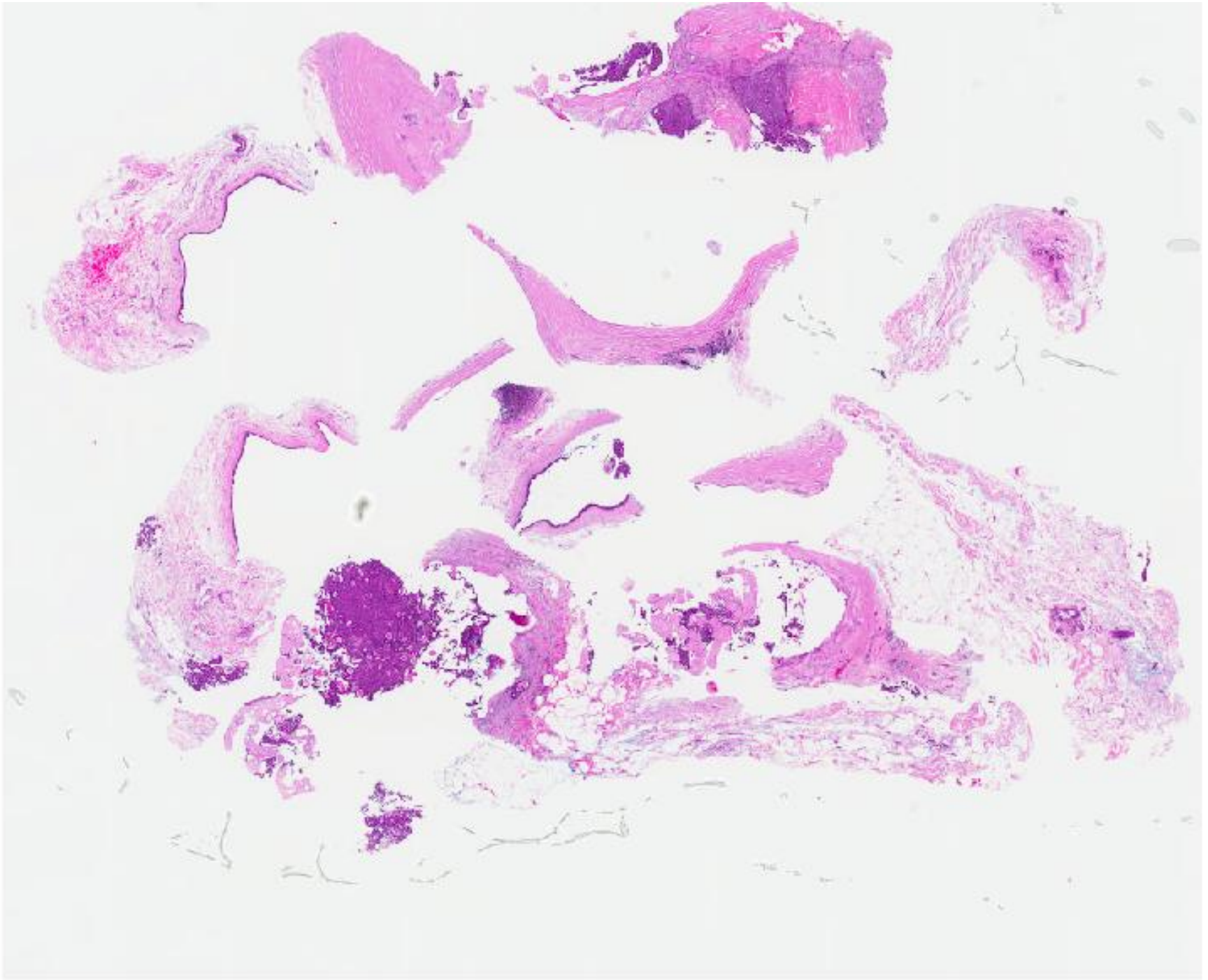
CASE 7

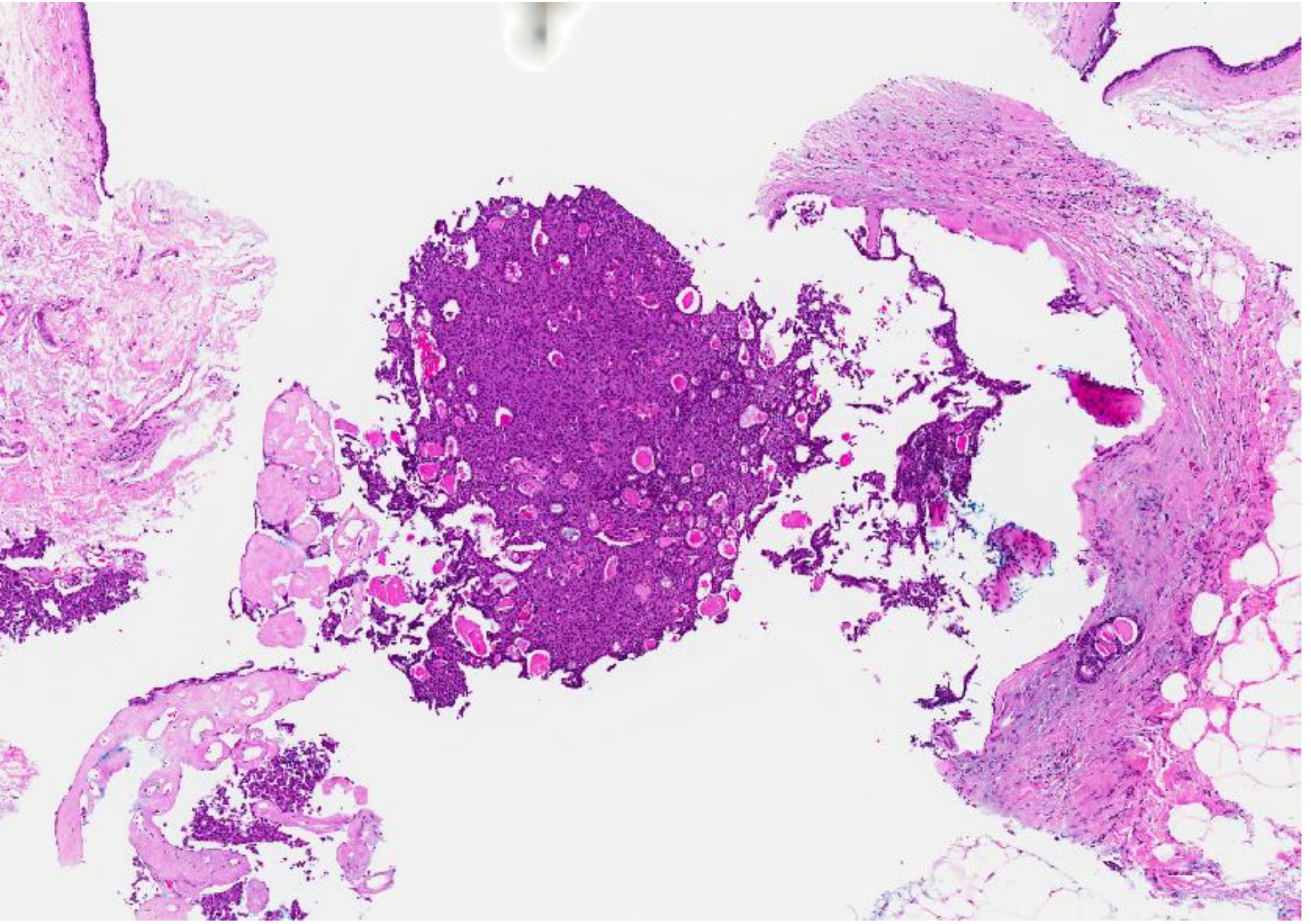
73 year old Chinese lady presented with a right breast periareolar lump.

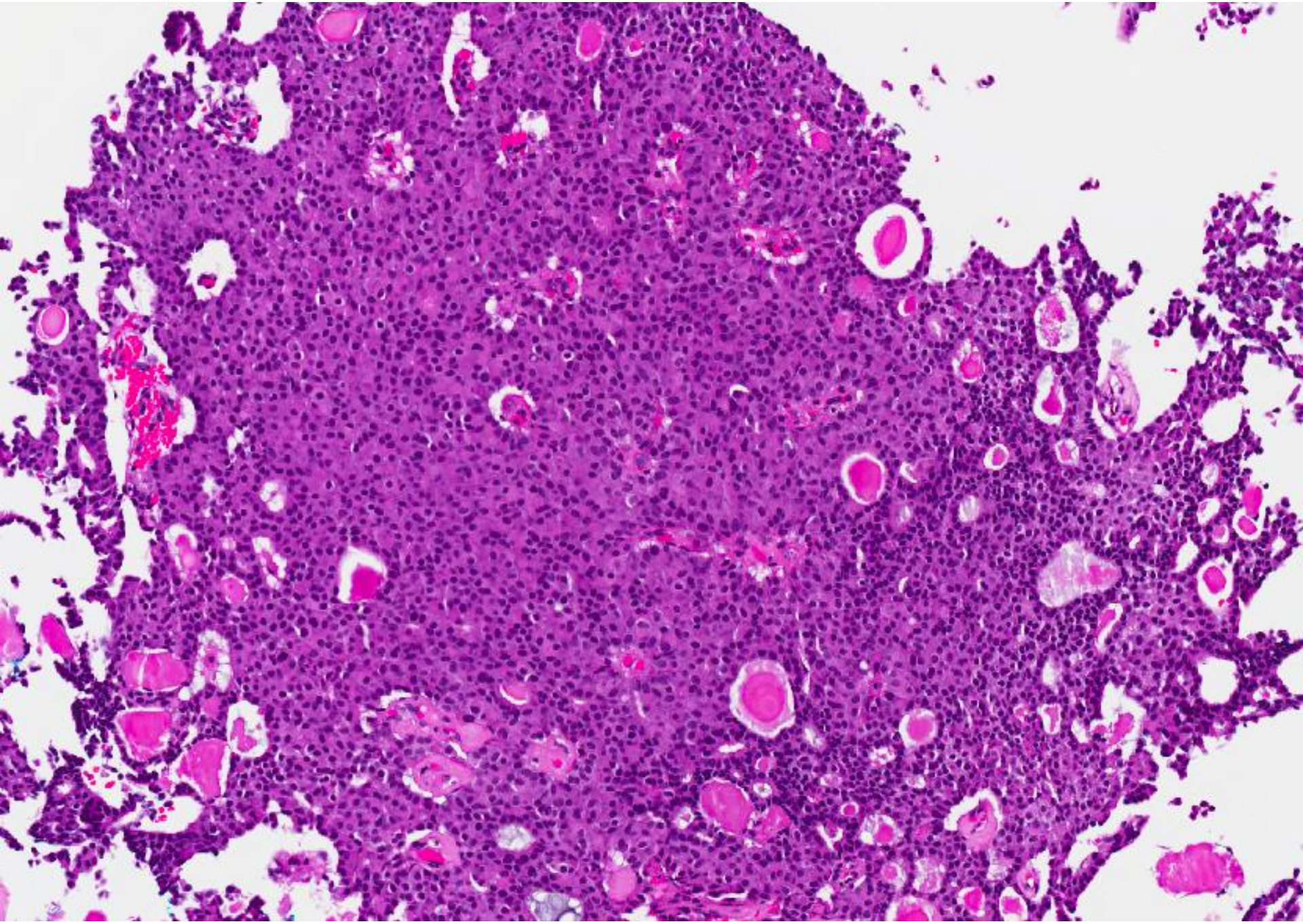
Ultrasound guided trucut biopsy showed a papillary lesion histologically.

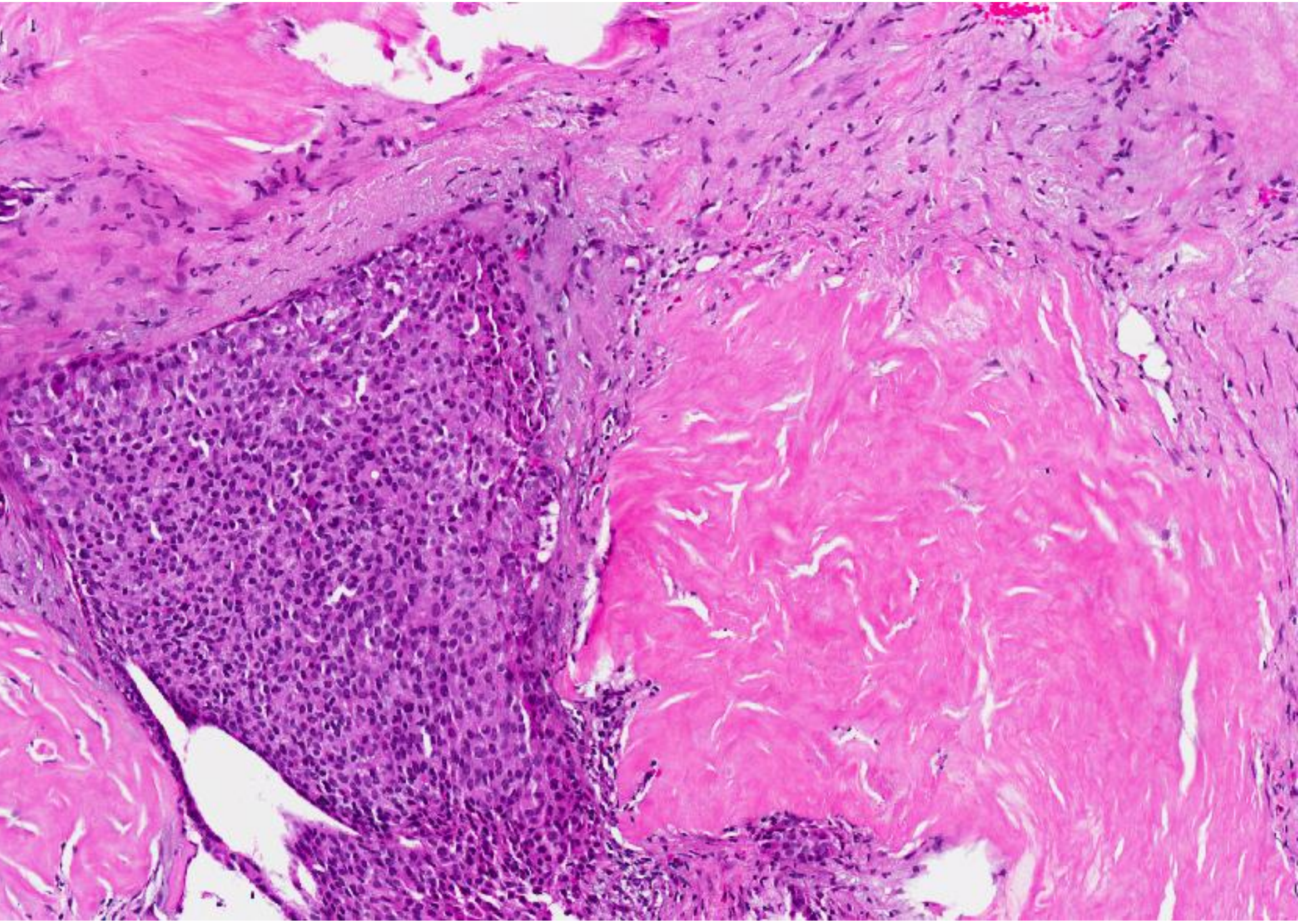
She underwent a mammotome excision biopsy about 3 and a half months later.

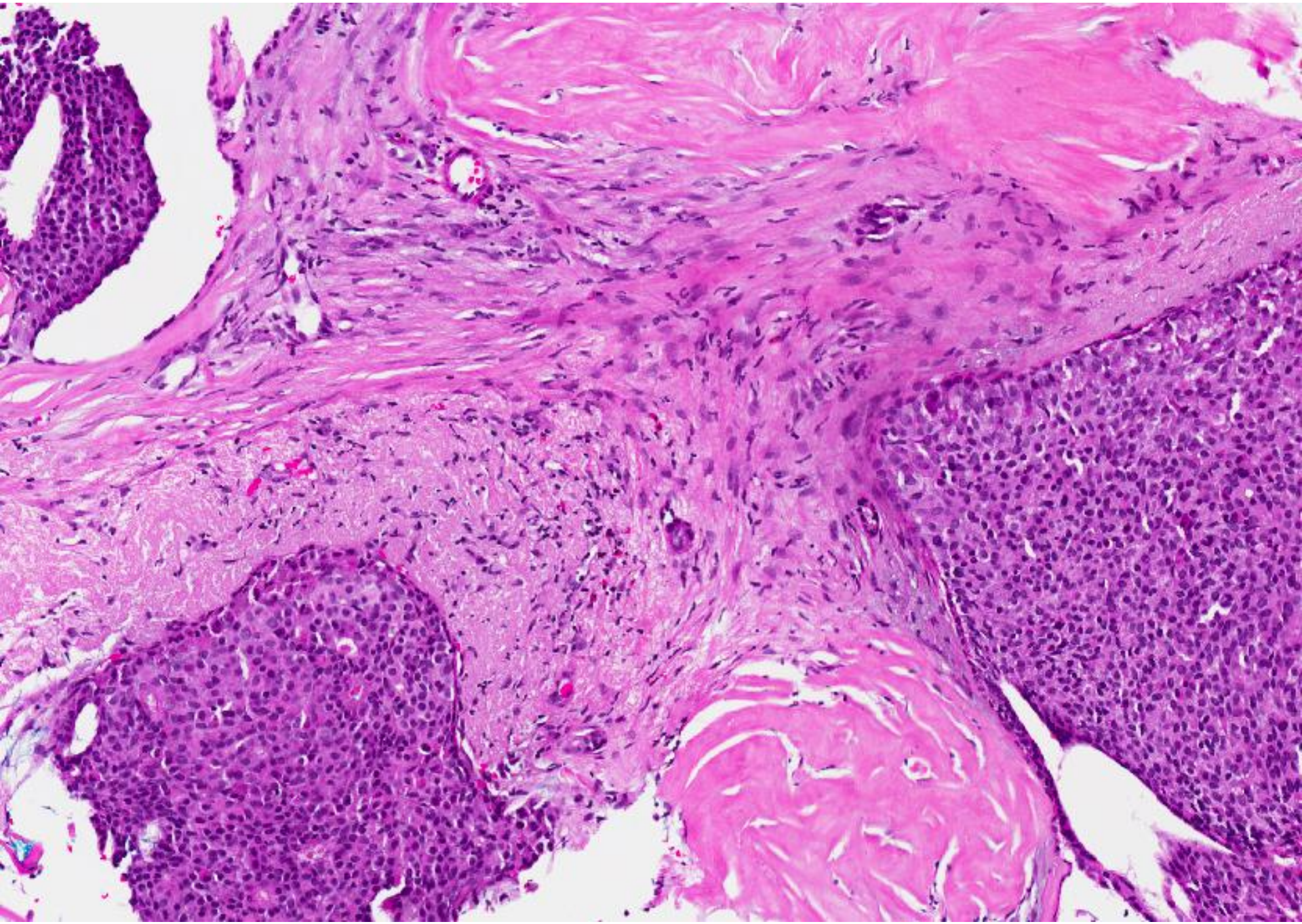
Ultrasound guided trucut biopsy

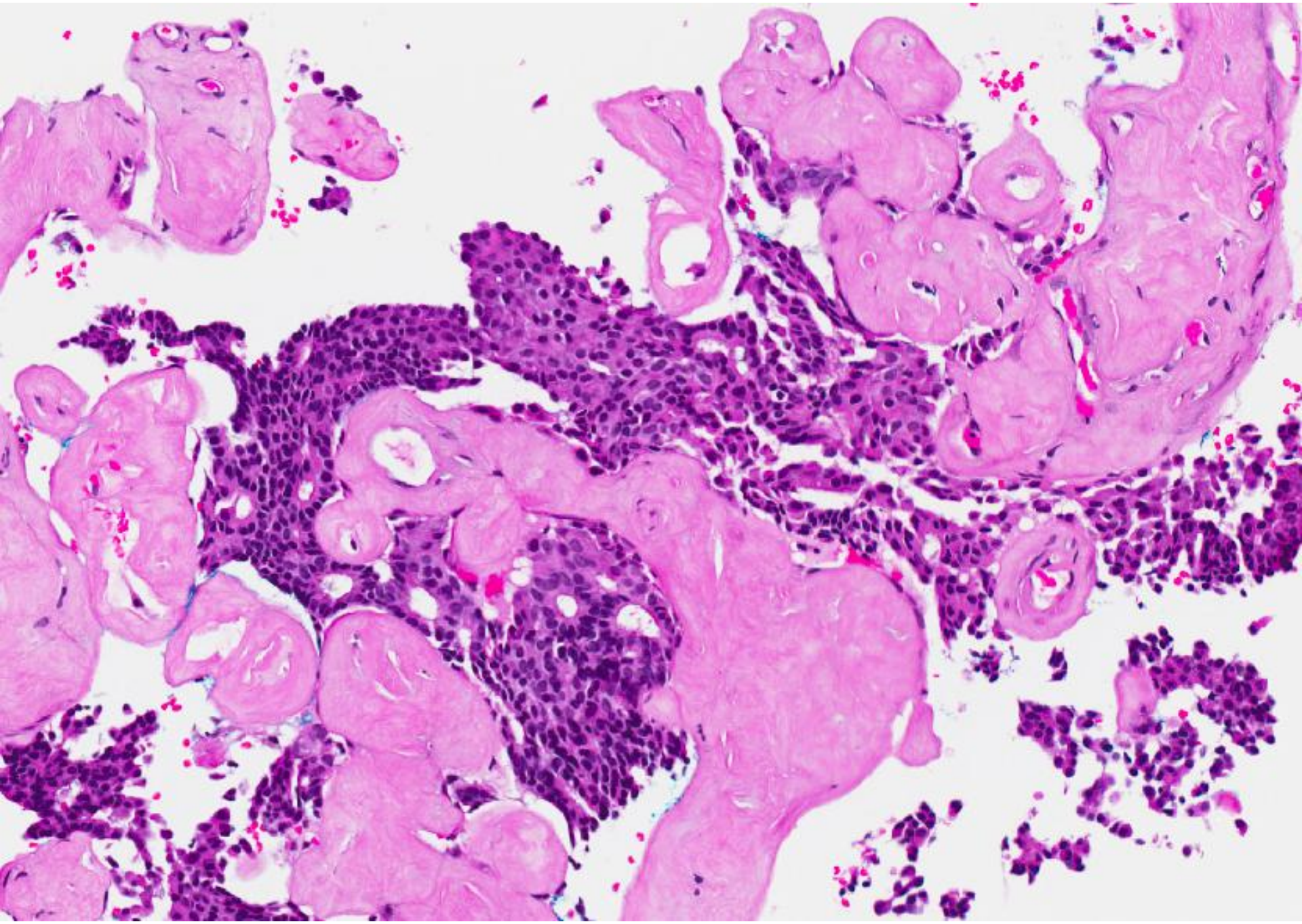


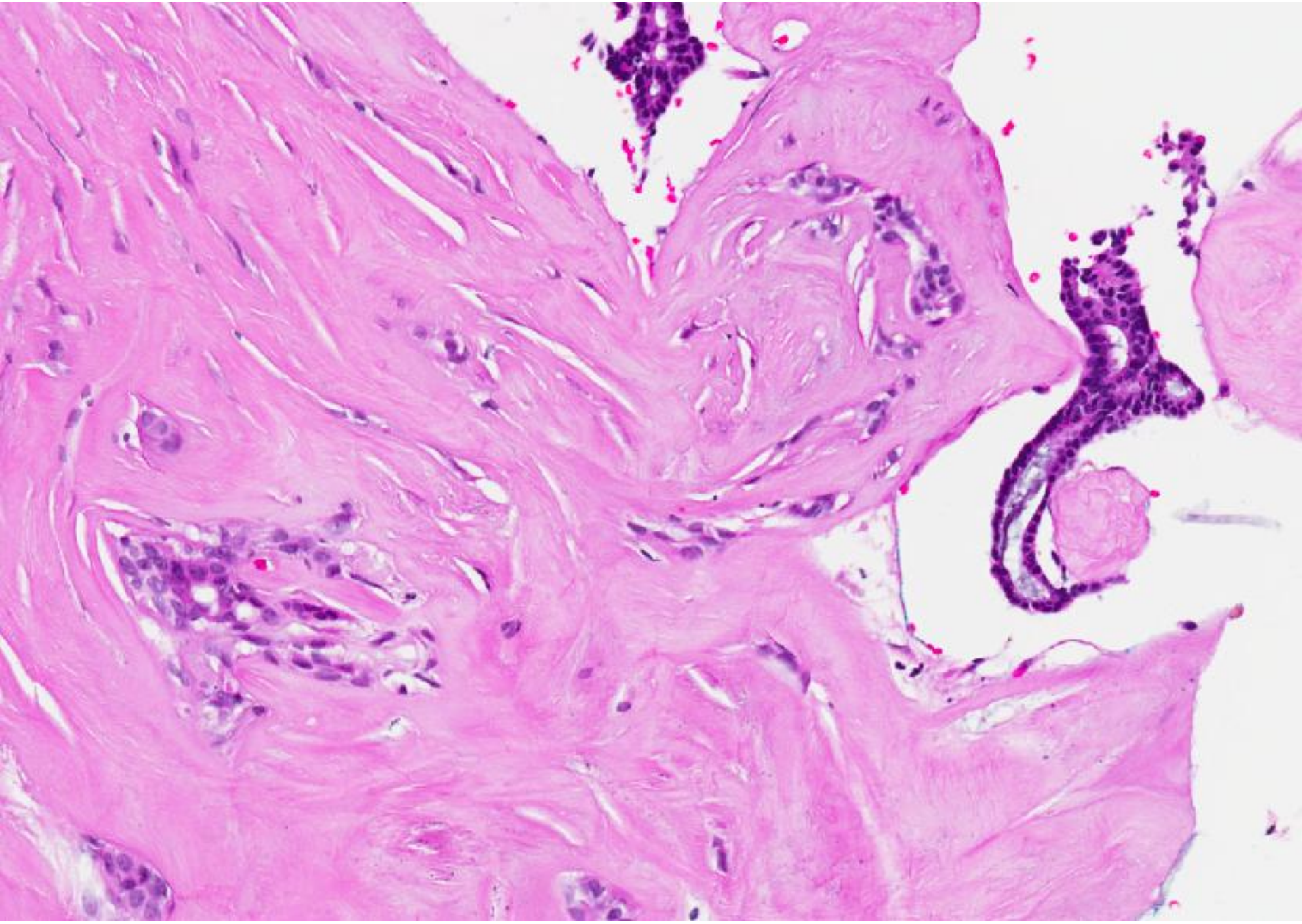




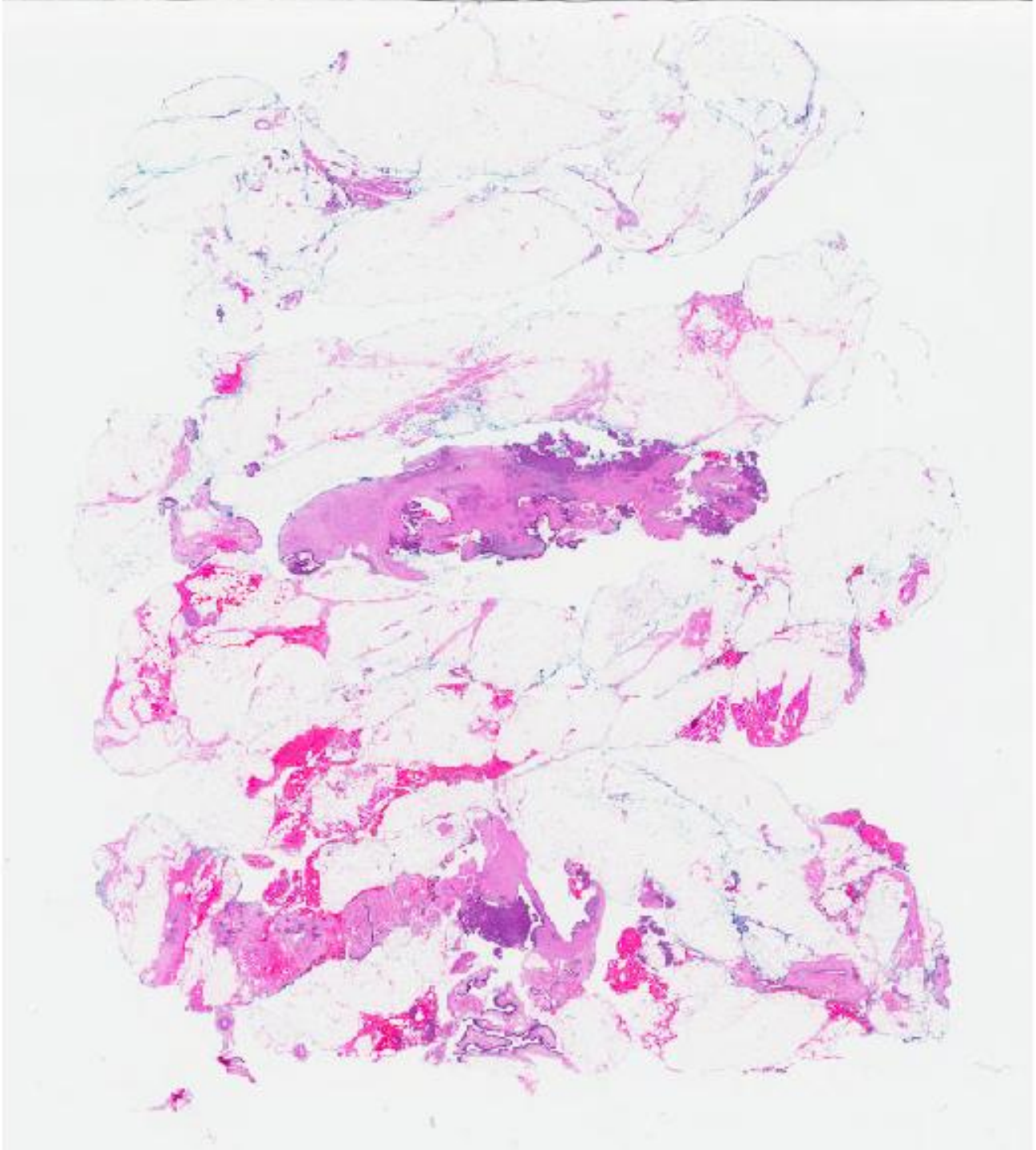


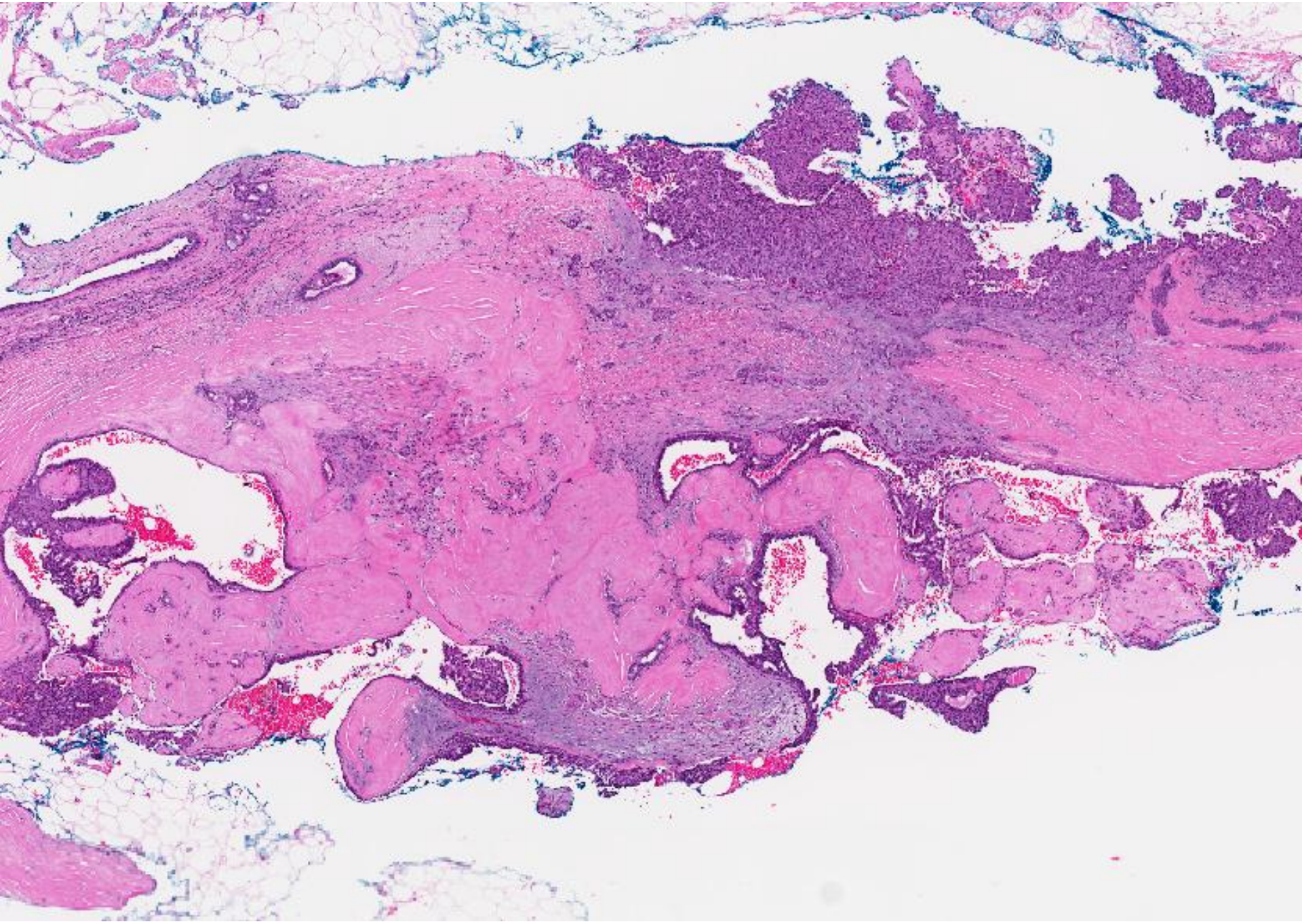


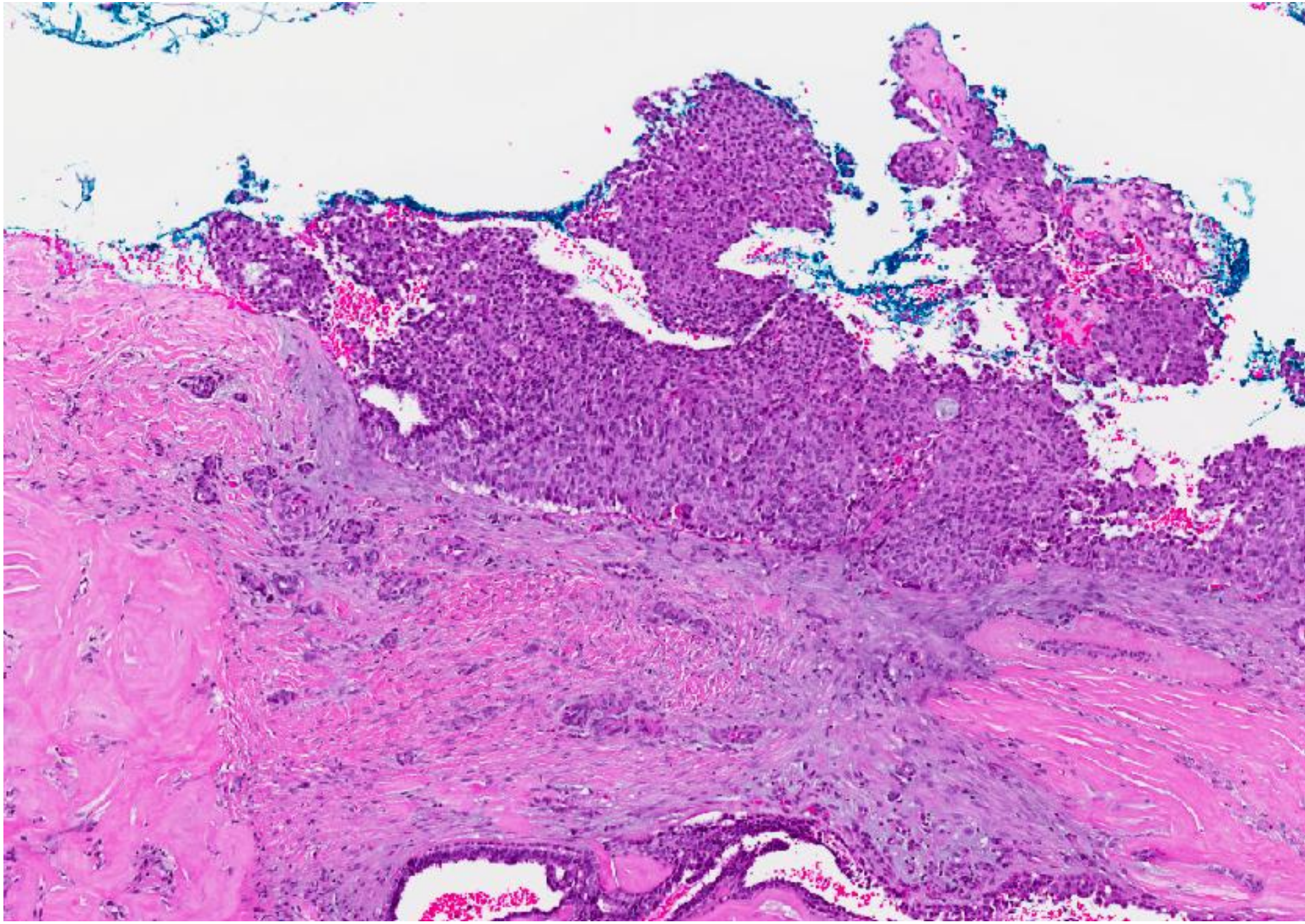


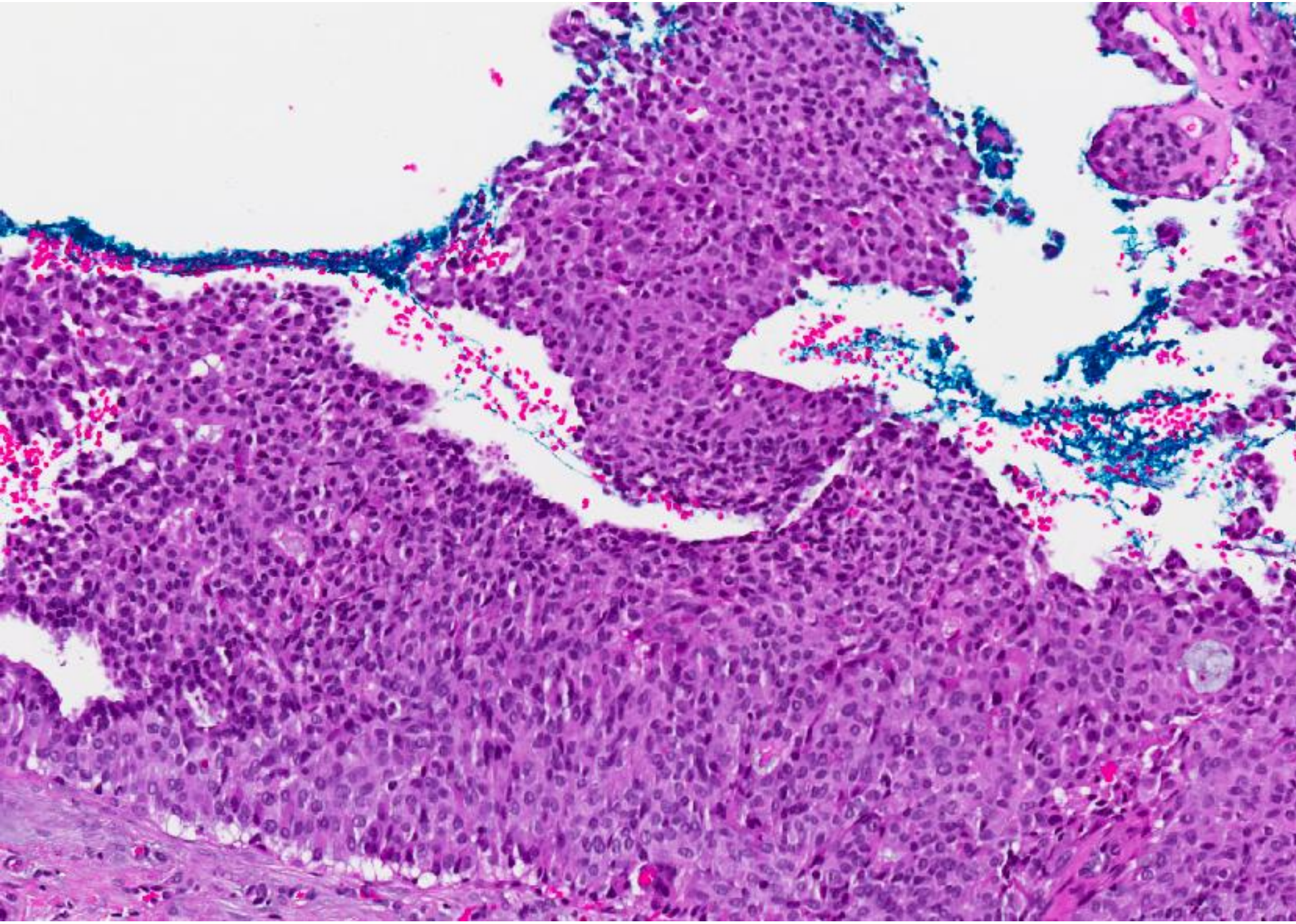


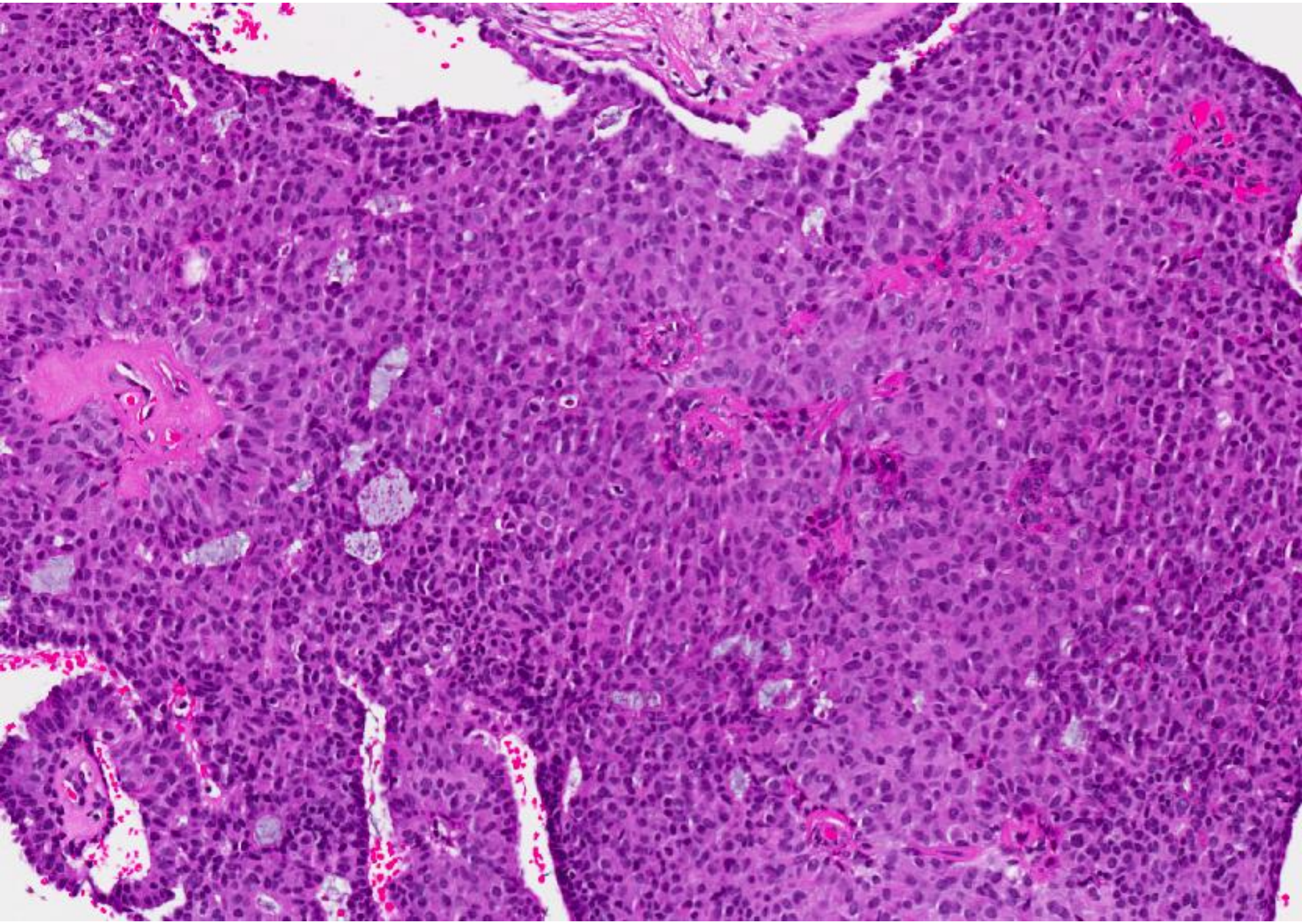
Mammotome excision biopsy
(3 and 1/2 months later)

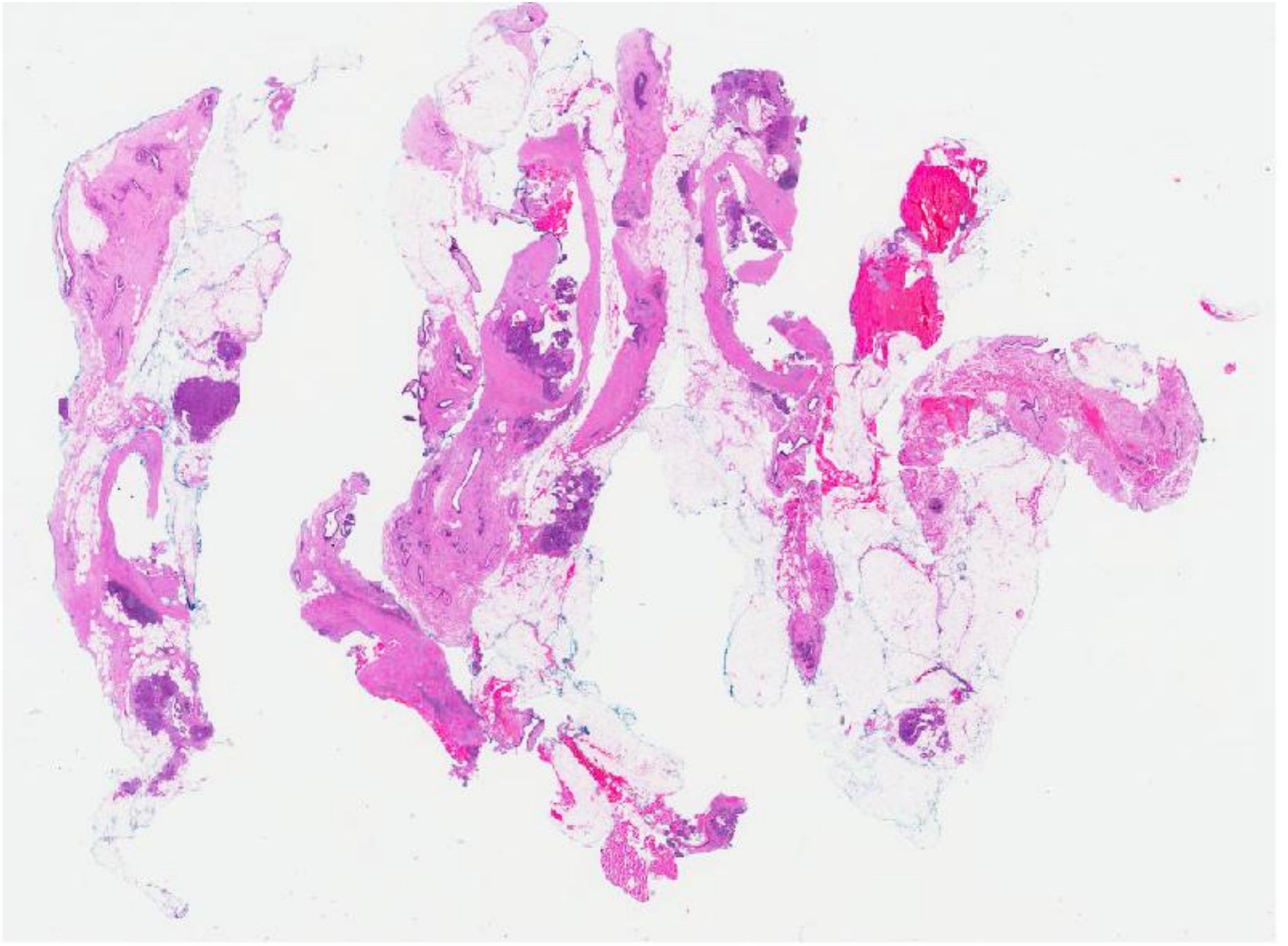


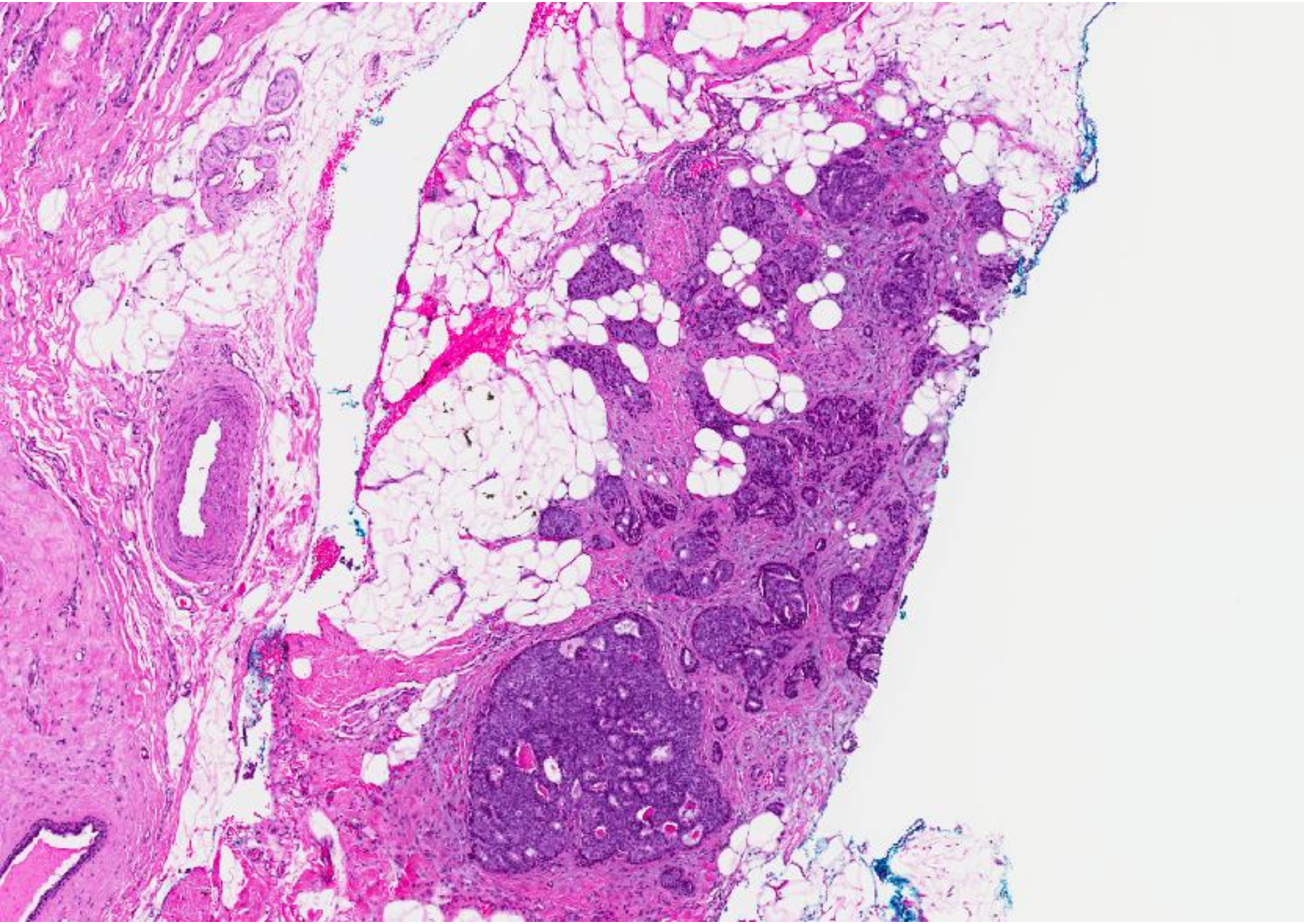


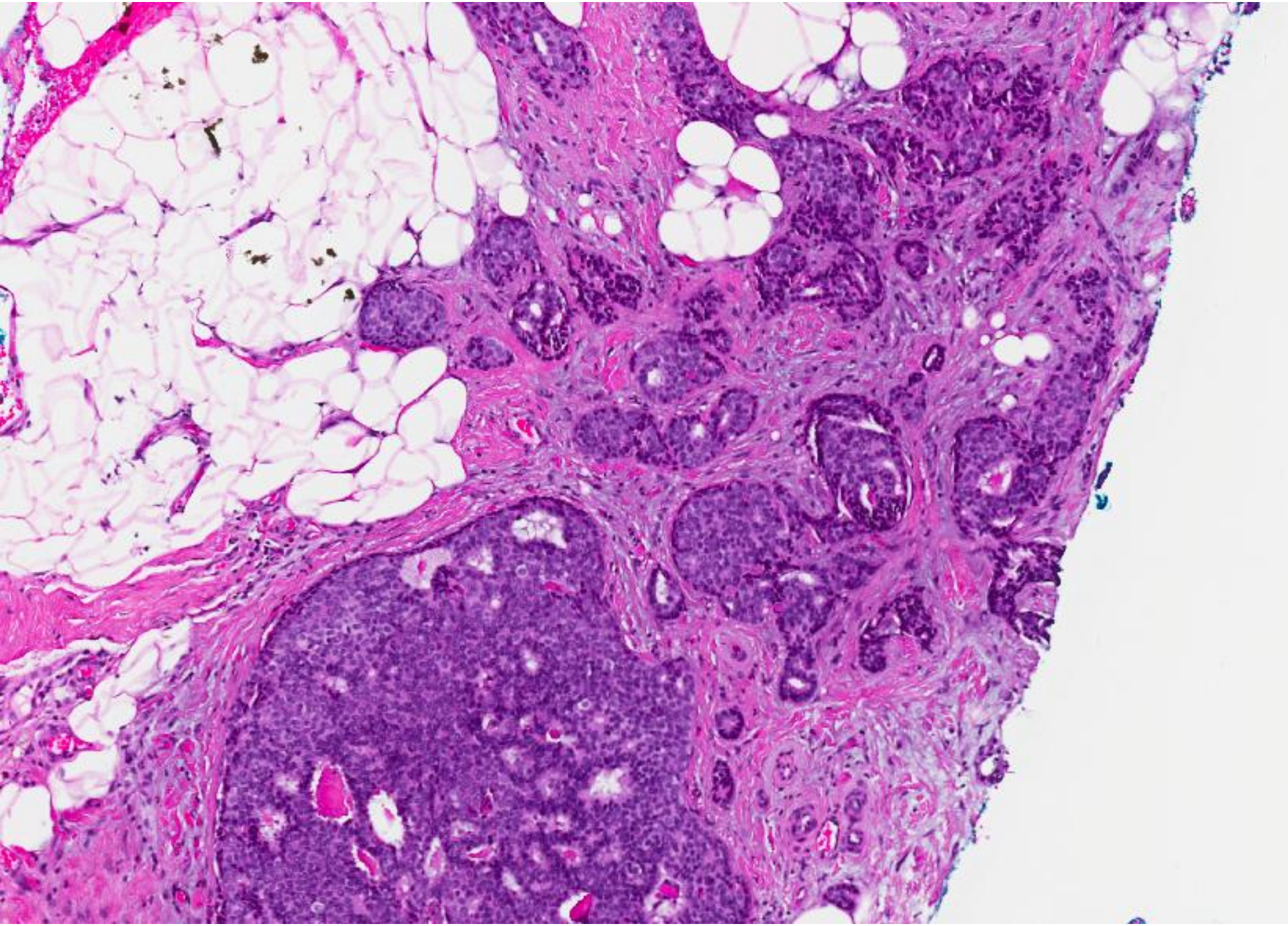


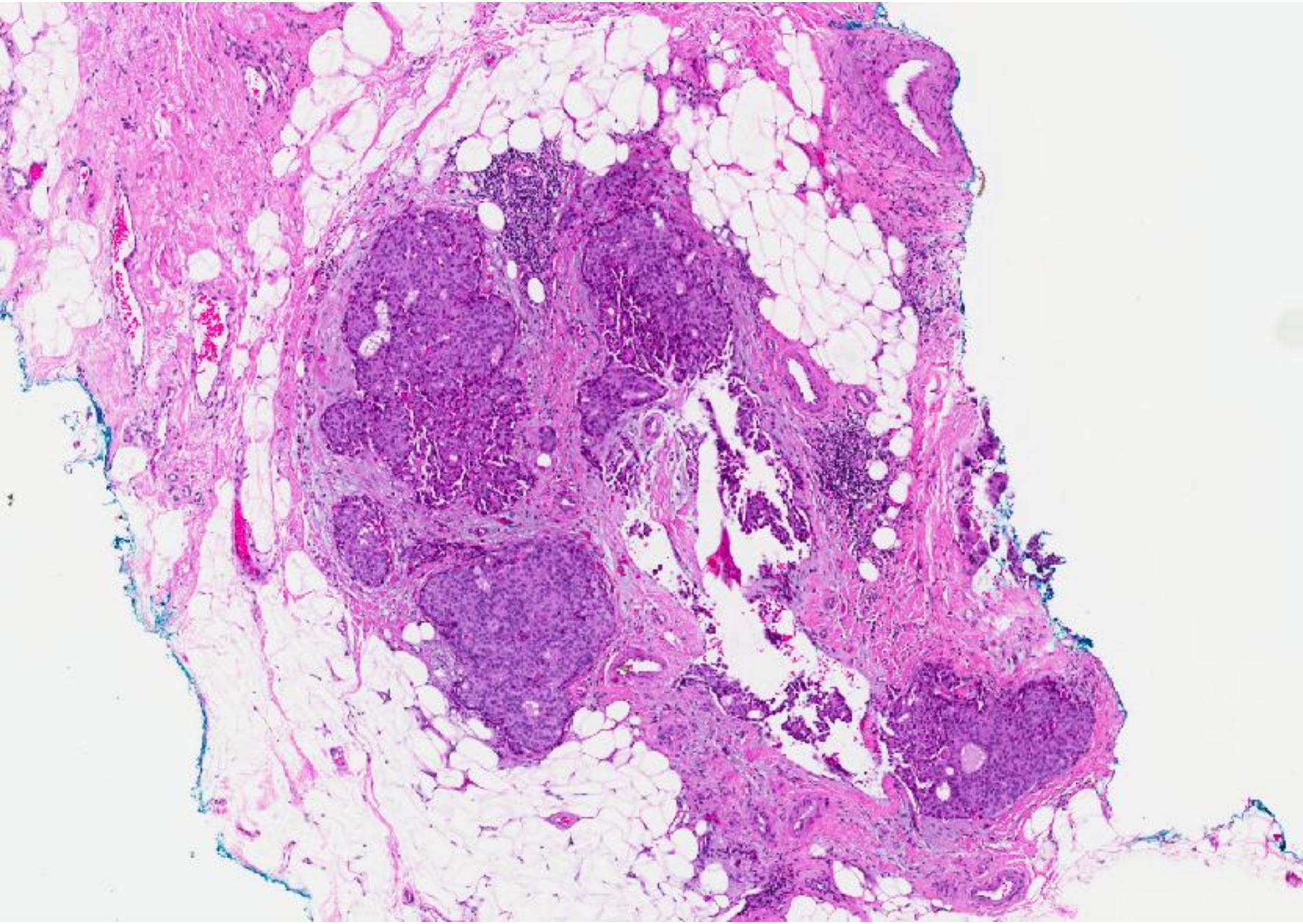


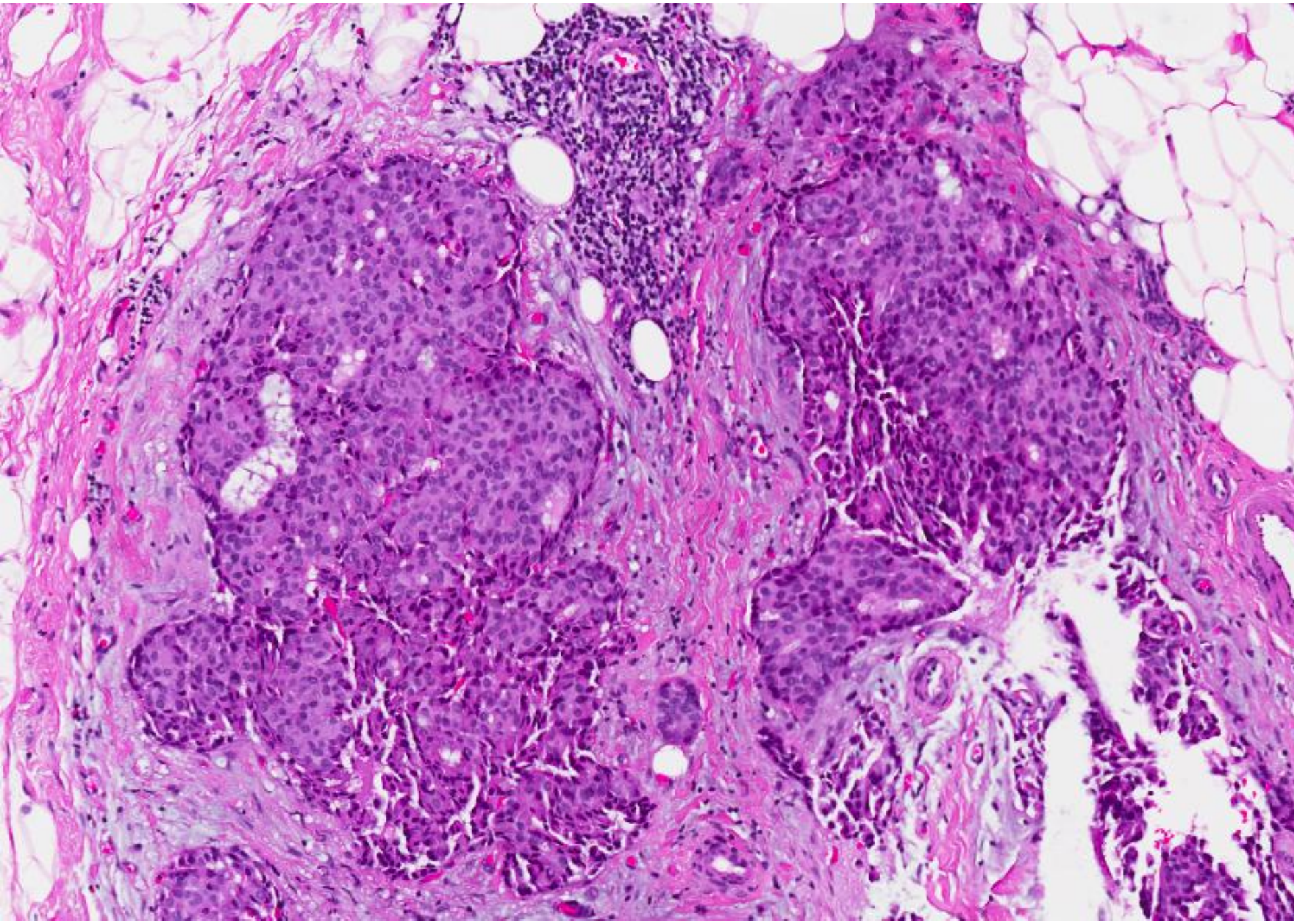


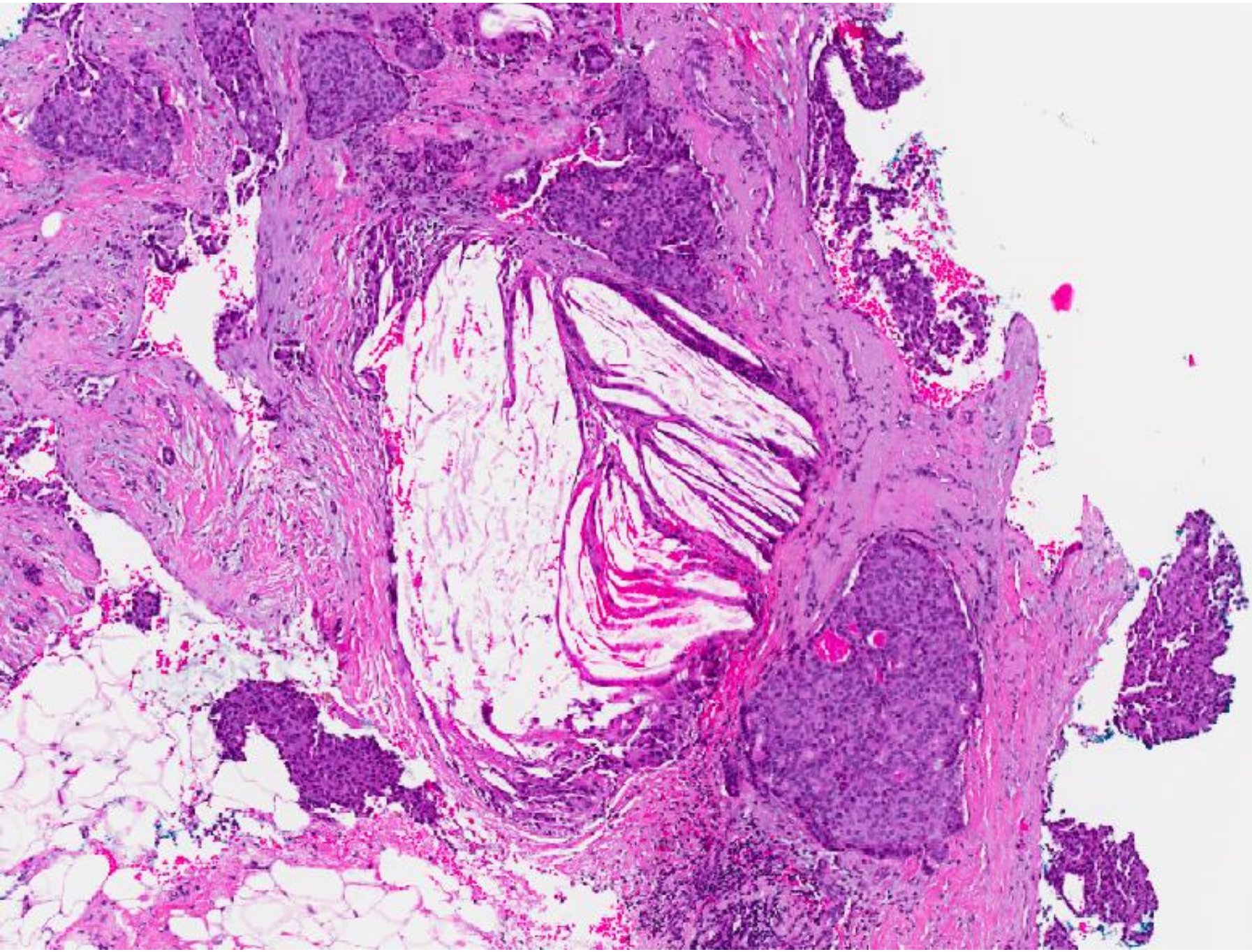


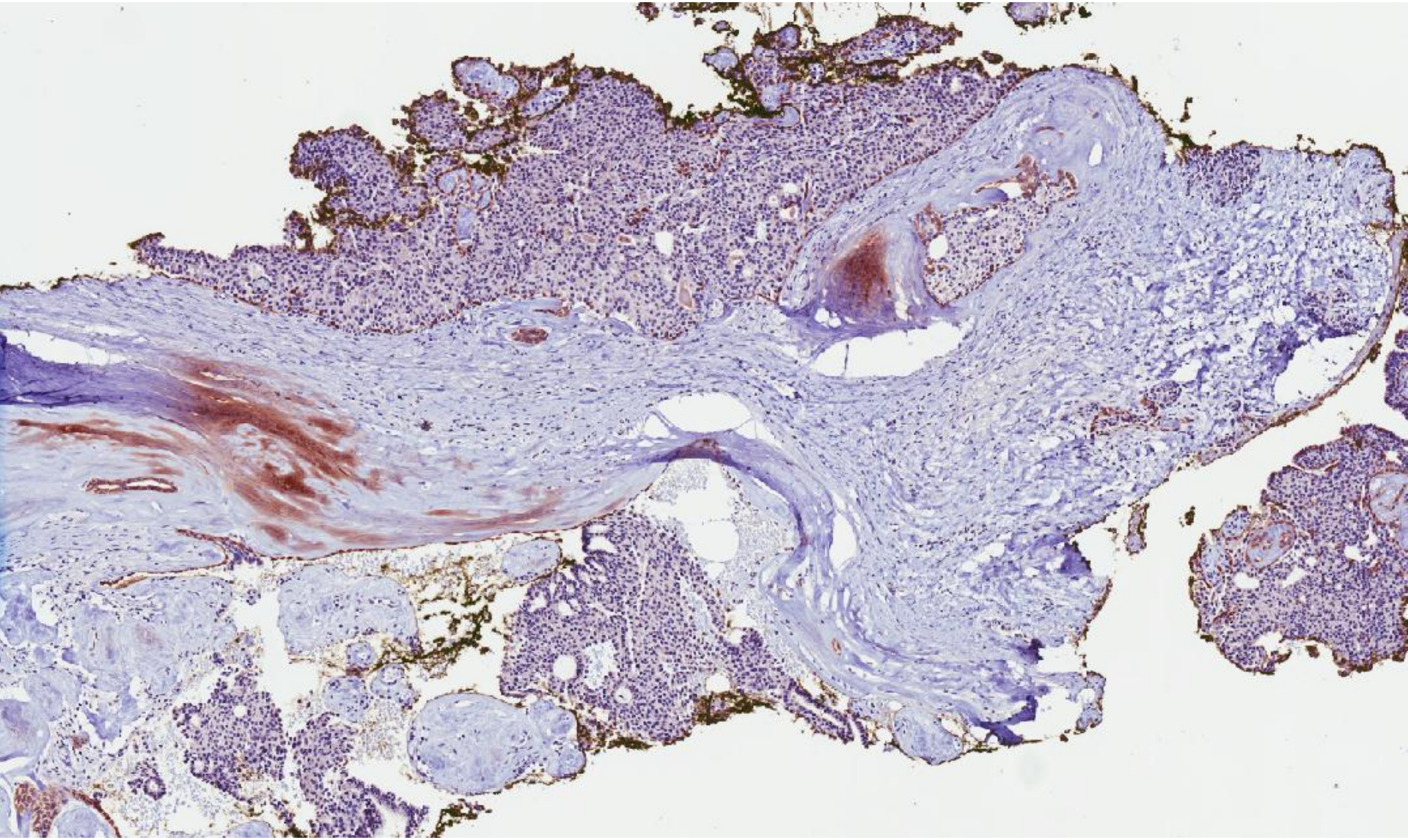




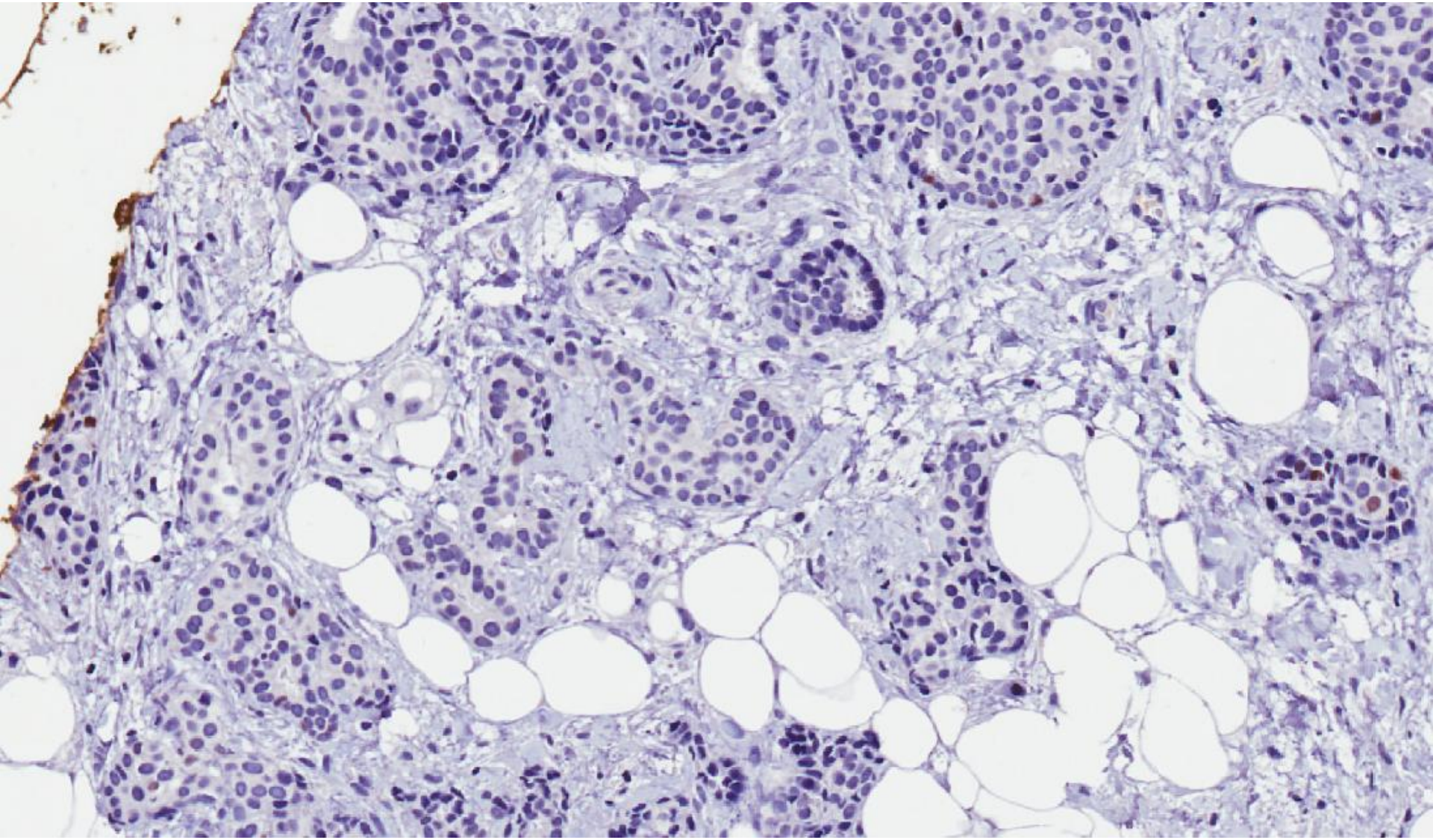




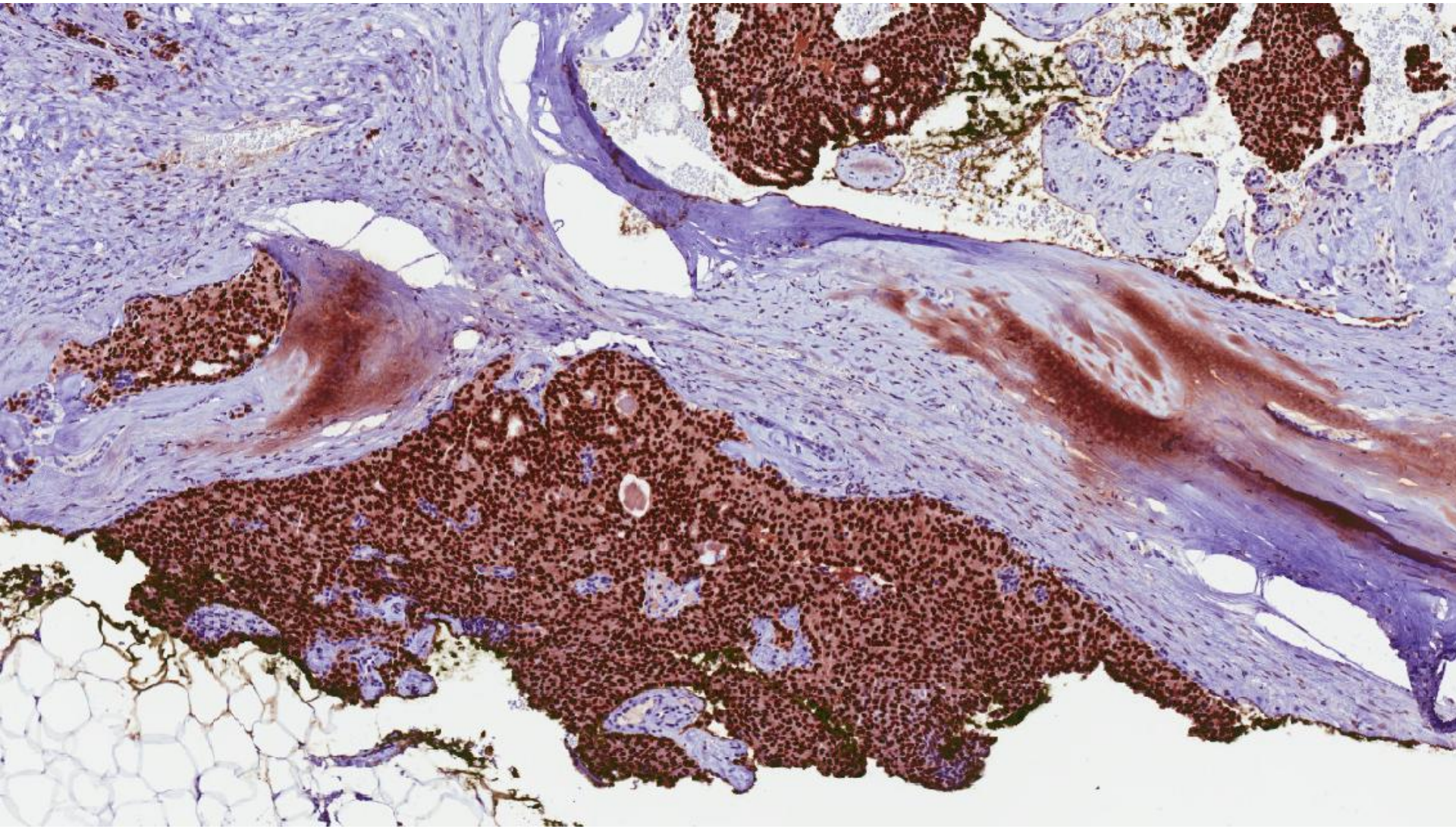




CK14



p63



ER

Diagnosis

- Papillary DCIS, low nuclear grade, without necrosis, with neuroendocrine differentiation.
- 2 mm focus of invasive carcinoma with cribriform features.

Questions

- *Could the sinister diagnosis be suspected on the original trucut biopsy?*
- *What are clues to the correct diagnosis on the trucut biopsy?*
- *What is the approach to core biopsy diagnosis of papillary lesions?*

Original trucut biopsy

- Mimics usual ductal hyperplasia.
- Clues to correct diagnosis:
  - Uniform single cell population.
  - Small, well-defined luminal spaces.
  - Polarisation of cells around luminal spaces.
  - Pink to amphophilic cytoplasmic hue, suggesting possible neuroendocrine differentiation.
- Older age of patient should warrant concern.

Papillary lesions on core biopsy

- Common approach is for complete removal of the lesion due to possible upgrading to a more sinister lesion.
- Any atypia in the papillary lesion on core biopsy should warrant complete excision.
- With large core biopsies that are able to remove entire small papillary lesions, further open surgery may not be indicated.
- For larger papillary lesions, and in older women in whom the lesion has not be completely sampled, surgical removal may be prudent.
- Close clinico-radiological correlation with pathologic findings is needed.