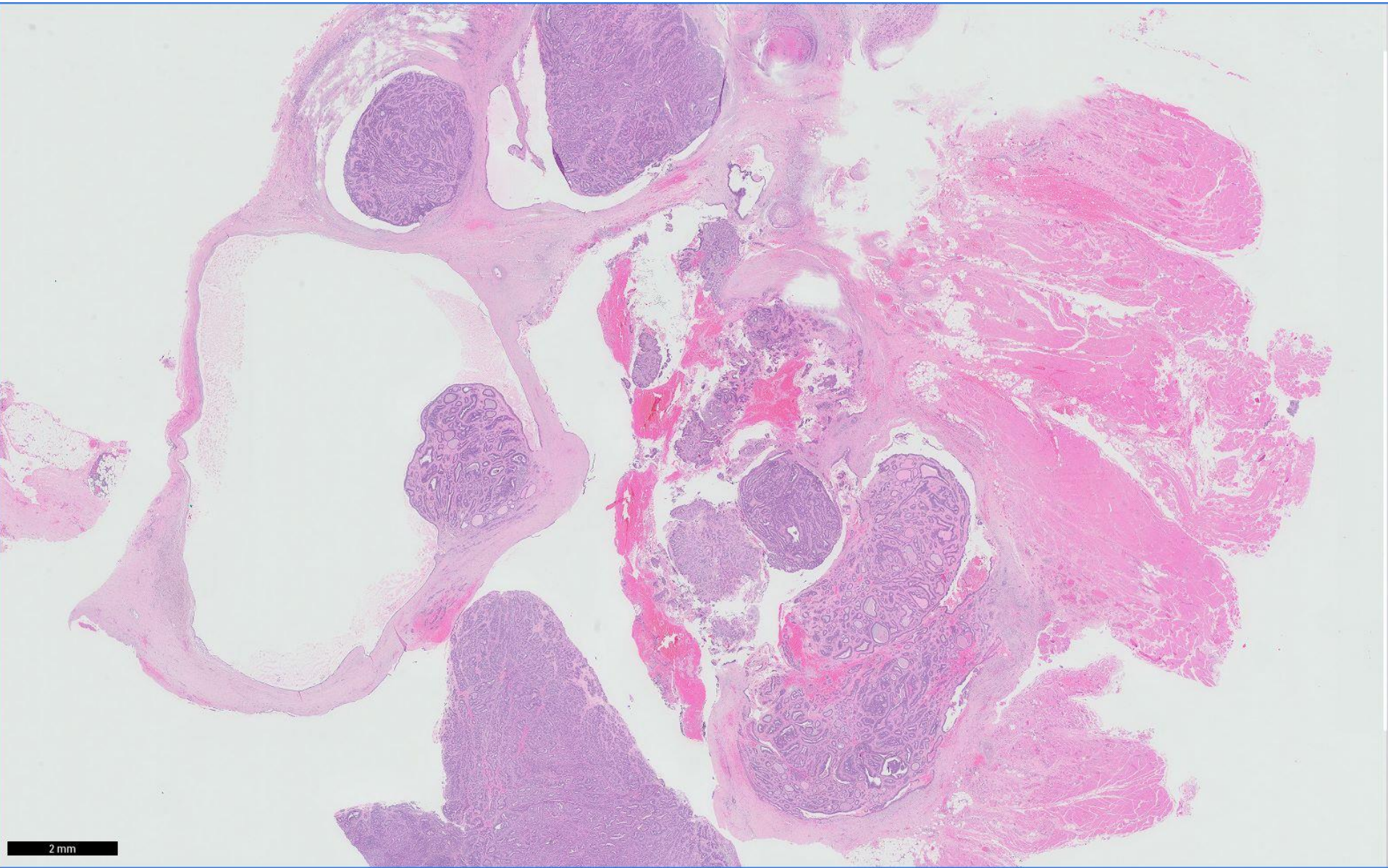


Case 24

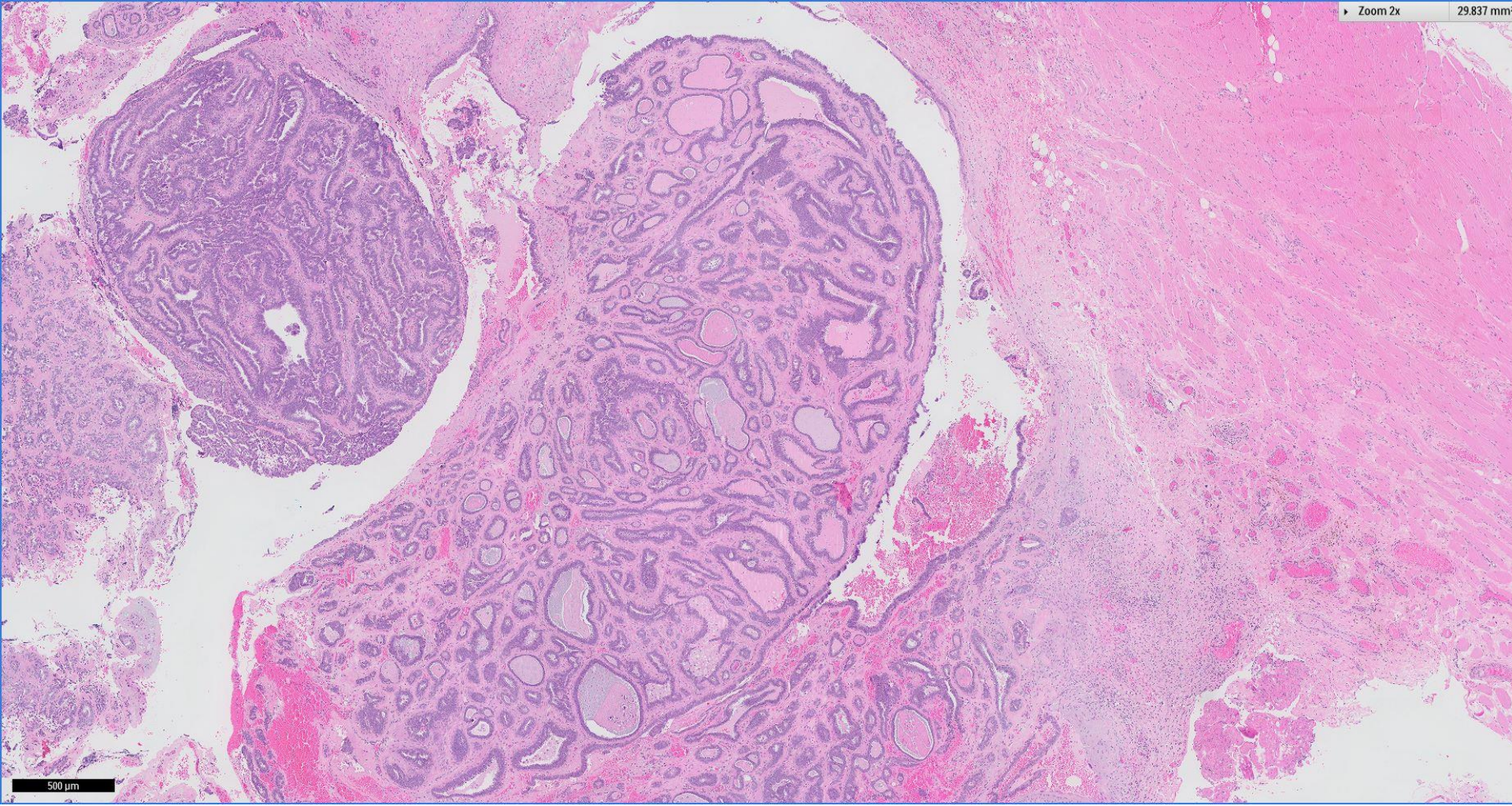
48 year old woman with a long standing left breast lump noticed a recent increase in size of the lump.

Excision biopsy performed, with part of the lesion received in fragmented pieces.



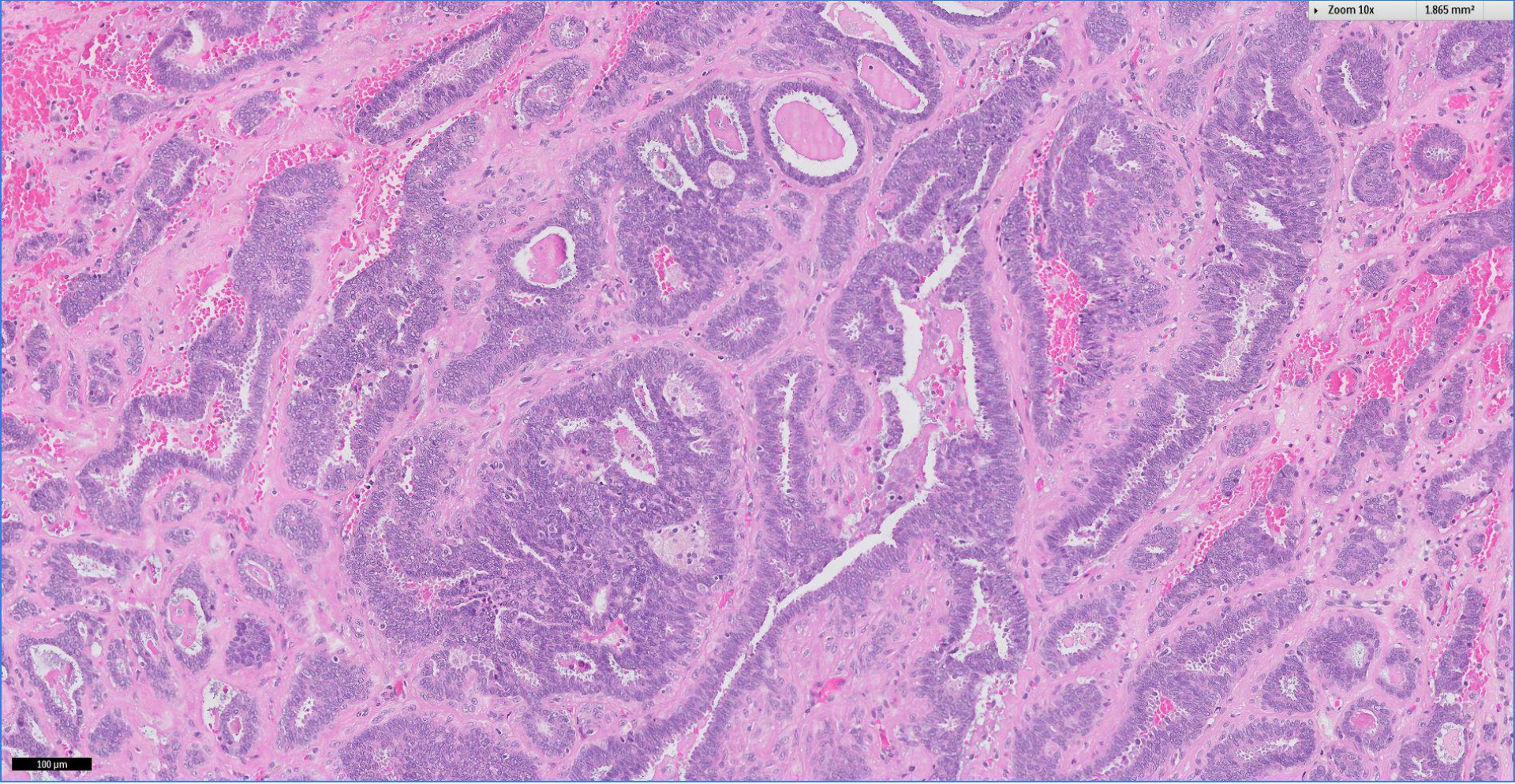


2 mm



Zoom 10x

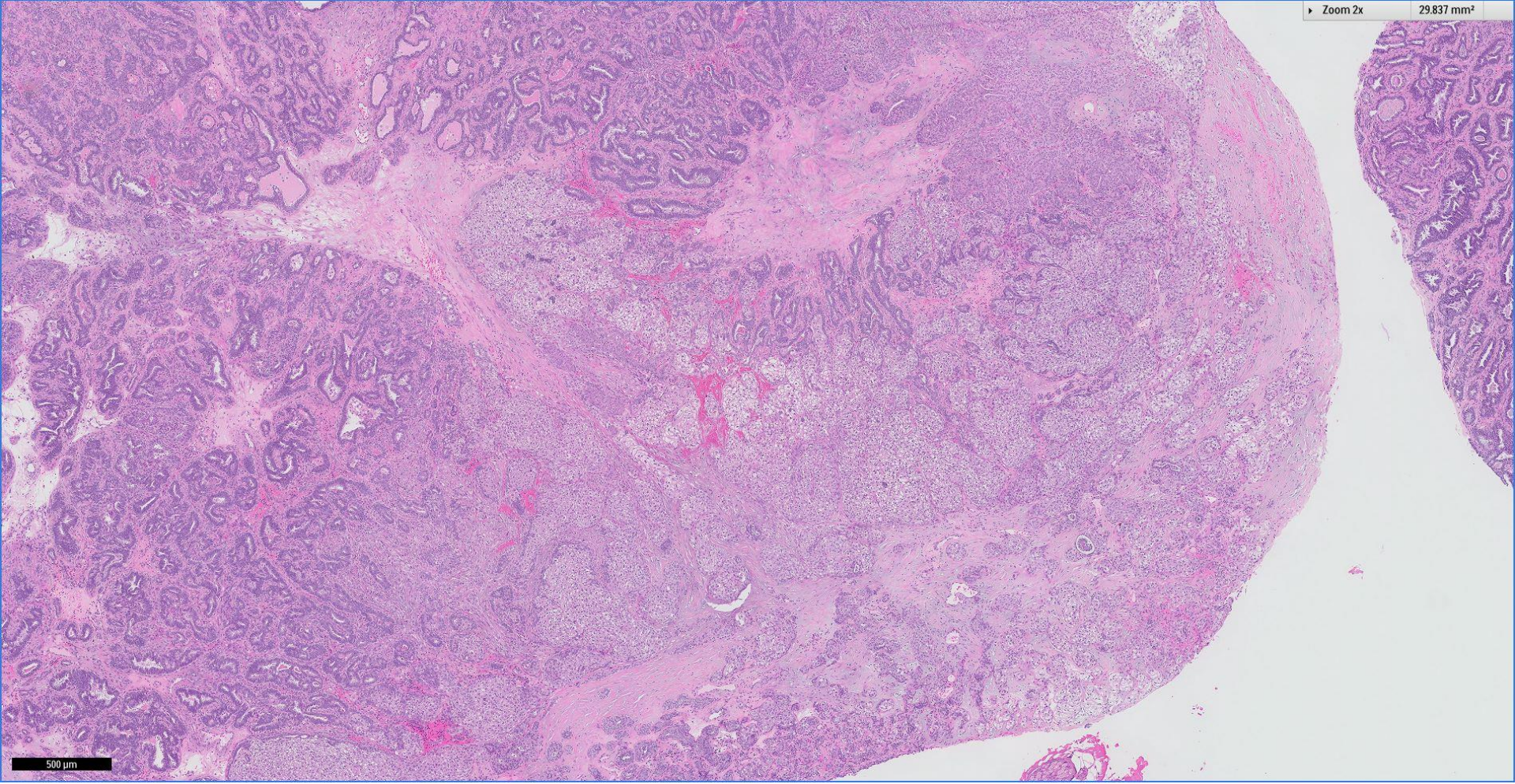
1.865 mm²



100 μm

Zoom 2x

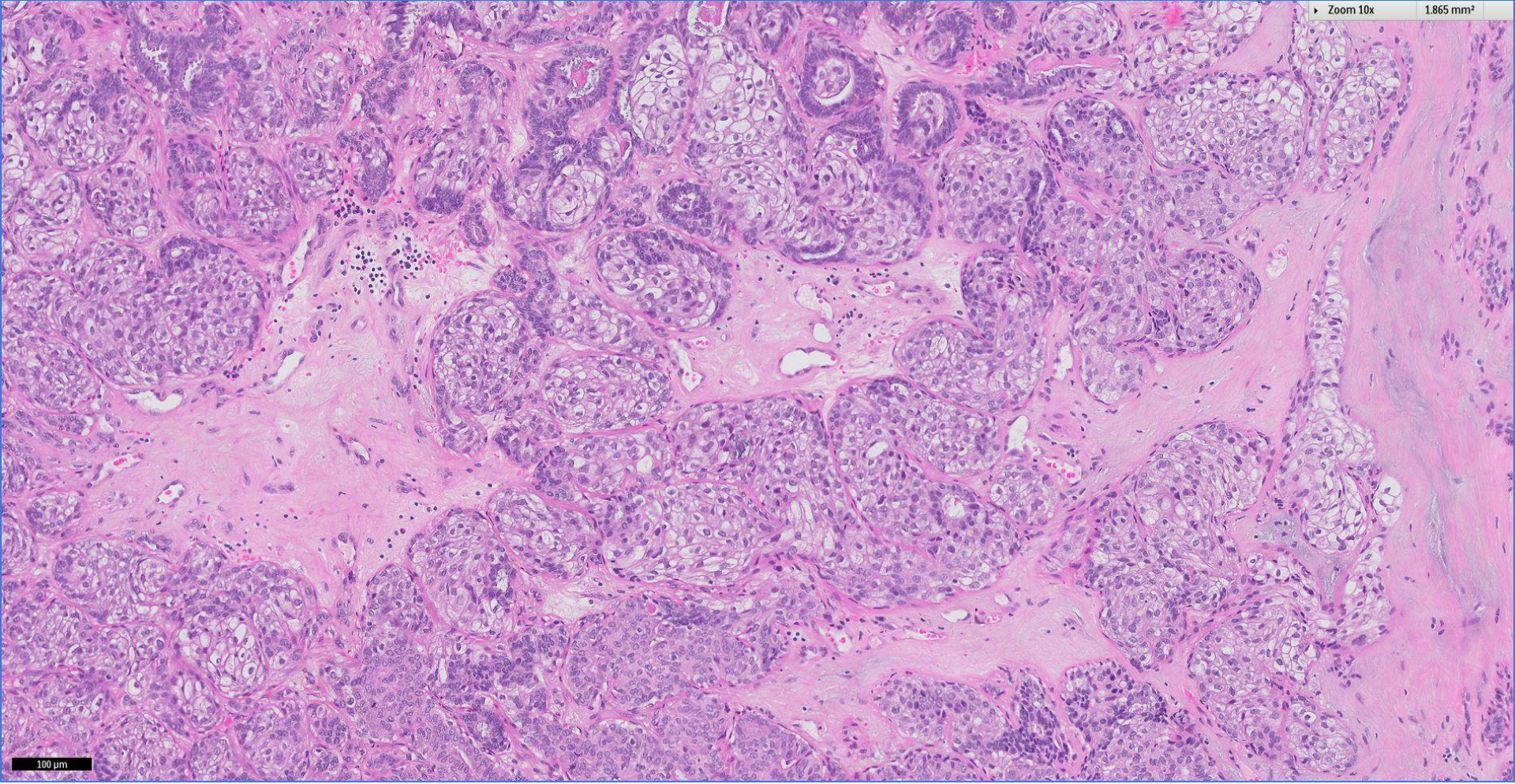
29.837 mm²



500 μ m

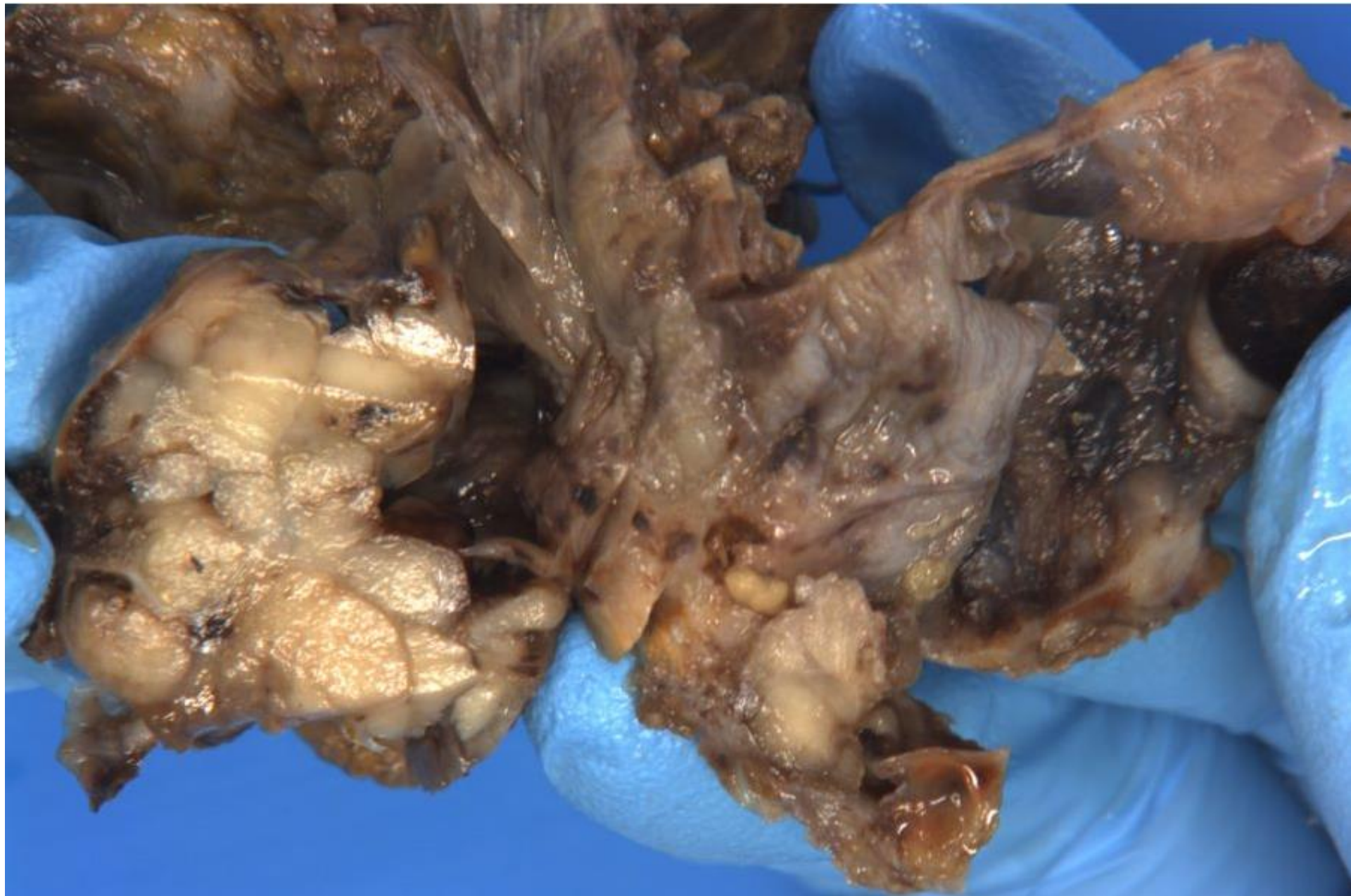
Zoom 10x

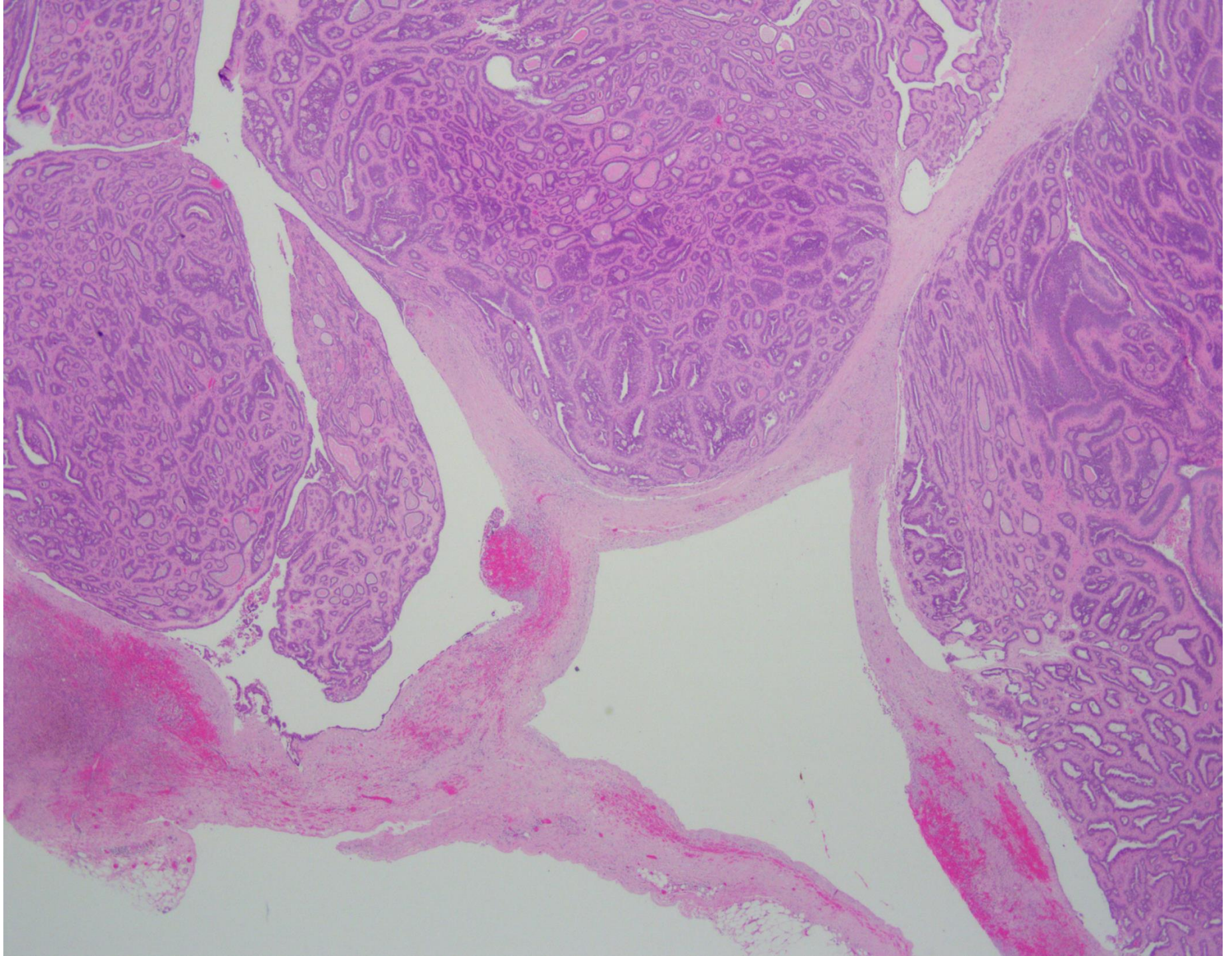
1.865 mm²

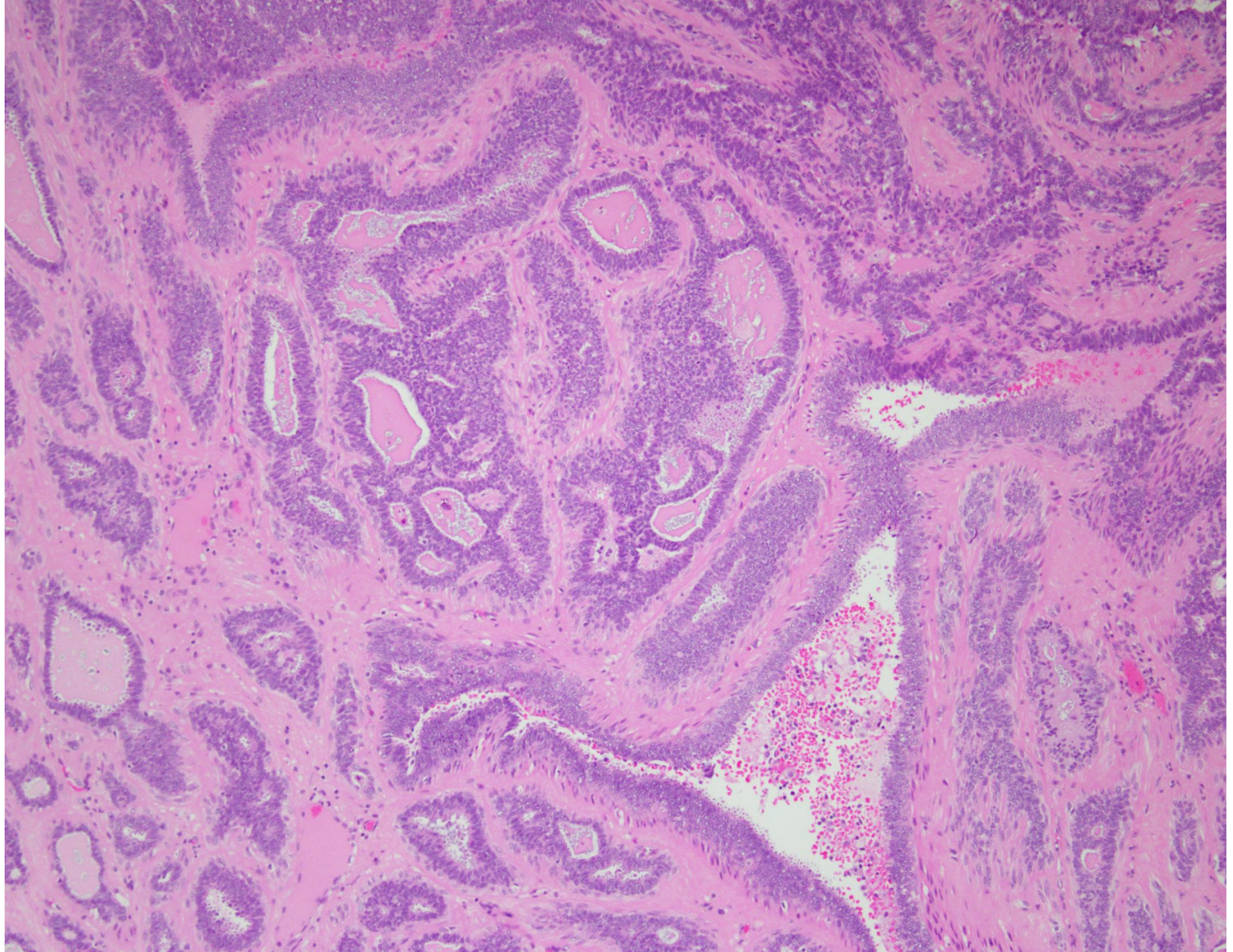


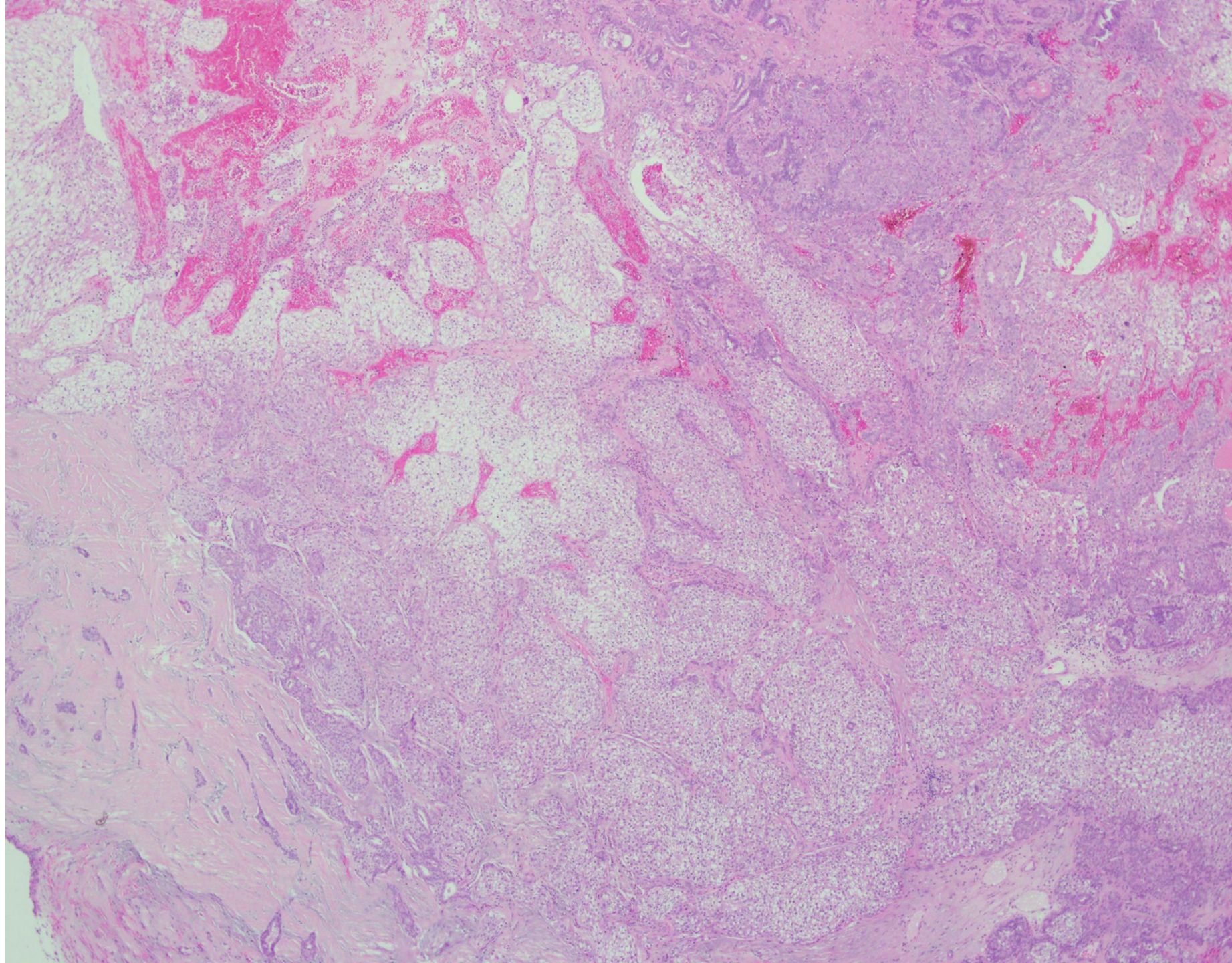
100 μ m

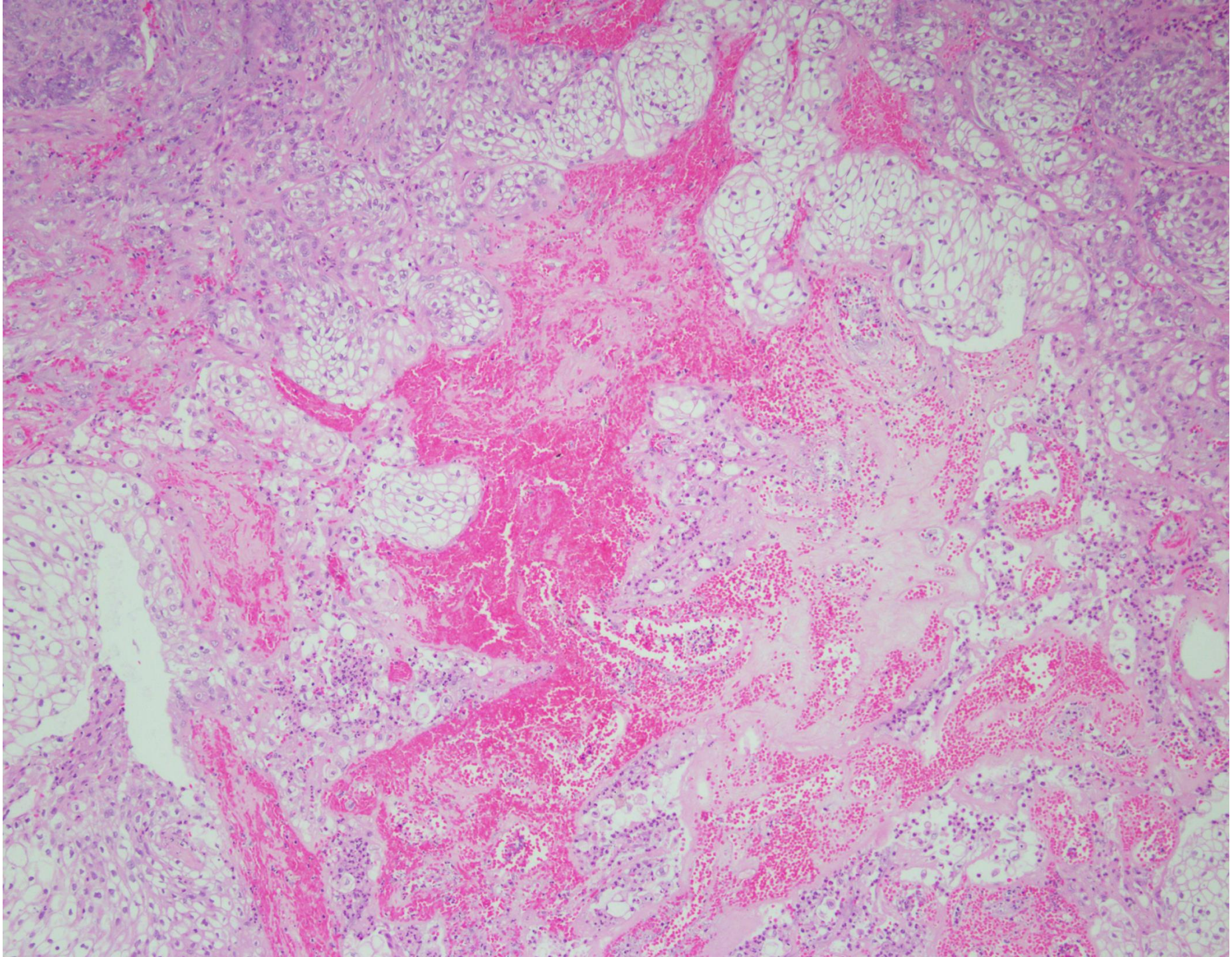


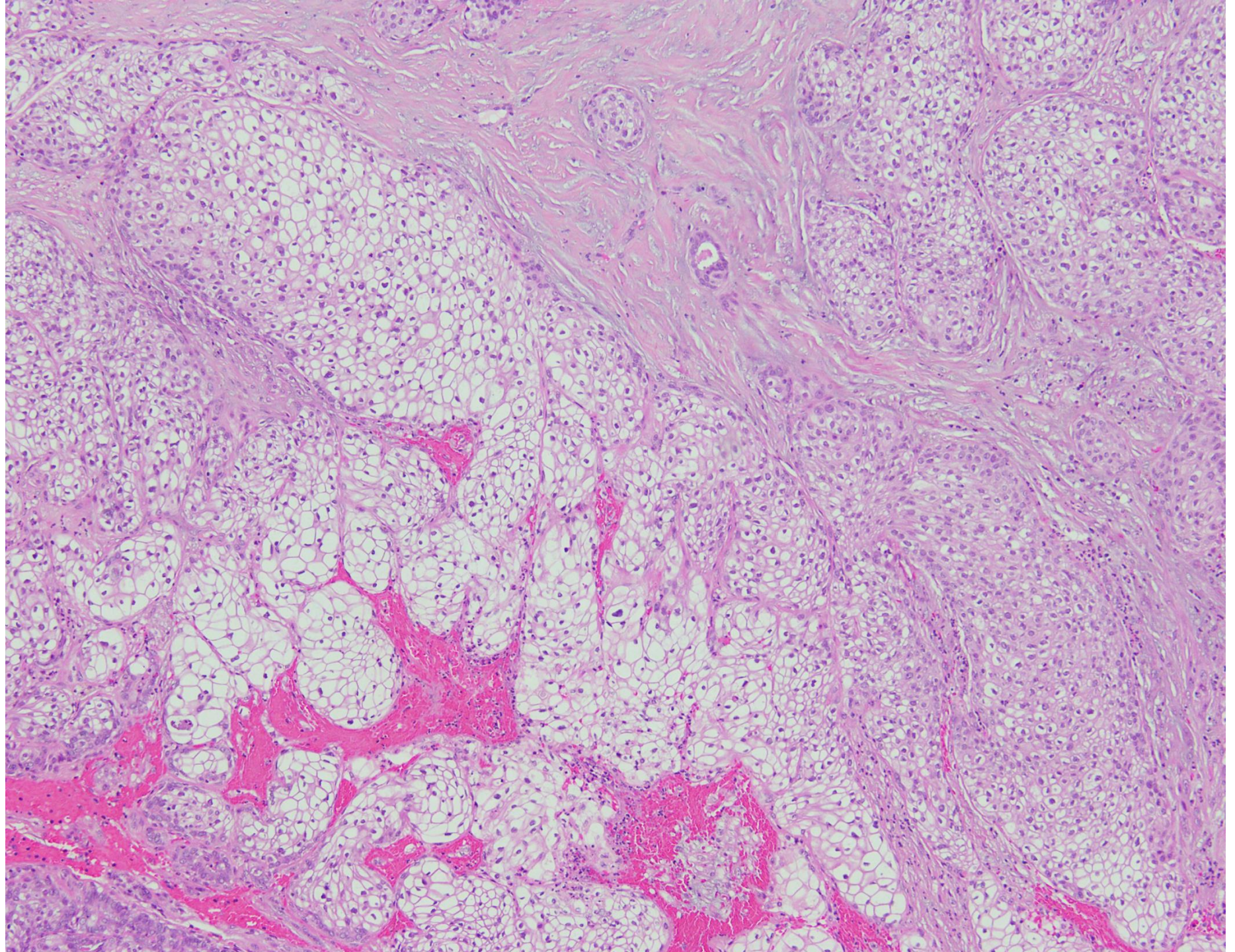


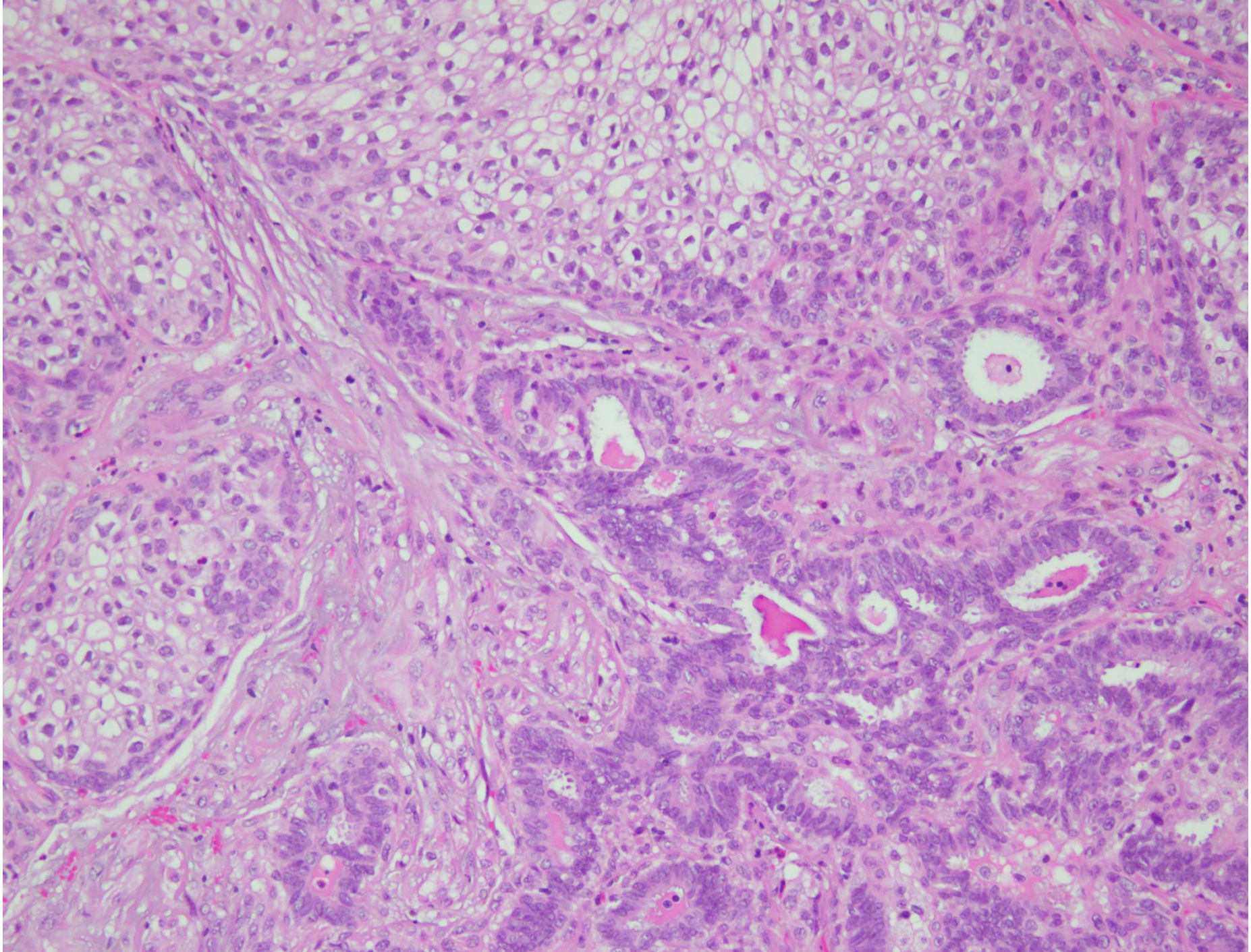


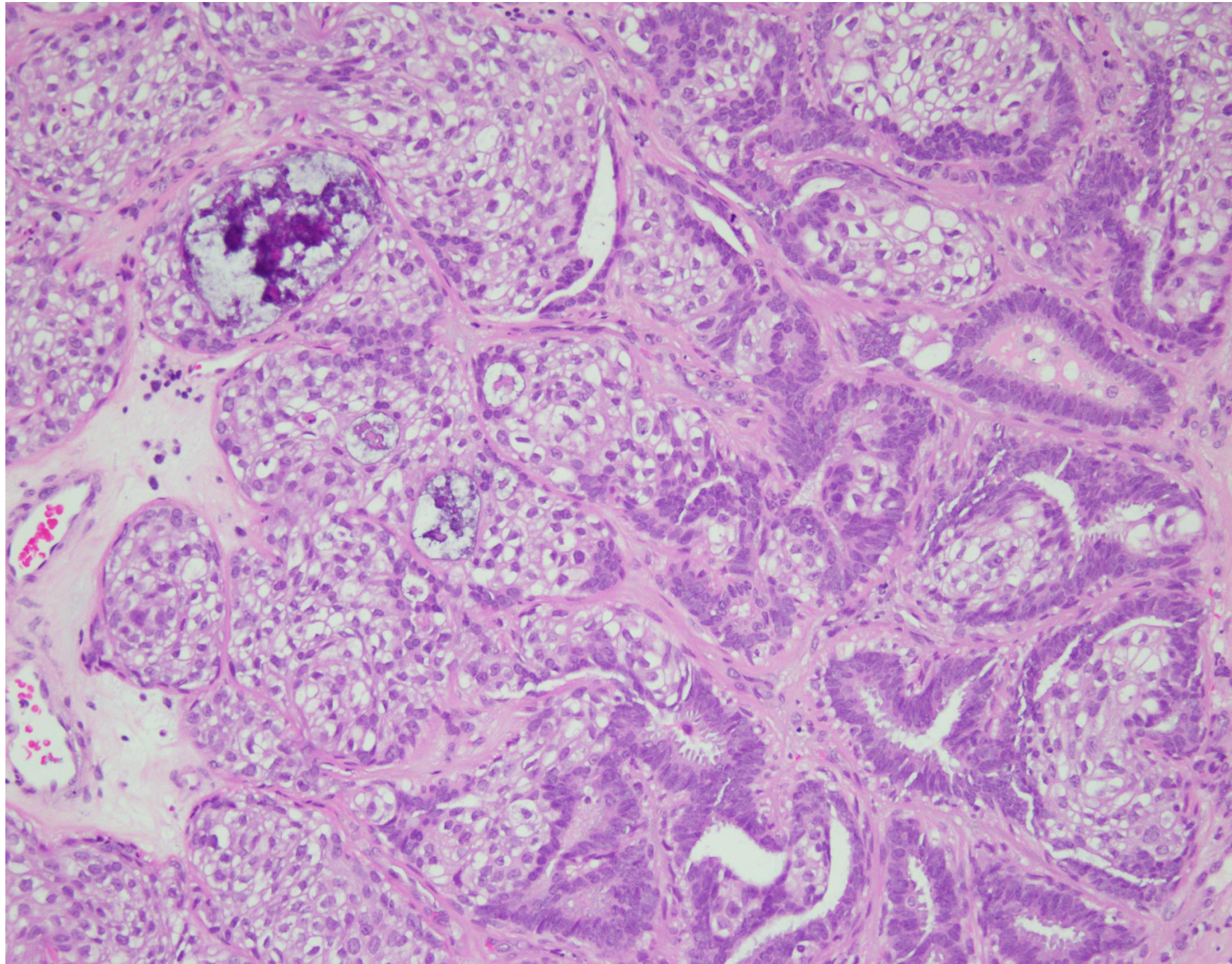


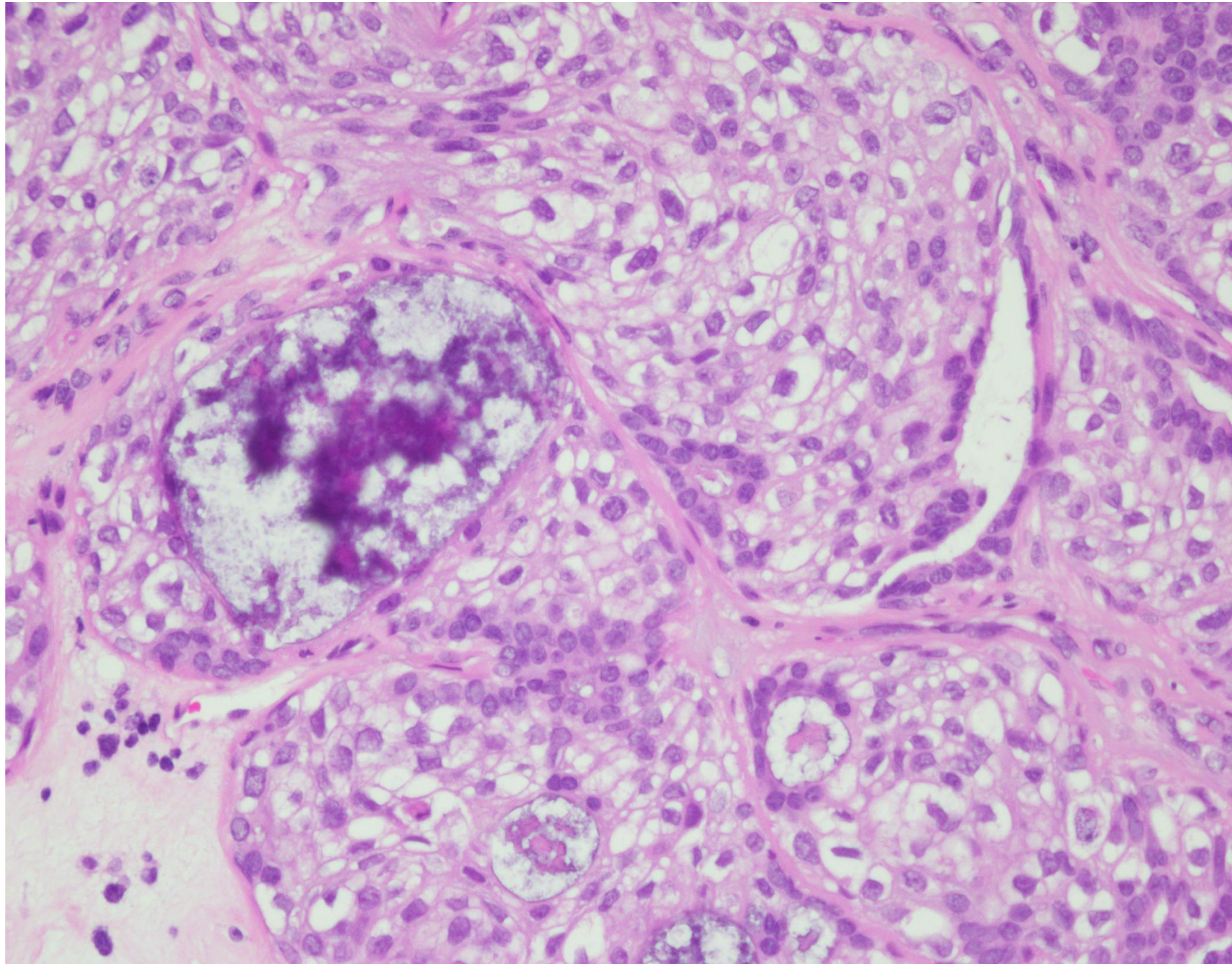




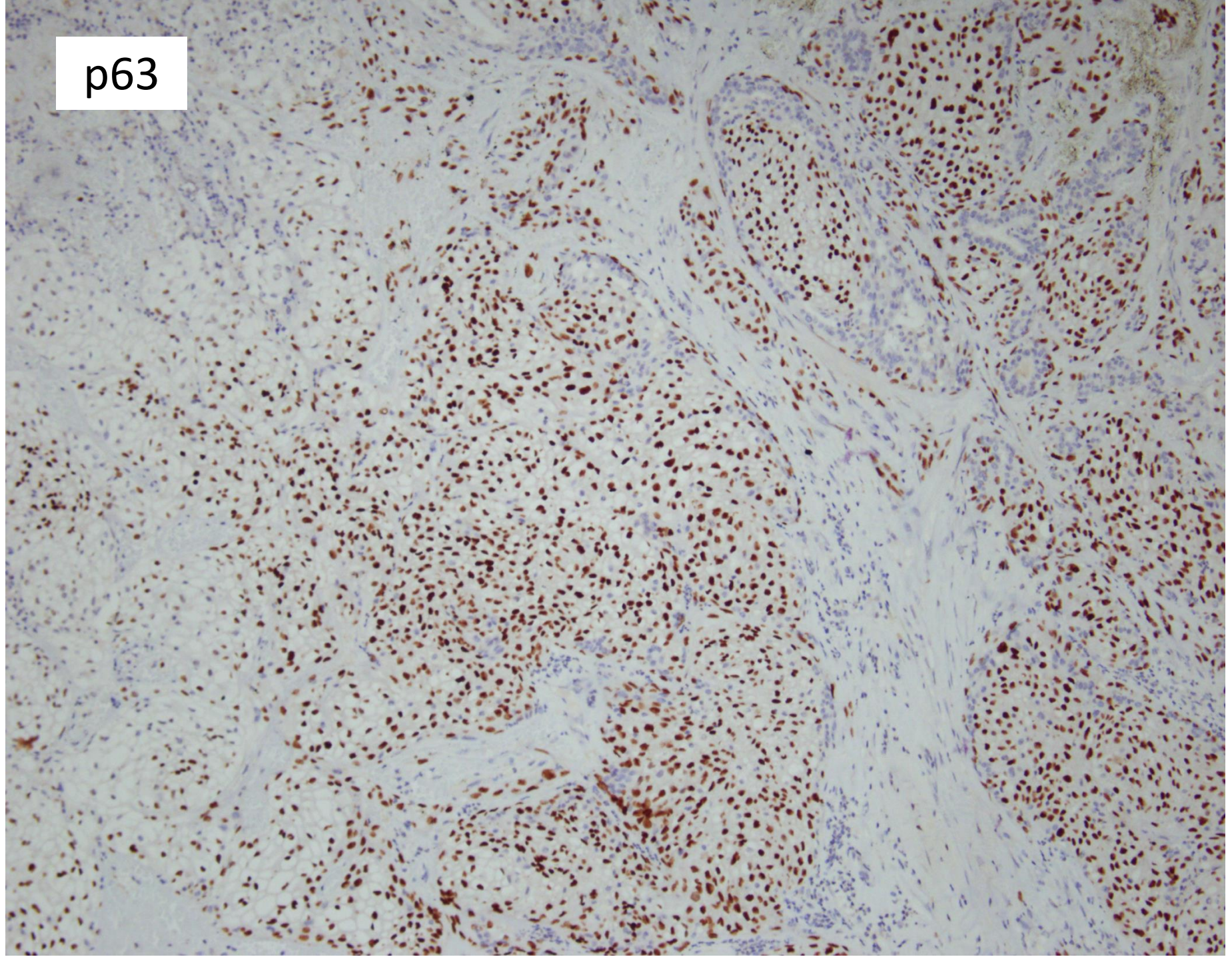




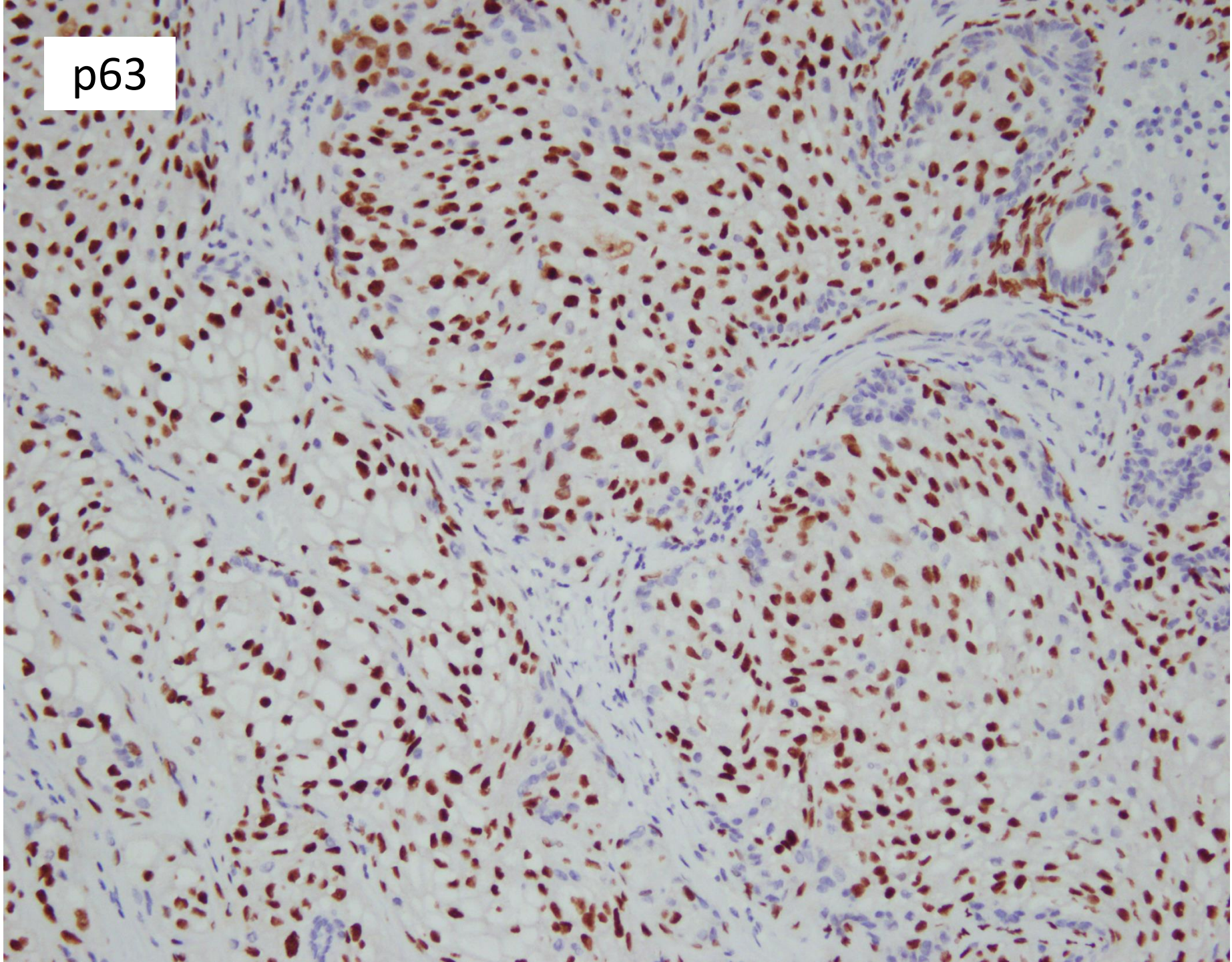




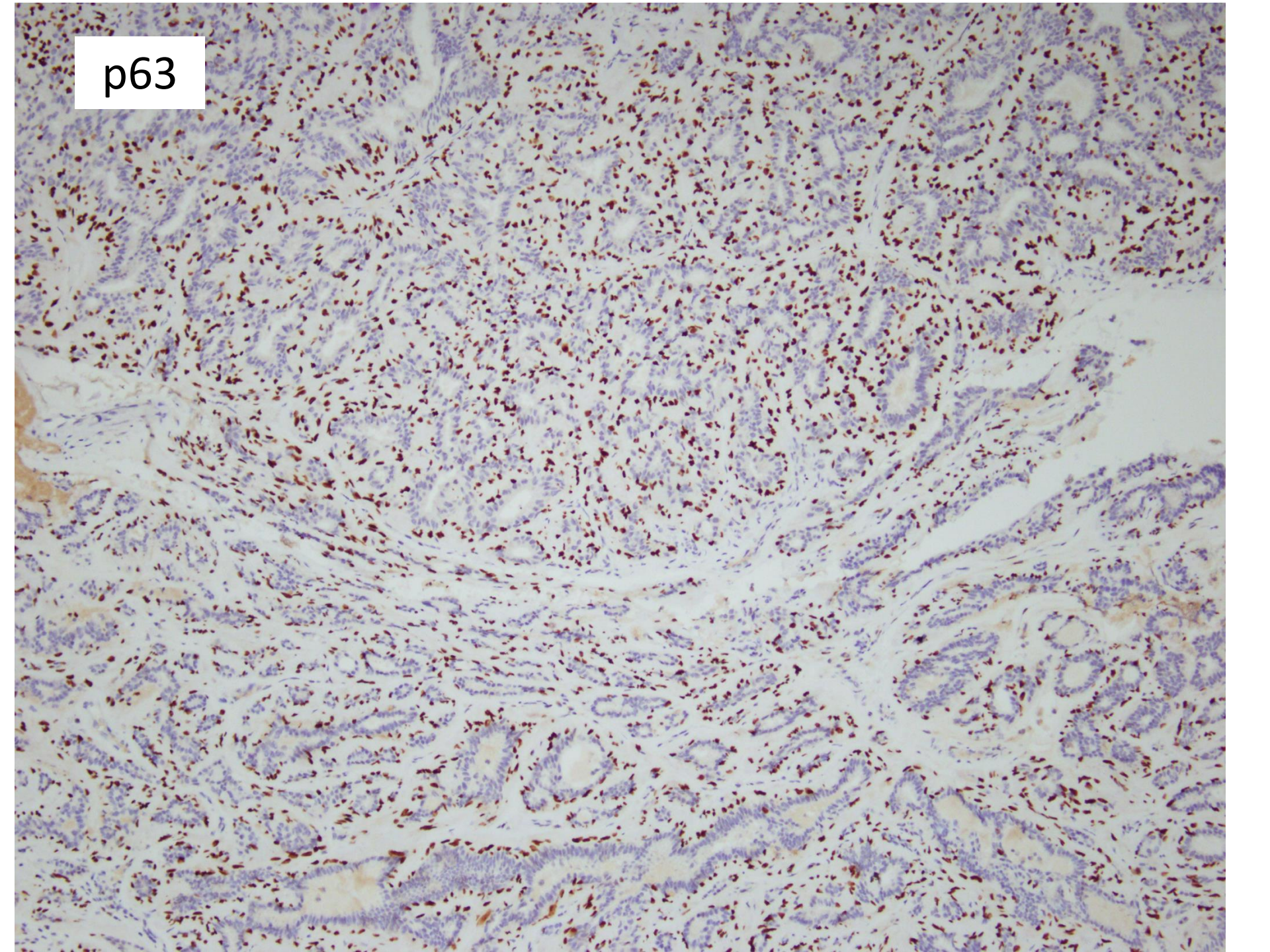
p63



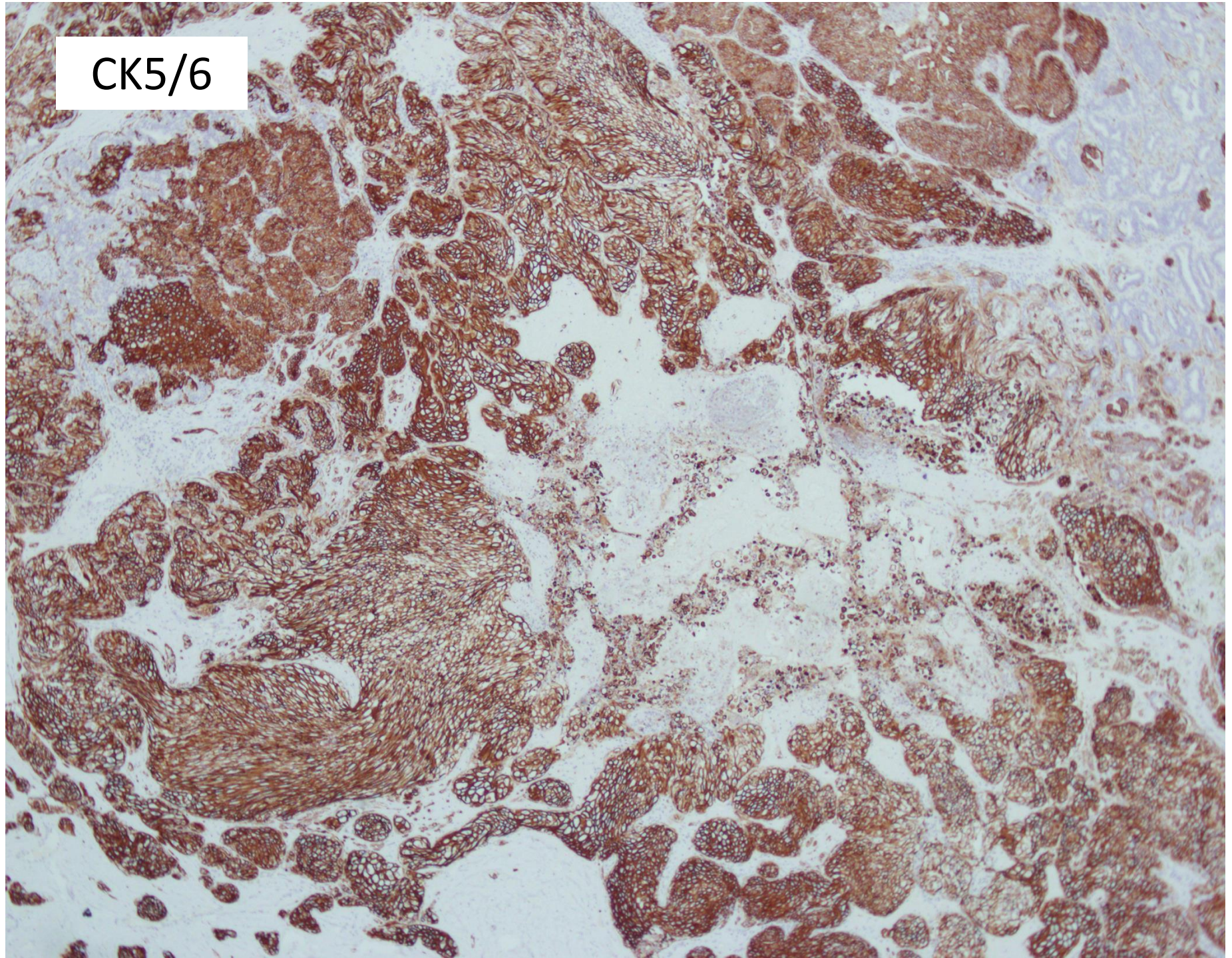
p63



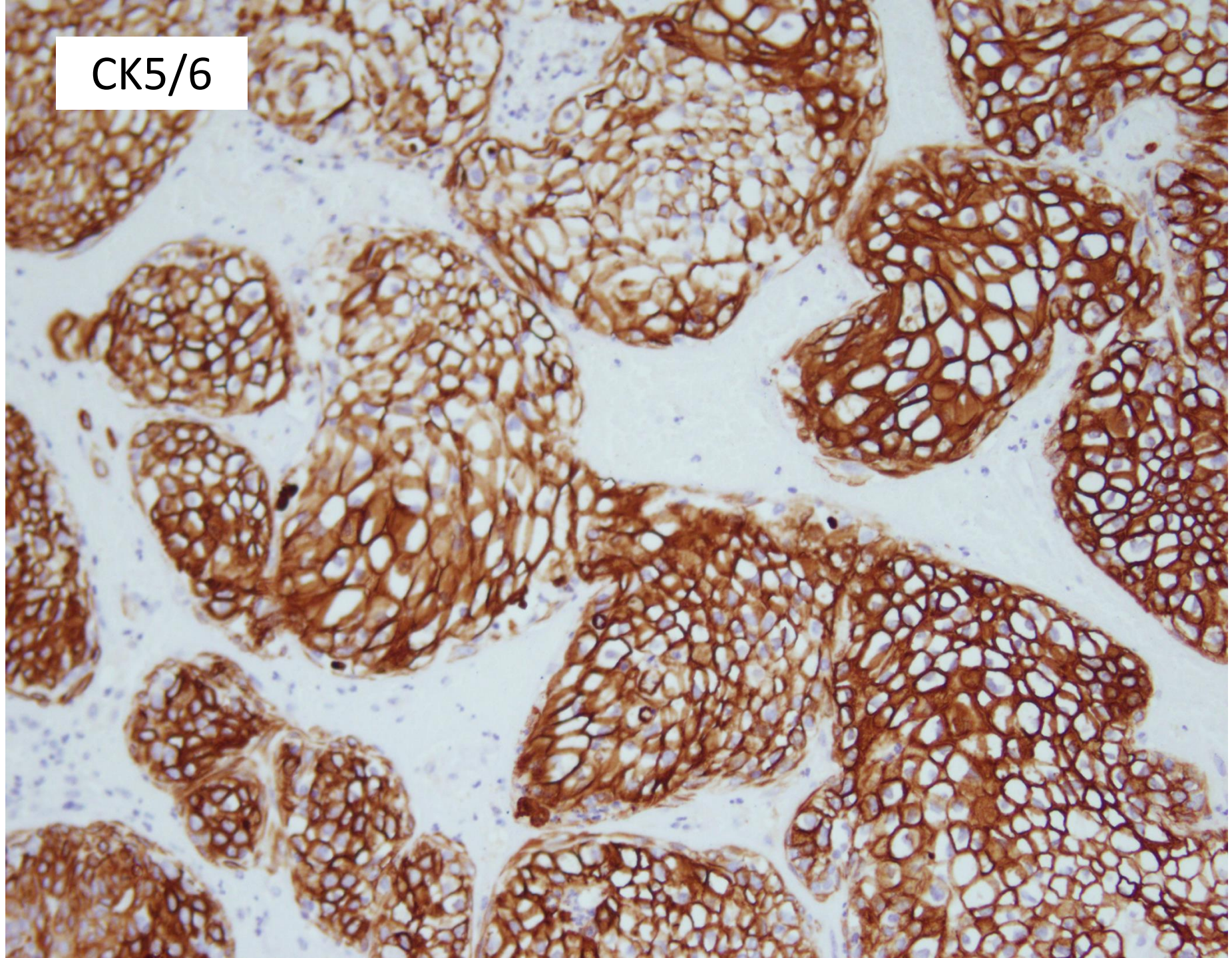
p63



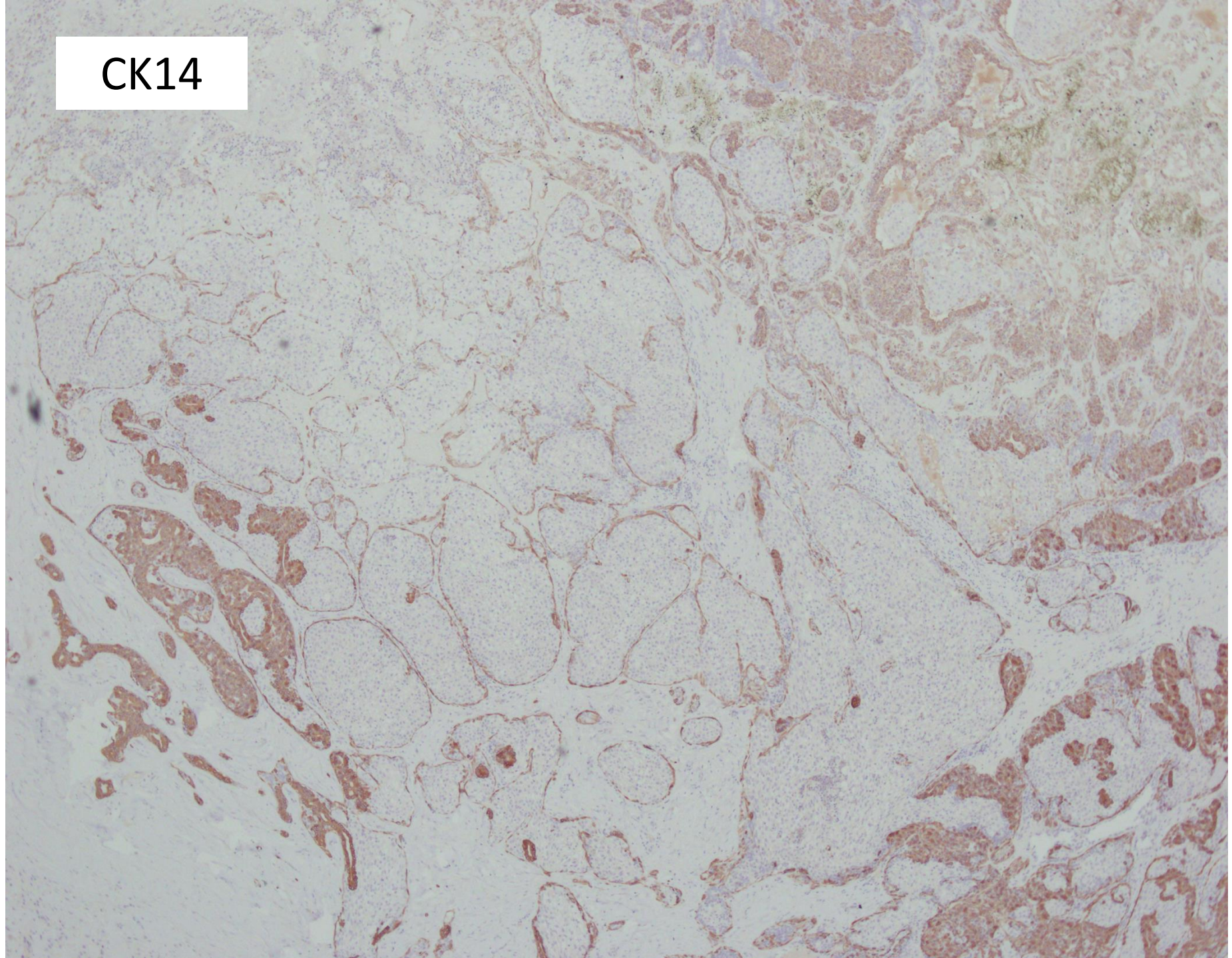
CK5/6



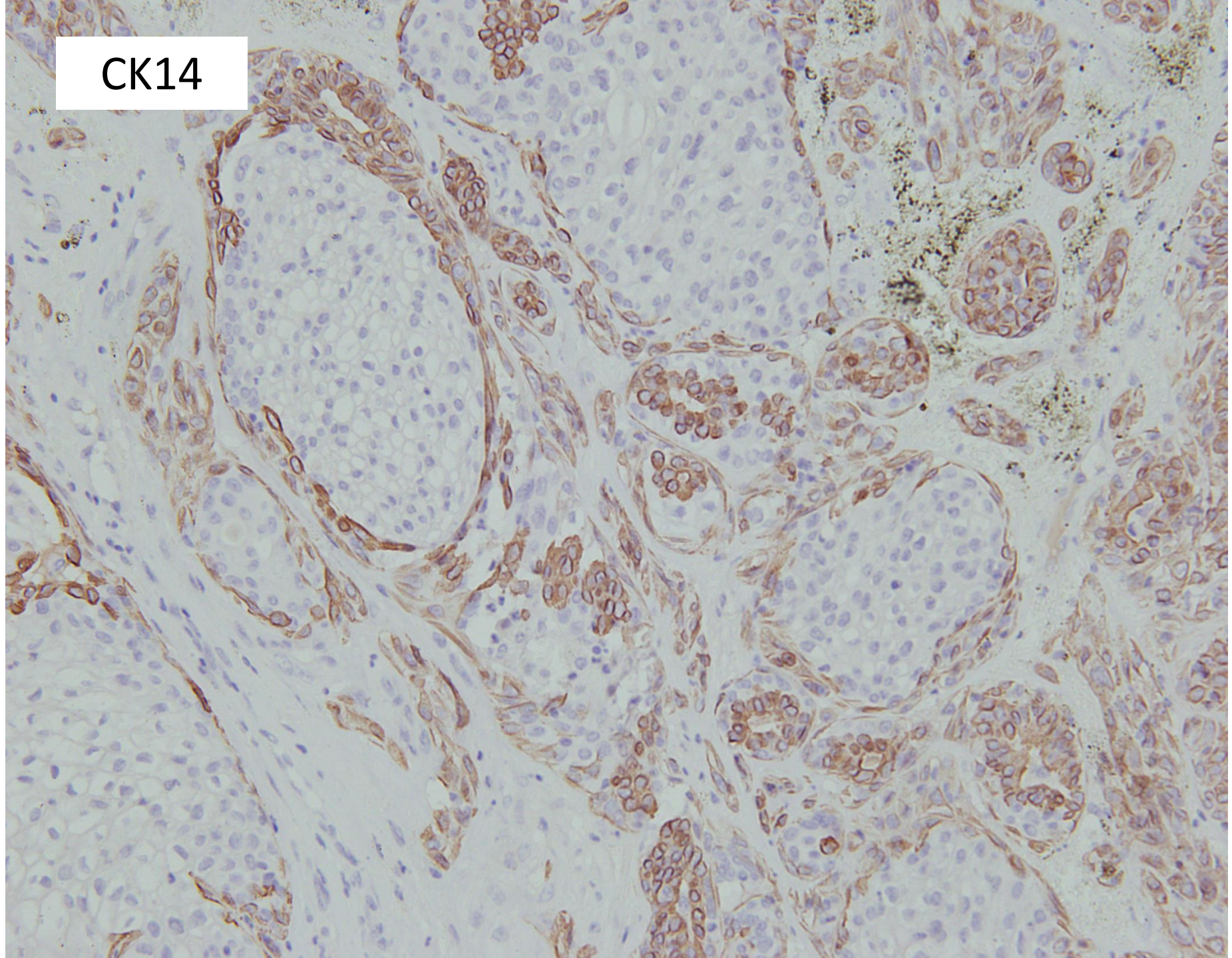
CK5/6



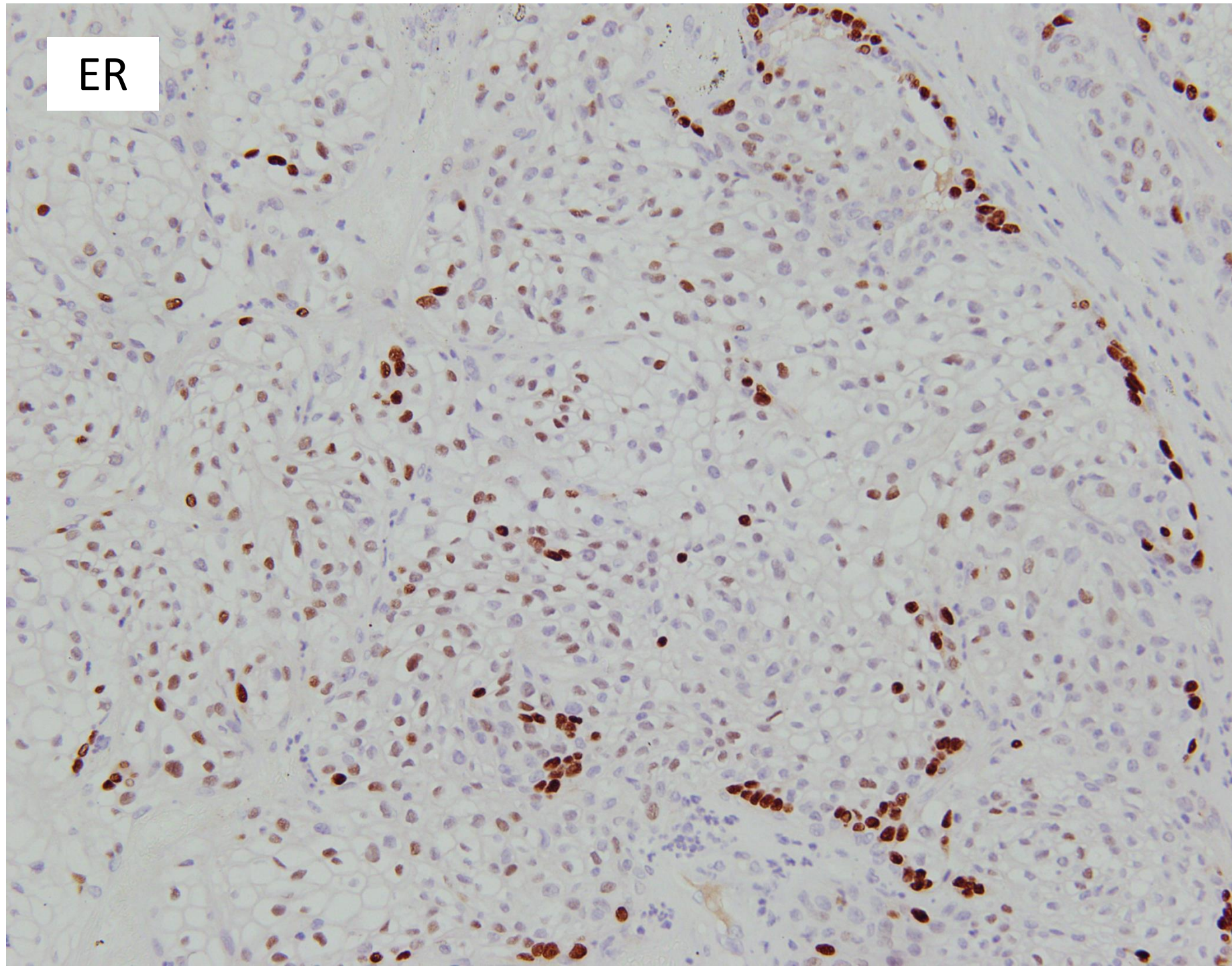
CK14



CK14



ER



Left breast lump, excision:

Complex intraductal papilloma with focal atypical ductal hyperplasia. Haemorrhagic infarction and clear cell squamous metaplasia.



Infarction in papillomas

- Infarction can occur spontaneously in superficial portions.
- Chronic inflammation and haemosiderin in and around papillomas suggest episodes of transient bleeding secondary to ischaemia or incidental trauma.
- Needling may cause haemorrhagic infarction.
- Complete infarction prevents distinction of papilloma from papillary carcinoma.



Infarction in papillomas

- Atypia with nuclear hyperchromasia and pleomorphism is often found in the vicinity of infarcts.
- May lead to false positive FNA or core biopsy results.
- Squamous metaplasia can be seen in association with infarction:
 - As a reactive/reparative process.
 - May be prominent.
 - Entrapment in stromal reaction may mimic metaplastic squamous carcinoma.



 Breast
Pathology
Course 2014

