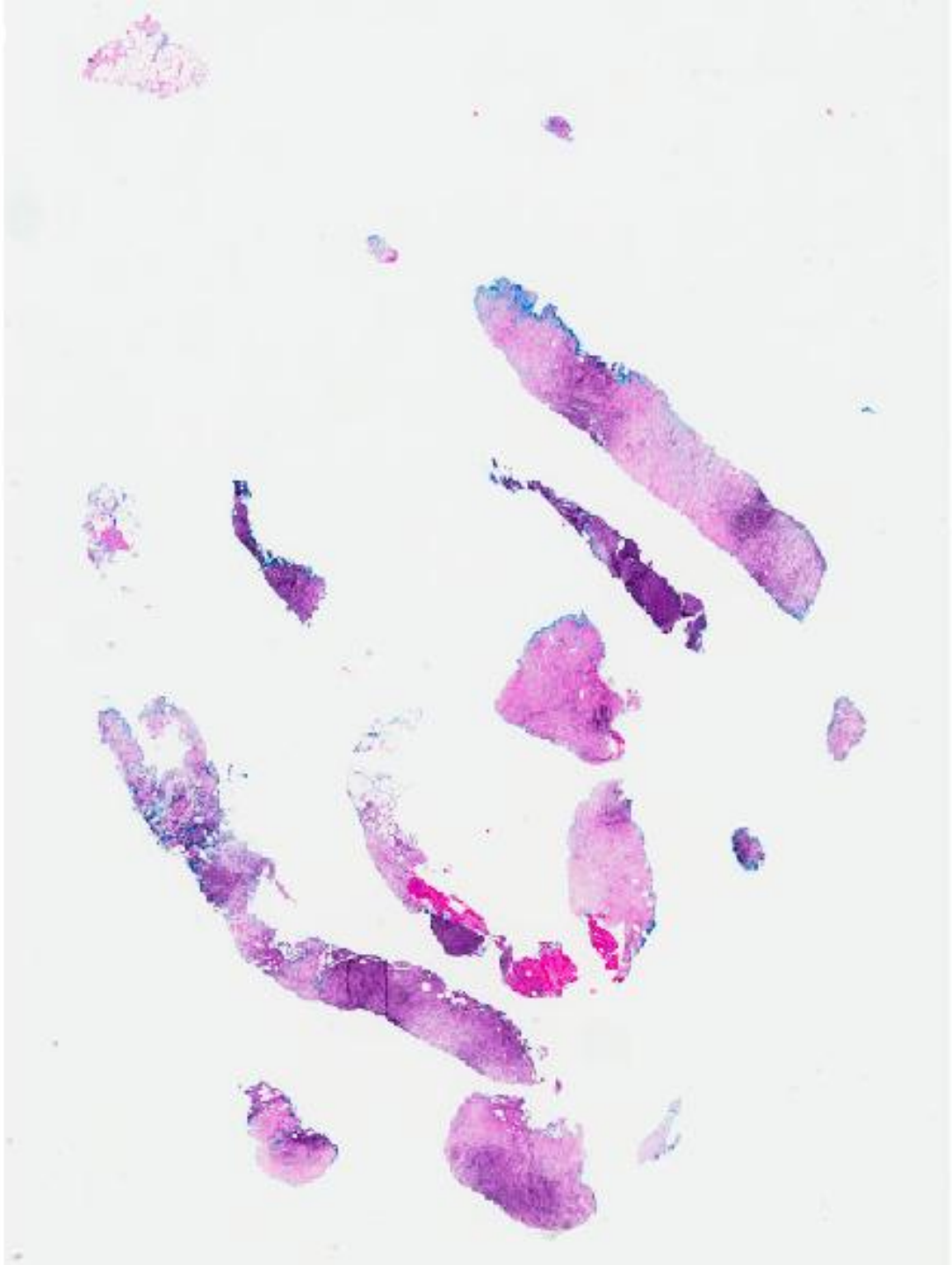
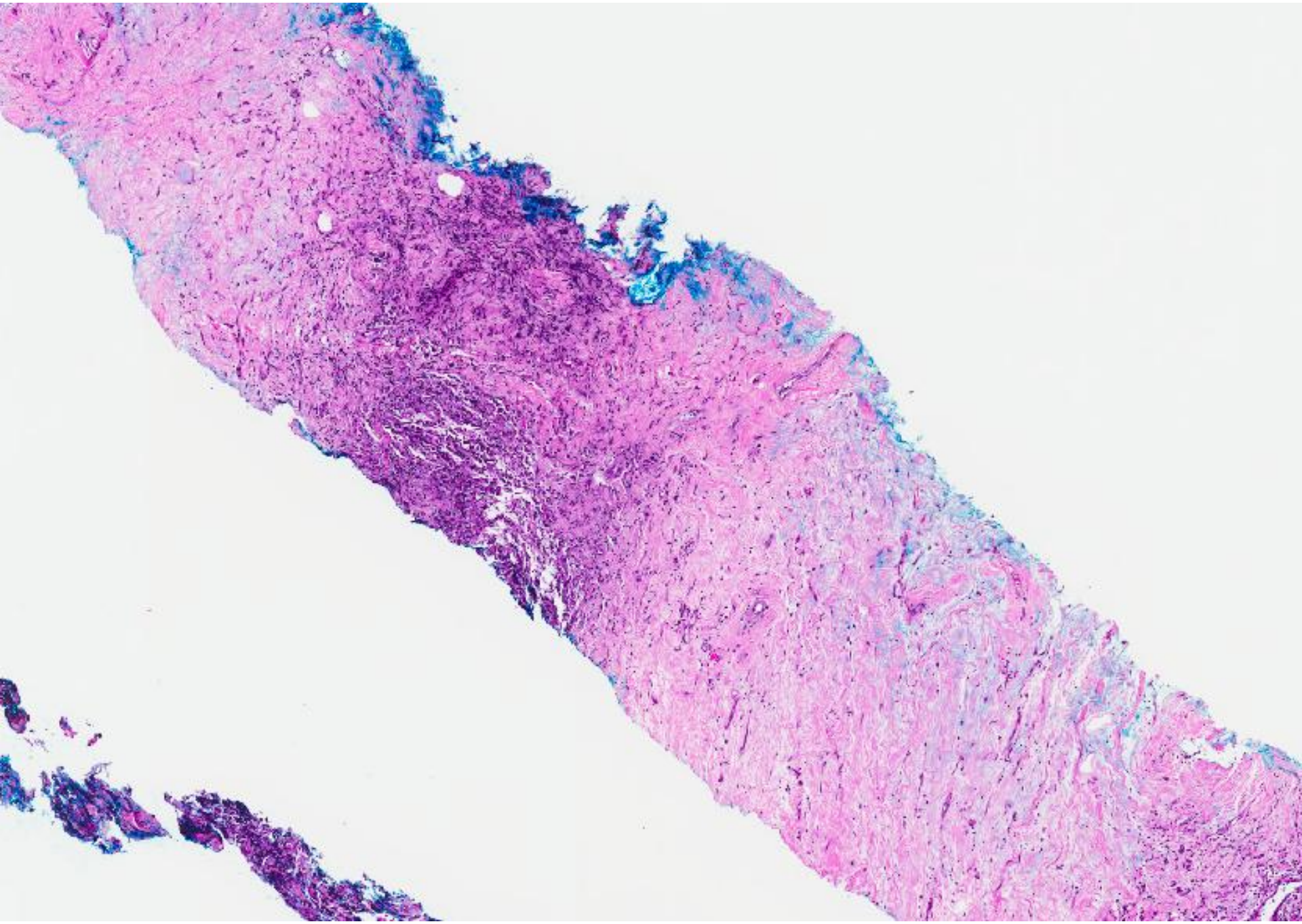
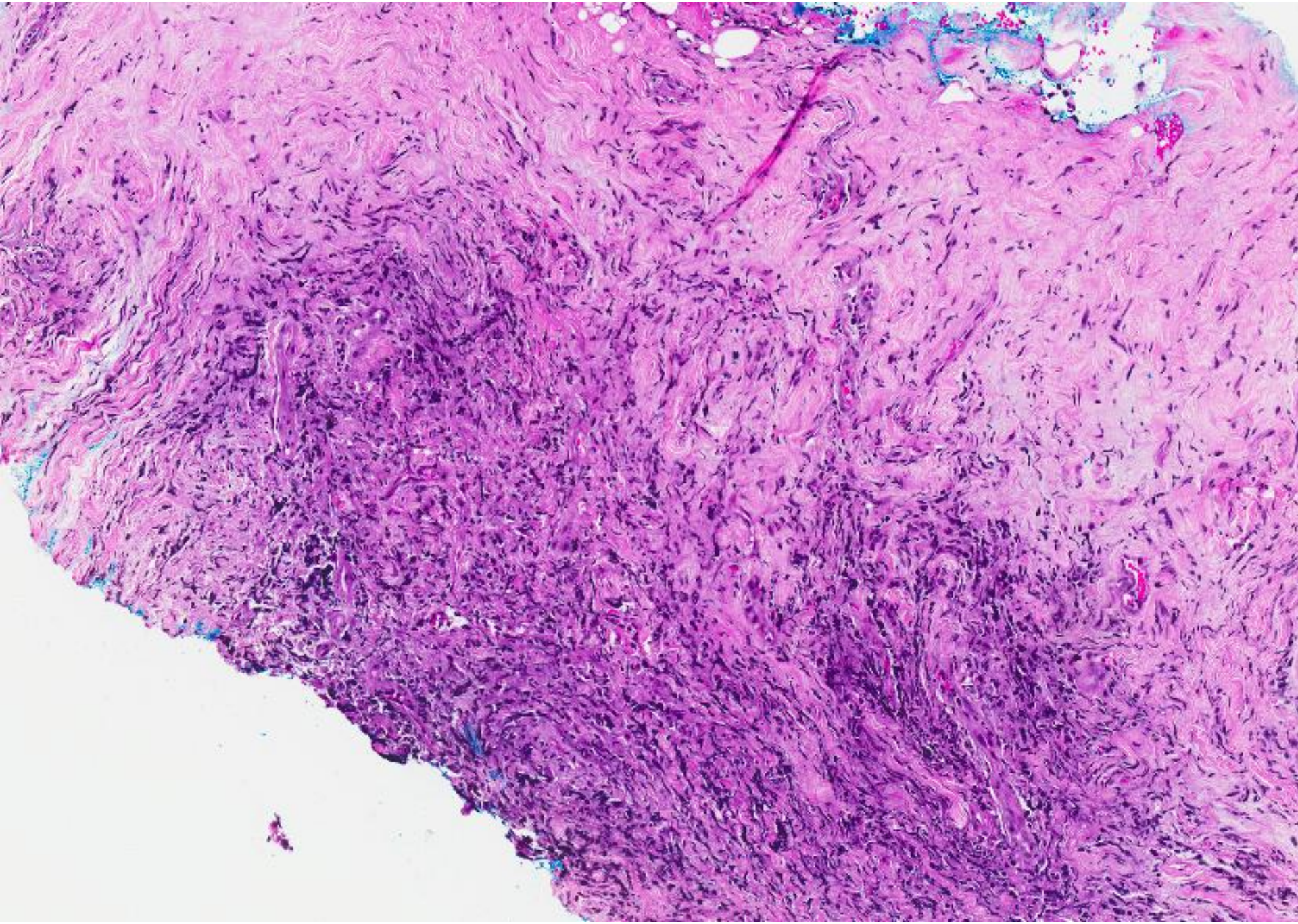
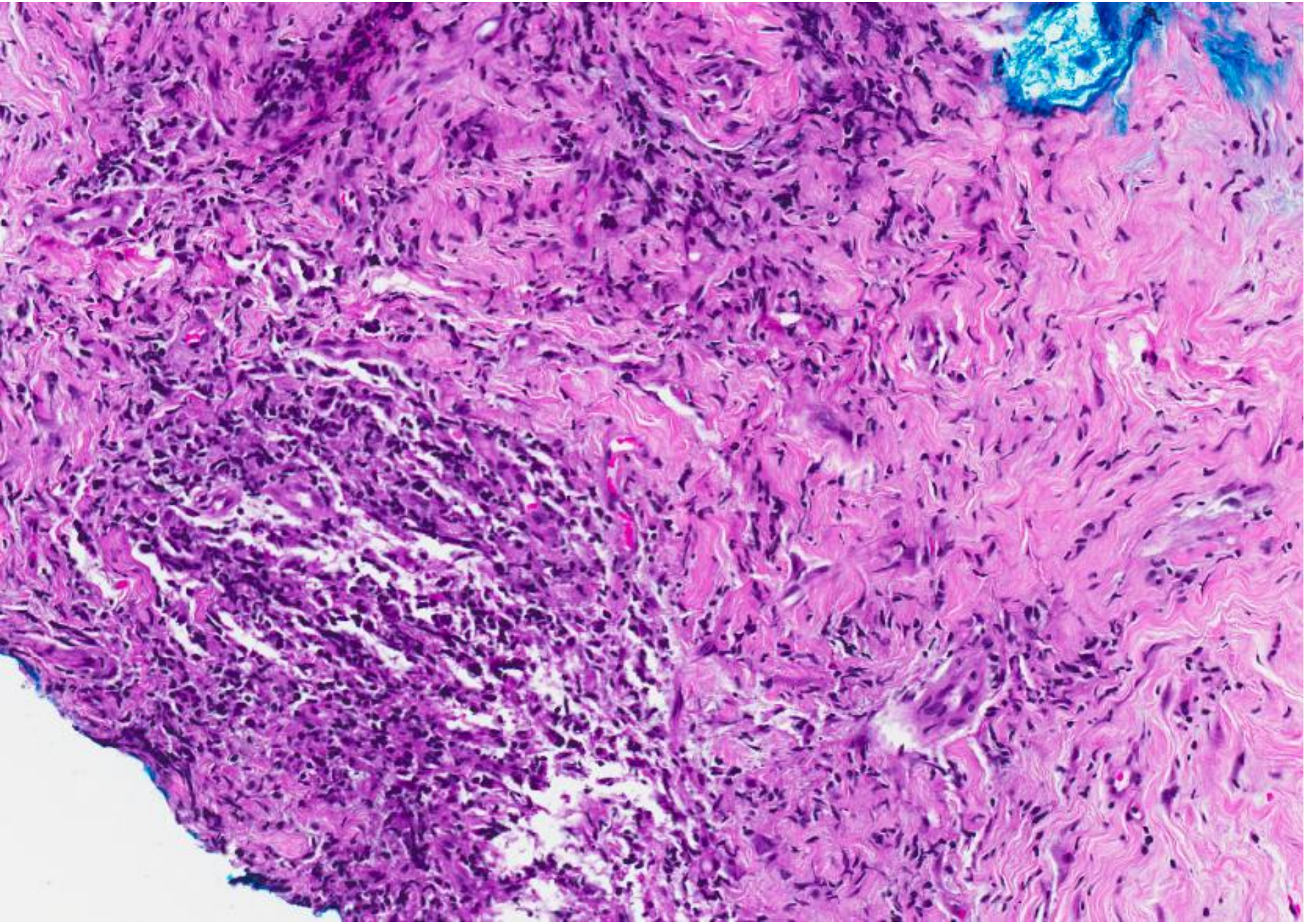
CASE 10

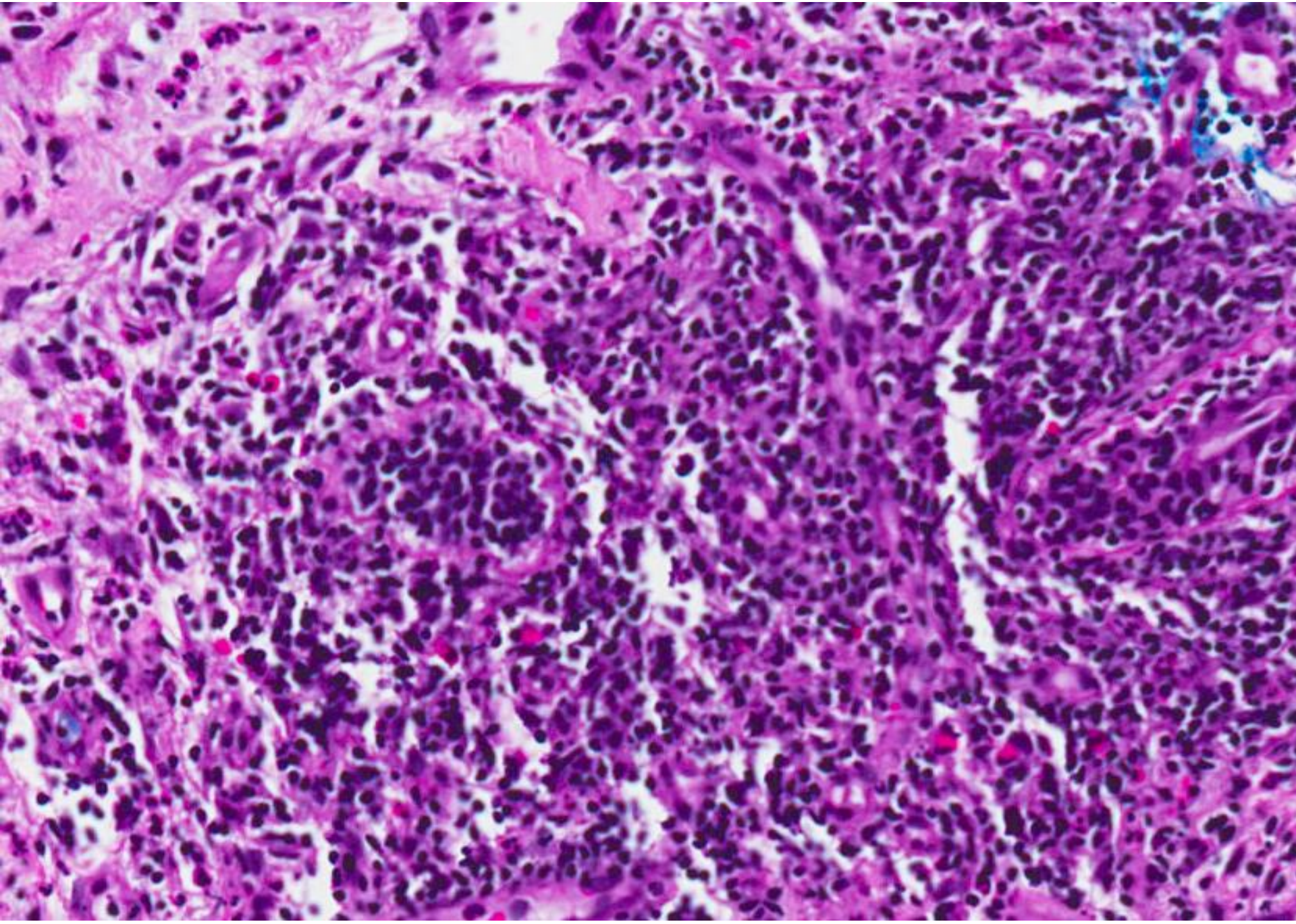
58 year old Chinese female presented with a right breast mass, radiologically measuring 38 x 21 x 48 mm. The clinicoradiological diagnosis was breast carcinoma. Several enlarged axillary lymph nodes were present. A trucut biopsy of the breast mass was carried out for histological verification.

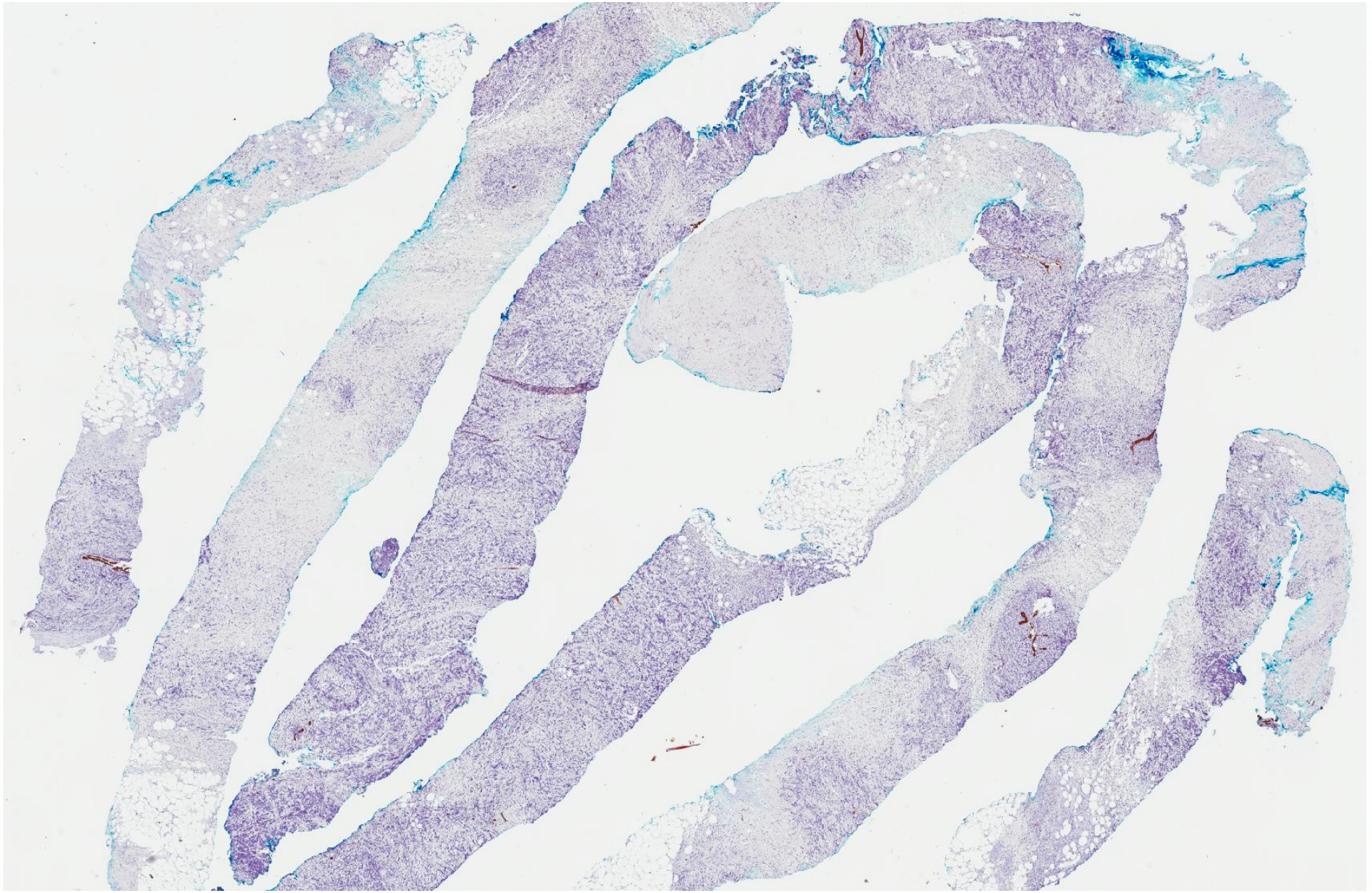




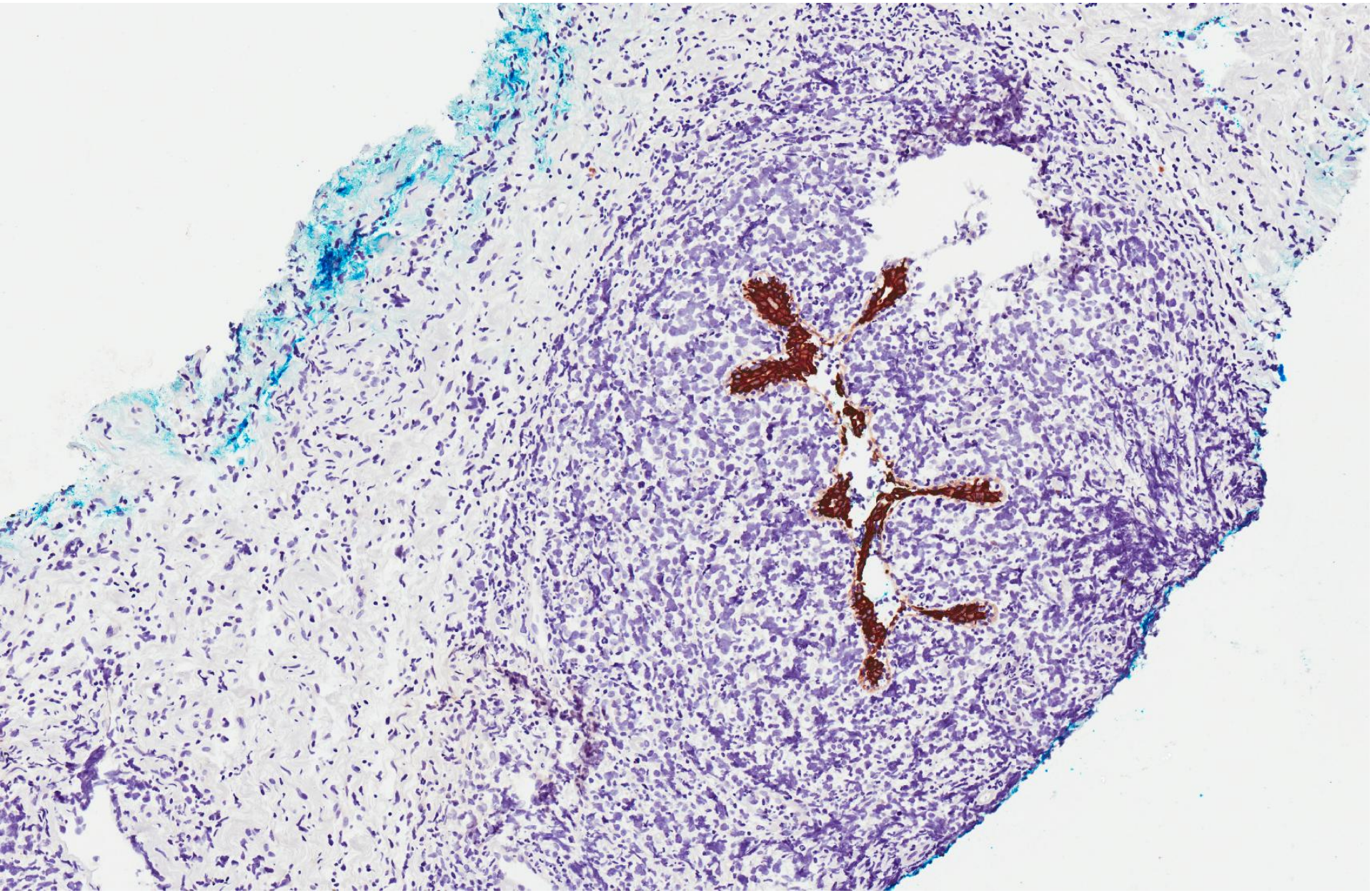




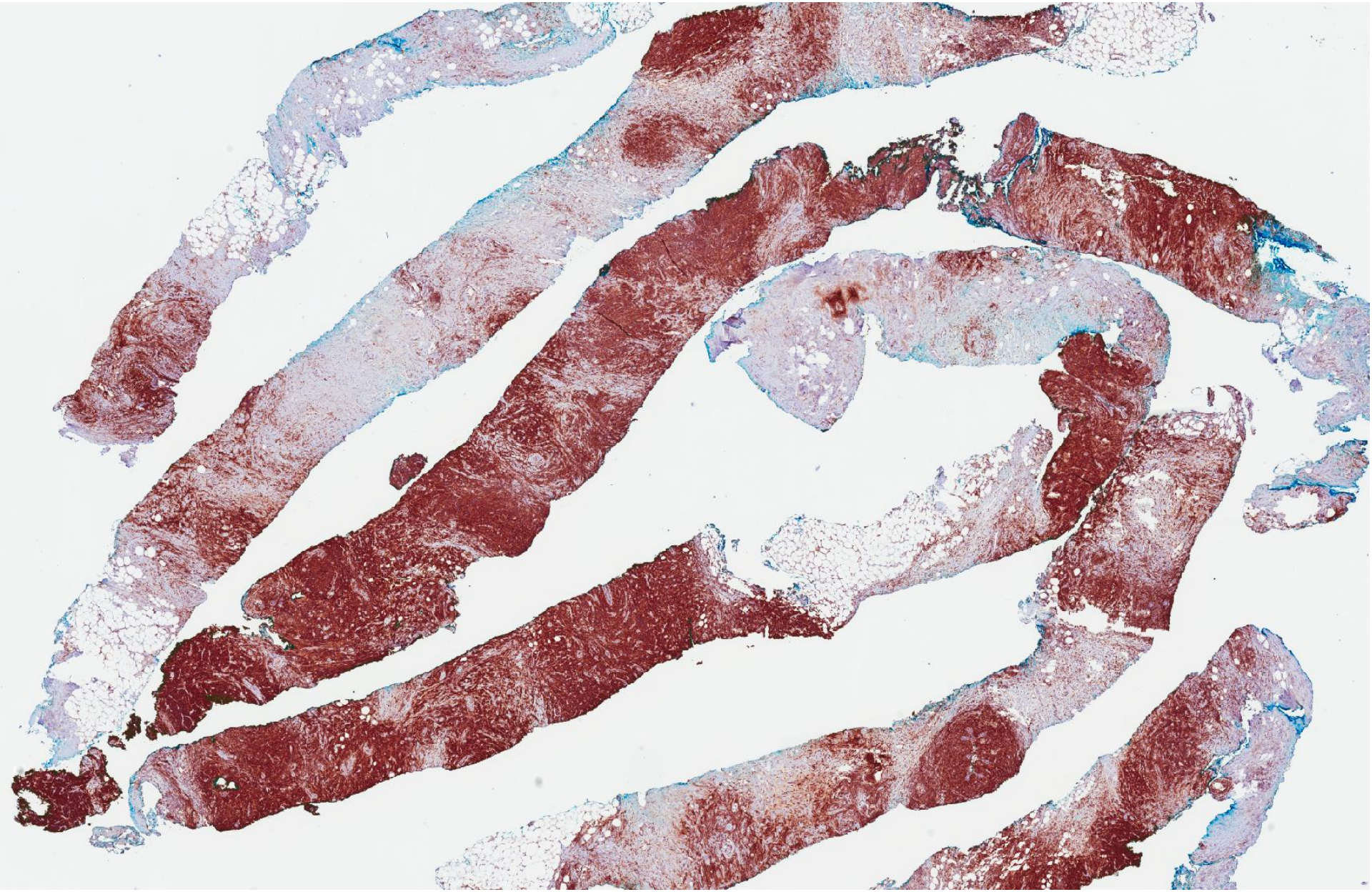




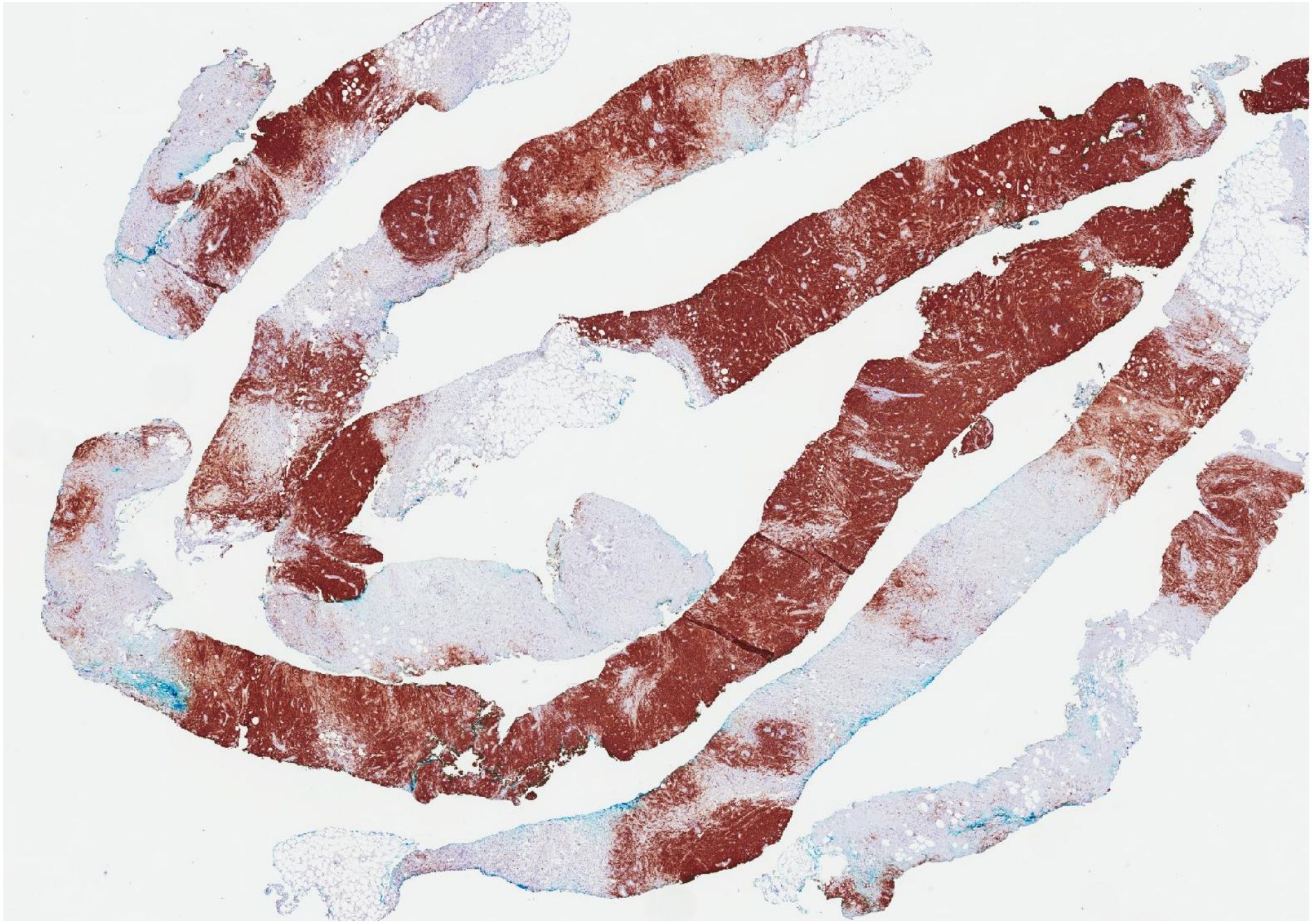
AE1/3



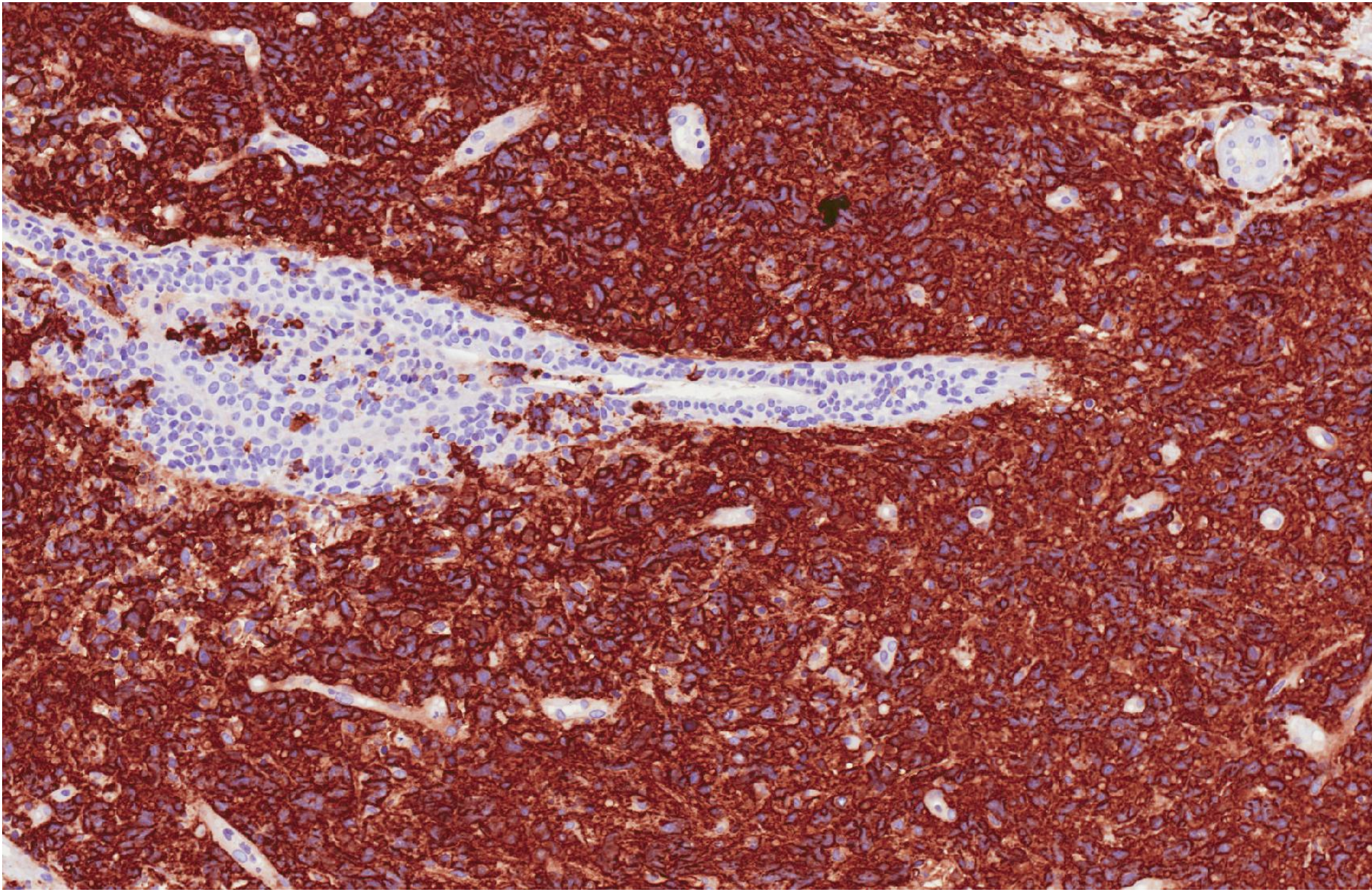
AE1/3



LCA



CD20



AE1/3

Diagnosis

- Malignant lymphoma, diffuse large B cell.

Breast lymphoma

- Primary lymphoma can occur in the breast.
- Defined as:
  - Tumour limited to breast and regional lymph nodes with no prior disease elsewhere.
  - Initial presentation as dominant mass/symptom in the breast with no prior documented disease.
- Lymphoma in breast tissue, not in intramammary lymph node.
- Rare – less than 0.5% of primary breast tumours.

Primary breast lymphoma

- Mostly postmenopausal women.
- Younger women can be affected, including pregnant/lactating women with massive bilateral breast enlargement from Burkitt lymphoma.
- Majority are diffuse large B cell lymphoma.
- Remainder are extranodal marginal-zone lymphoma of mucosa-associated lymphoid tissue (MALT) type and follicular lymphoma.
- Rarely, Burkitt lymphoma, lymphoblastic lymphoma of either B-cell or T-cell type, peripheral T-cell lymphoma (including anaplastic large-cell lymphoma, ALK-negative, and associated with breast implants).

Clues to diagnosis

- Diffuse permeation around intact lobules and ducts.
- Tumour cells:
  - Lack cohesion.
  - Have irregular nuclear contours and ill-defined cytoplasmic borders.
  - Are fragile with frequent crush artifact.
- Absence of accompanying in situ disease.
- Use of immunohistochemistry for confirmation.