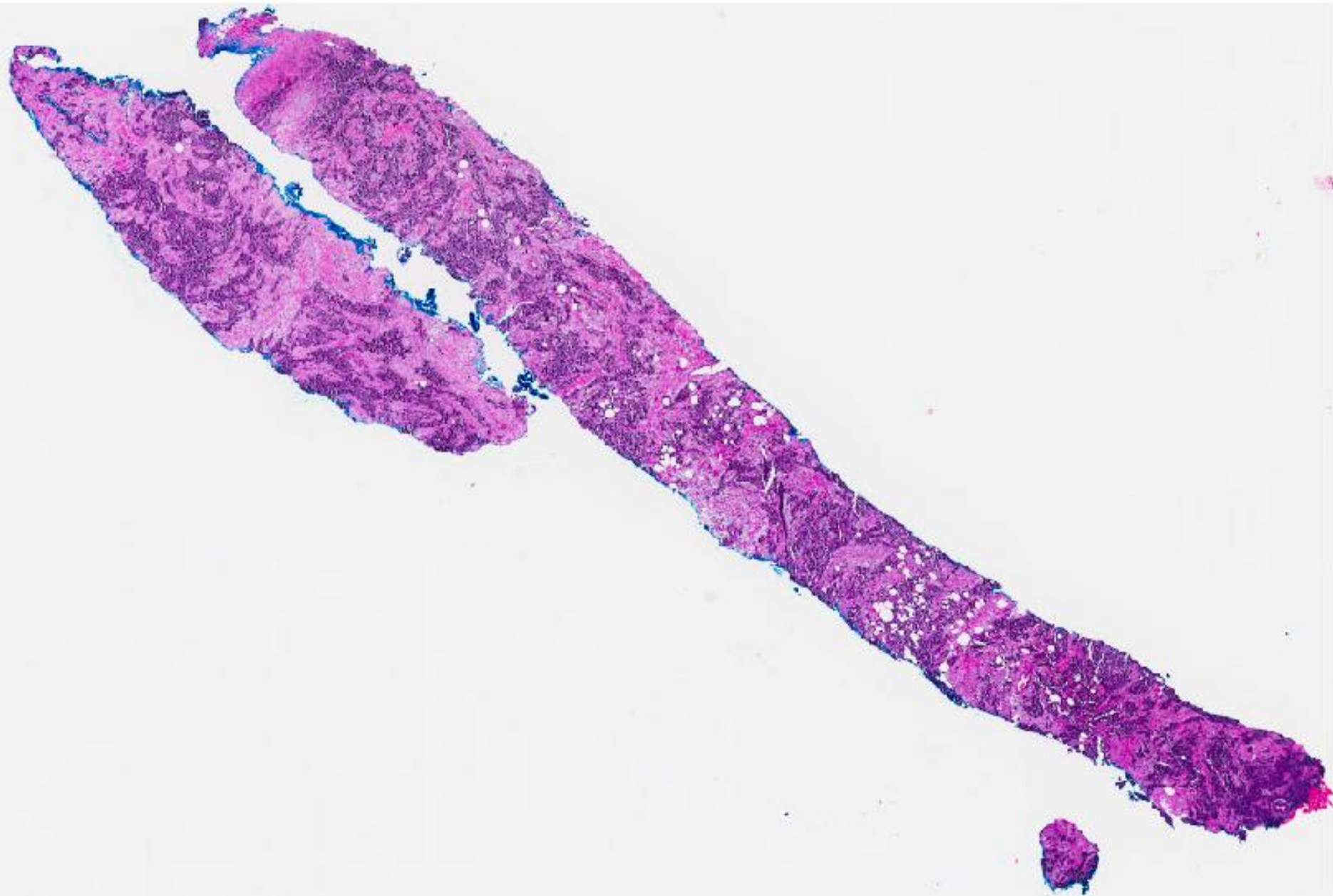
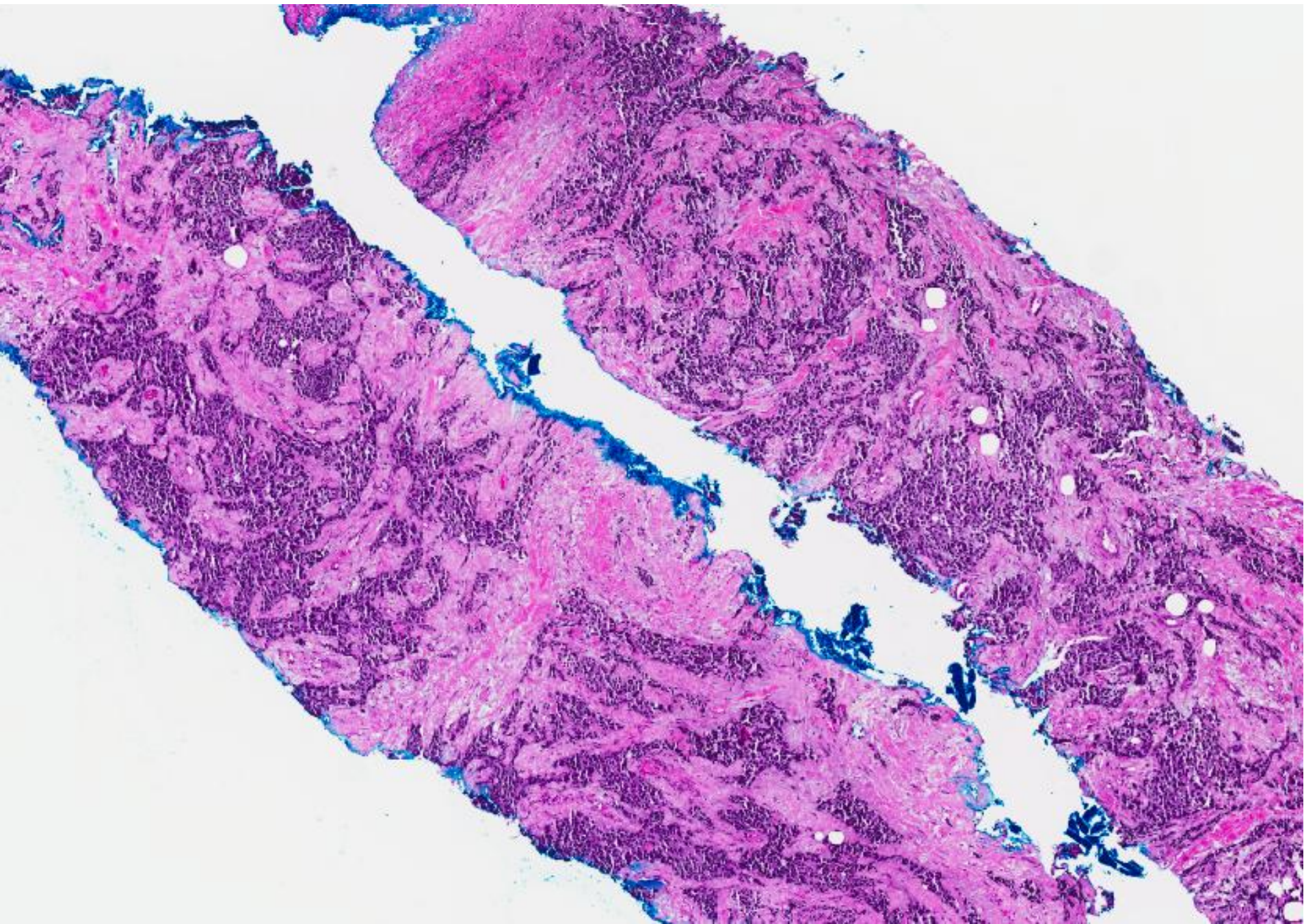
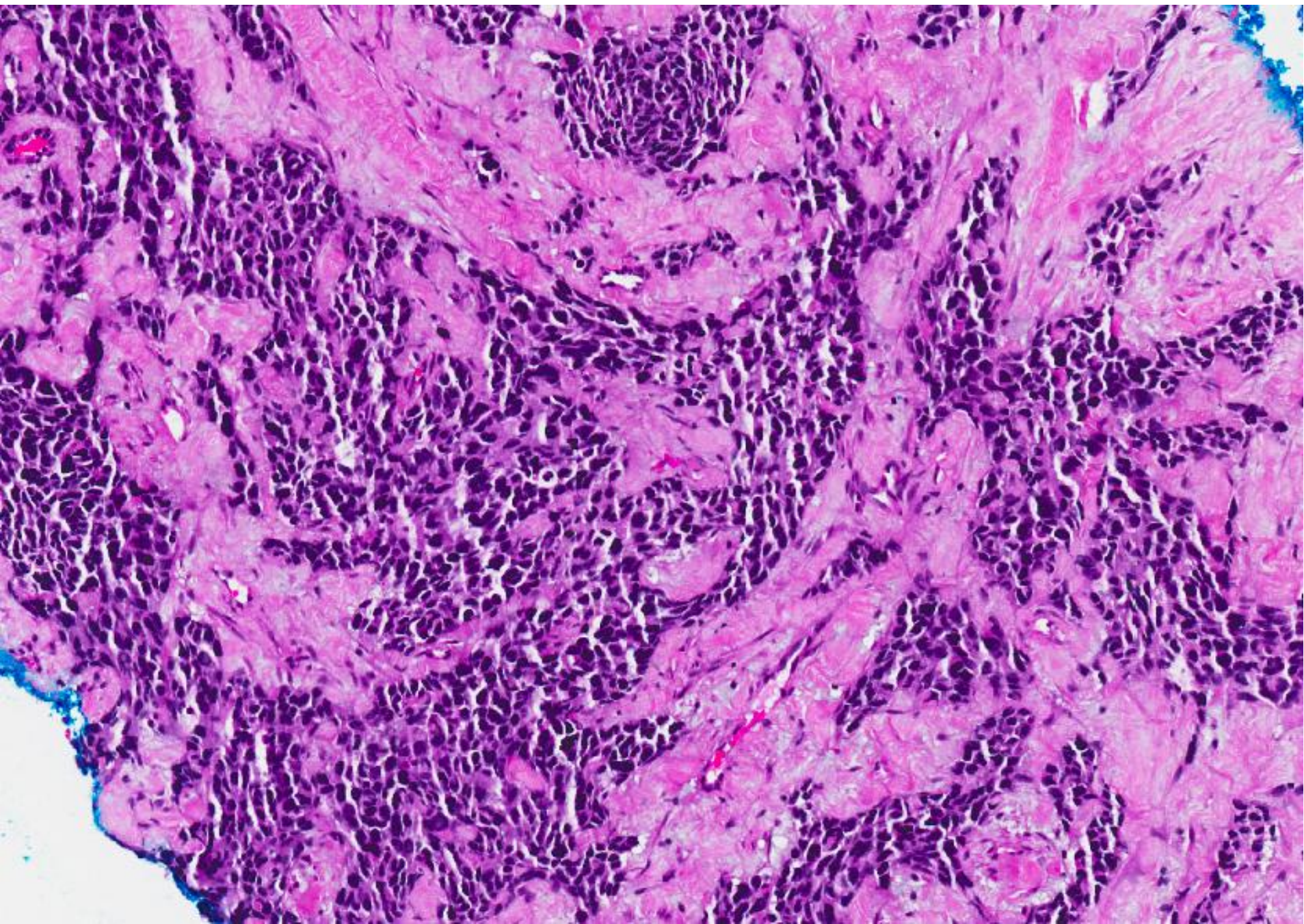


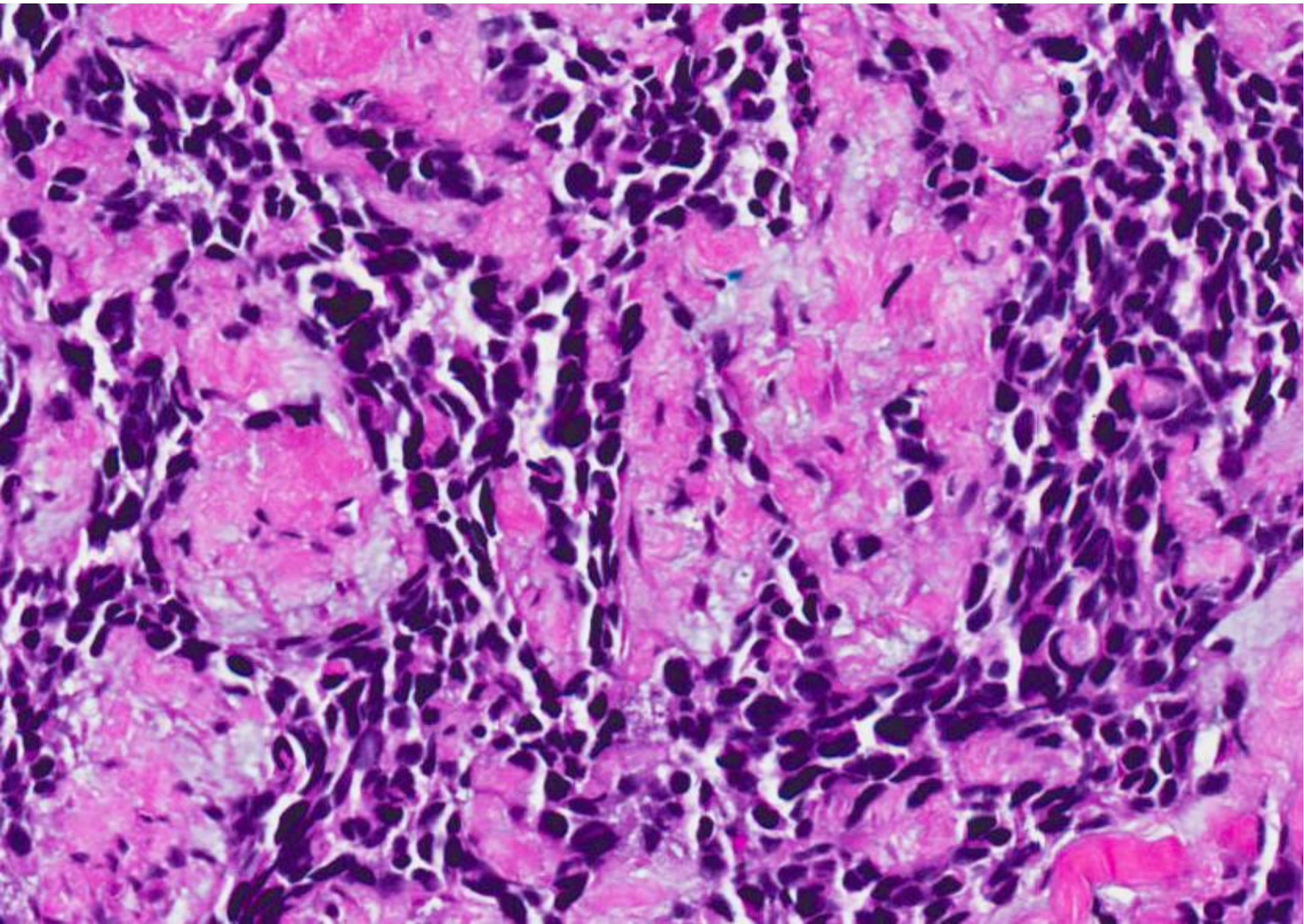
CASE 9

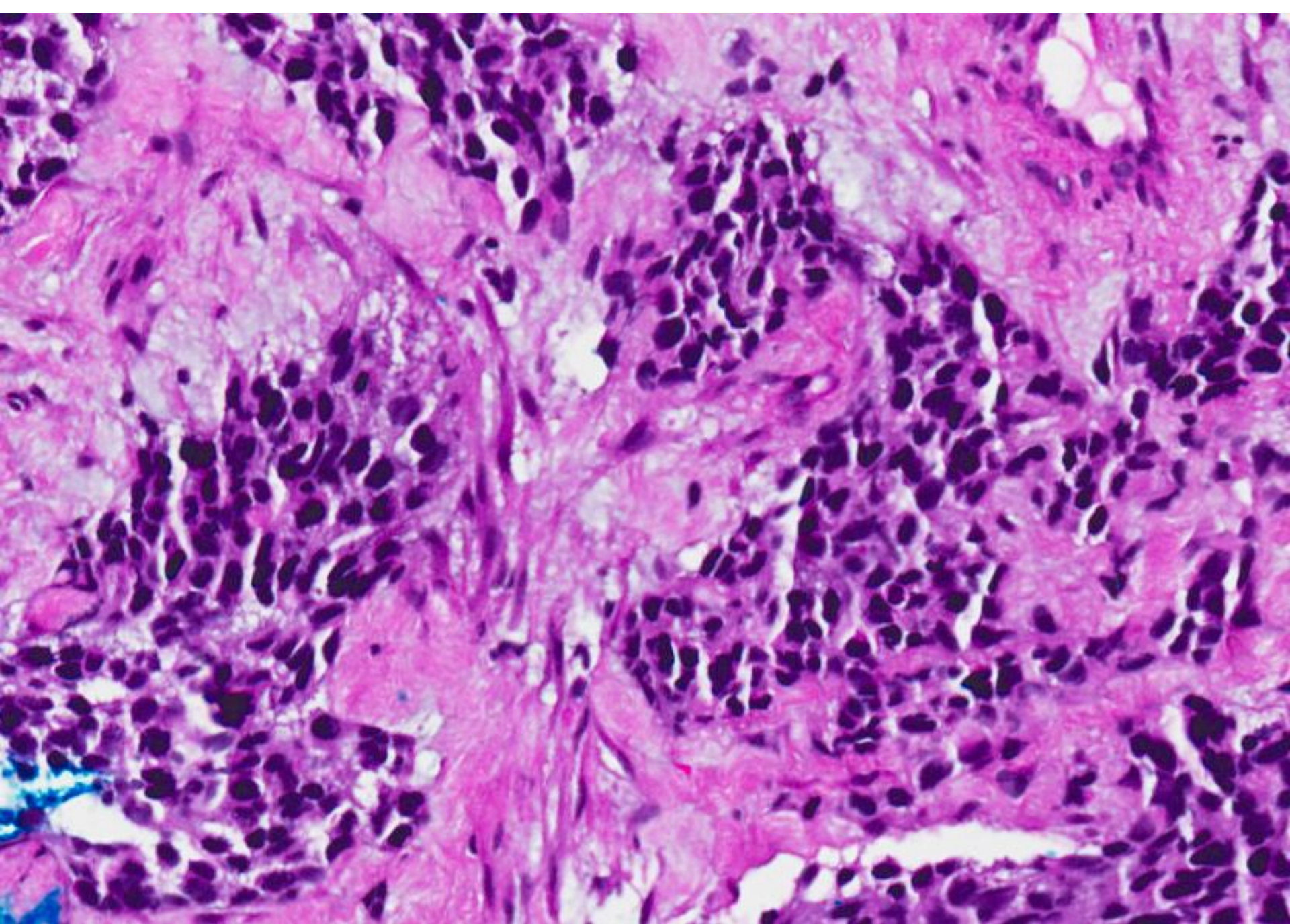
17 year old girl presented with a left breast lump. She gave a history of a right nasal lesion that was previously biopsied and investigated. A trucut biopsy was performed for the current left breast lump.

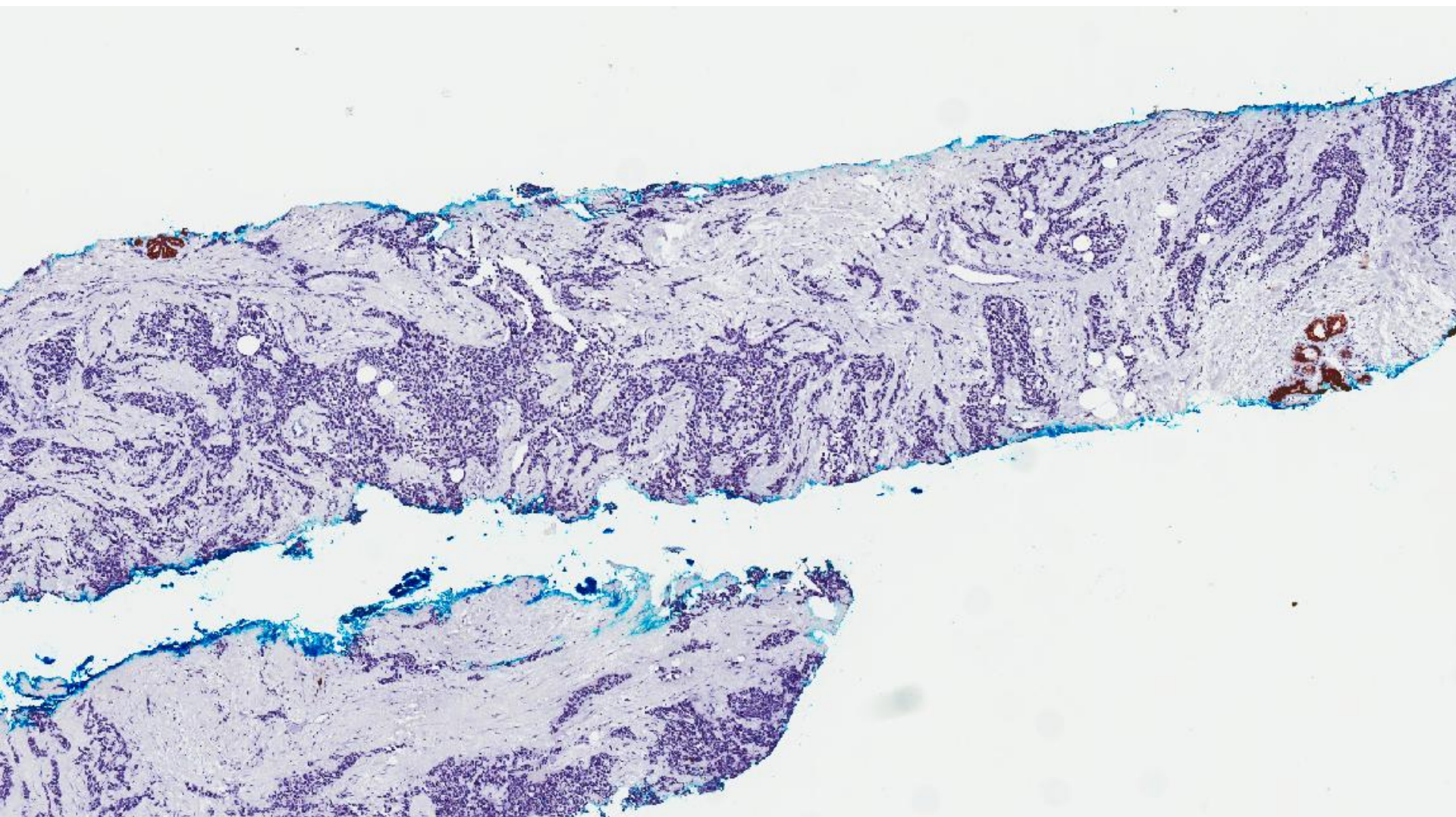




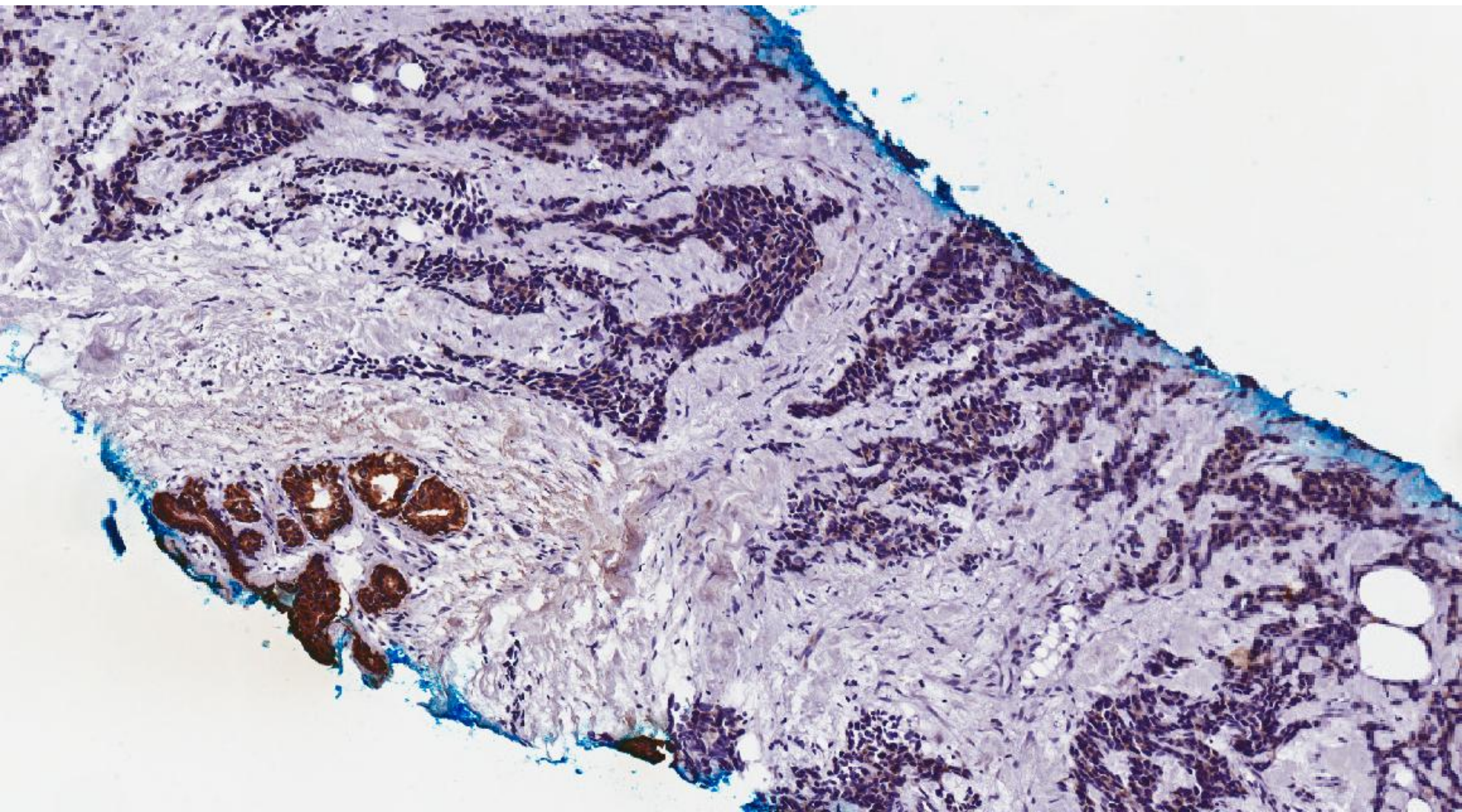




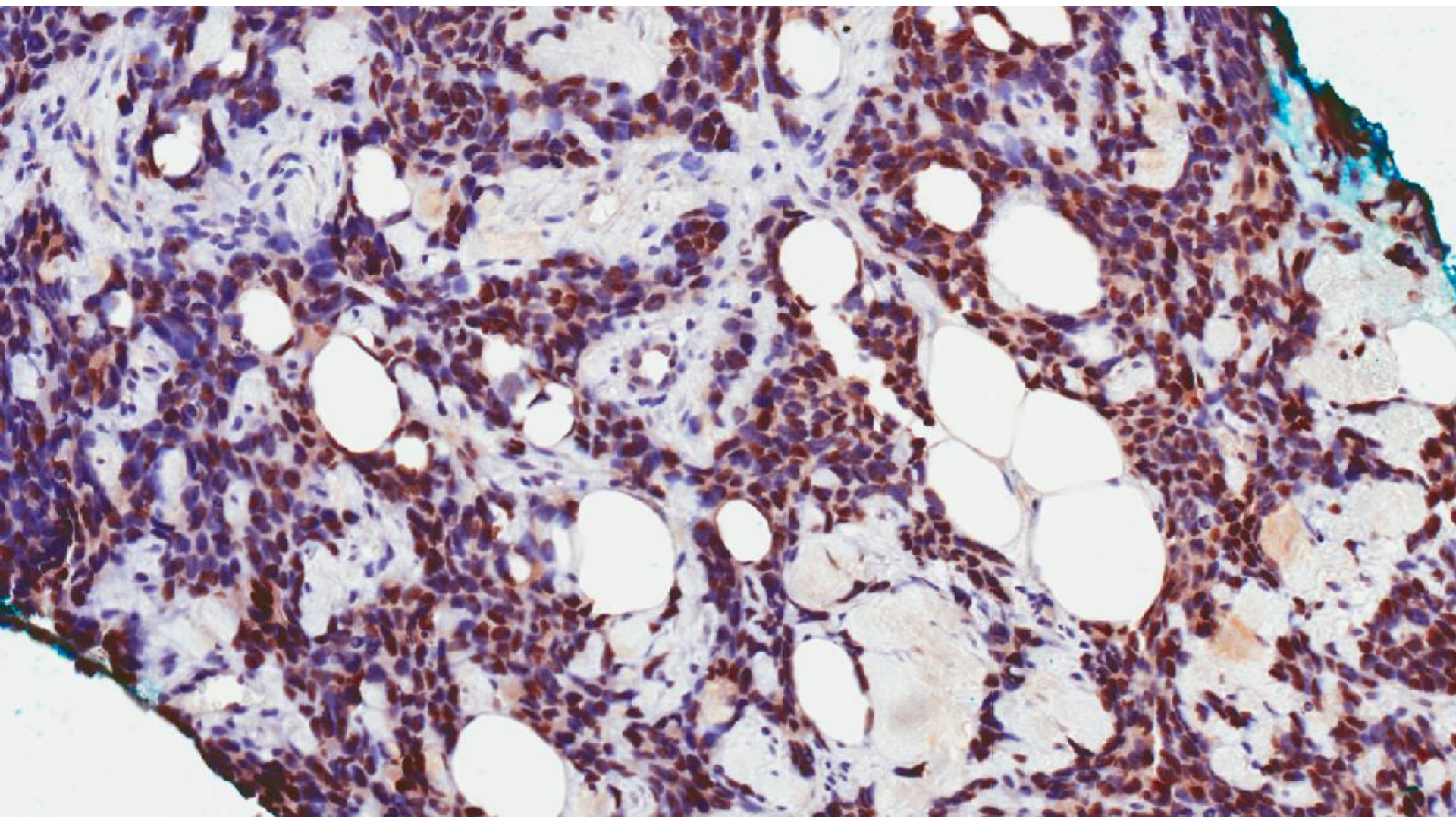




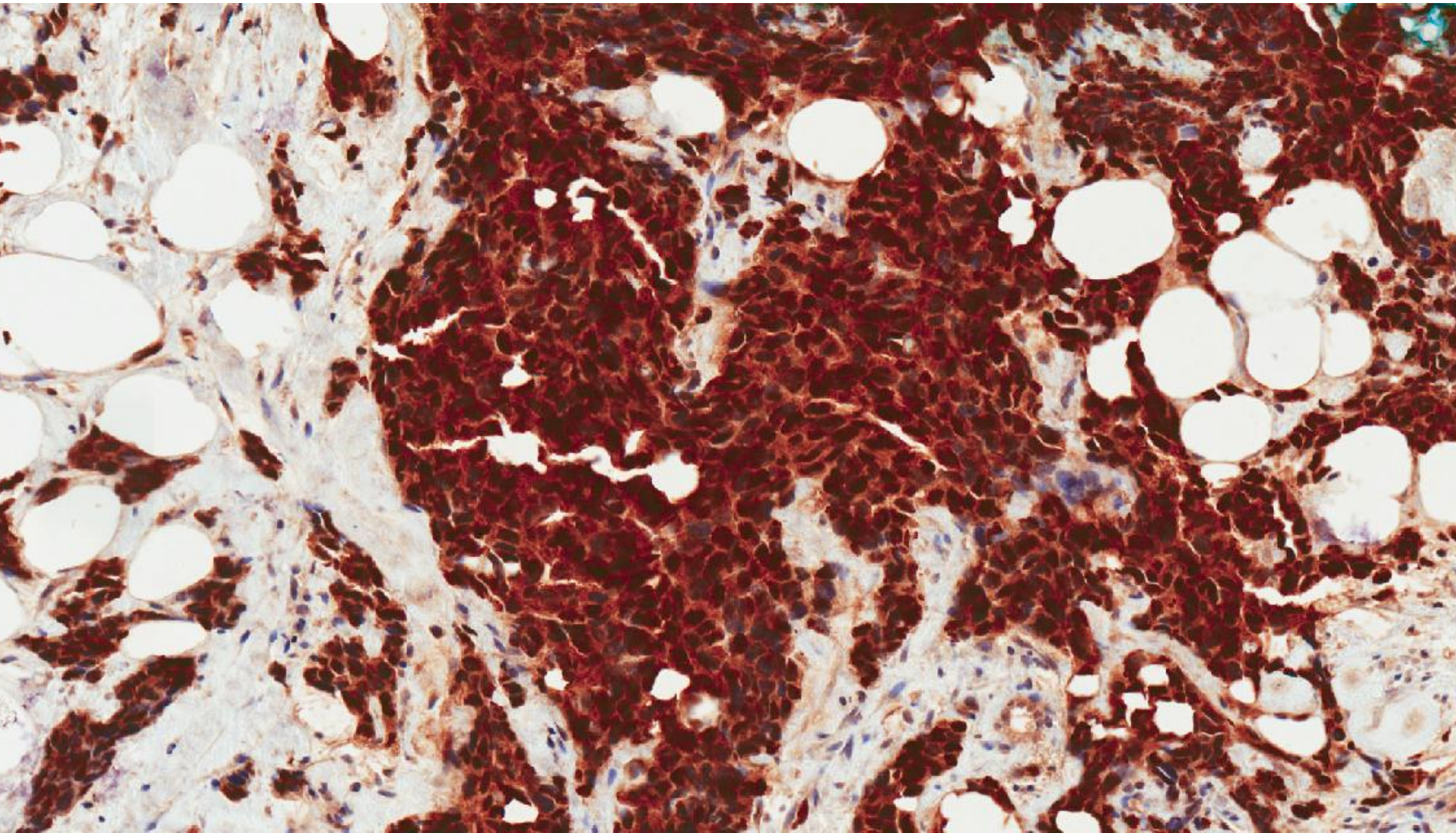
MNF116



AE1/3



myoD1



myogenin

Diagnosis

- Metastatic rhabdomyosarcoma.
- Prior history of nasal rhabdomyosarcoma.

Metastasis to the breast

- Metastases to the breast can occur from a wide range of extramammary primary sites.
- 0.2% to 3% of all malignant breast tumours.
- Primary sites:
 - Haematological malignancies.
 - Melanoma.
 - Carcinomas of the lung, ovary, prostate, kidney, stomach.
 - Carcinoid tumours.
 - Lymphoma and rhabdomyosarcoma in children.

Clues to diagnosis of metastasis to breast

- Unusual morphology:
 - Small cell carcinoma – to rule out pulmonary origin.
 - Clear cell carcinoma – to rule out RCC.
 - Pigmented tumour cells – to rule out melanoma.
- History of prior malignancy.
- Elastosis and CIS – favour primary breast origin.
- Calcification common in primary breast cancer, rare in metastases (except papillary serous ovarian cancer).
- Compare with histology of primary tumour.
- Use of immunohistochemistry.