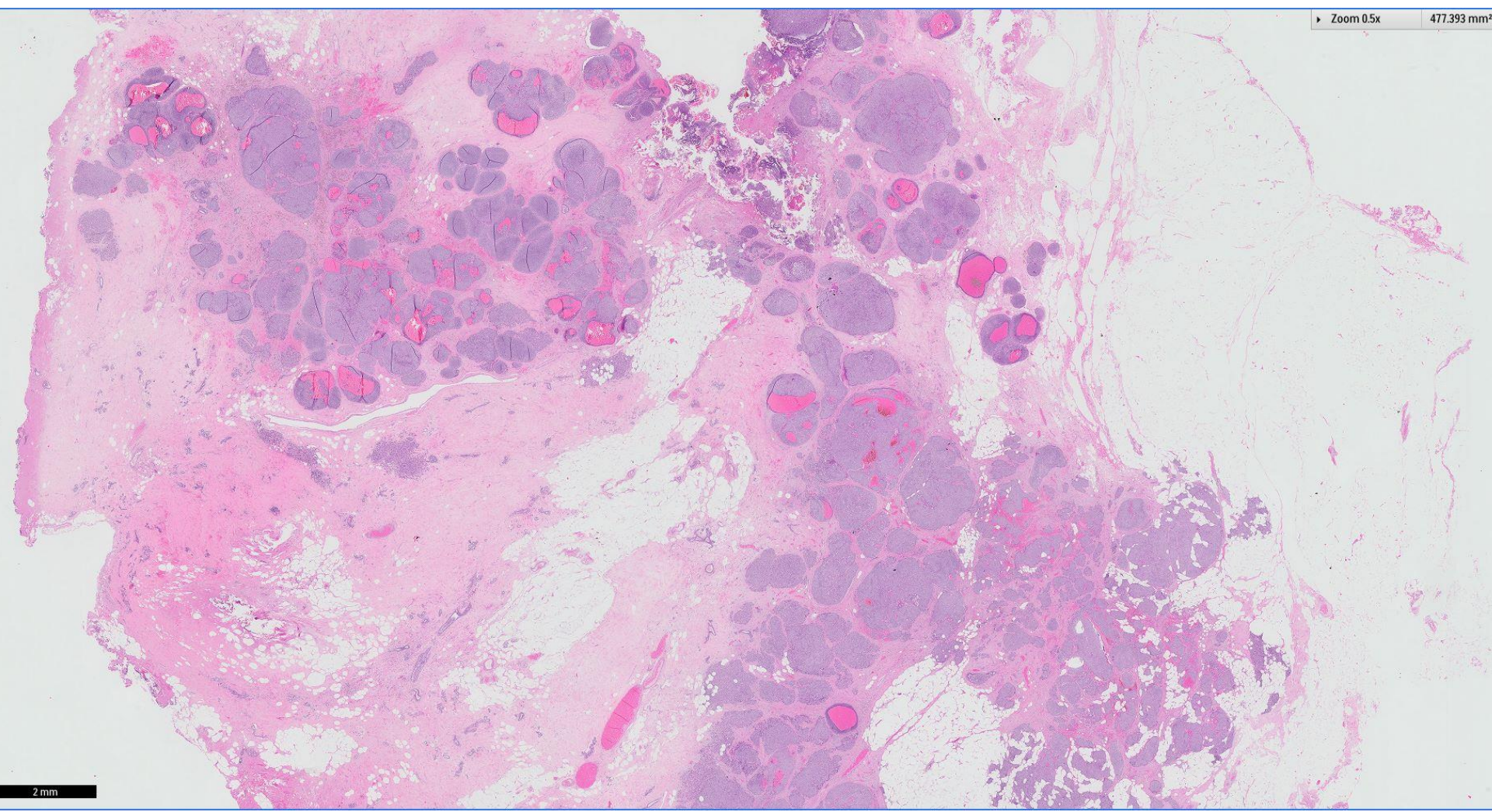
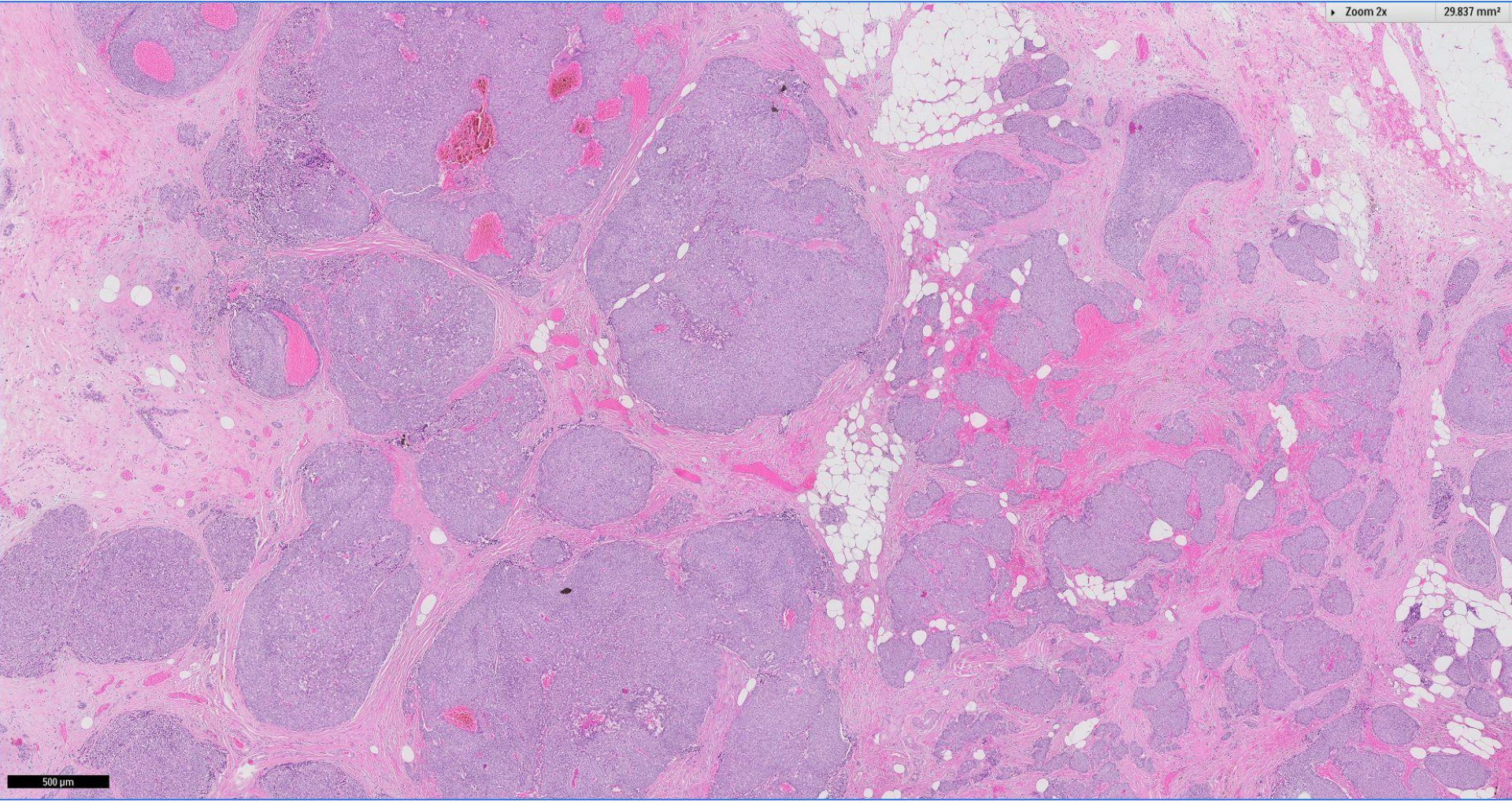


Case 14

61 year old woman with a right breast lump



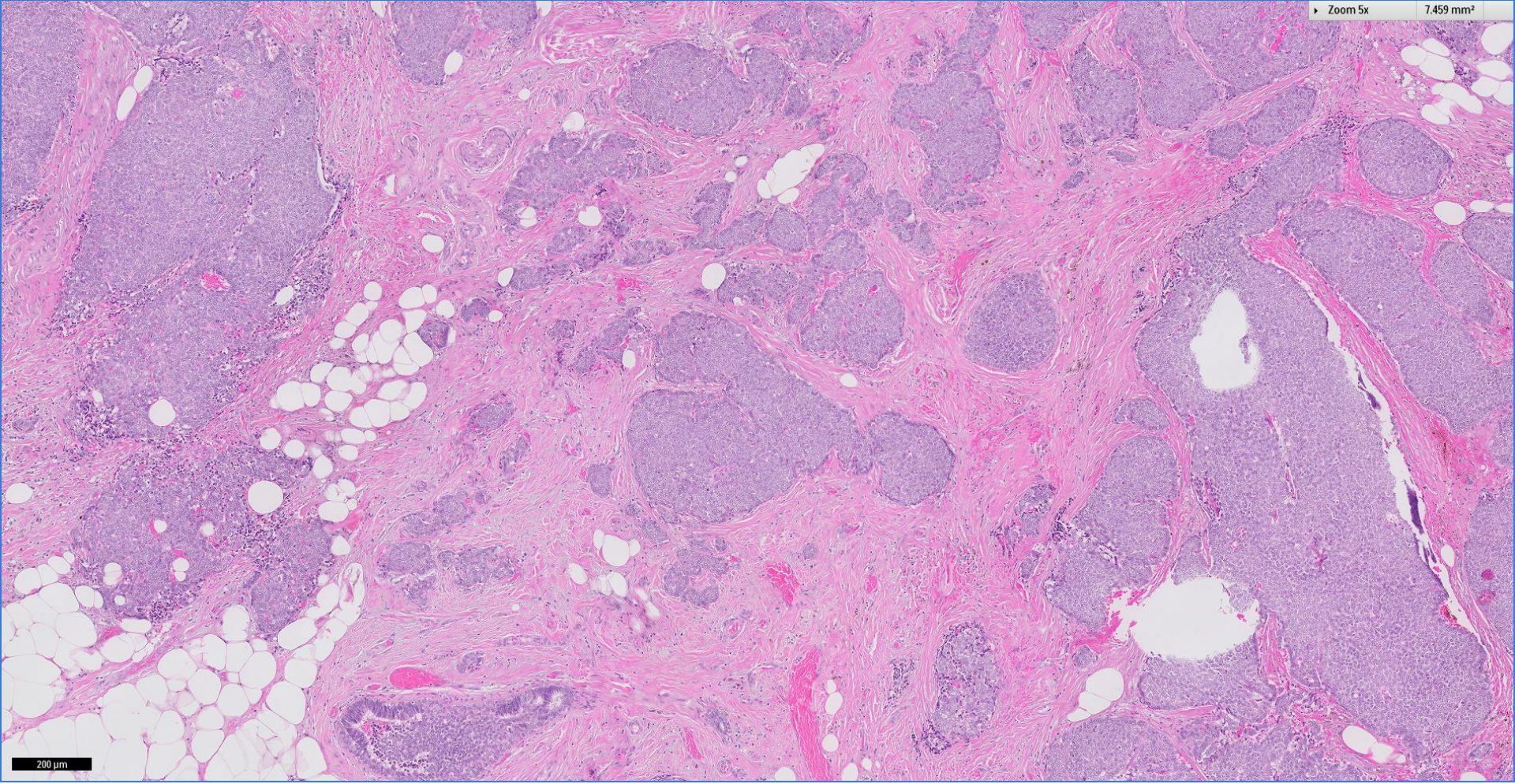




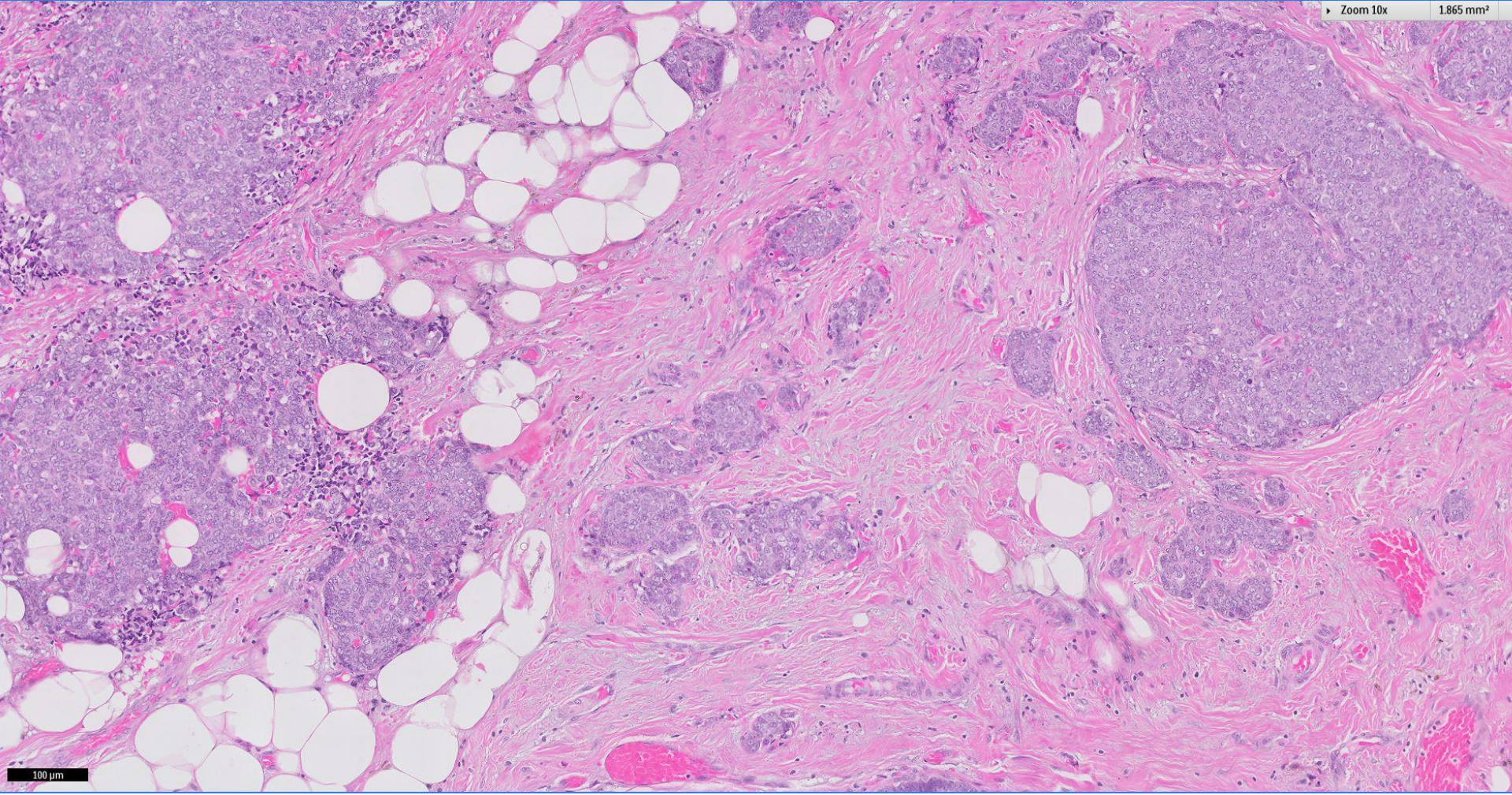
500 μm

Zoom 5x

7.459 mm²

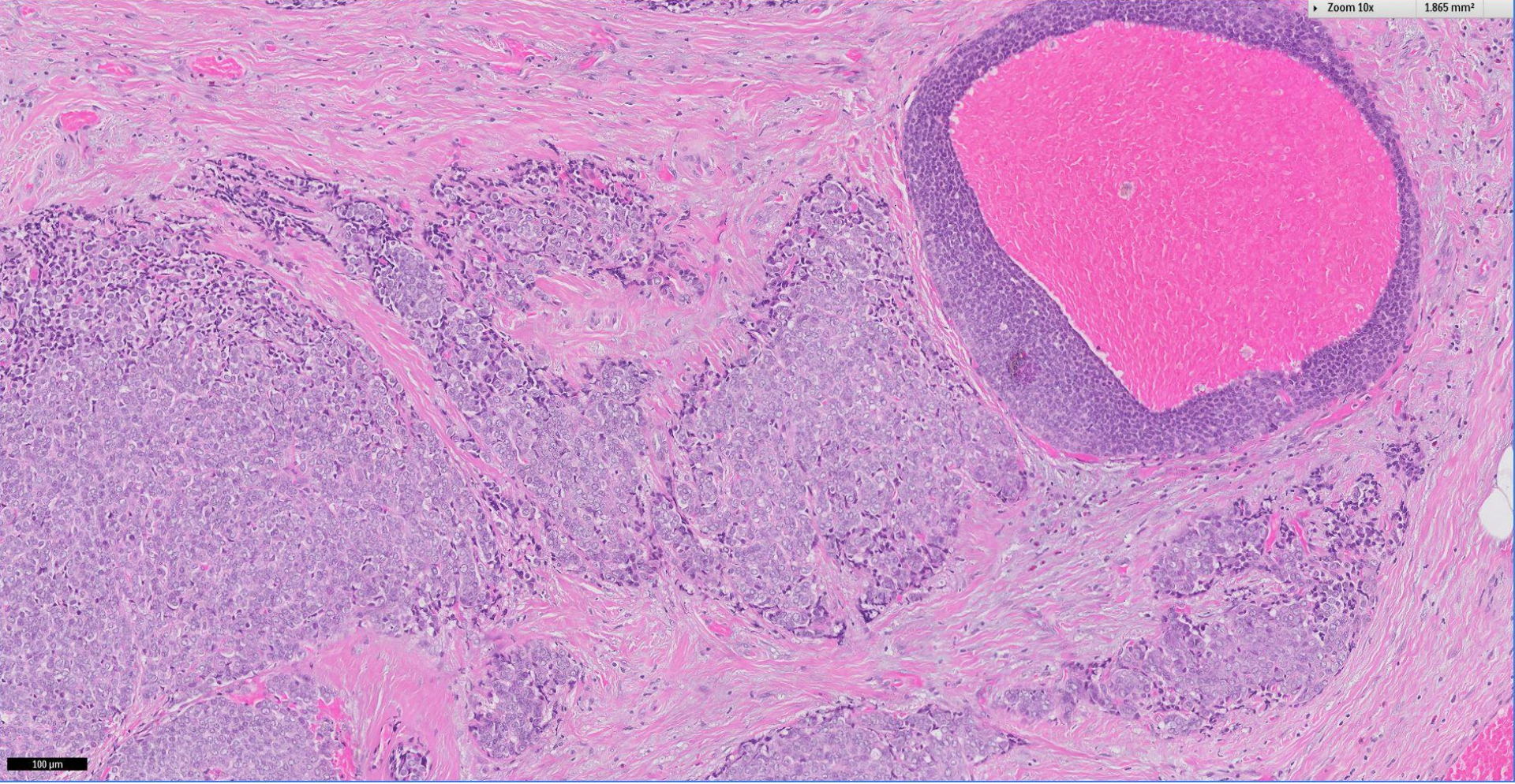


200 μm



Zoom 10x

1.865 mm²



100 μ m

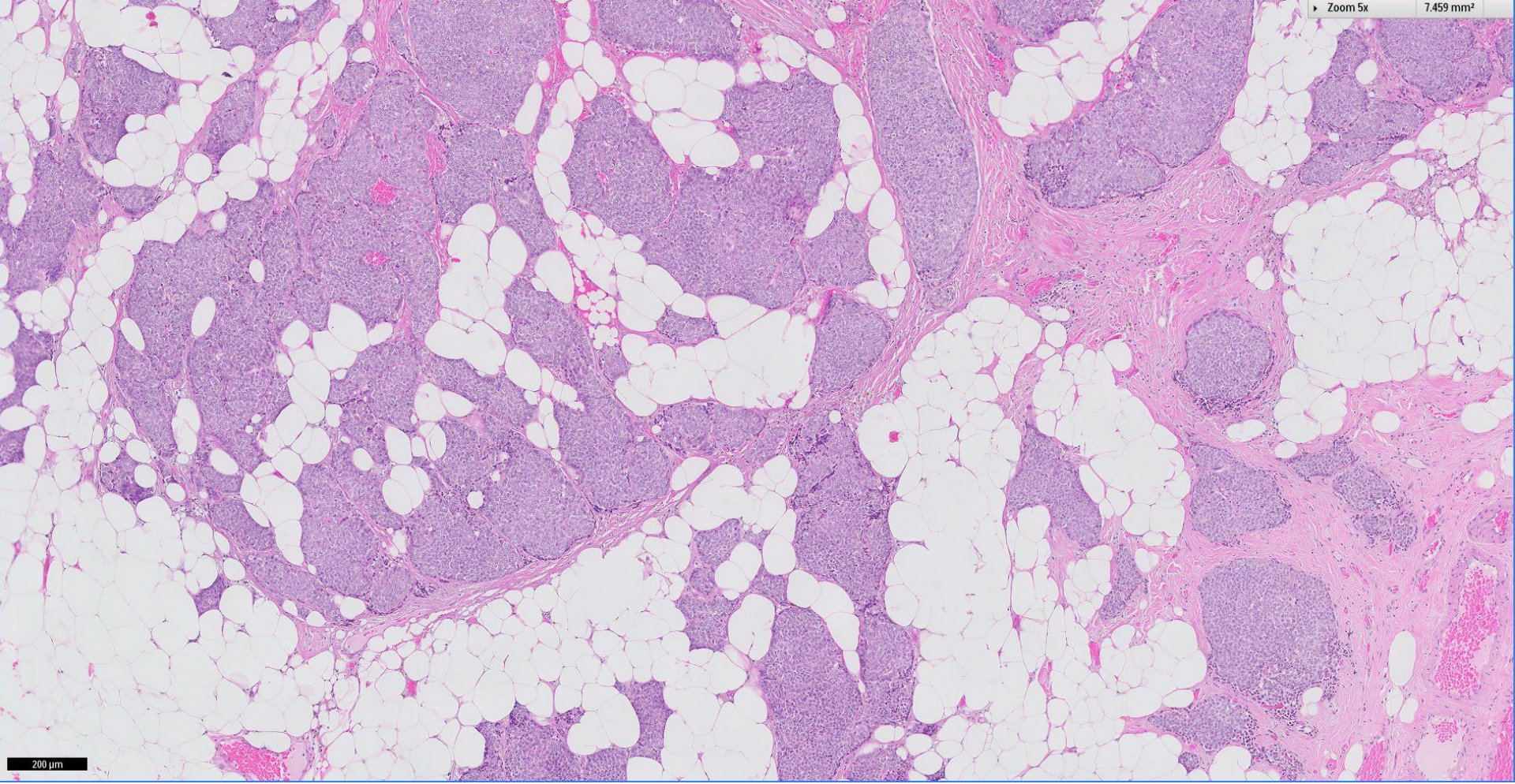
Discovery

Diagnostics
(SGH Pathology)



Zoom 5x

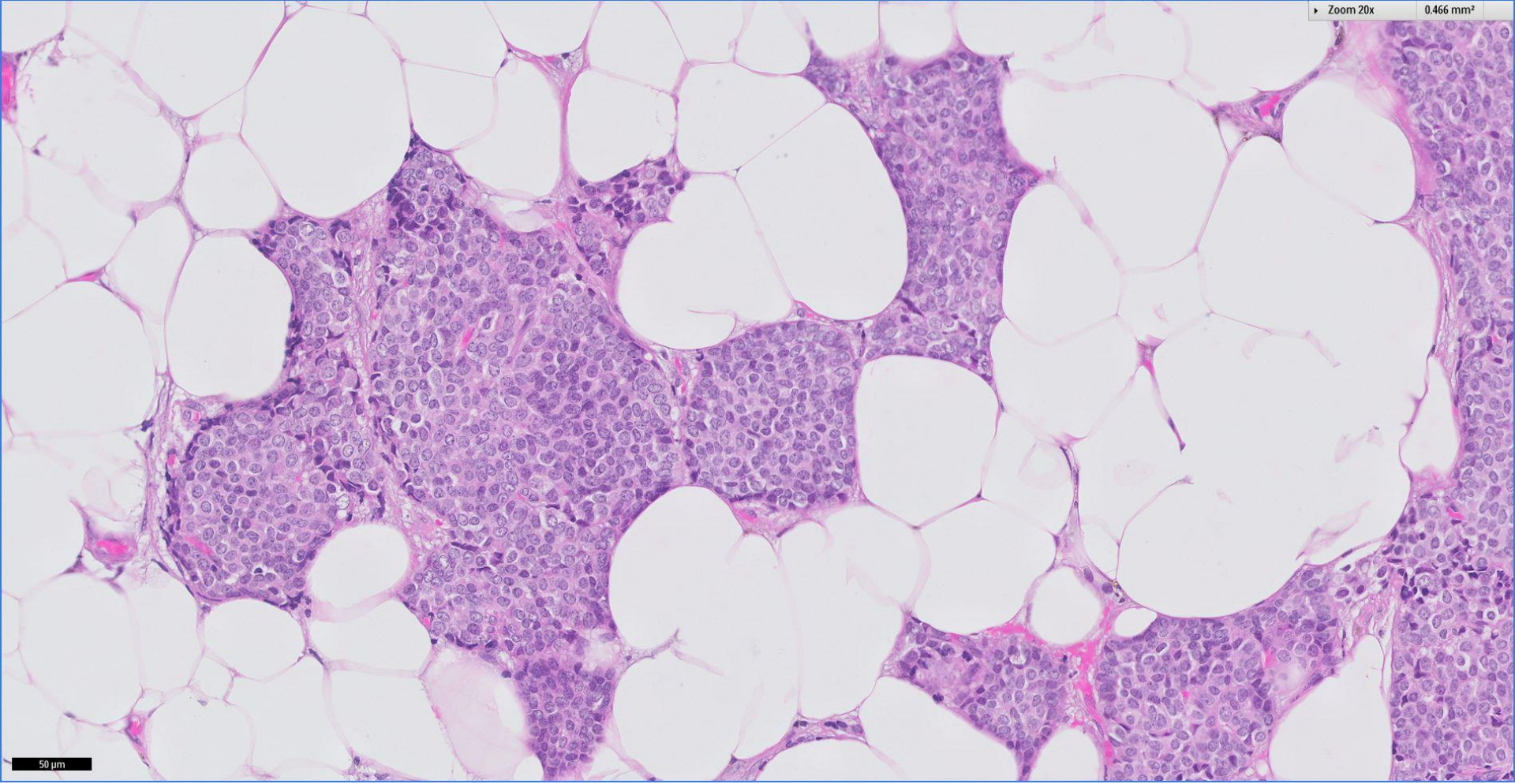
7.459 mm²



200 μm

Zoom 20x

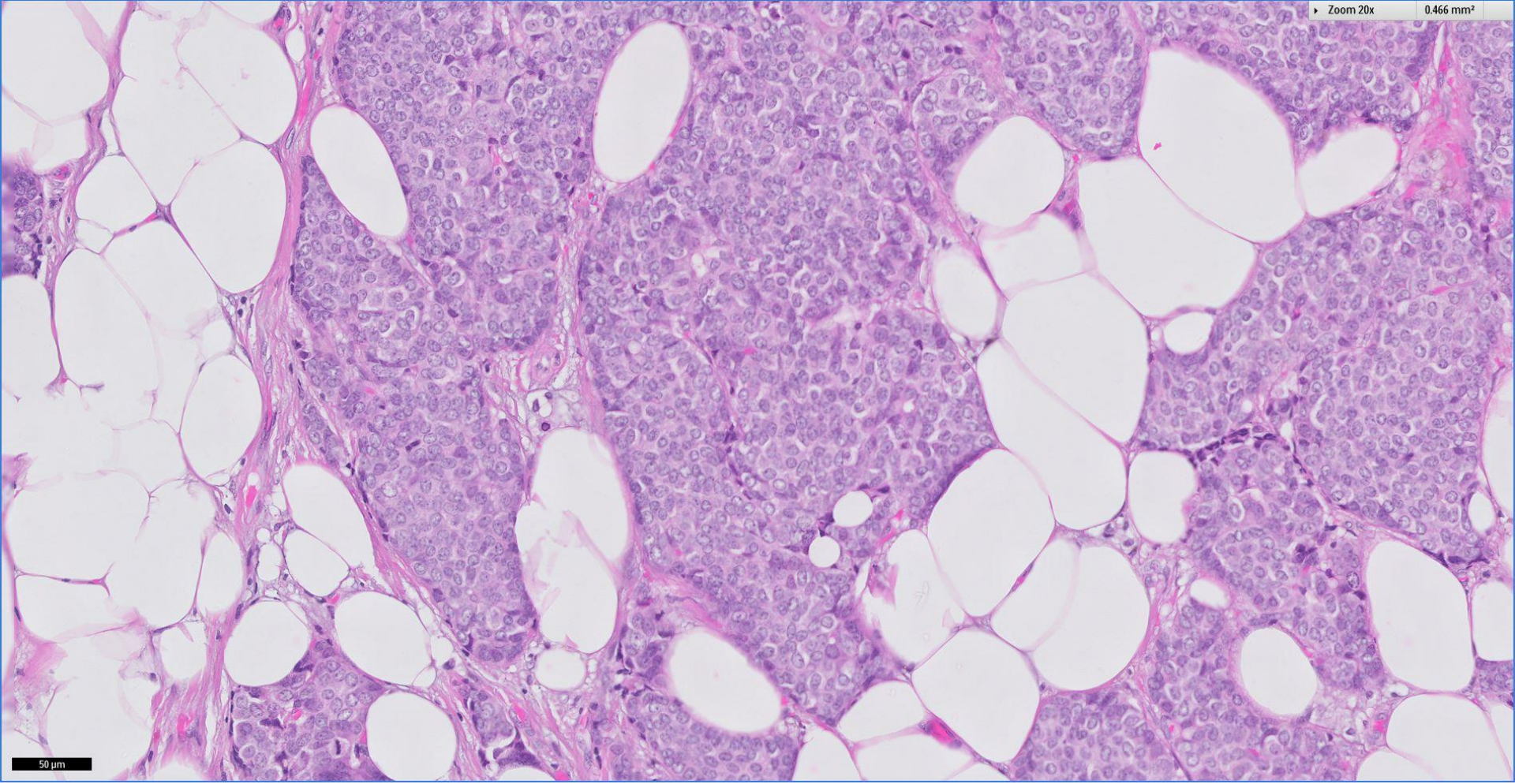
0.466 mm²



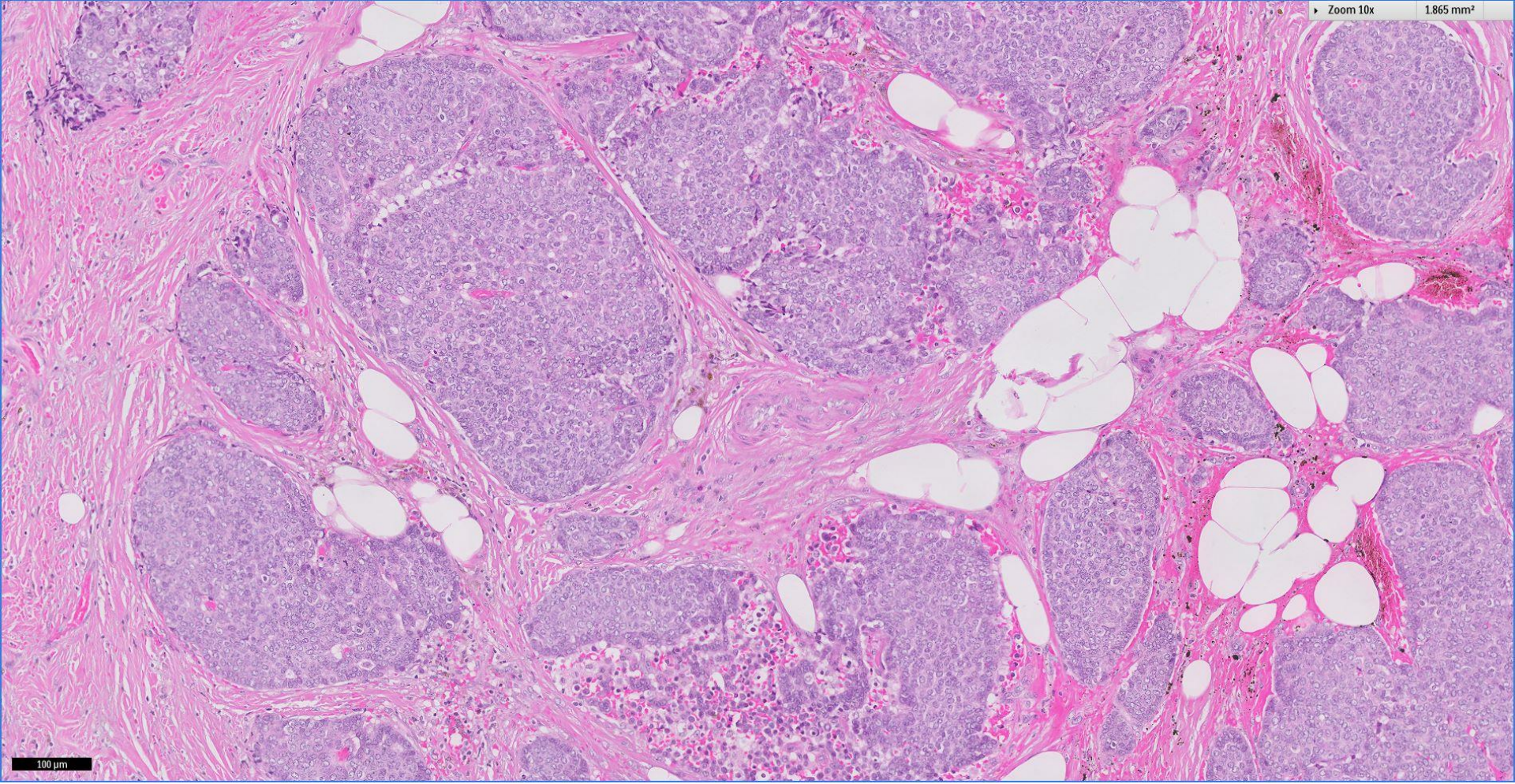
50 μm

Zoom 20x

0.466 mm²

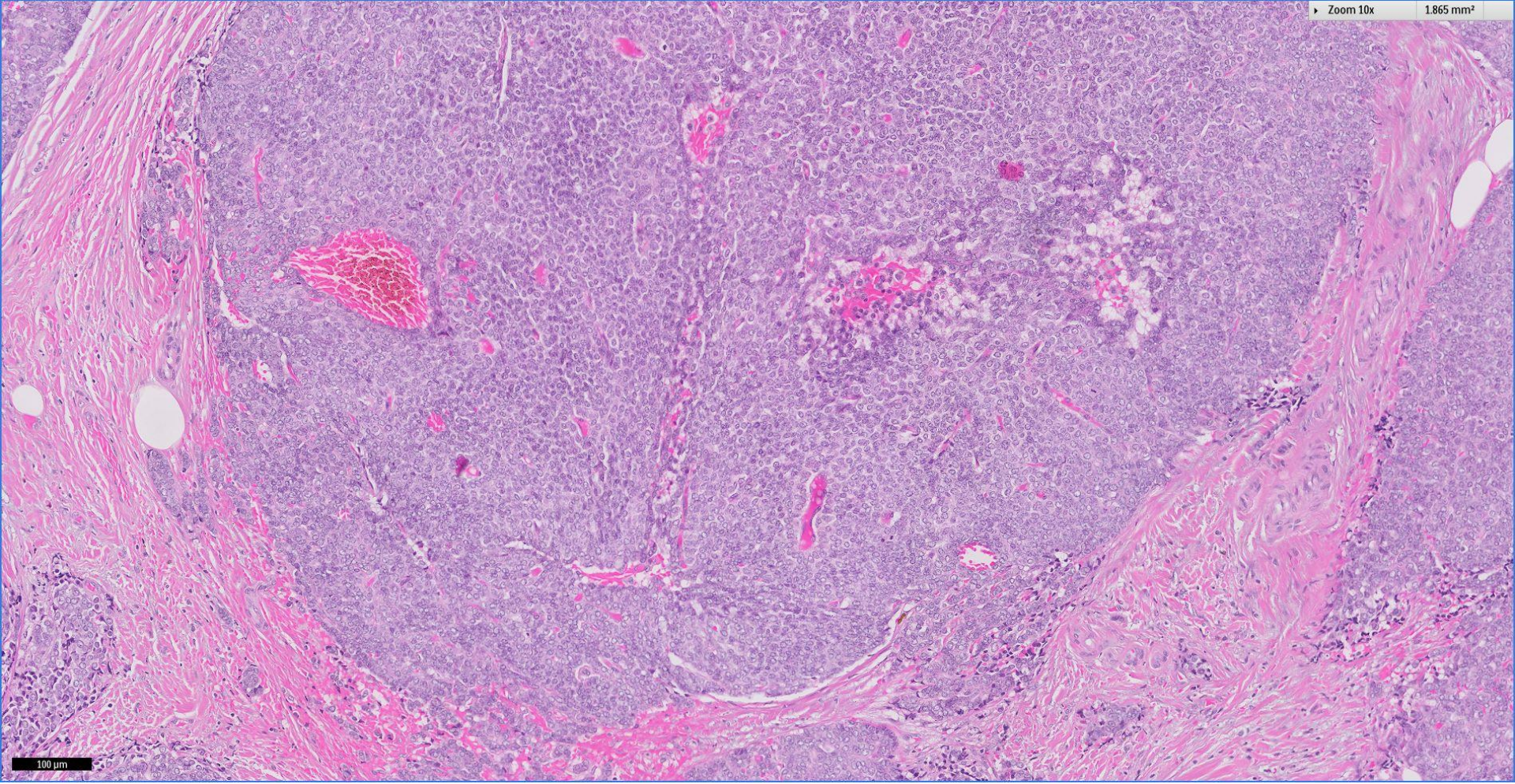


50 μm



Zoom 10x

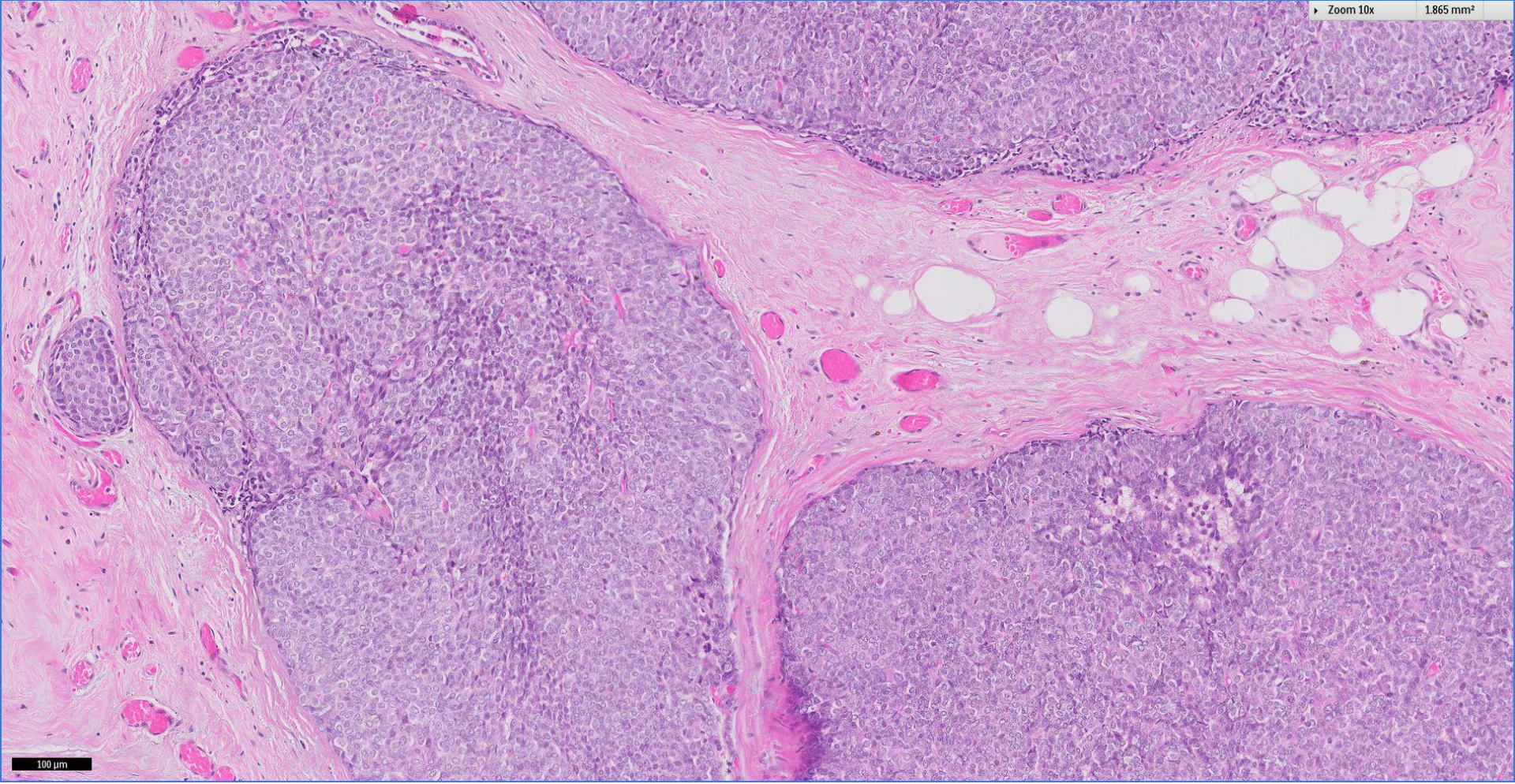
1.865 mm²



100 μm

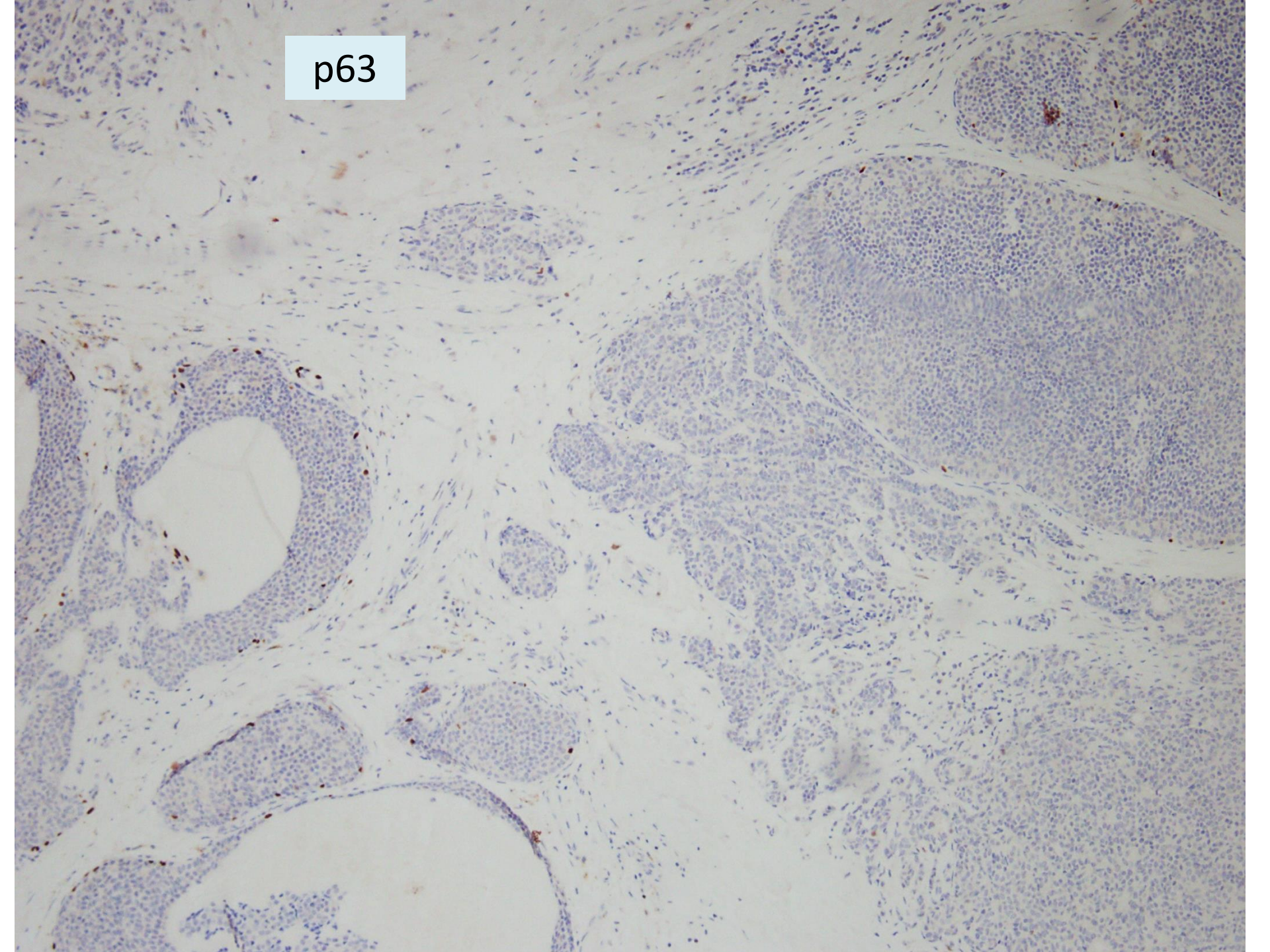
Zoom 10x

1.865 mm²

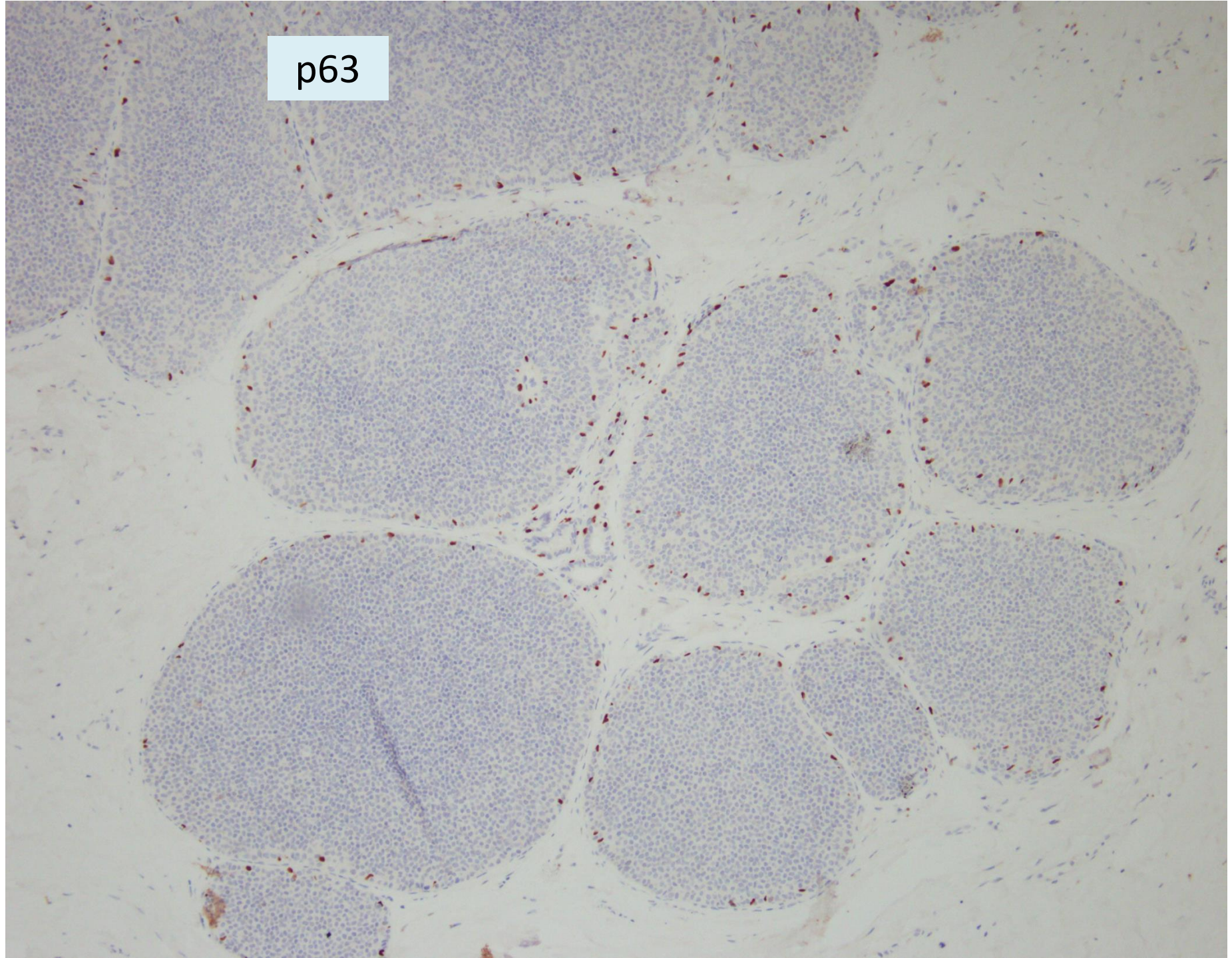


100 μm

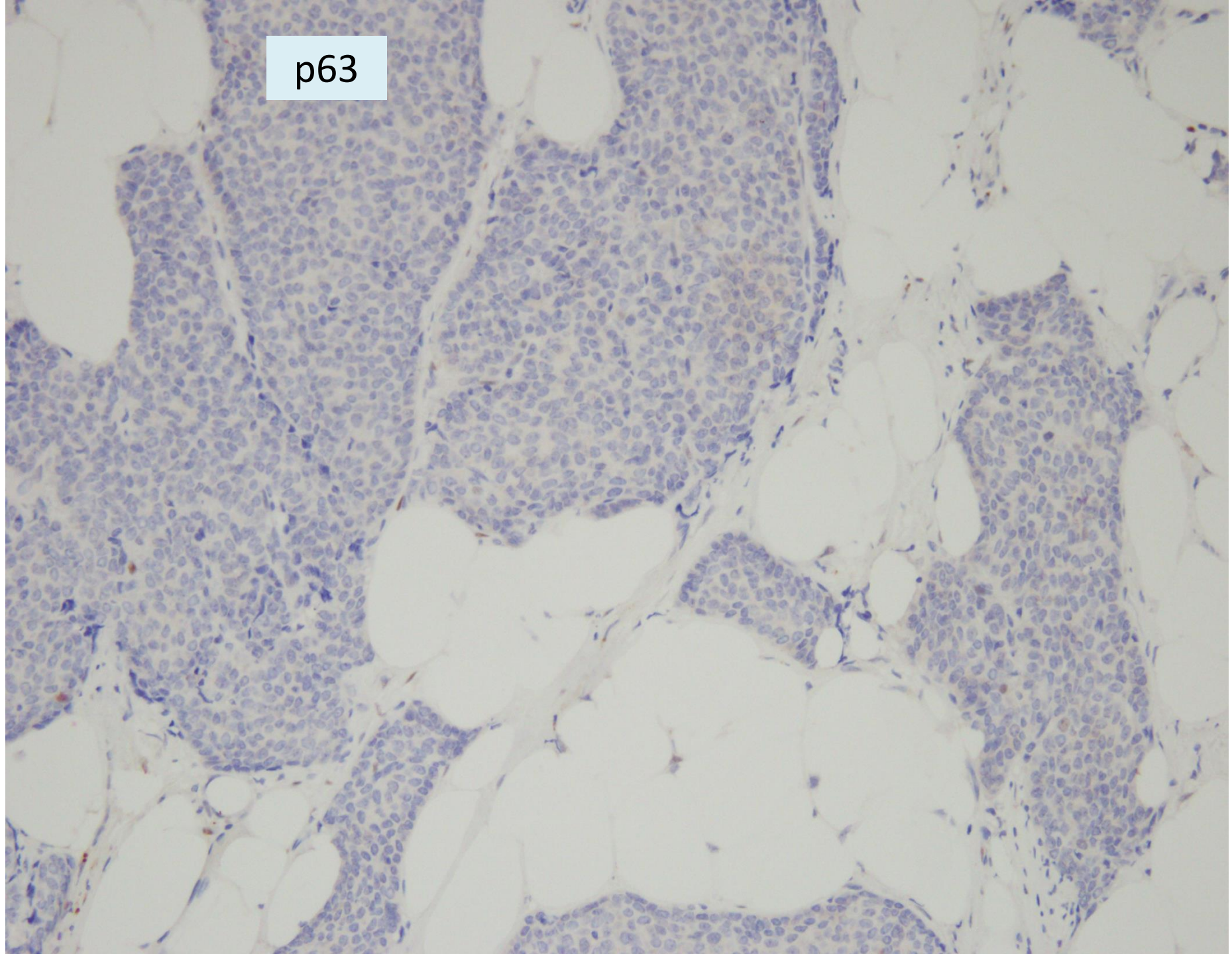
p63



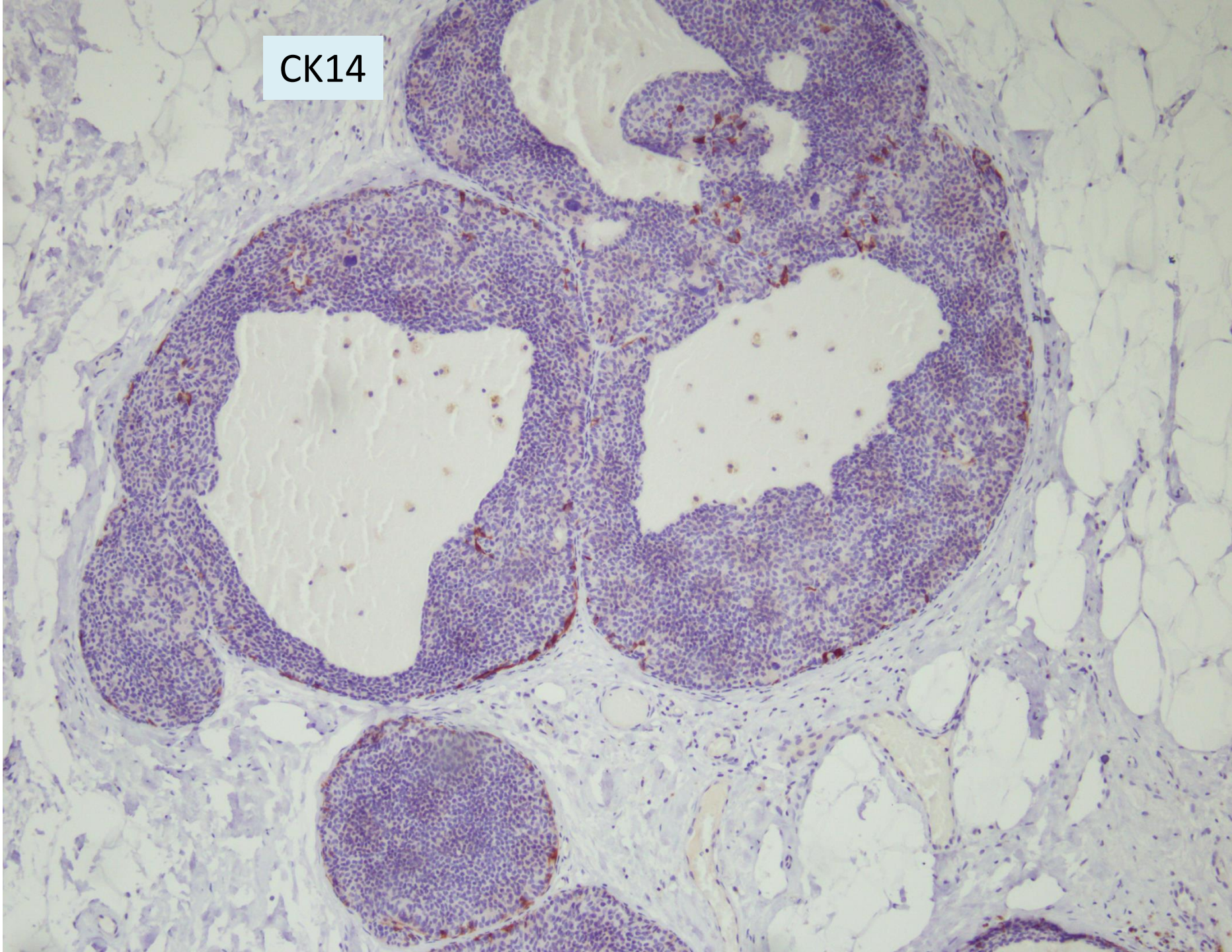
p63



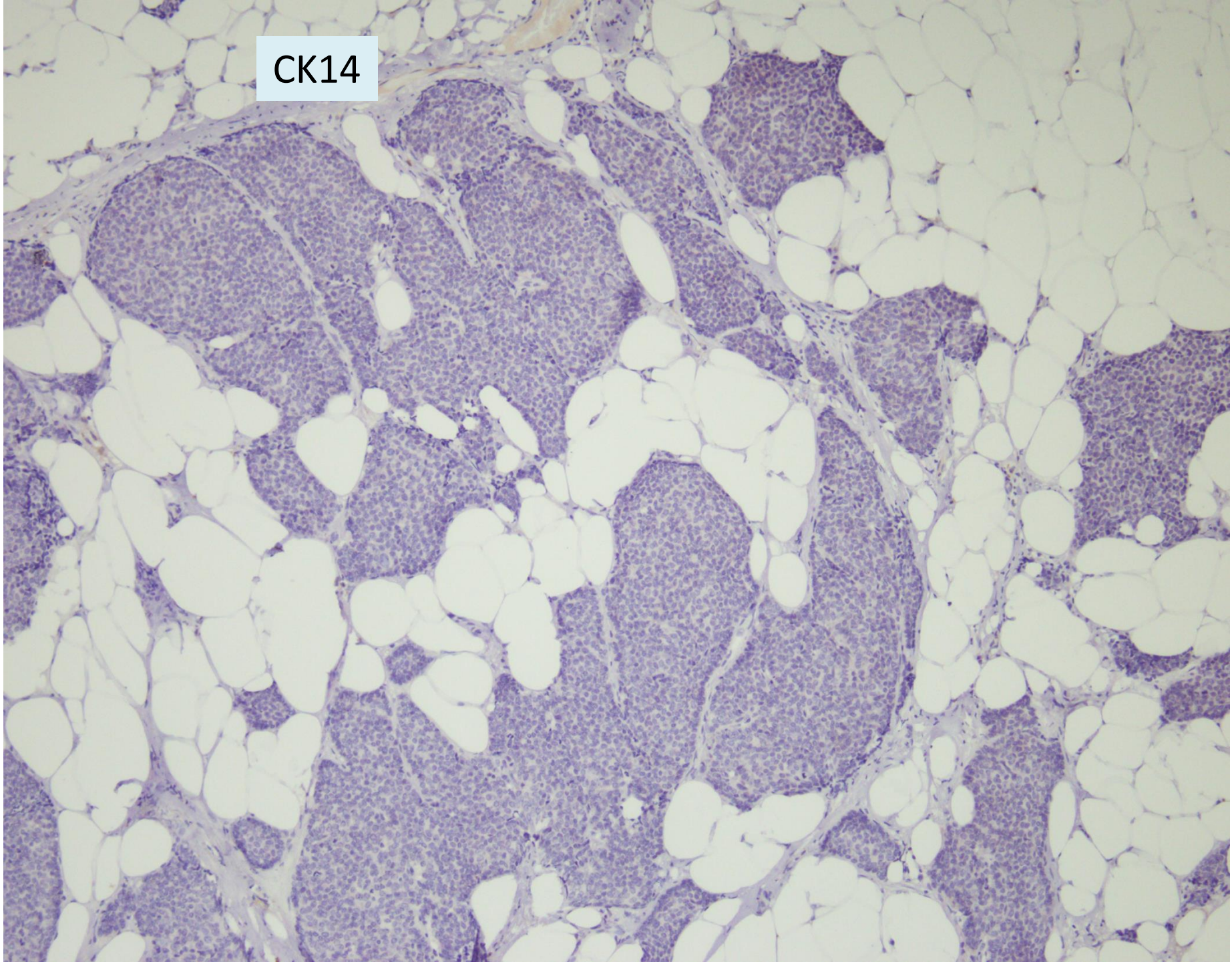
p63



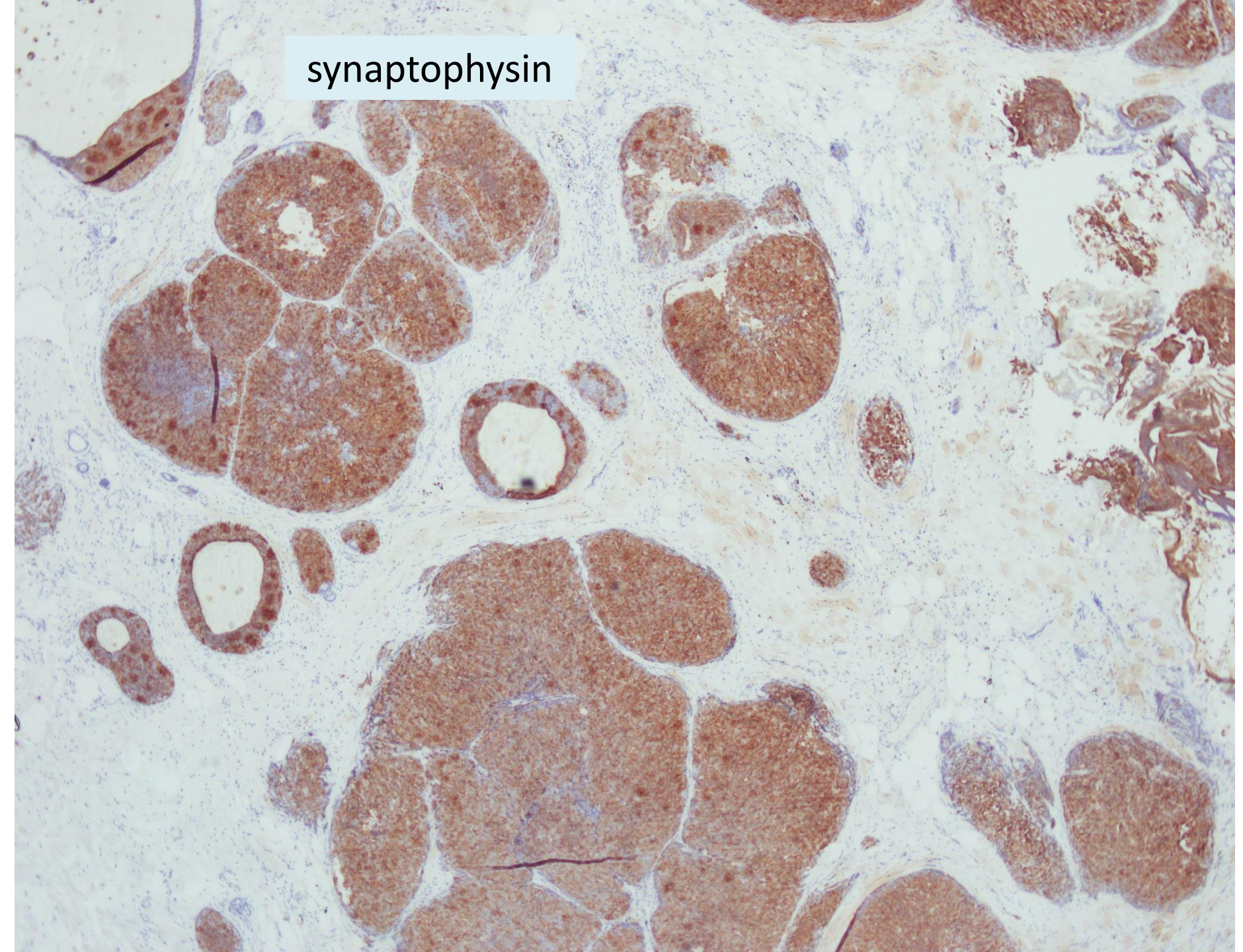
CK14



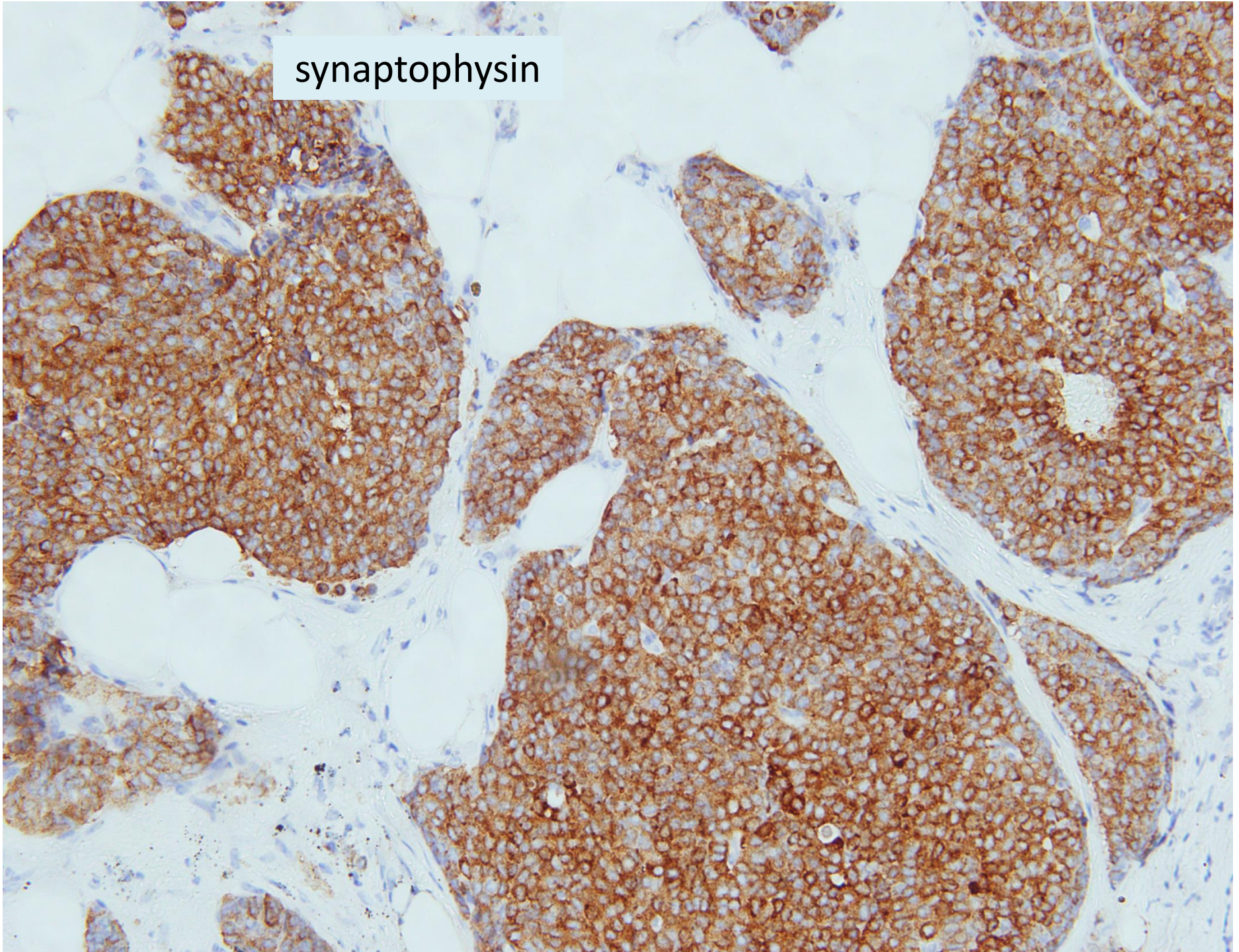
CK14



synaptophysin



synaptophysin



Right breast lump:

Invasive carcinoma with ductal and solid-papillary features, grade 2, with neuroendocrine differentiation



Solid papillary carcinoma

- Distinctive form of papillary carcinoma composed of expansile cellular nodules invested by inconspicuous delicate fibrovascular cores.
- Morphologically solid growth pattern at low magnification.
- Neuroendocrine differentiation, spindle cell morphology and mucin production are frequent.
- A single large expansile mass or multiple solid closely apposed nodules may be seen.
- Myoepithelial cells may be present or absent at the periphery of these nodules, as shown on immunohistochemistry with myoepithelial markers.
- Lesions in which myoepithelial cells are demonstrated around the solid epithelial nodules are regarded as variants of DCIS.



Solid papillary carcinoma

- For cases composed of rounded nodular masses without any surrounding myoepithelial cells, the WHO Working Group recommends interpretation as in-situ disease for staging purposes.
- Concept concerning the status of such lesions as a special rounded form of invasive disease with indolent behaviour and extremely favourable prognosis is proposed.
- Metastasis can be encountered in the absence of established invasion, but is rare.
- Irregularly shaped epithelial islands with jagged contours devoid of myoepithelial cell cuffs, arranged in a geographical jigsaw pattern set within a desmoplastic stroma, may be diagnosed as invasive solid papillary carcinoma.



Solid papillary carcinoma

- Majority of solid papillary carcinomas are considered to be equivalent to in-situ disease.
- Solid papillary carcinoma can also incorporate invasive forms.
- *In order to avoid ambiguity and to allow appropriate classification and clinical management, it is useful to explicitly state whether a particular case of solid papillary carcinoma is histologically regarded as in-situ cancer, or whether it has the microscopic features of the invasive counterpart.*
- **Diagnosis of ‘solid papillary carcinoma’ without further qualification is not recommended.**

Tan PH et al. Histopathology 2014



 Breast
Pathology
Course 2014

