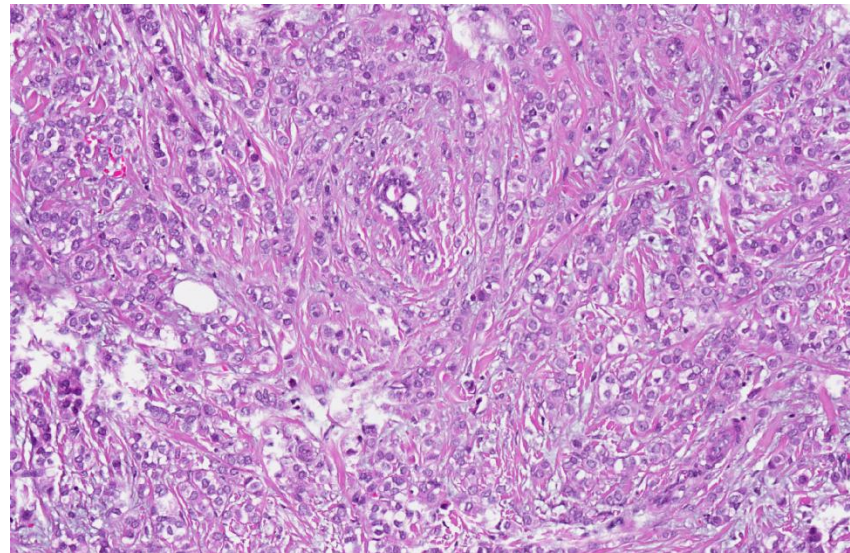
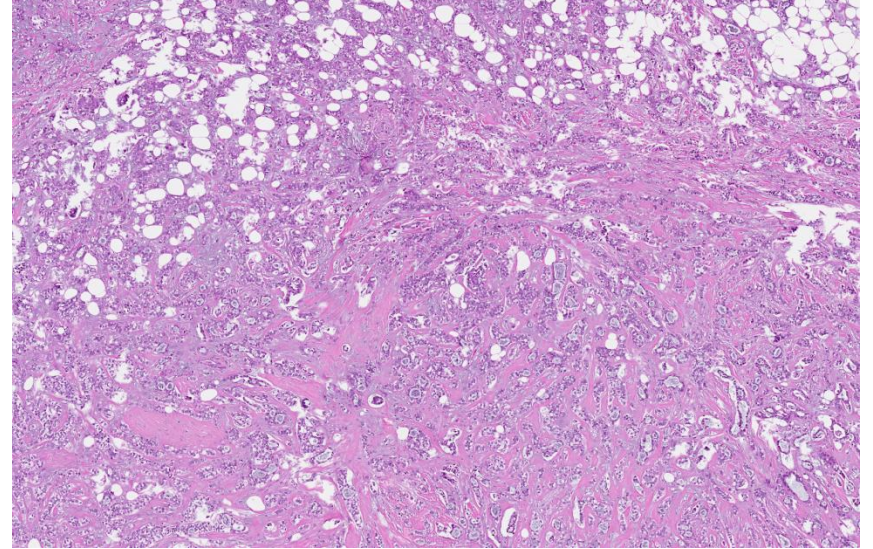
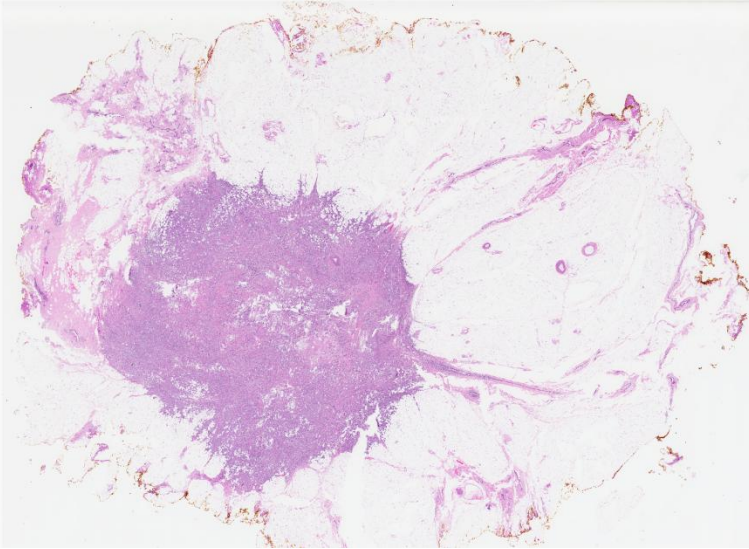


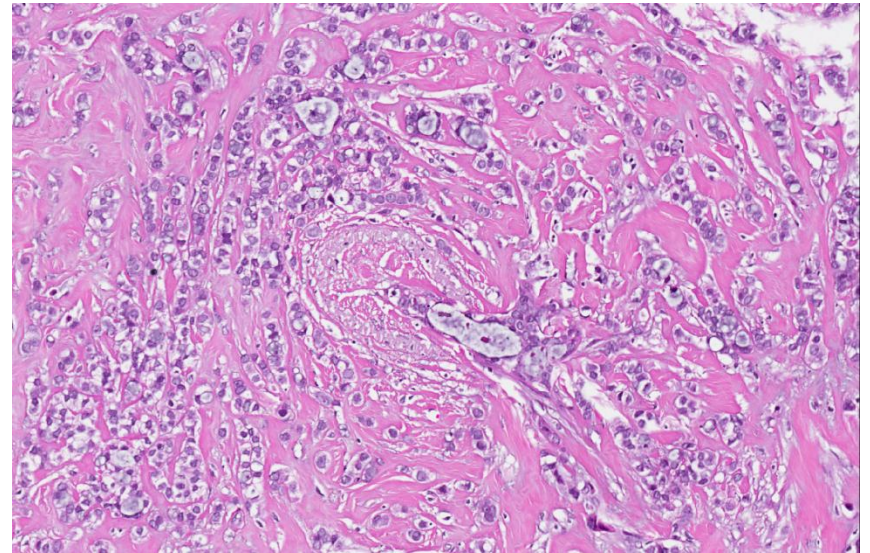
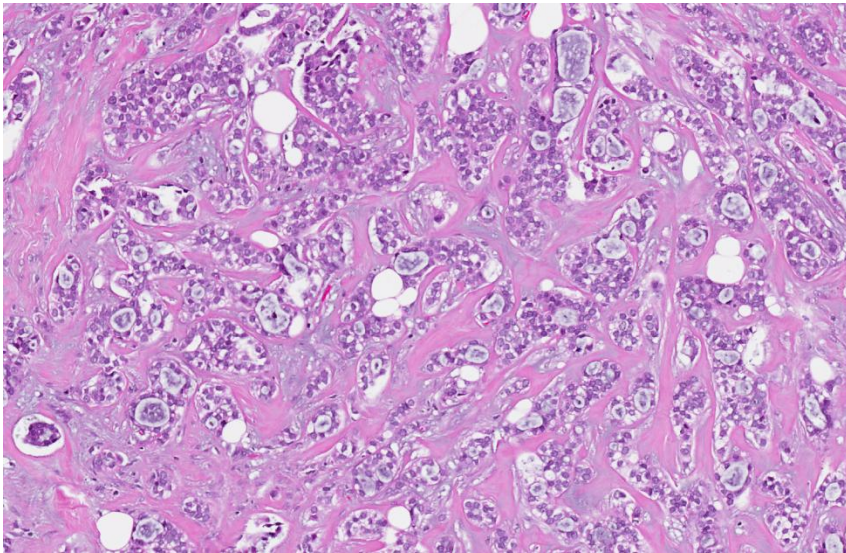
## Set D.3

- 74 year old Indian female underwent excision of a left breast lump.
- Macroscopically the breast tissue showed a tan-white firm lesion measuring up to 2 cm on cut sections.

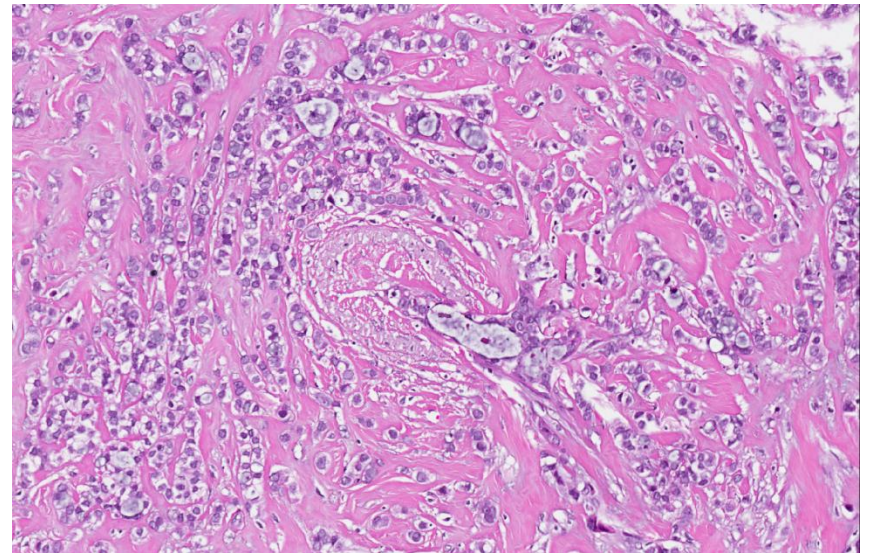
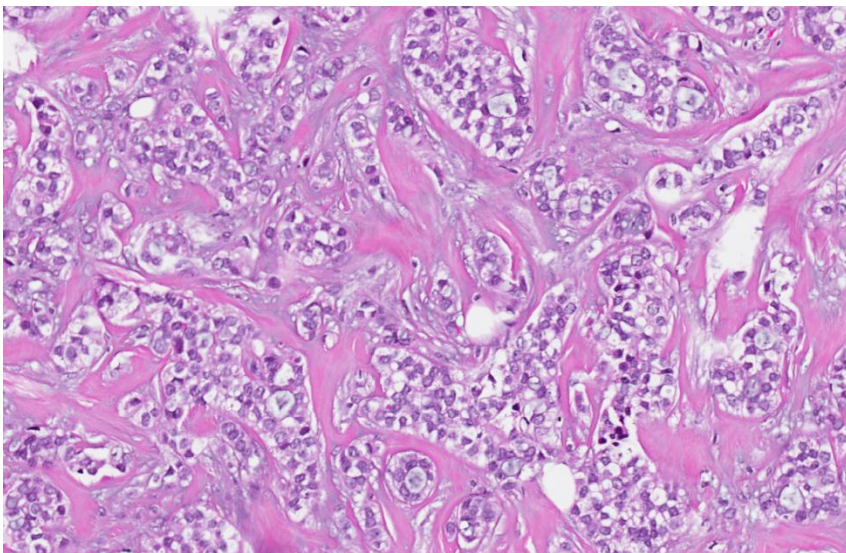
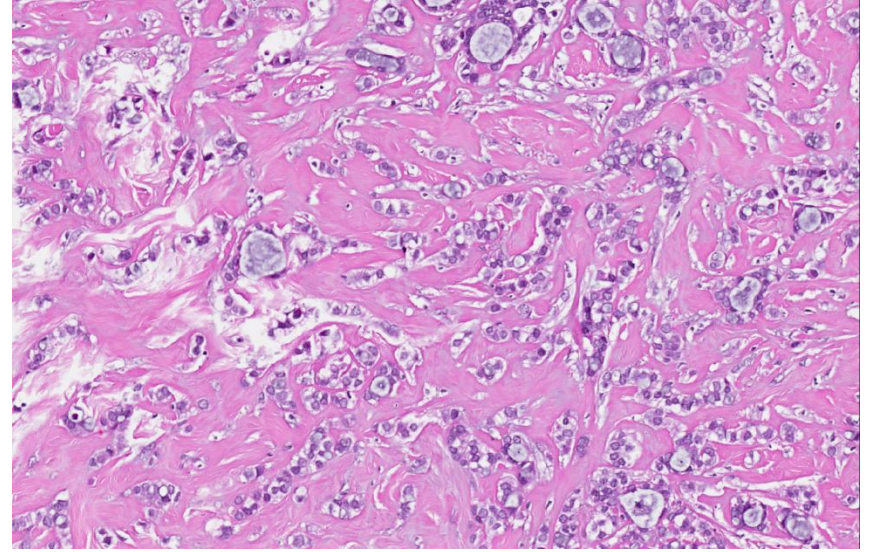
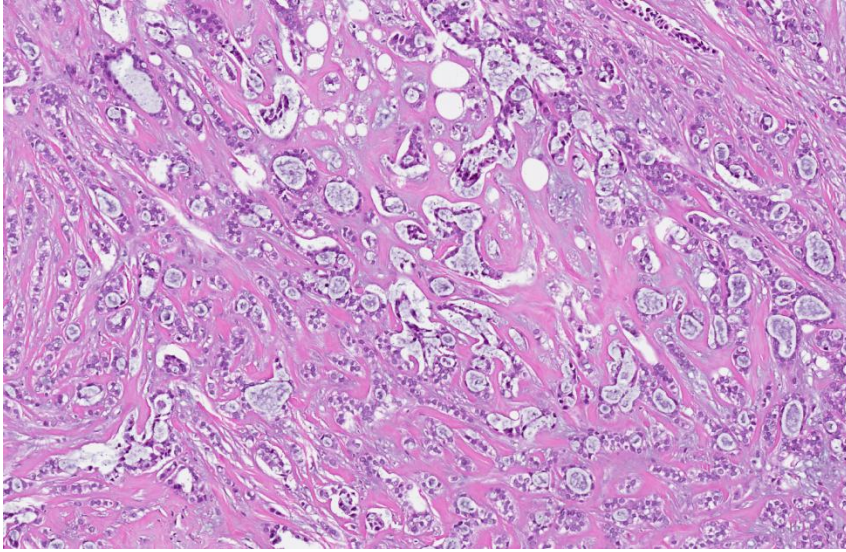
# Set D.3



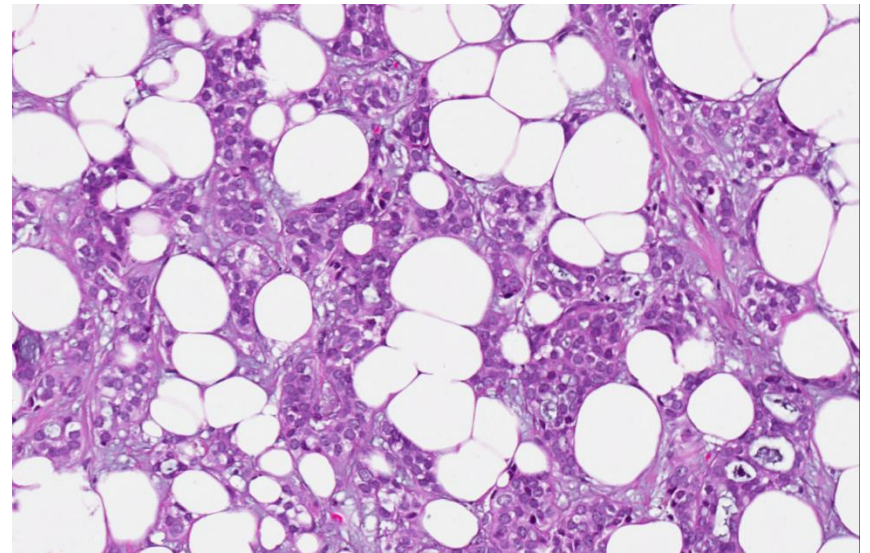
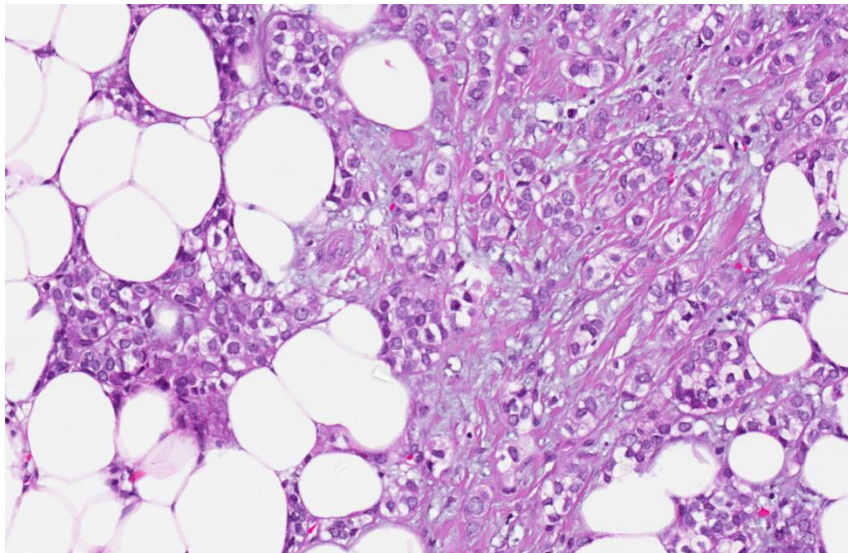
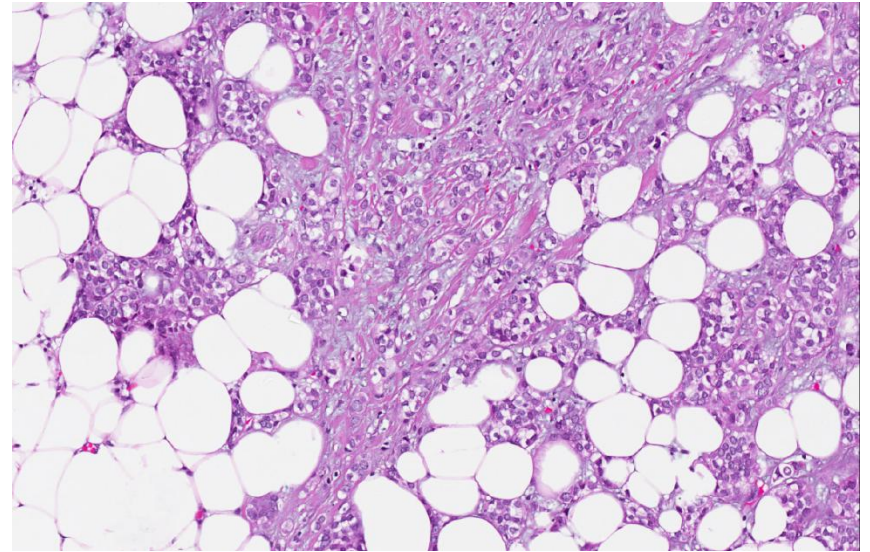
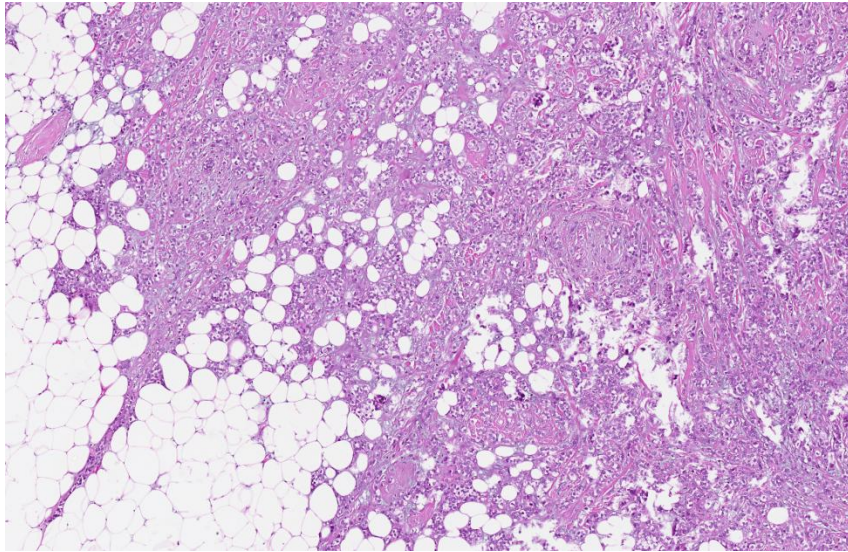
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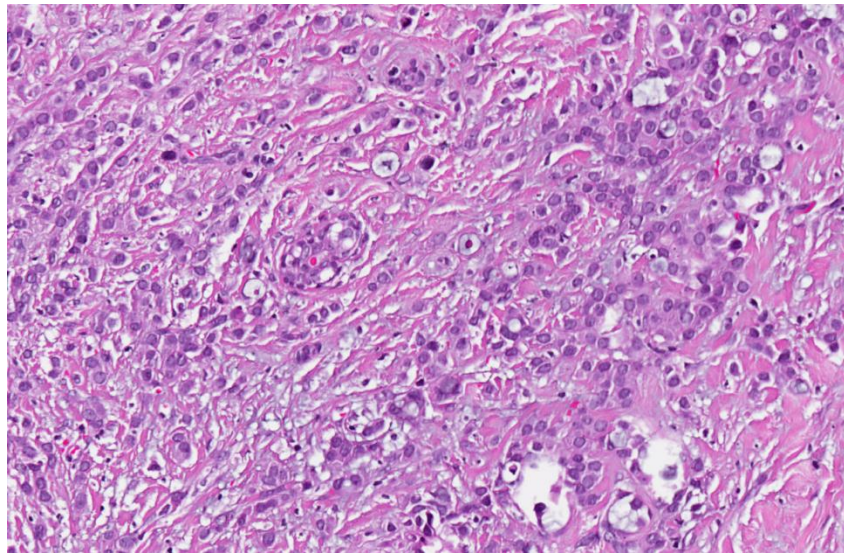
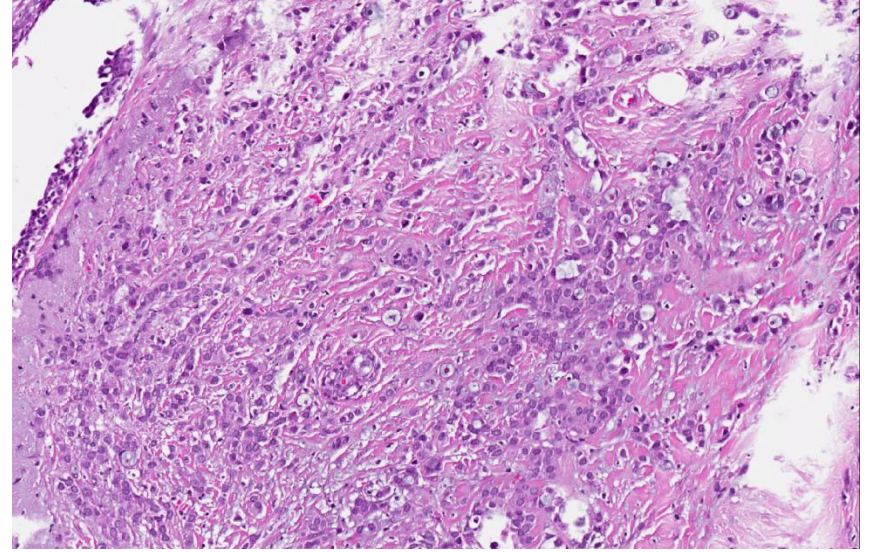
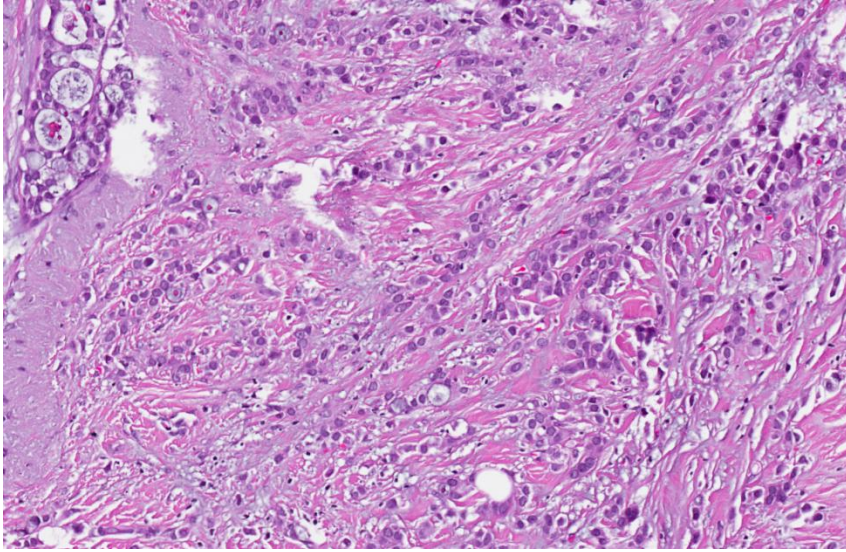
# Set D.3



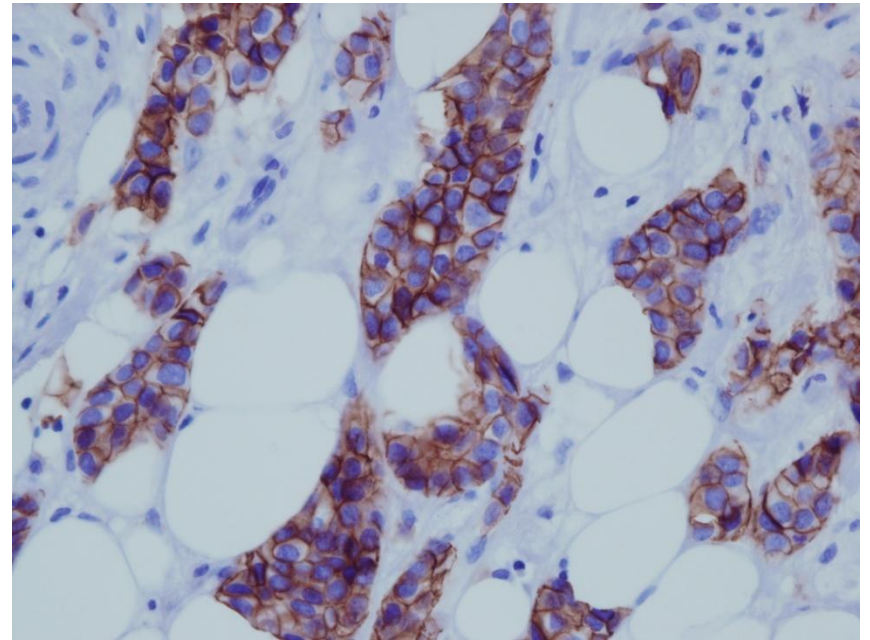
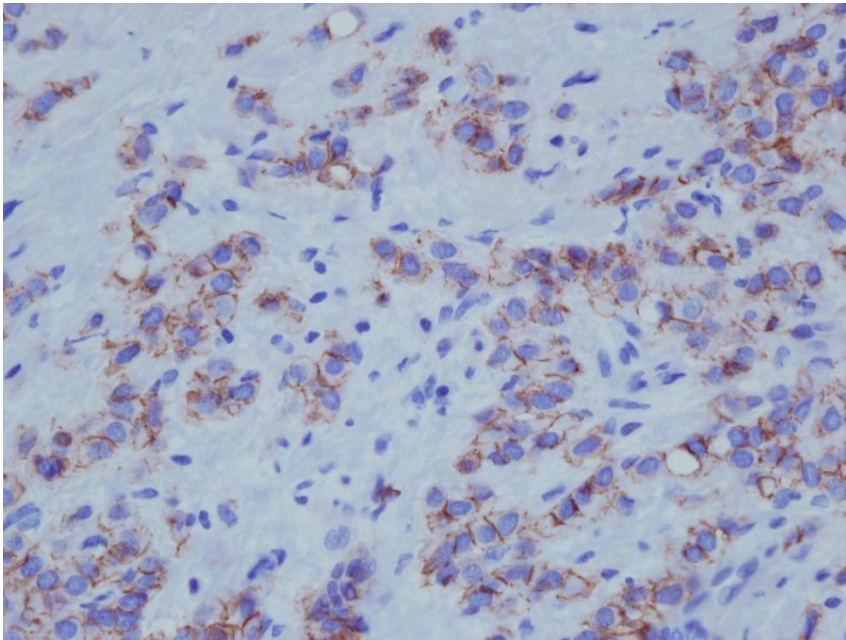
# Set D.3



# Set D.3



# E-cadherin



- Invasive carcinoma with tubulolobular features.



# Invasive carcinoma with ductal and lobular features

- About 5% of invasive breast cancers are difficult to classify into either ductal or lobular subtypes.
- Tumours with distinct areas of invasive ductal and invasive lobular components are categorised as mixed invasive ductal-lobular carcinoma.

# Tubulolobular carcinoma

- Invasive breast cancer with both tubular and lobular features.
- Traditionally classified as a variant form of invasive lobular carcinoma.
- Consistent demonstration of E-cadherin positivity in these tumours, suggesting that they may be better categorised with the invasive ductal cancers.
- Currently still considered a form of invasive lobular carcinoma (WHO 2003).

# Learning points

- Recognition of different morphological appearances within an invasive breast carcinoma.
- Awareness of the invasive tubulolobular carcinoma as one of the subtypes of invasive lobular carcinoma.
- Pitfall of using E-cadherin in this subtype.
- Interpretation of E-cadherin immunohistochemical staining.