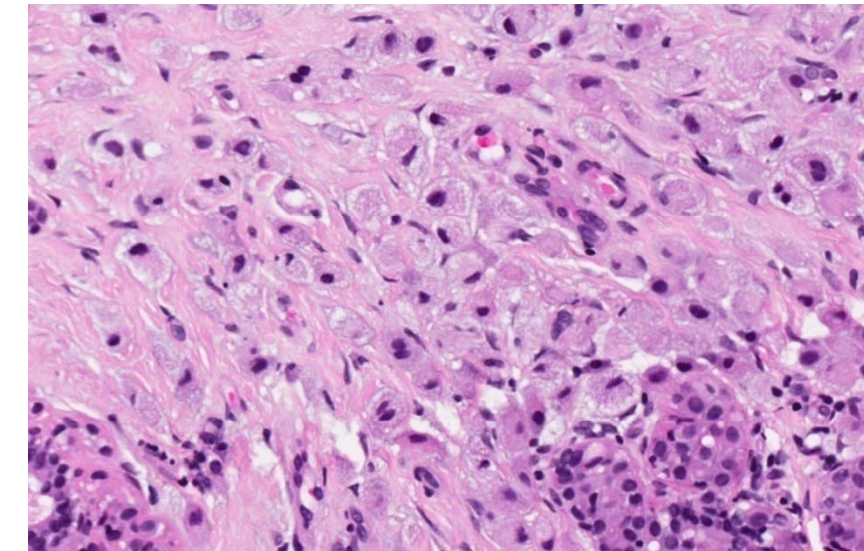
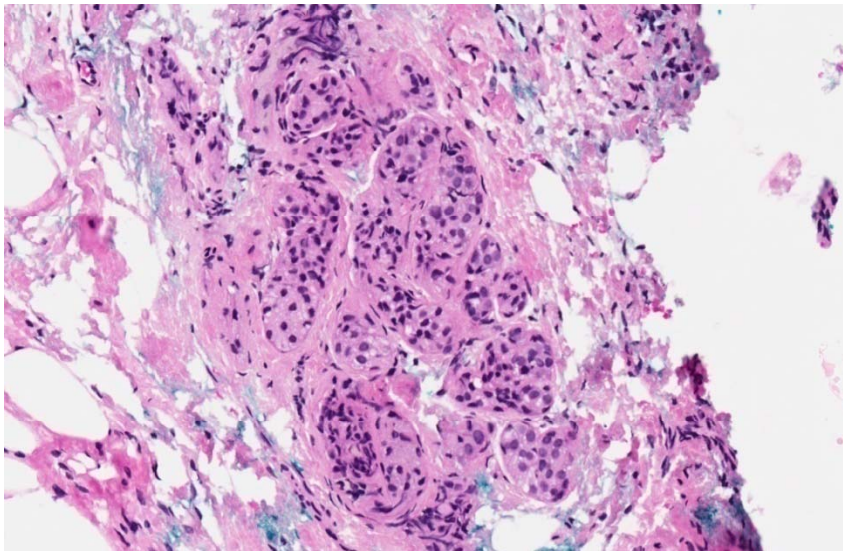
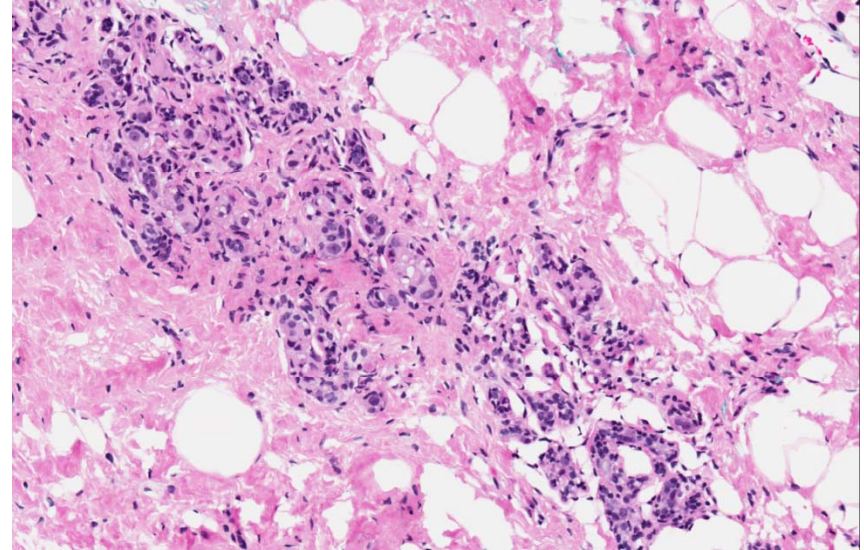
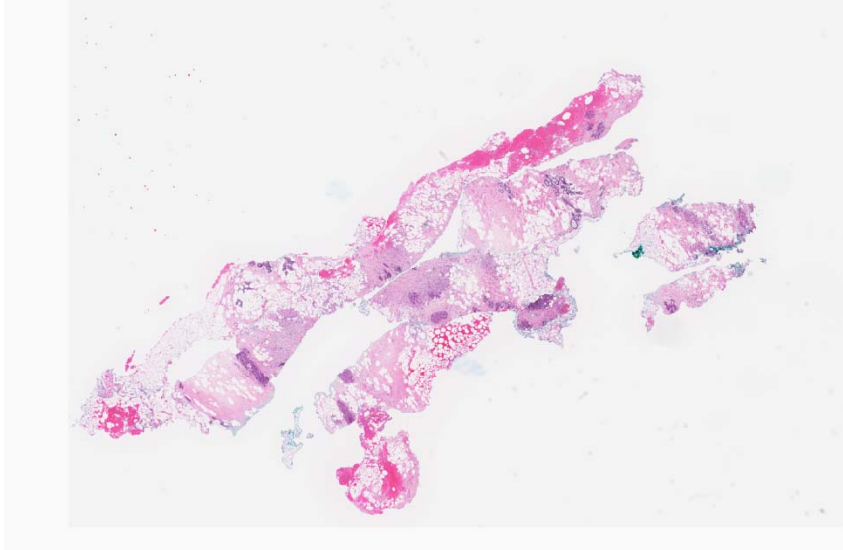


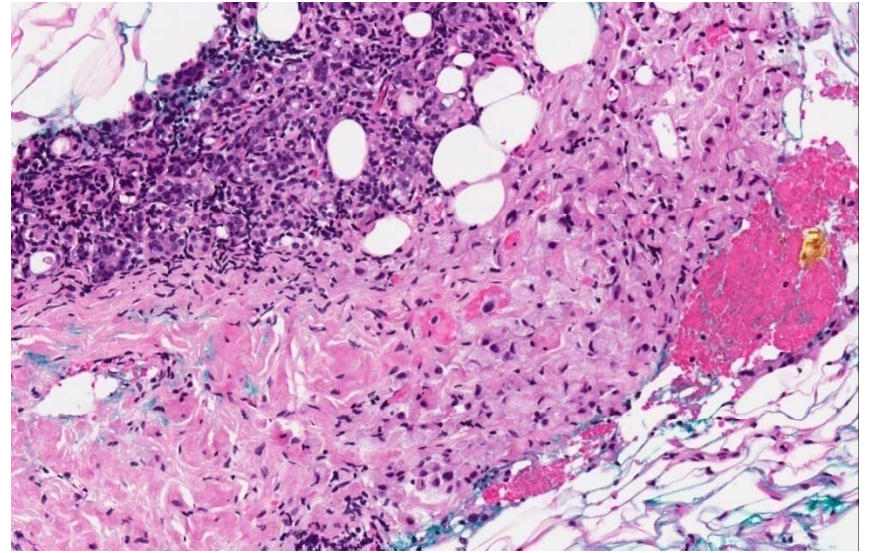
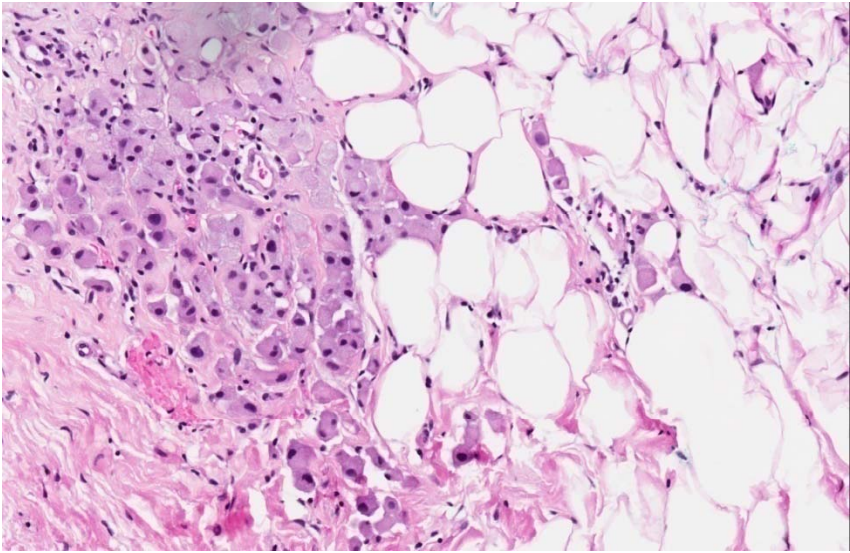
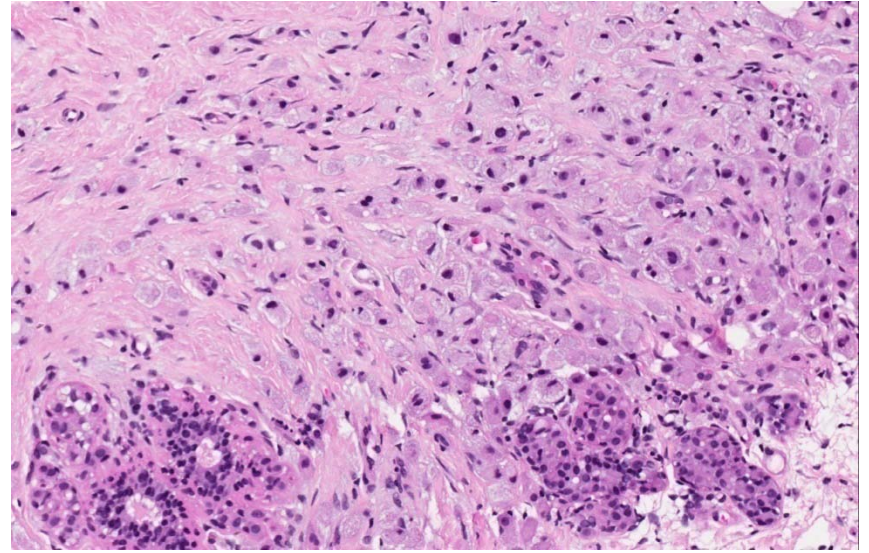
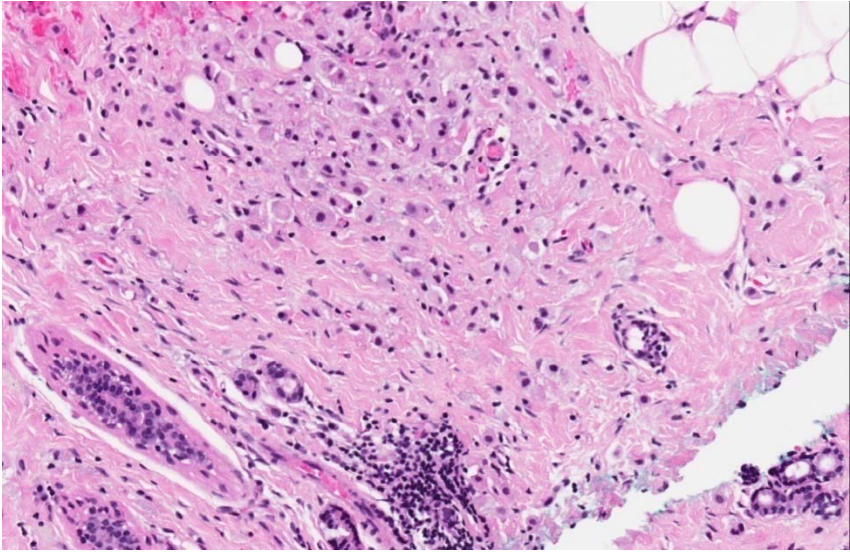
## Set D.5

- 55 year old Chinese female underwent core biopsy of a left breast lesion at the 0300-0400 location, radiologically described as an 'ill-defined, predominantly hypoechoic area approximately 7x6 mm with dense shadowing ; ?malignancy'.

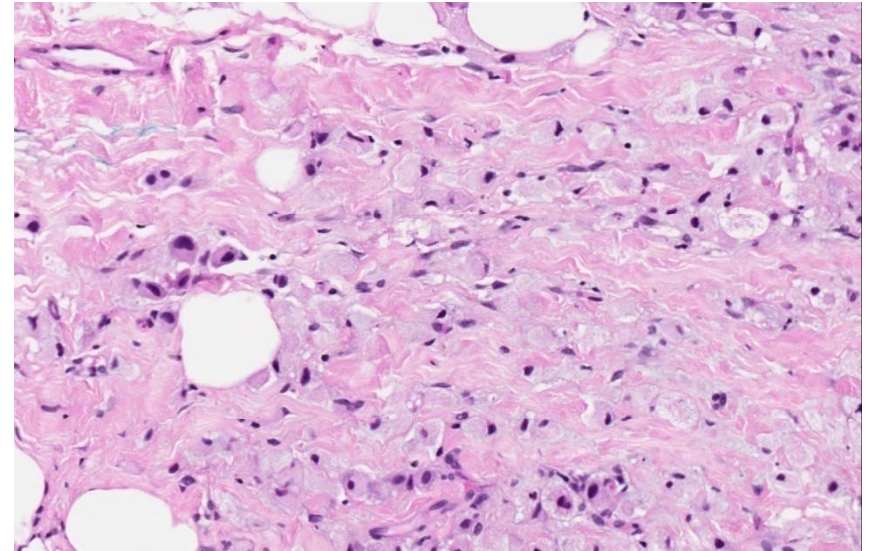
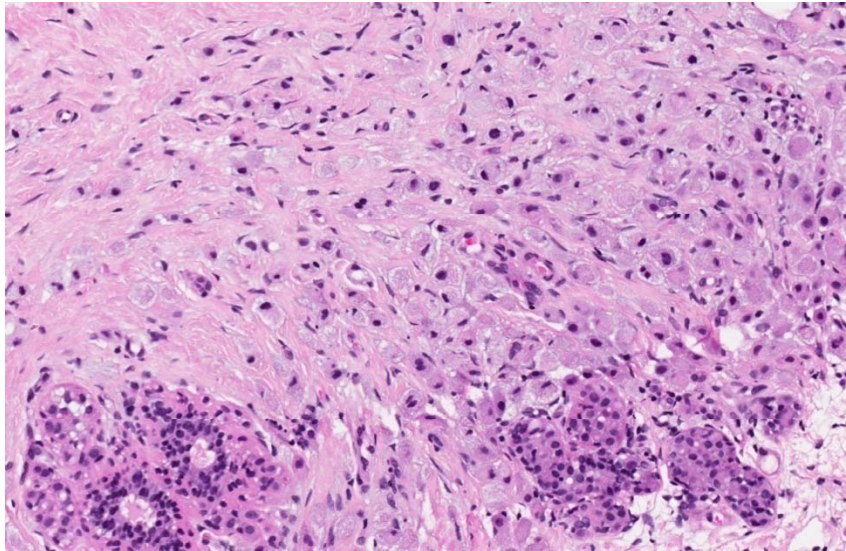
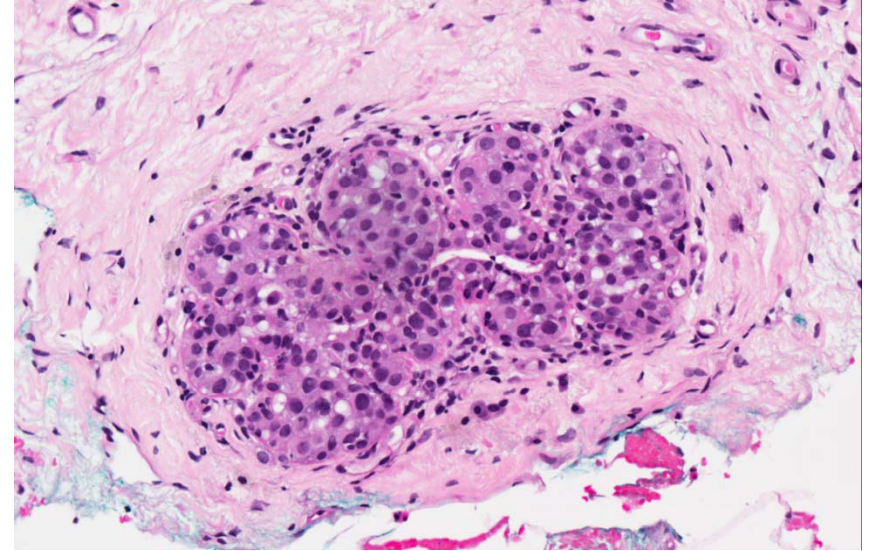
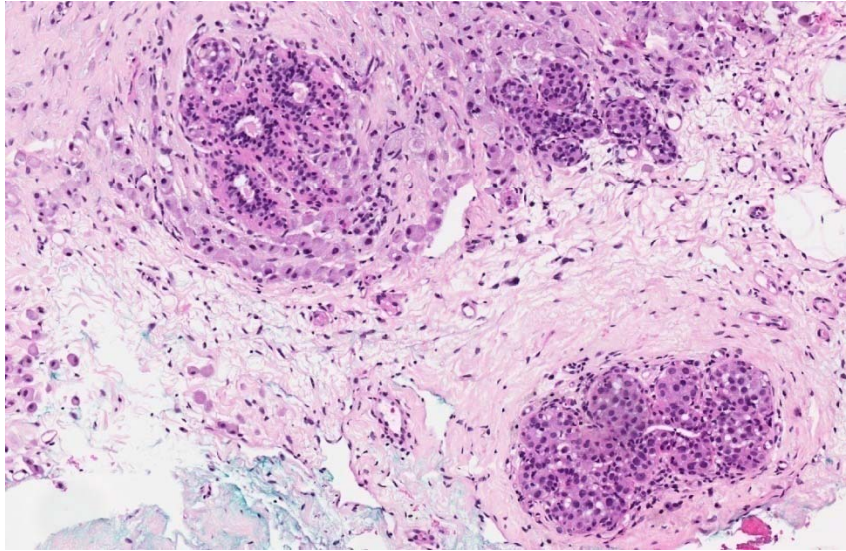
# Set D.5



# Set D.5

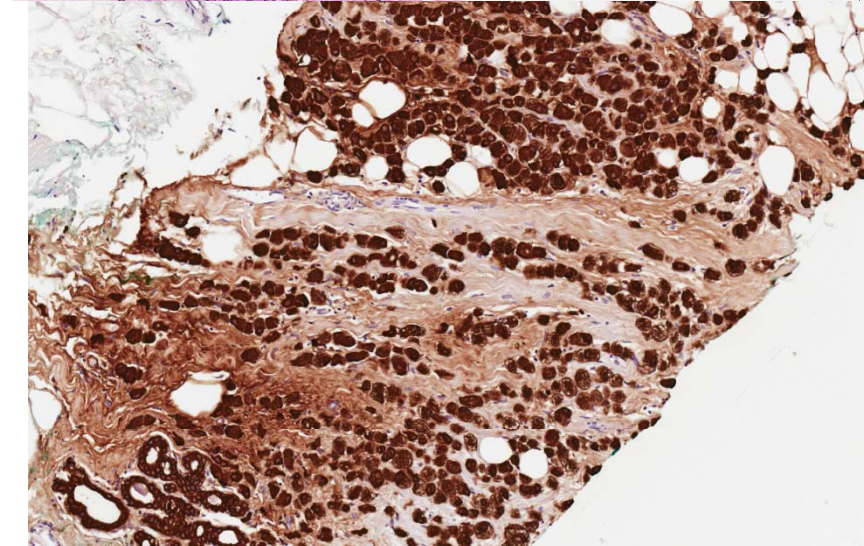
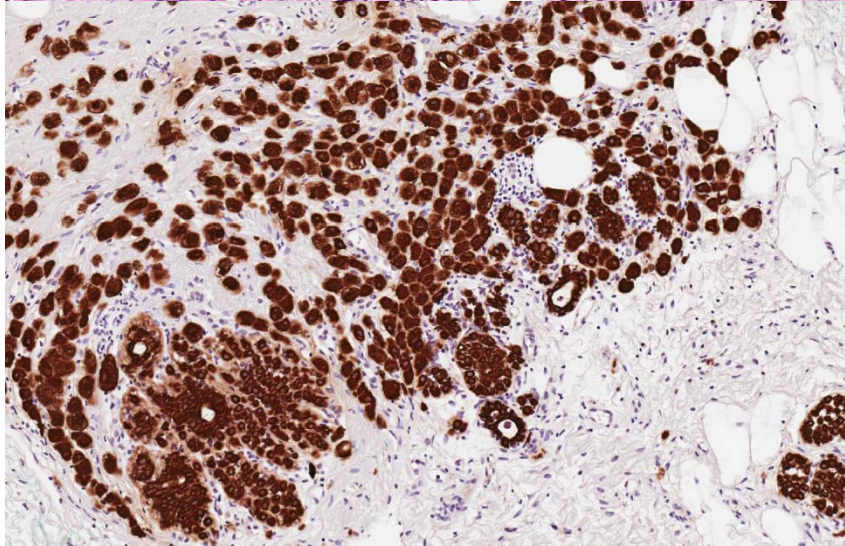
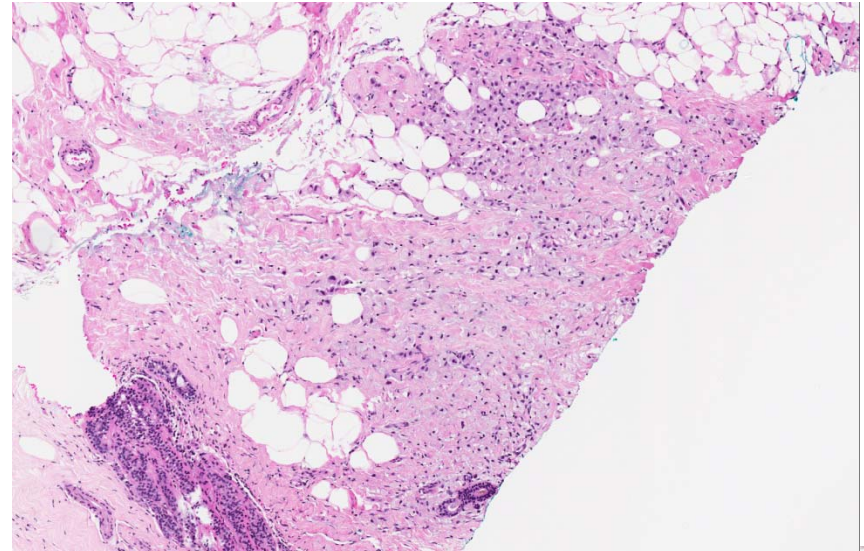
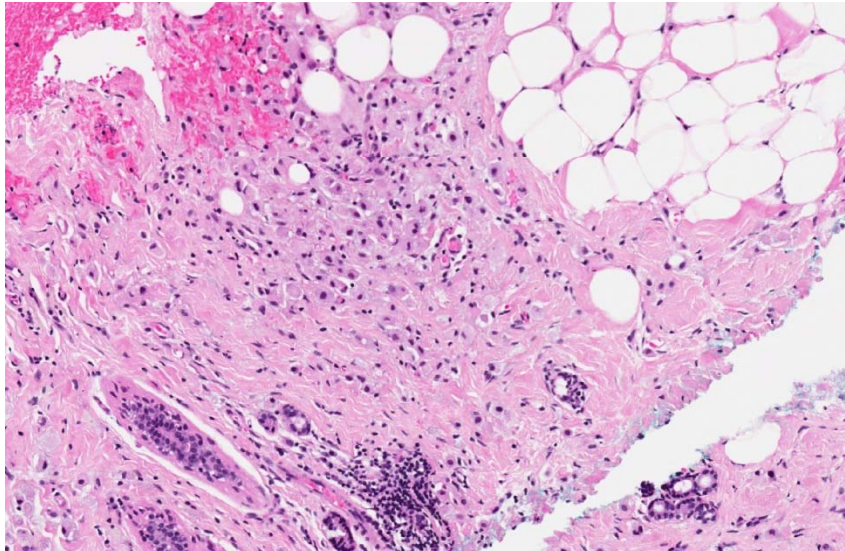


# Set D.5



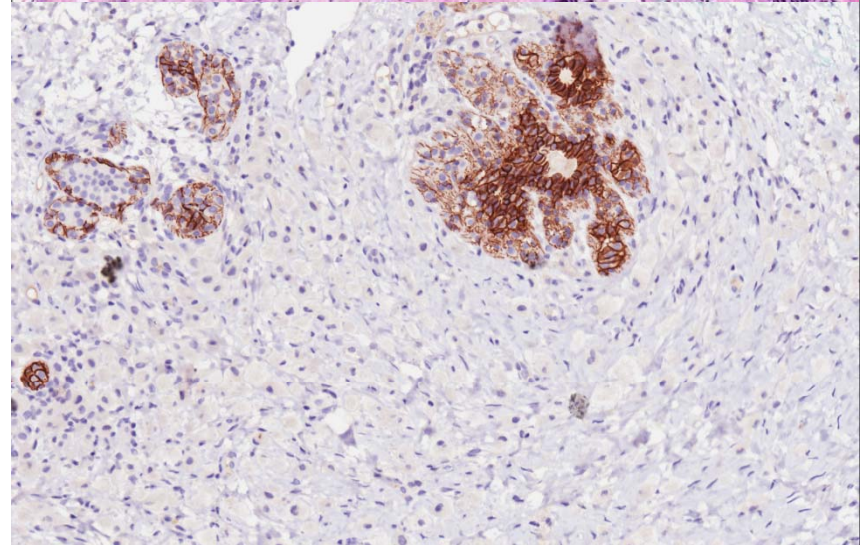
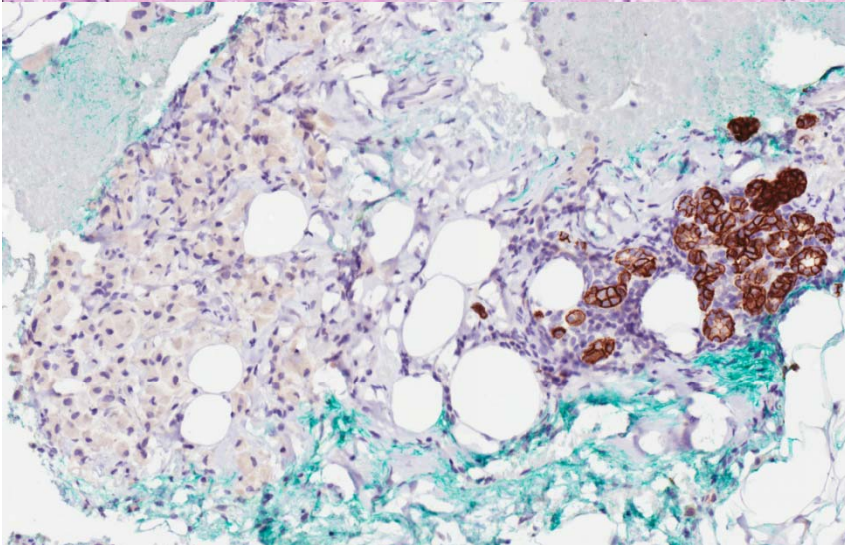
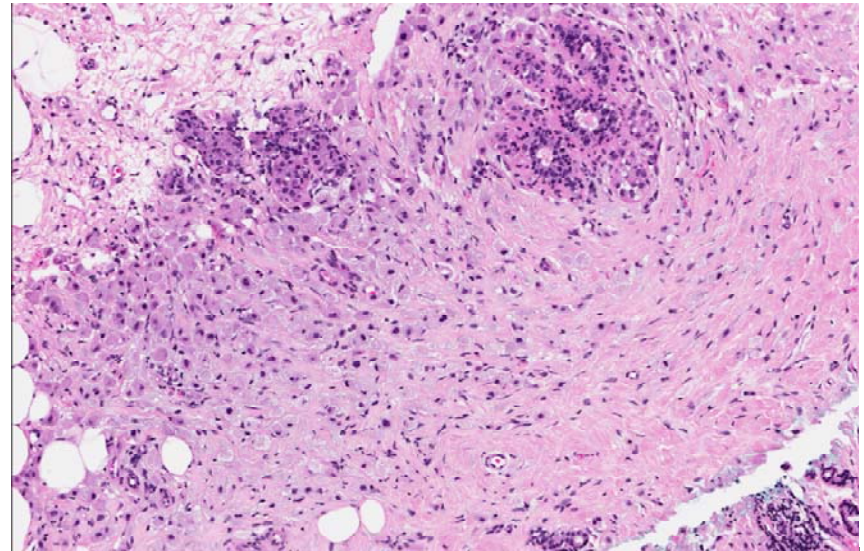
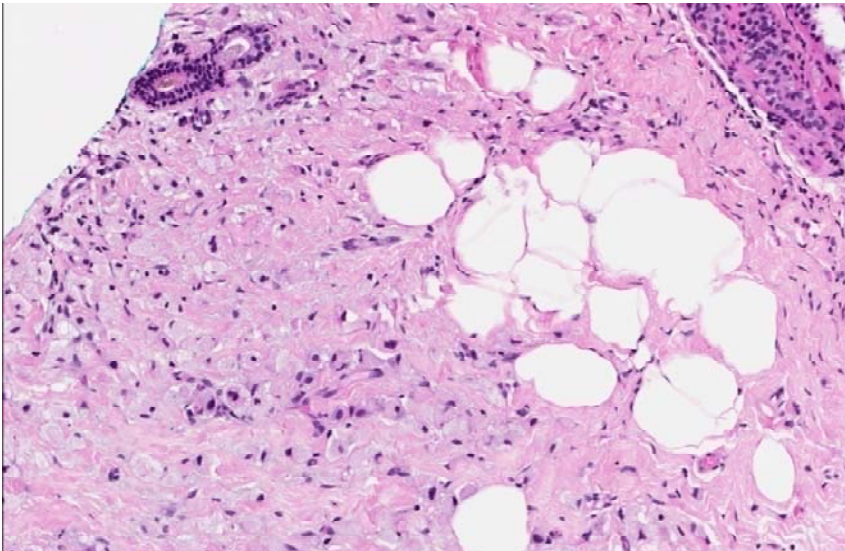
AE1/3

Set D.5



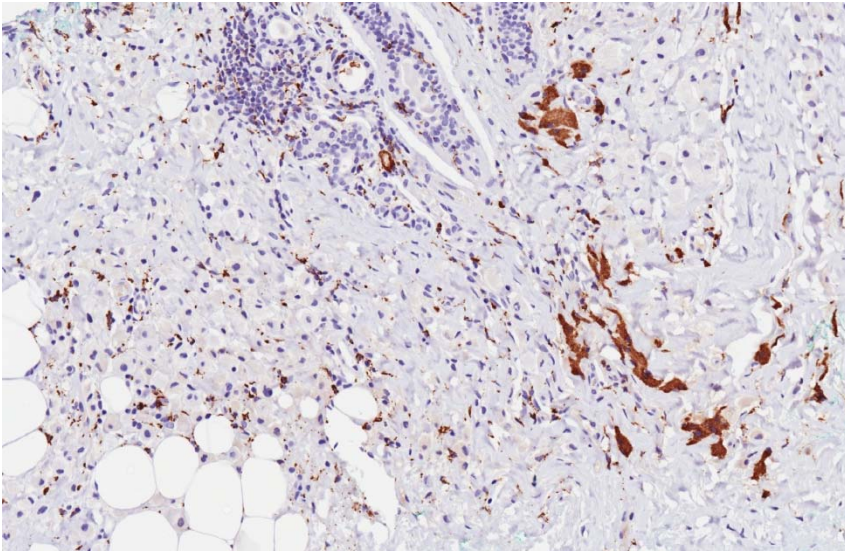
E-cadherin

Set D.5

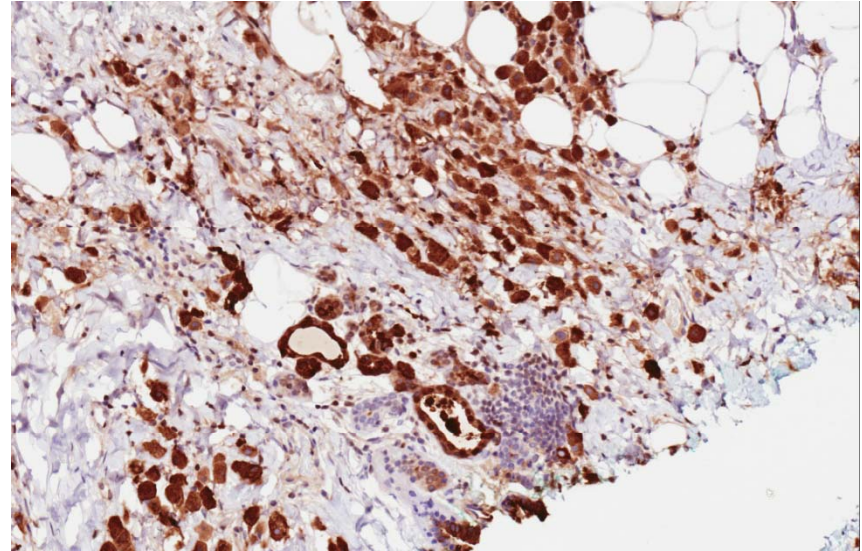


# Set D.5

**CD68**

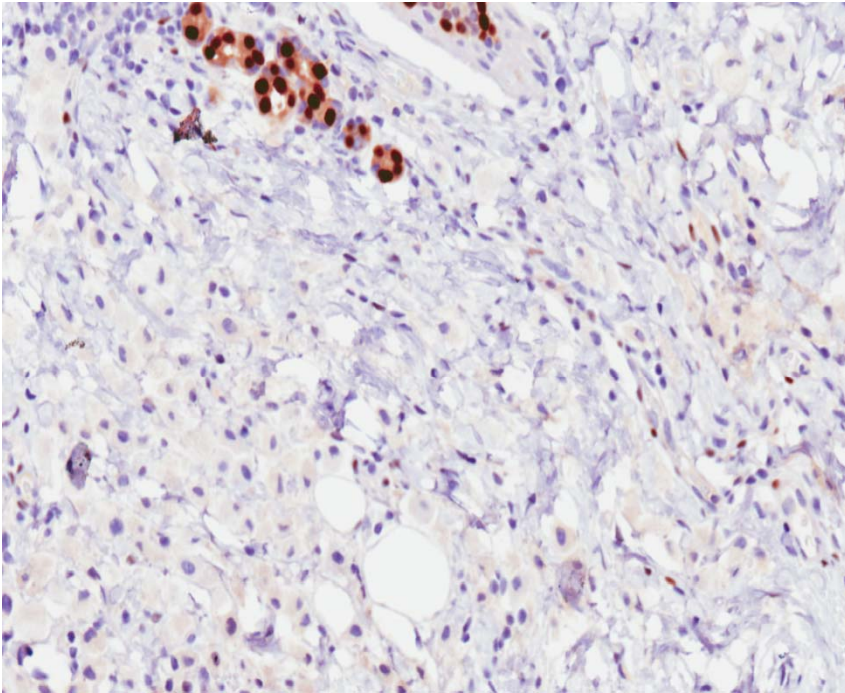


**GCDFP15**

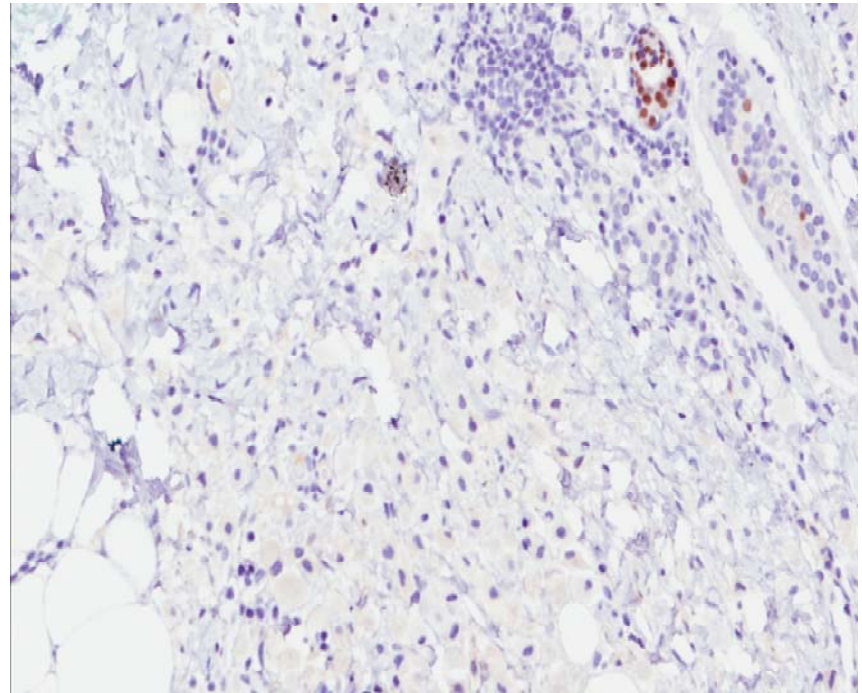


# Set D.5

**ER**



**PR**





- Invasive lobular carcinoma, histiocytoid variant

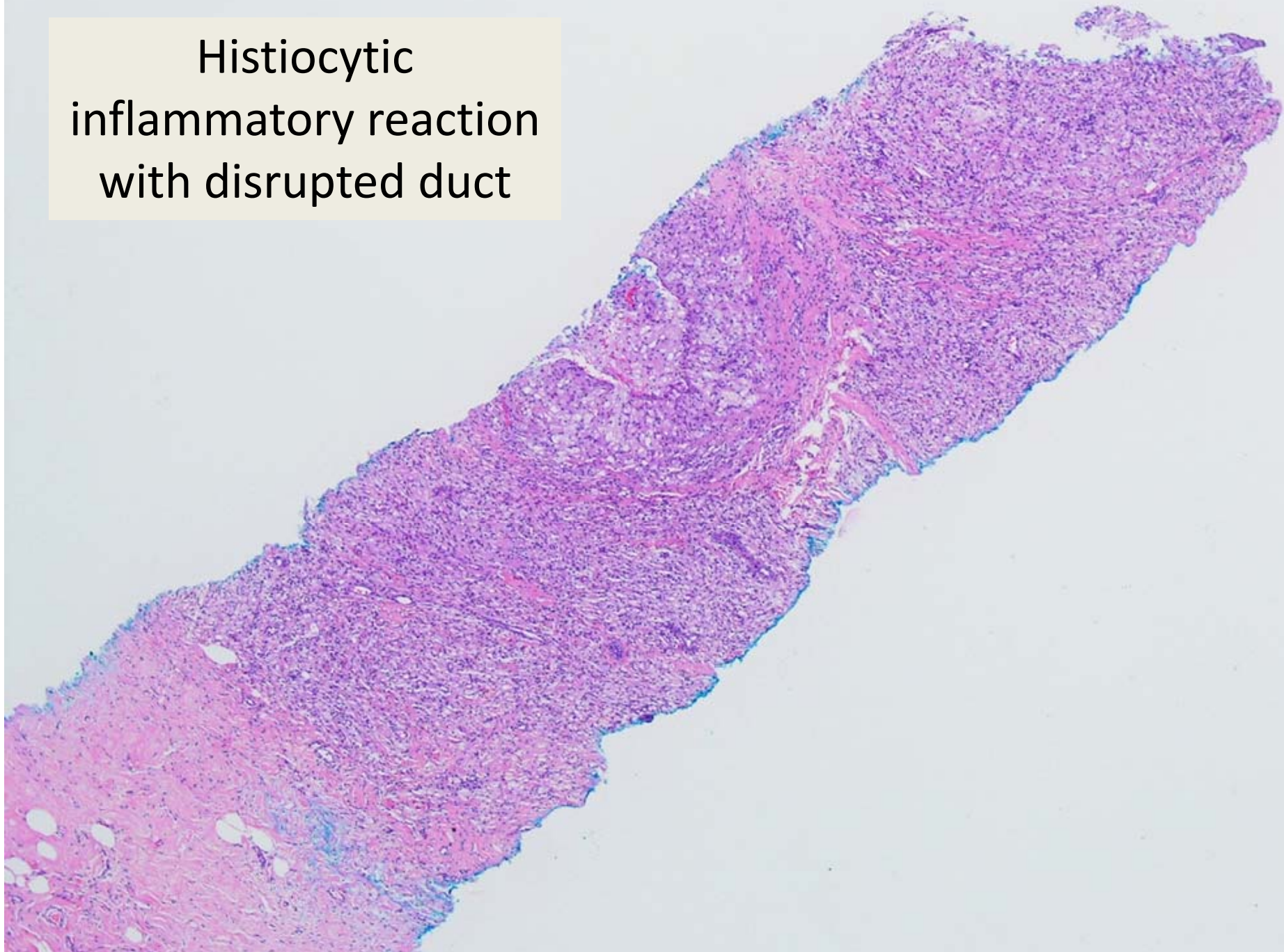
# Histiocytoid breast carcinoma

- Variant of:
  - Invasive lobular carcinoma.
  - Invasive apocrine ductal carcinoma.
  - Apocrine variant of invasive lobular carcinoma.
- Prognosis:
  - Depends on stage of disease at presentation.

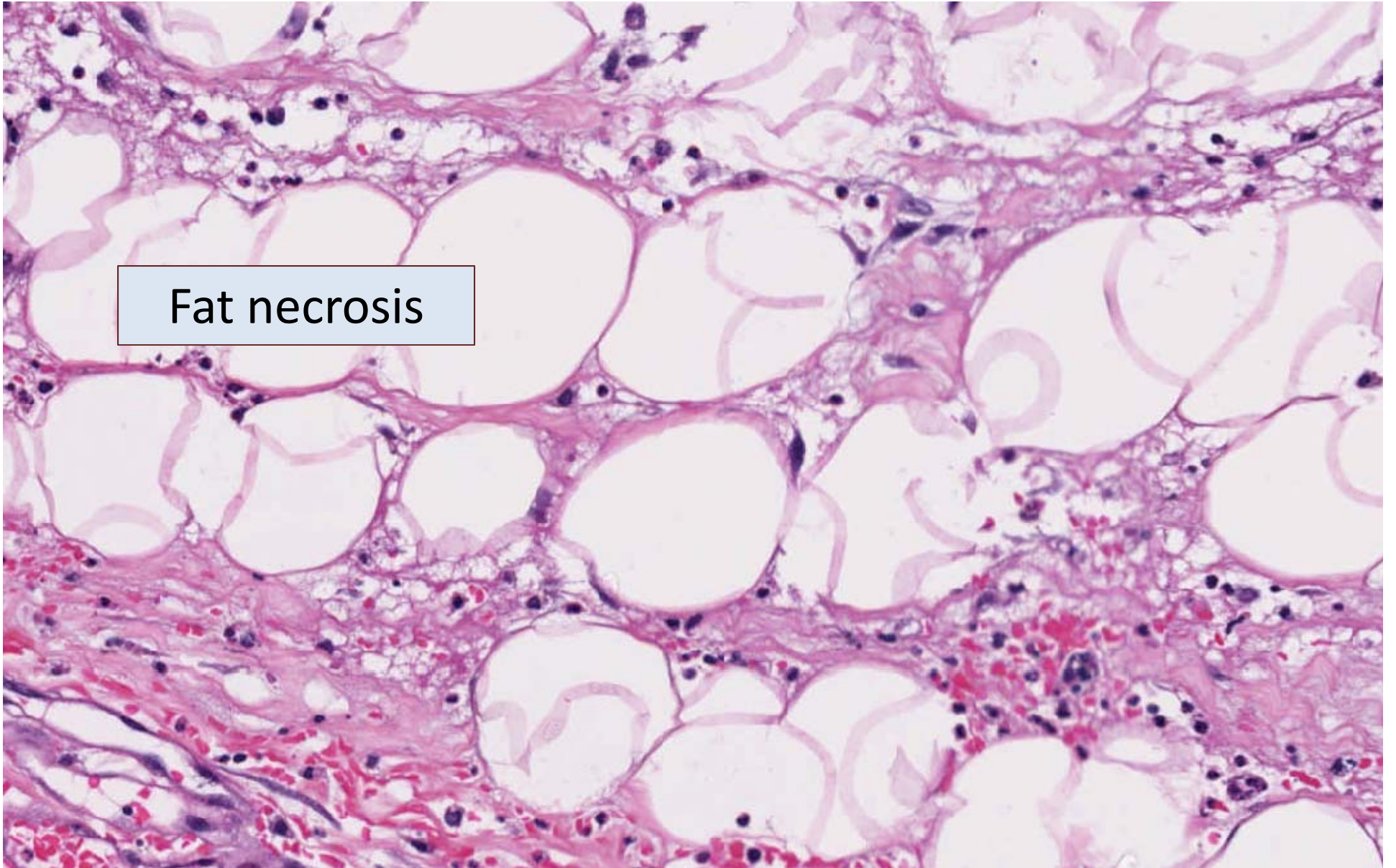
# Differential diagnoses

- Histiocytic inflammatory reaction.
- Fat necrosis.
- Rosai-Dorfman disease.
- Granular cell tumour.
- Others:
  - Metastatic carcinoma.

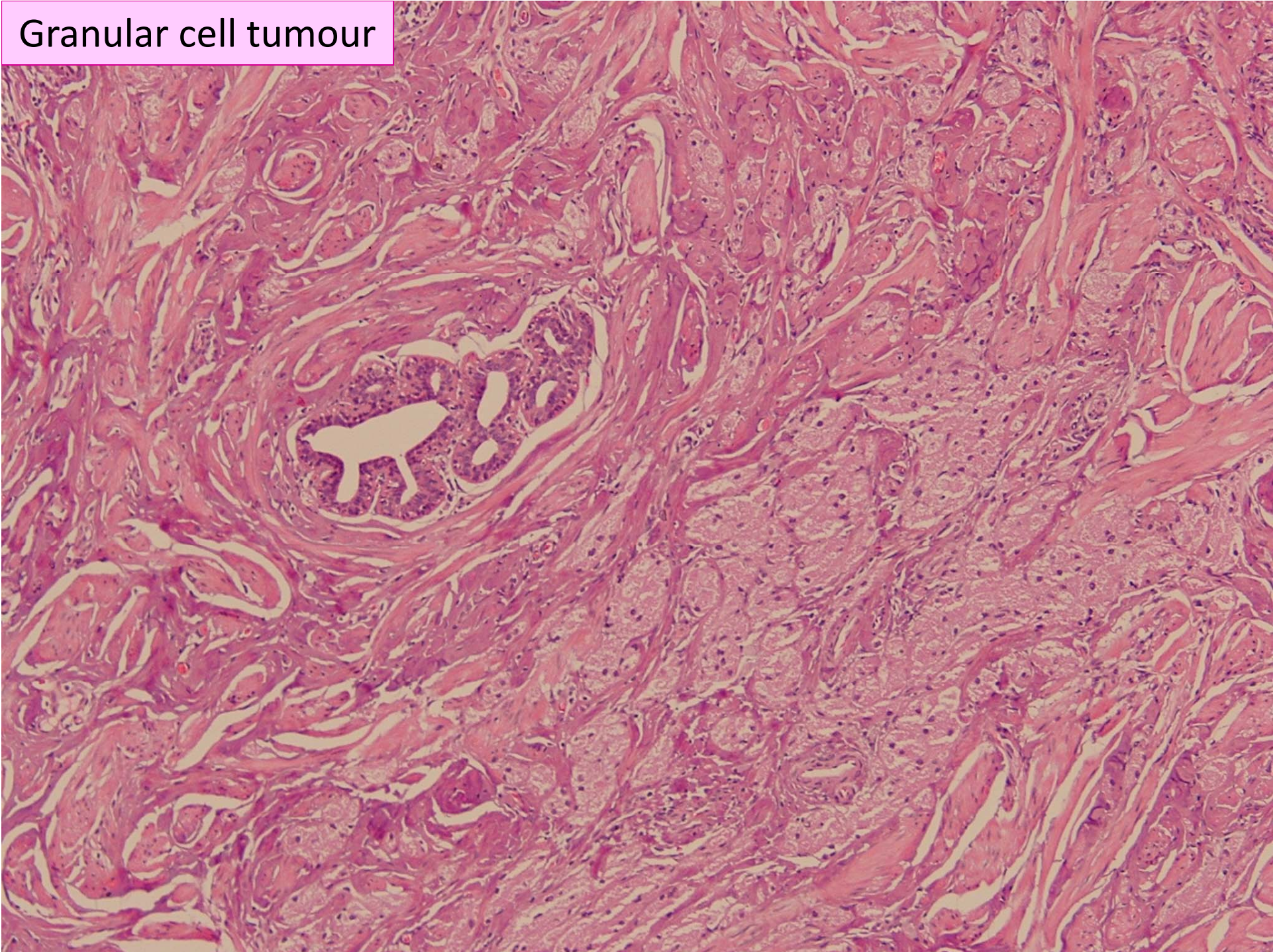
Histiocytic  
inflammatory reaction  
with disrupted duct



Fat necrosis



## Granular cell tumour



# Learning points

- Recognition of histiocytoid variant of invasive lobular carcinoma.
- Distinction from benign lesions.
- Use of immunohistochemistry for diagnosis.