Case 23

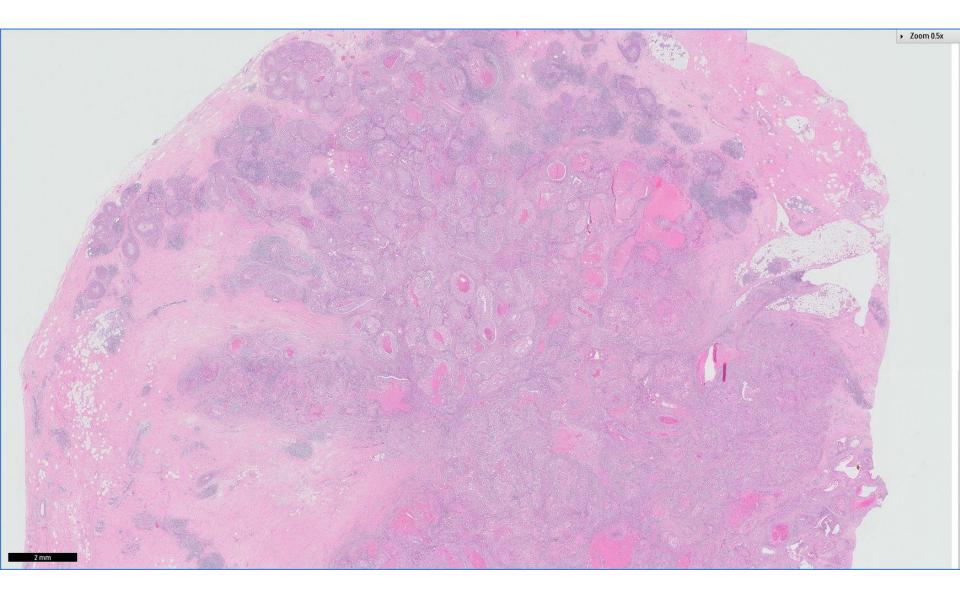
62 year old woman with a left breast lump.

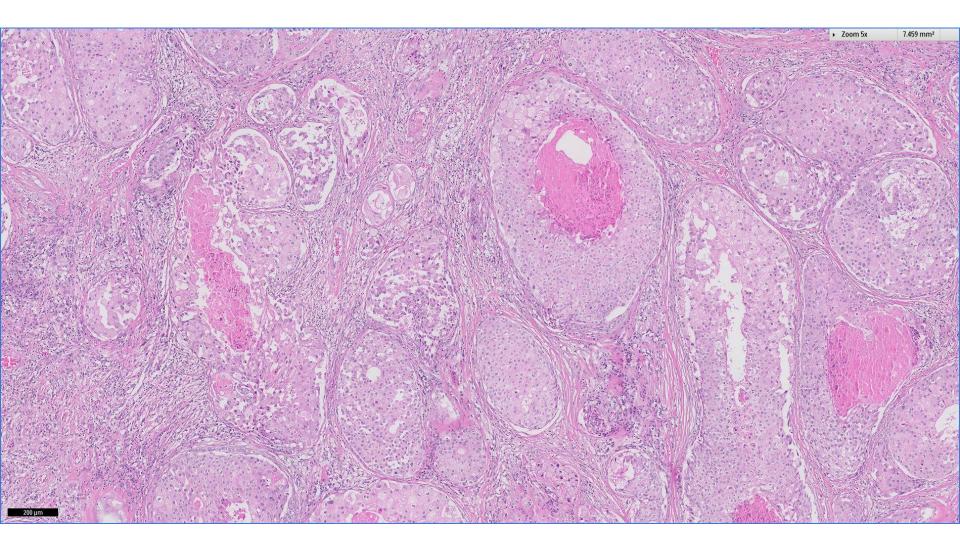
Core biopsies showed a high grade ductal carcinoma in situ with foci suspicious for invasion.

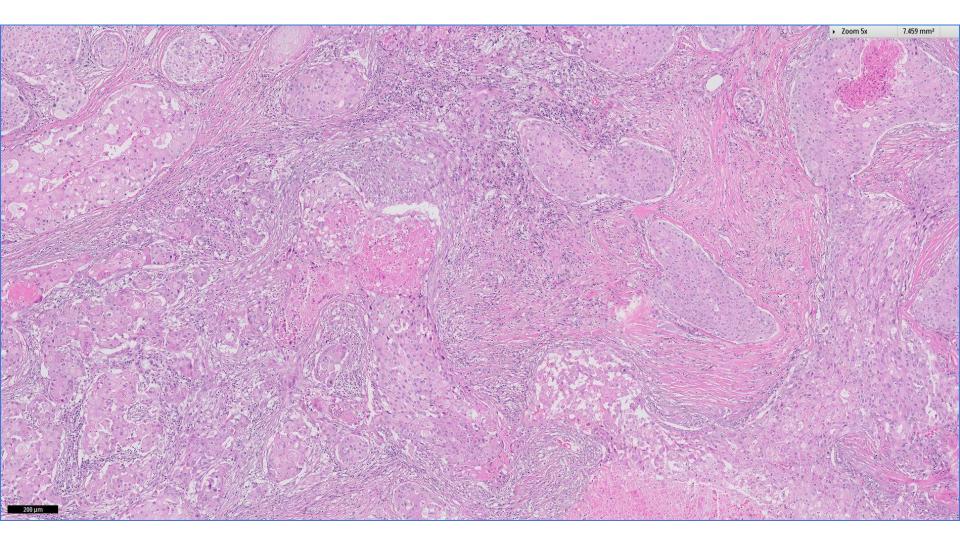
Left mastectomy with sentinel lymph node biopsy performed.

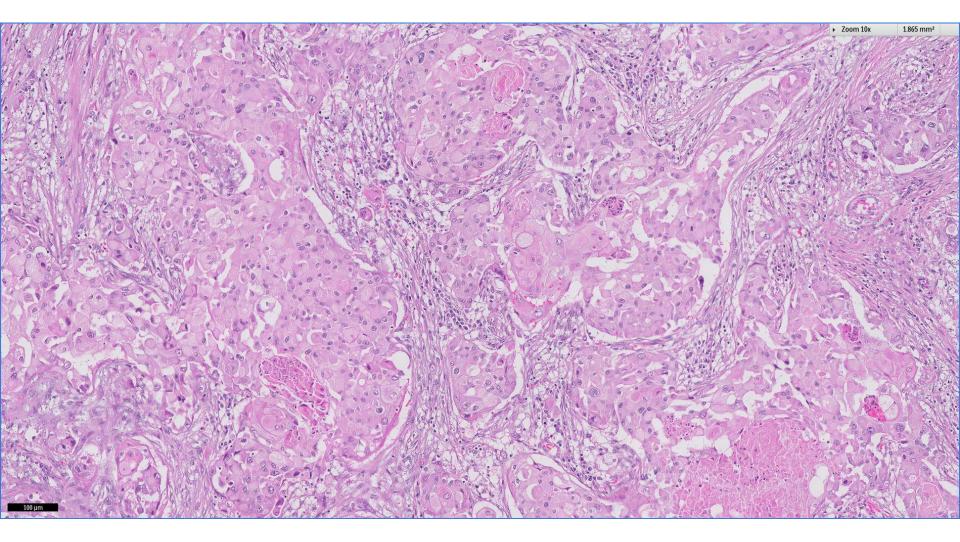


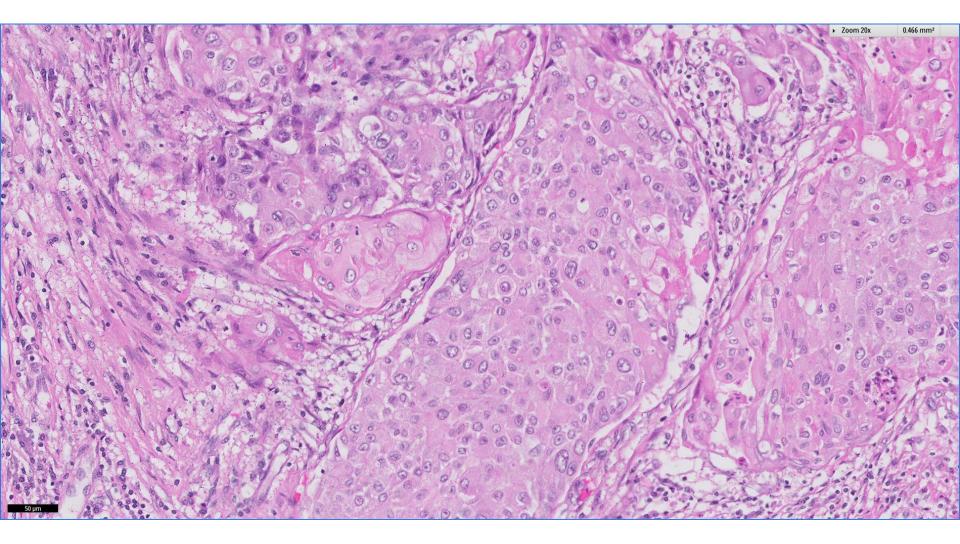




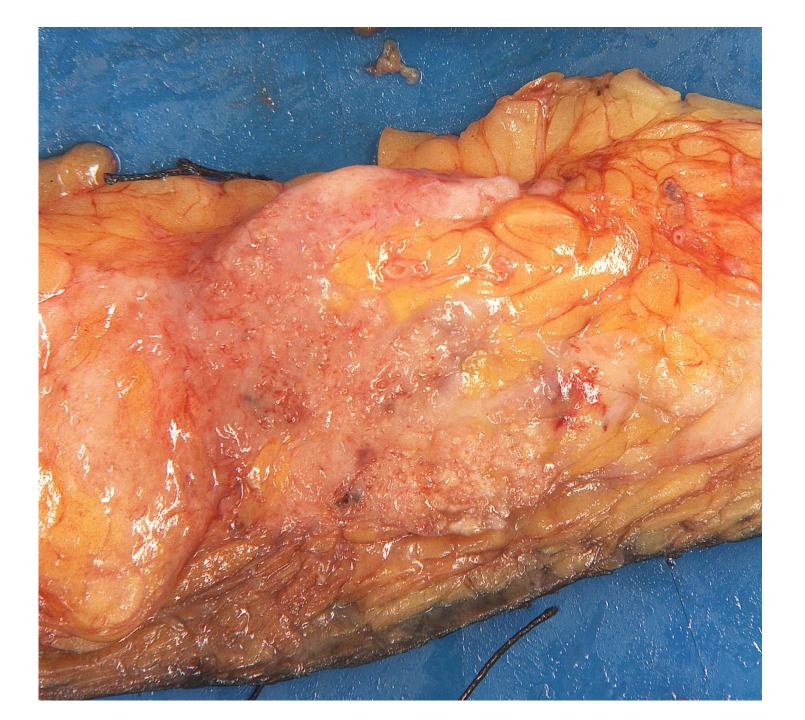


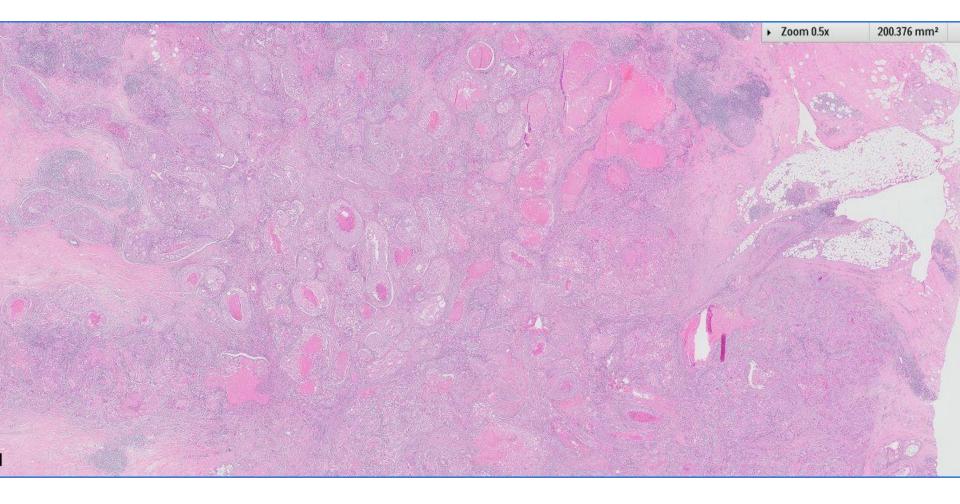


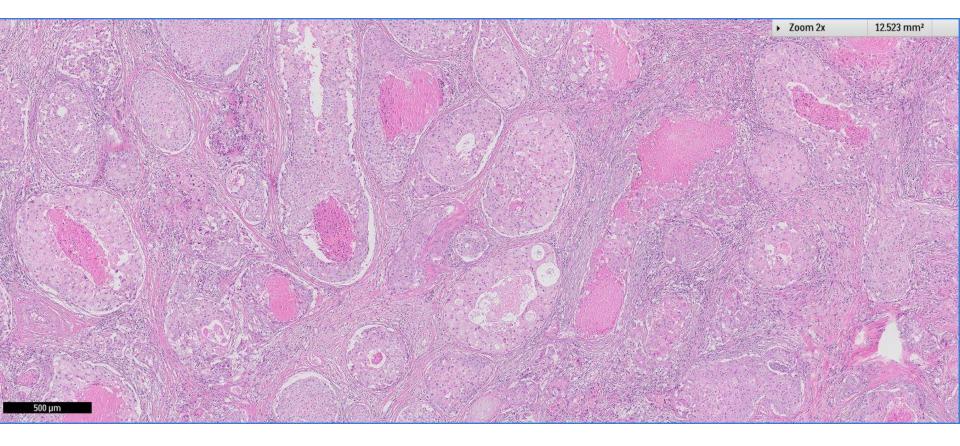


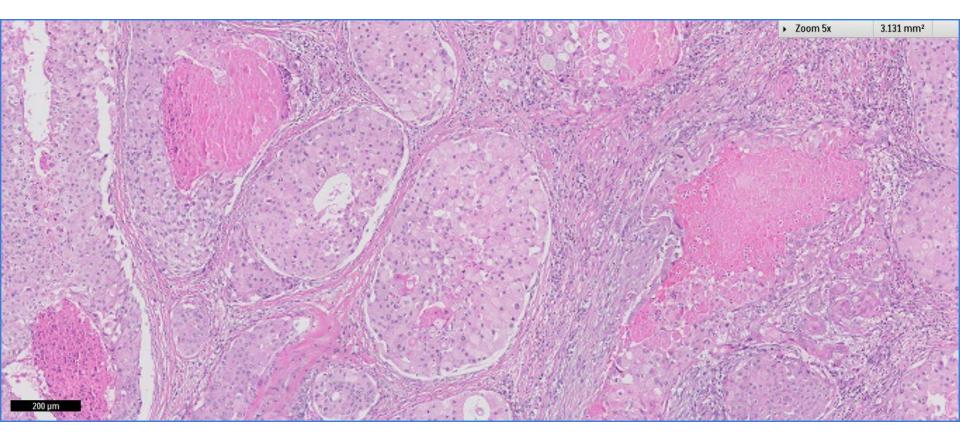


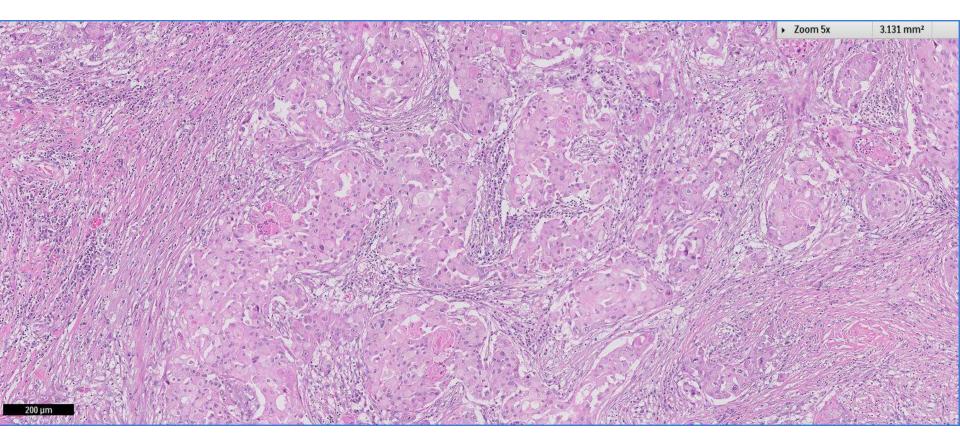


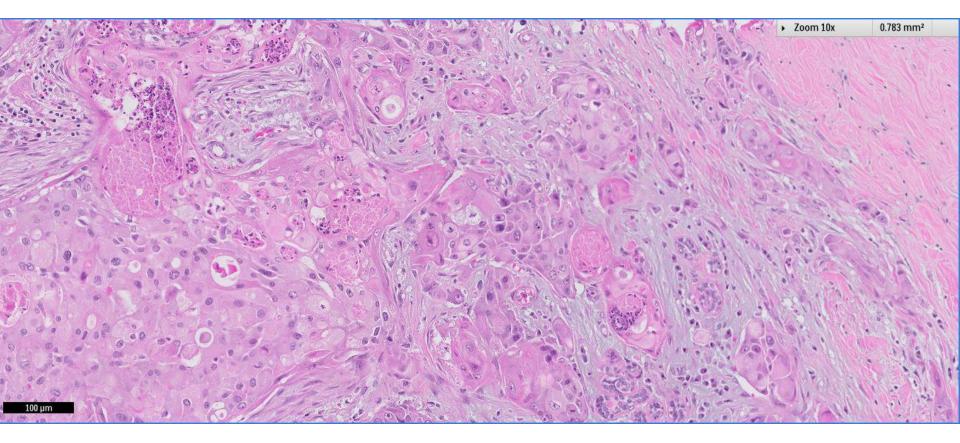


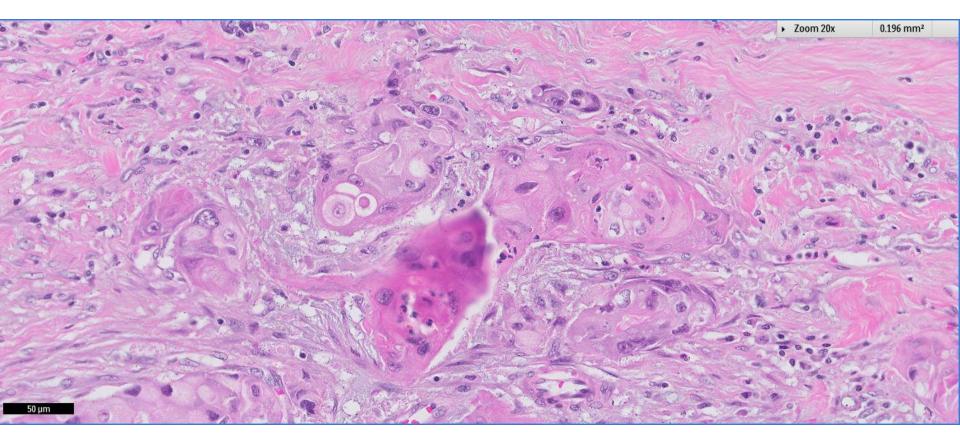


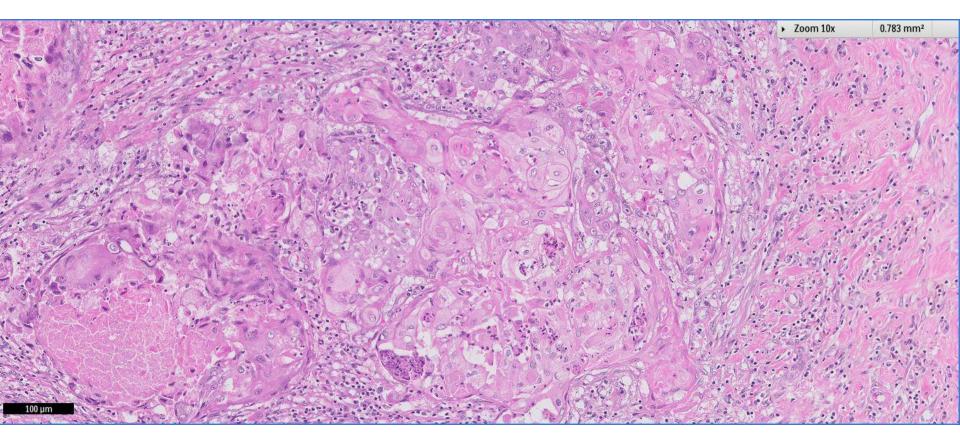












Left breast, mastectomy:

Invasive ductal carcinoma with squamous metaplasia (metaplastic carcinoma)





Metaplastic carcinoma with squamous features

- Usually presents as a cystic lesion, where the cavity is lined by squamous cells with varying degrees of nuclear atypia and pleomorphism.
- Tumour cells infiltrate adjacent stroma in the form of sheets, cords and nests, which elicit a conspicuous stromal reaction.
- Inflammatory infiltrate is usually prominent.
- Infiltrating squamous elements may vary in degrees of squamous differentiation, with spindle cells commonly observed at the invasive fronts of the tumour.





Metaplastic carcinoma with squamous features

- Acantholytic variant of squamous cell carcinoma, characterized by the formation of irregular spaces lined by atypical squamous cells leading to a pseudoglandular or pseudoangiosarcomatous appearance, may be mistaken for angiosarcoma.
- Metaplastic squamous cell carcinoma may be pure or mixed with coexisting invasive carcinoma NST.
- Squamous differentiation can also be found in carcinomas with medullary-like features.
- For a diagnosis of primary squamous cell carcinoma of the breast to be rendered, a primary squamous cell carcinoma from other sites, especially skin, must be ruled out.



