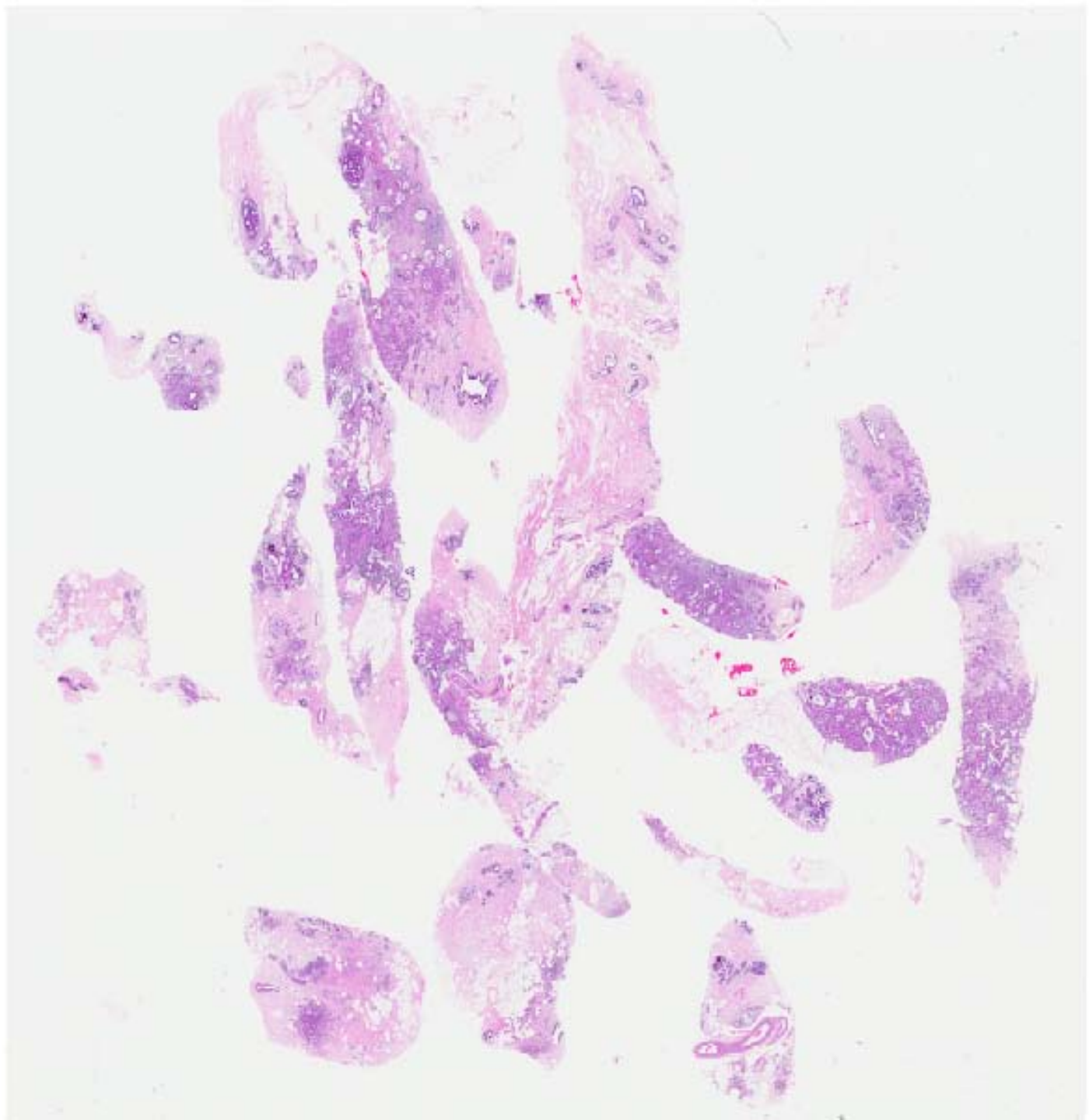
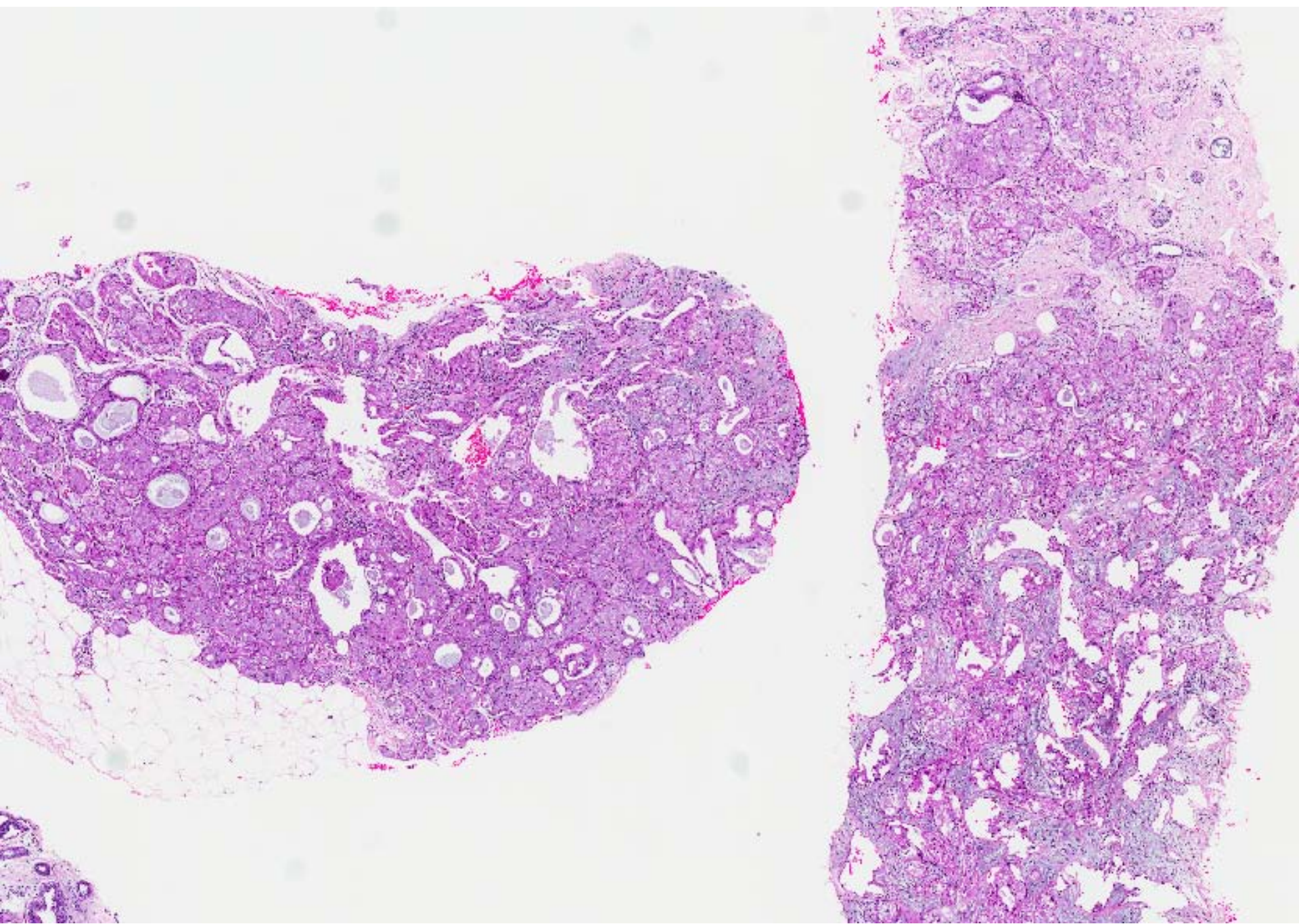
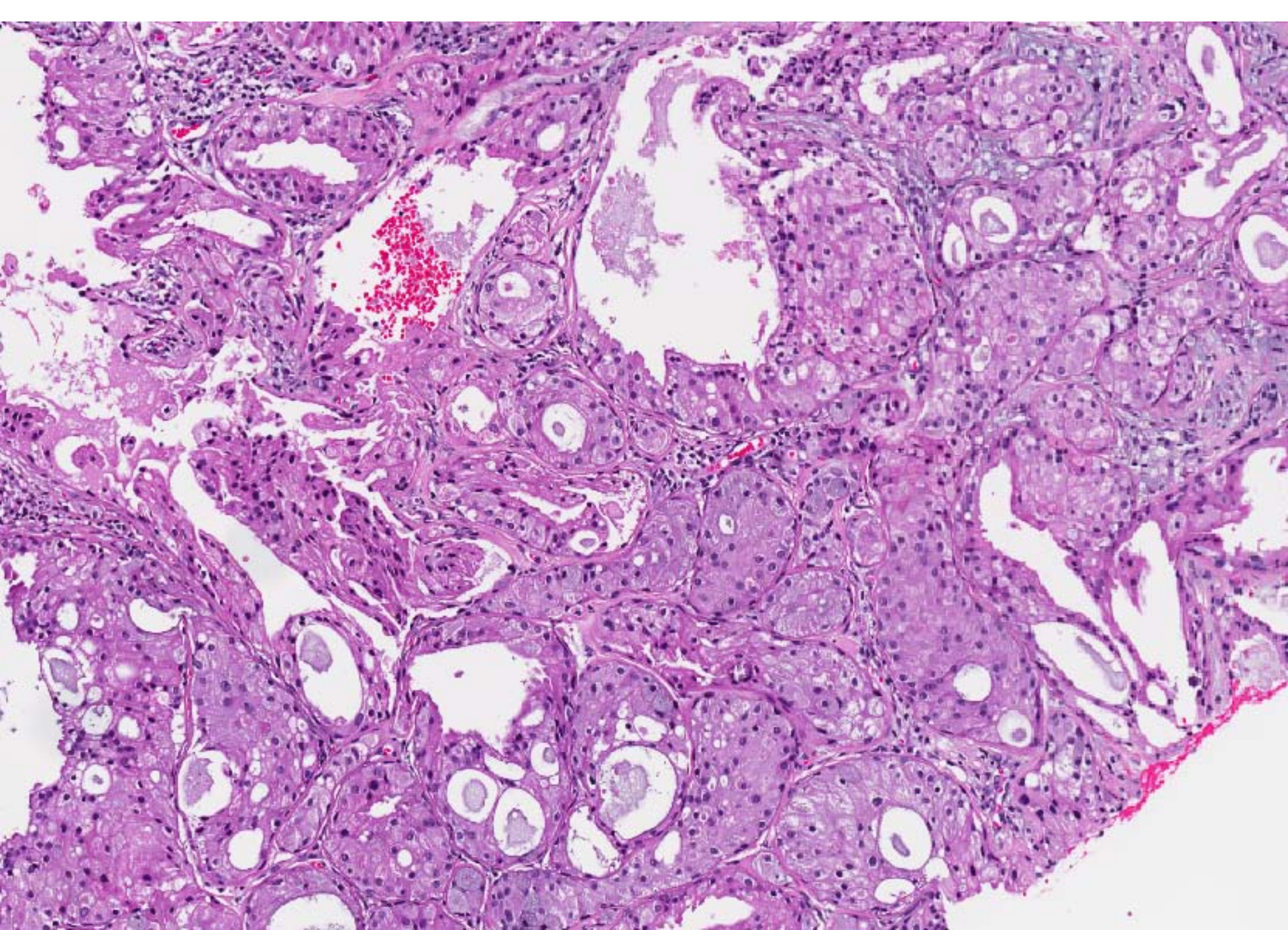


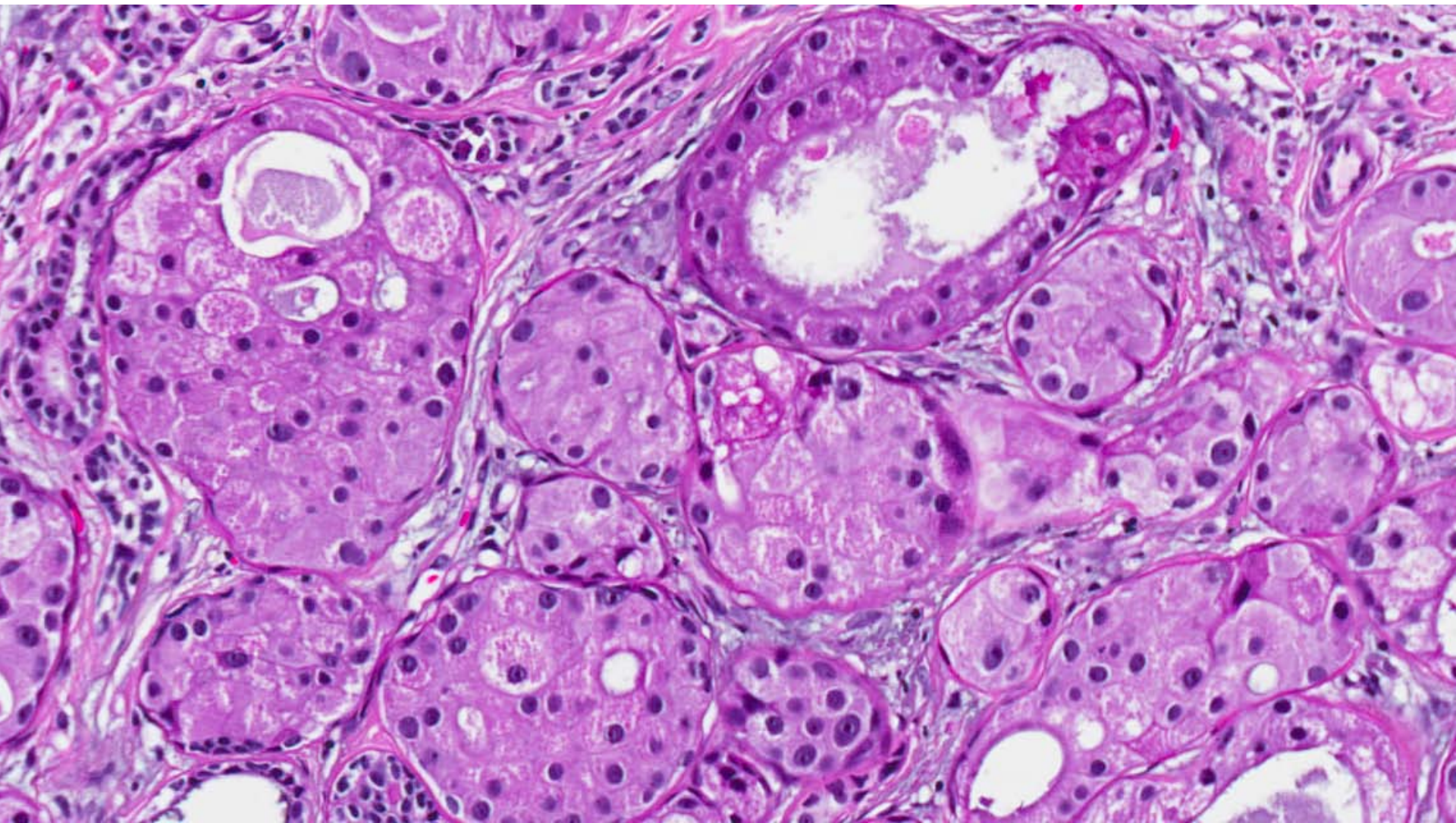
CASE 1

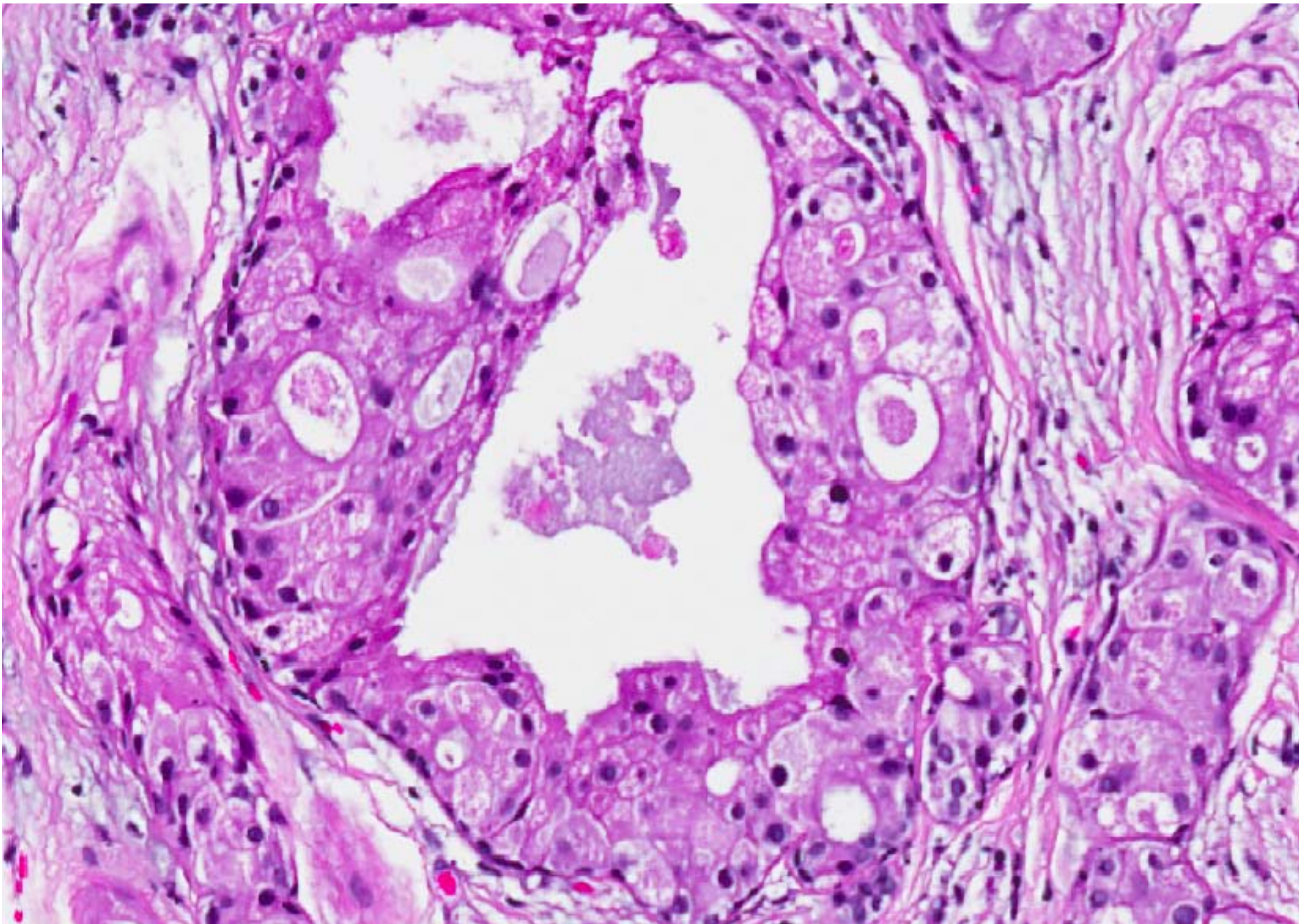
48 year old Chinese lady underwent
mammotome excision biopsy of a
left breast lump.

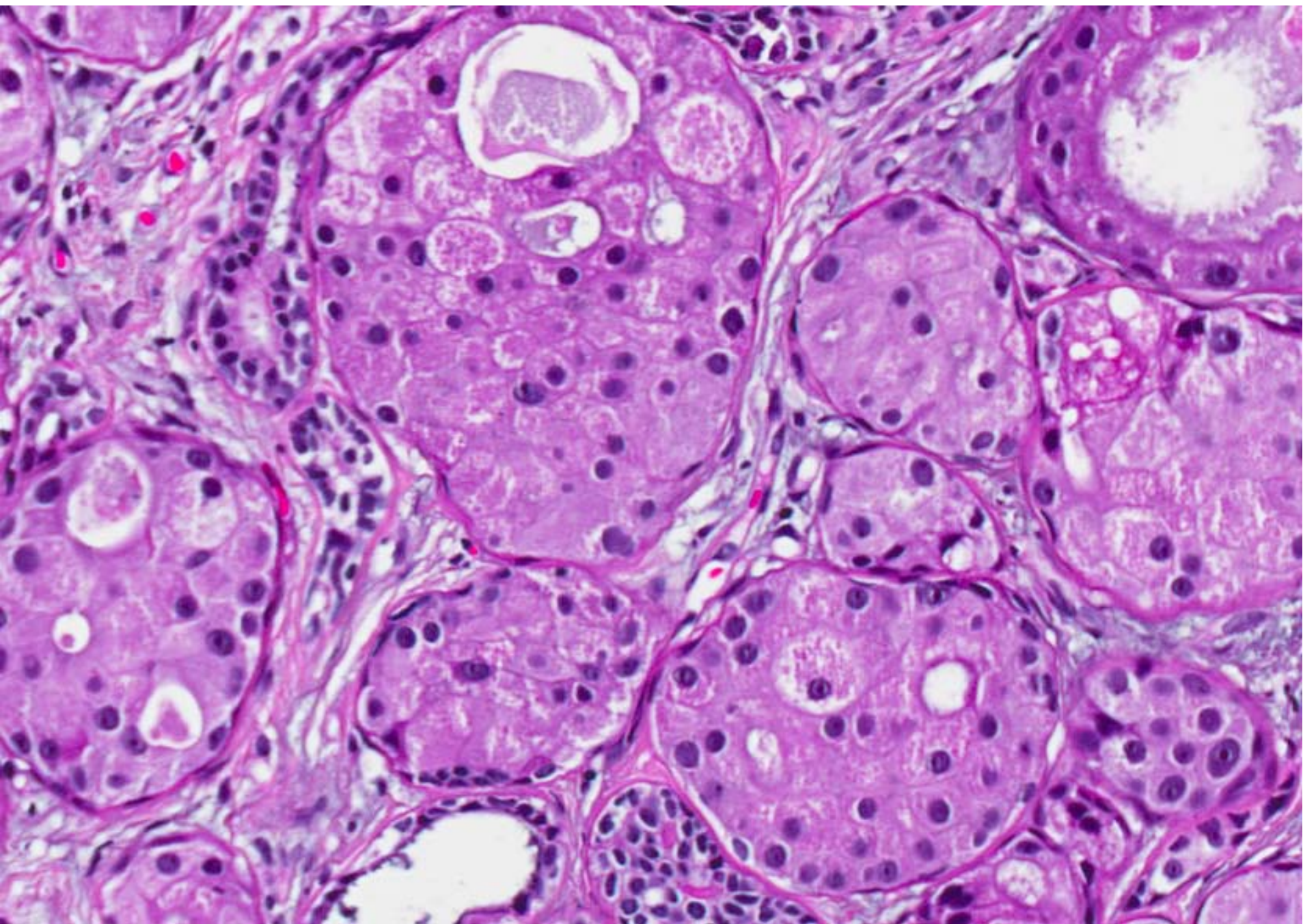


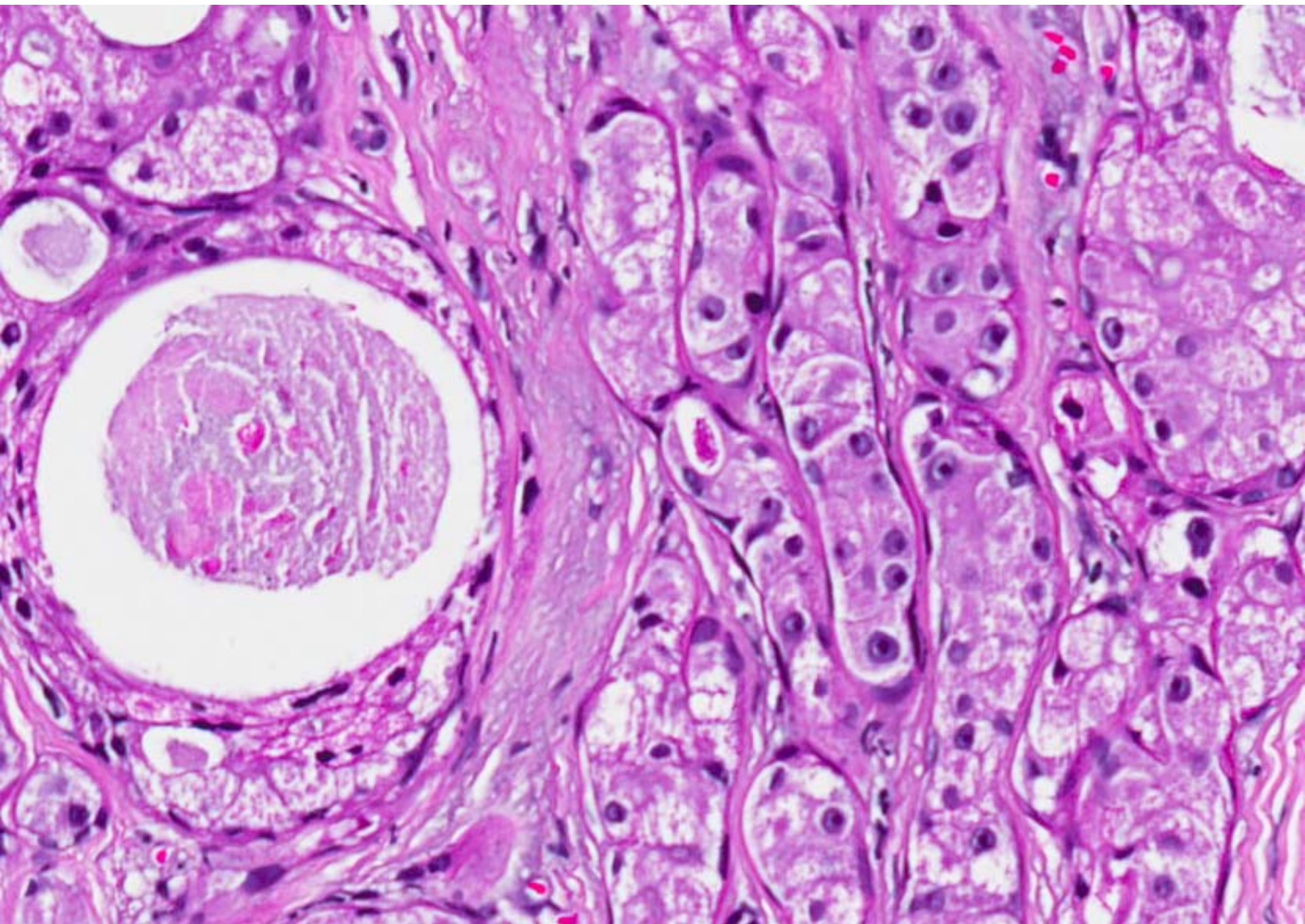


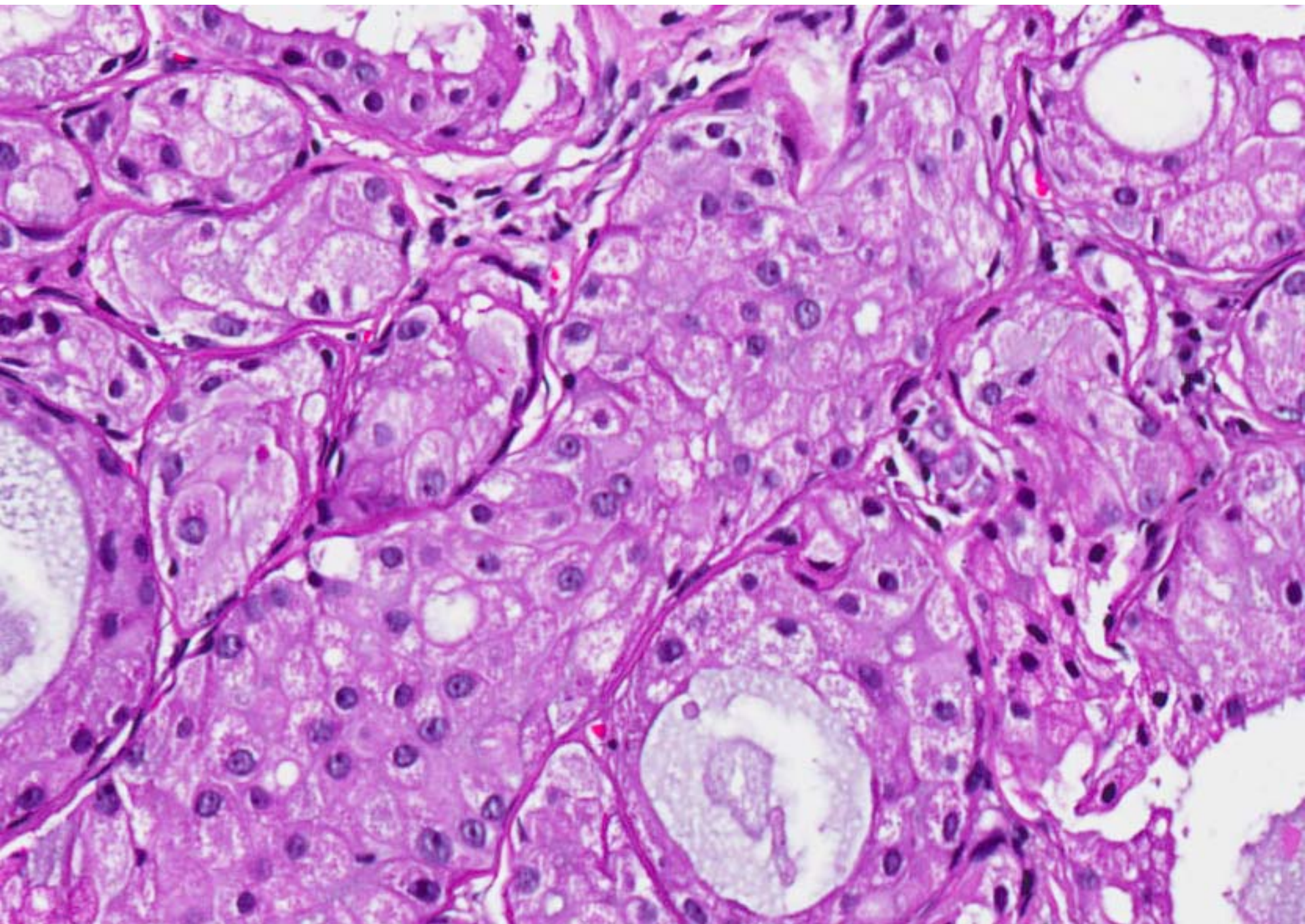


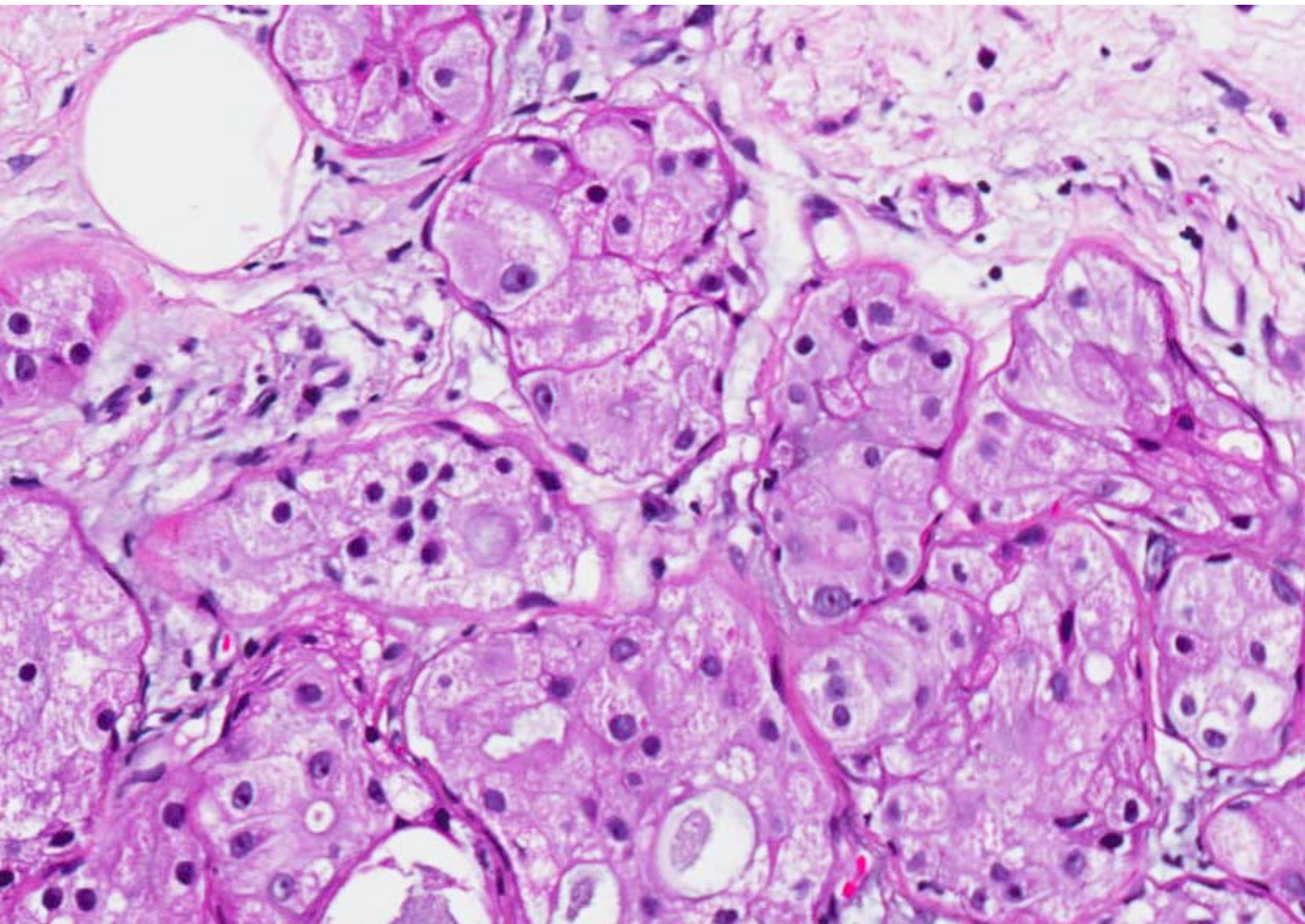


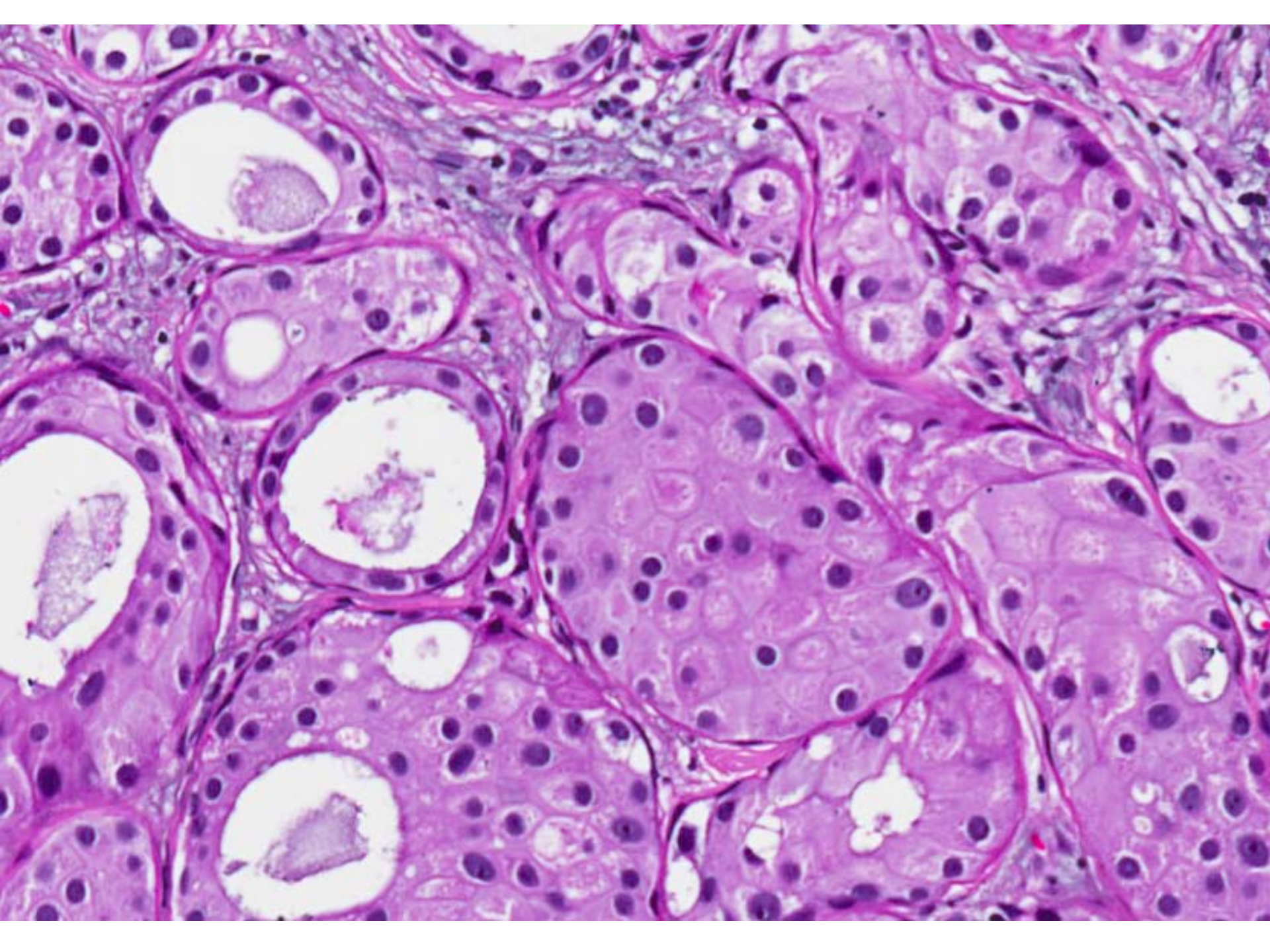












Diagnosis

- Apocrine ductal carcinoma in situ superimposed on nodular sclerosing adenosis.

Apocrine DCIS

- A morphologic subtype of DCIS.
- Architectural patterns are those described in traditional DCIS.
- Usually high-nuclear grade with necrosis, but low grade varieties have been described.
- For low grade forms, diagnosis of DCIS is based on architectural abnormalities and extent.

Differential diagnosis

- Apocrine metaplasia in sclerosing adenosis.
- 'Atypical' apocrine adenosis.

Apocrine metaplasia

- A common histologic finding in breast lesions, especially fibrocystic change.
- Nuclei can be enlarged with distinct nucleoli, but nuclear-cytoplasmic ratios are preserved.
- Usually no mitoses.
- No abnormal architectural changes.

Atypical apocrine adenosis

- Apocrine atypia:
 - 3-fold nuclear enlargement (ie, compared to normal apocrine cells).
 - Nucleolar enlargement.
 - Multiple nucleoli.
 - Irregular nuclear membranes.
 - Fine, not coarse, nuclear chromatin.
 - Necrosis is absent.
 - Focal apoptosis may be identified.
 - Lesion is usually of limited extent, less than 4 mm.

- Atypical apocrine adenosis on core biopsy may be undersampled apocrine DCIS.