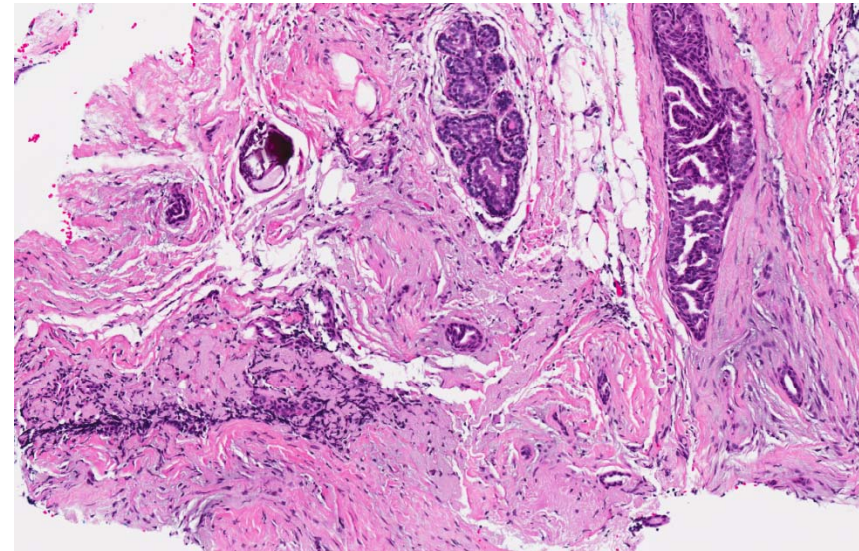
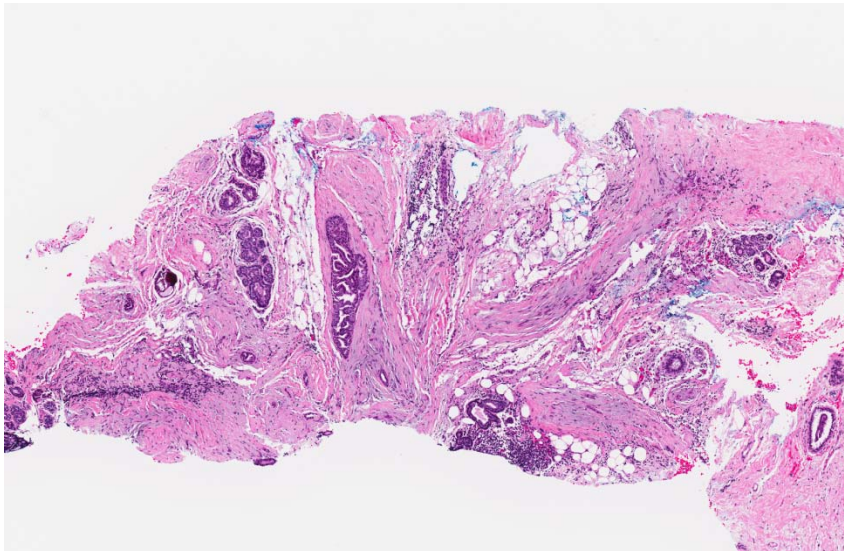


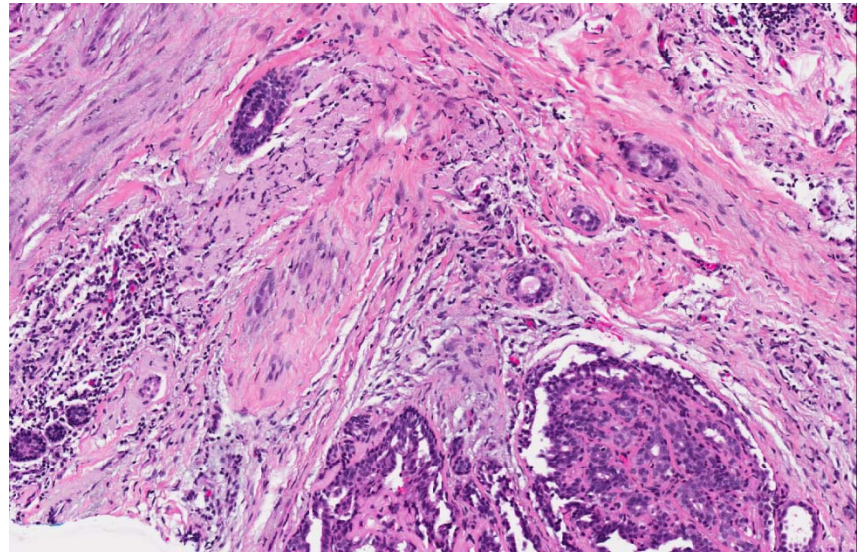
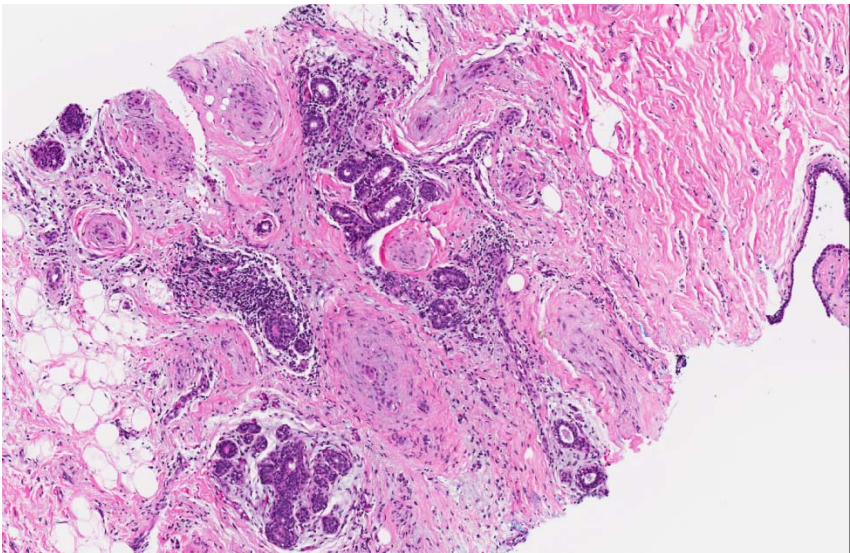
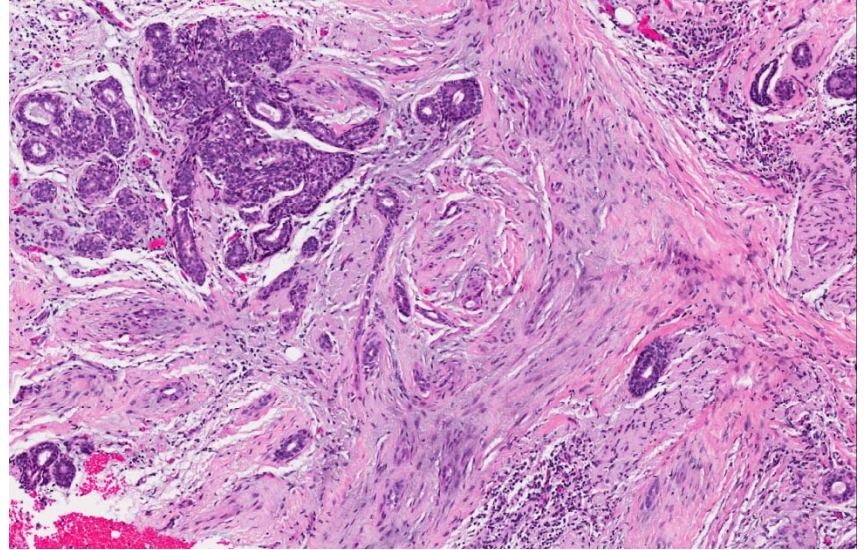
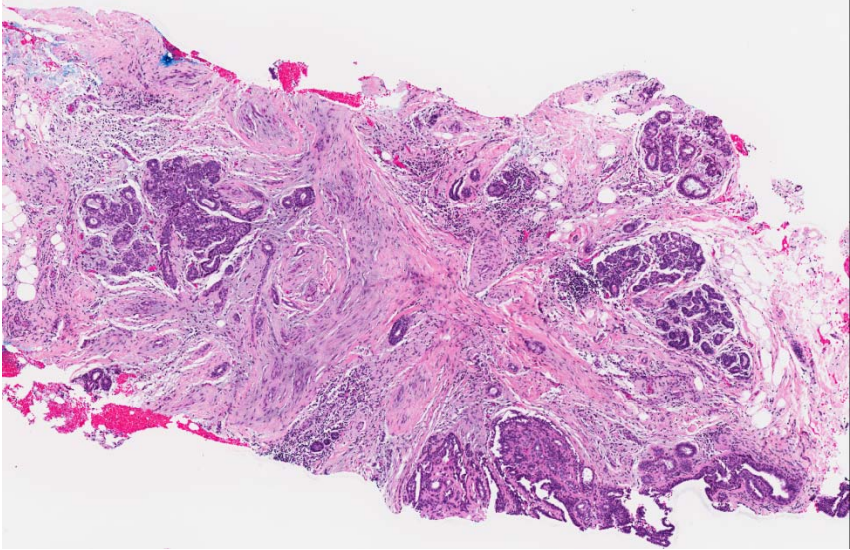
Set D.9

- 45 year old Malay female underwent mammographic screening , and was discovered to have an area of architectural distortion in the right breast.
- An ultrasound guided trucut biopsy was performed.

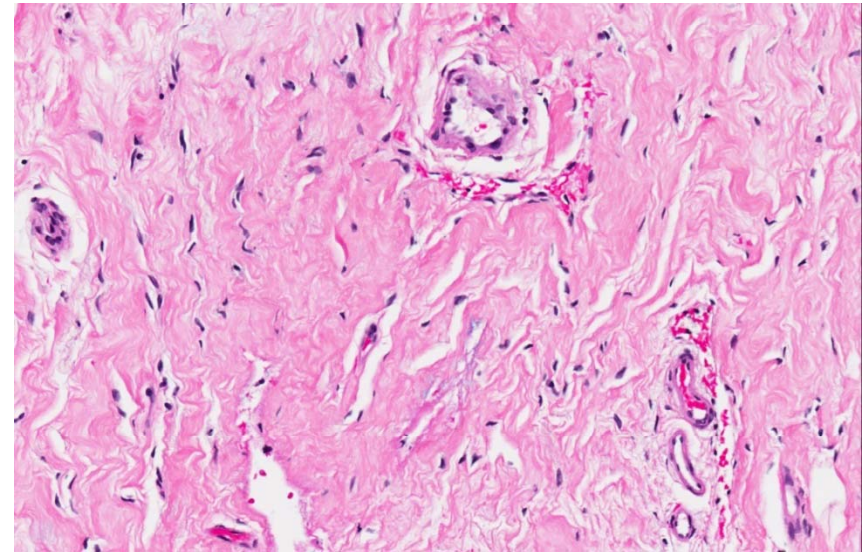
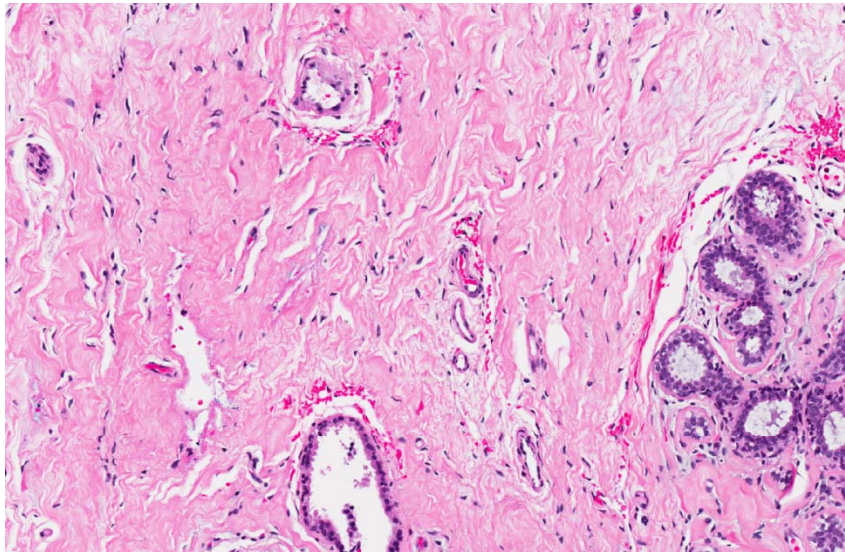
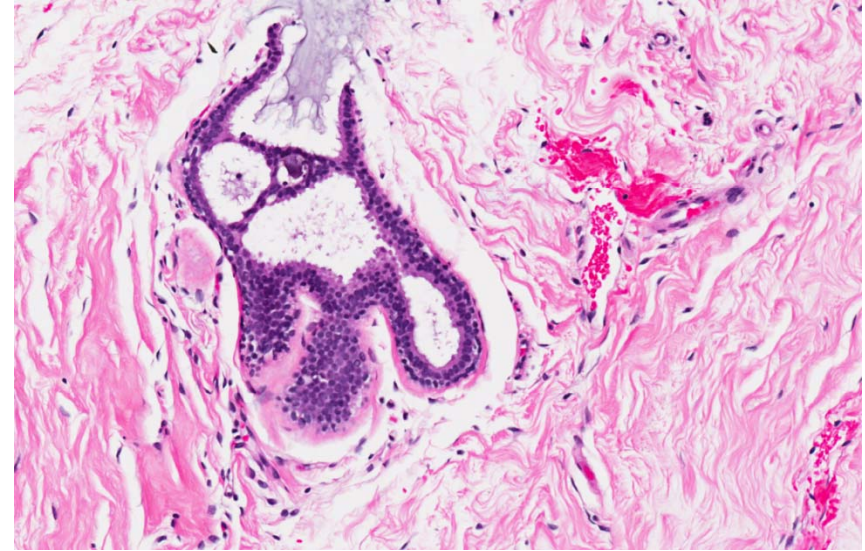
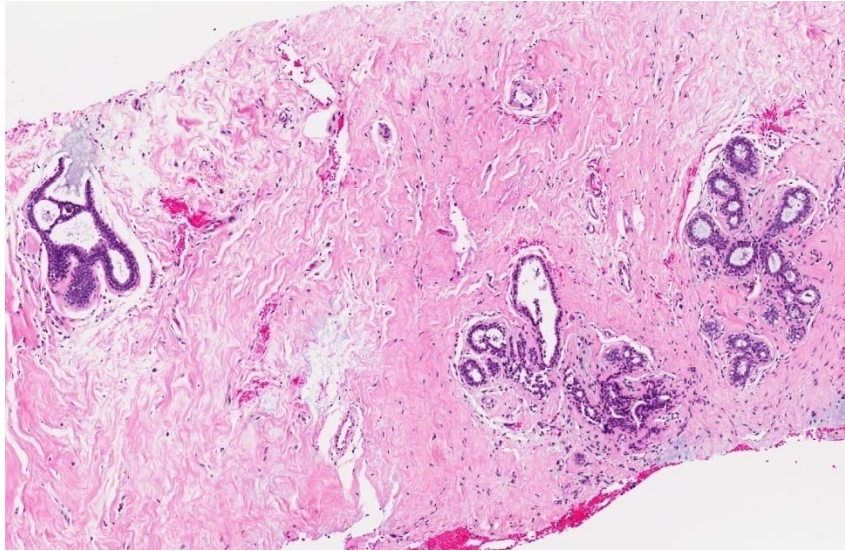
Set D.9



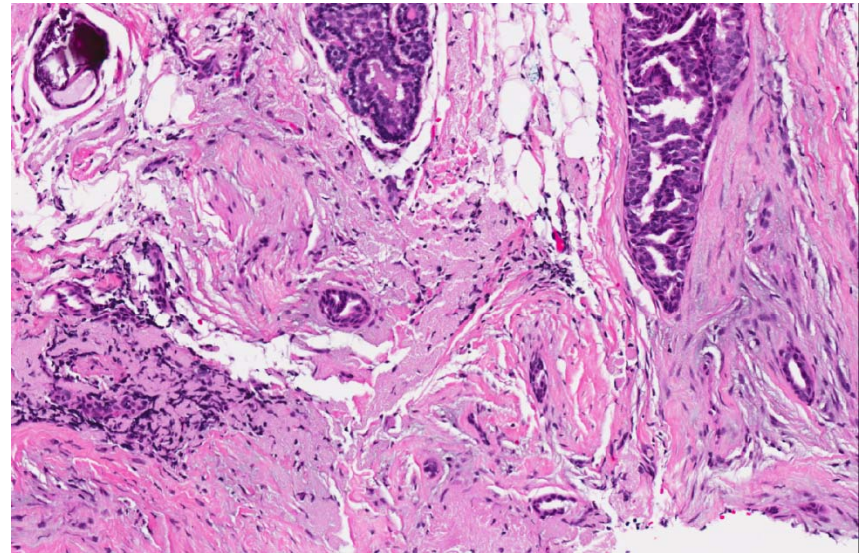
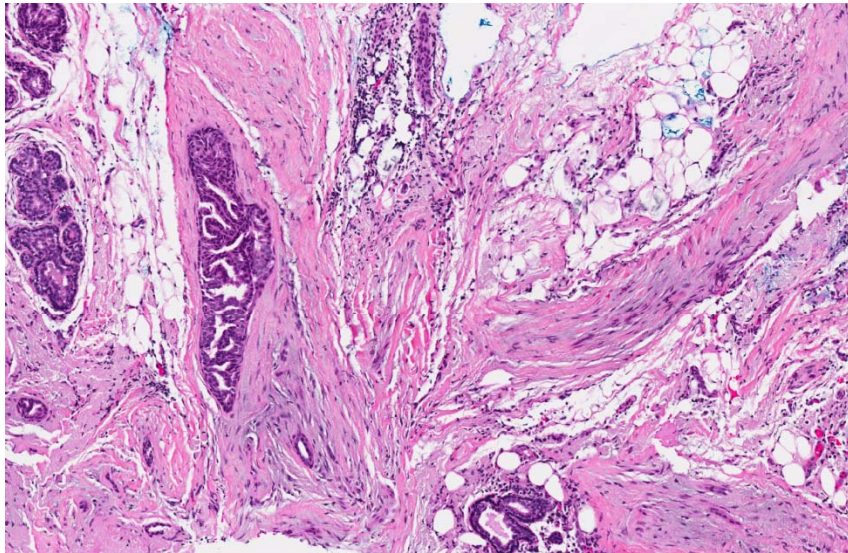
Set D.9



Set D.9



Set D.9



- Radial sclerosing lesion.
- Calcifications seen.

Radial sclerosing lesion

- Radial scar, complex sclerosing lesion.
- Central elastotic nidus with circumferentially radiating ducts and lobules.
- May be incidentally discovered in breast tissue removed for another abnormality.
- Radiological spiculated mass or architectural distortion.
- Often multiple, can be large.
- Macroscopy:
 - Chalky white lesion with irregular outlines, resembling cancer.
- Microscopy:
 - Central fibroelastotic and sclerotic stroma with entrapped distorted tubules and epithelial nests.
 - Accompanying proliferative epithelial and fibrocystic changes.

Radial sclerosing lesion

- Clinical significance is debatable.
- Increased frequency of cancer and atypical epithelial hyperplasia in larger lesions and older women (> 50 years).
- Increased risk (2x) of subsequent breast cancer development.
- RSL on core biopsy warrants excision.
- RSL on excision specimens requires no further treatment if there is no associated atypical hyperplasia or in situ cancer.

Learning points

- Recognition of RSL on core biopsy when tissue sampling is limited and entire lesion is not represented.
- Distinction from fibrous scar and fibromatosis.
- To examine for associated lesions such as ADH/DCIS/tubular cancer.
- Need for complete excision.