

CASE 24

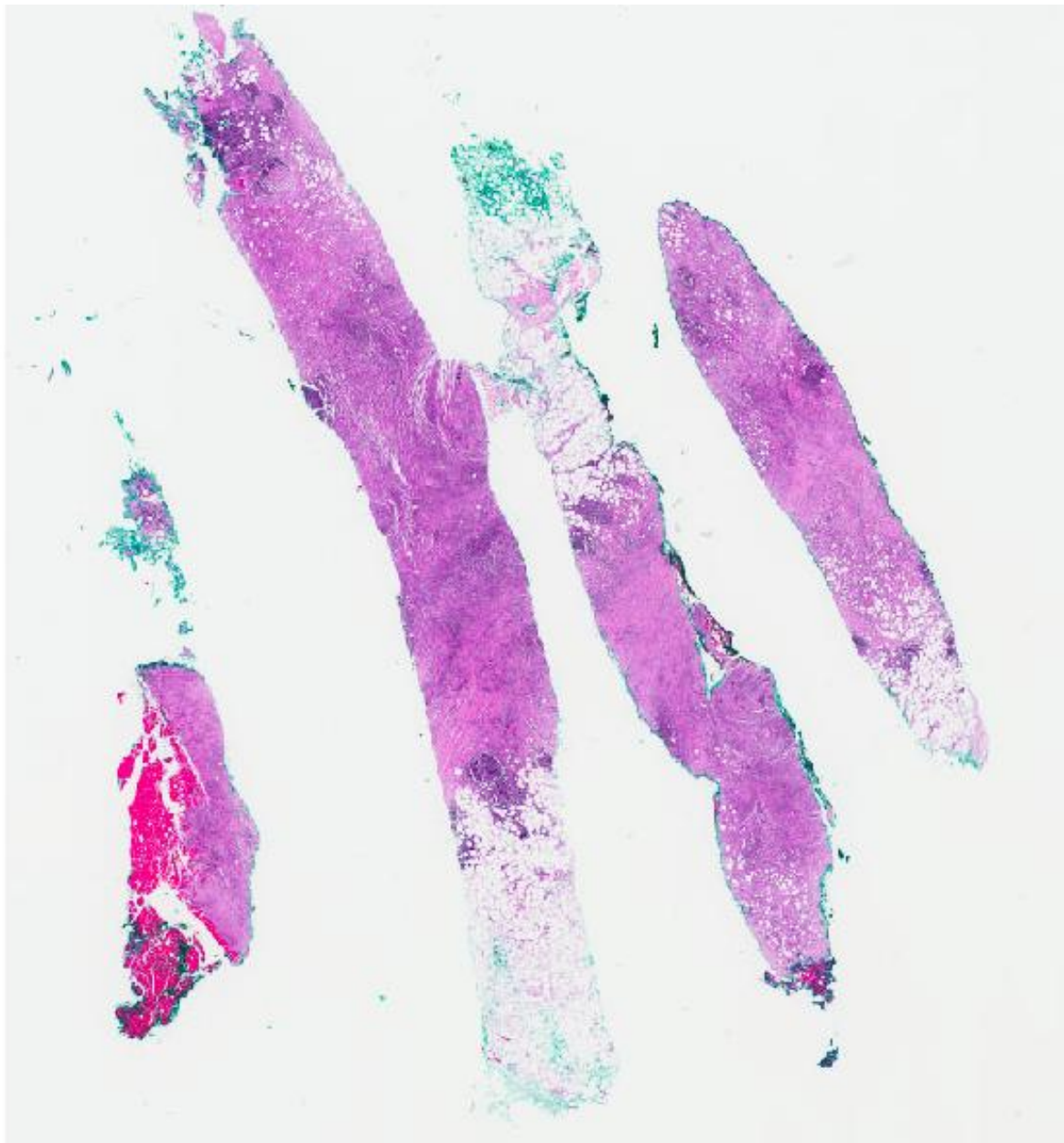
56 year old Chinese lady.

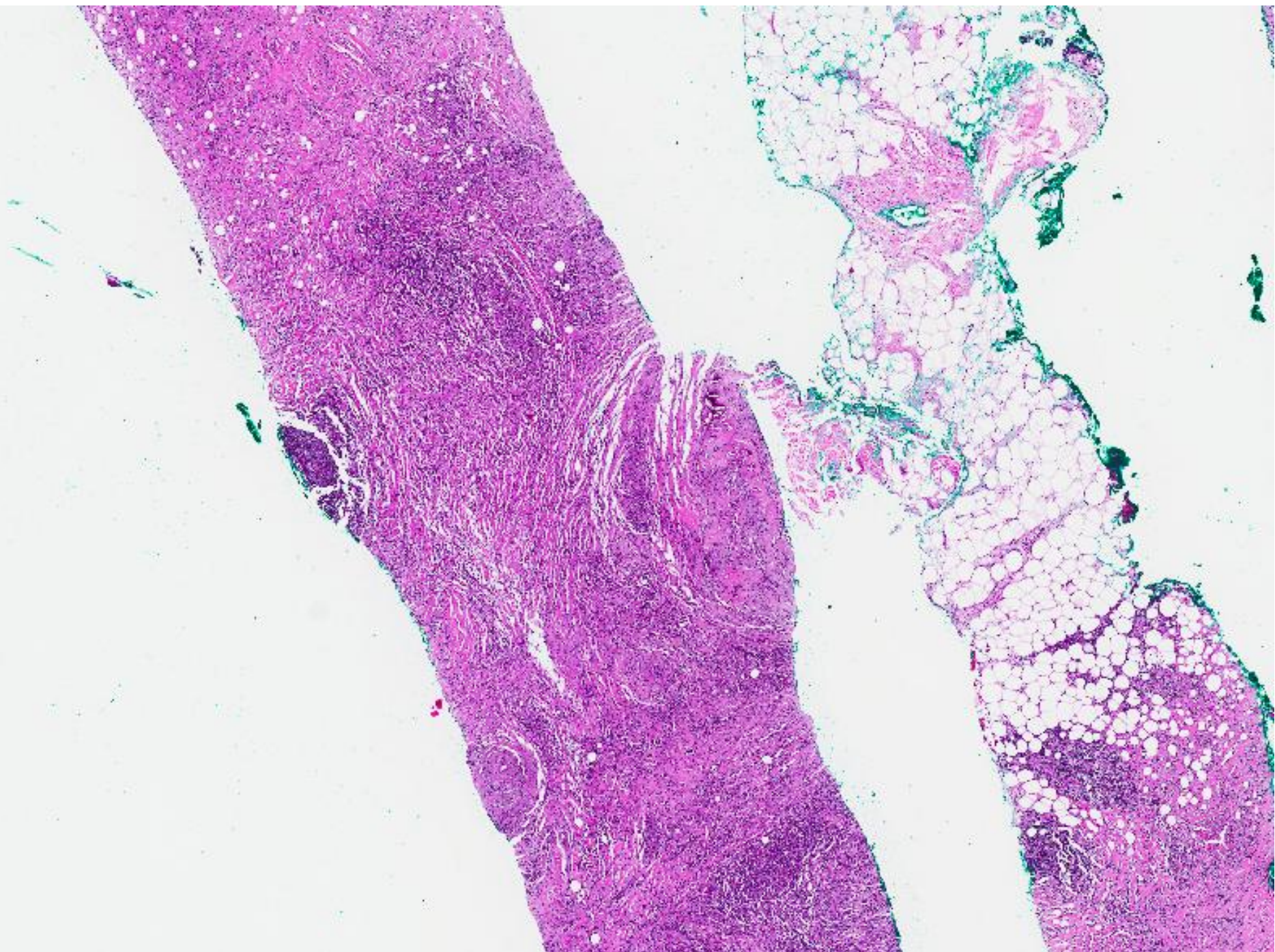
Past history of right breast cancer status post wide excision and axillary clearance, with postoperative radiation therapy administered about 10 years ago.

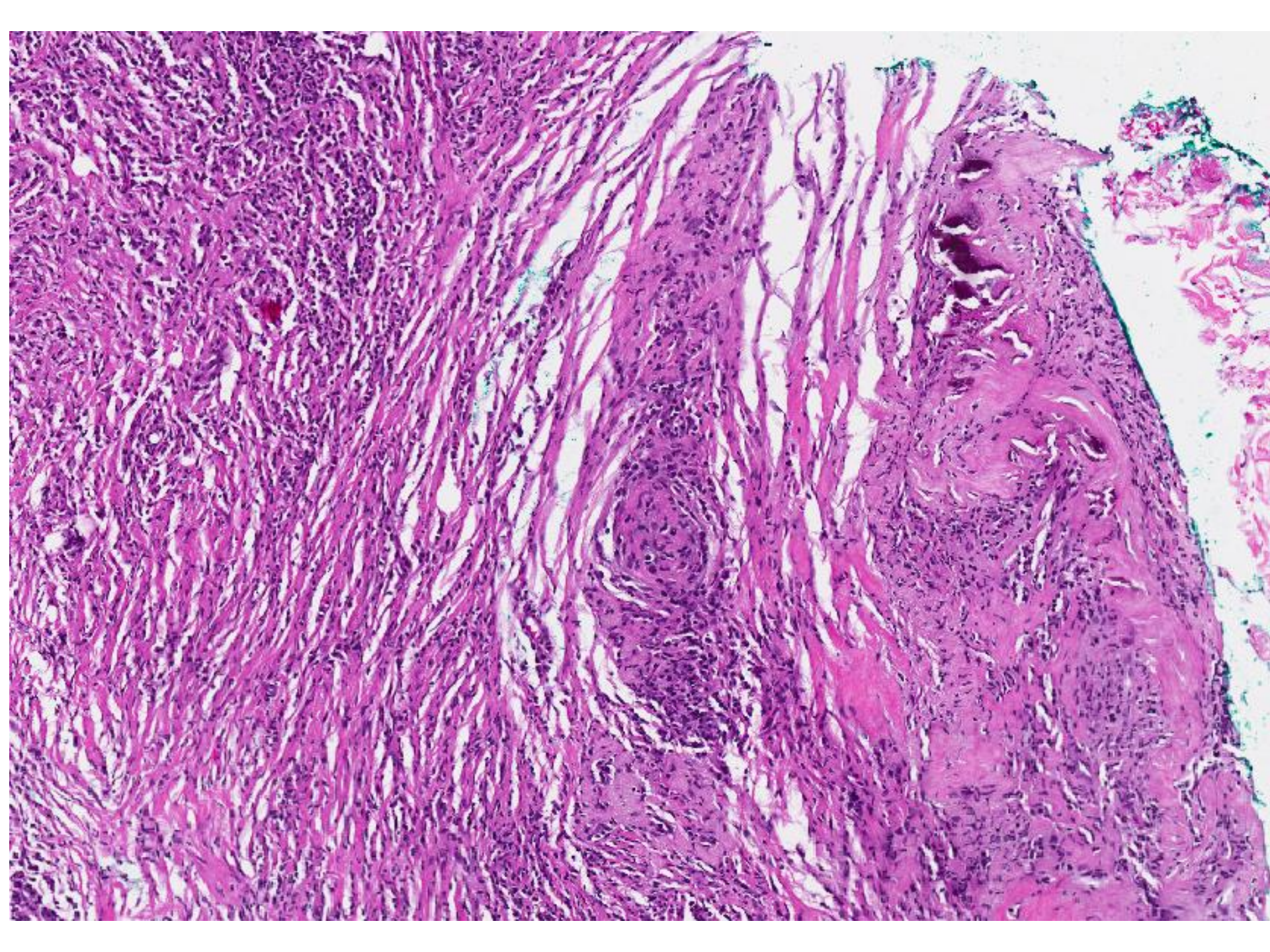
On regular follow-up, she was found to have a BIRADS 4 lesion on ultrasound- a nodule measuring 8 x 7 x 8 mm at the 1 to 2 o'clock position of the right breast.

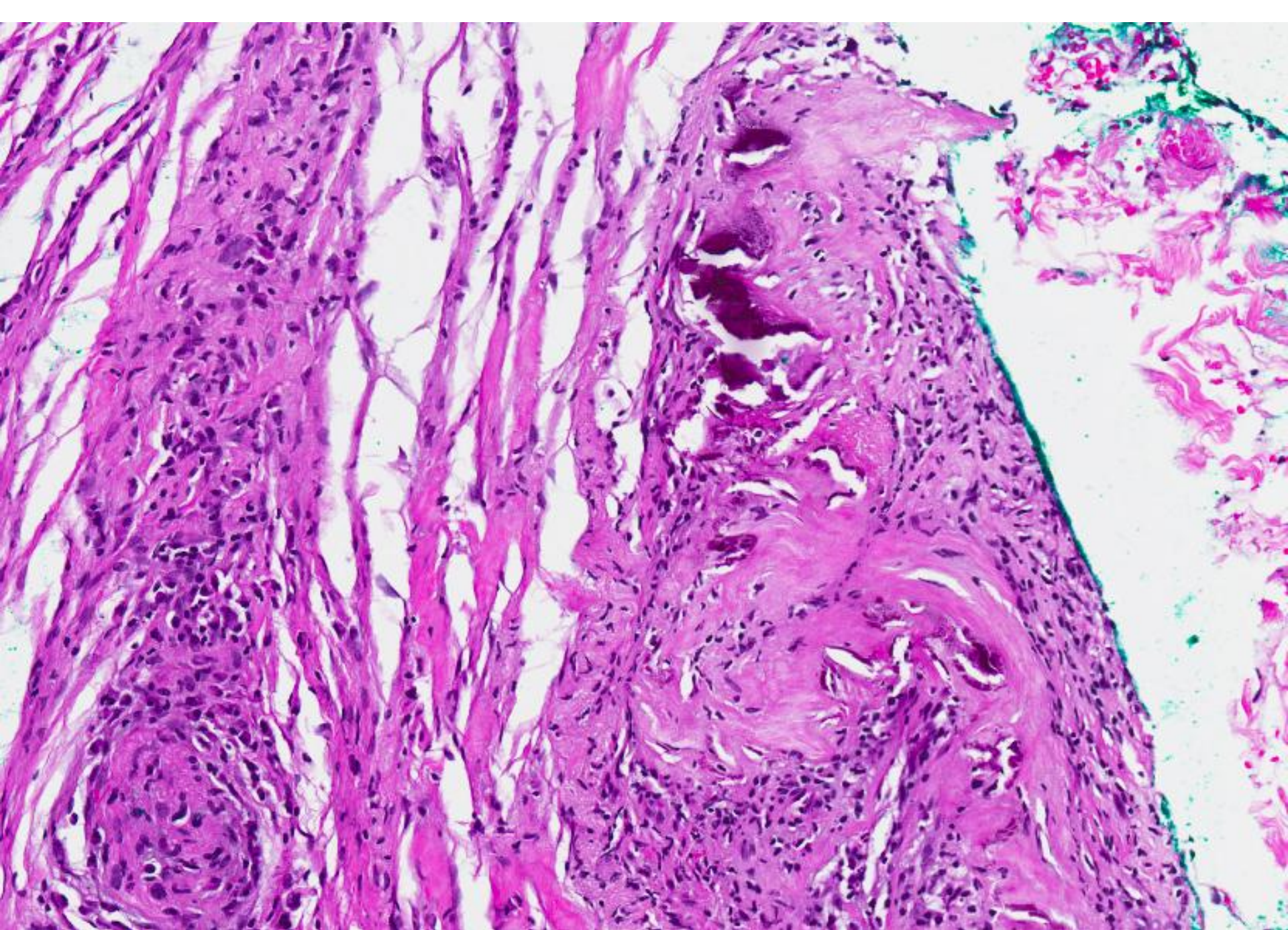
An ultrasound guided core biopsy was performed.

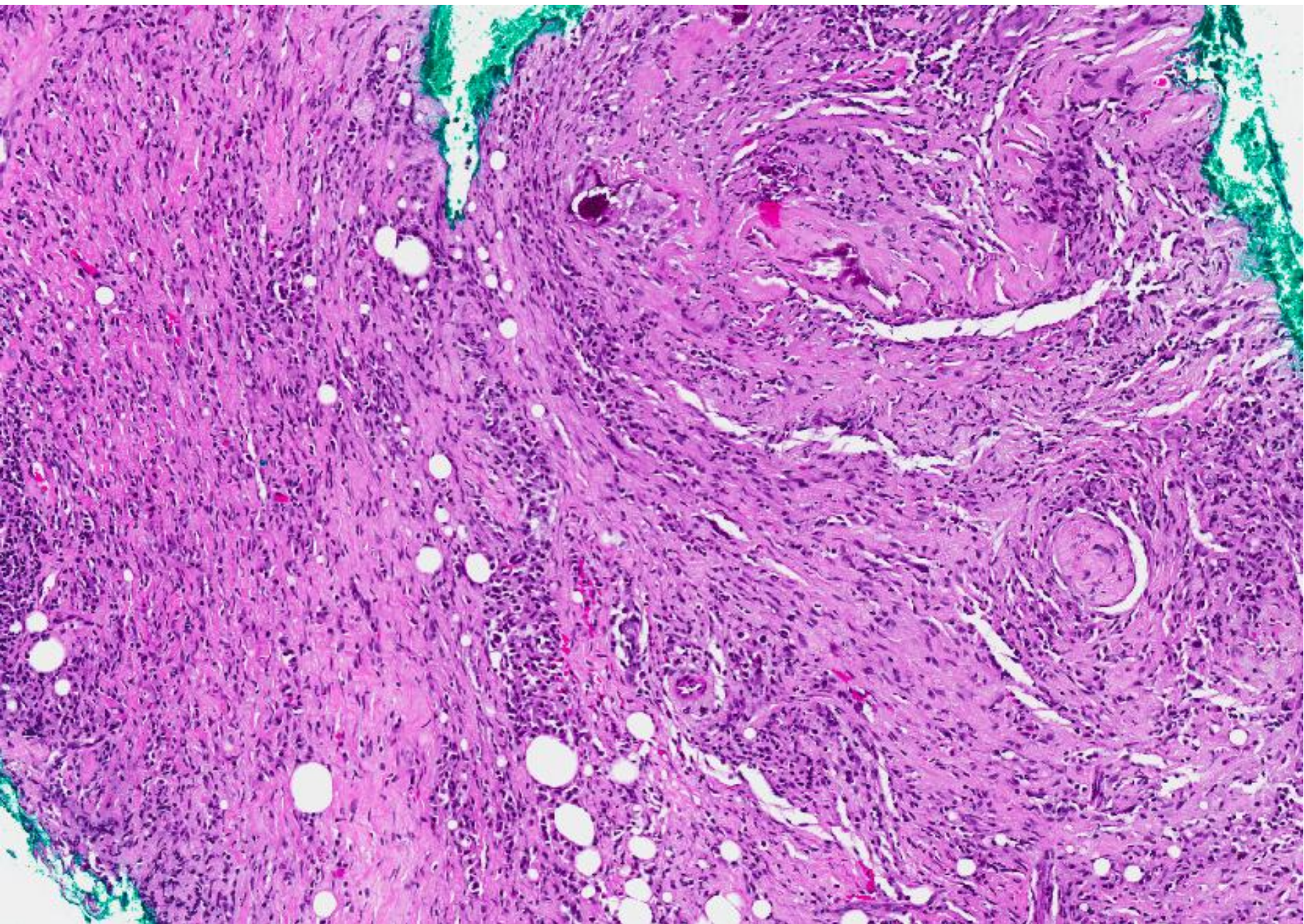
In view of the discordant radiologic-pathologic findings, a hookwire localisation excision biopsy followed.

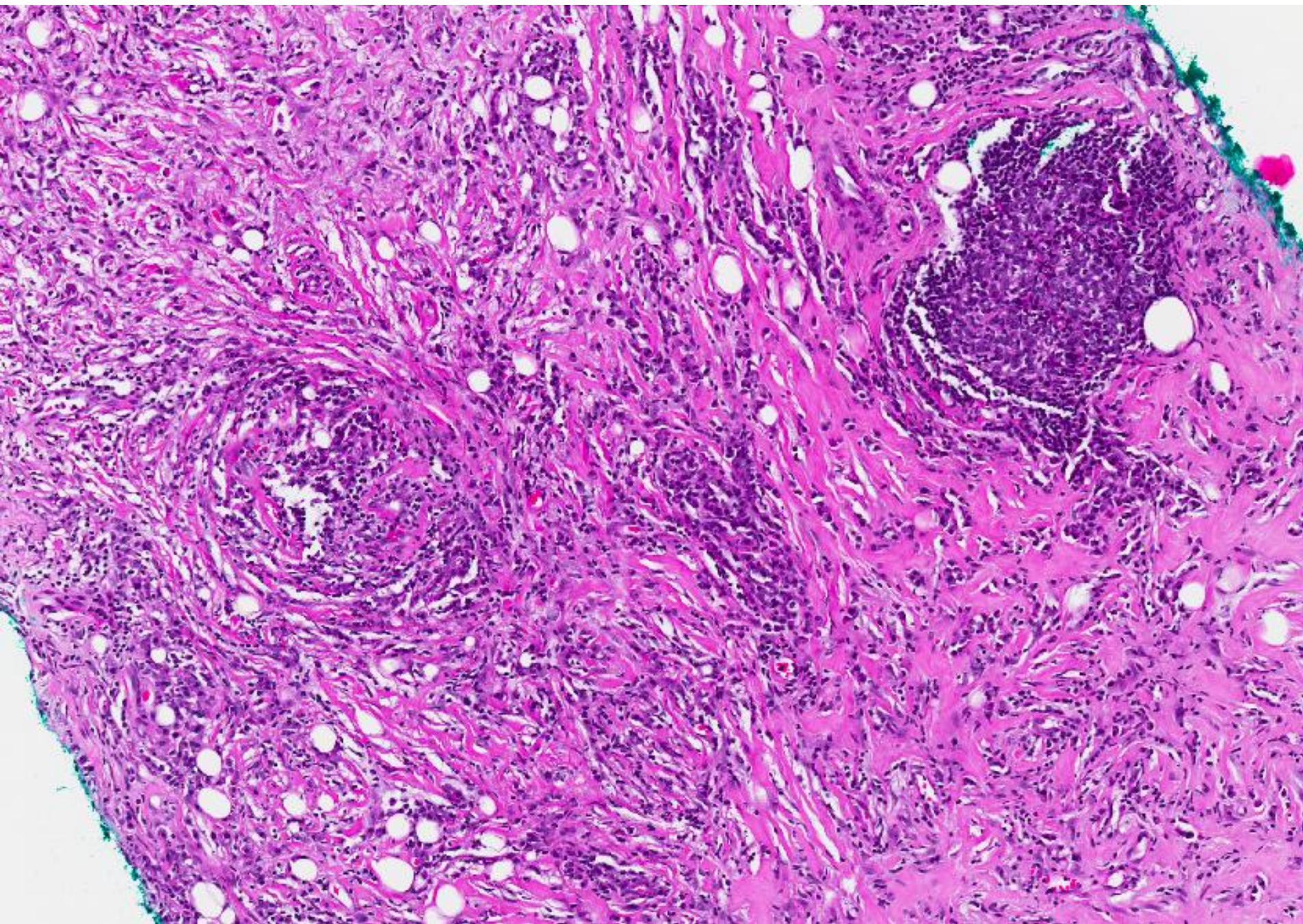


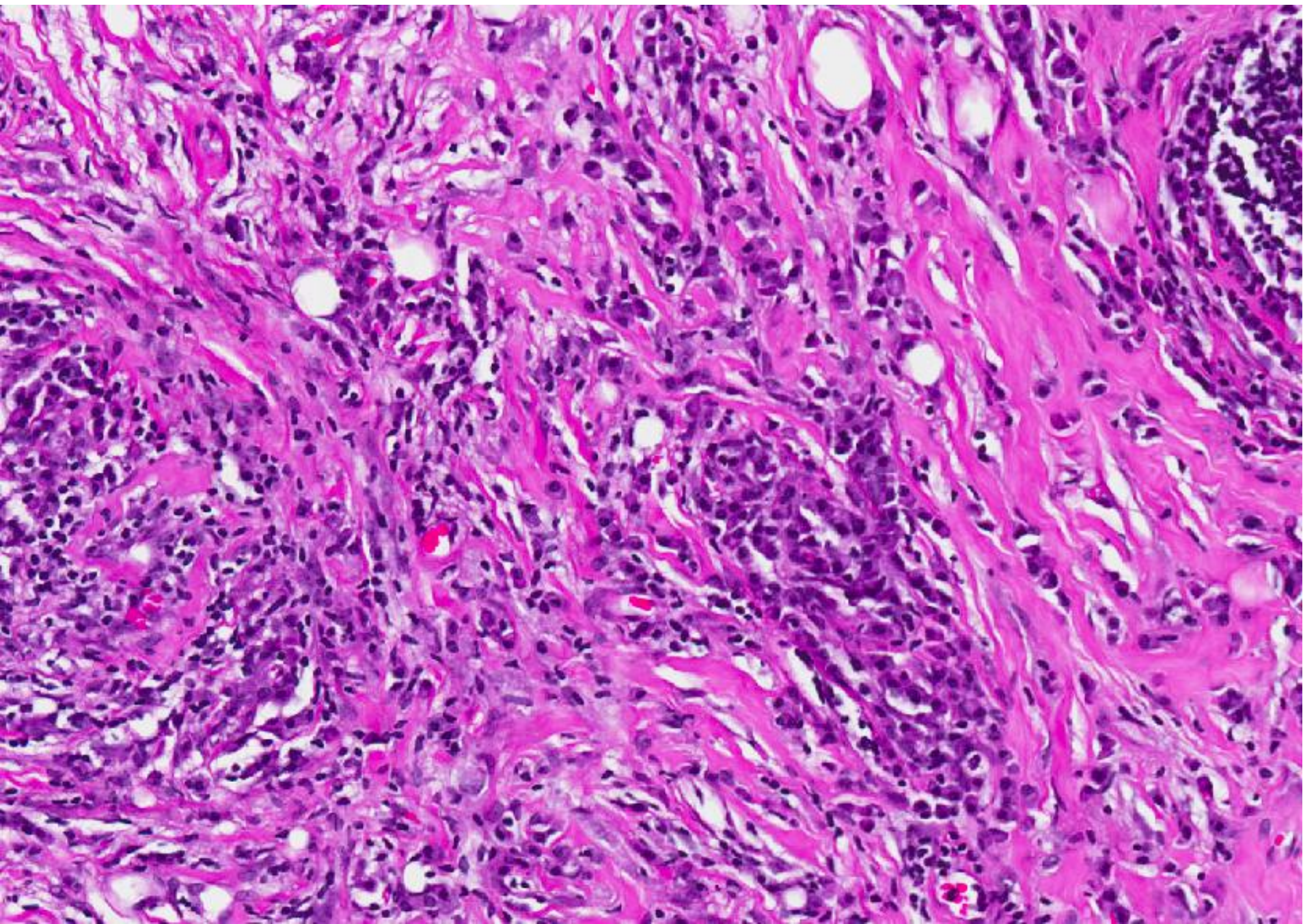


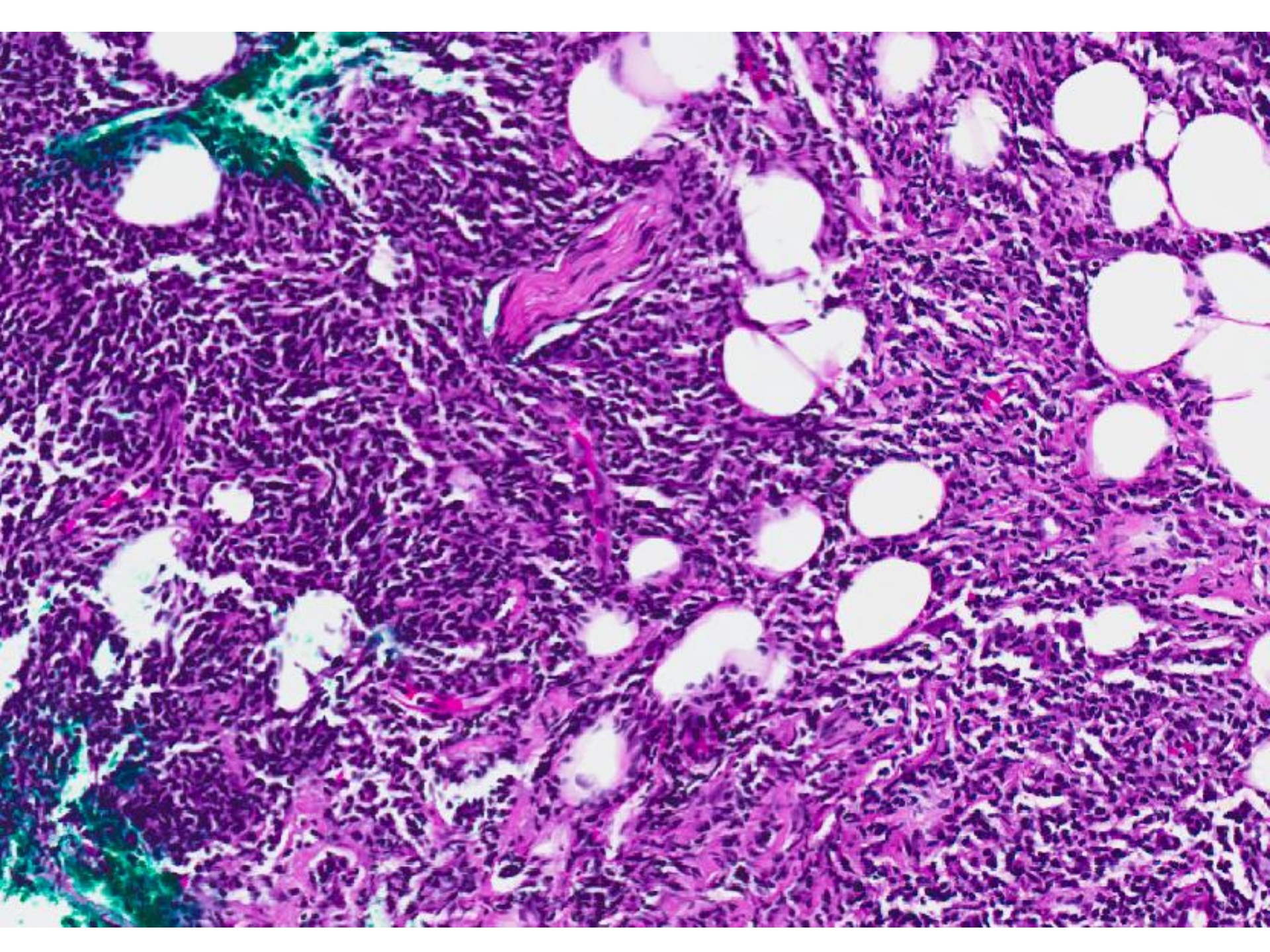








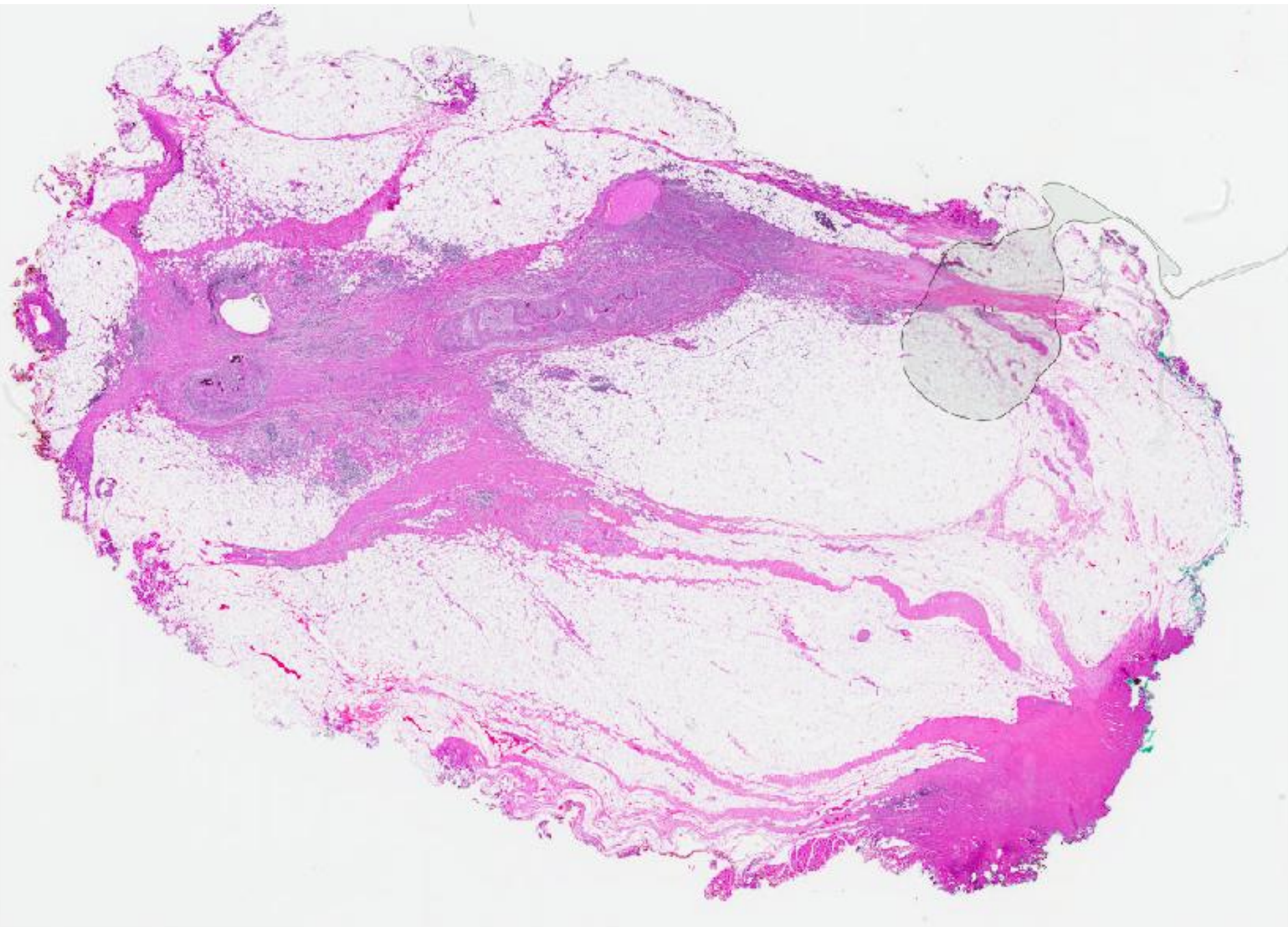


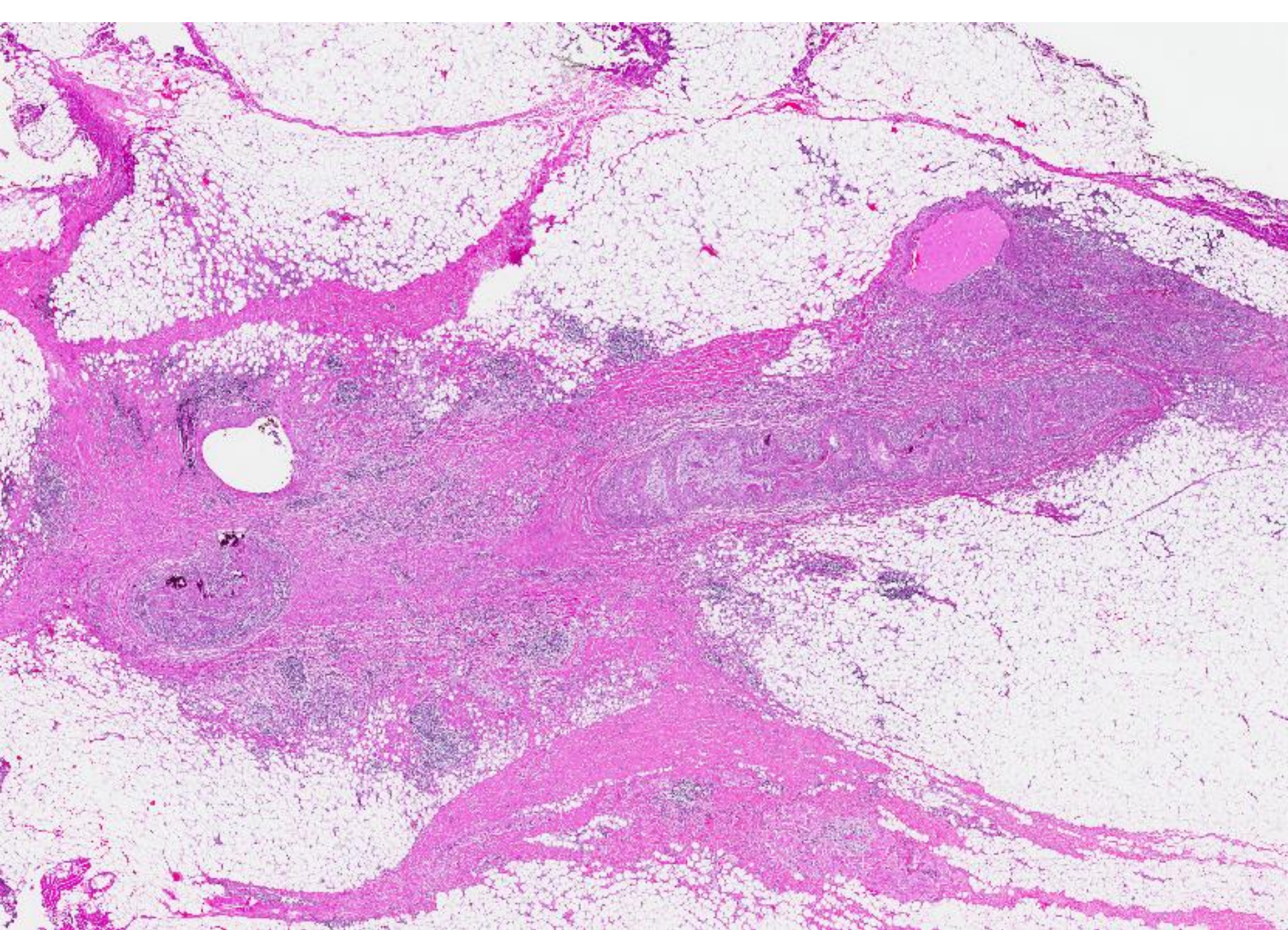


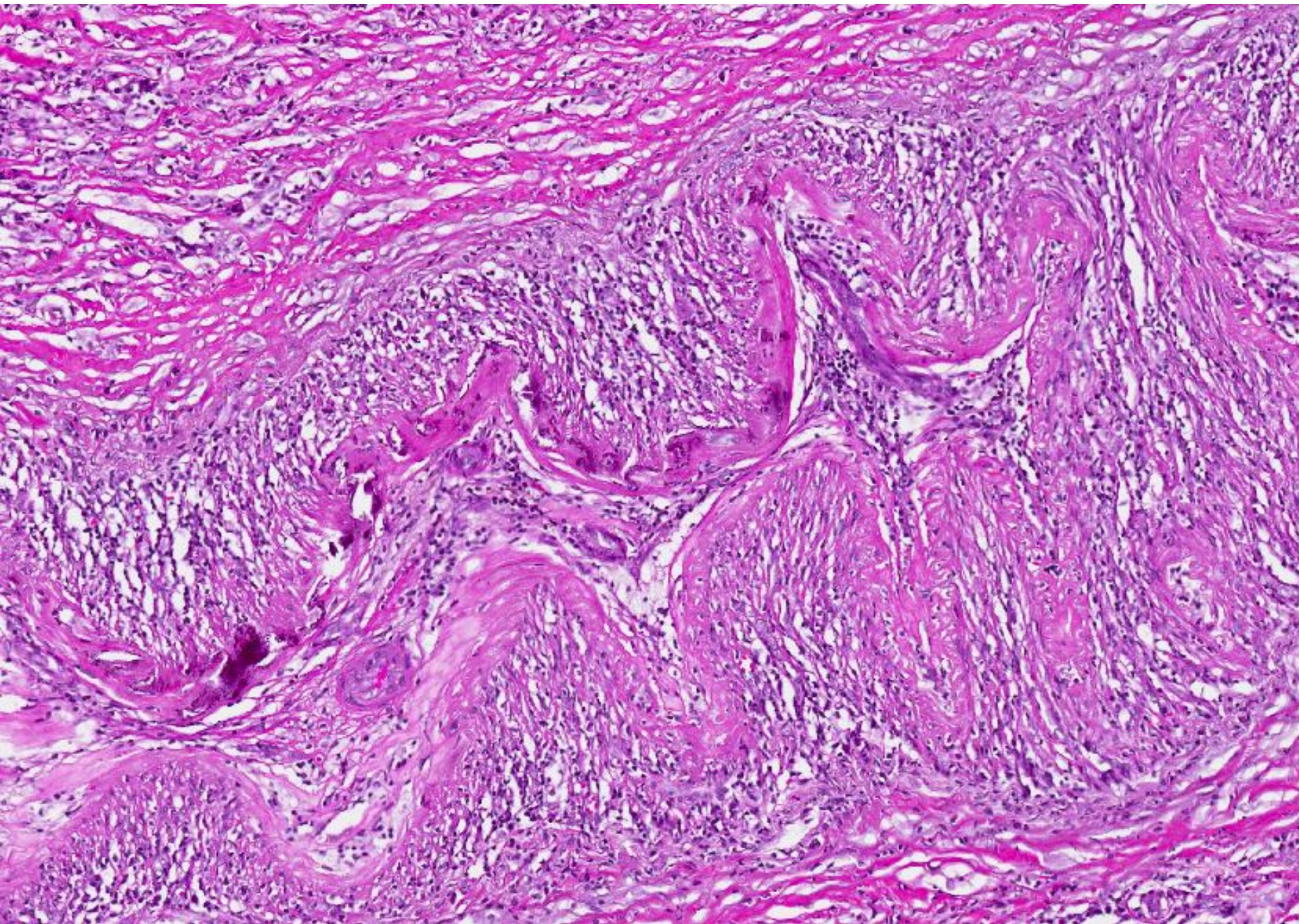
Diagnosis

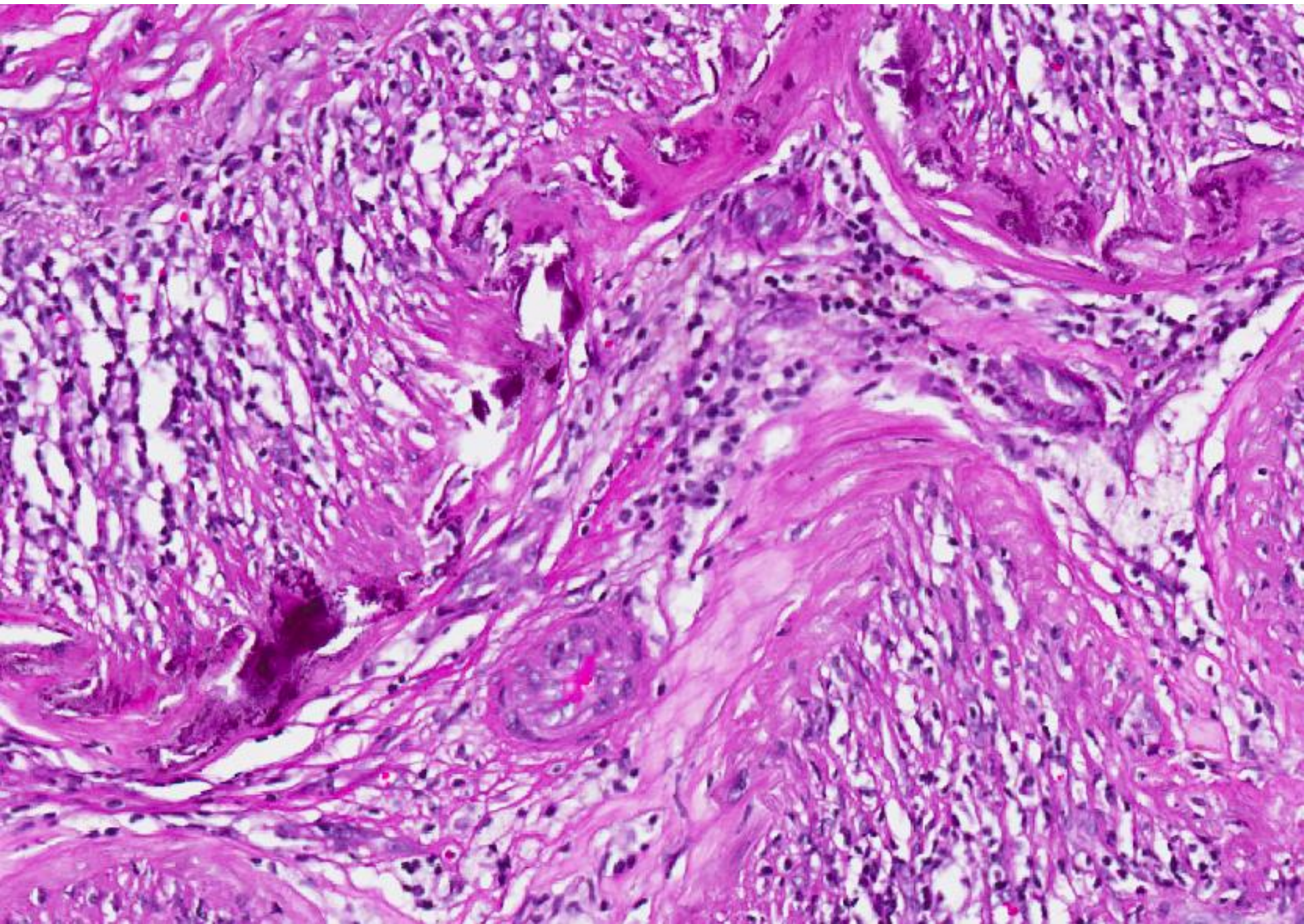
- Marked chronic inflammation.
(Immunohistochemistry showed a mixed lymphocytic population)

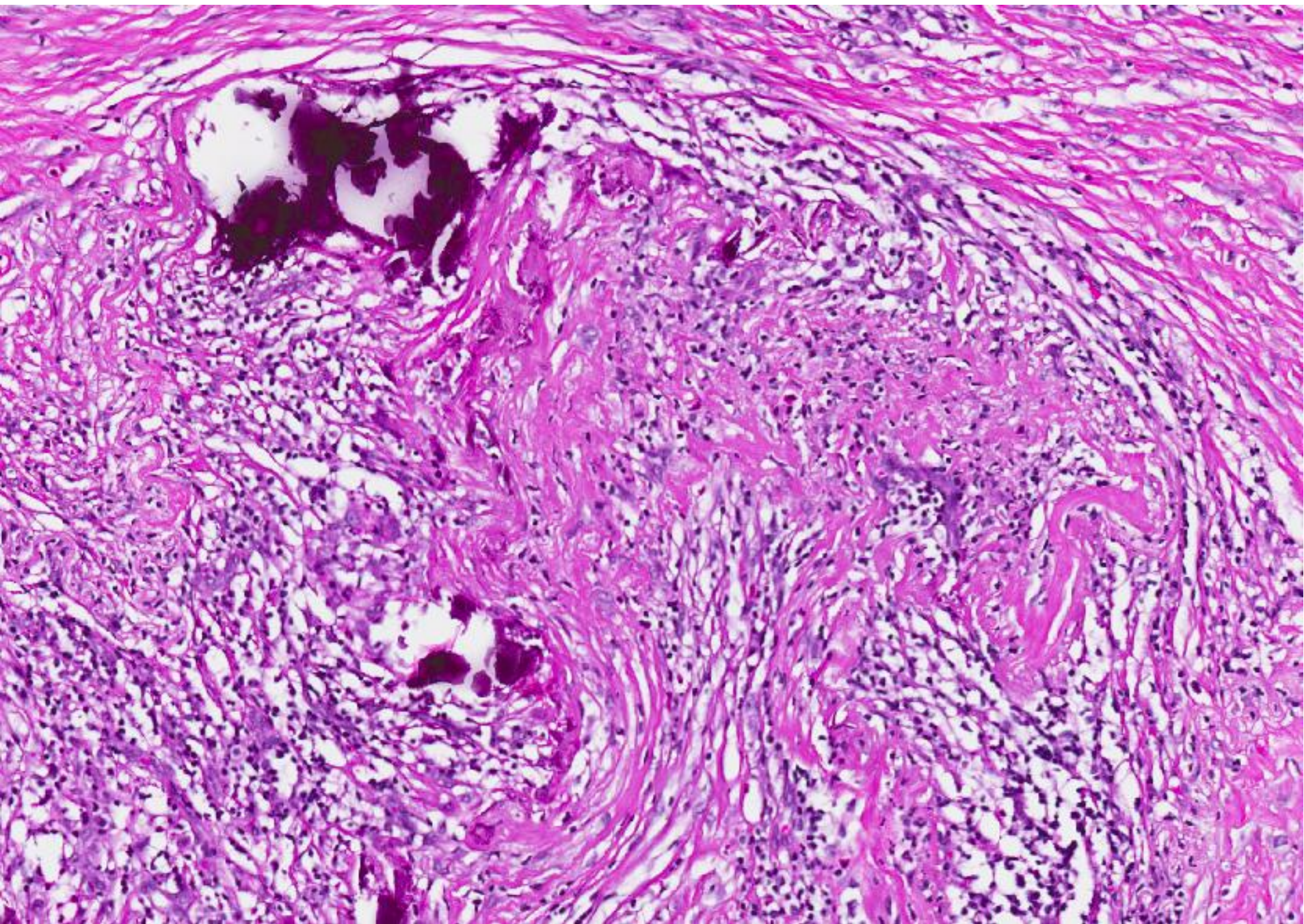
Excision biopsy

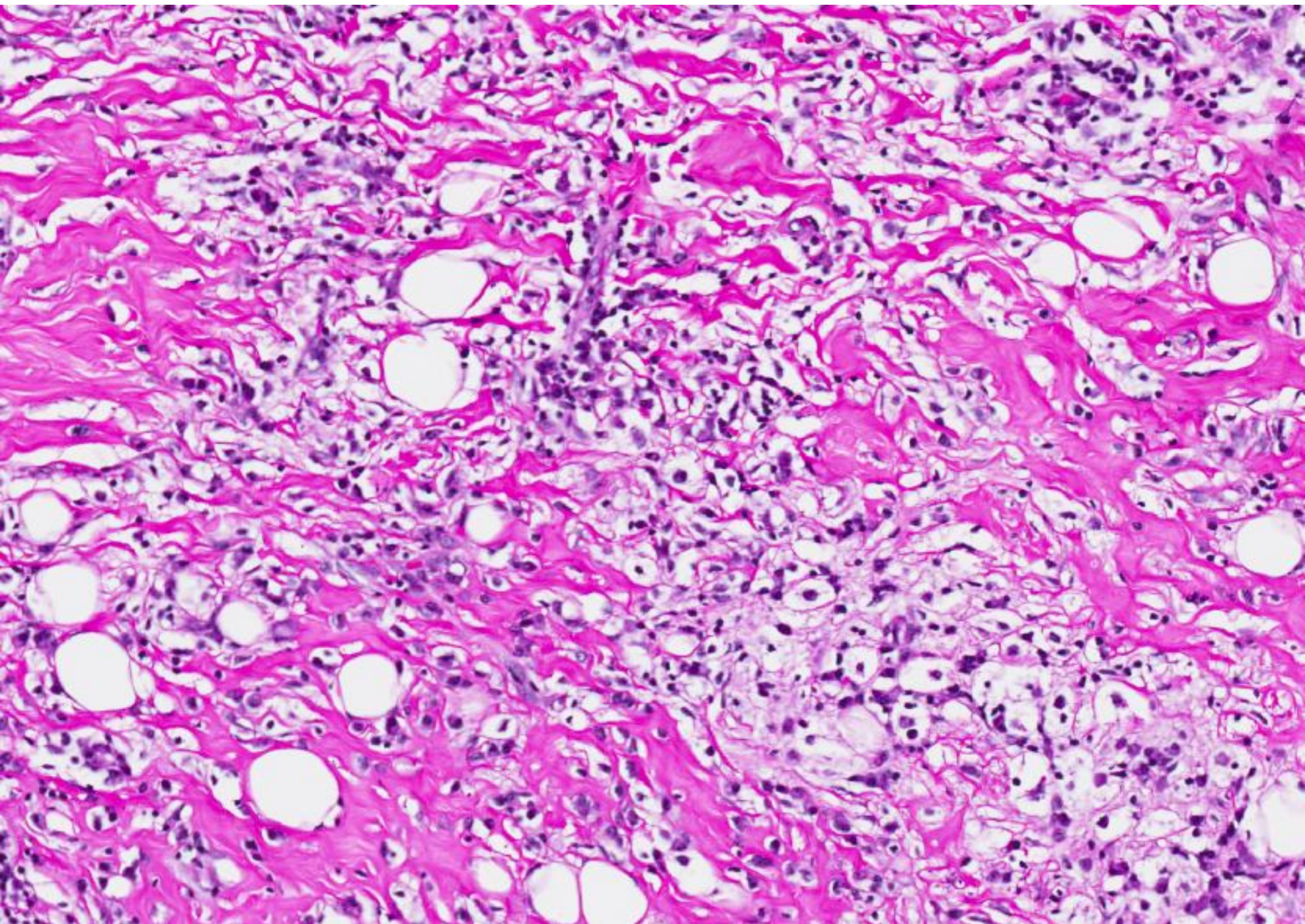


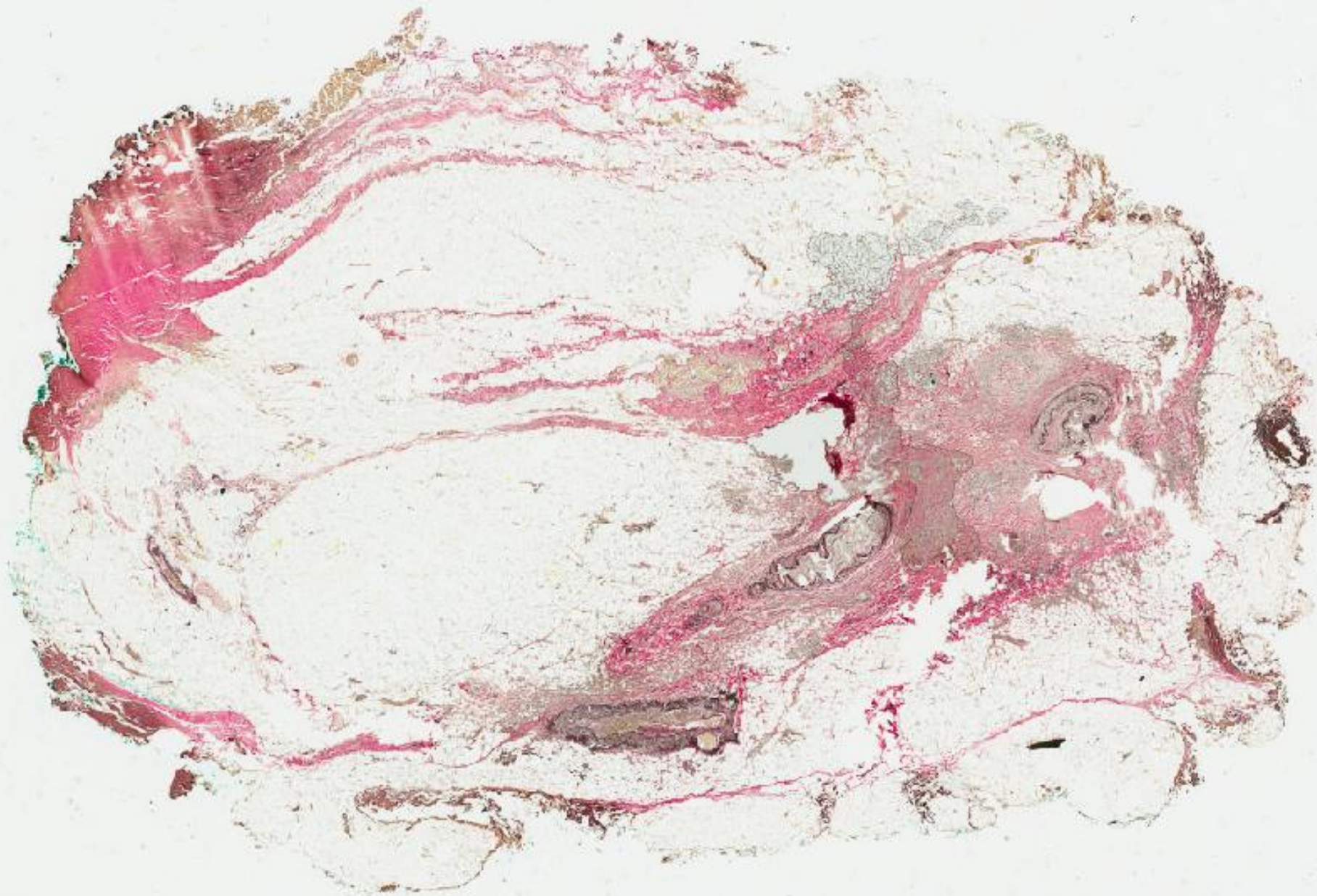


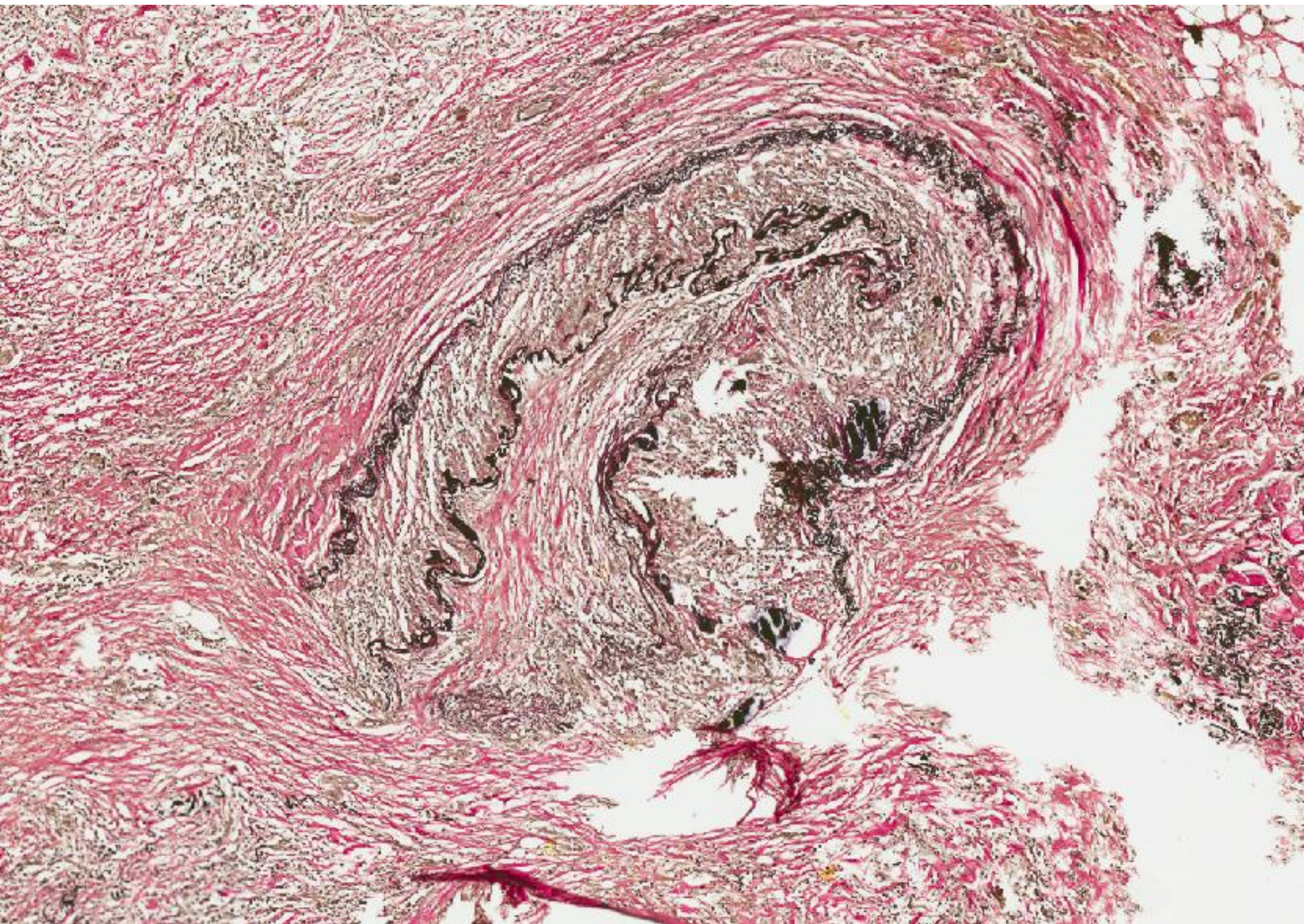


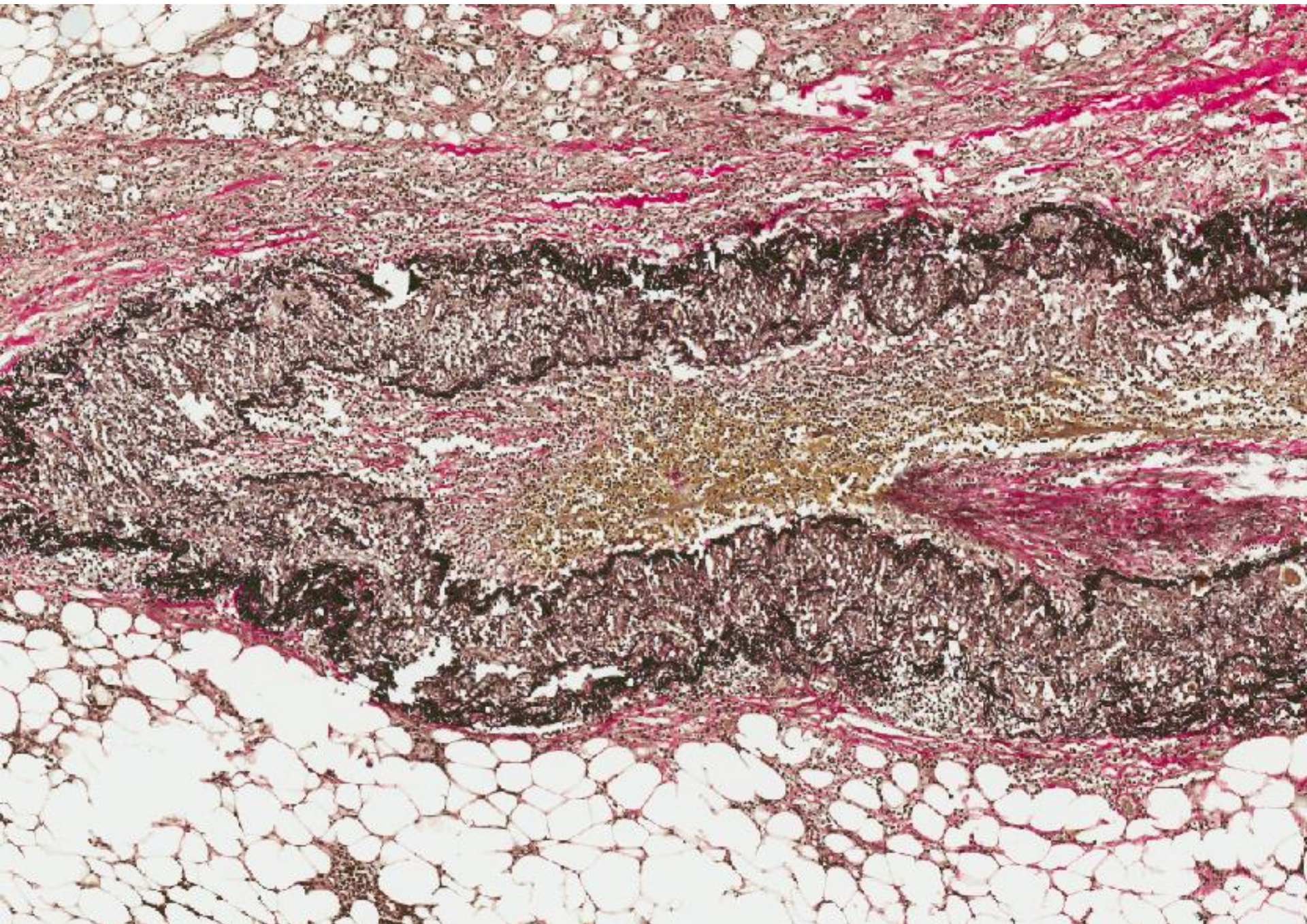


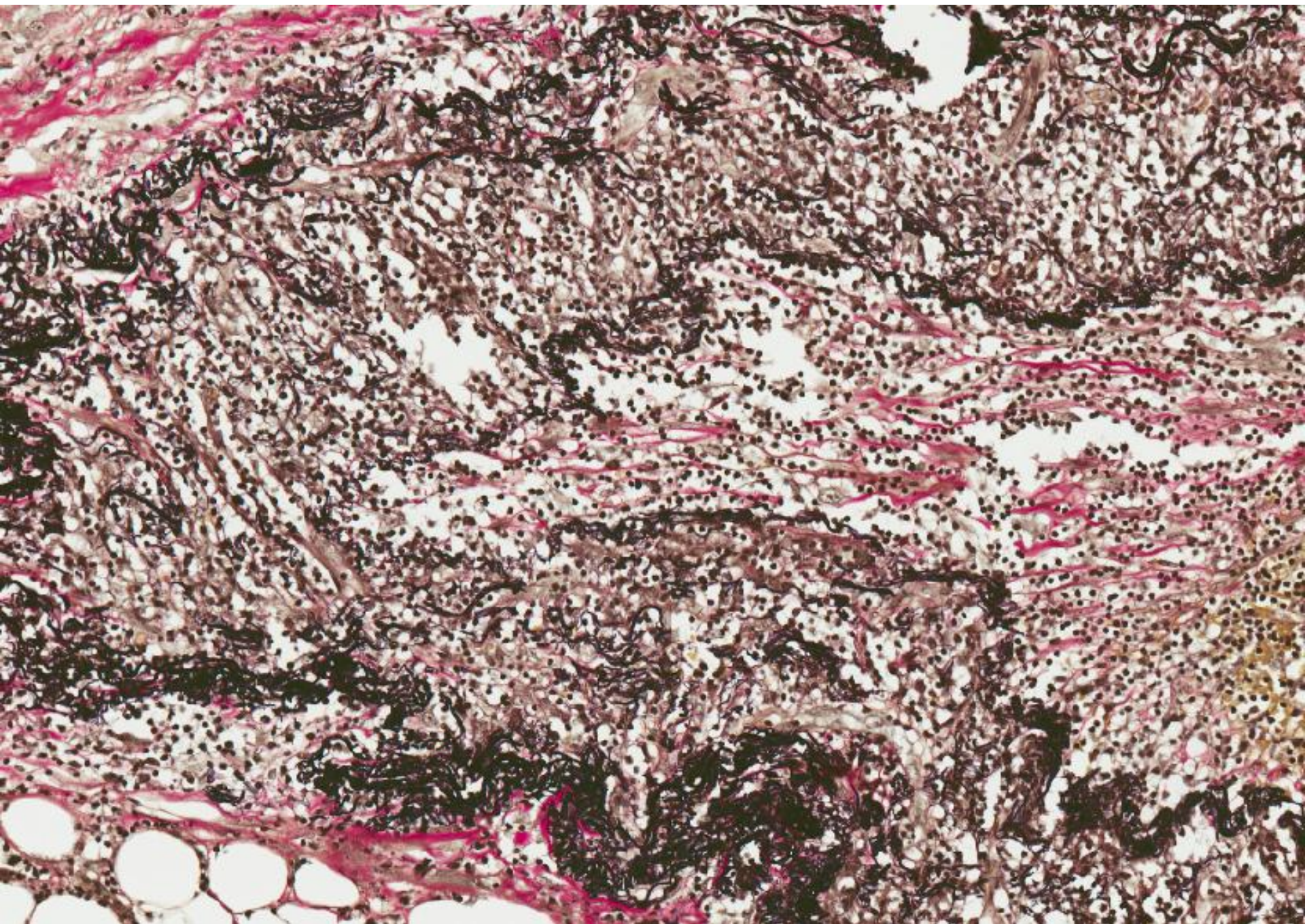












Diagnosis

- Vasculitis with chronic inflammation.

Vasculitis in the breast

- Systemic disorders, eg collagen vascular disease.
- Breast can be an isolated involvement, or as part of the systemic disease.
- Role of radiation damage.