

# *Case 10*

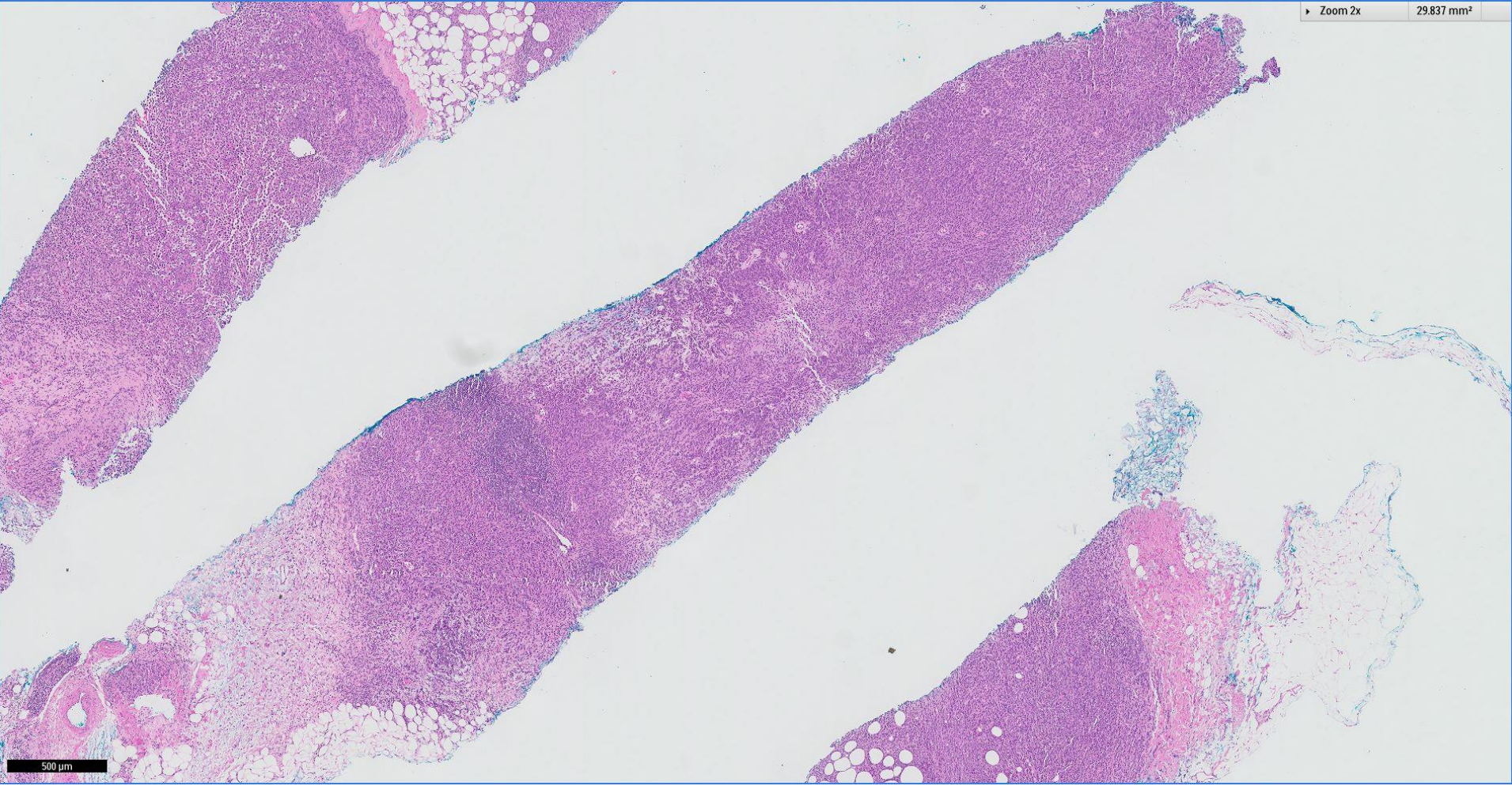
61 year old woman underwent core biopsies for a left breast mass.





► Zoom 2x

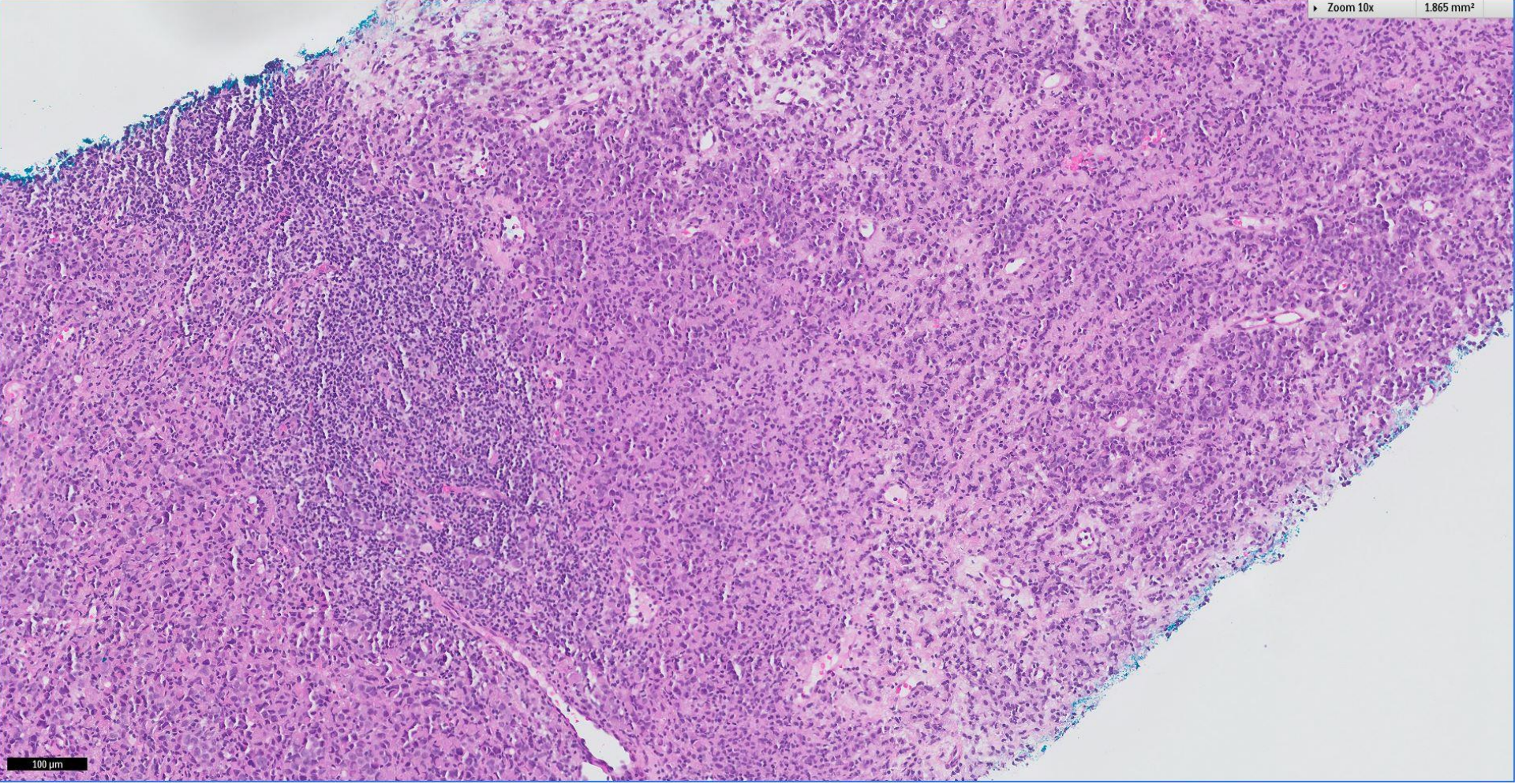
29.837 mm<sup>2</sup>



500 µm

Zoom 10x

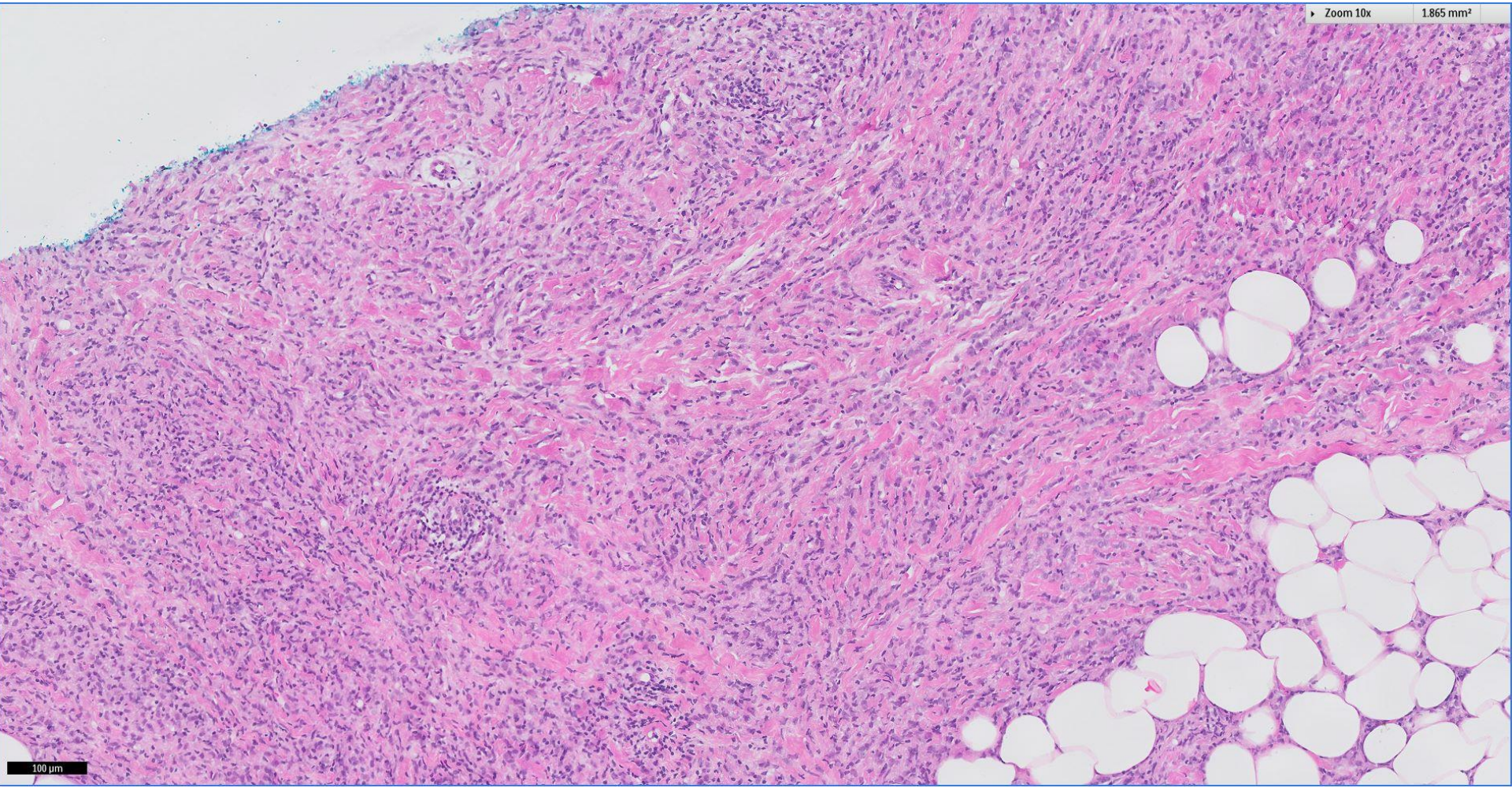
1.865 mm<sup>2</sup>



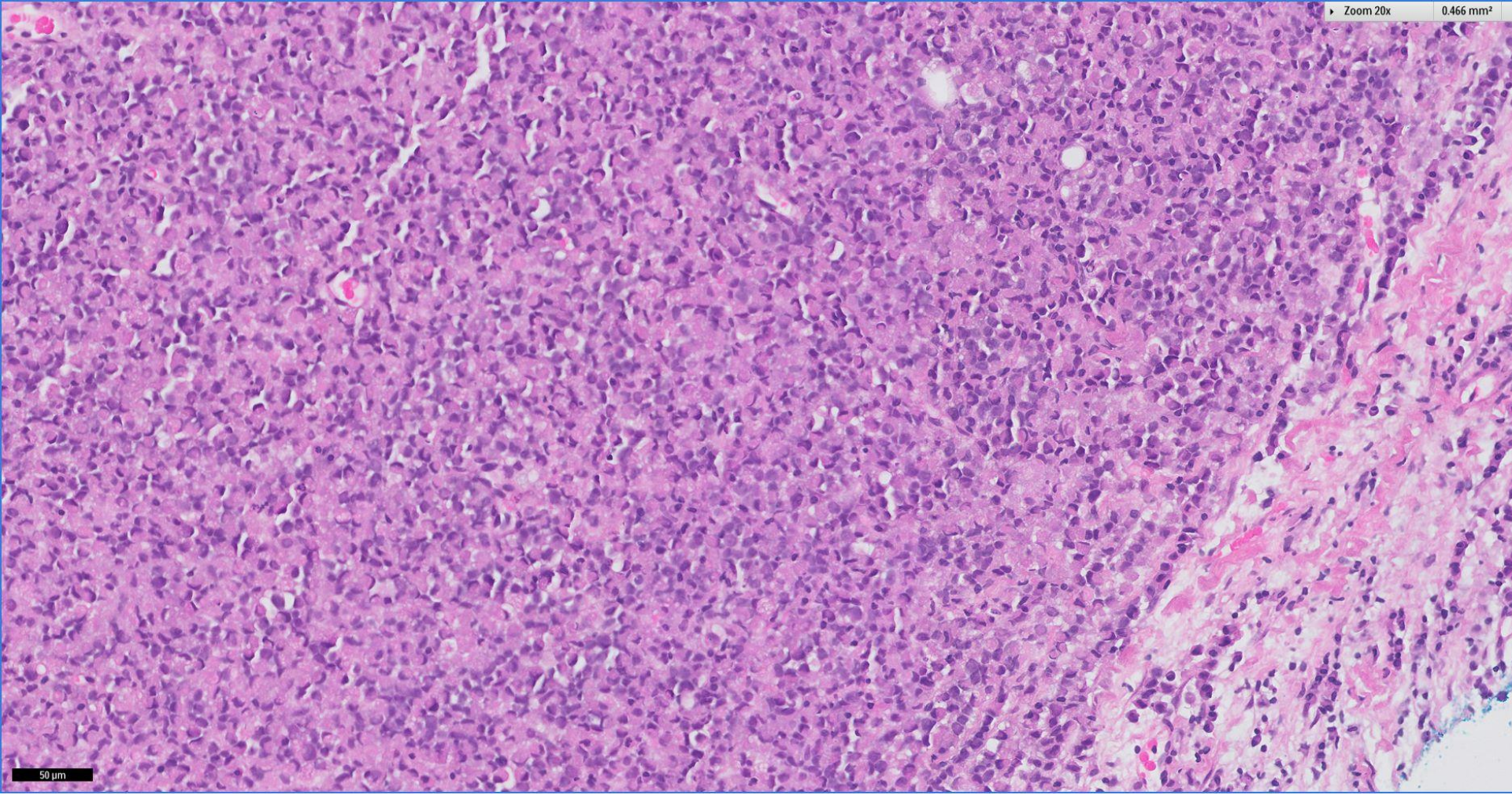
100  $\mu$ m

Zoom 10x

1.865 mm<sup>2</sup>

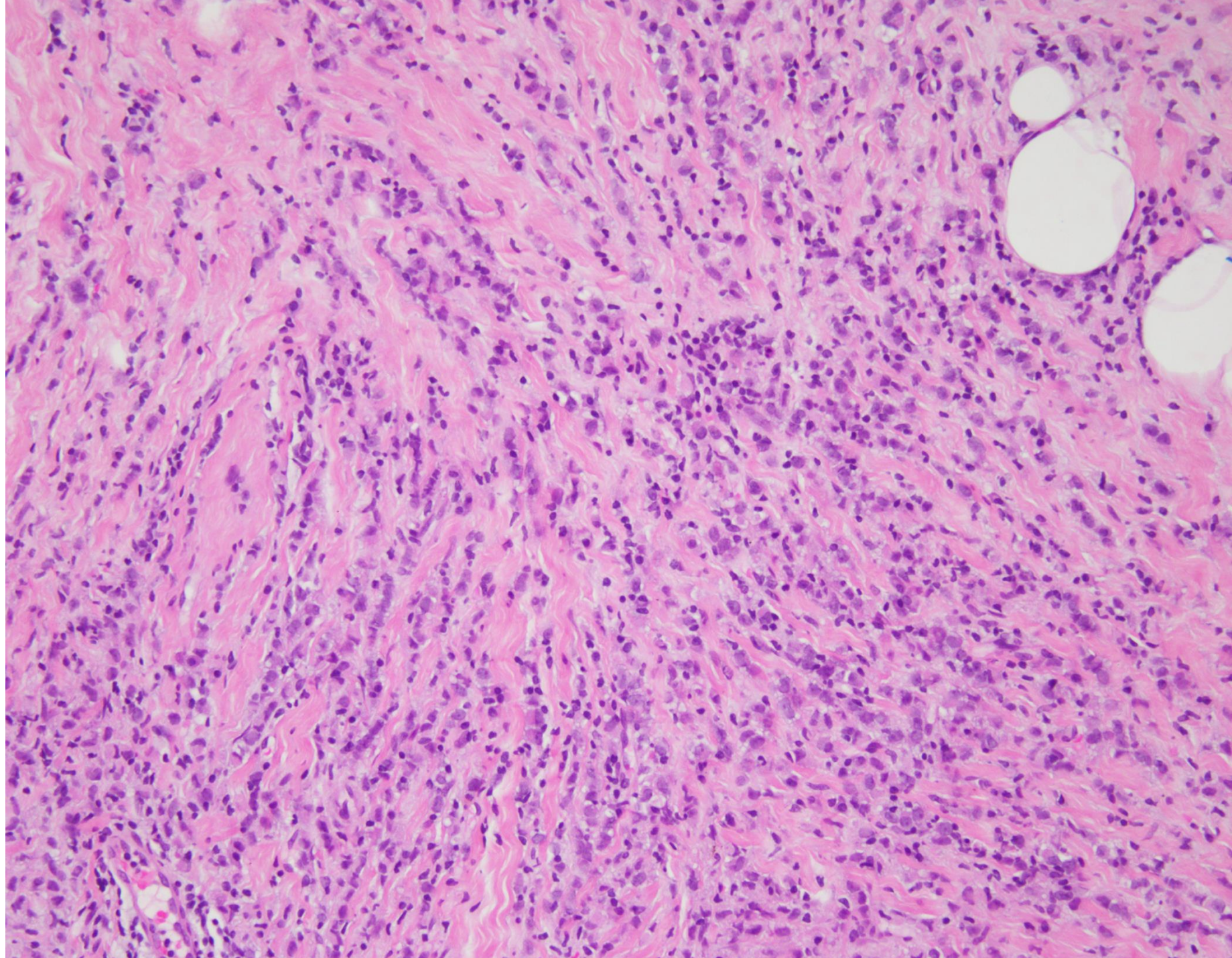


100  $\mu$ m

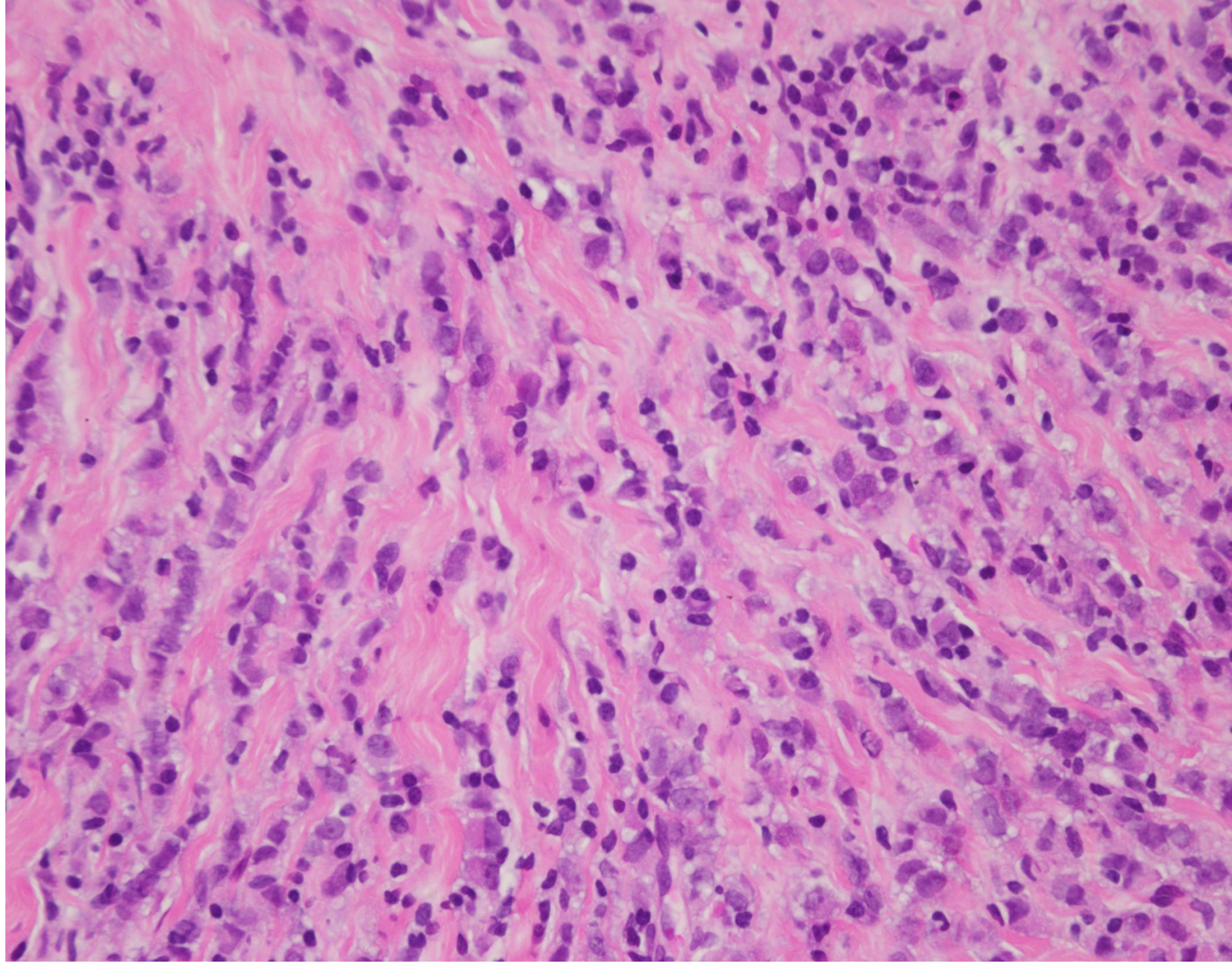


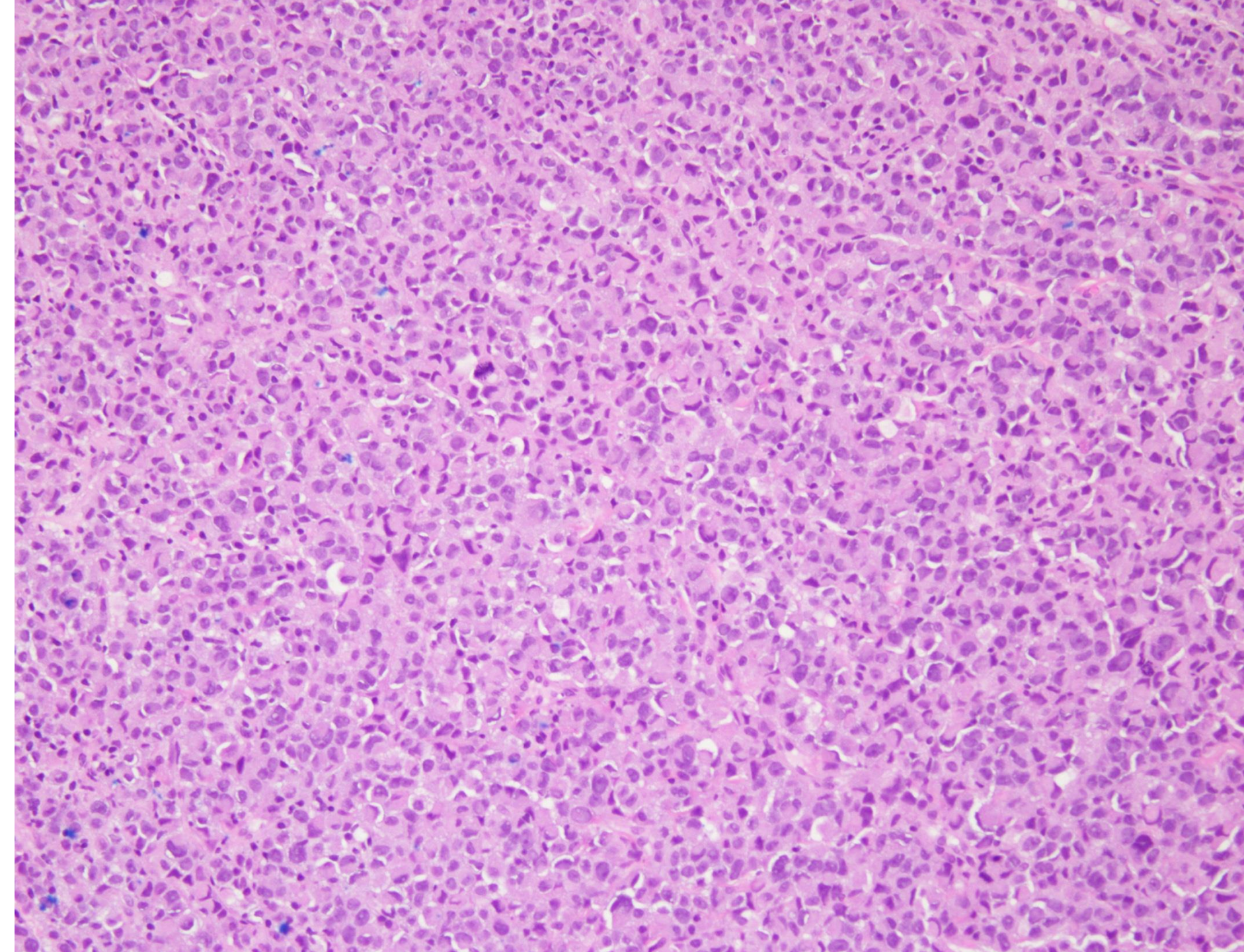
50 μm

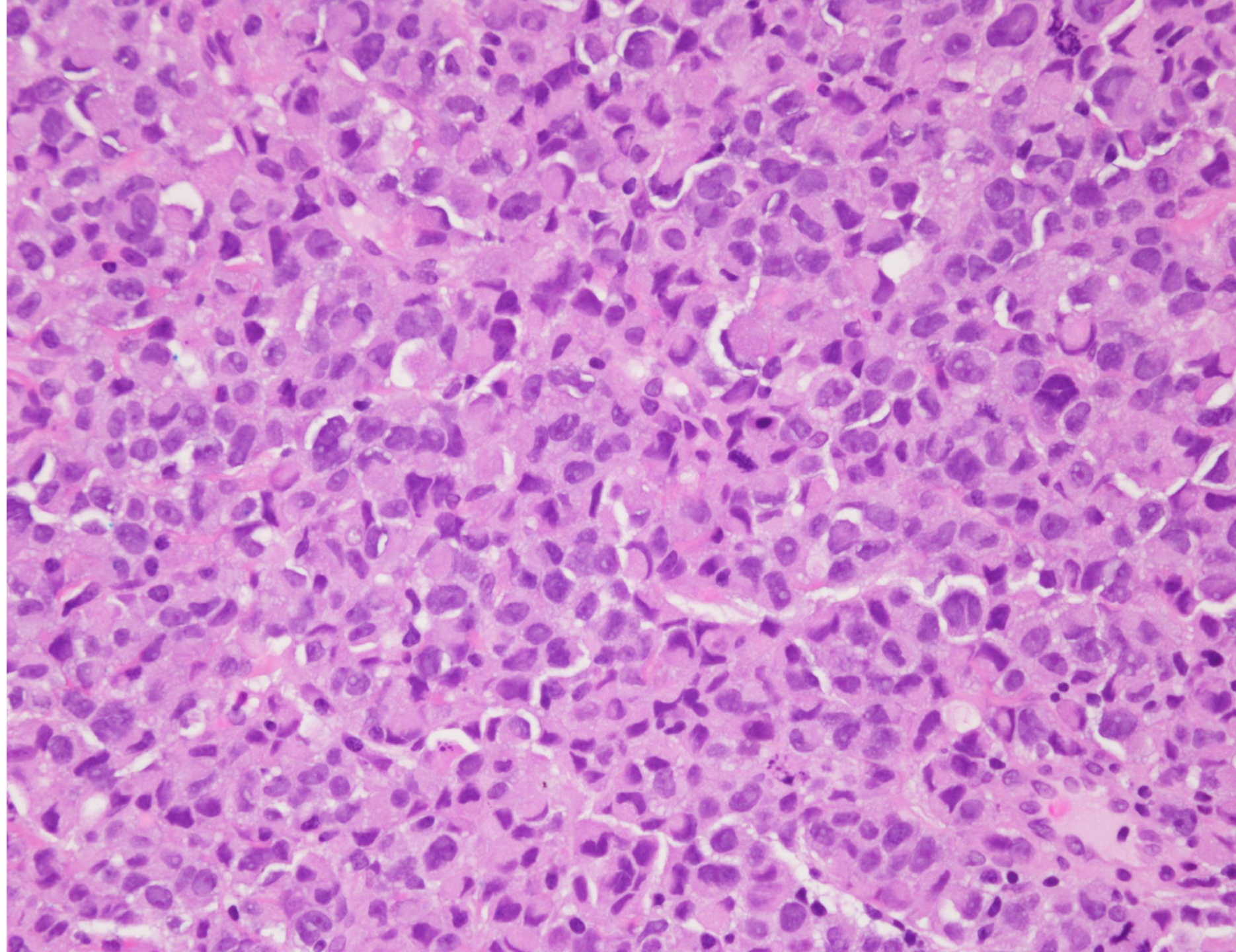


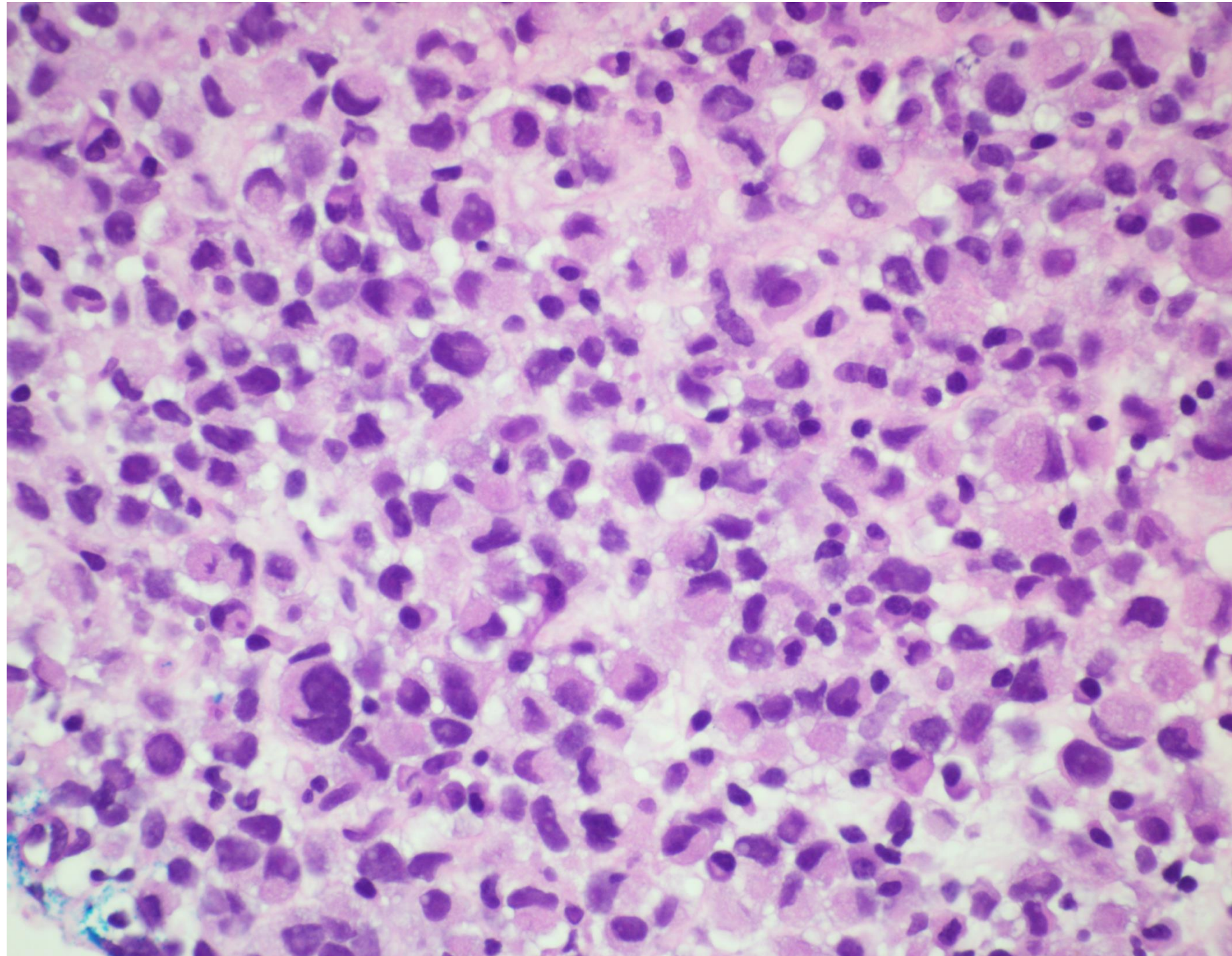




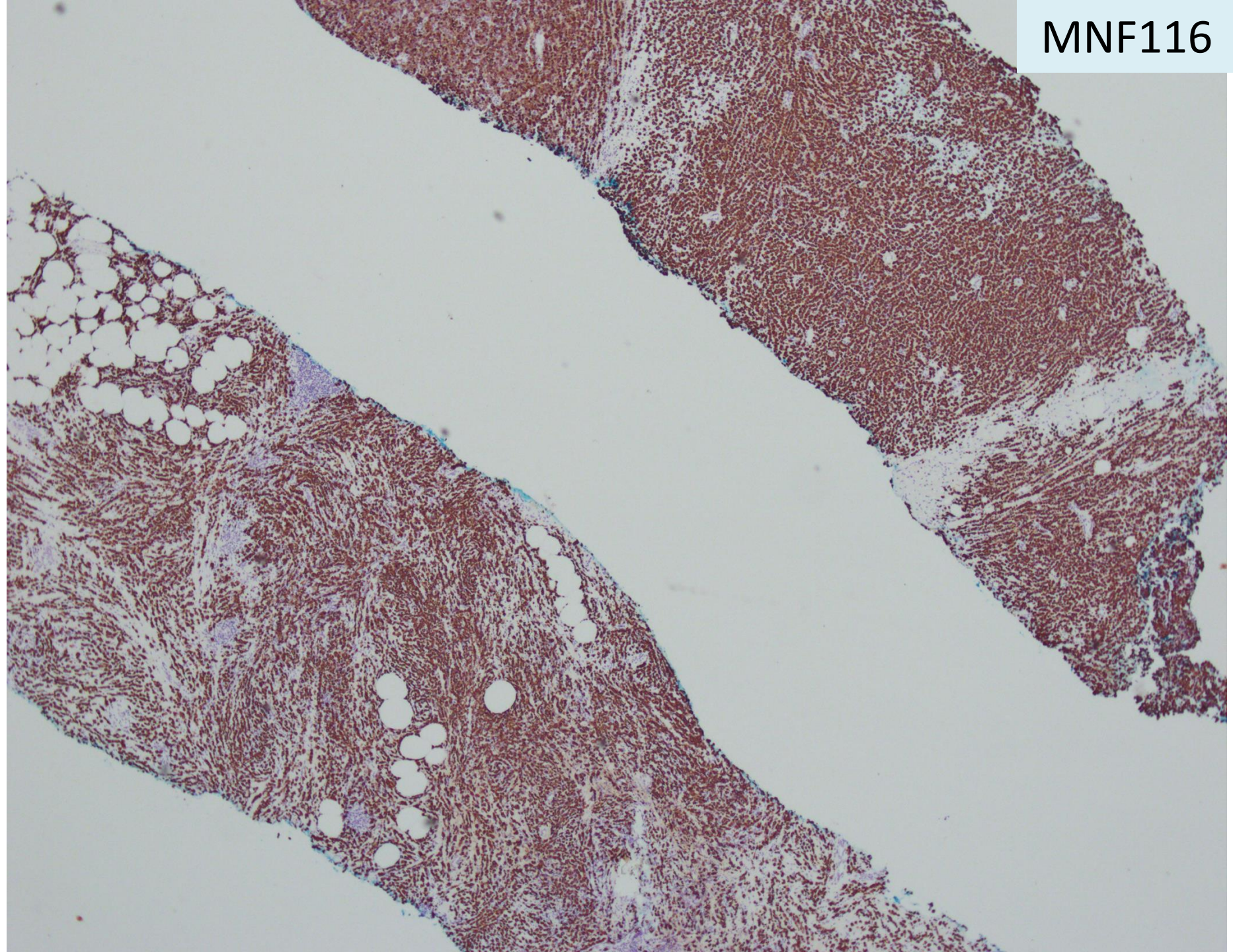




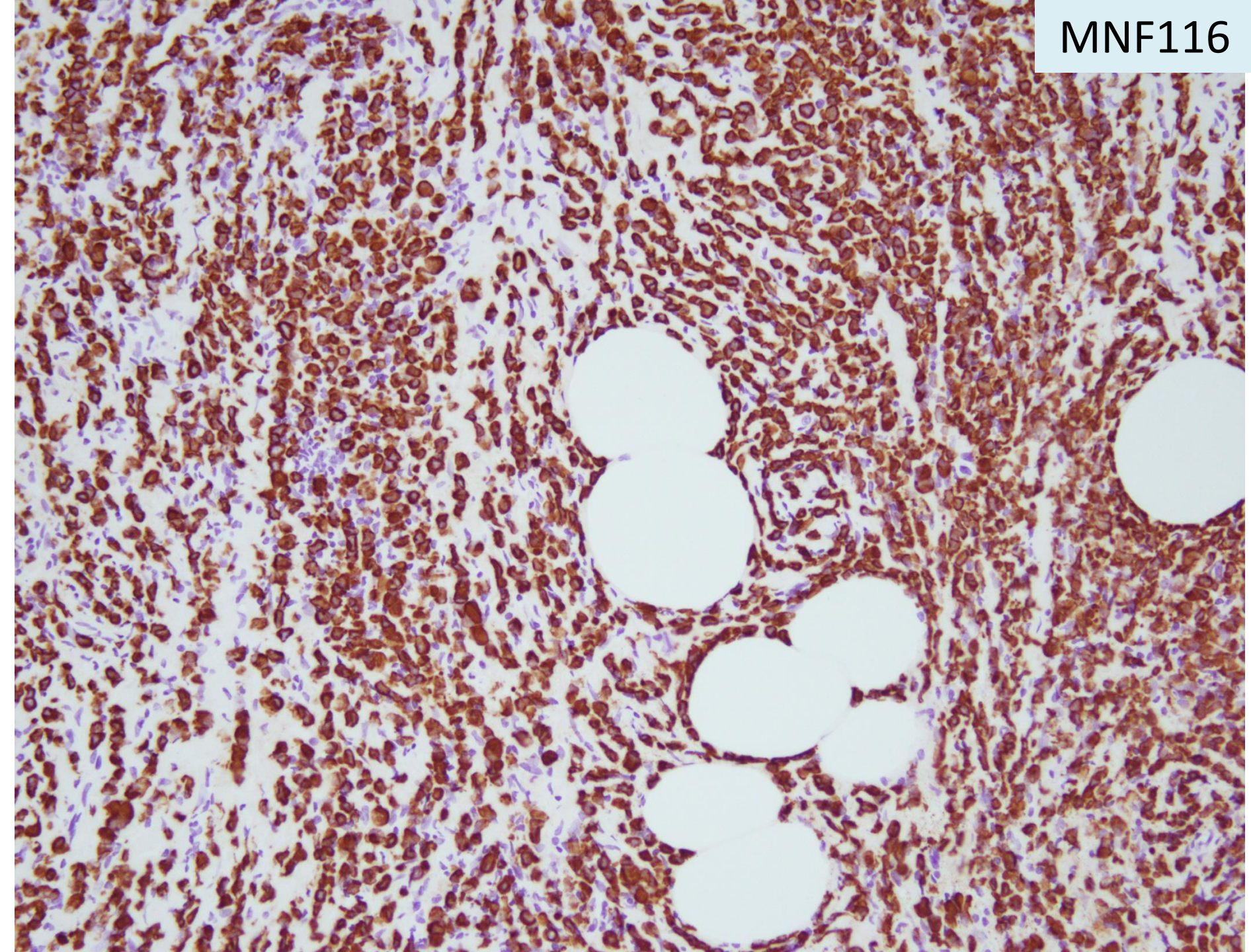




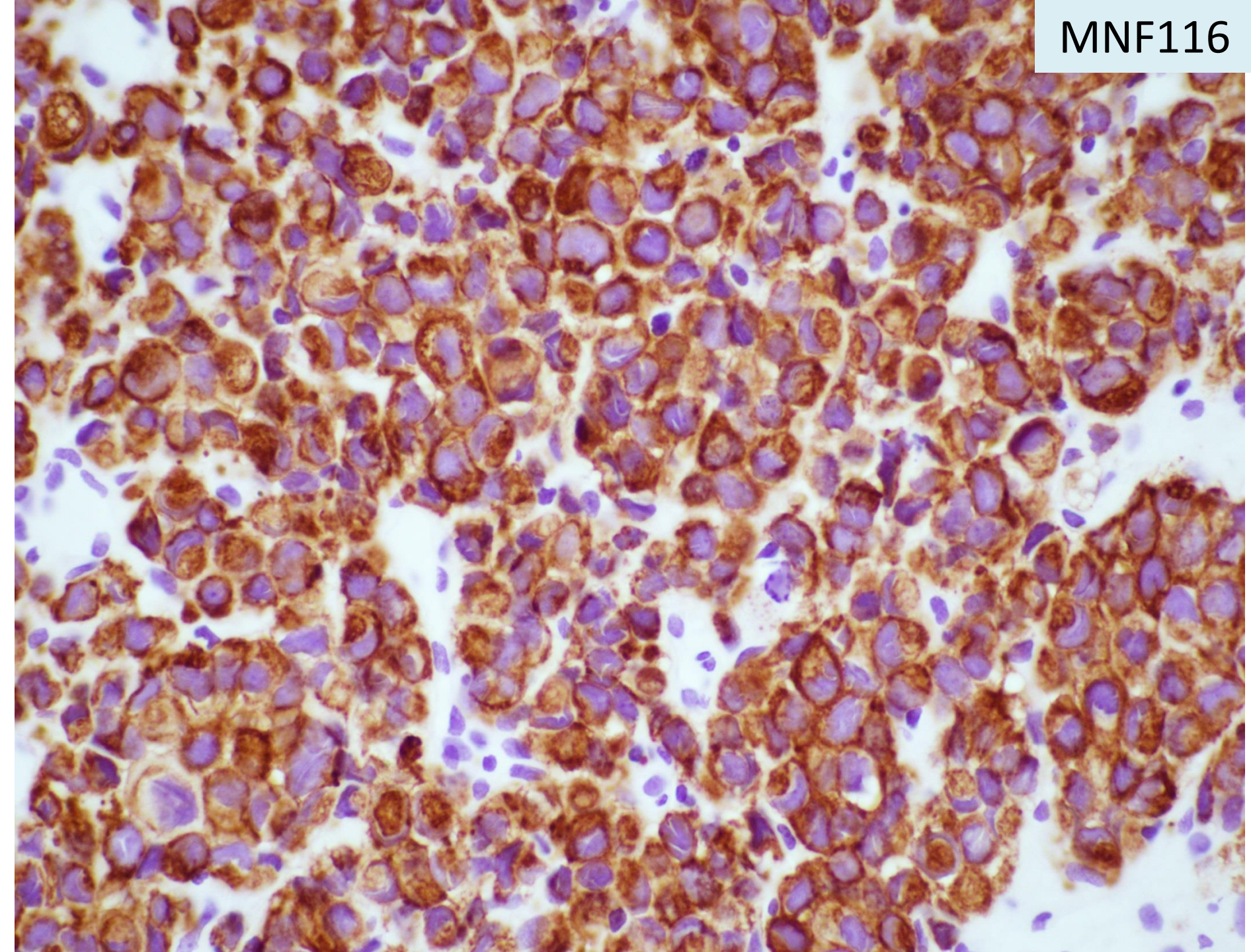
MNF116



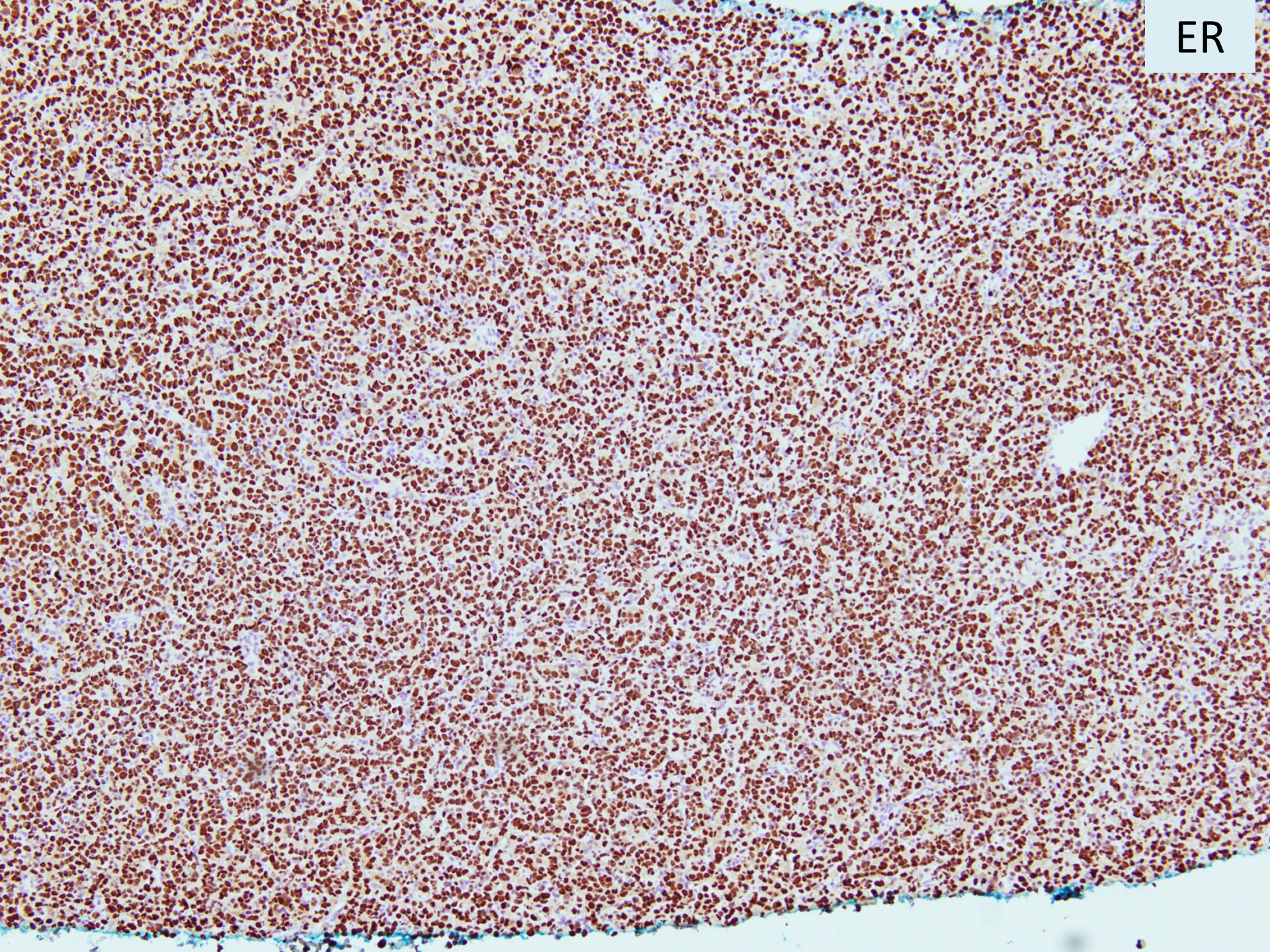
MNF116



MNF116

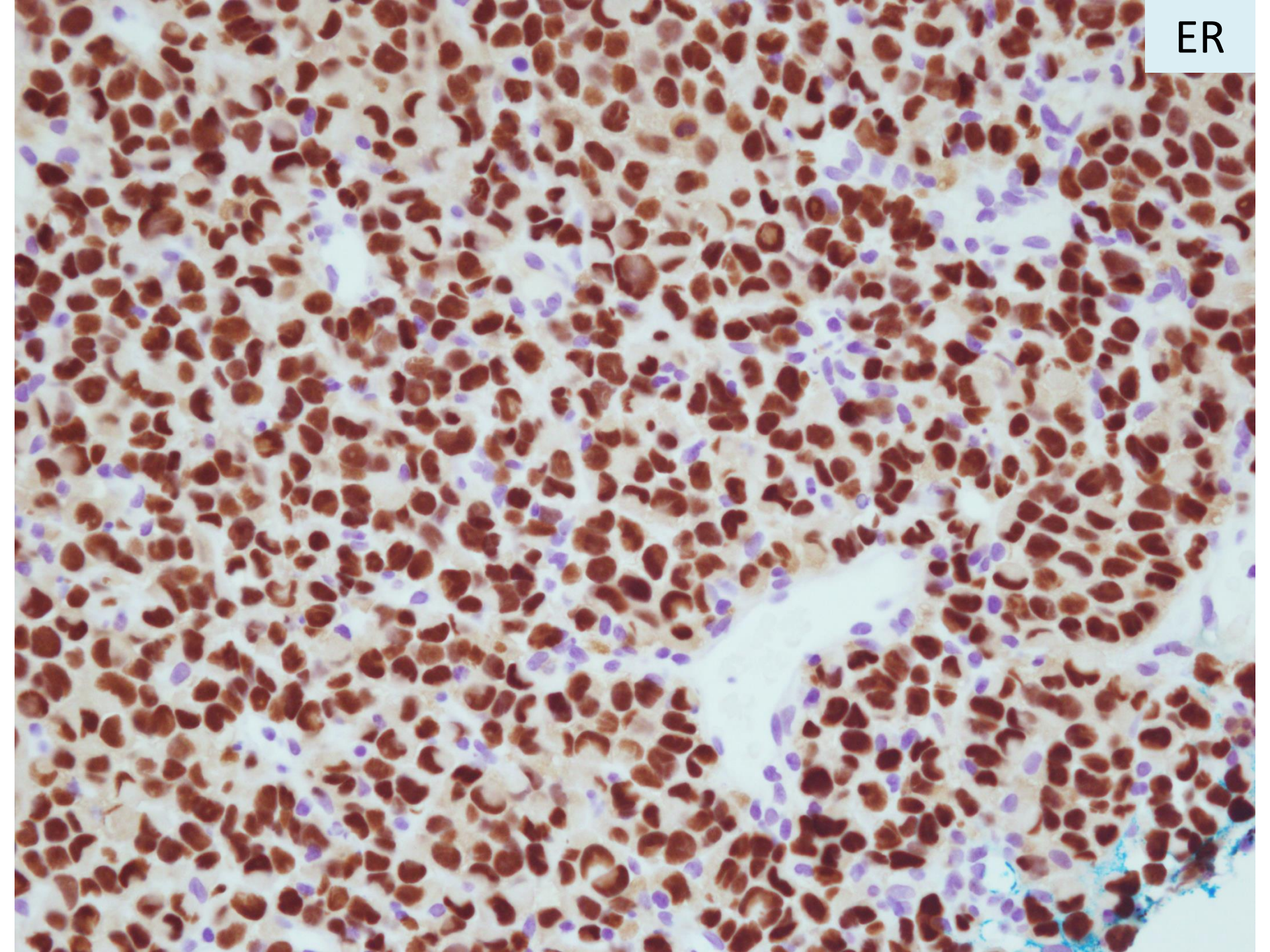


ER

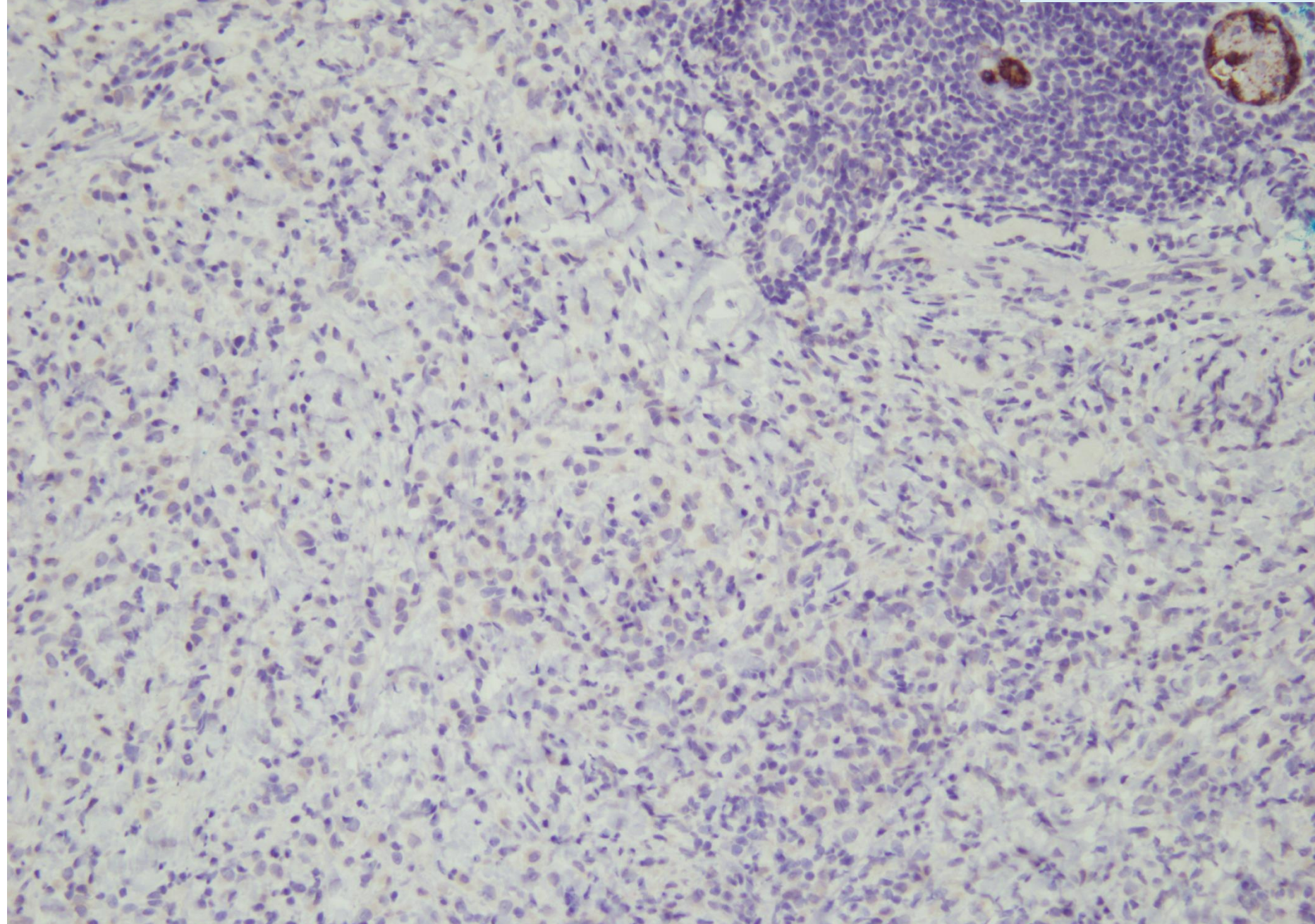




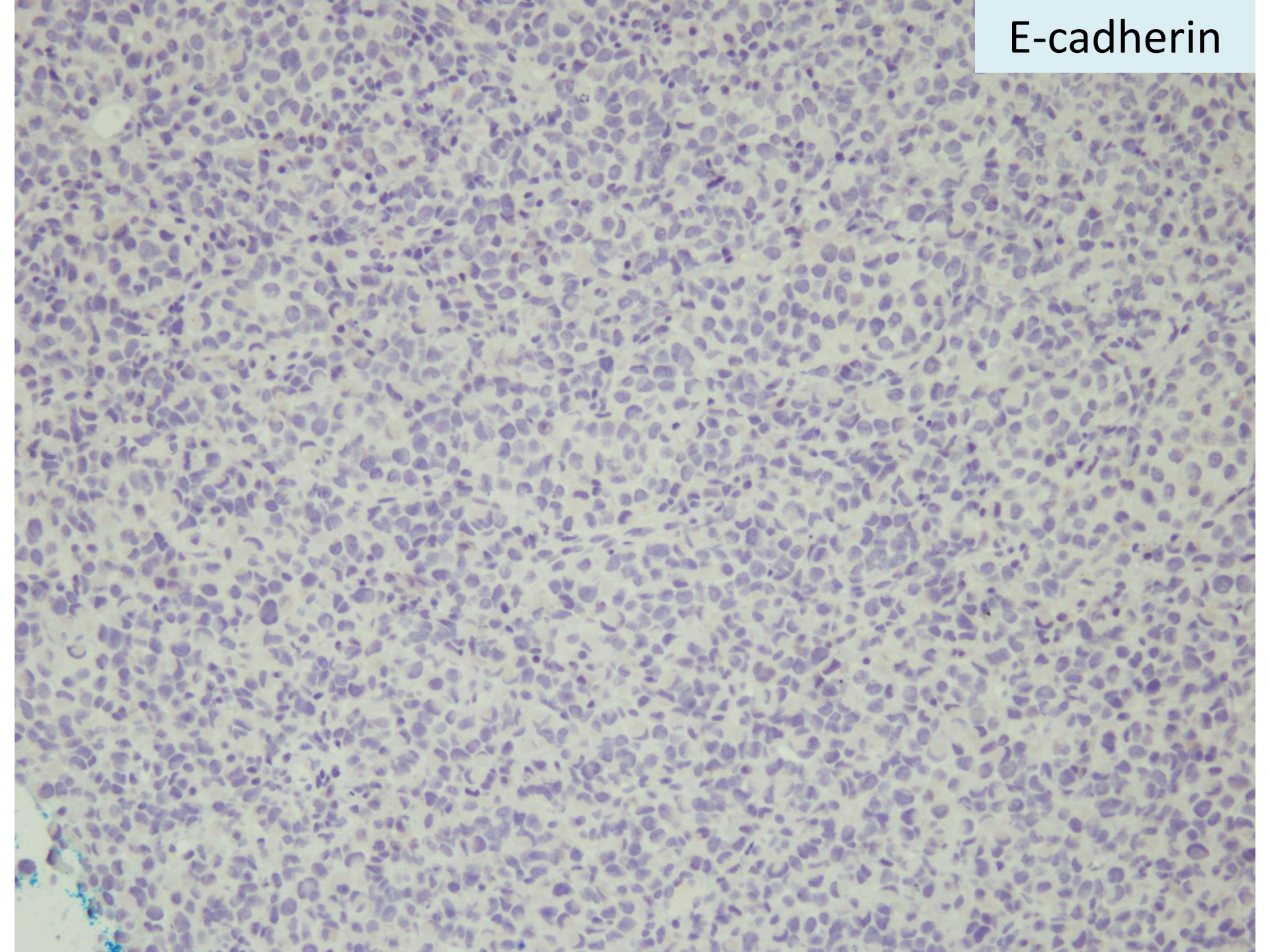
ER



E-cadherin



E-cadherin



Left breast core biopsies:

*Invasive carcinoma with pleomorphic  
lobular features*

*ER positive, PR weakly positive, cerbB2  
negative*



# Invasive lobular carcinoma

- An invasive carcinoma composed of noncohesive cells individually dispersed or arranged in a single-file linear pattern in a fibrous stroma.
- It is usually associated with lobular carcinoma in situ (LCIS).

*WHO 2012*



# Invasive lobular carcinoma

- Represents 5–15% of invasive breast tumours.
- Incidence has increased relative to that of invasive carcinoma of no special type (invasive carcinoma NST) over the last few decades.
- Attributable to the increased use of hormone replacement therapy or increased consumption of alcohol.
- Mean age of patients with ILC is 57–65 years, slightly higher than that of patients with invasive carcinoma NST.



# Invasive lobular carcinoma

- Variants:
  - Classic
  - Solid
  - Alveolar
  - Tubulolobular
  - Pleomorphic
  - Mixed



# Pleomorphic invasive lobular carcinoma

- Retains the distinctive growth pattern of lobular carcinoma but exhibits a greater degree of cellular atypia and pleomorphism and a 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.





# Pleomorphic invasive lobular carcinoma

- Grade 3 nuclei, with nuclear size 3 to 4x that of mature lymphocyte.
- Nuclei can be eccentrically placed and lobated.
- Multiple nucleoli may be seen.
- Growth pattern is that of invasive lobular carcinoma.
- May be seen with classic ILC and lobular neoplasia.
- May be less frequently hormone positive.
- More often positive for HER2.



# Pleomorphic invasive lobular carcinoma: Prognosis

- Worse disease free survival than women with classic ILC.
- Differences in overall survival may not be statistically significant.

*Rosen's Breast Pathology 4<sup>th</sup> ed 2014, p883*



 Breast  
Pathology  
Course 2014

