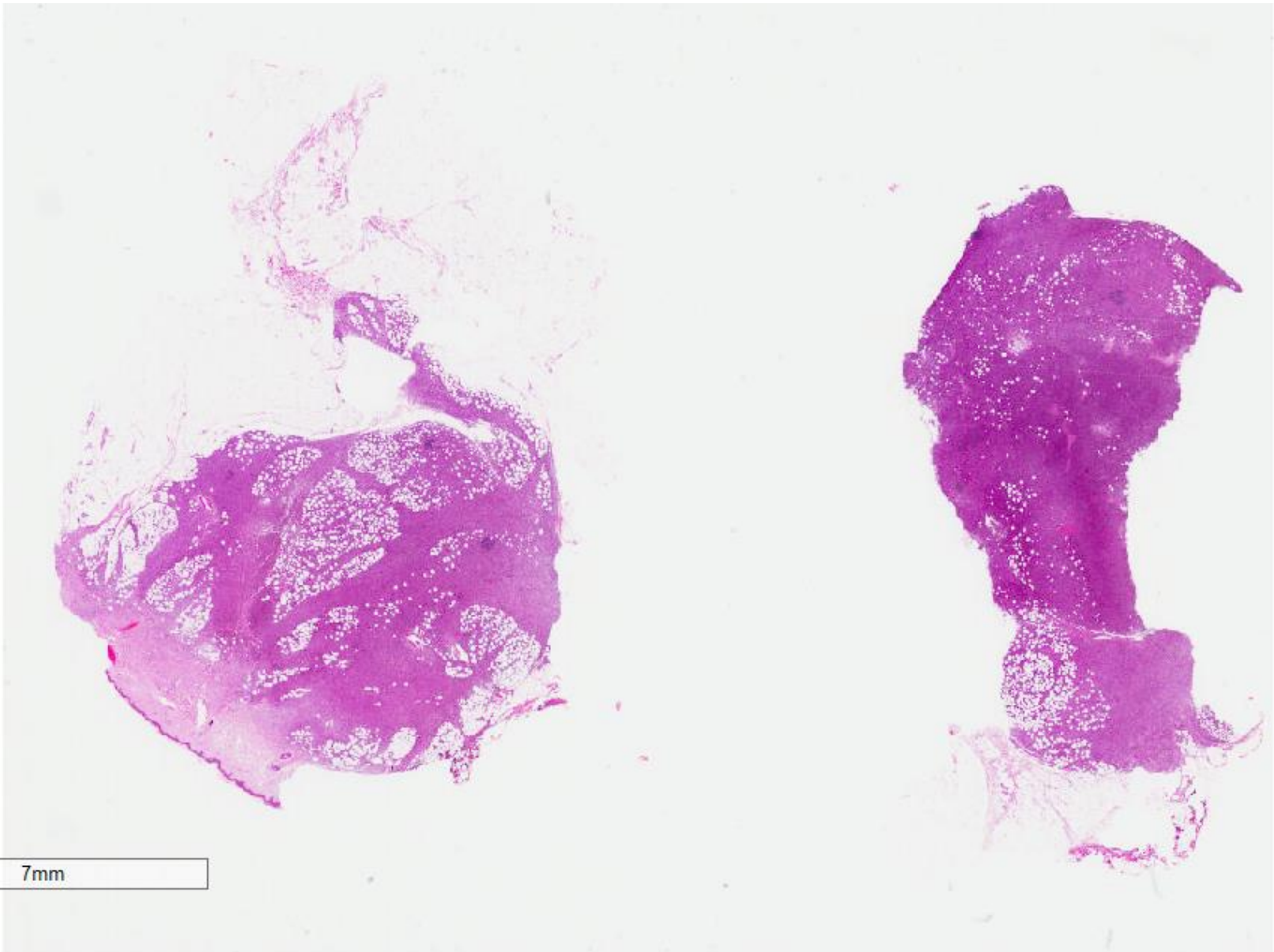


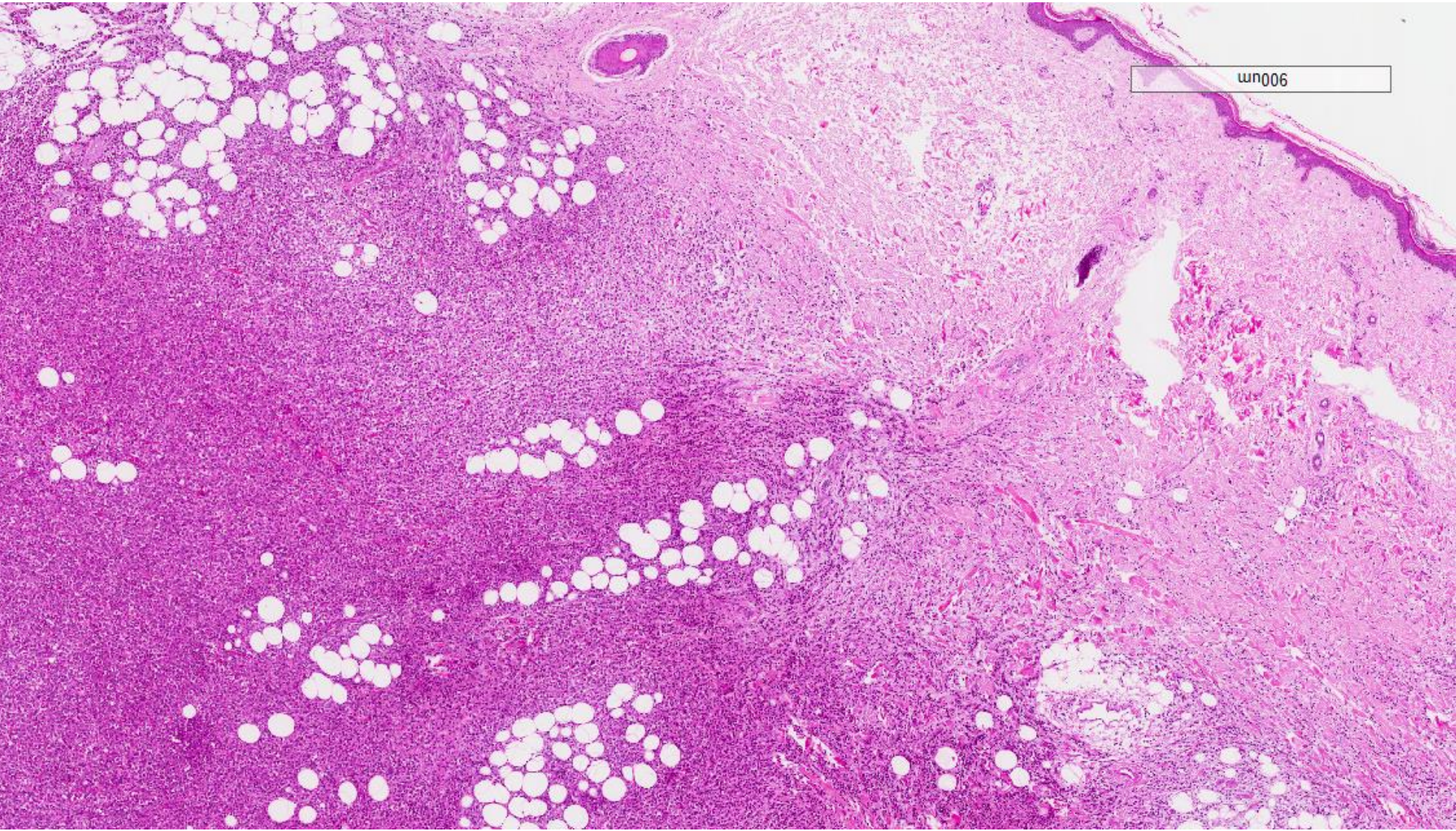
Case 38

68 year old lady with prior left mastectomy presented with a skin nodule over the previous mastectomy site.

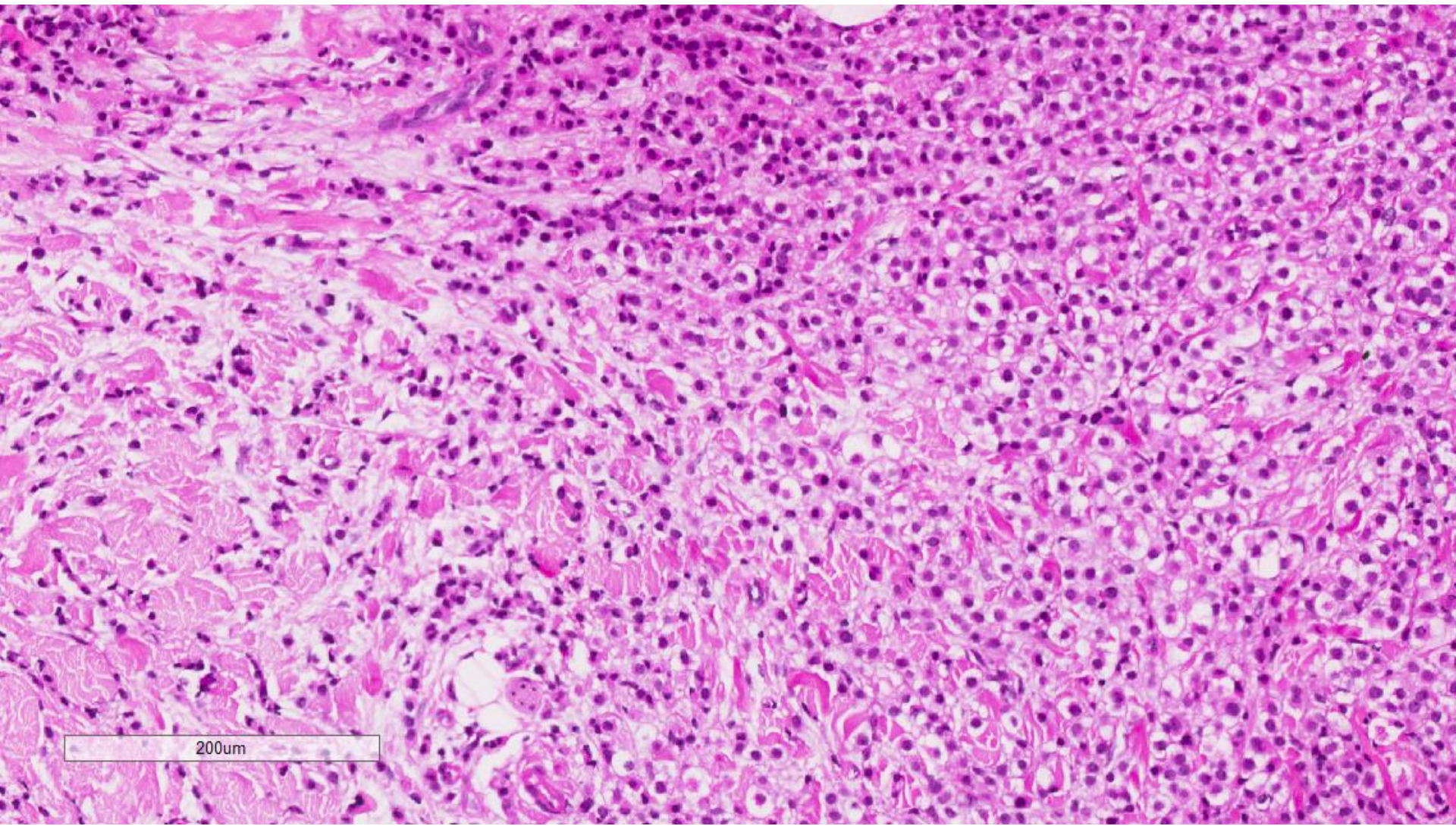
A biopsy of the skin nodule was performed.



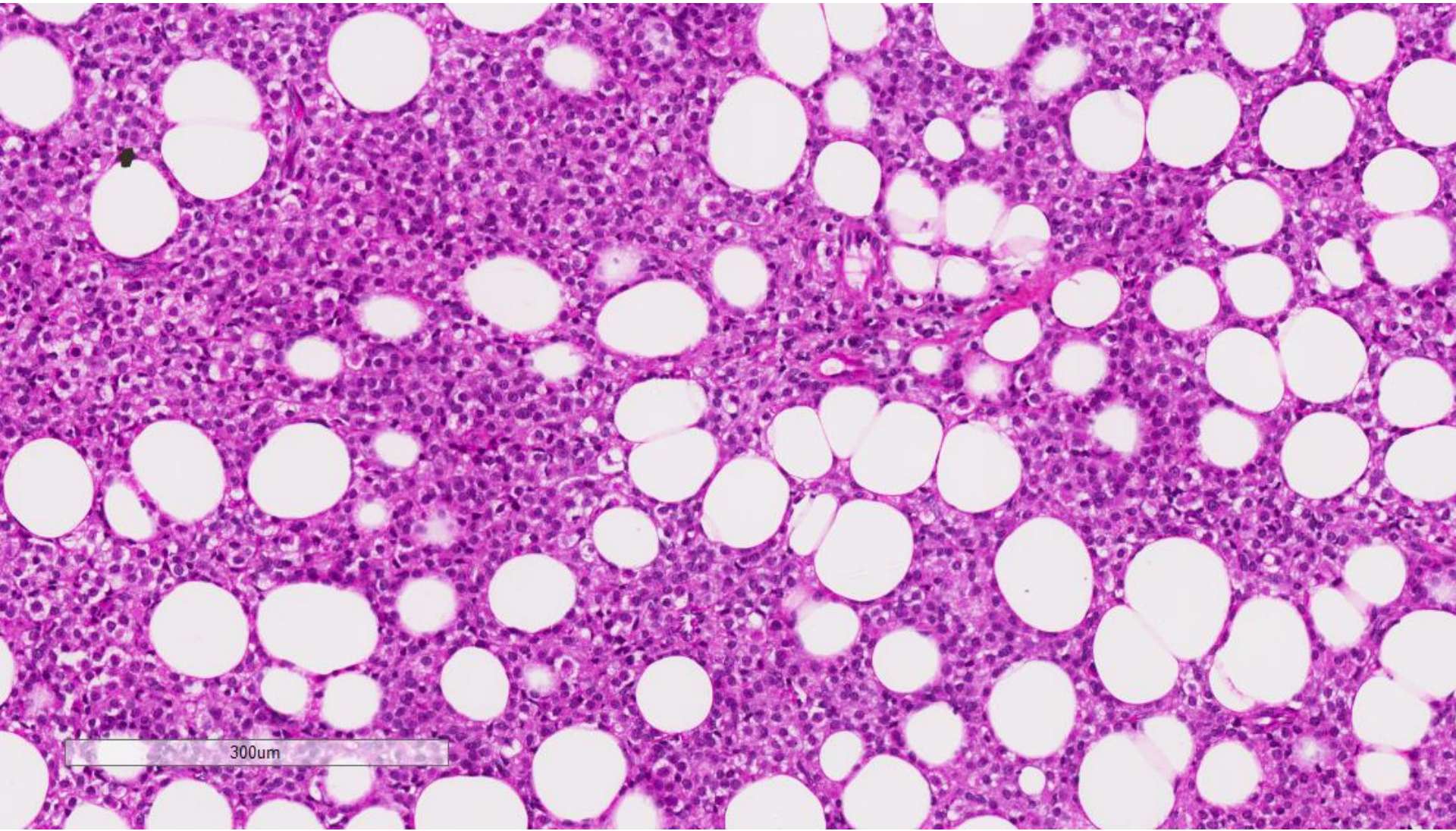
7mm



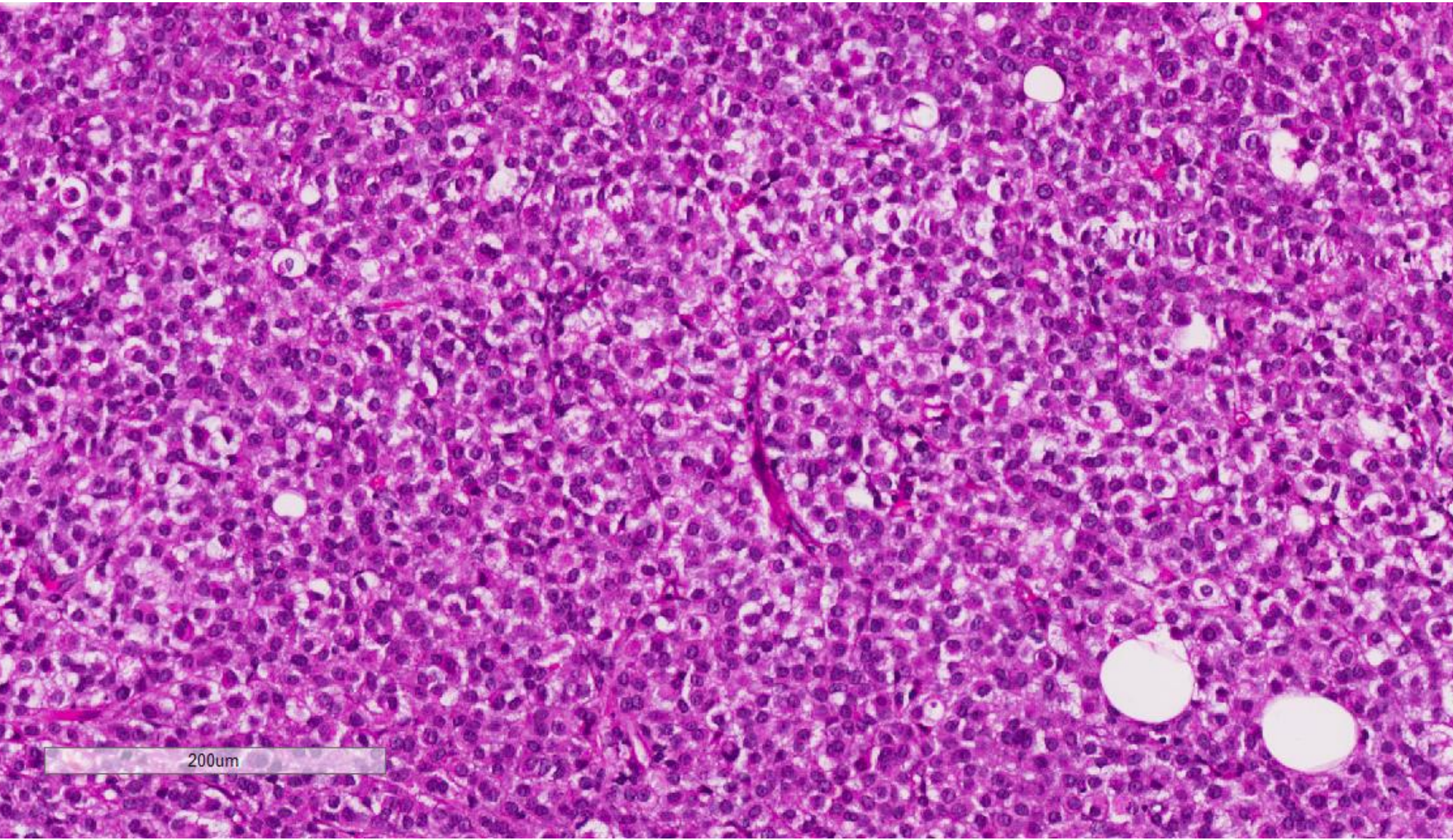
ωη006



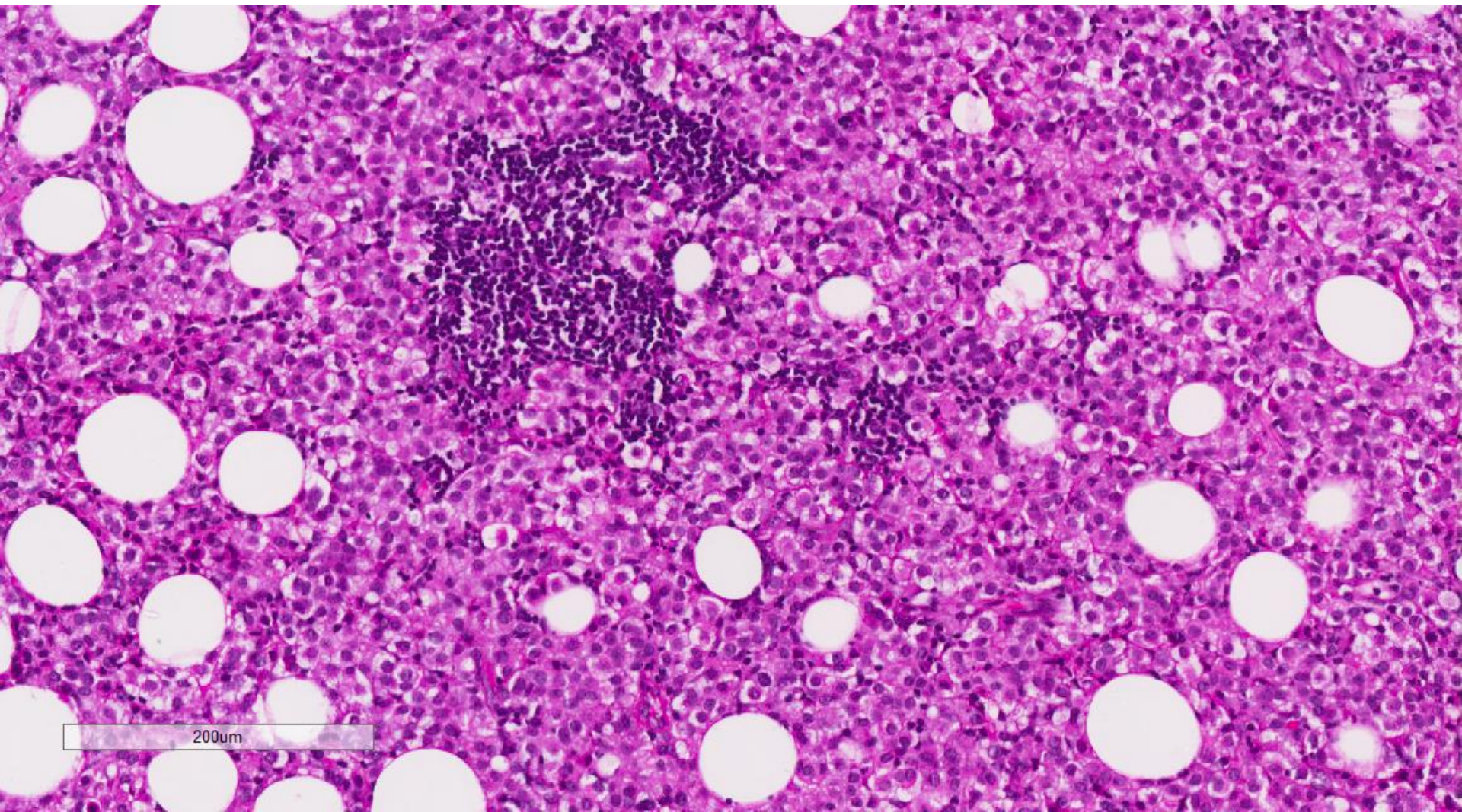
200um



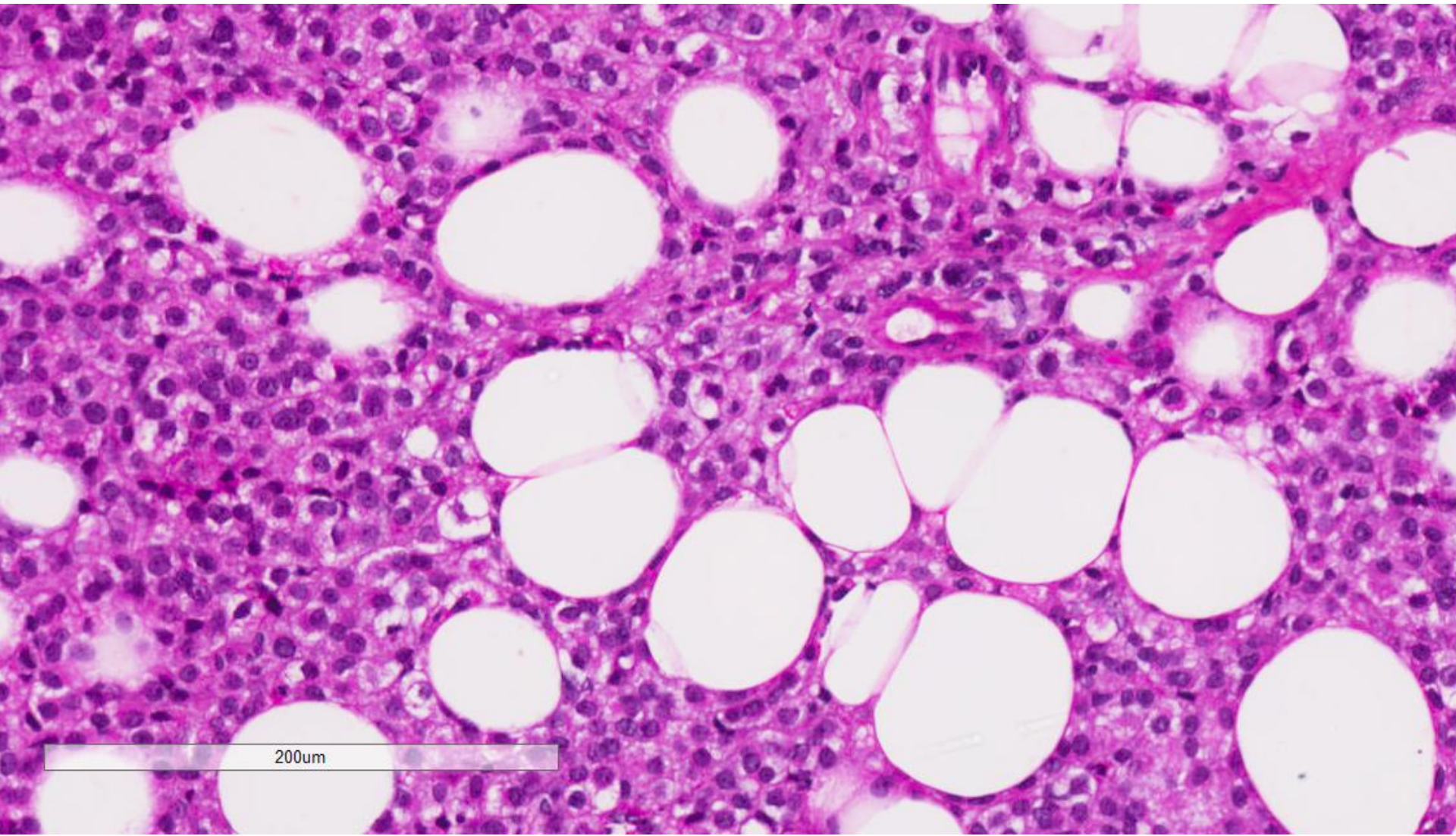
300µm



200um

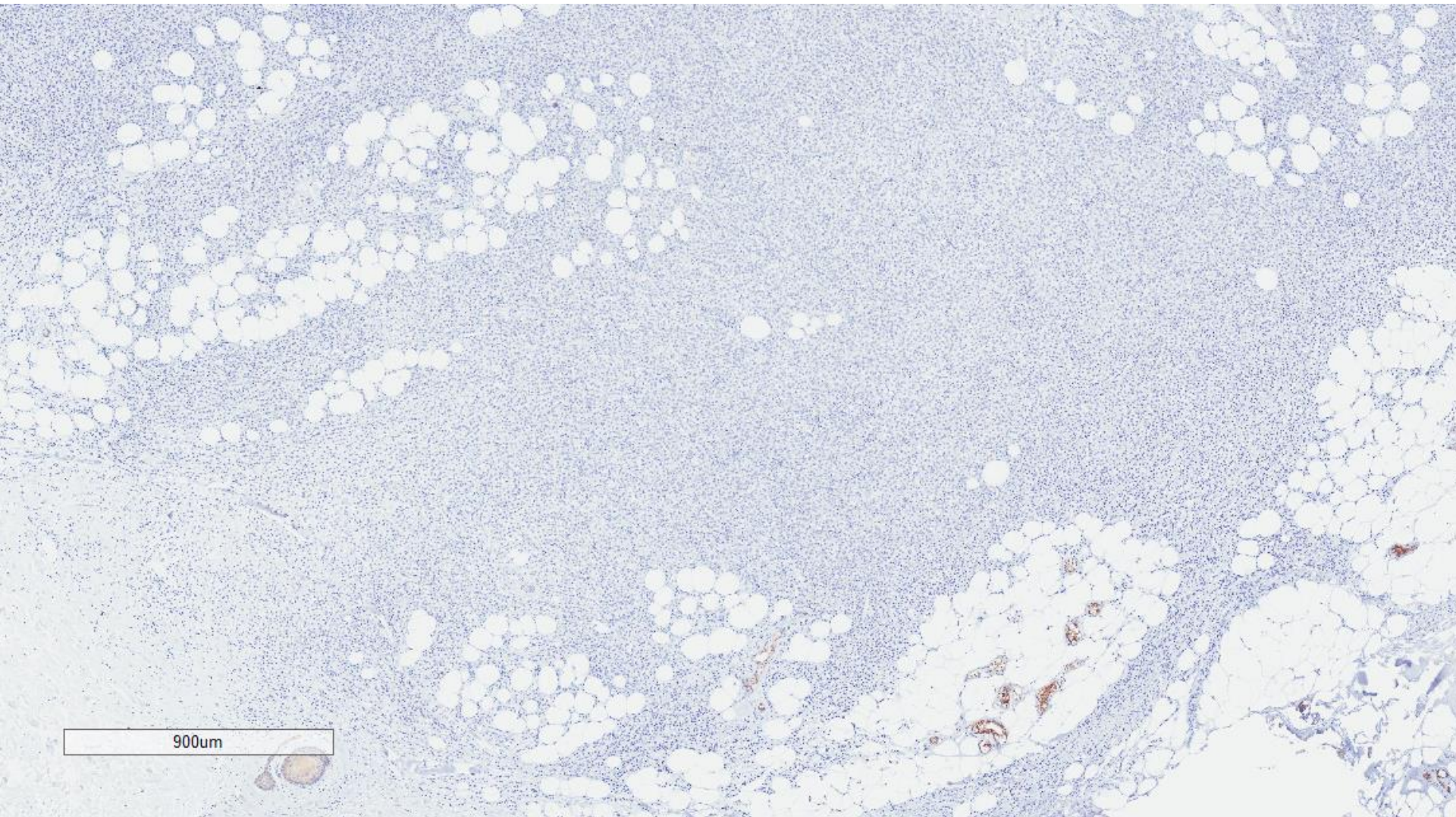


200um

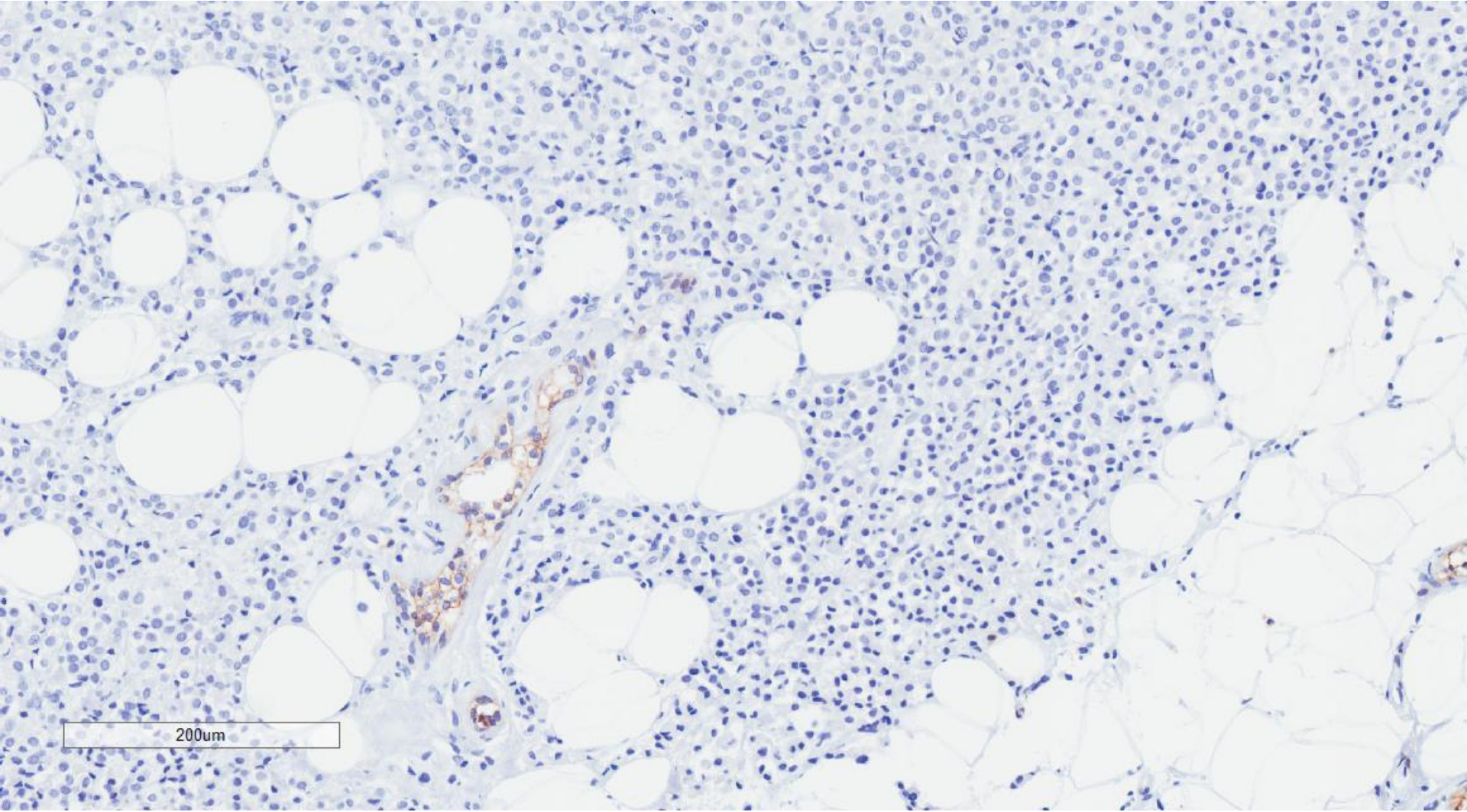


200um

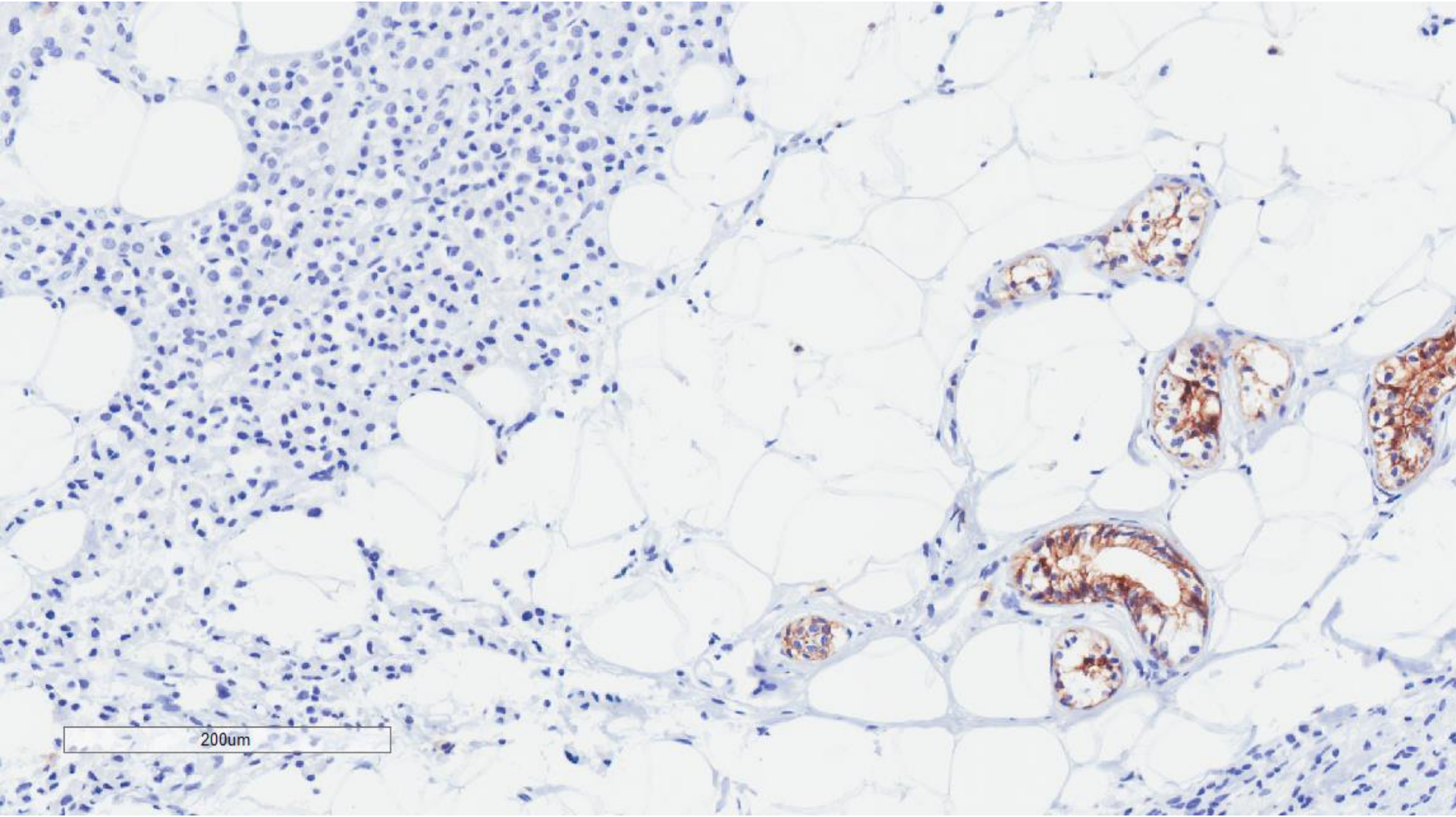
E-cadherin



E-cadherin



E-cadherin



Immunohistochemistry

- Positive staining of tumour cells for Cam5.2 and AE1/3.
- ER positive, PR positive, cerbB2 negative.
- LCA, synaptophysin, chromogranin negative.

Recurrent invasive lobular carcinoma, solid variant

Invasive lobular carcinoma: histological variants

- Classic lobular carcinoma
- Solid lobular carcinoma
- Alveolar lobular carcinoma
- Pleomorphic lobular carcinoma
- Tubulolobular carcinoma

Invasive lobular carcinoma: histological variants

- Variants share either the cytological or growth pattern of classic ILC, all lacking cell-to-cell cohesion.
- *Solid type:*
 - Characterized by typical non-cohesive and small cells of lobular morphology but these cells grow in sheets.
 - Often more pleomorphic and have a higher frequency of mitoses than the classic type.
- *Alveolar variant:*
 - Cells are mainly arranged in globular aggregates of at least 20 cells.

Invasive lobular carcinoma: histological variants

- *Pleomorphic variant*
 - Retains the distinctive growth pattern of lobular carcinoma but exhibits a greater degree of cellular atypia and pleomorphism.
 - Higher mitotic rate than classic ILC.
 - Frequently associated with LCIS composed of the same pleomorphic cytological features.
 - May show apocrine or histiocytoid differentiation and may be composed of signet ring cells.

Invasive lobular carcinoma: histological variants

- *Tubulolobular variant*
 - Composed of admixture of a tubular growth pattern and small uniform cells arranged in a linear pattern.
 - LCIS is observed in about one third of tubulolobular carcinomas.
- *Mixed group*
 - Composed of cases showing an admixture of the classic type with one or more of these variant patterns.
- Classic ILC type and mixed variants contribute to the majority of lobular tumours, comprising up to 75% of all cases.

Invasive lobular carcinoma: Prognostic significance of variants

- More favourable outcome reported for classic type than for the variants, namely pleomorphic and solid.
- Tubulolobular and alveolar ILC are regarded as low-grade.