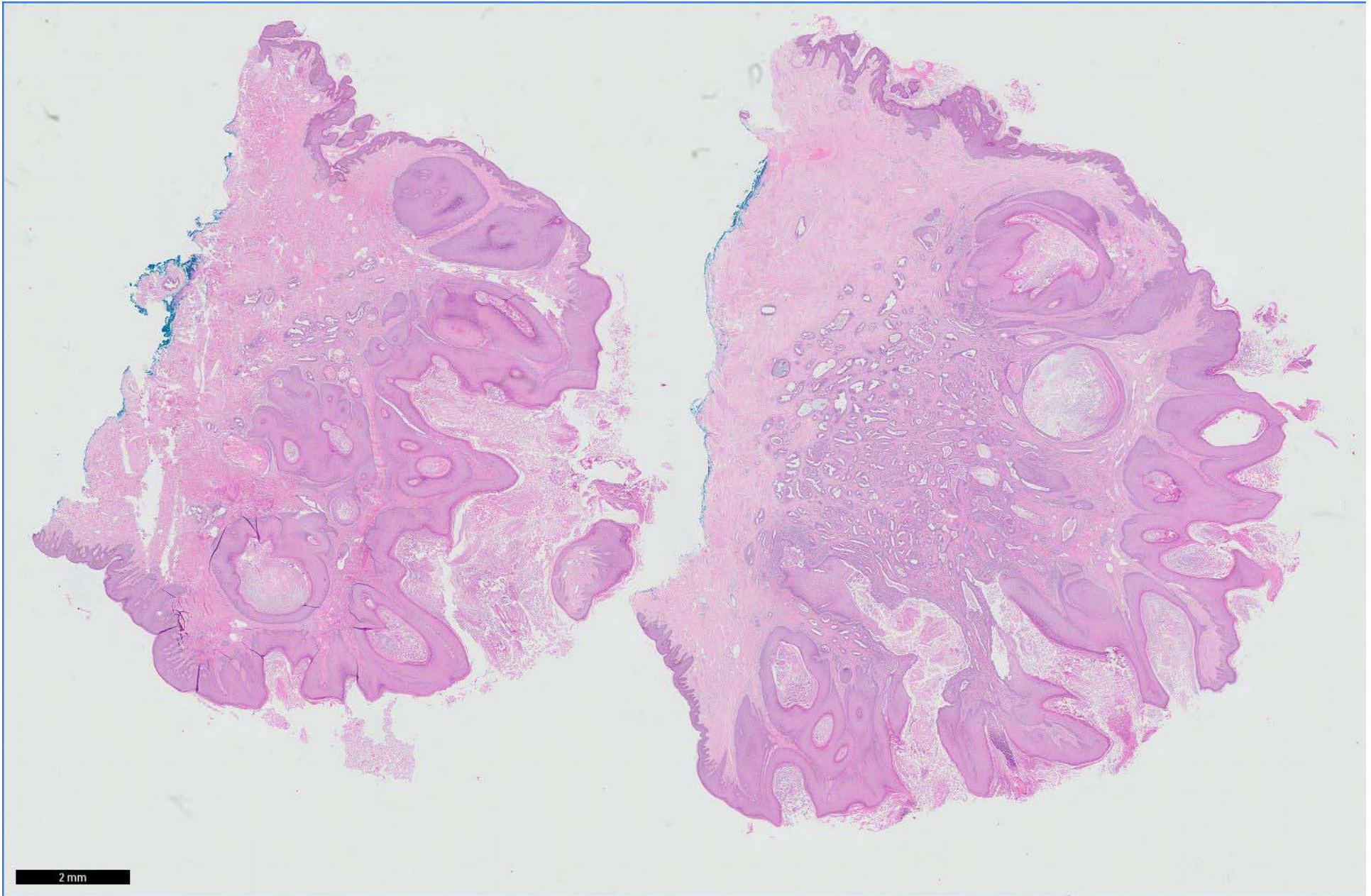


Case 1

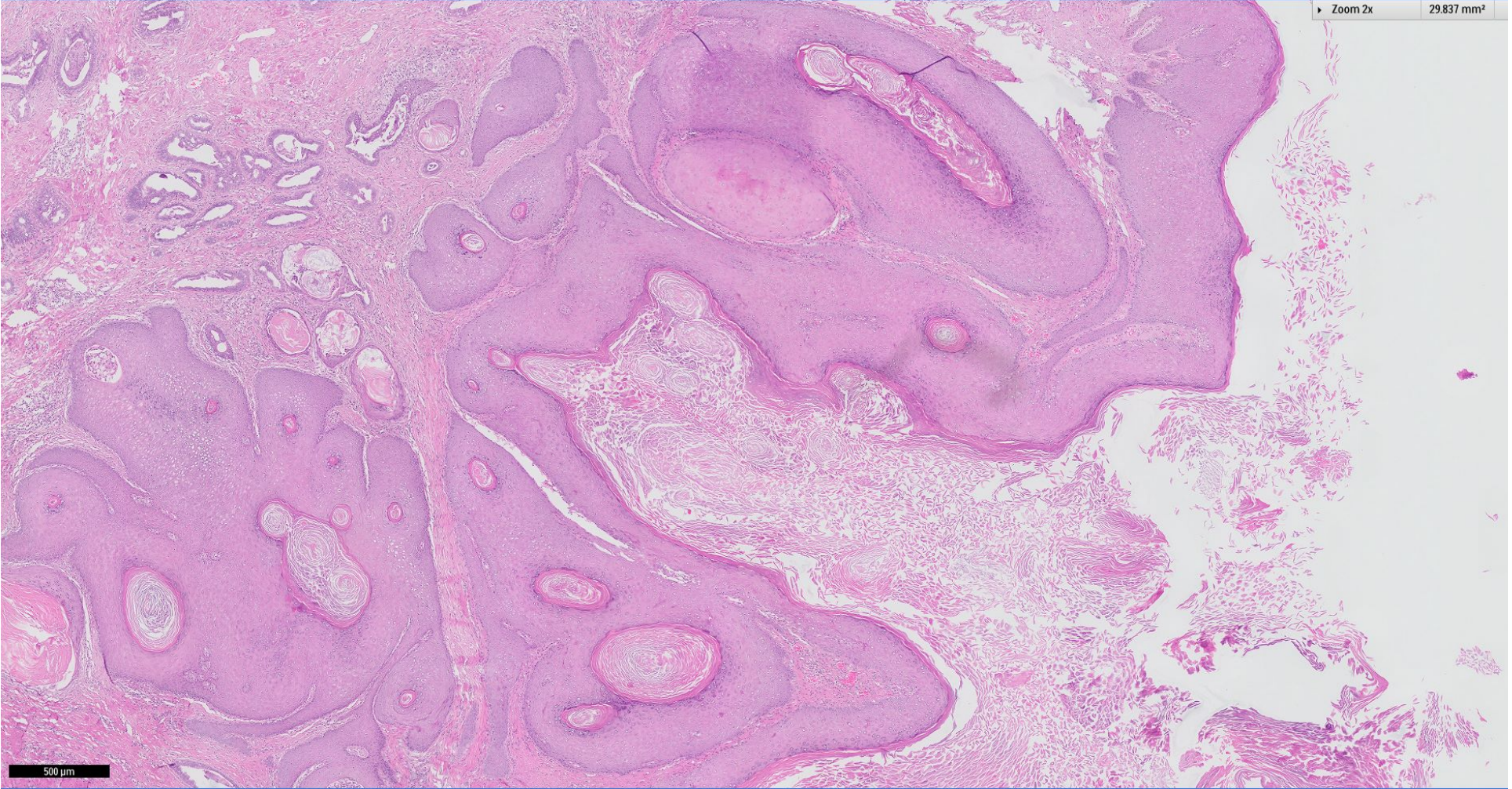
55 year old lady with a left nipple lesion.
Excision performed.





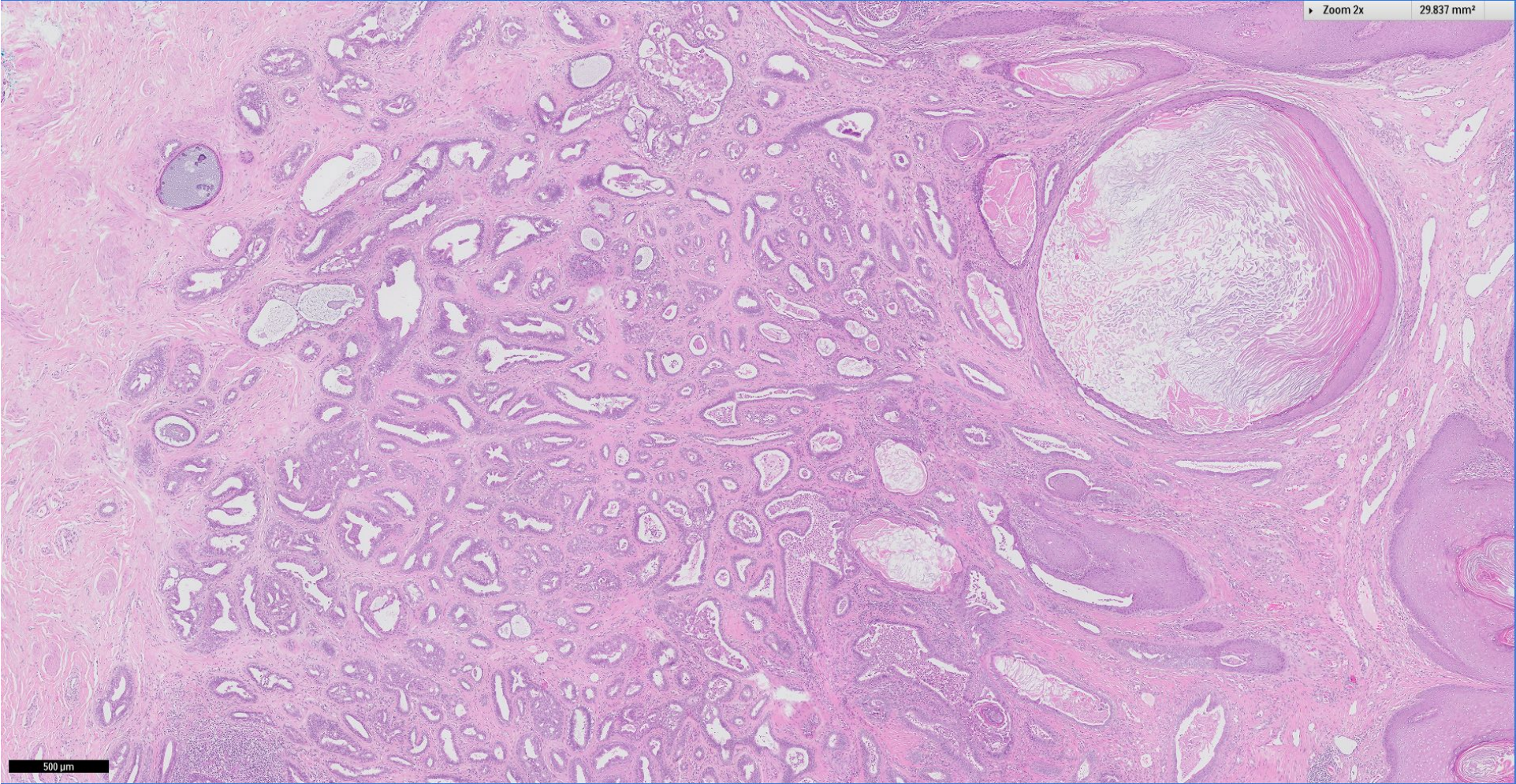
Zoom 2x

29.837 mm²



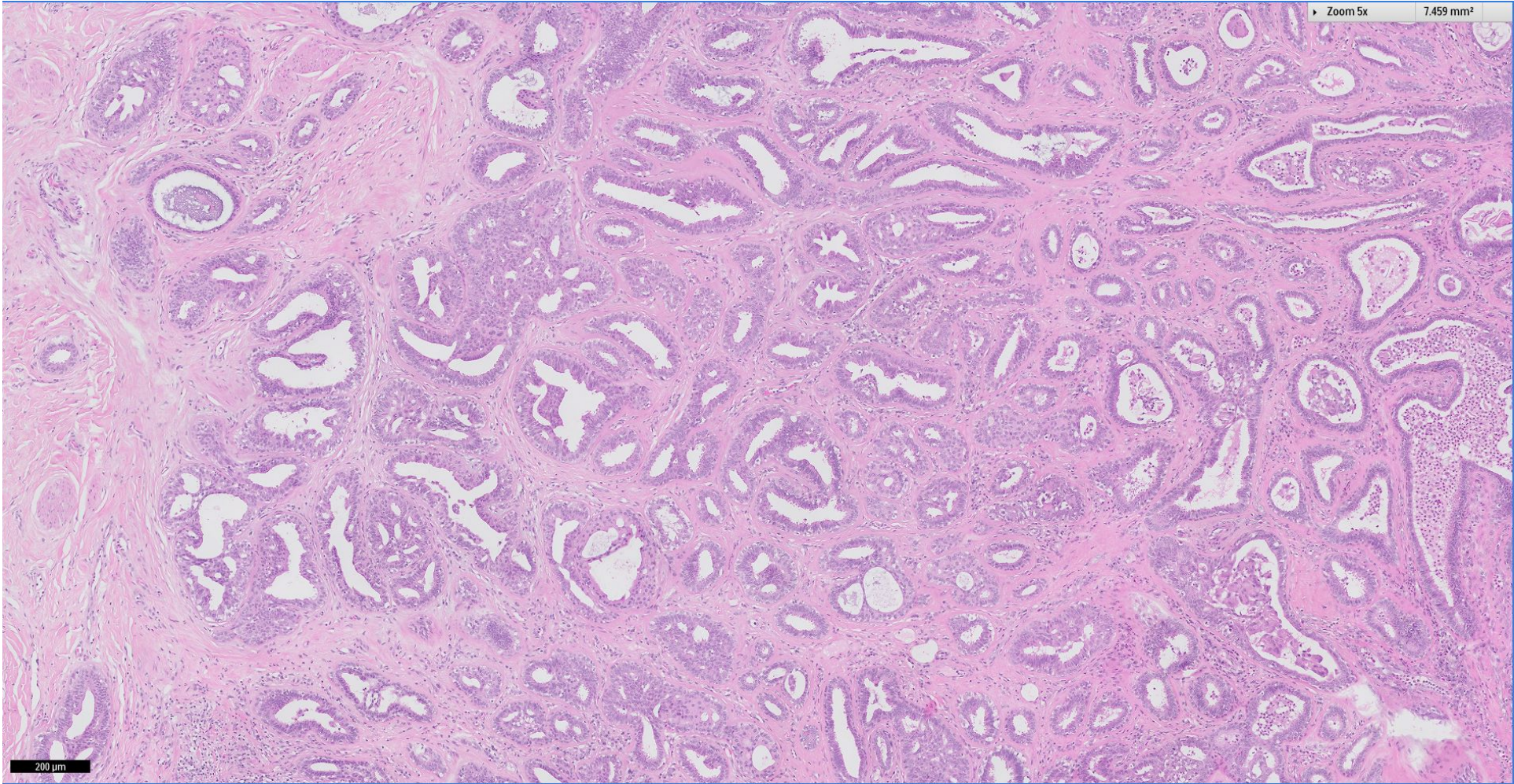
500 μm

Zoom 2x 29.837 mm²



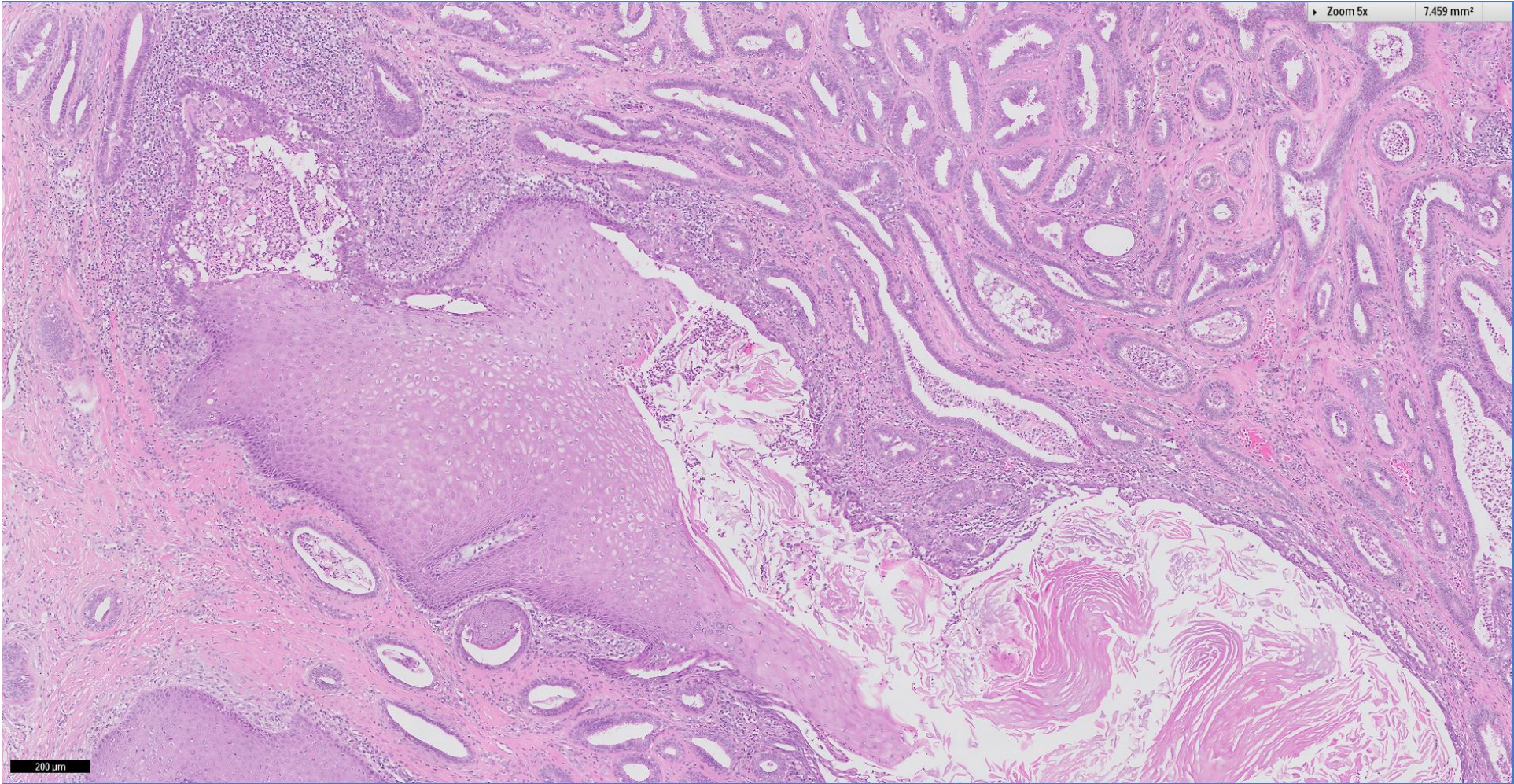
500 μm

Zoom 5x 7.459 mm²



200 μ m

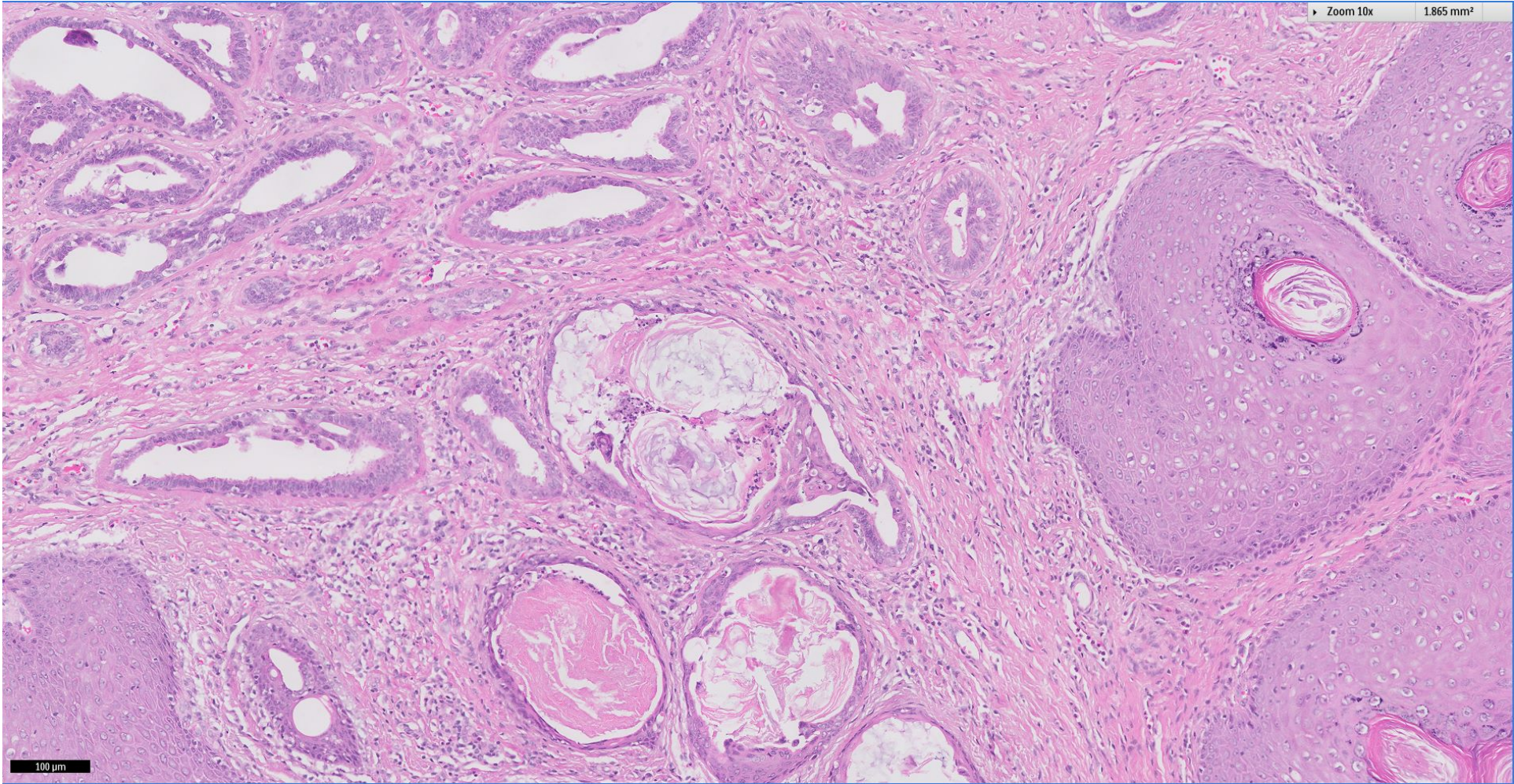
Zoom 5x 7.459 mm²



200 μ m

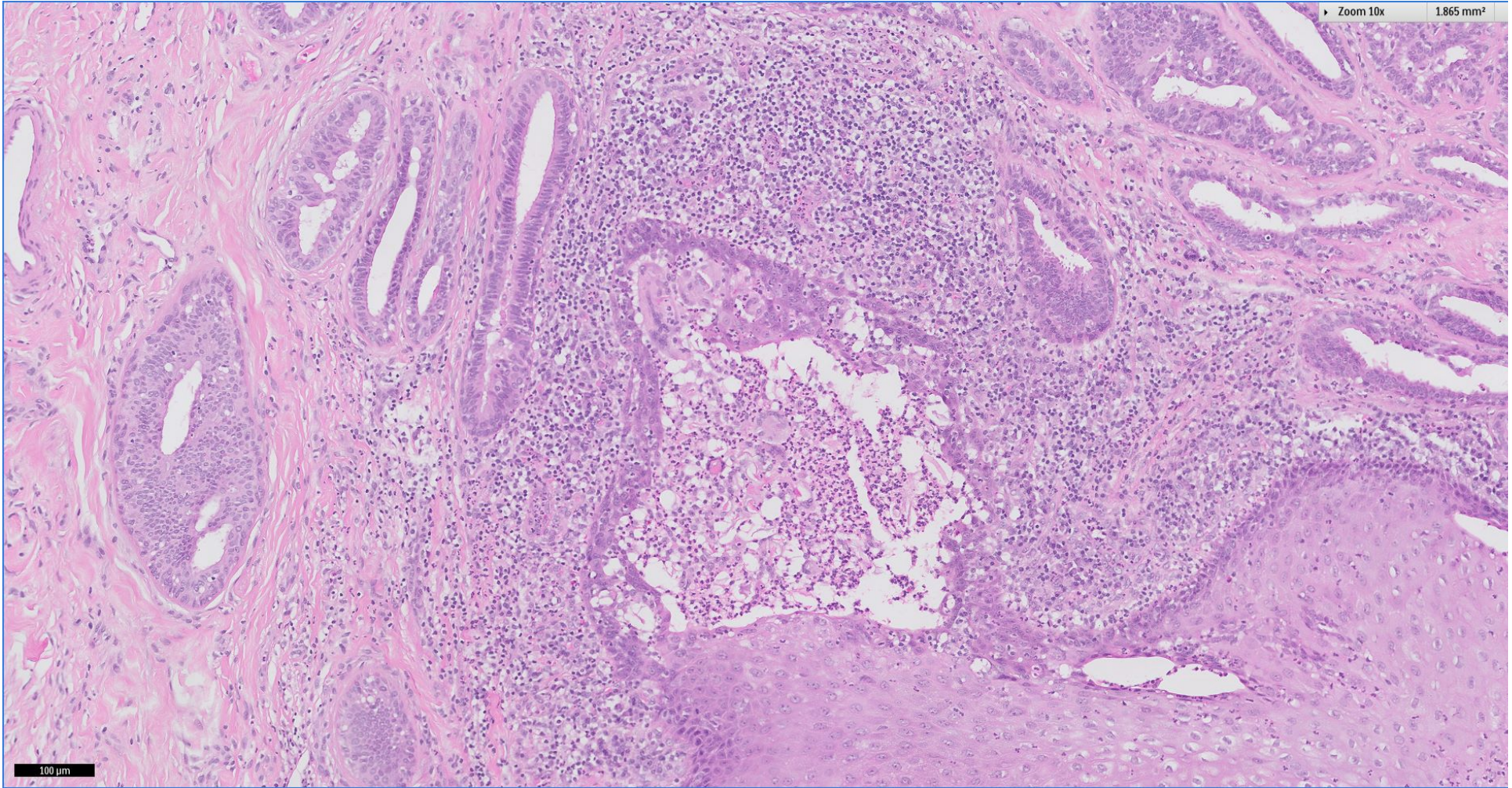


Zoom 10x 1.865 mm²

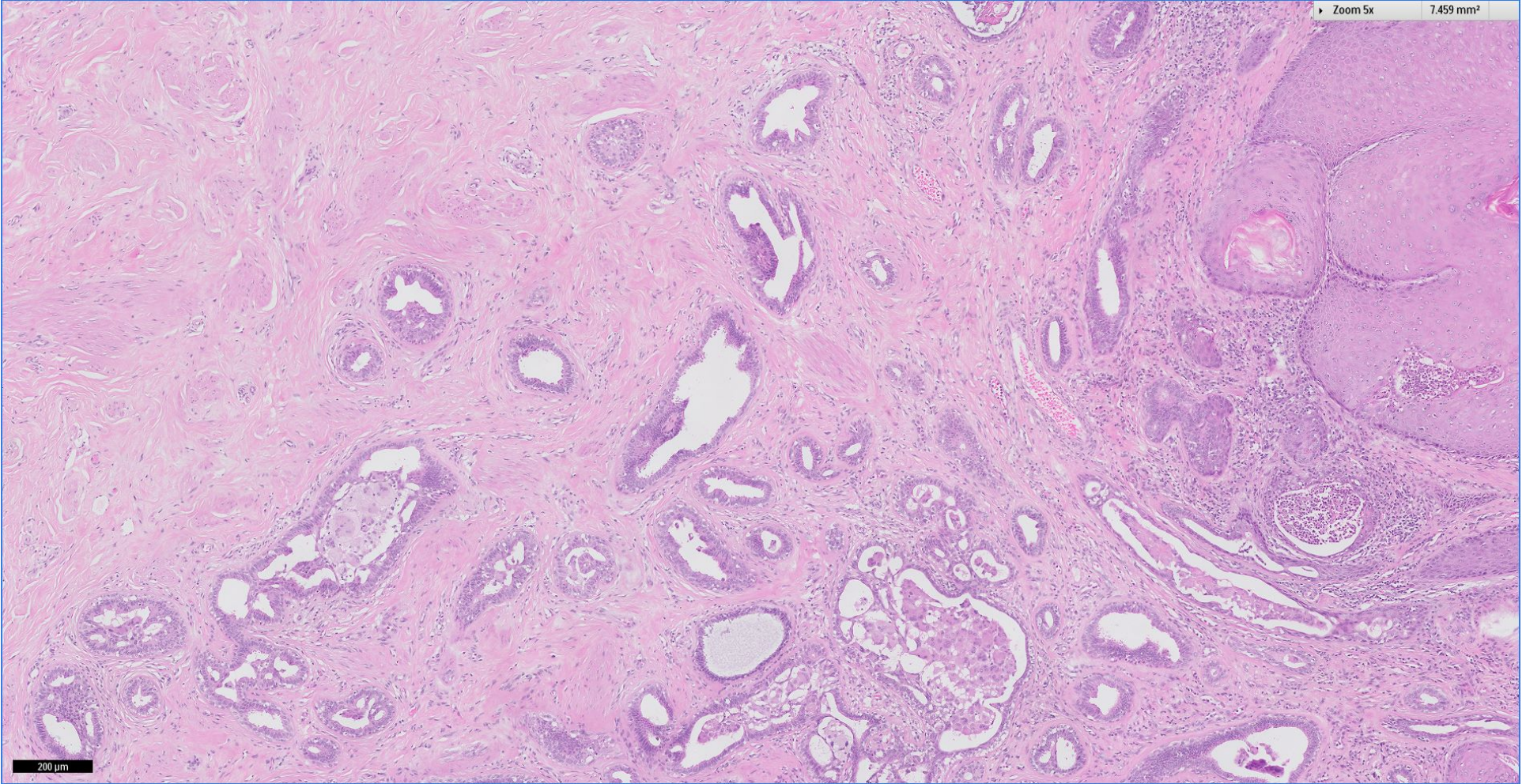


100 μm

Zoom 10x 1.865 mm²

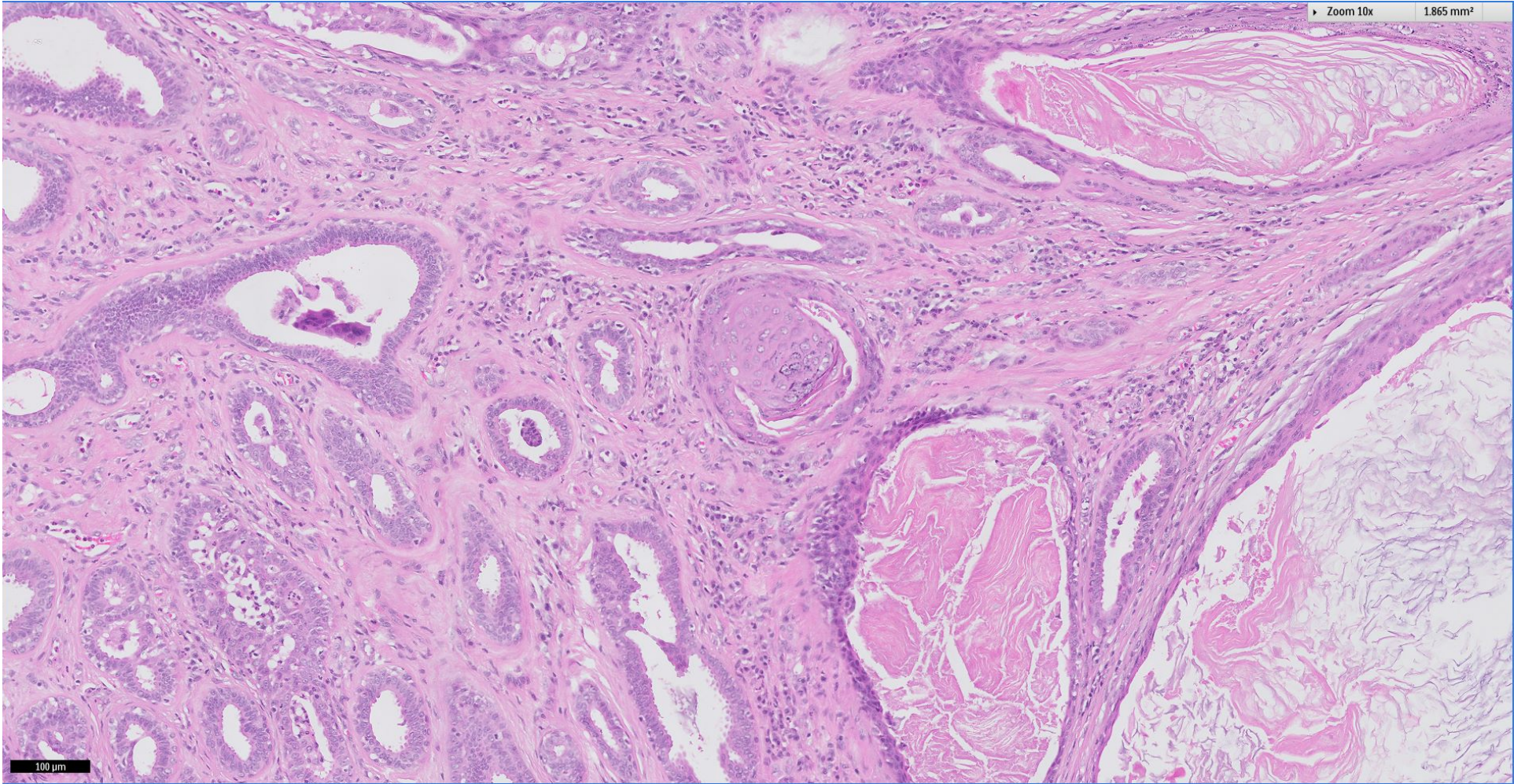


Zoom 5x 7.459 mm²



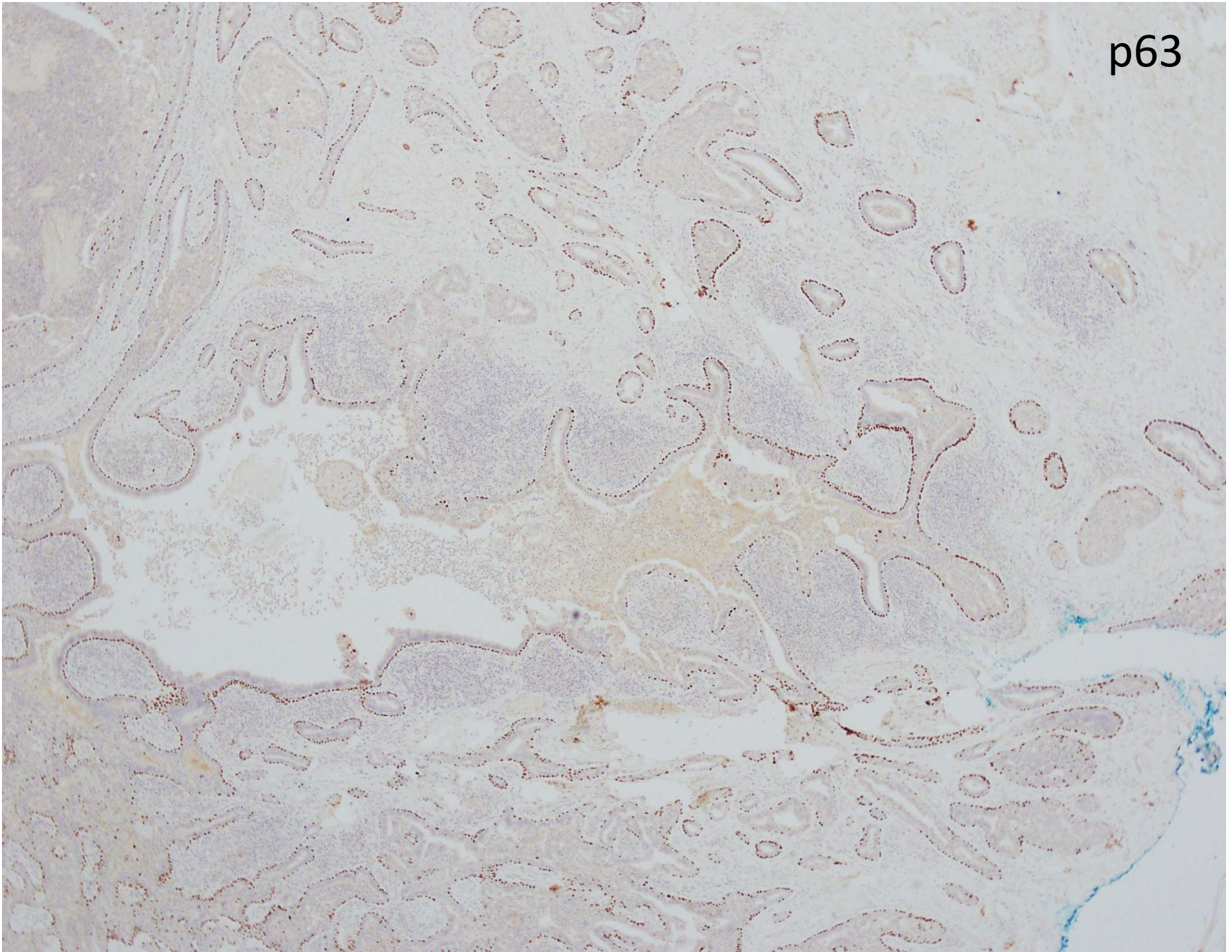
200 μ m

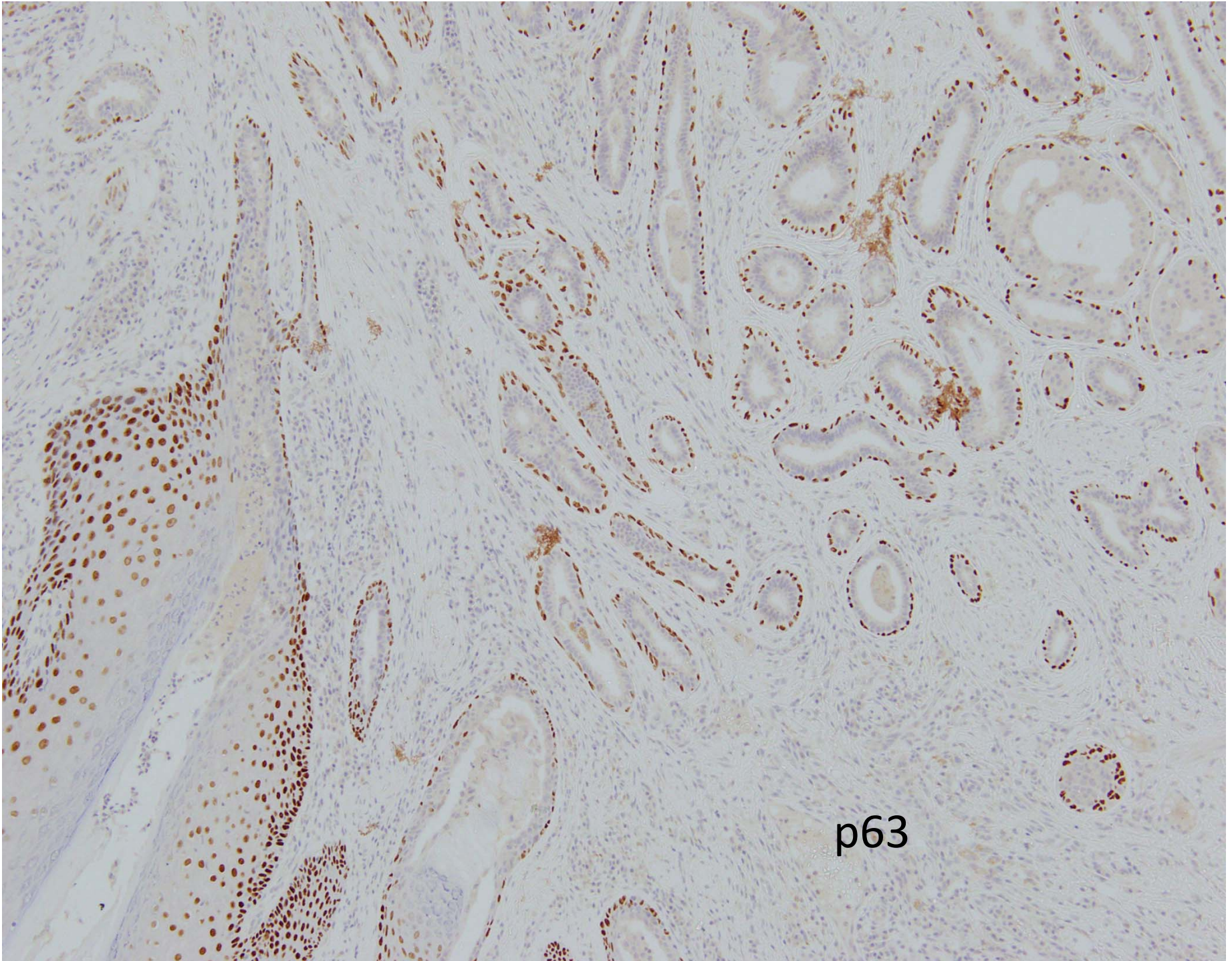
Zoom 10x 1.865 mm²



100 μ m

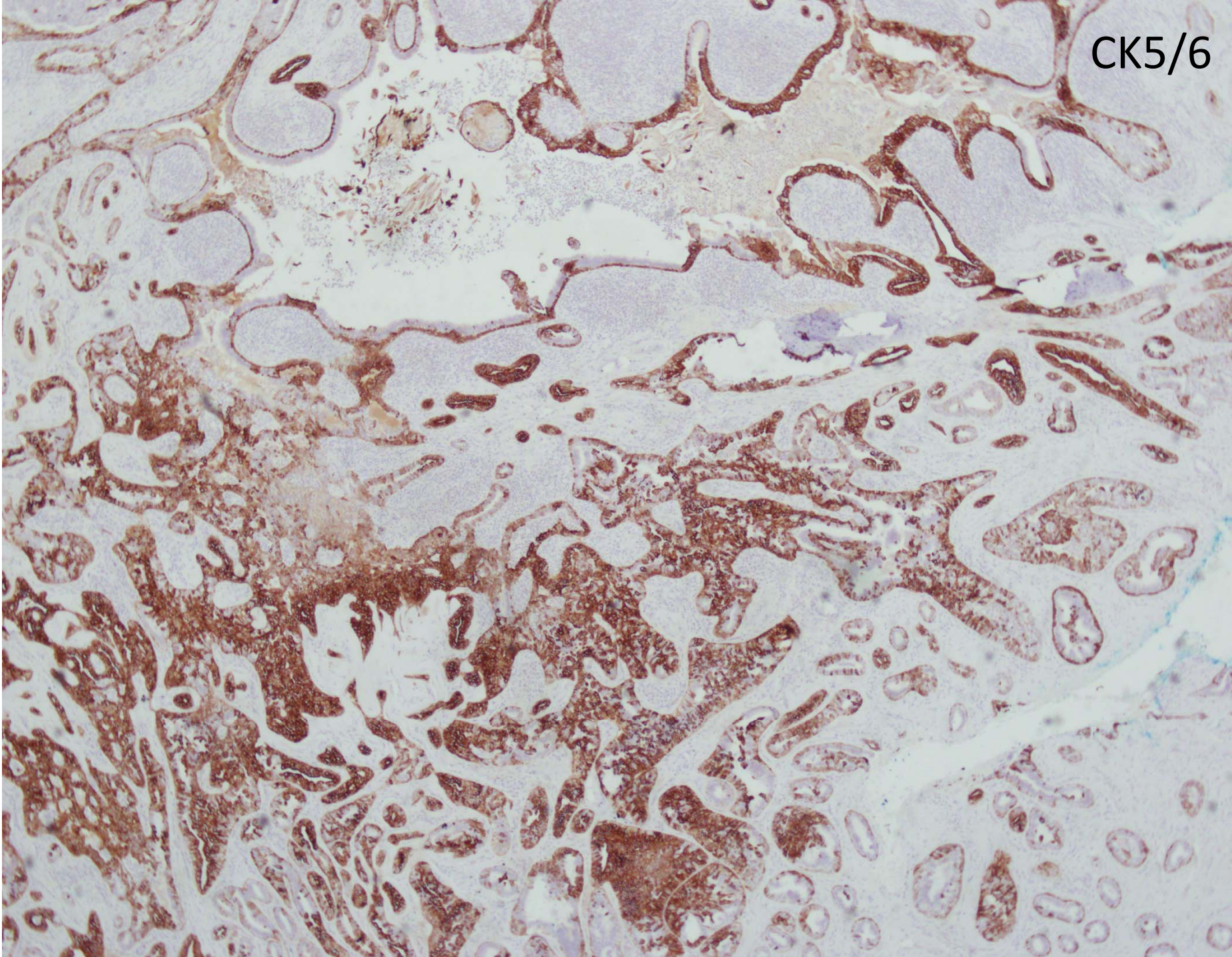
p63



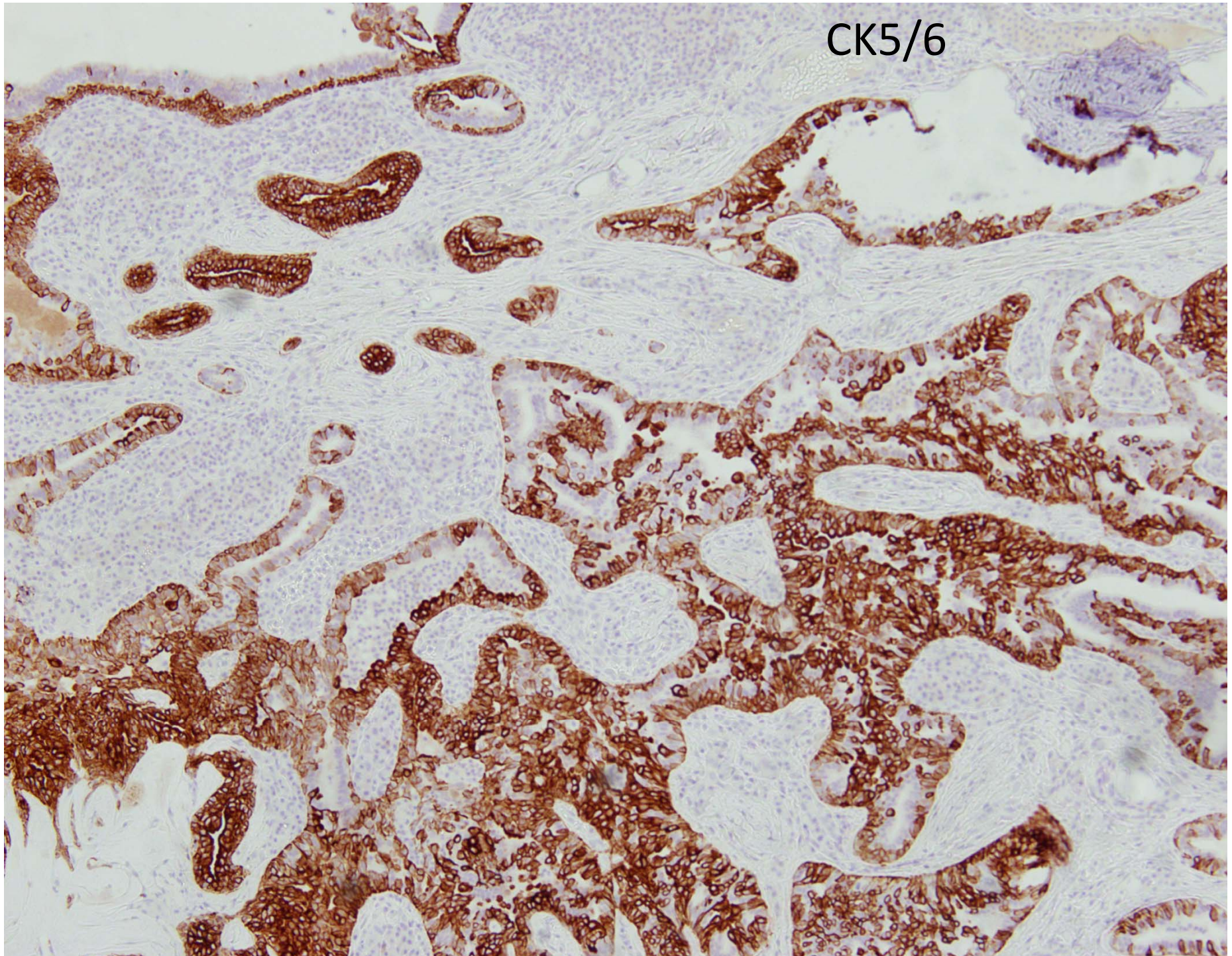


p63

CK5/6



CK5/6



Excision, nipple lesion:

Nipple adenoma
Squamous papilloma



Nipple adenoma

- Synonyms:
 - Nipple duct adenoma
 - Papillary adenoma of the nipple
 - Erosive adenomatosis
 - Florid papillomatosis
 - Papillomatosis of the nipple
- Clinical presentation:
 - Nipple discharge
 - Nipple erosion
 - Lump
 - May mimic Paget disease



Nipple adenoma

- Histology:
 - Sclerosing adenosis.
 - Proliferating glands sprout from and compress collecting ducts, which then undergo cystic dilatation.
 - Rarely, adenosis expands to cause erosion of the epidermis.
 - Tubules present within the sclerosing adenosis are composed of luminal and myoepithelial cells.



Nipple adenoma

- Histology:
 - Prominent pseudoinfiltrative pattern leads to appearance of “infiltrating epitheliosis”, with proliferating epithelium streaming into the stroma.
 - Florid usual ductal hyperplasia and necrosis can be seen.
 - Increased Toker cells can resemble Paget disease.



 Breast
Pathology
Course 2014

