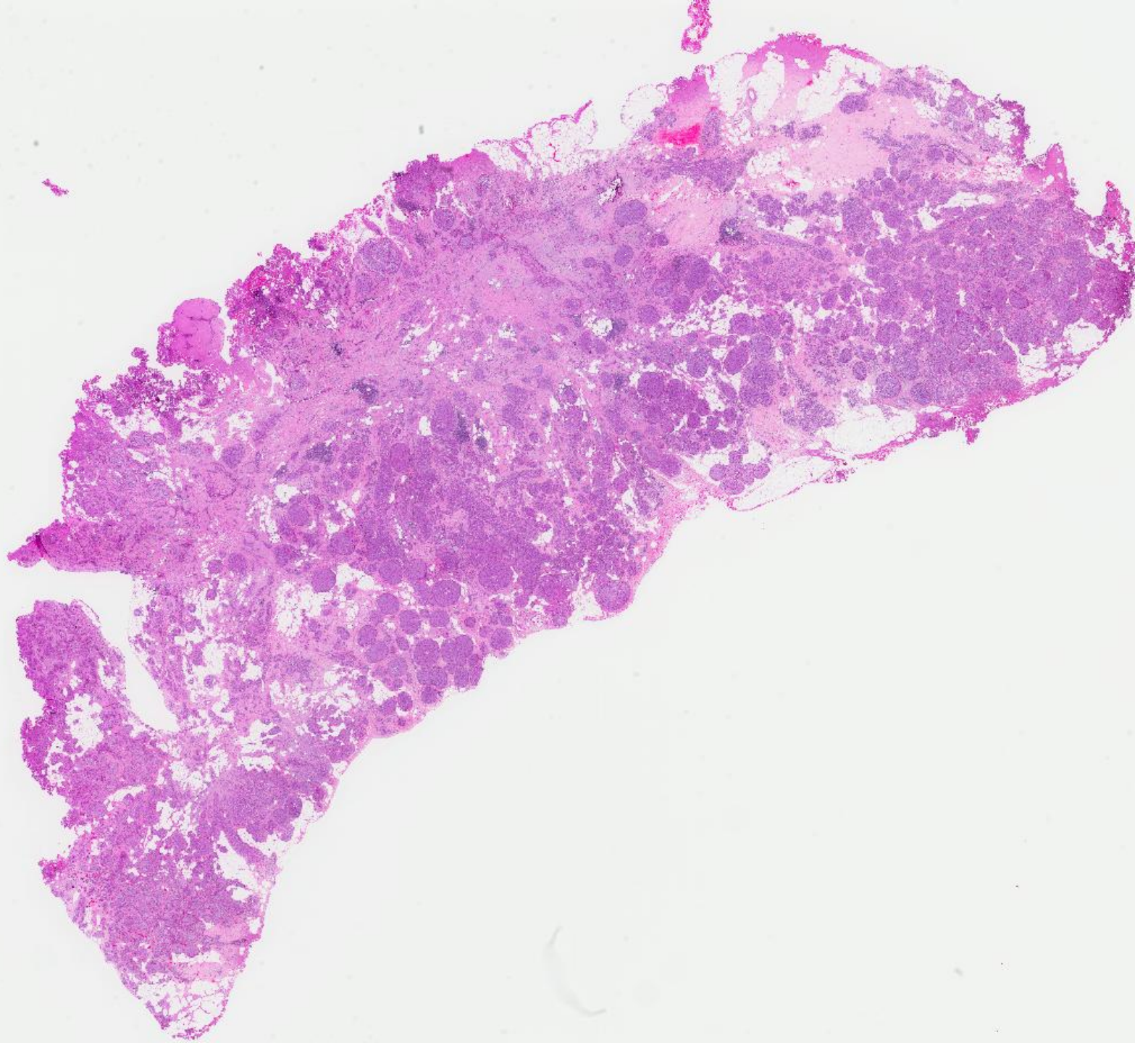
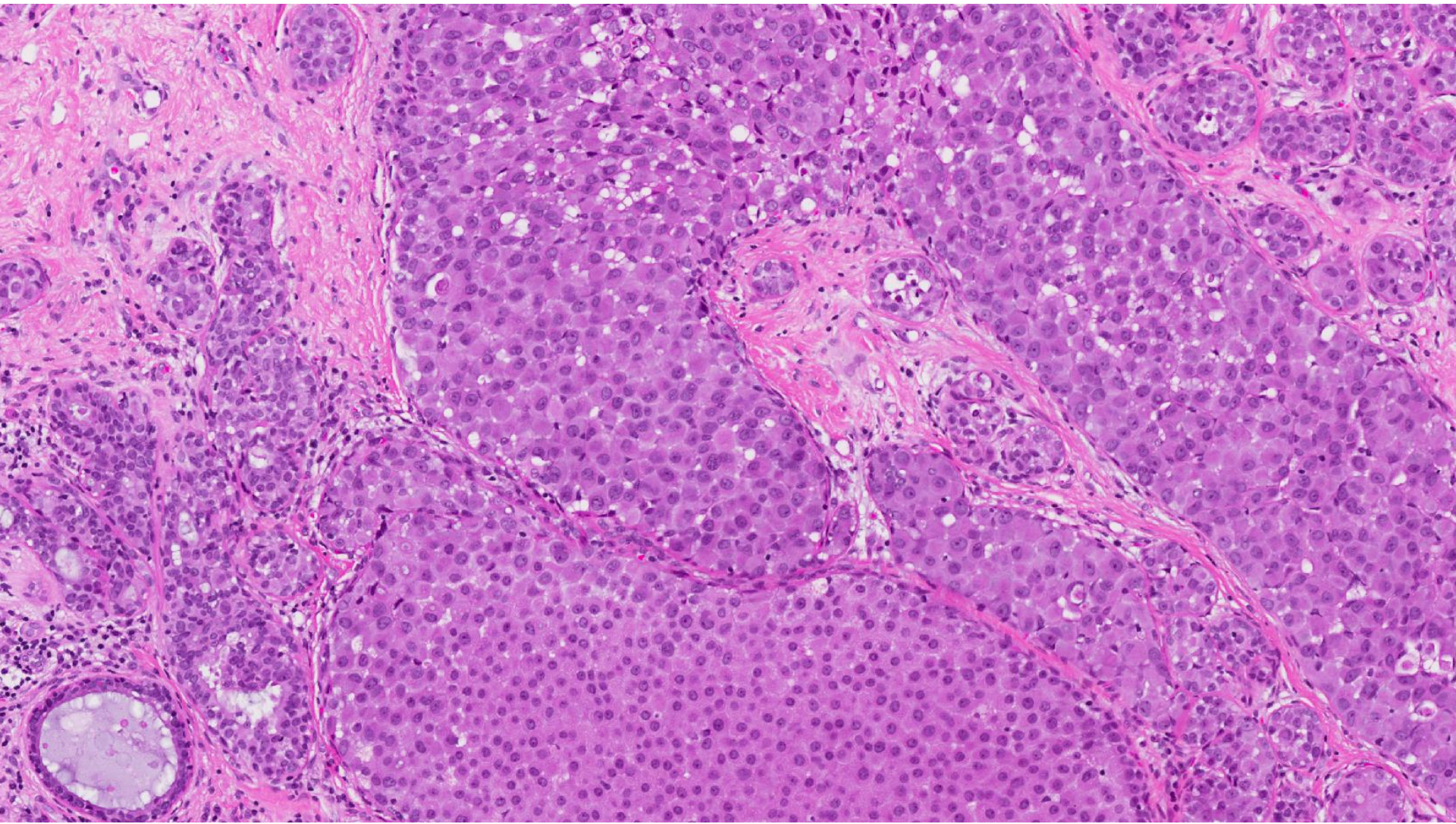


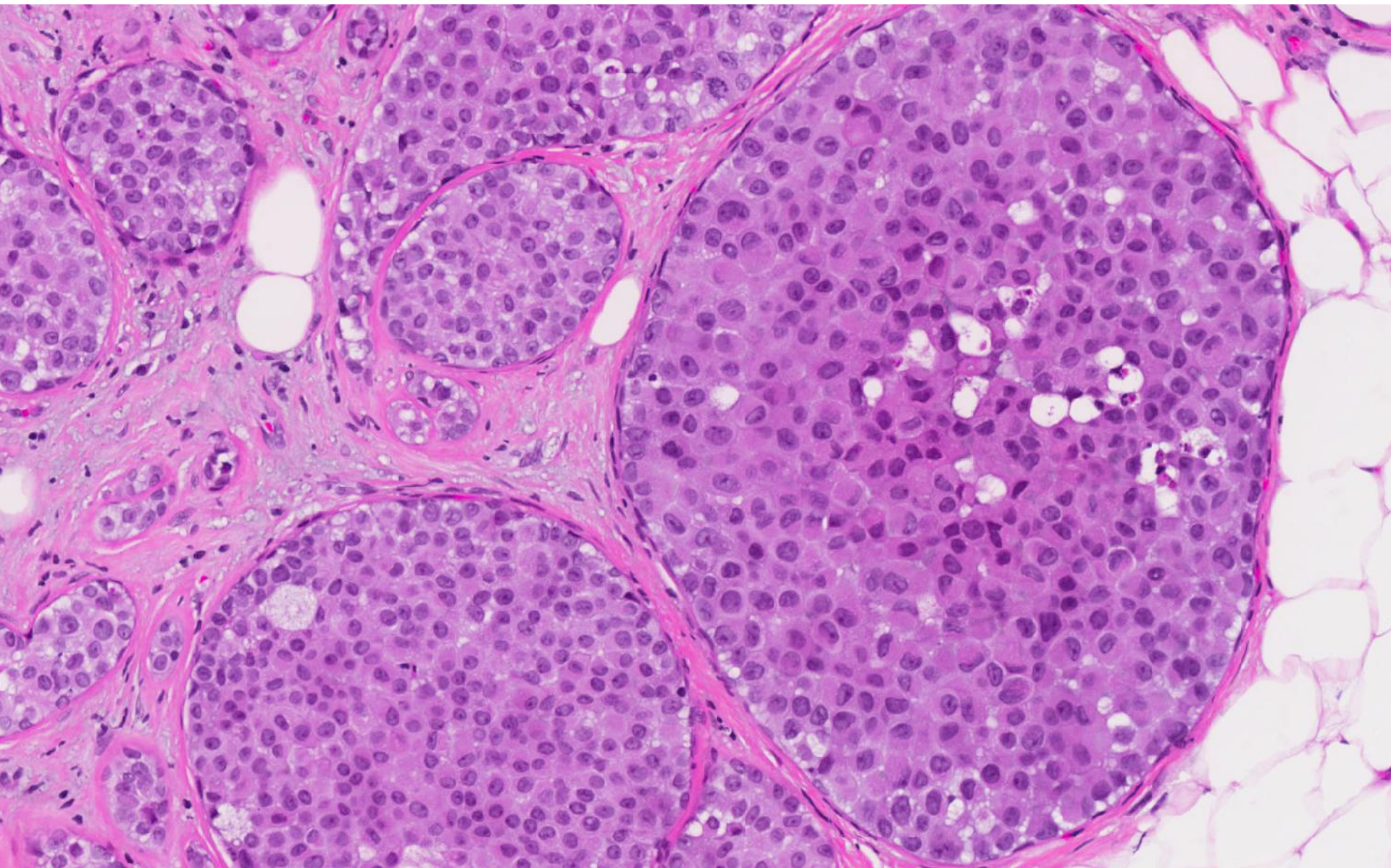
## Case 7

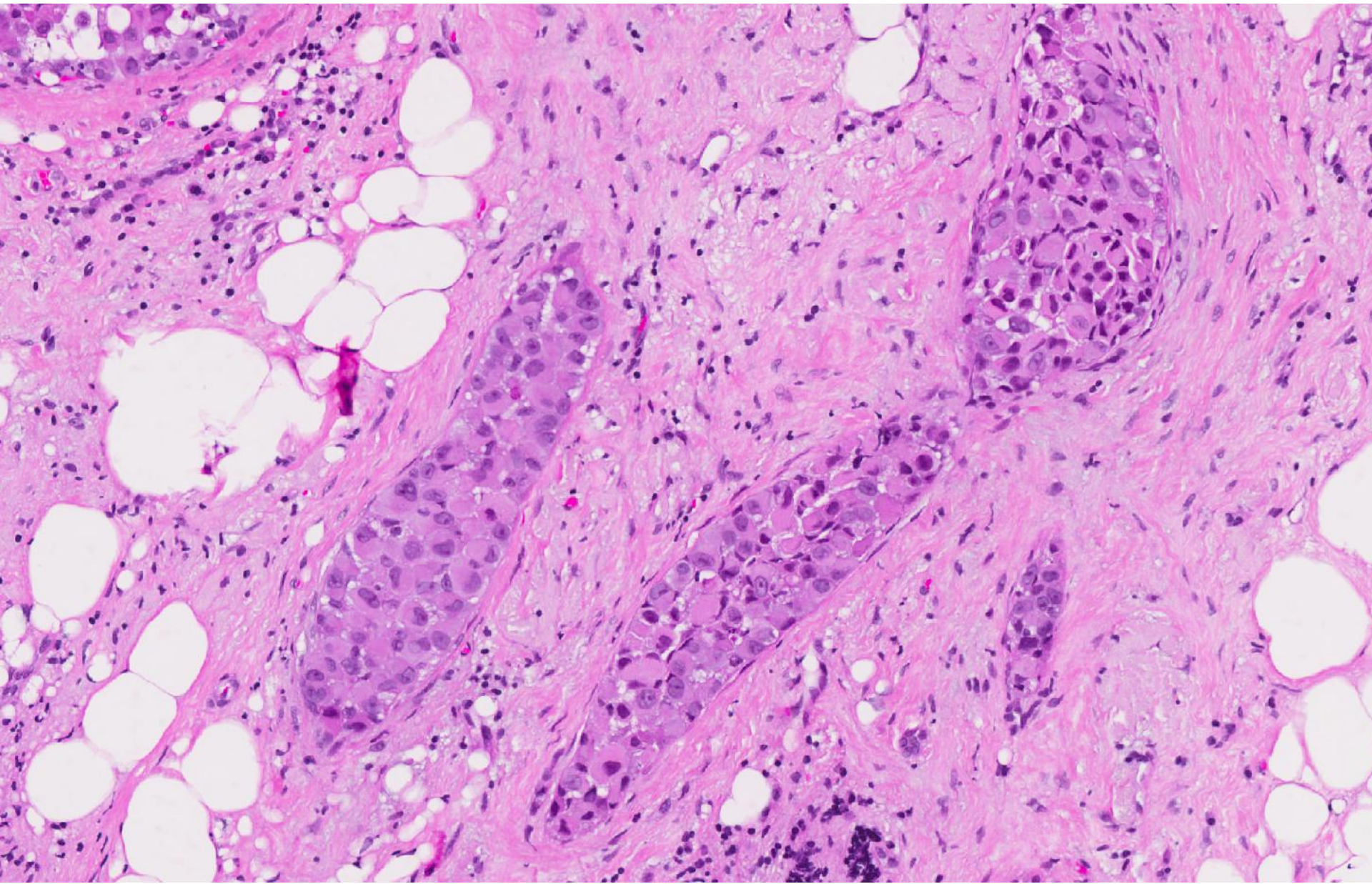
56 year old lady with a past history of florid lobular carcinoma in situ in the right breast for which she underwent a mastectomy 3 years ago.

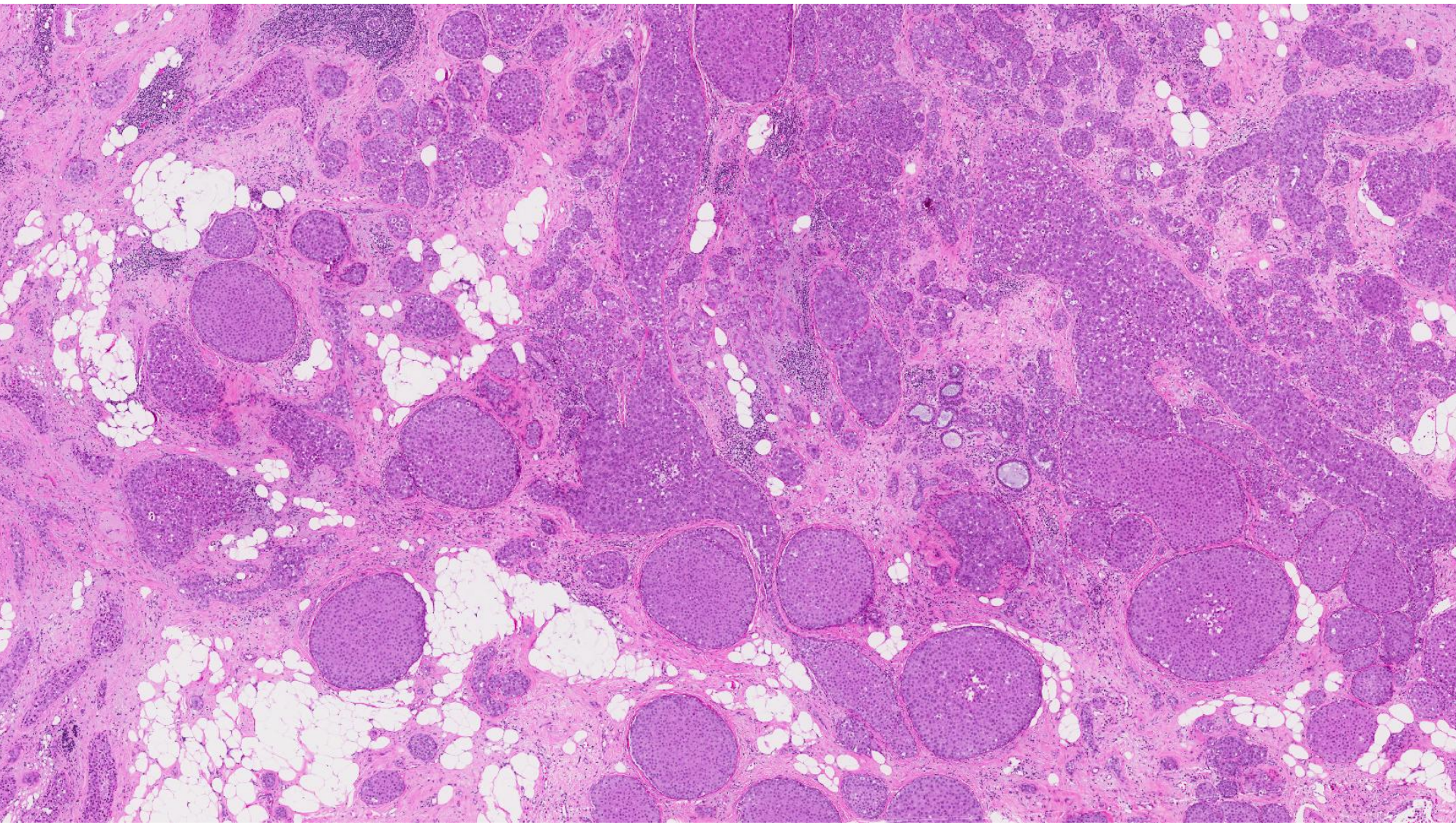
She recently presented with a mass in the left breast.  
Current section is from the left breast mass.

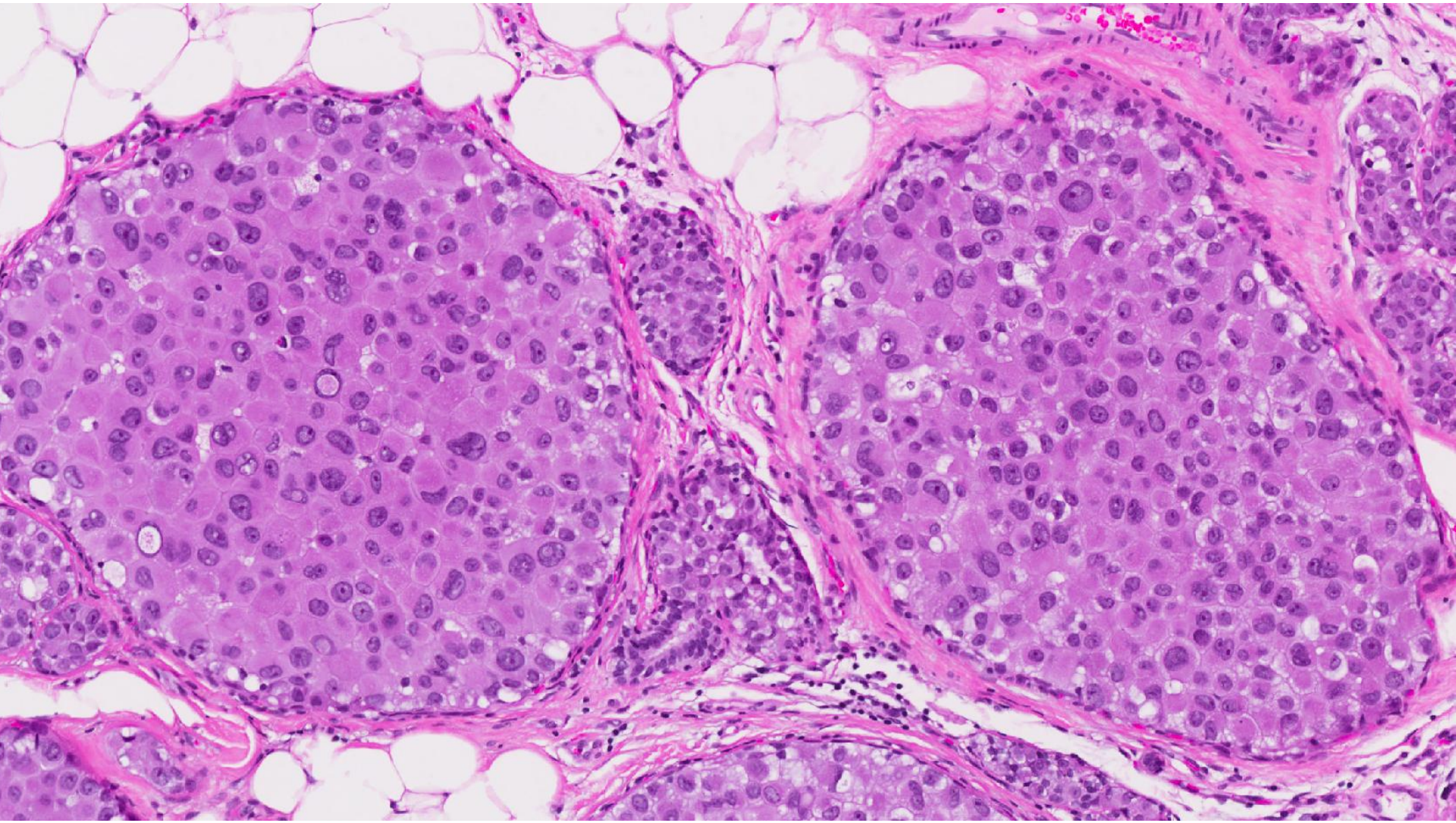


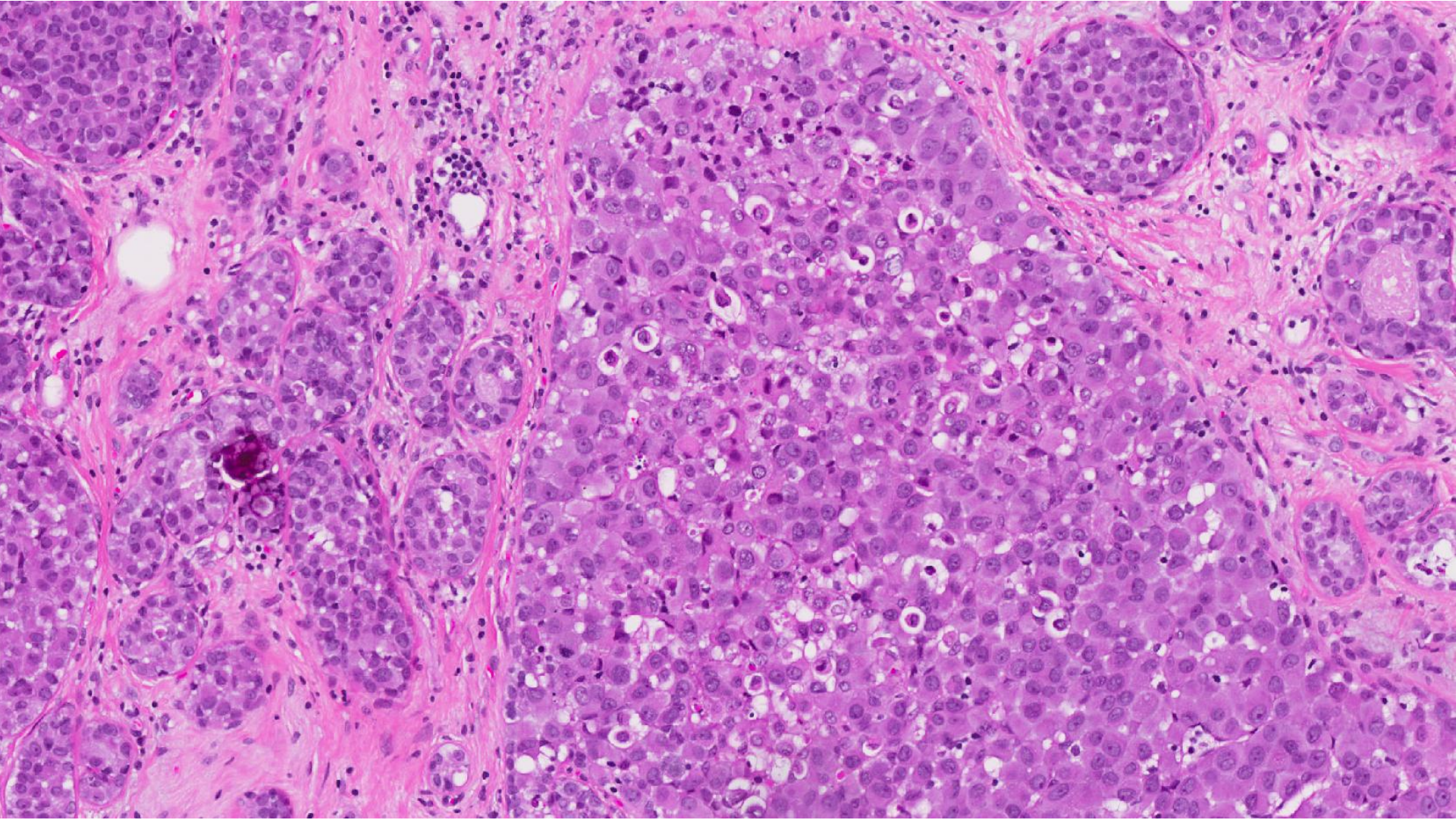






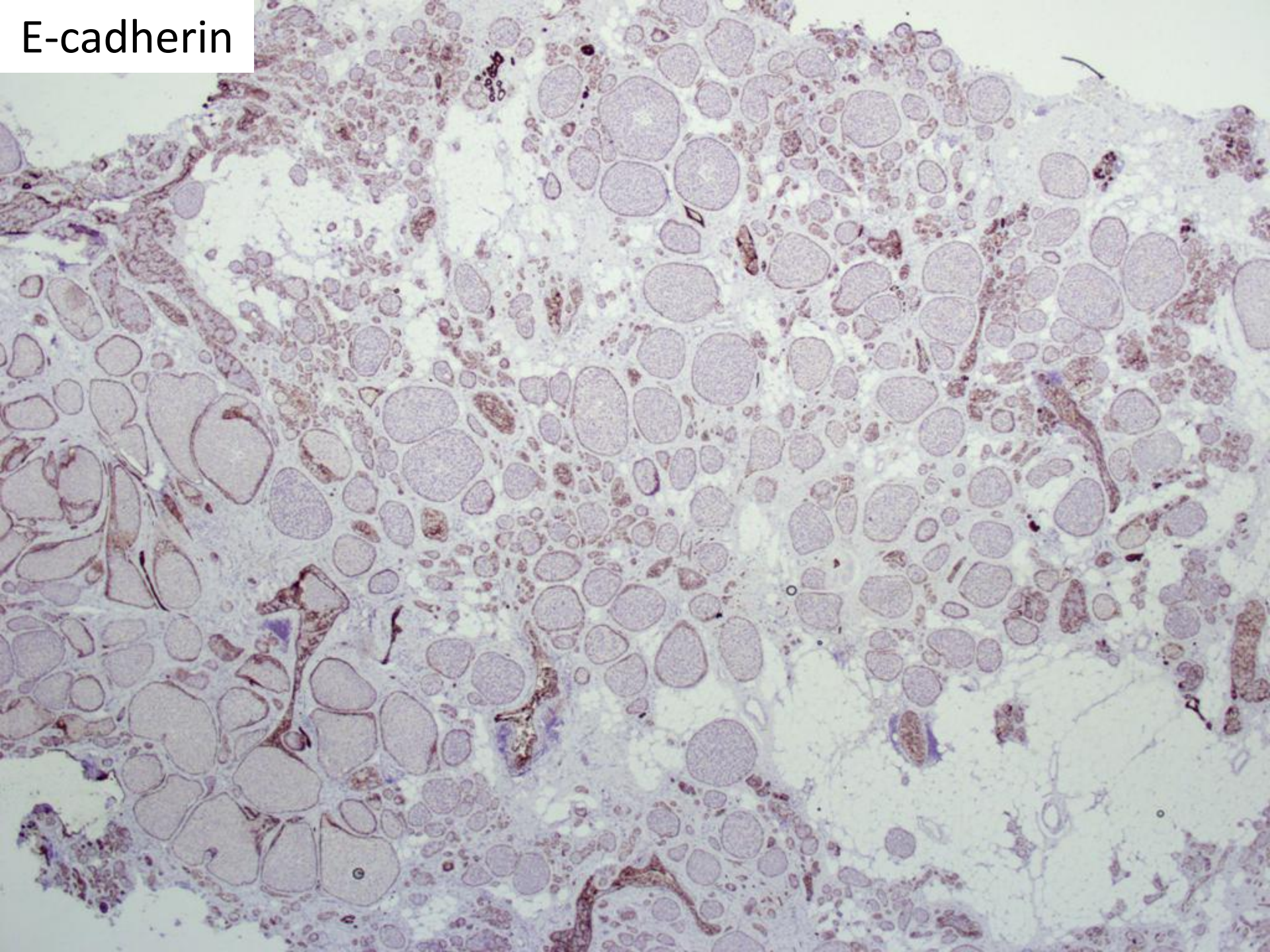




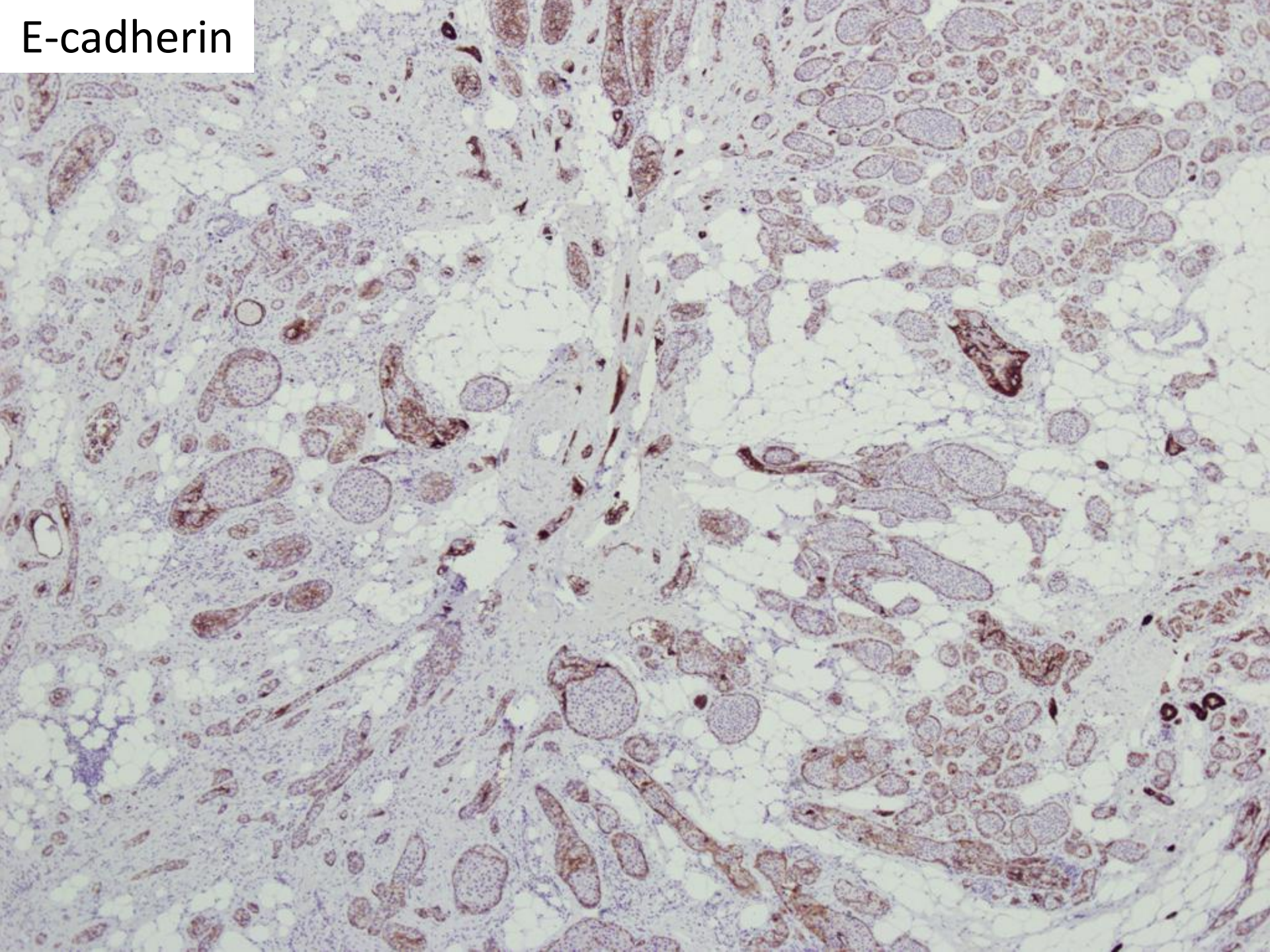




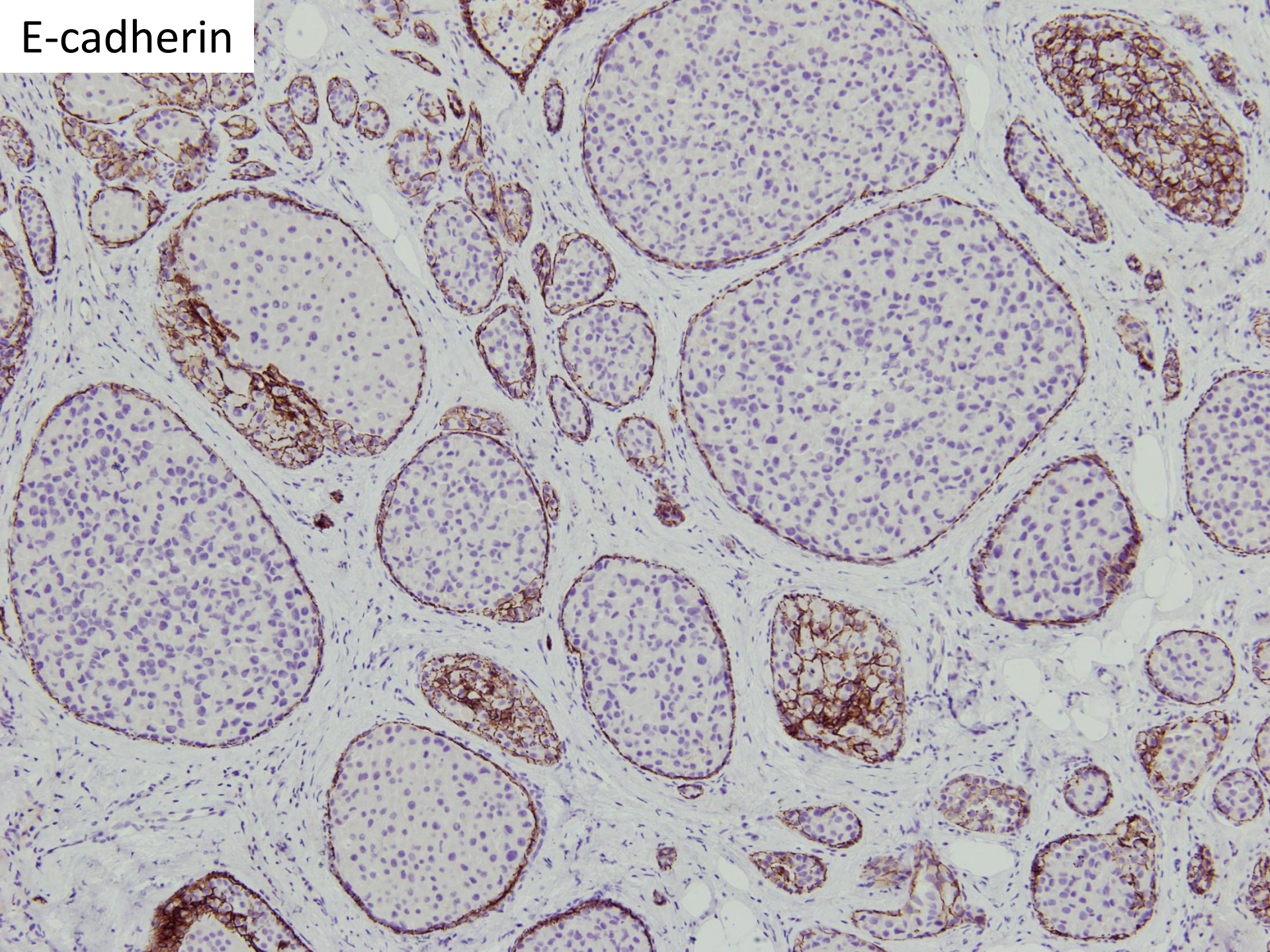
E-cadherin



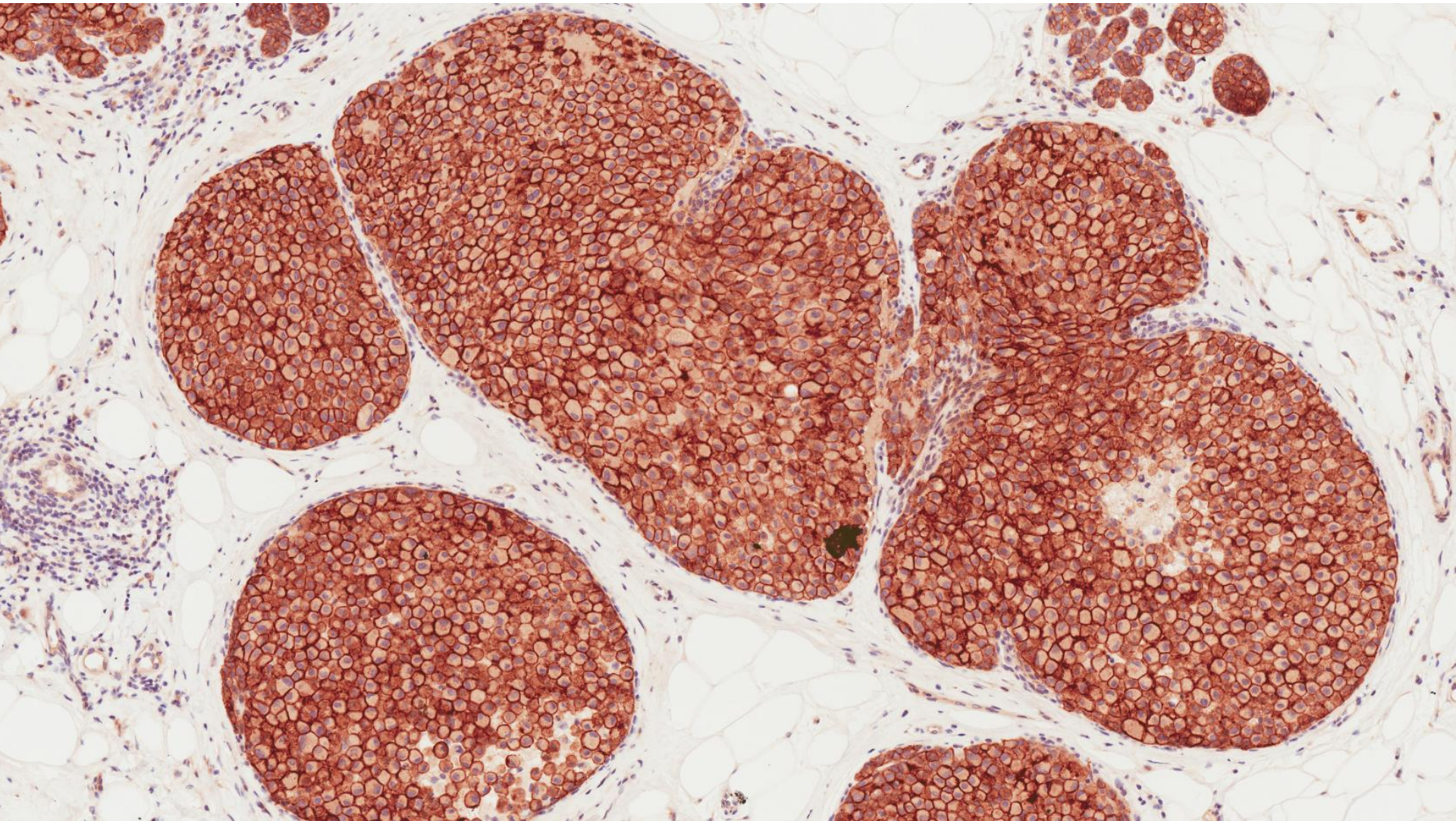
E-cadherin



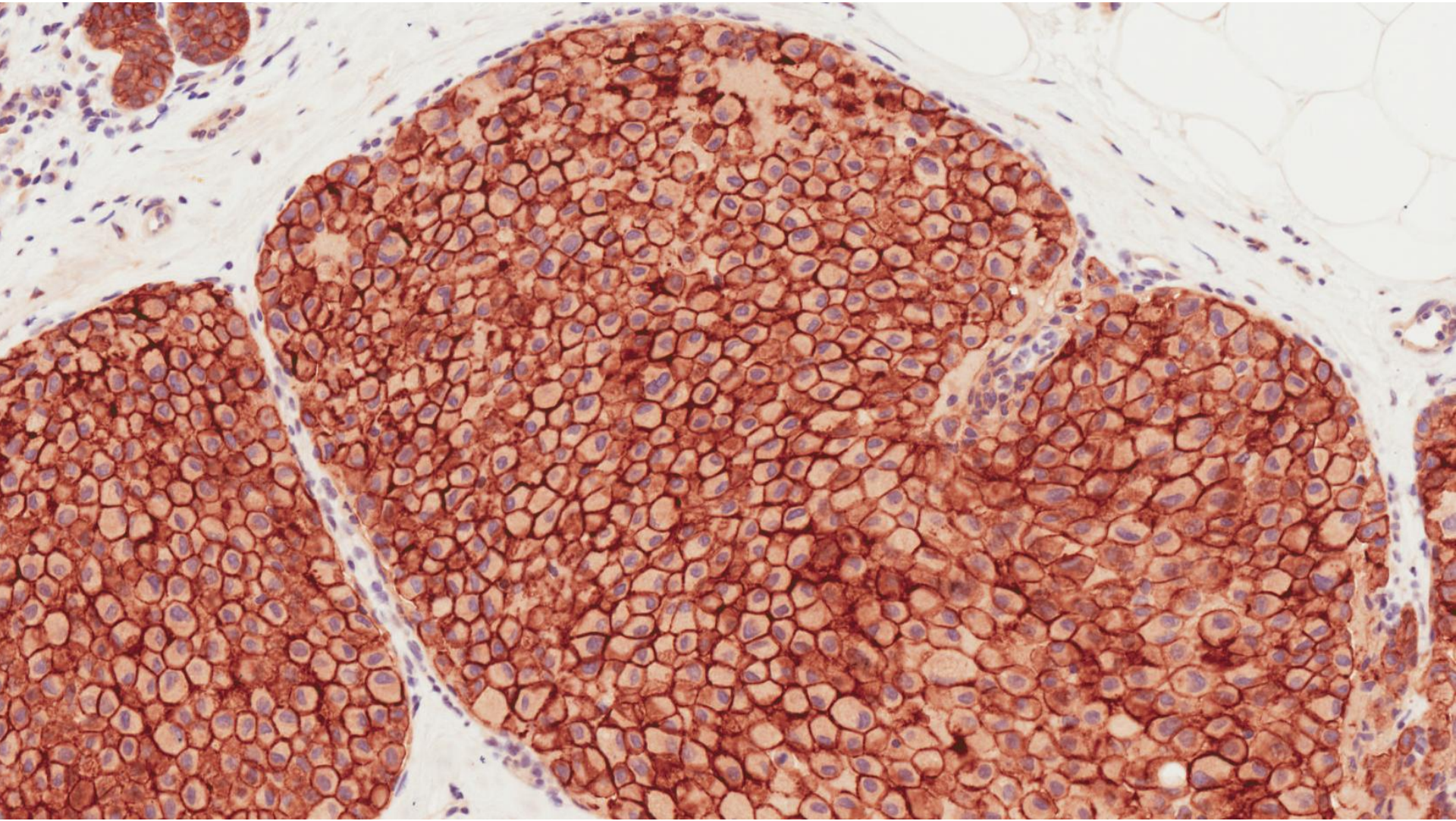
E-cadherin



cerbB2/HER2



cerbB2/HER2



# Diagnosis

Pleomorphic lobular carcinoma in situ, 3 cm,  
associated with a radial sclerosing lesion

ER negative, PR negative, cerbB2 positive (3+)

E-cadherin negative

# Pleomorphic lobular carcinoma in situ

- Variant of lobular carcinoma in situ (LCIS).
- LCIS with marked nuclear pleomorphism (similar to high grade ductal carcinoma in situ).
- May show apocrine features and comedo necrosis.
- Lack e-cadherin expression.
- Display genomic alterations by array-based comparative genomic hybridisation typical of lobular lesions with 16q losses and 1q gains.
- Anecdotal data suggest a more aggressive clinical course than classical LCIS, but clinical significance and appropriate management is still uncertain.

# Pleomorphic lobular carcinoma in situ

- More often ER negative and HER2 positive.
- Also positive for p53 and shows high Ki67 proliferative index.
- Apocrine differentiation is described, with expression of GCDFP15.
- Mimics high grade DCIS:
  - E-cadherin is negative in LCIS, but some cases can be positive (aberrant staining).
- Non-obligate precursor to pleomorphic invasive lobular carcinoma.



# Pleomorphic lobular carcinoma in situ

- Information on natural history is limited.
- Although nuclear pleomorphism and necrosis suggest a more 'aggressive' lesion, whether there is an association with higher risk of subsequent breast cancer than classic LCIS is unproven.
- Obtaining natural history data is difficult as these lesions are often treated as DCIS with complete excision.
- Reported ipsilateral recurrence rate of 14%.
- Caution to be exercised in recommending more aggressive management strategies.