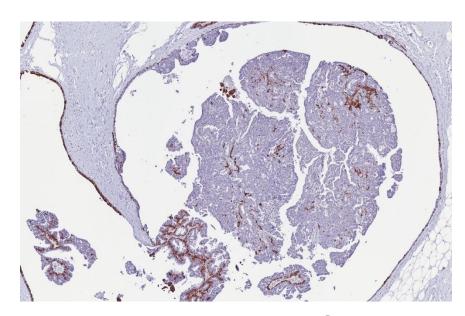


• CK14

• ER



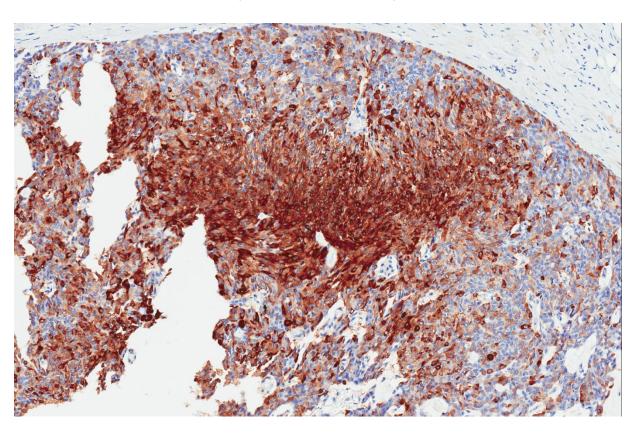




• CK14

ER

Synaptophysin



 Solid-papillary DCIS, intermediate nuclear grade (B4), with invasive mucinous carcinoma grade 2 (B10). Maluf HM, Koerner FC. Solid papillary carcinoma of the breast. A form of intraductal carcinoma with endocrine differentiation frequently associated with mucinous carcinoma. AJSP 1995 Nov;19(11):1237-44.

- 20 cases of intraductal papillary carcinoma associated with both mucinous carcinoma and infiltrating ductal carcinoma.
- 7th decade of life or older.
- Clinically and grossly benign in appearance.
- Solid papillary growth pattern, low-grade cytological features, intracellular and extracellular mucin.
- Endocrine differentiation majority of cases.
- All the tumors were positive for estrogen receptors.
- Postulated that these lesions are the preinvasive counterpart of mucinous carcinomas with endocrine differentiation.

Learning points

- Association of mucinous cancer with solid-papillary DCIS.
- Neurodendocrine differentiation in the DCIS.
- Distinction between dislocated epithelial nests of DCIS within mucin vs invasive mucinous cancer.
- Co-existence of a benign intraductal papilloma, the latter showing patchy staining of synaptophysin - implicates involvement of benign papilloma, or as part of the entire in situ papillary process.