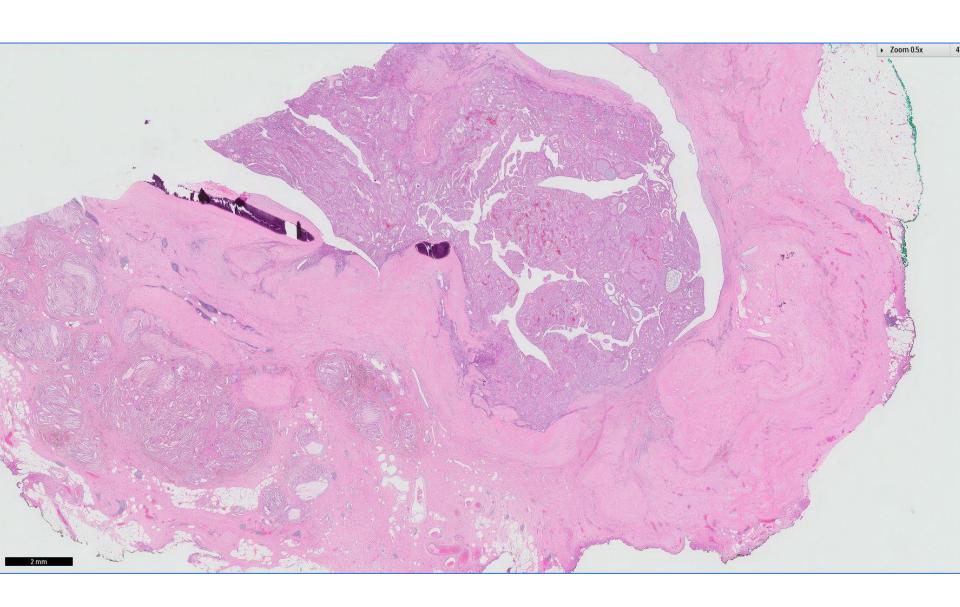
Case 15

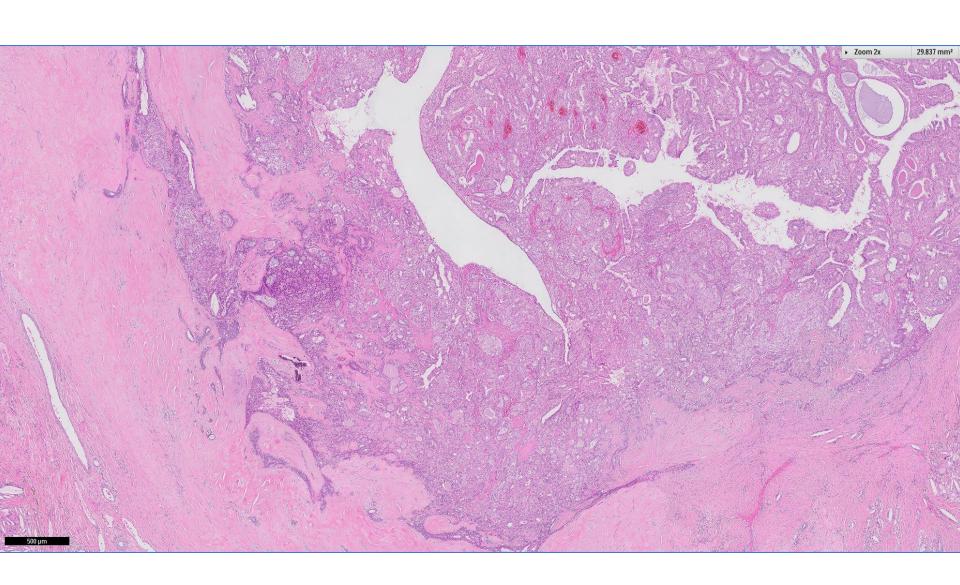
51 year old woman with a left breast lower inner quadrant lesion, for which an open excision was performed.

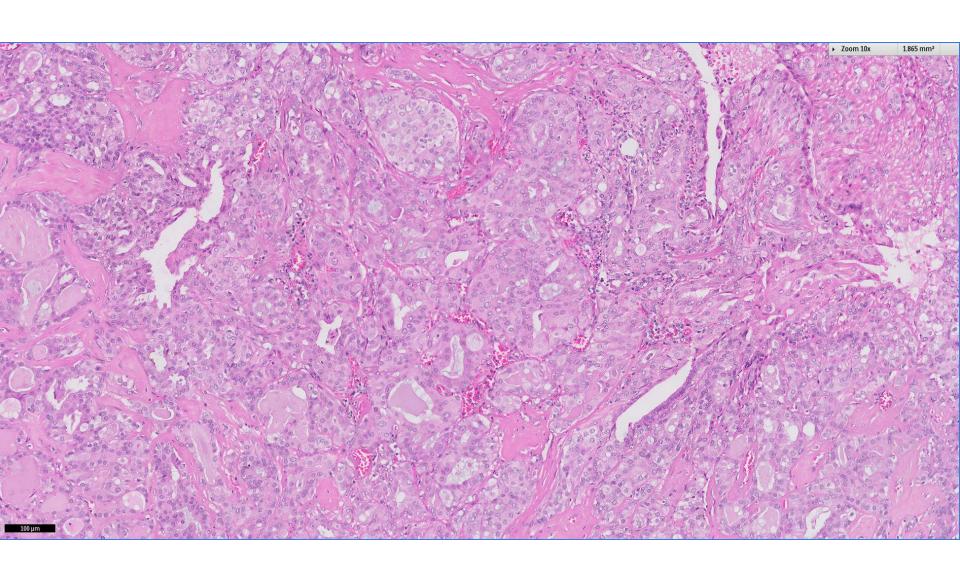
The prior core biopsy revealed fibrosis, granulation and siderophages.

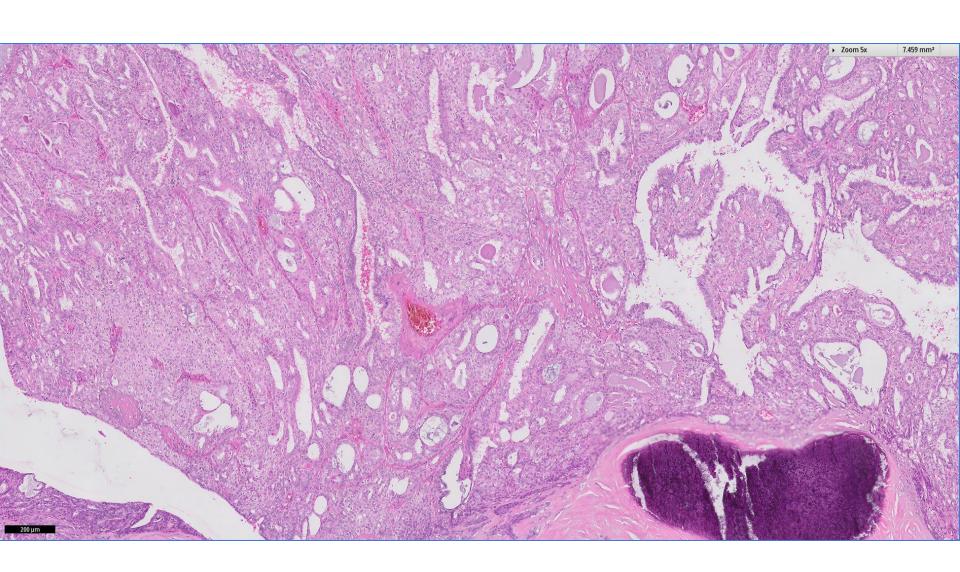


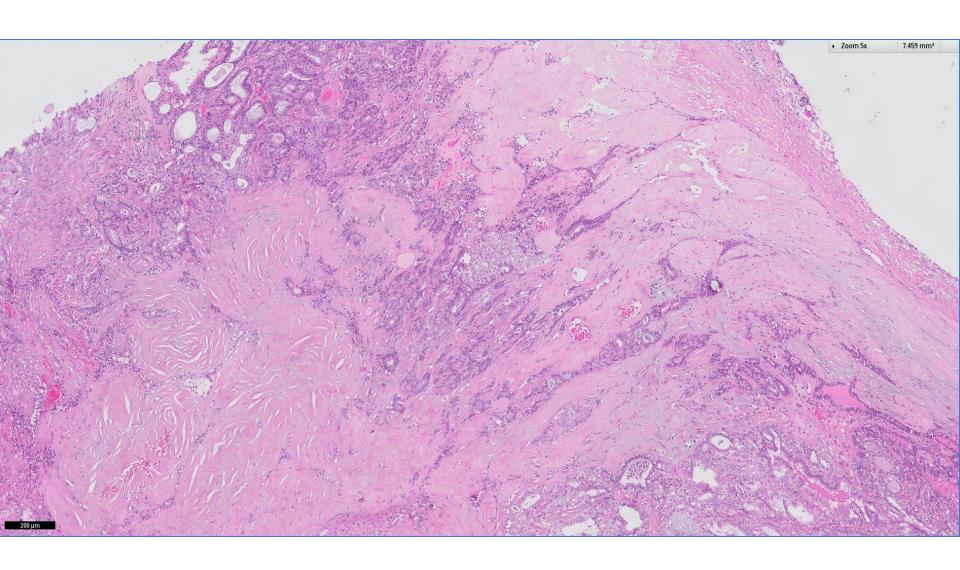




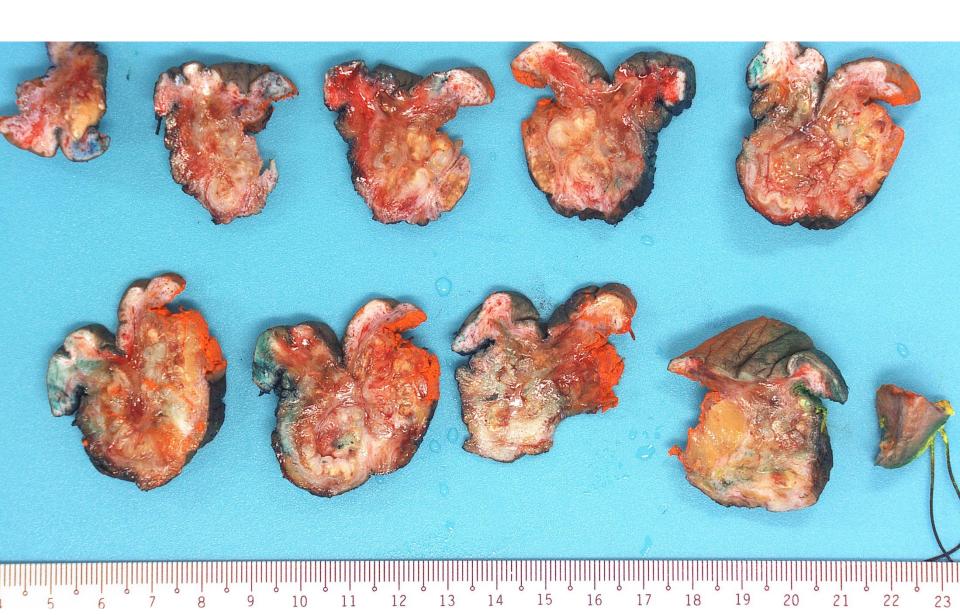


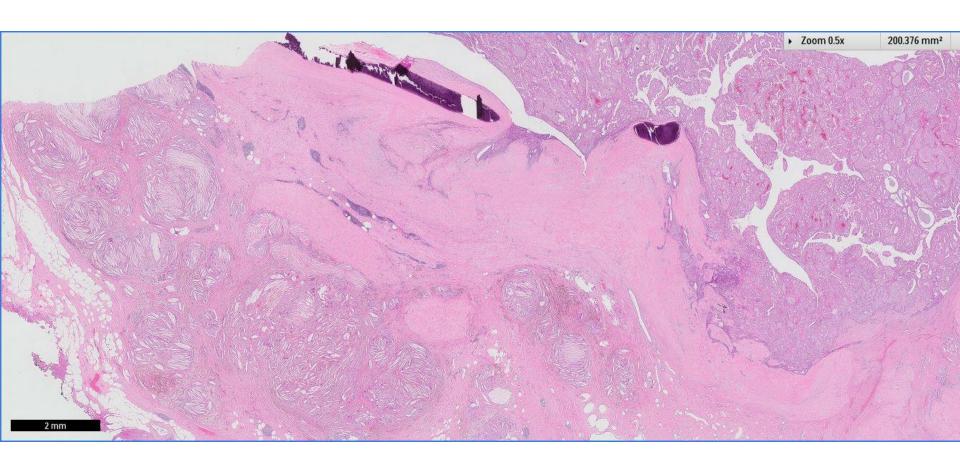


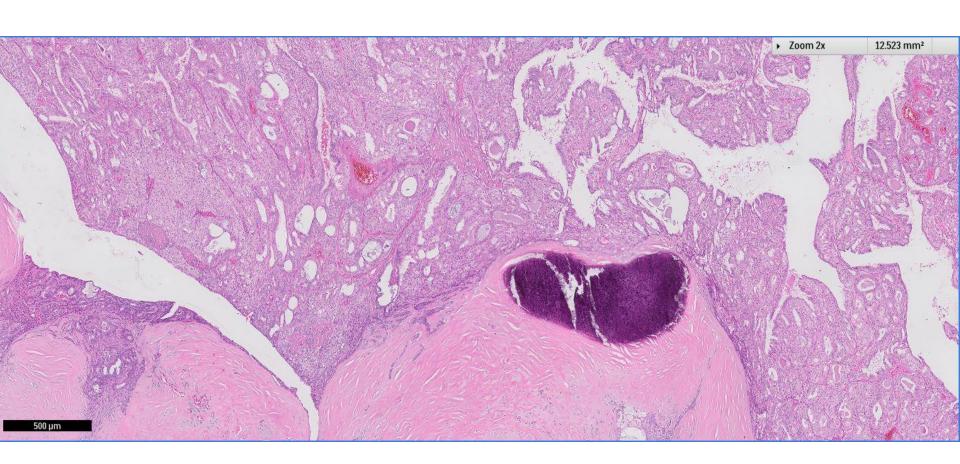


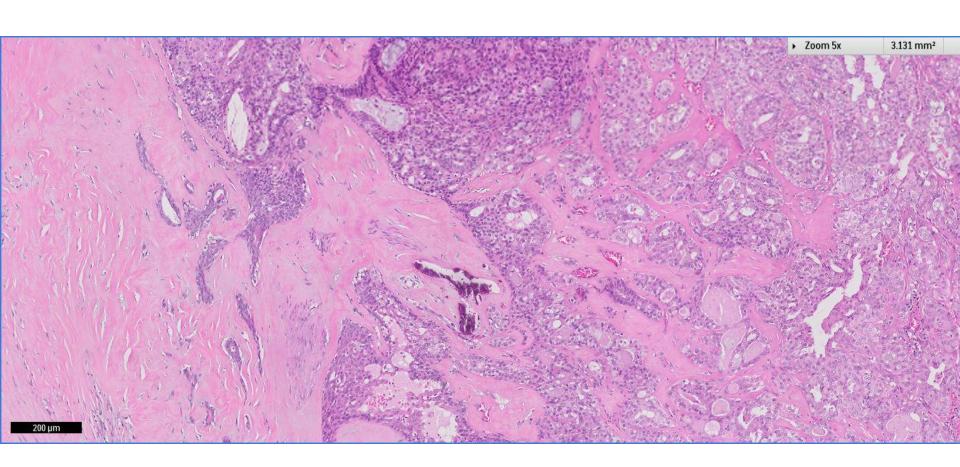


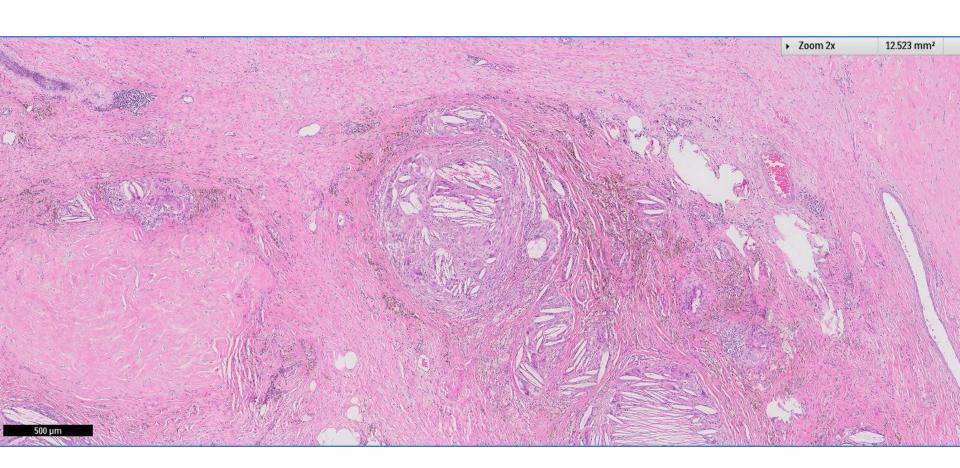


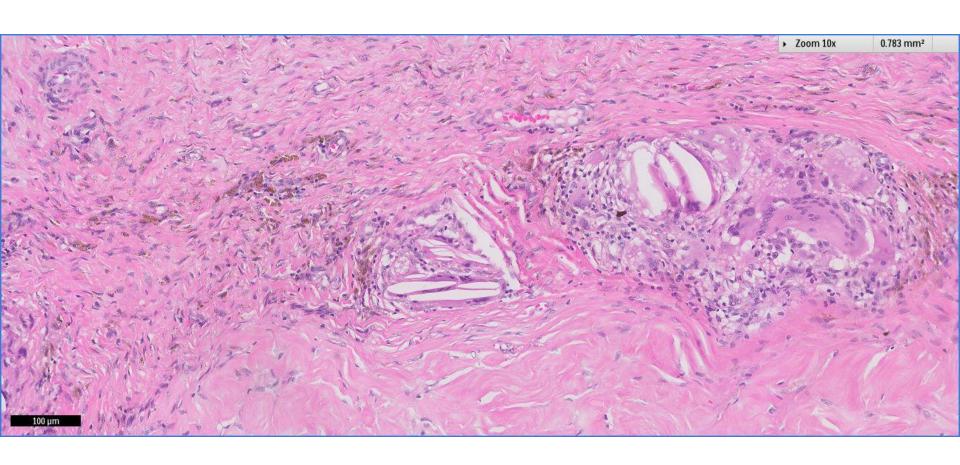


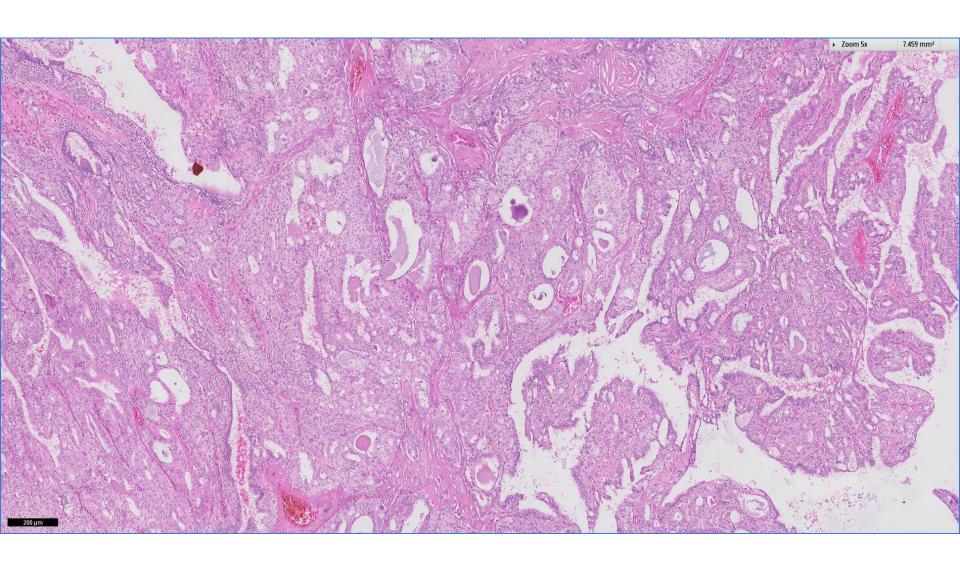


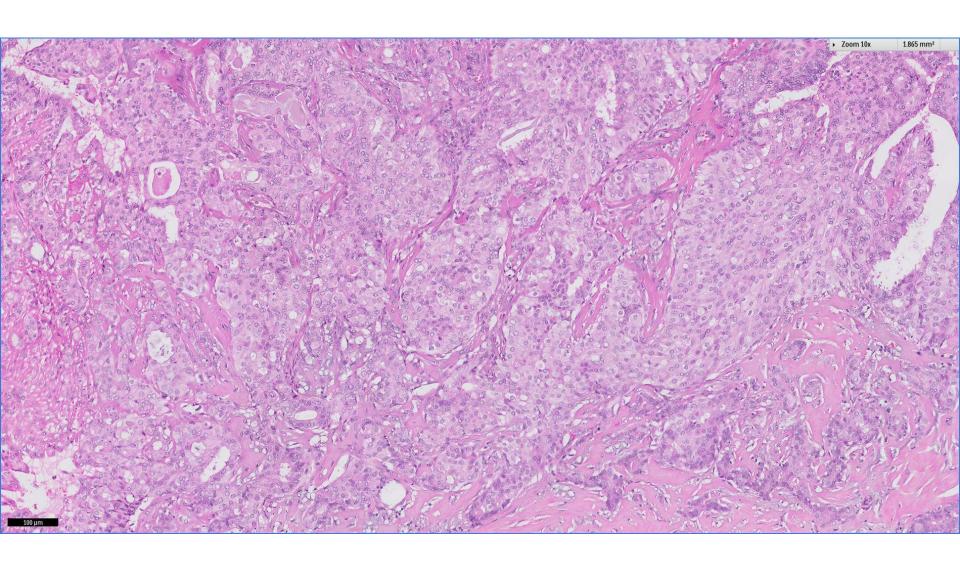


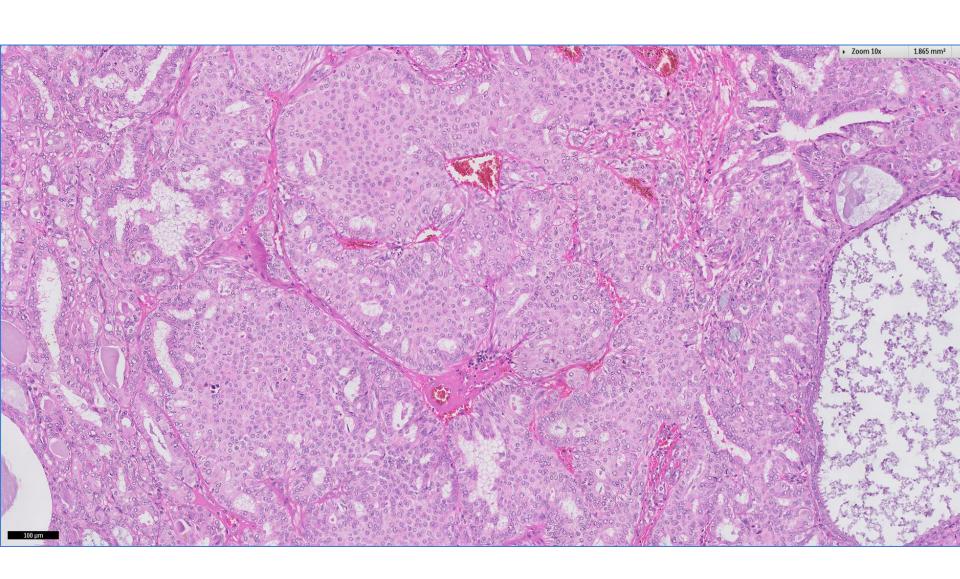


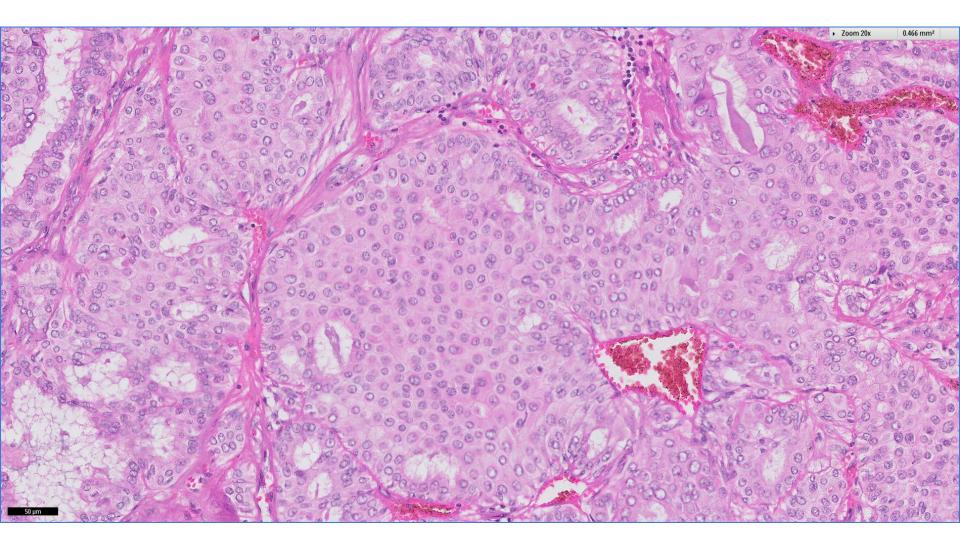


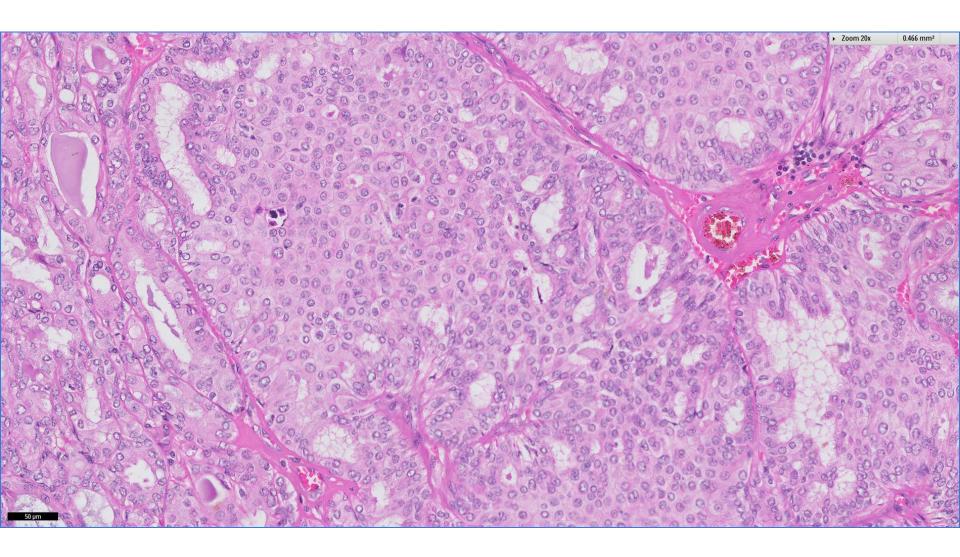


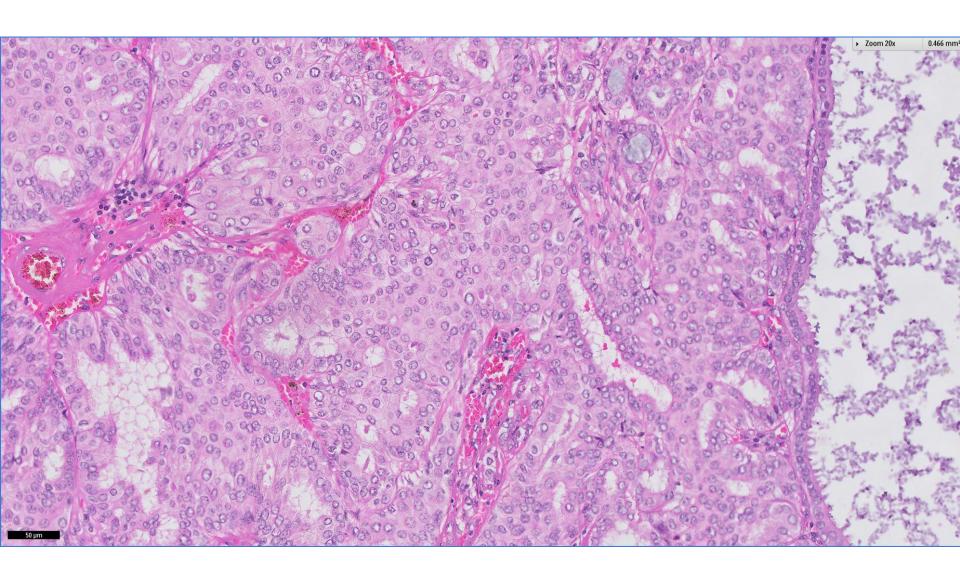


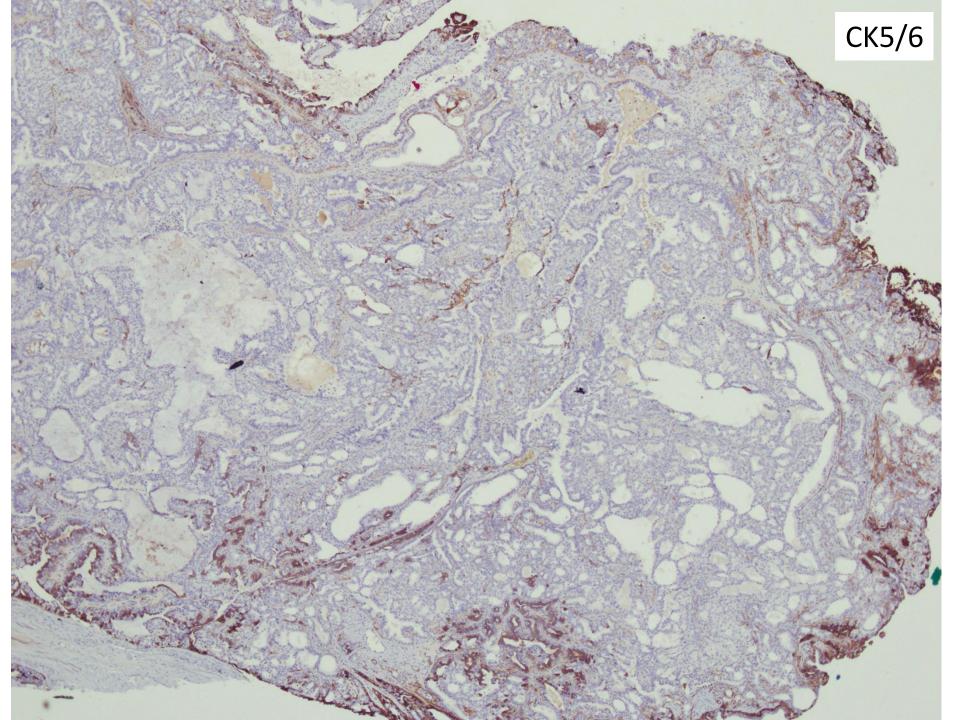


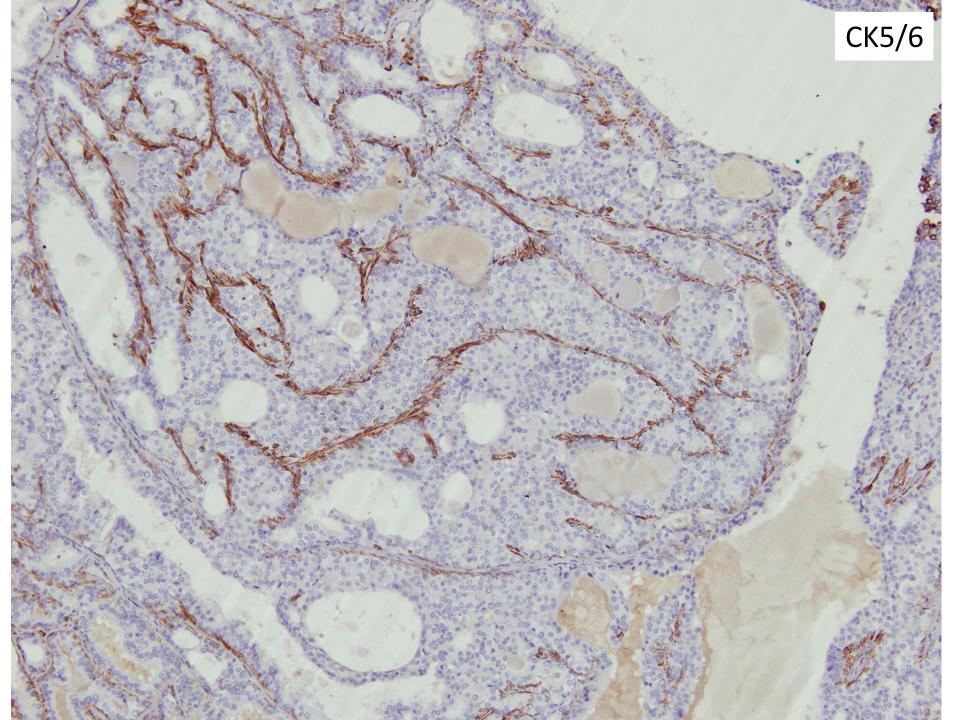


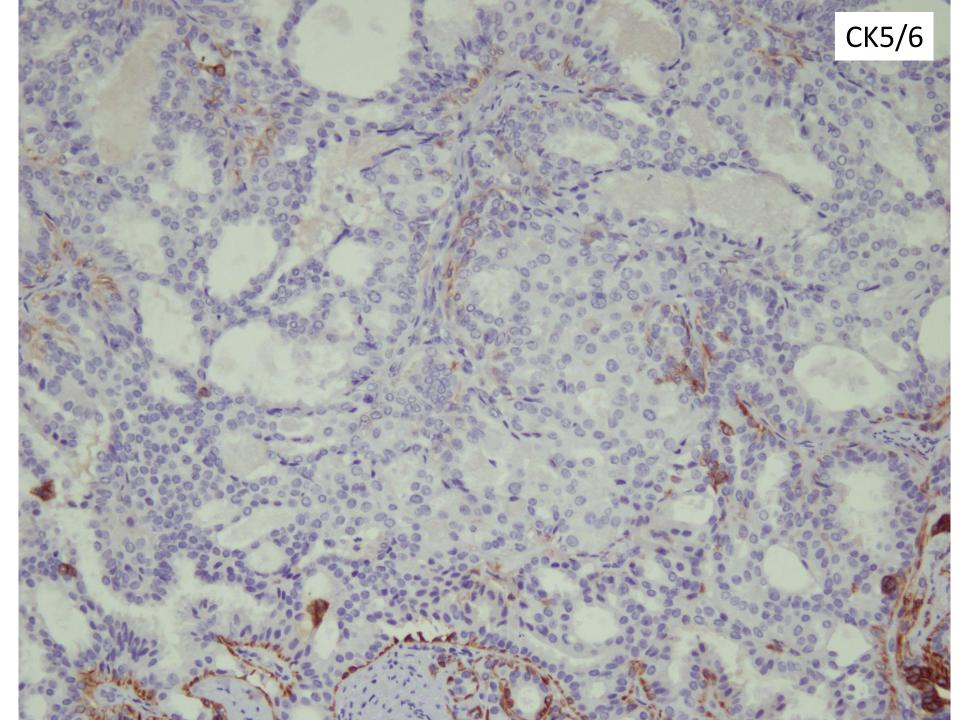


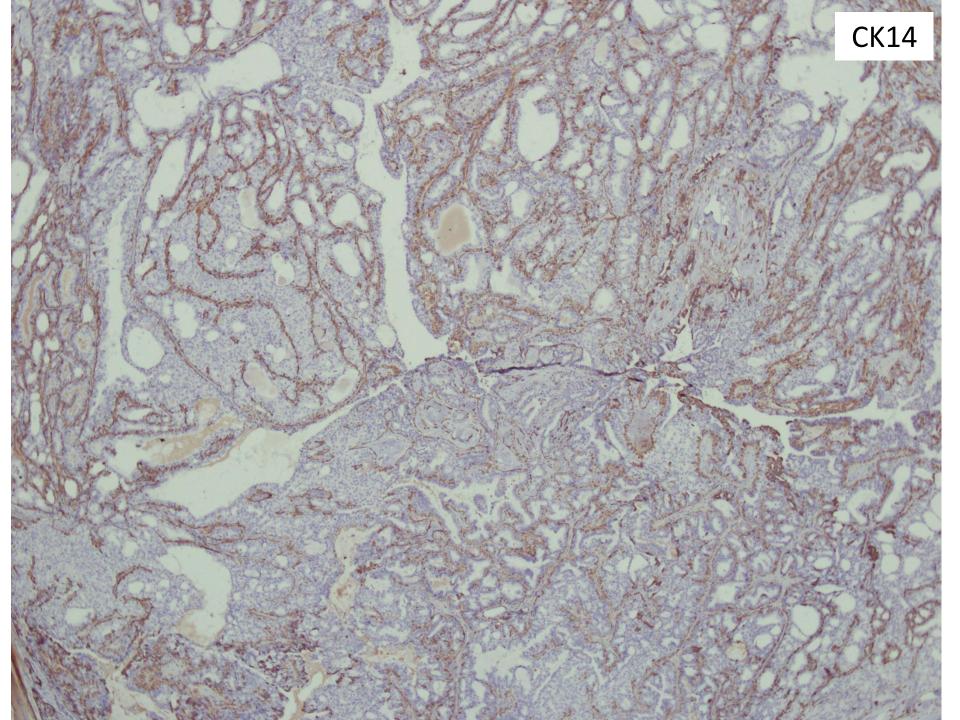


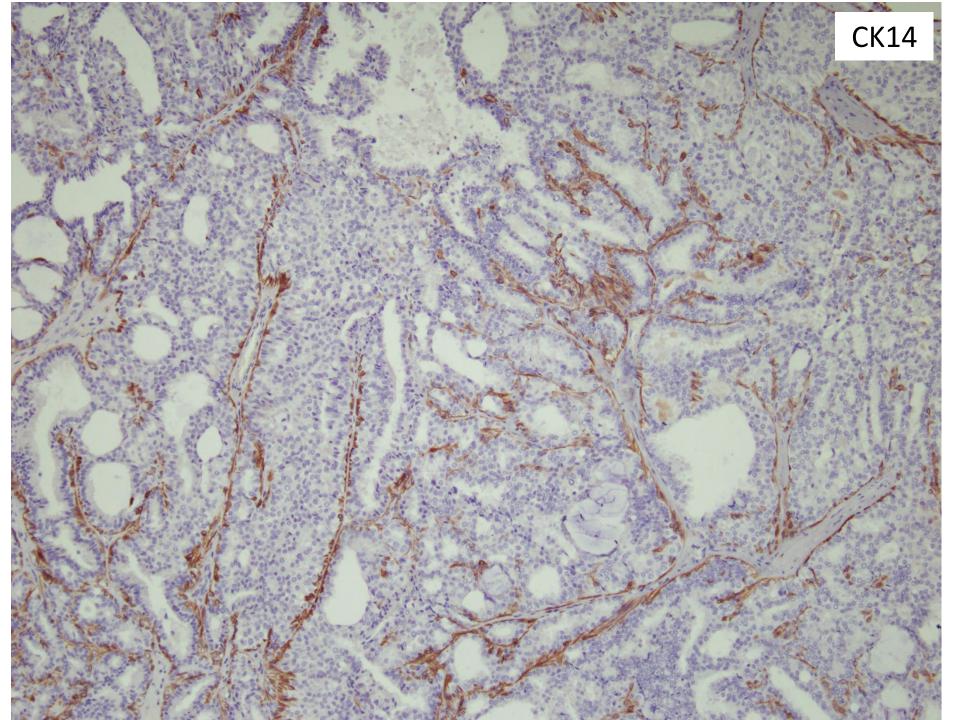


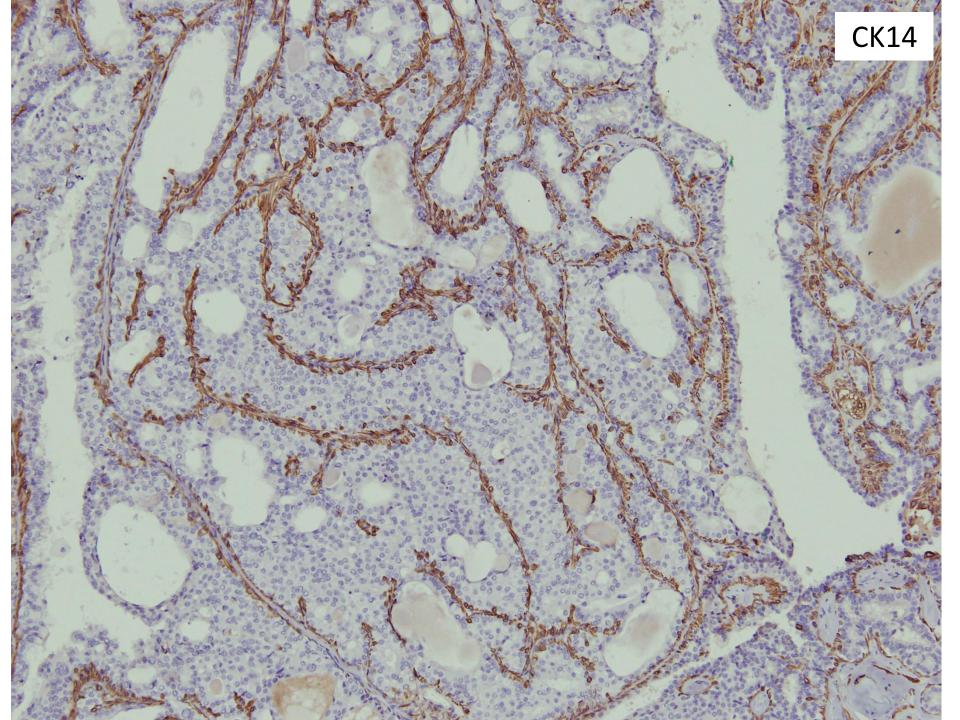


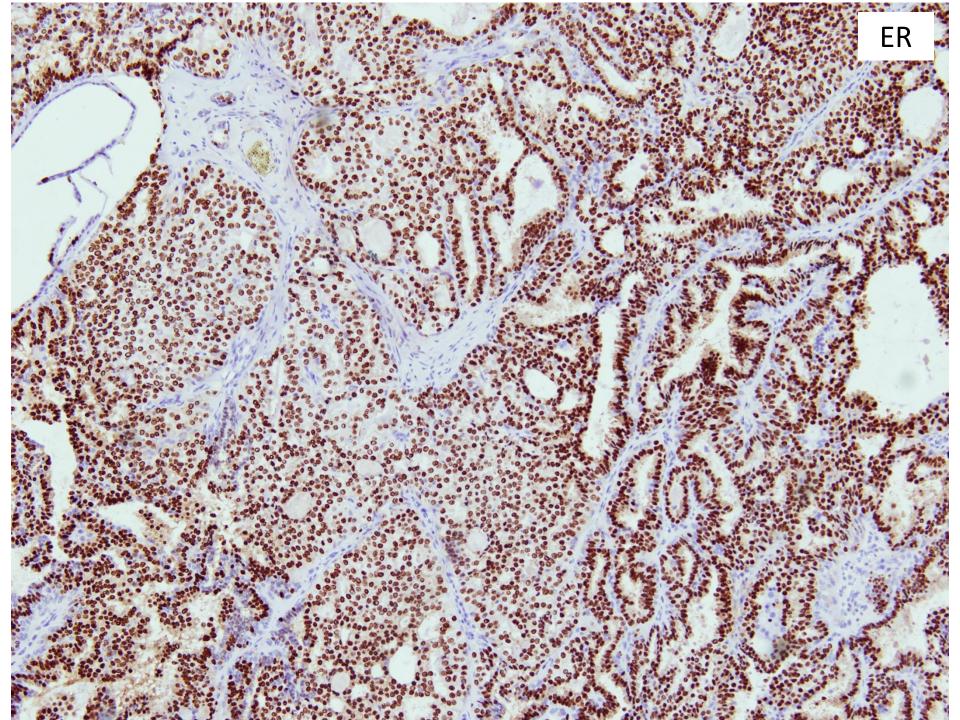


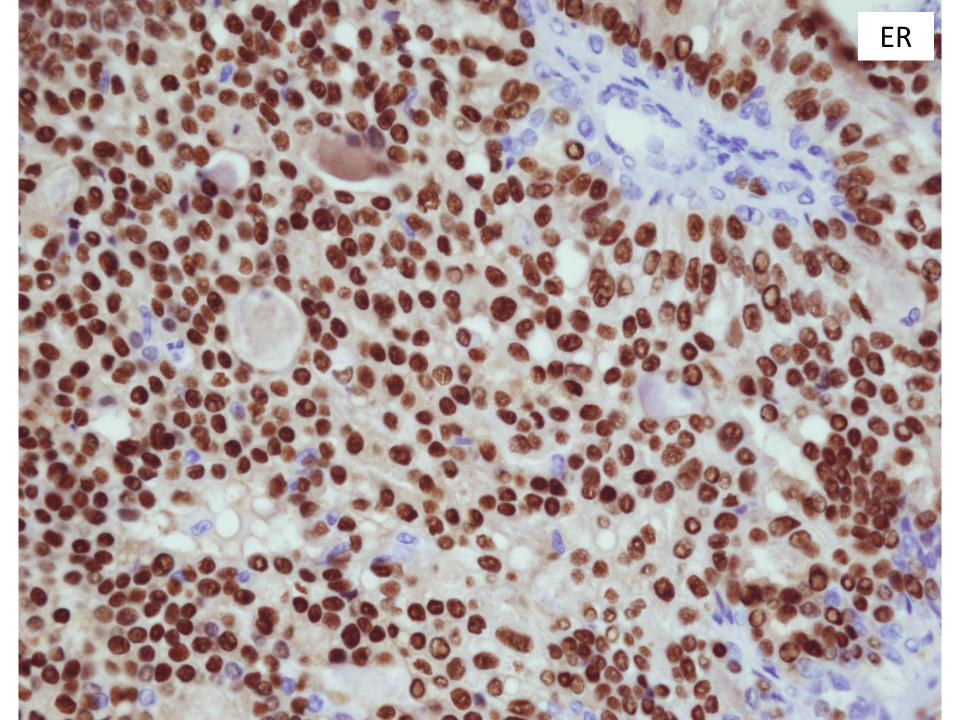












Left breast, lower inner quadrant lesion, excision biopsy:

Intraductal papilloma with ductal carcinoma in situ





Intraductal papilloma with ADH/DCIS

- A low nuclear grade atypical epithelial proliferation measuring <3 mm within an intraductal papilloma is diagnosed as ADH.
- A similar cytoarchitecturally abnormal epithelial population measuring ≥3 mm is regarded as DCIS within an intraductal papilloma.





Intraductal papilloma with DCIS vs Papillary DCIS

- Papillary DCIS is considered to be a de-novo in-situ malignant papillary process without a morphologically recognizable benign papilloma in its background.
- Papilloma with DCIS shows an underlying, identifiable benign papilloma upon which the abnormal epithelial proliferation is engrafted.





Intraductal papilloma with ADH/DCIS

- It is acknowledged that scientific evidence for this size criterion is lacking, but the WHO Working Group adopted this as a pragmatic guideline that allows broad application to routine diagnostic practice.
- An advantage is the consistency of defining a measurable threshold size, whereas the approach using the proportion of involvement results in variability depending on the size of the papilloma.
- When the abnormal epithelial proliferation shows intermediate or high nuclear grade, DCIS should be diagnosed regardless of extent.





