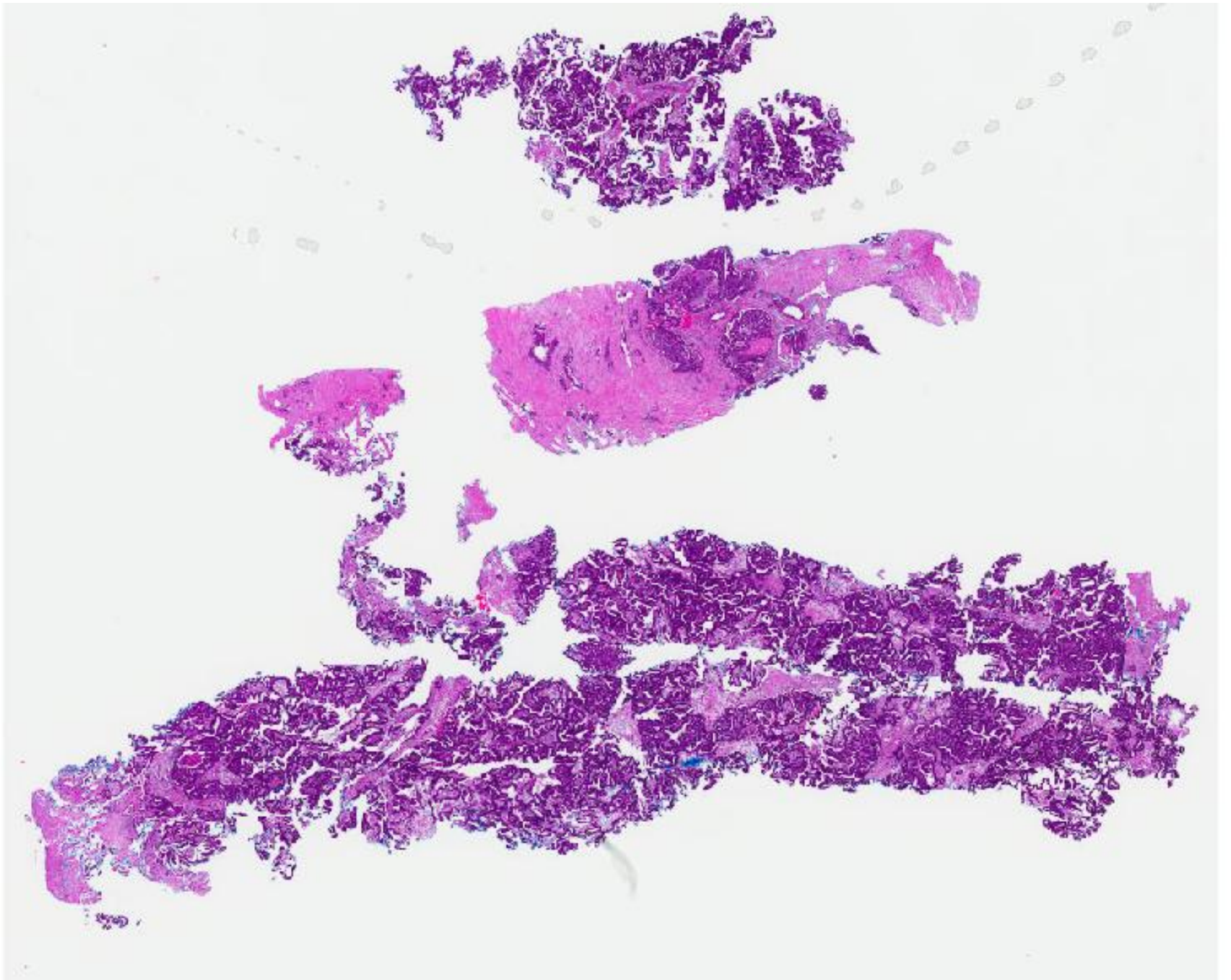
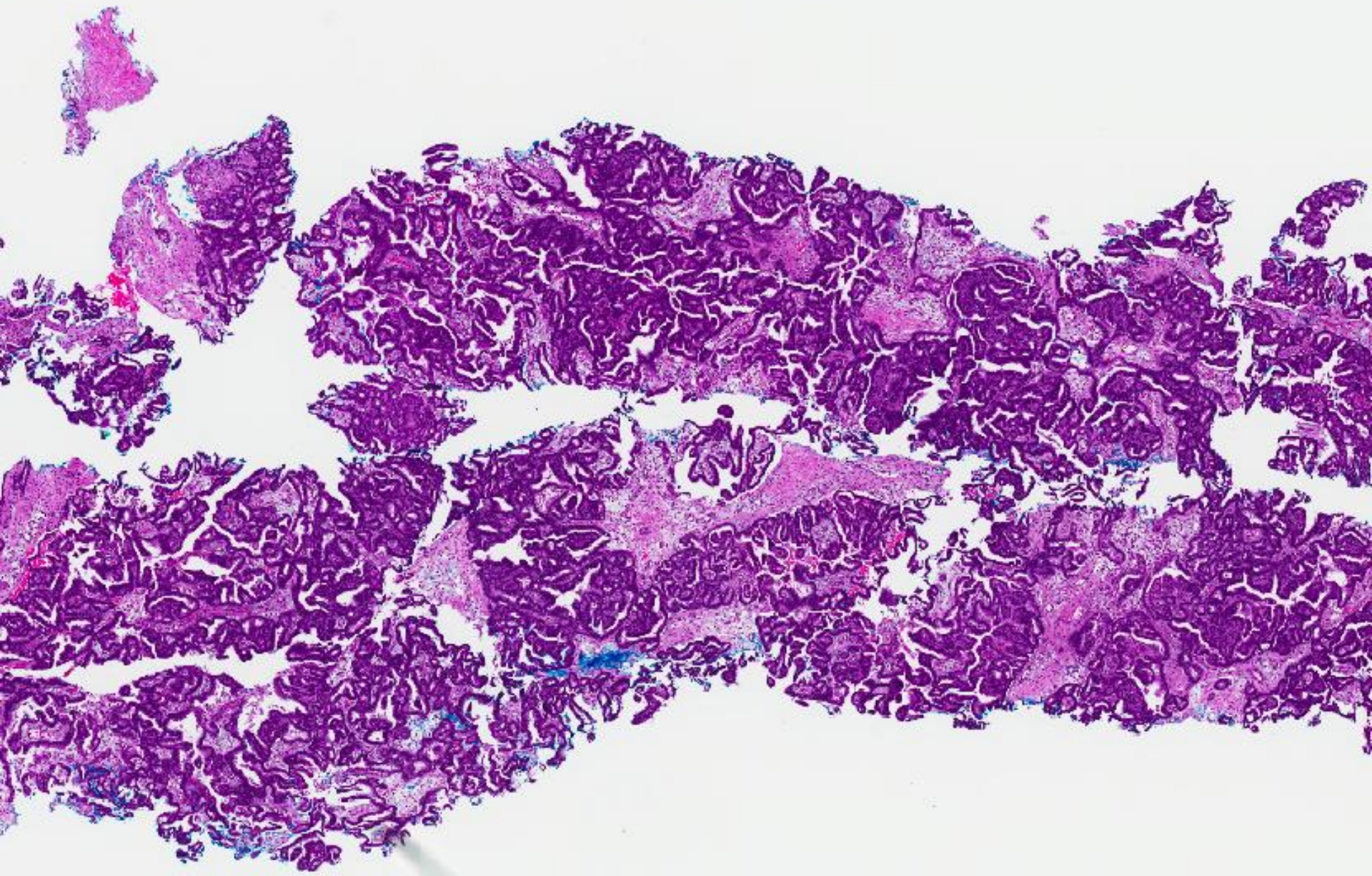


## CASE 3

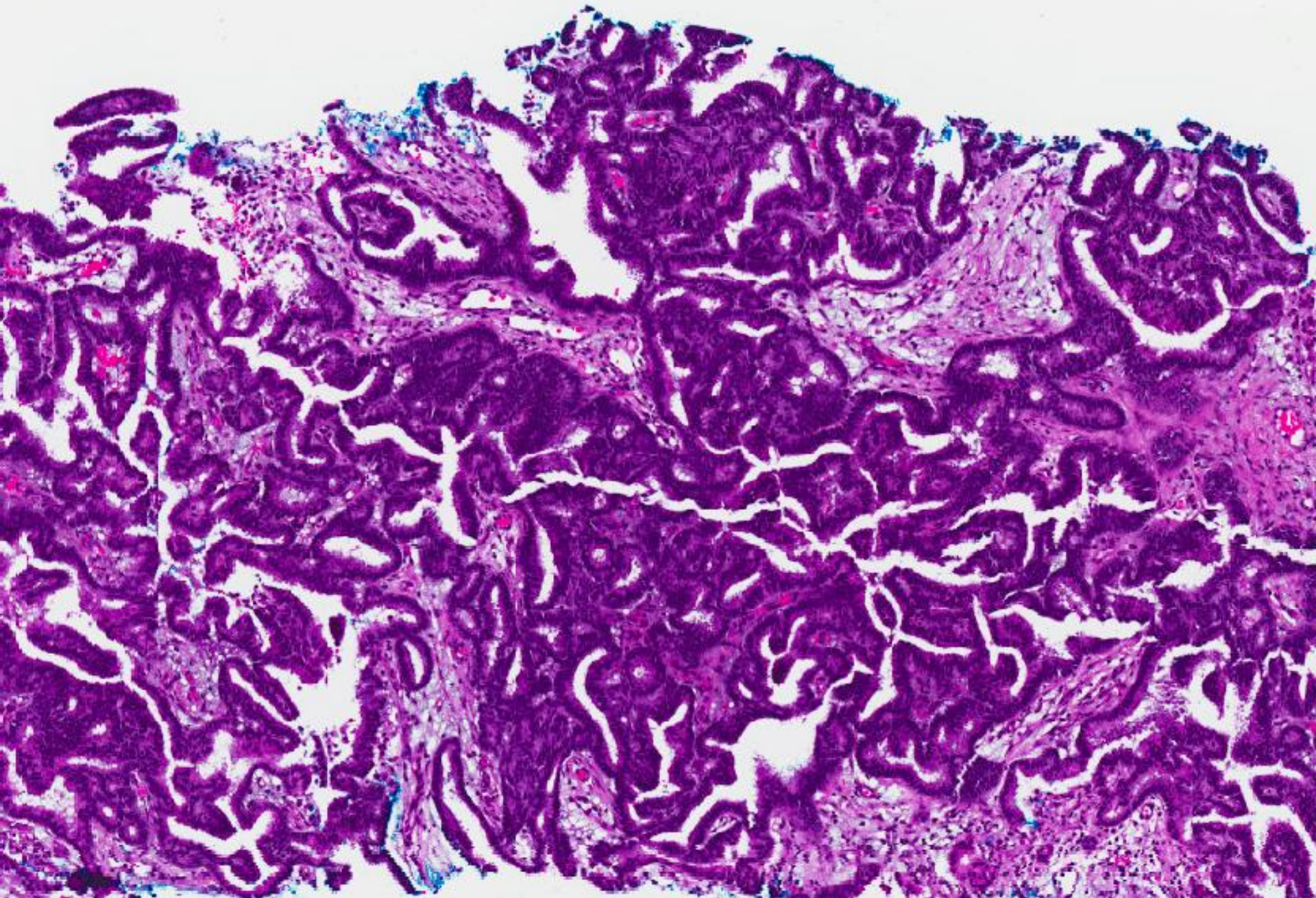
49 year old Chinese female presented with a left breast lump. A trucut biopsy was performed.



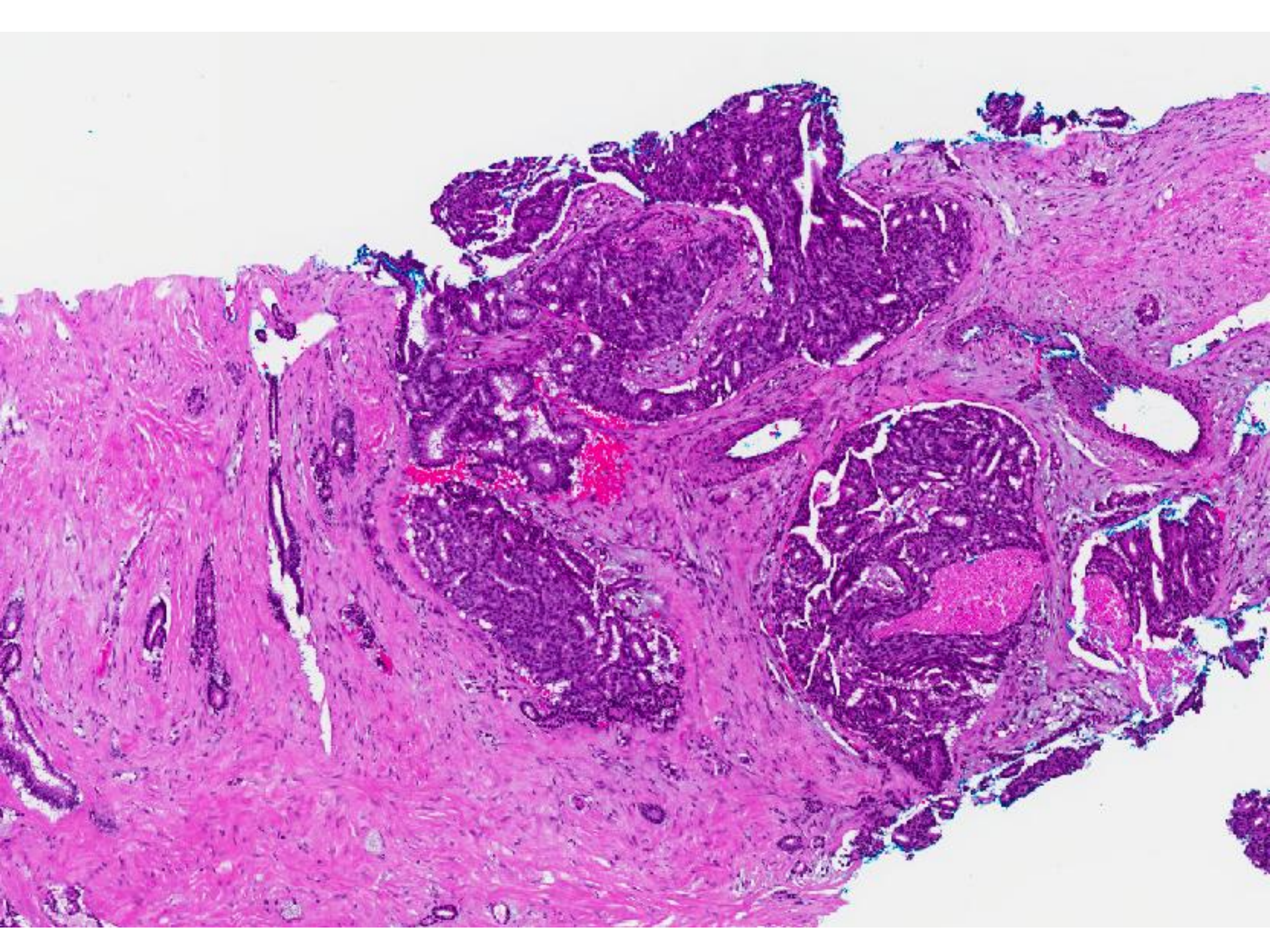




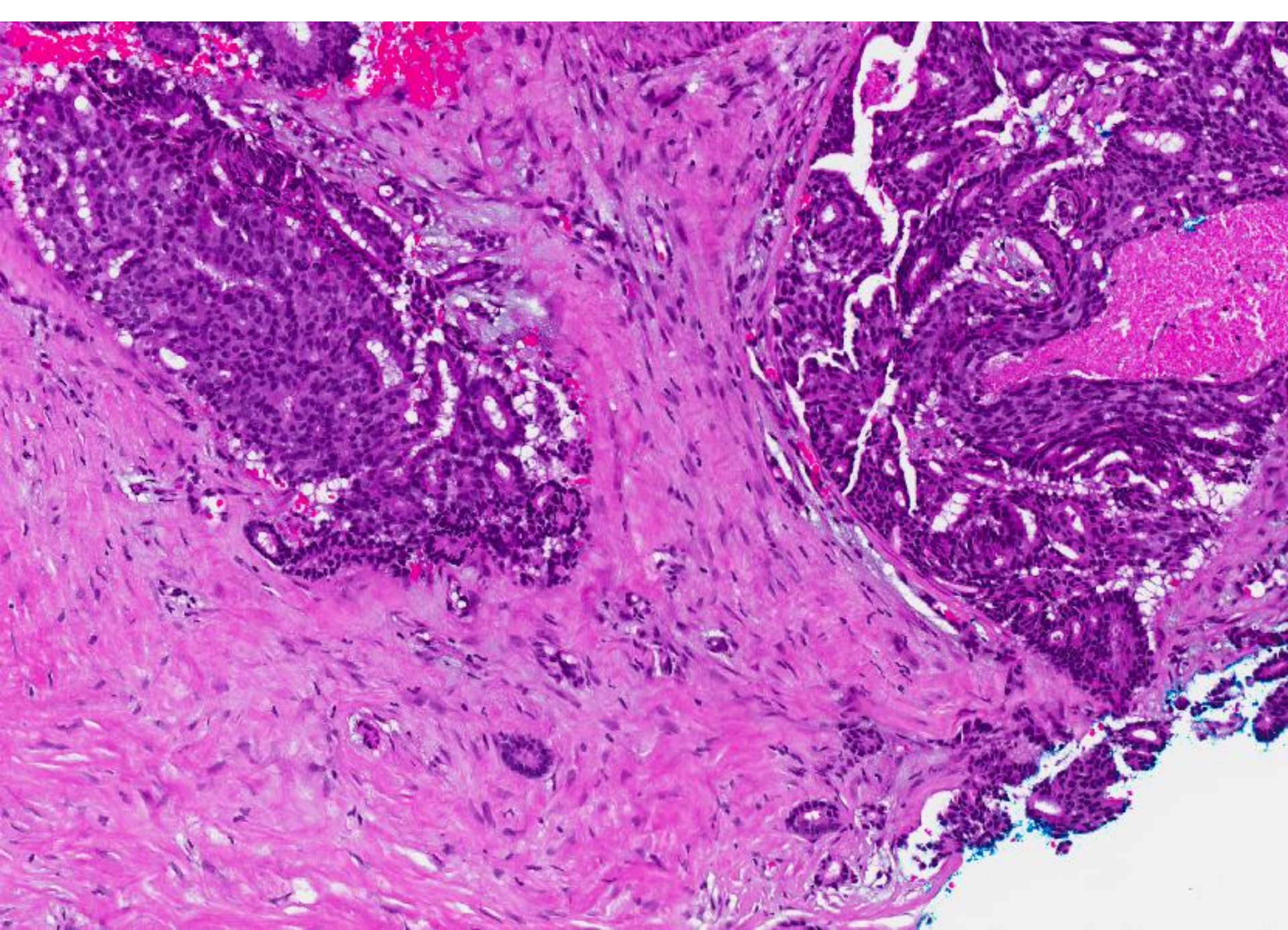




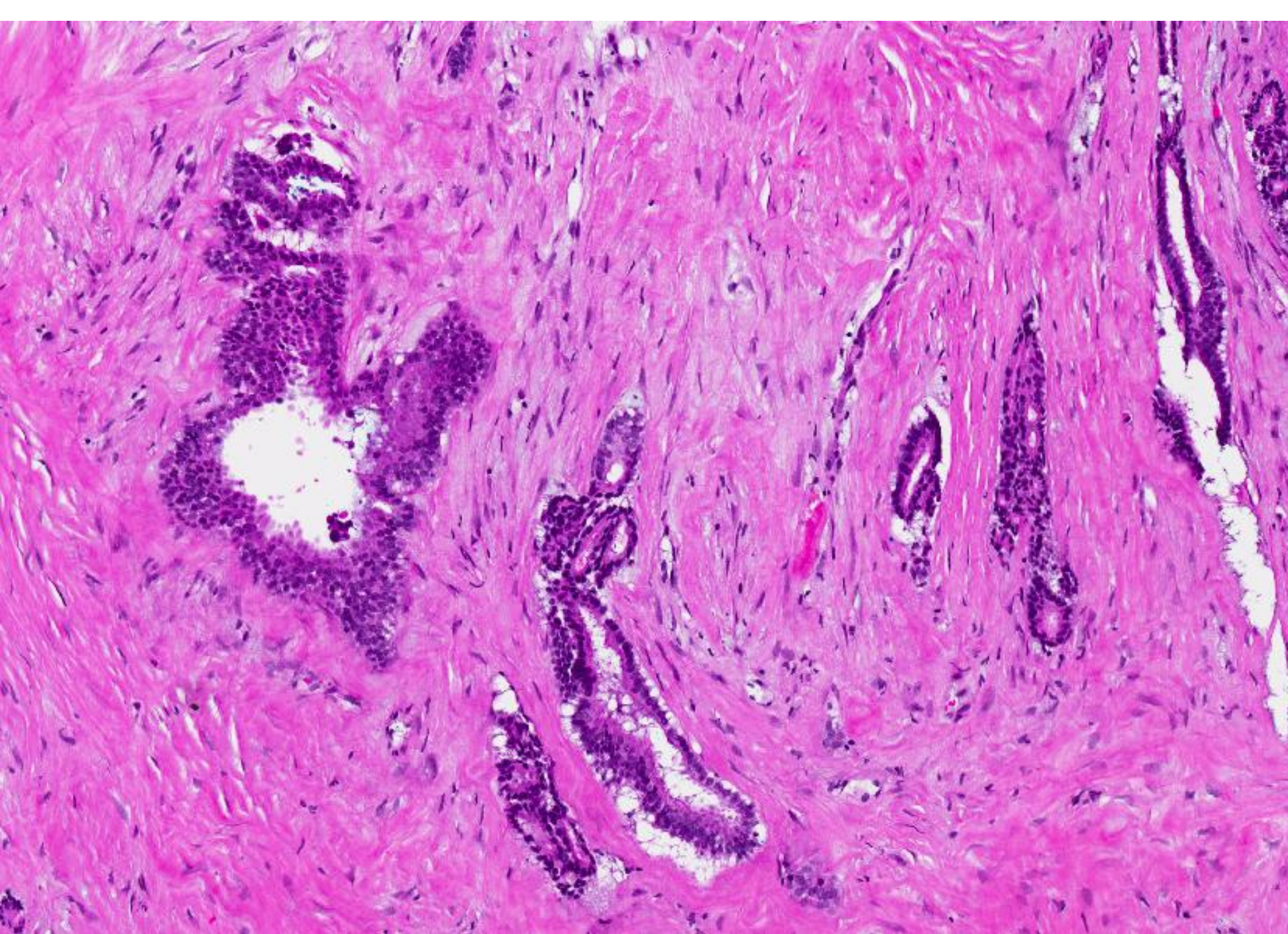




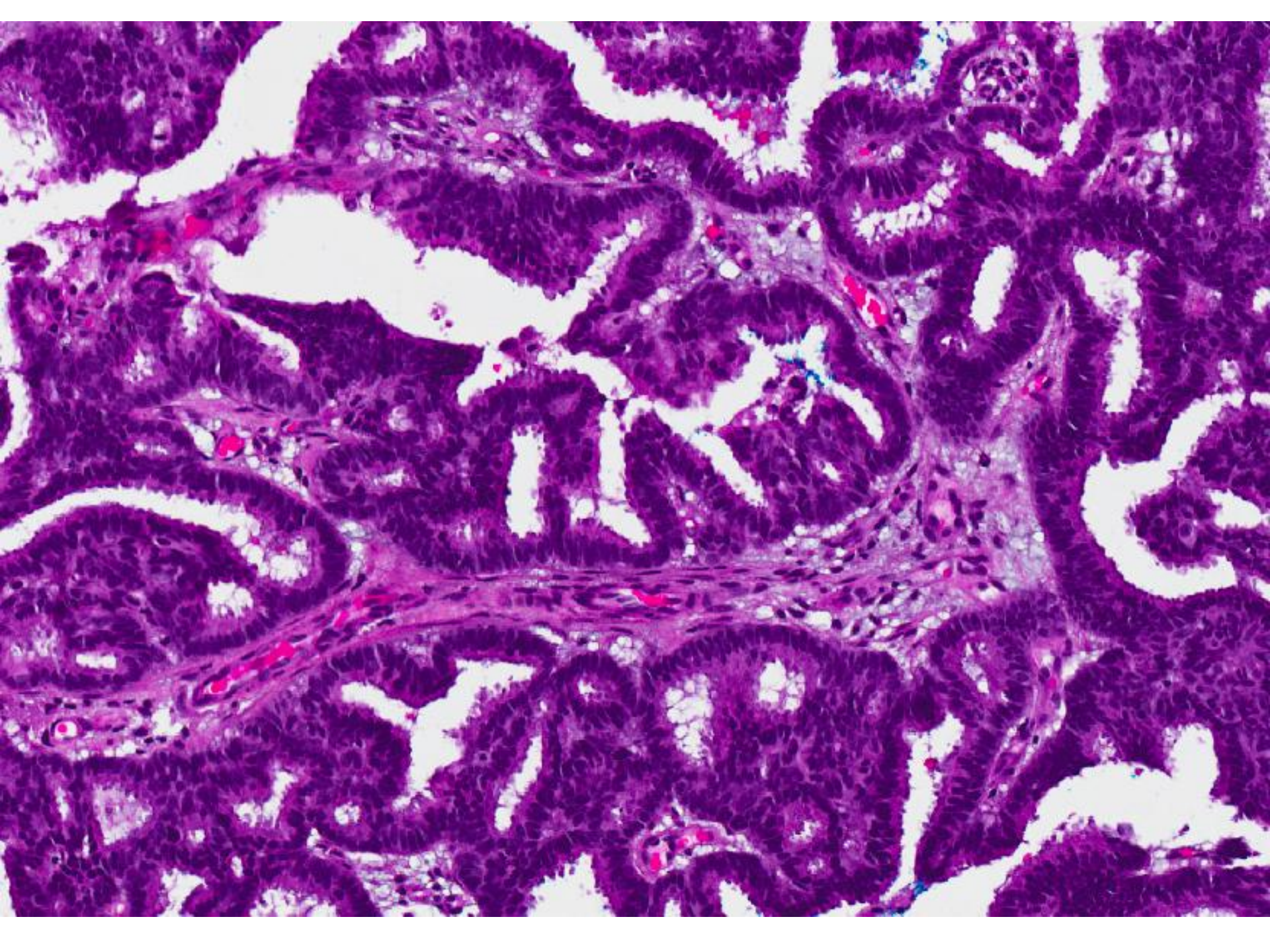




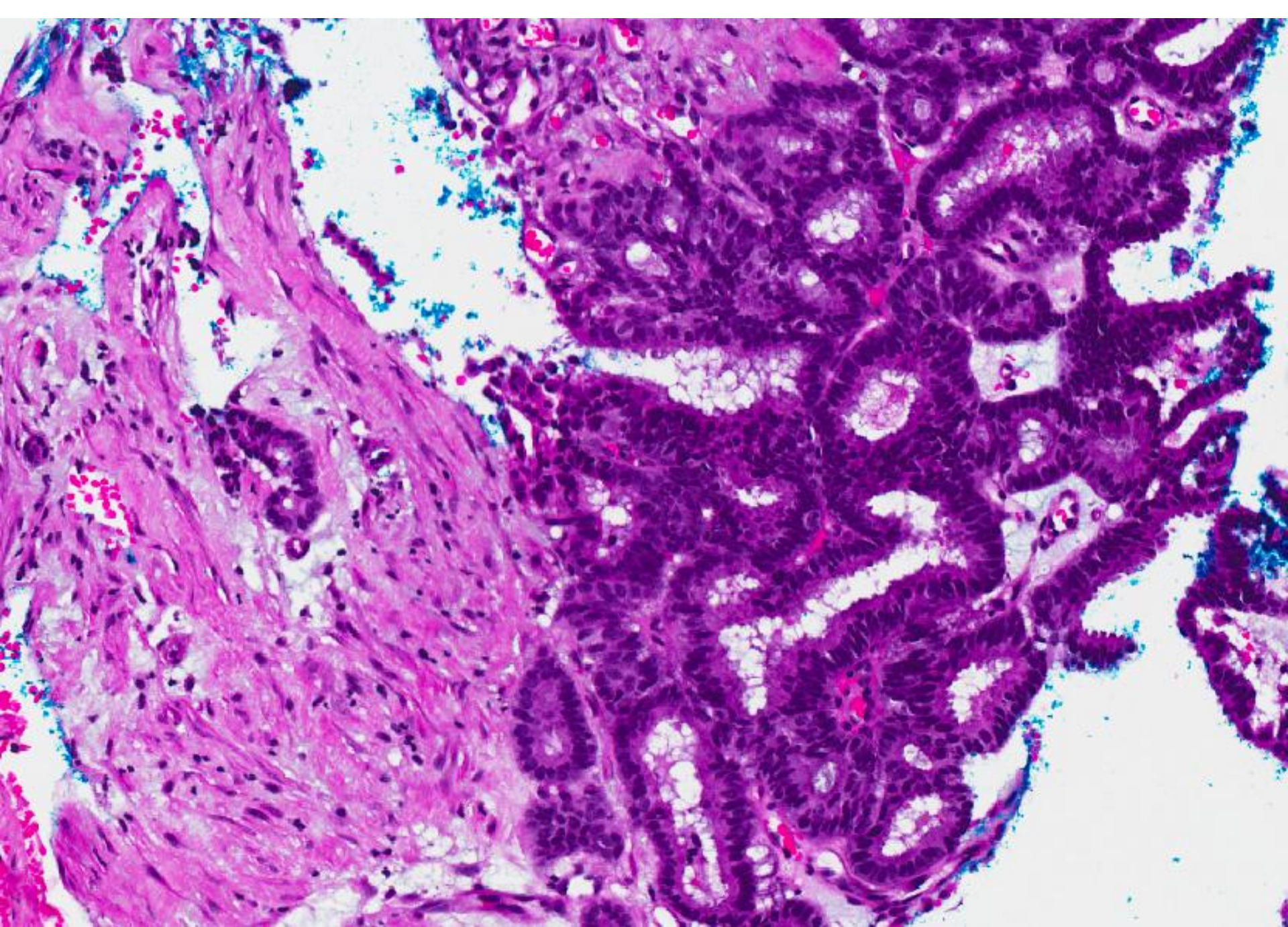














# Diagnosis

- Invasive carcinoma with papillary features.  
(p63 immunohistochemistry negative)



# Invasive papillary carcinoma

- Invasive adenocarcinoma with predominantly papillary morphology (>90%) in the invasive component.
- Invasive non-papillary carcinoma associated with encapsulated papillary carcinoma and solid papillary carcinoma should not be classified as invasive papillary carcinoma, but categorised according to the individual invasive component.
- True invasive papillary carcinomas are exceptionally rare.



# Invasive papillary carcinoma

- The distinction between in situ and invasive components of a papillary carcinoma can be difficult.
- Immunohistochemistry to delineate myoepithelial cells can be helpful.
- Features favouring invasion:
  - Irregular nature of the advancing tumour front.
  - Presence of stromal desmoplasia.
  - Accompaniment by conventional invasive ductal breast cancer.
  - Extension into skeletal muscle.
  - Absence of myoepithelial cells.



# Learning points

- Approach to papillary lesions on core biopsy.
- Recognition of invasive versus in situ papillary cancer.