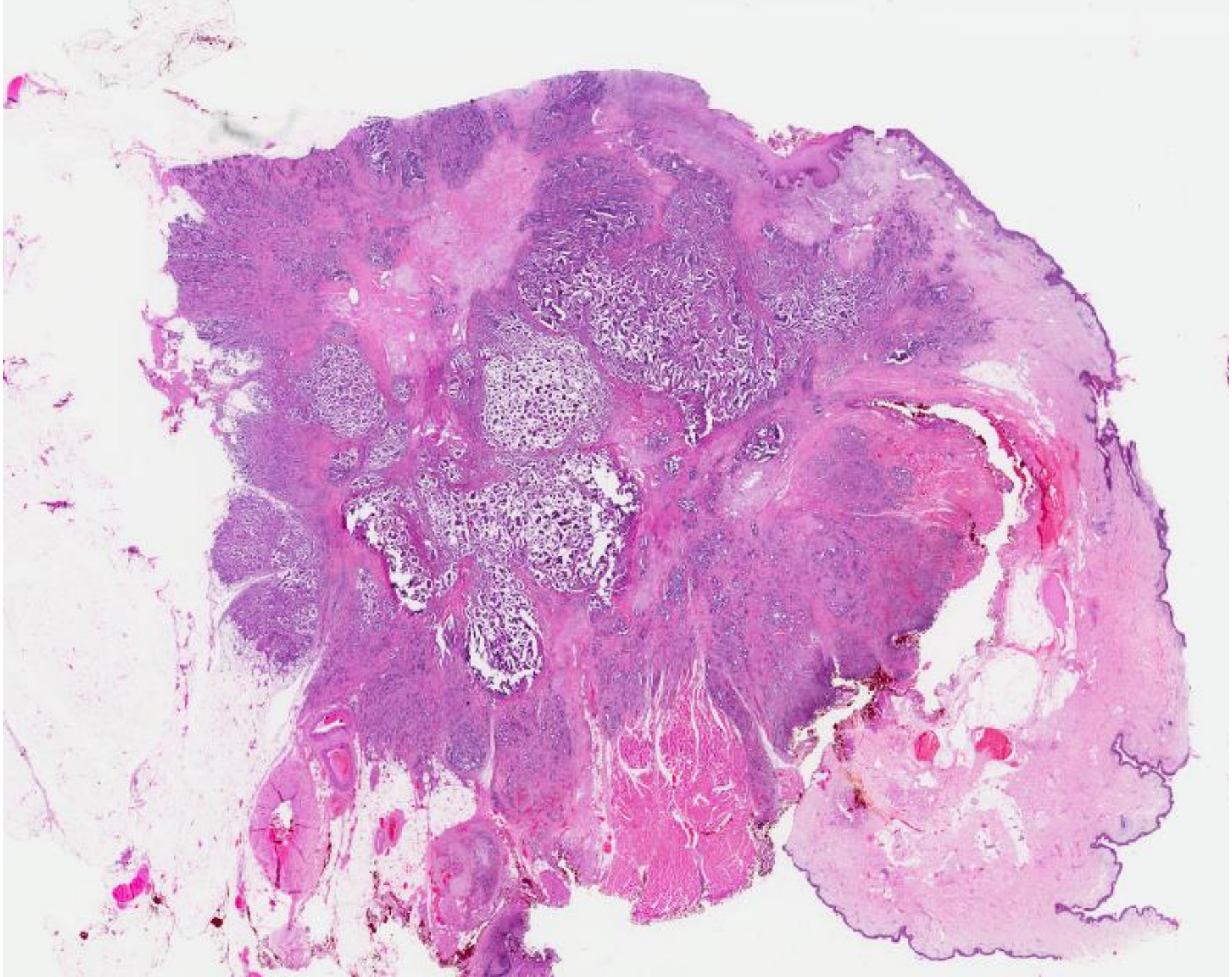
# Case 12

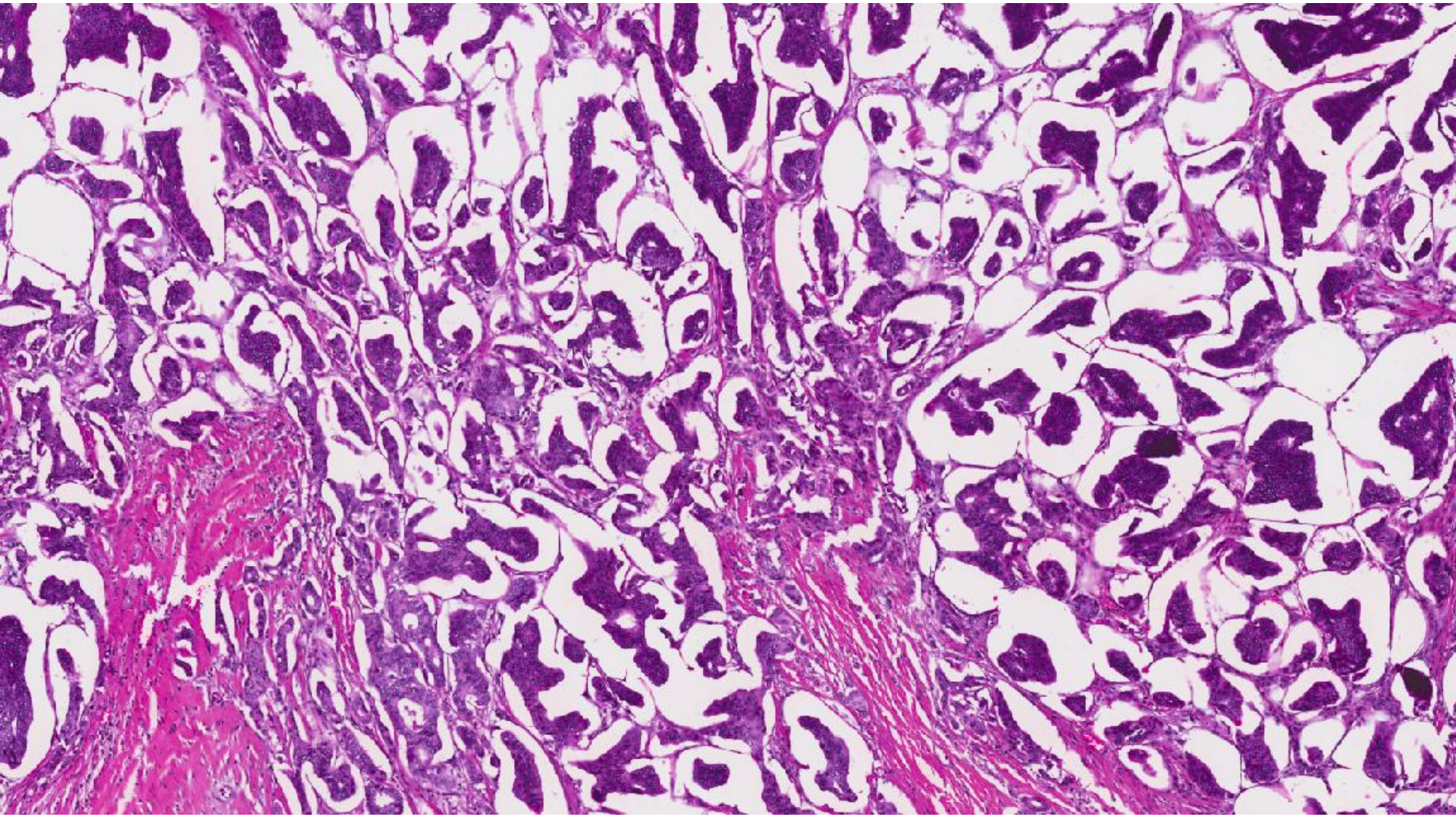
84 year old Chinese lady.

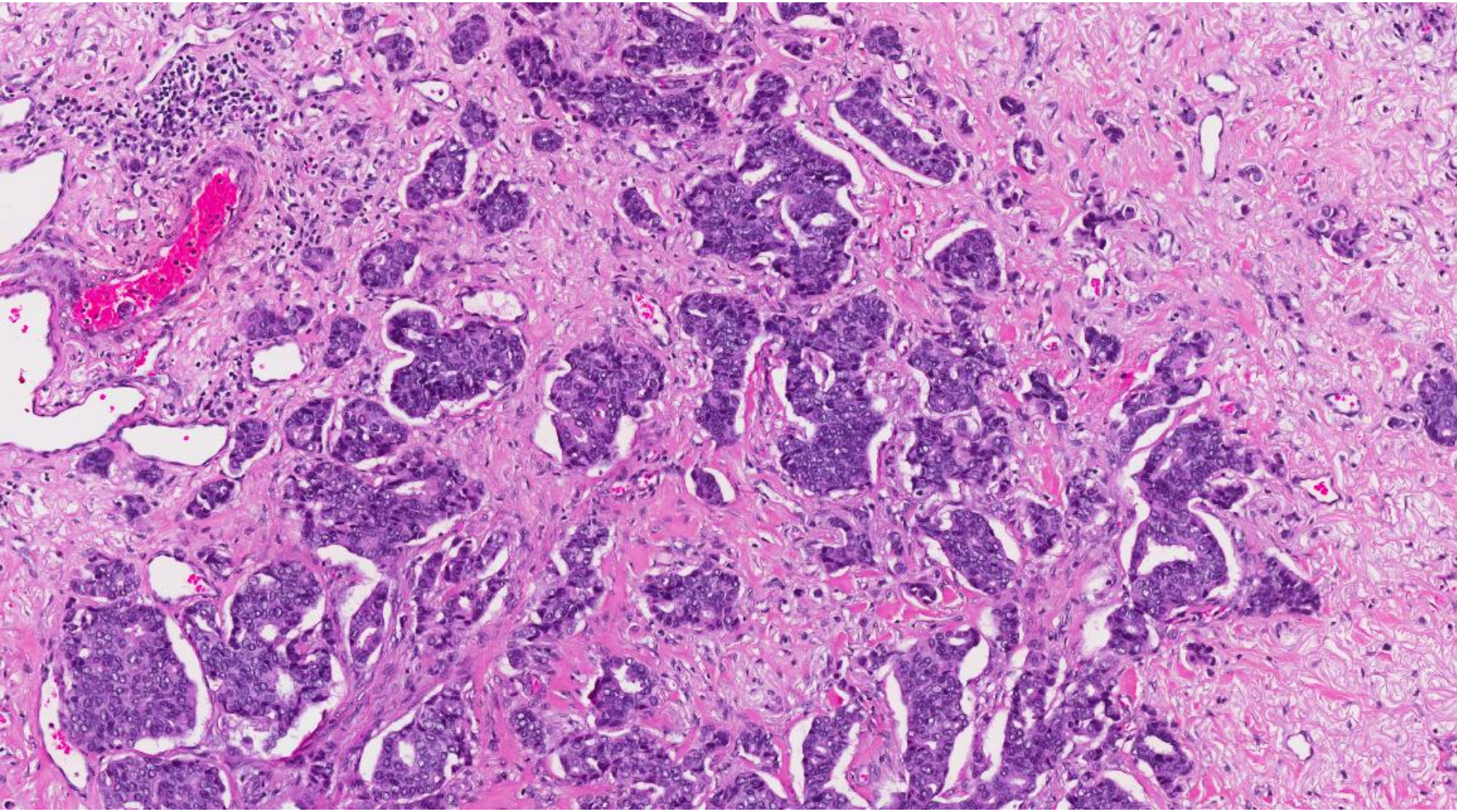
Past history of right breast carcinoma more than 20 years ago.

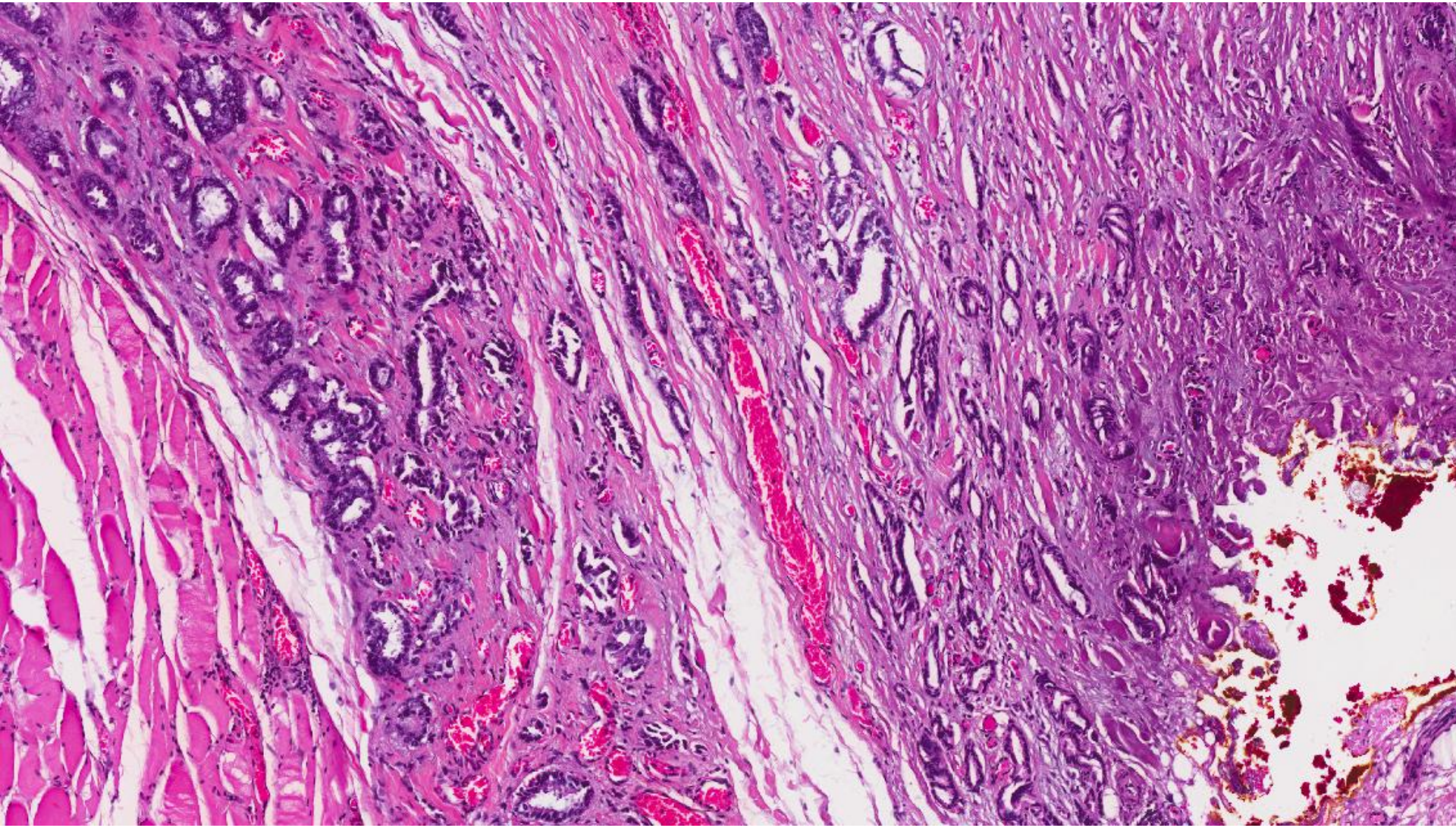
Presented with a right axillary mass.

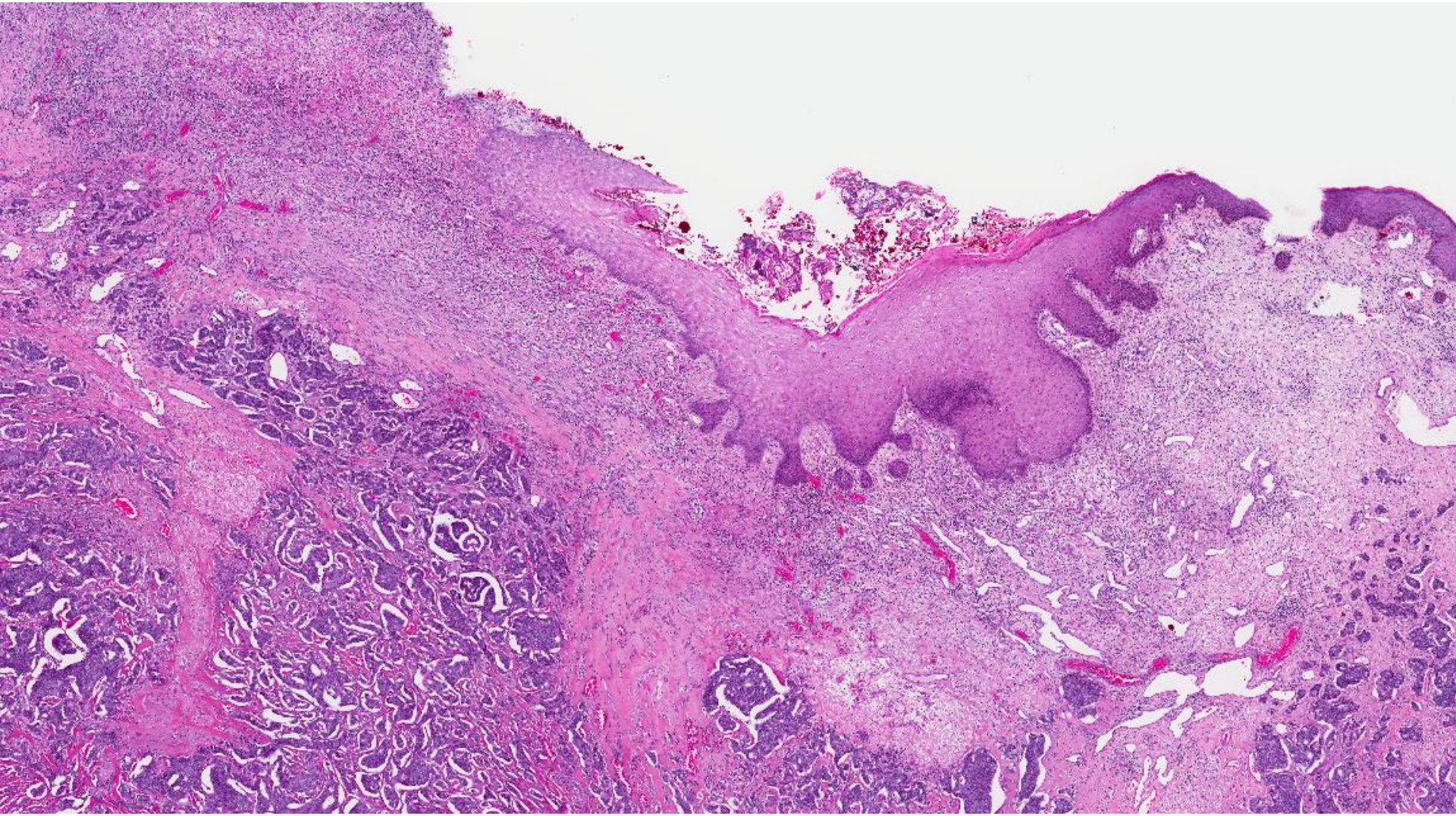
Excision was performed.

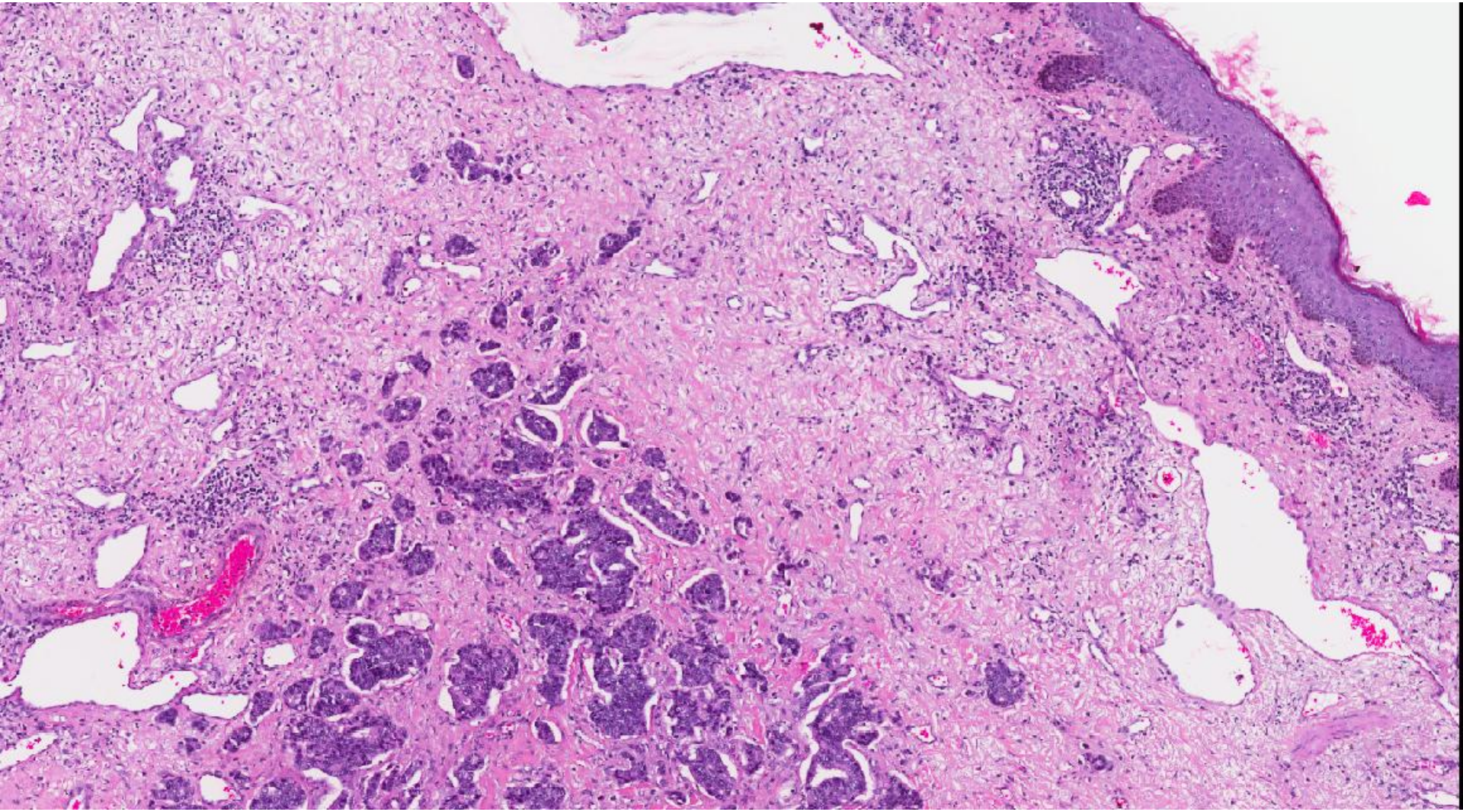


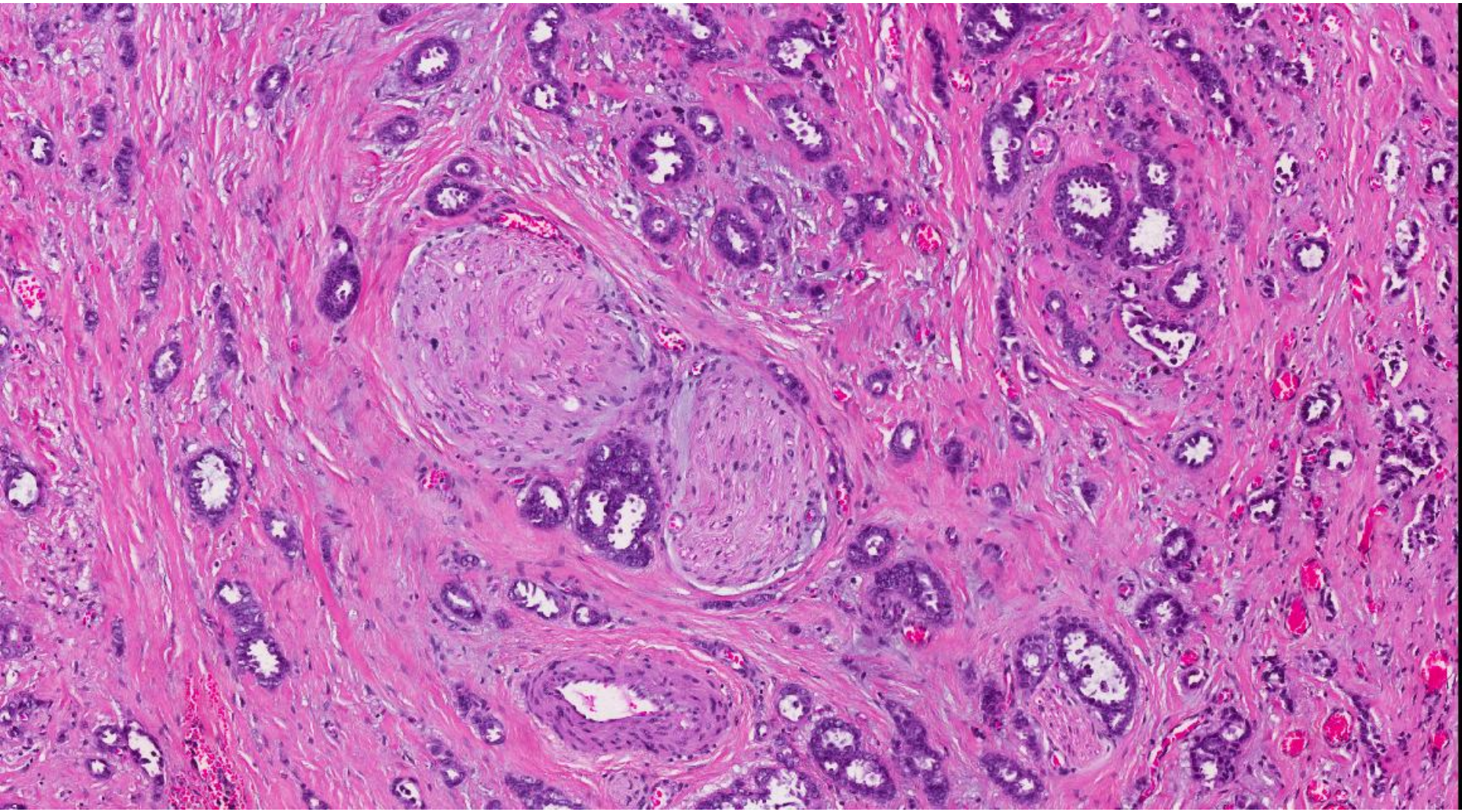


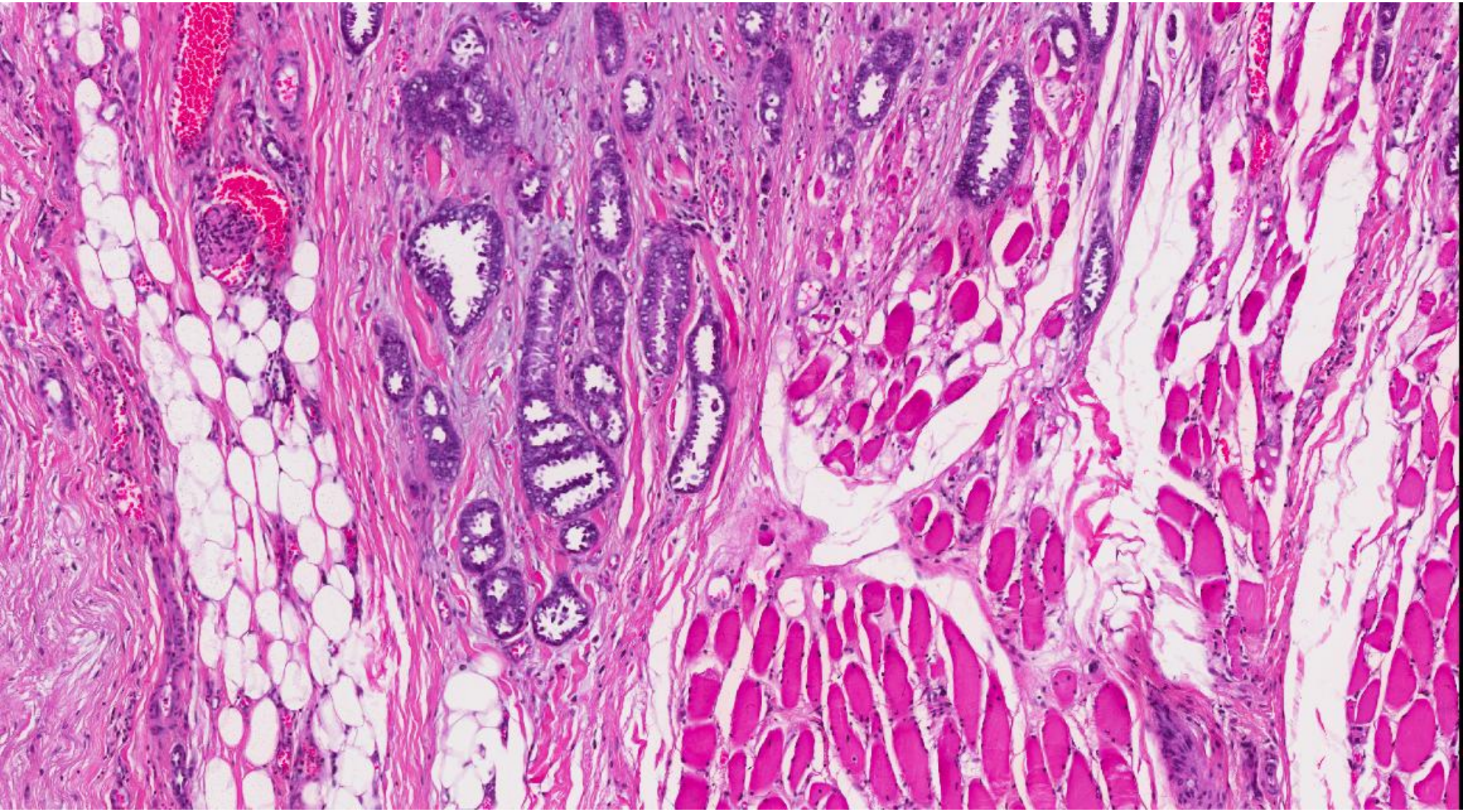


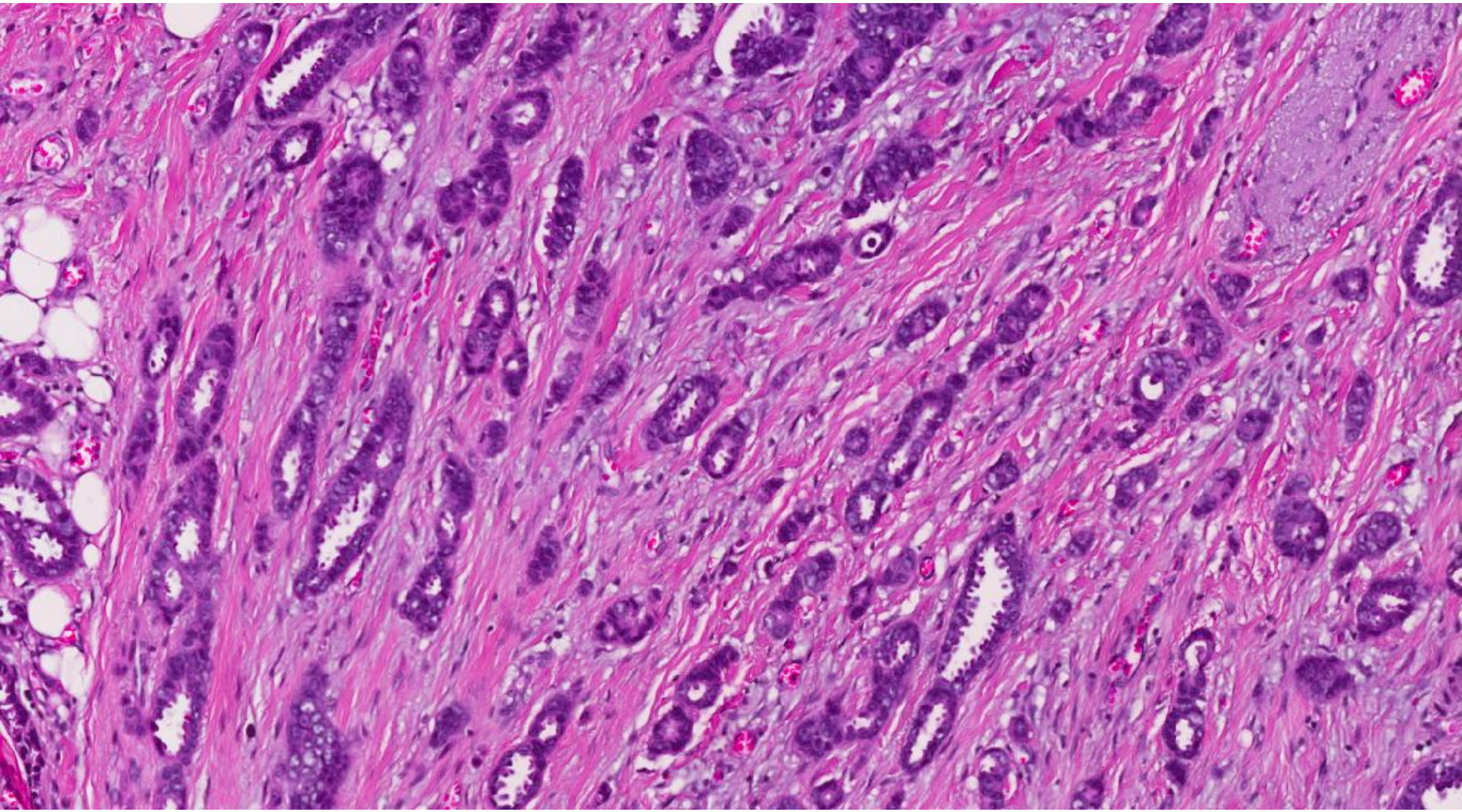












# Diagnosis

Invasive ductal carcinoma with micropapillary features, 26 mm, invading skeletal muscle and involving resection margins.

# Invasive micropapillary carcinoma

- An invasive adenocarcinoma composed of small, hollow or morula-like clusters of cancer cells, surrounded by clear stromal spaces.
- Characteristic reverse polarity of neoplastic cells, referred to as an ‘inside-out’ growth pattern, with apices of cells facing the stroma instead of the lumen.
- Also known as micropapillary carcinoma.

# Invasive micropapillary carcinoma

- Rare in its pure form, accounting for 0.9-2% of invasive breast cancer.
- Presence of foci of micropapillary pattern is noted in up to 7.4% of invasive breast cancer.

# Invasive micropapillary carcinoma

- Neoplastic cells in spaces, resembling lymphovascular invasion.
- Spaces are not lined by endothelial cells, and may represent a fixation artefact.
- Tumour cells:
  - Eosinophilic cytoplasm which is either dense or finely granular.
  - Apocrine features can be present.
  - Variable nuclear pleomorphism.
  - Low to moderate mitotic activity.
  - Necrosis and lymphocytic infiltrates are rare.

# Invasive micropapillary carcinoma

- Usually grade 2 or 3.
- Majority are ER and PR positive.
- HER2 overexpression is variable.
- MUC1 immunohistochemistry can help distinguish between invasive micropapillary carcinoma and artefactual stromal retraction in an invasive carcinoma NST.