

CASE 19

61 year old Chinese lady underwent an ultrasound guided core biopsy of a mammographically detected left breast lesion.

Right

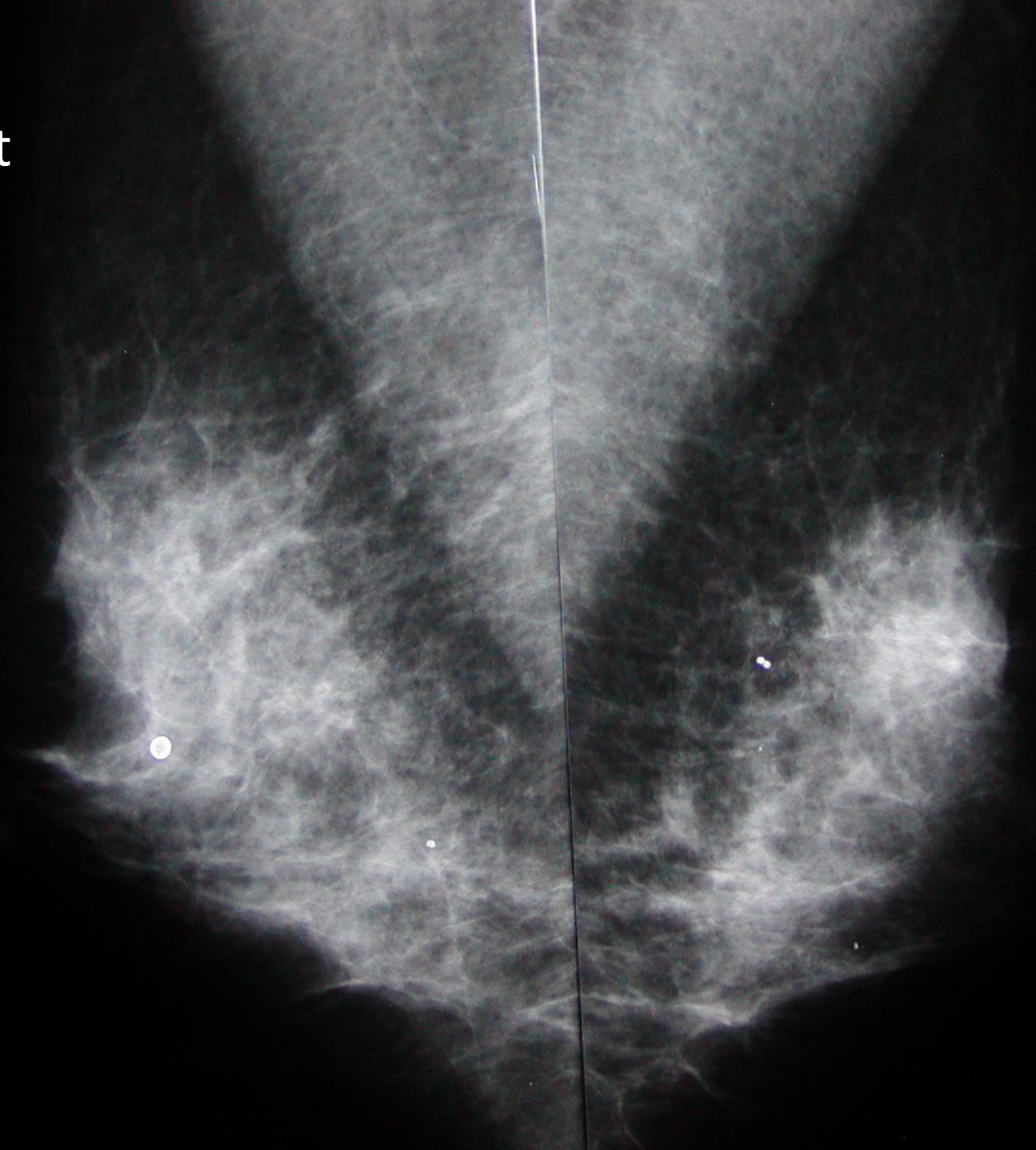


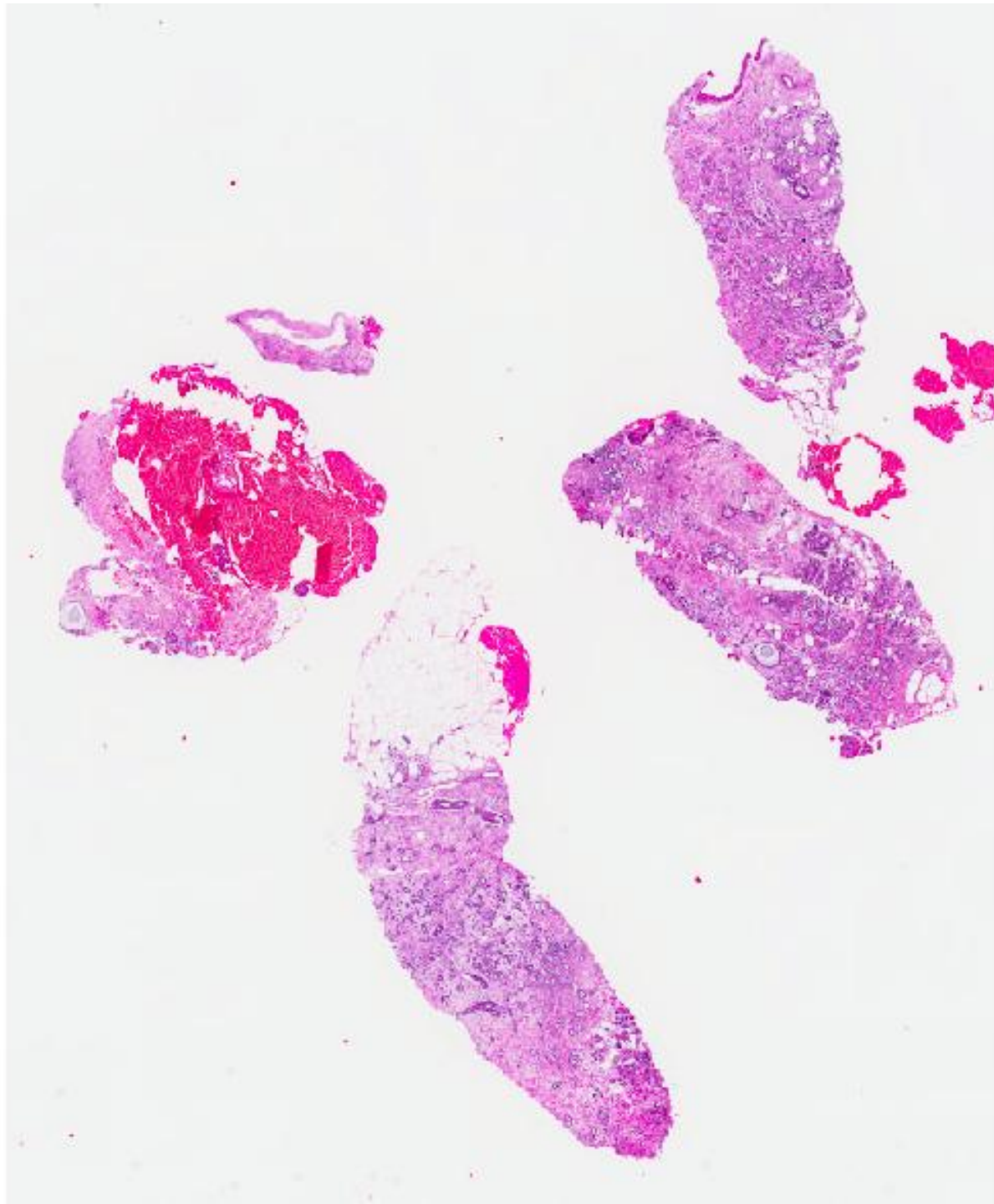
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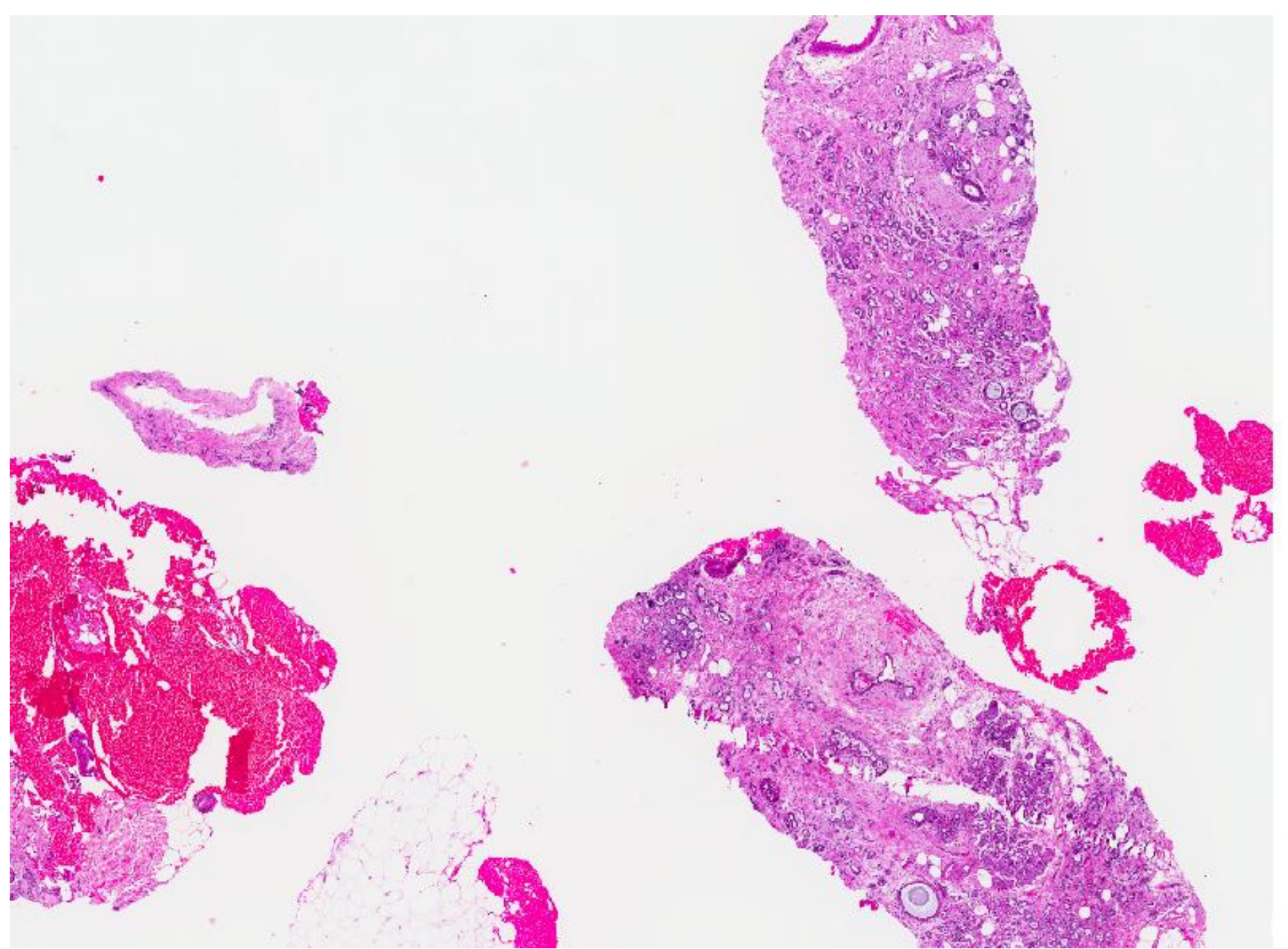


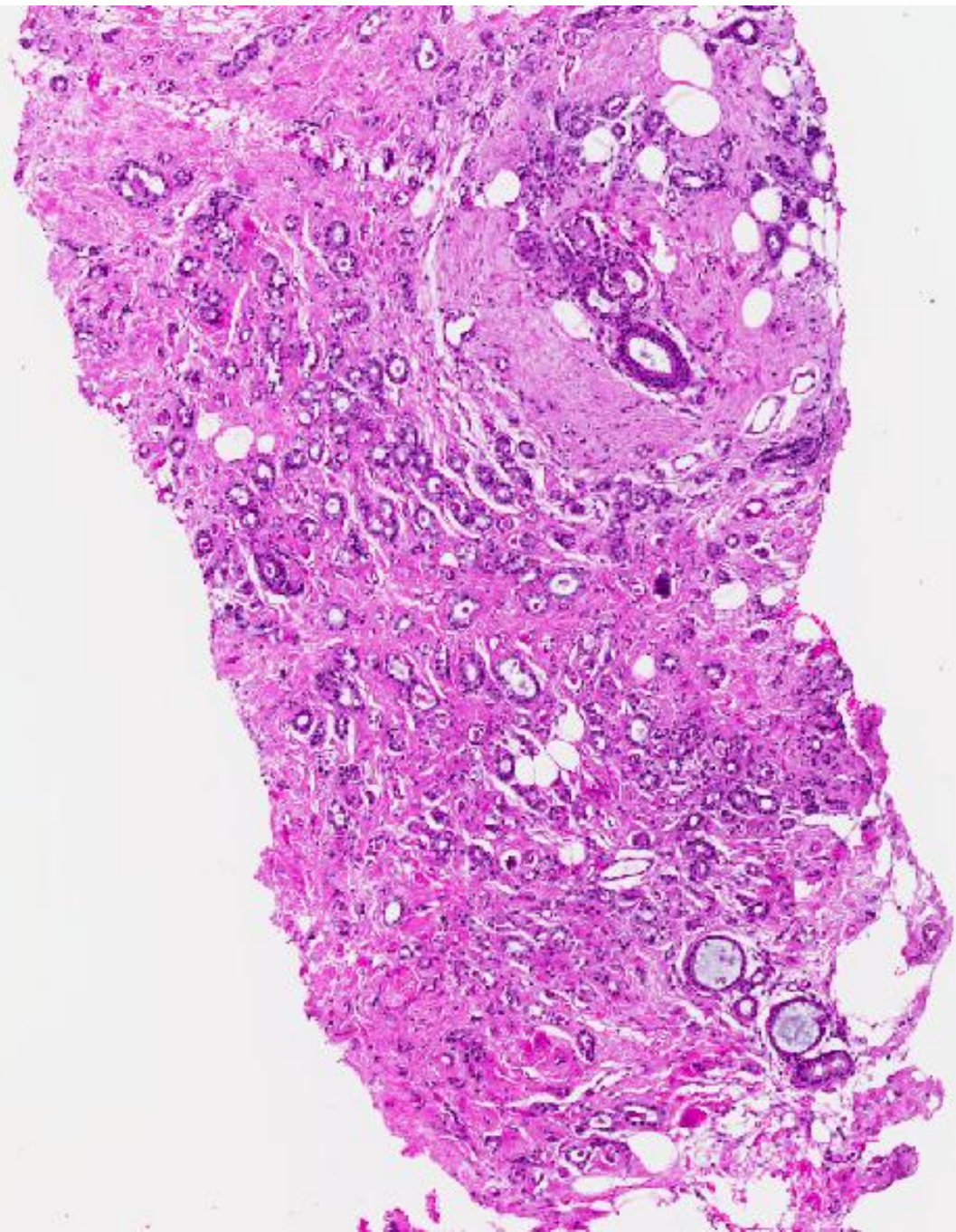
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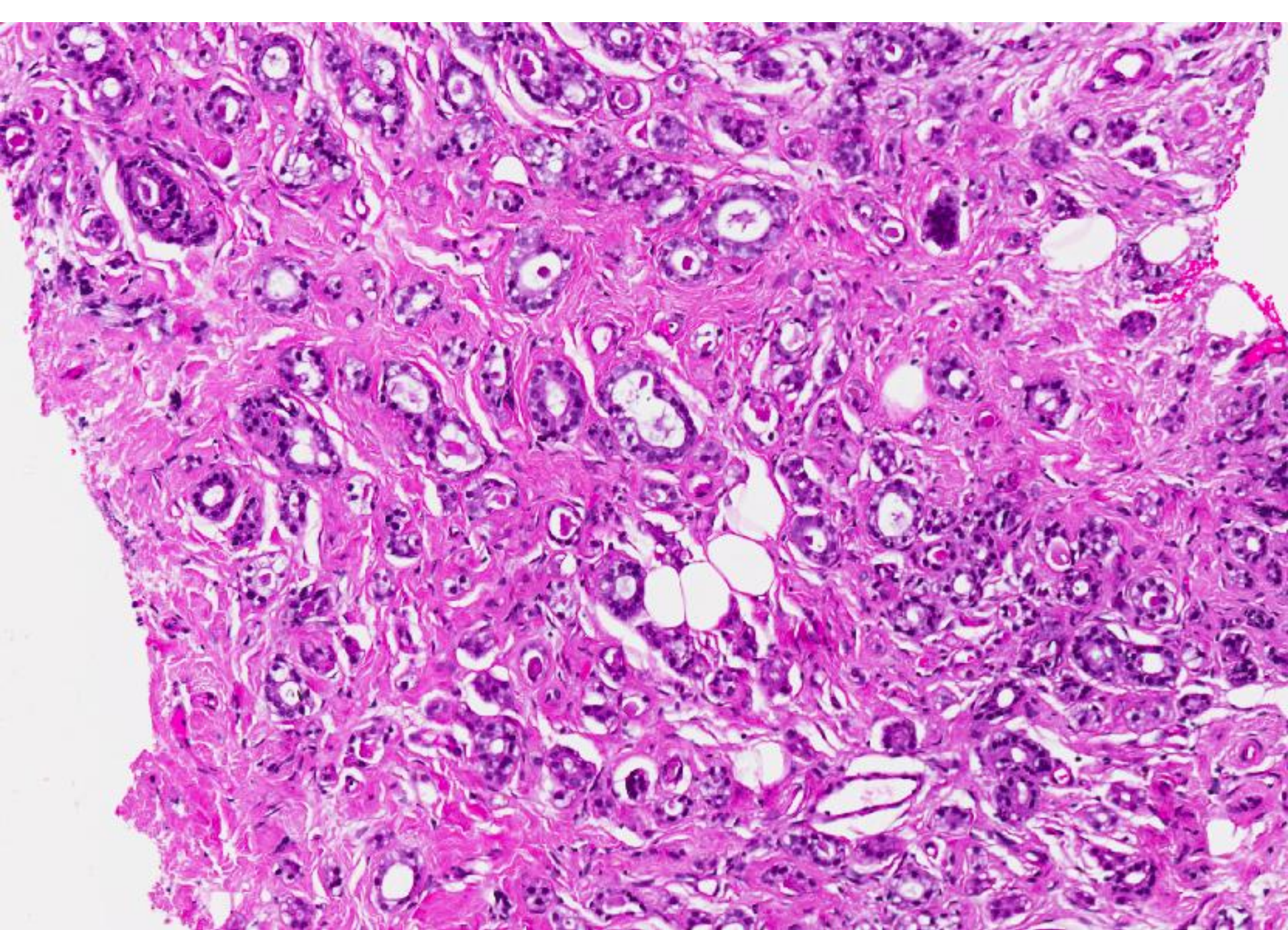
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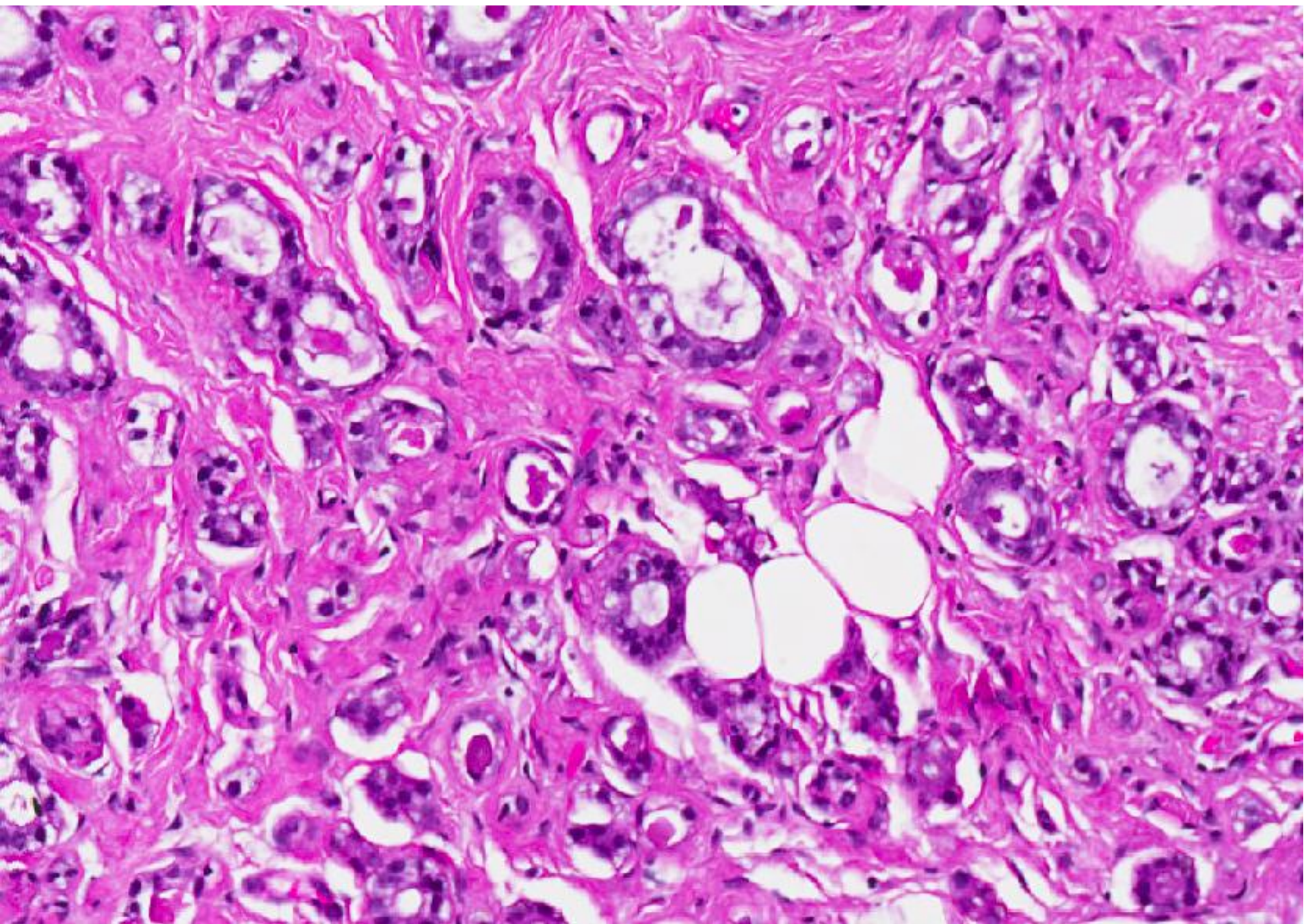


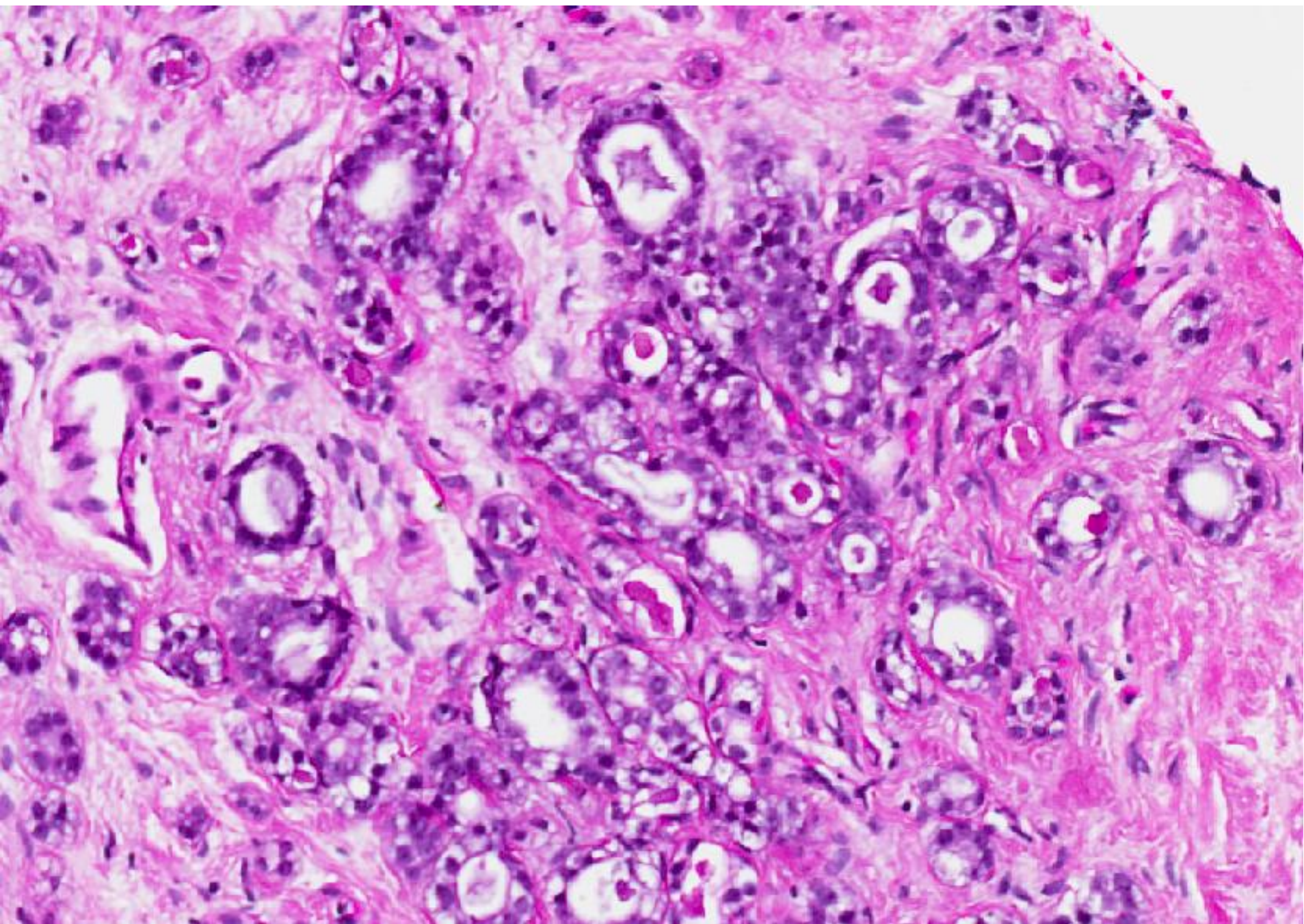


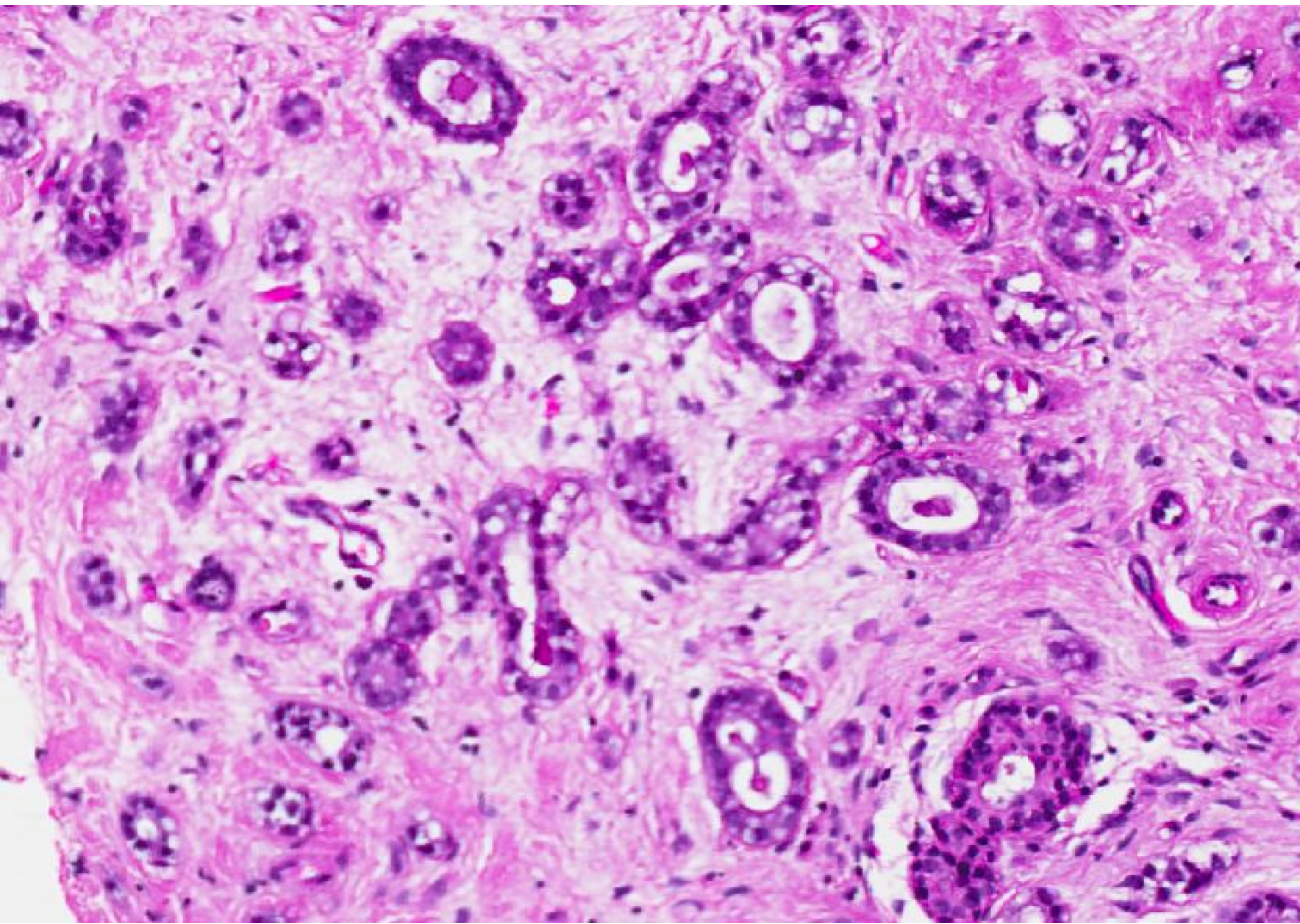


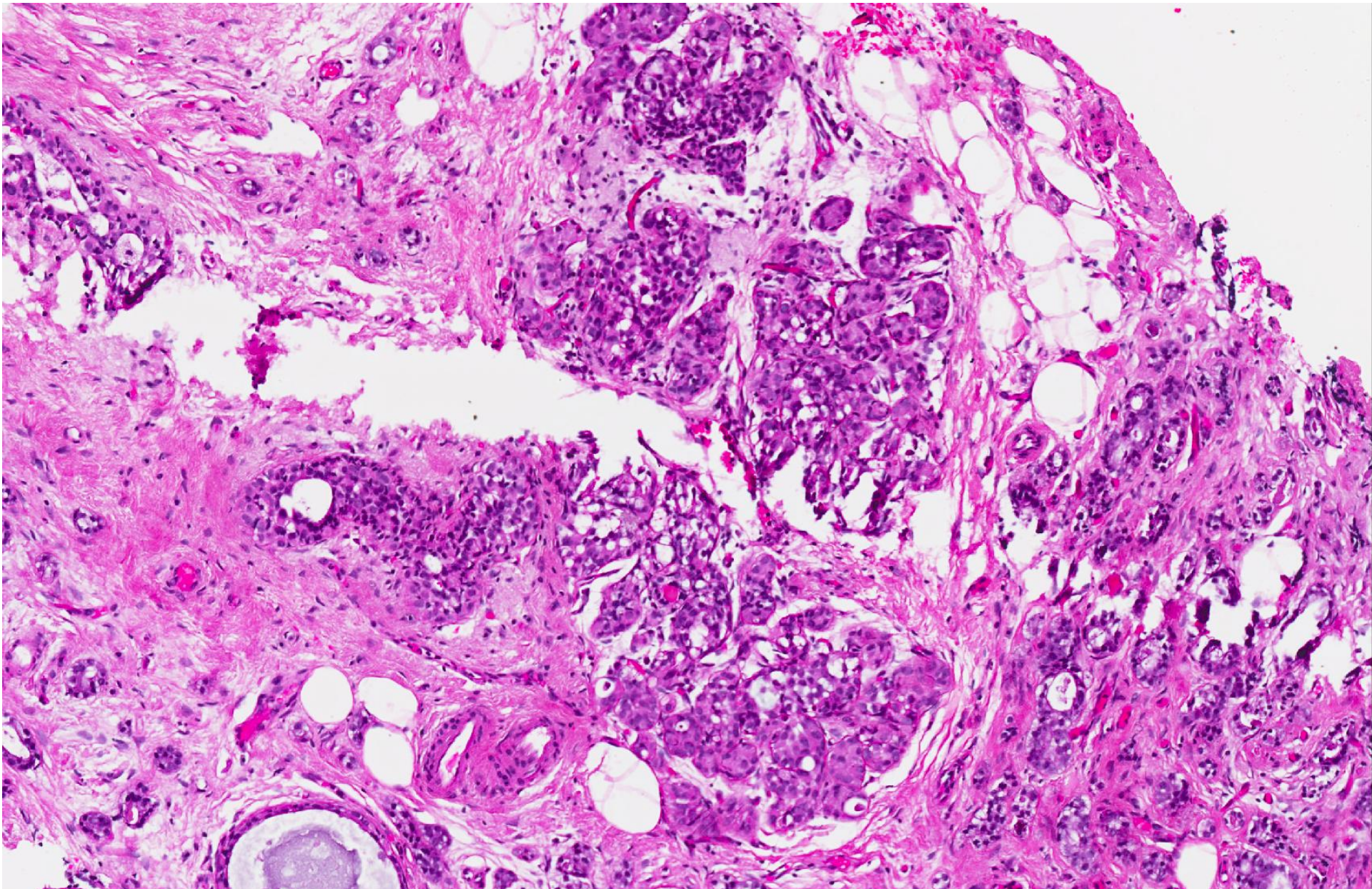


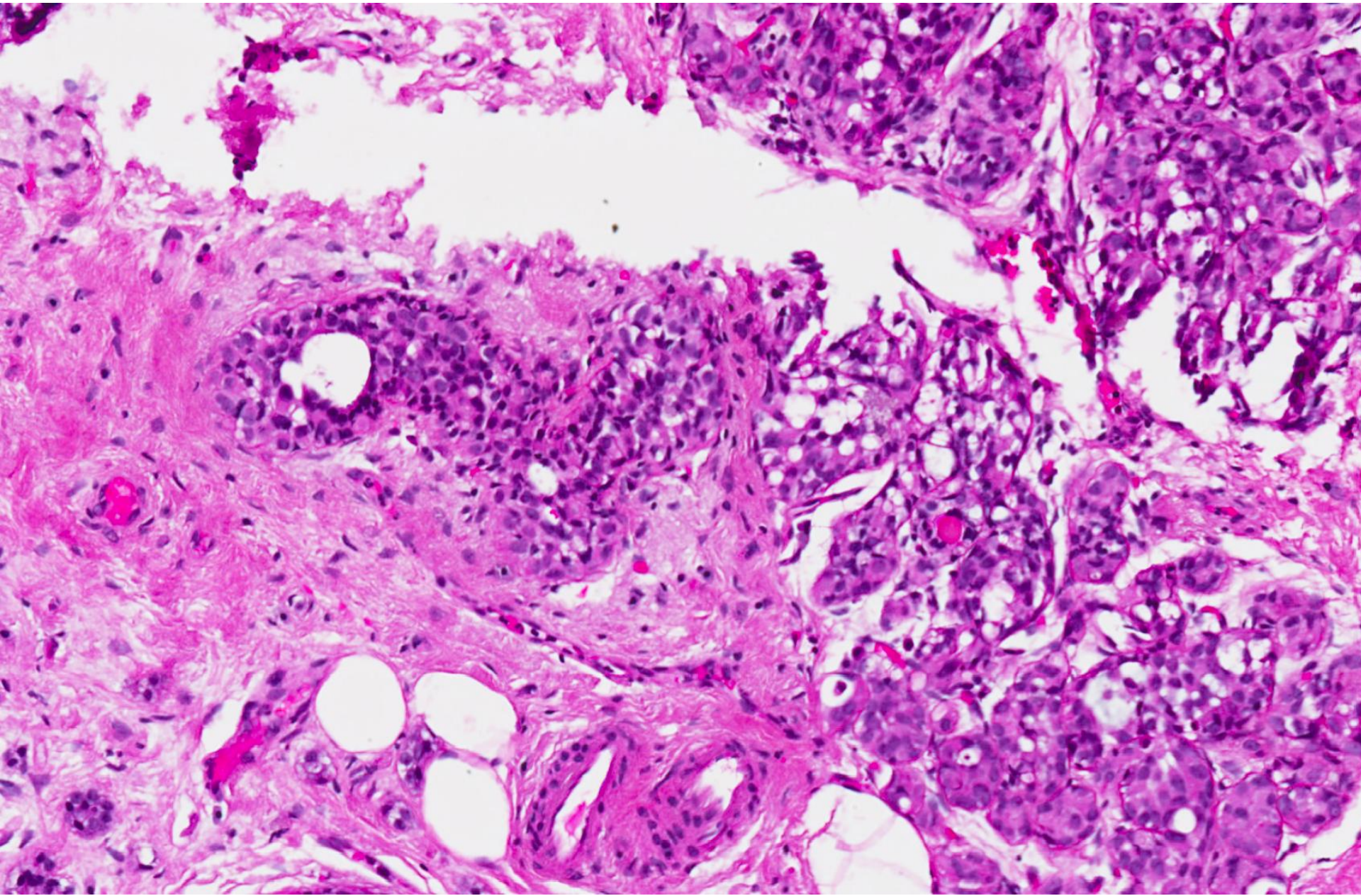


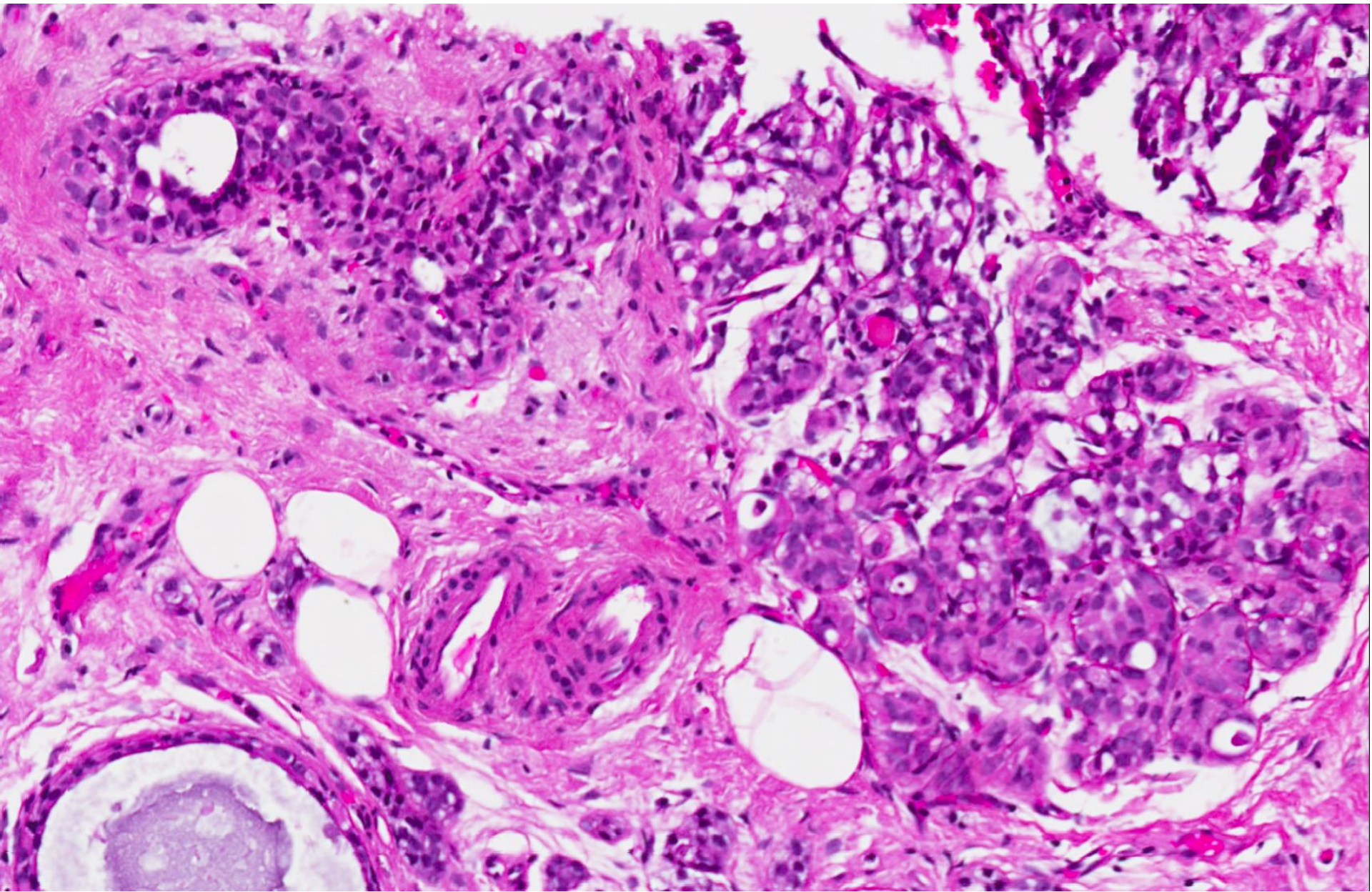












Diagnosis

- Microglandular adenosis.
- Atypical lobular hyperplasia.

Microglandular adenosis

- Can mimic cancer radiologically, clinically and pathologically.
- Microscopically resembles tubular carcinoma.

Microglandular adenosis

- Presentation as a palpable mass, radiologic density or incidentally.
- Atypical microglandular adenosis:
 - More complex anastomosing glands.
 - Luminal bridges.
 - Micro-cribriform nests.
 - Stratification of epithelial cells, effacing gland lumens.
 - Cytologic atypia.
 - Loss of luminal secretions.
- Carcinoma associated with microglandular adenosis:
 - Transition from atypical forms to DCIS to invasion.
 - Invasive carcinoma:
 - acinic cell, adenoid cystic, secretory, etc.
- Treatment with complete excision and negative margins.

Immunohistochemical distinction between microglandular adenosis and invasive tubular carcinoma

	ER	S100	EMA	p63/CK14	Laminin/ Collagen IV
Microglandular adenosis	-	+	-	-	+
Tubular carcinoma	+	-	+	-	-

Microglandular adenosis

- Excision biopsy recommended for core biopsy diagnosis of MGA.
- Re-excision should be considered if margin is microscopically involved since recurrences can occur.
- For atypical MGA, need for wide excision with histologically documented negative margins.