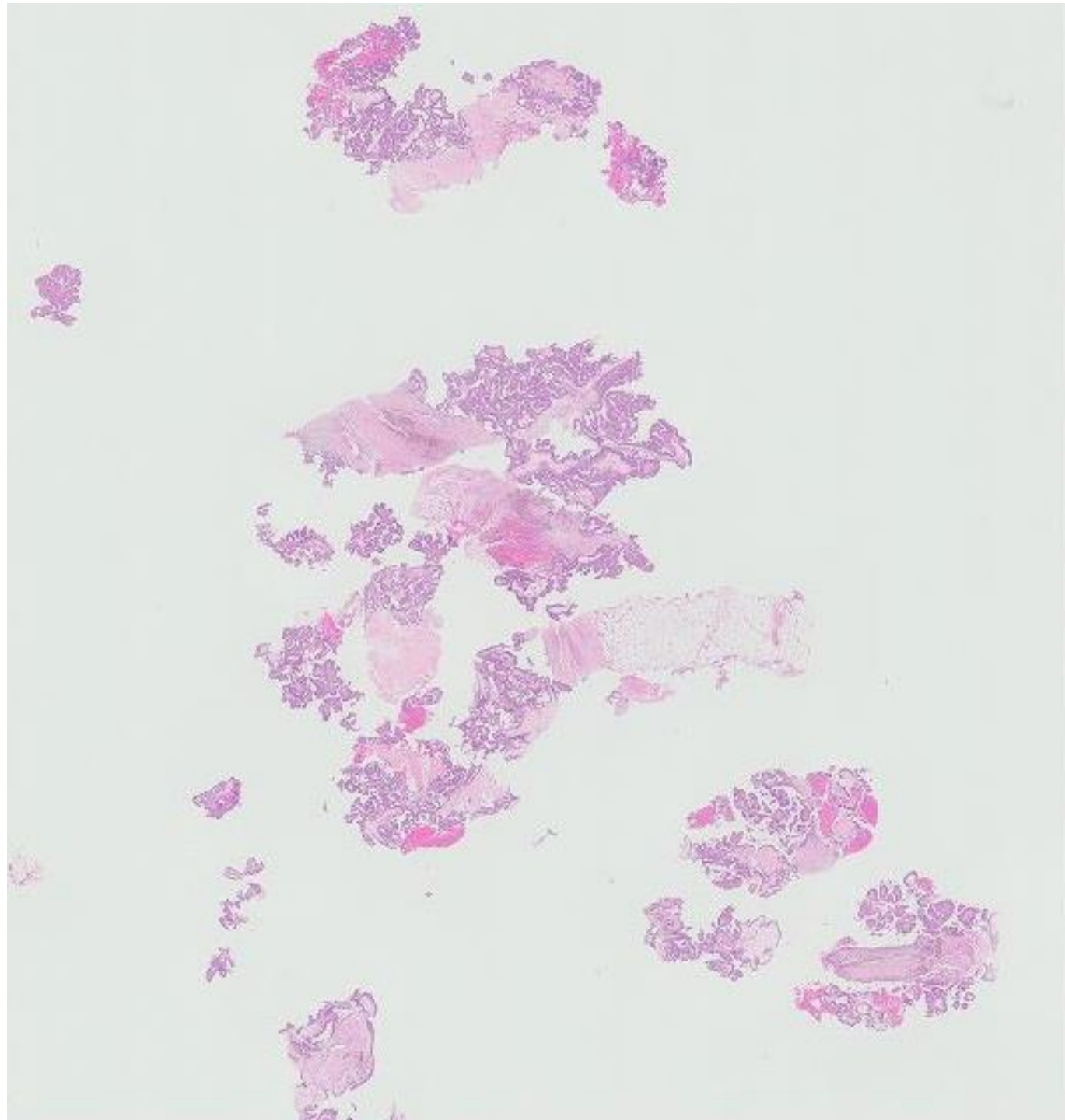


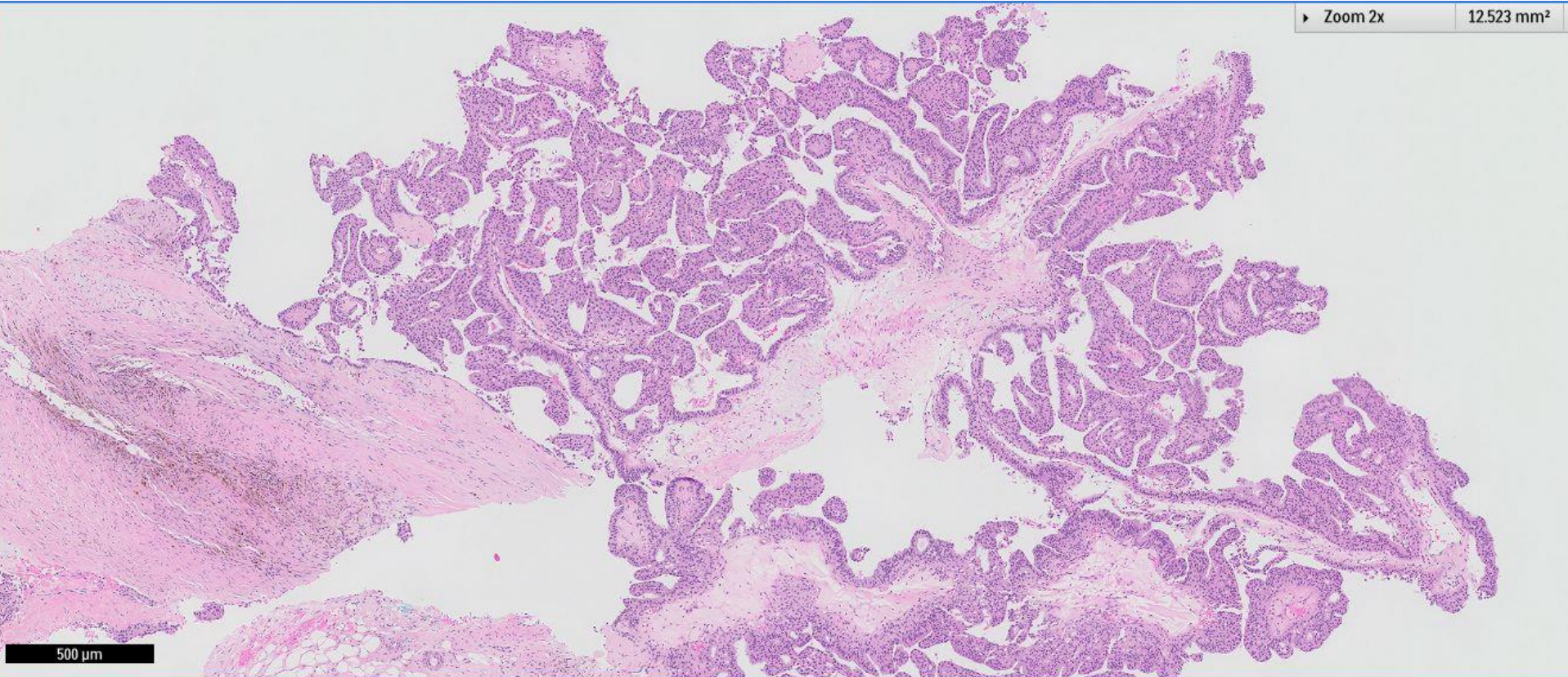
# *Case 38*

58 year old woman underwent core biopsy of a right breast lump.





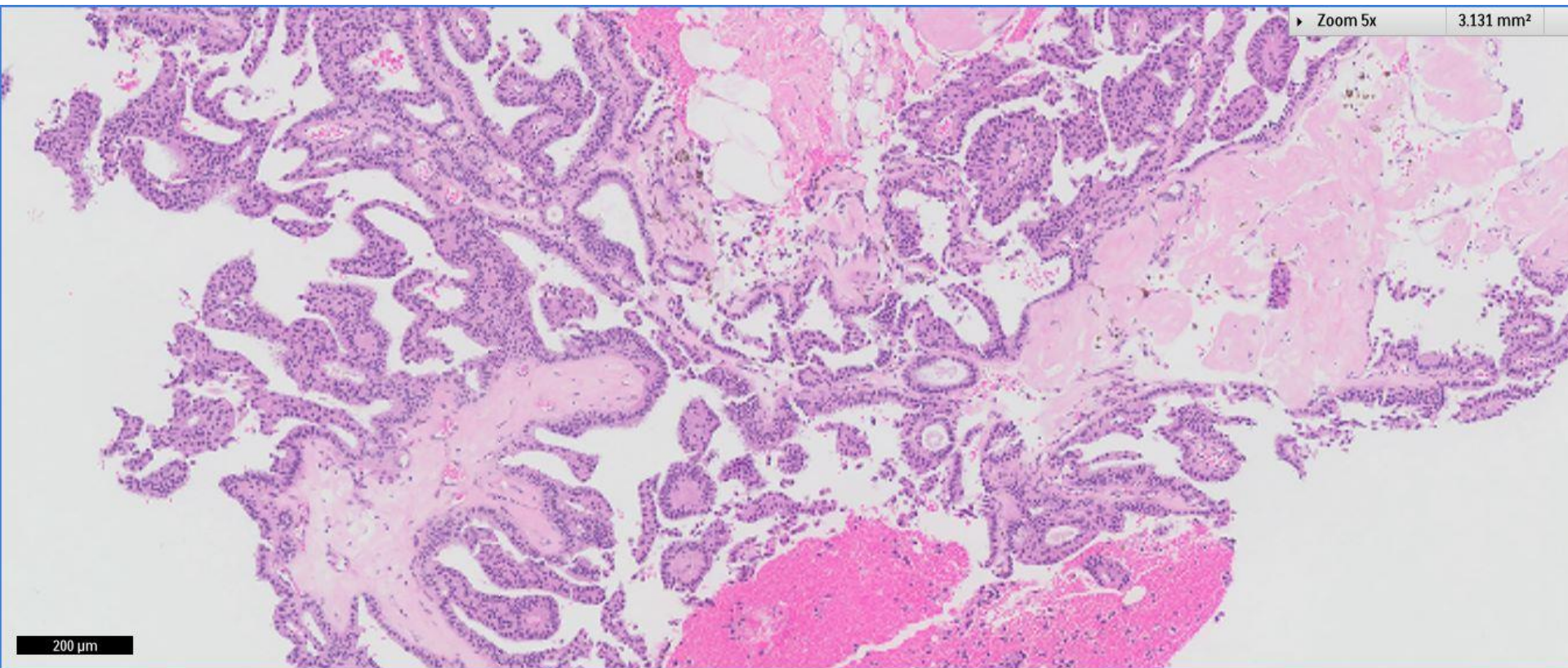
▶ Zoom 2x 12.523 mm<sup>2</sup>



500 μm

Zoom 5x

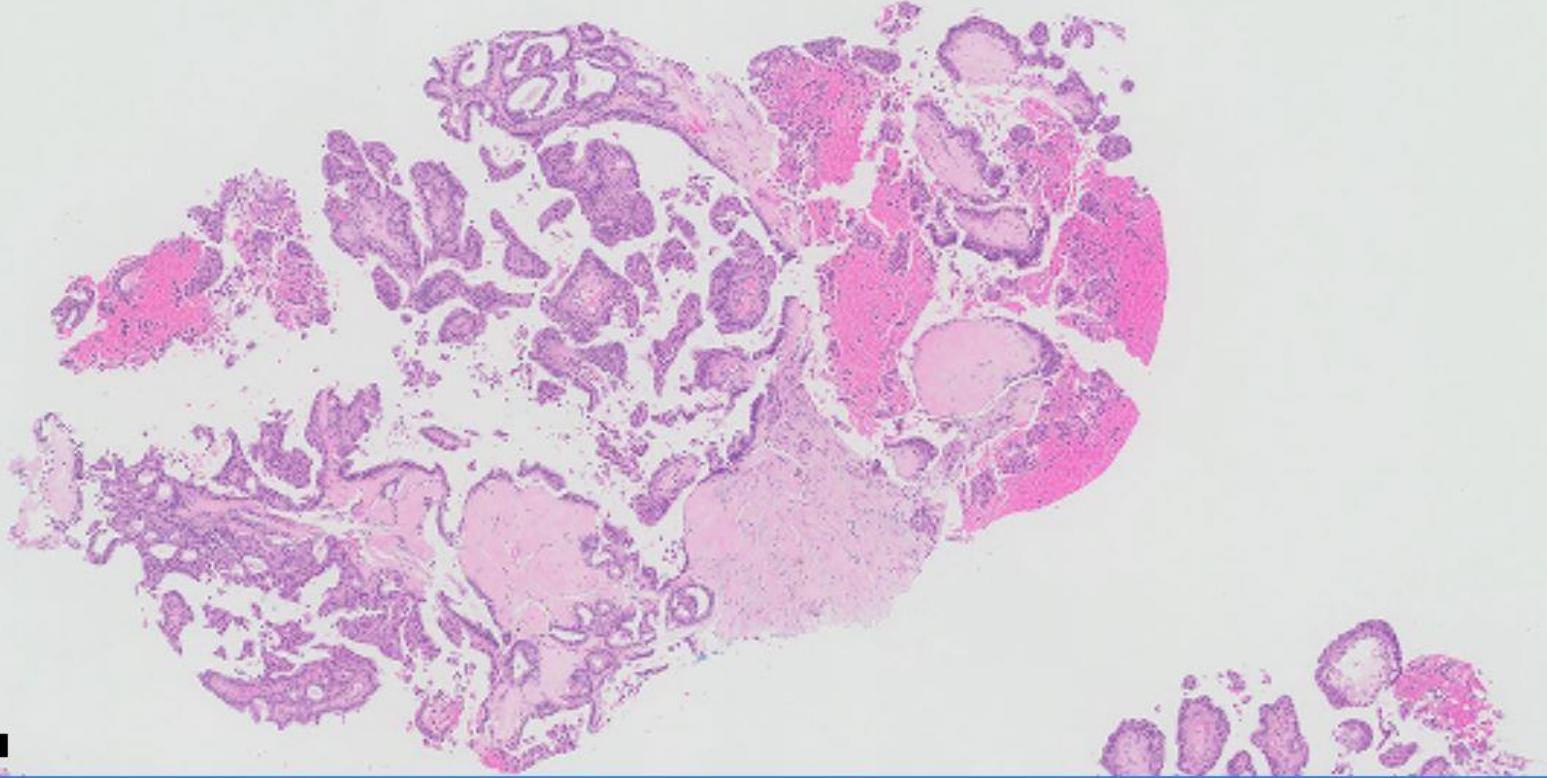
3.131 mm<sup>2</sup>



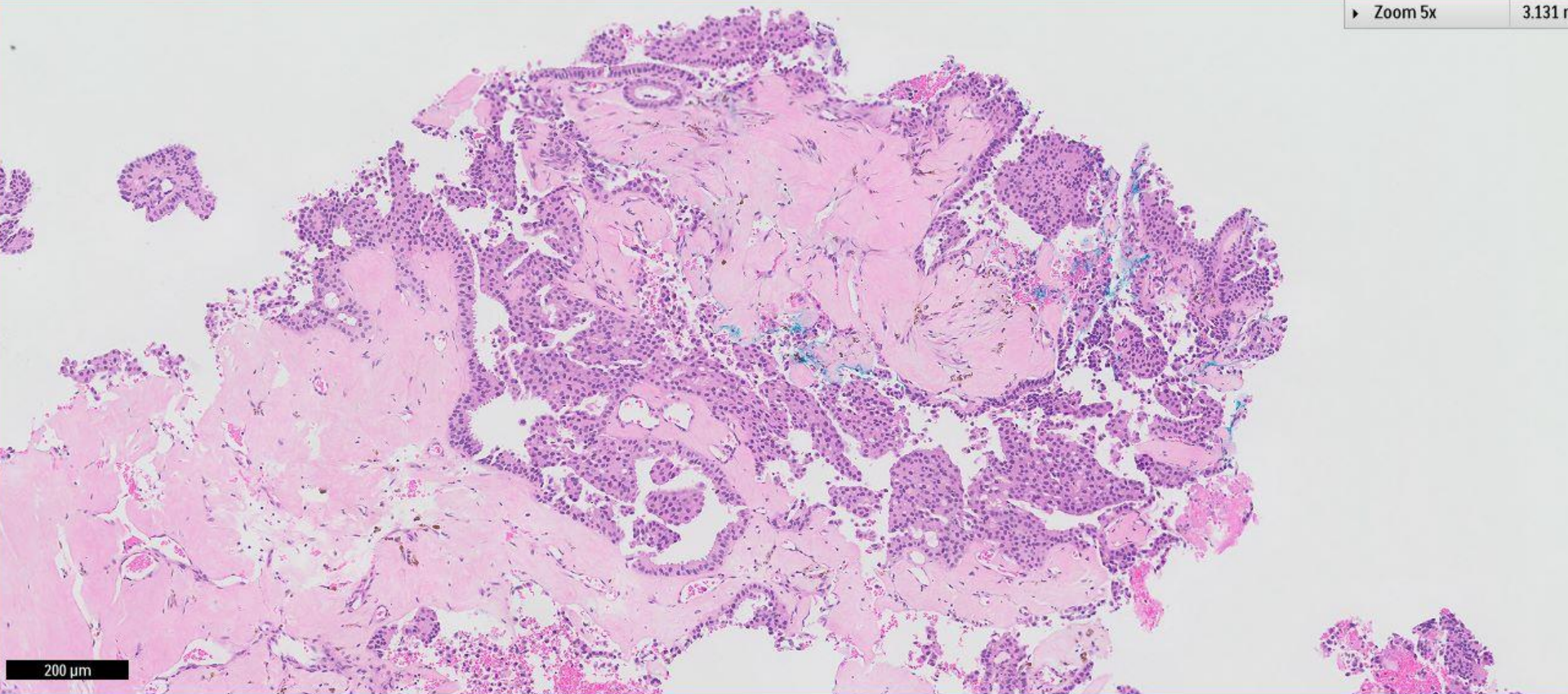
200 μm

▶ Zoom 2x

12.523 mm<sup>2</sup>



500  $\mu$ m

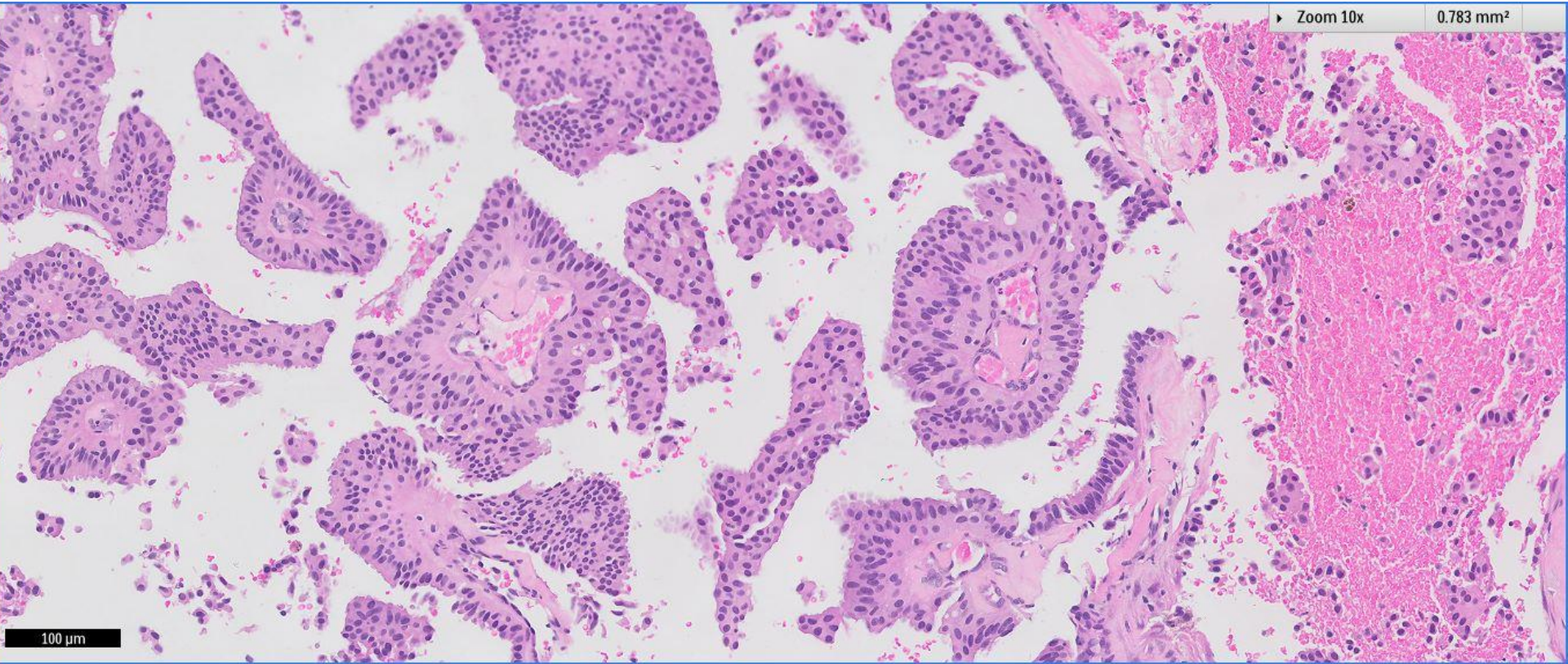


200  $\mu$ m



Zoom 10x

0.783 mm<sup>2</sup>

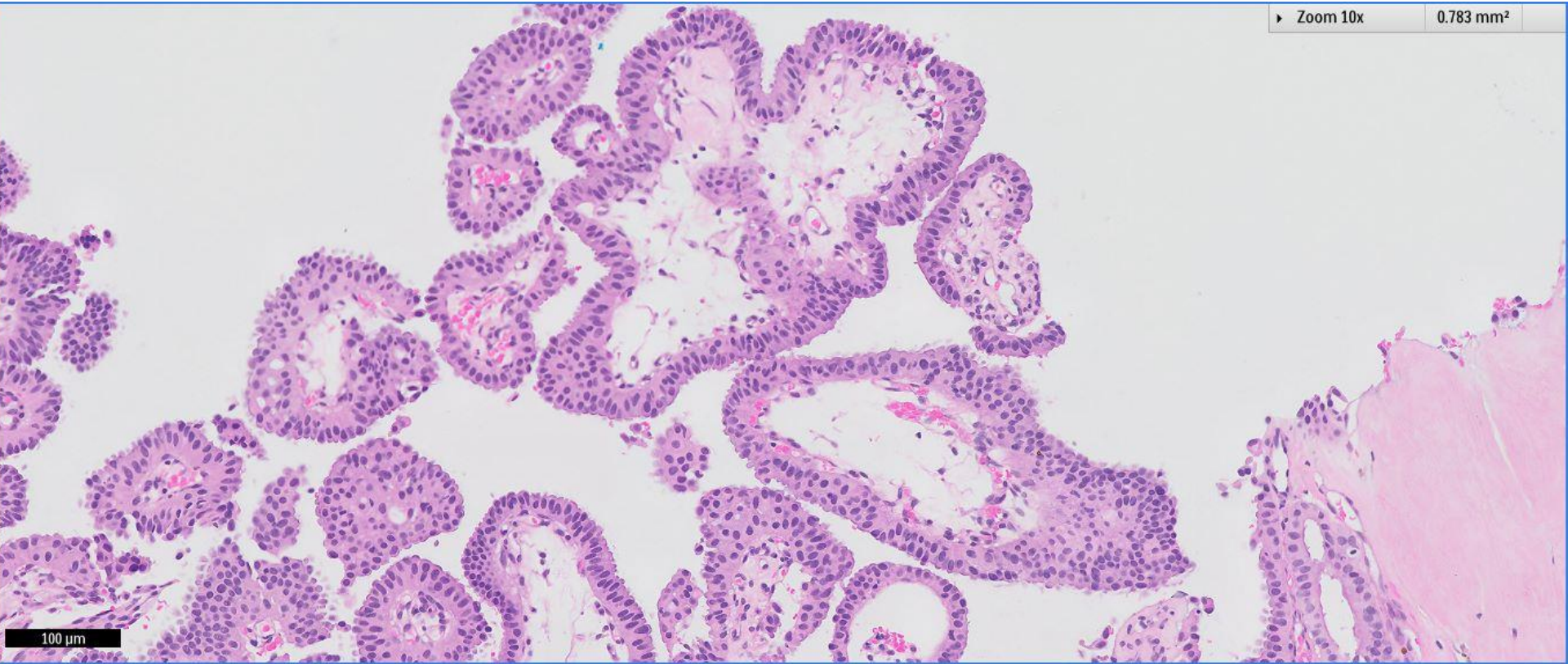


100 μm



▶ Zoom 10x

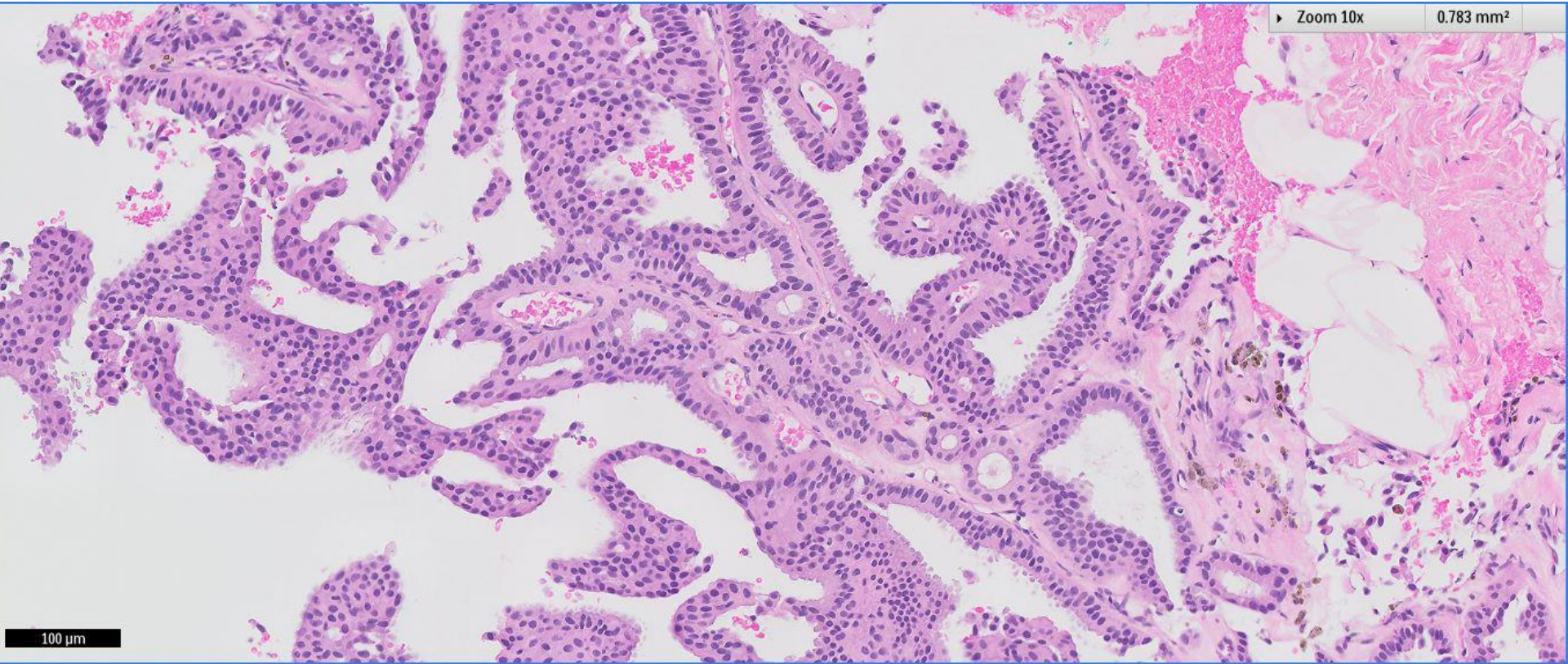
0.783 mm<sup>2</sup>



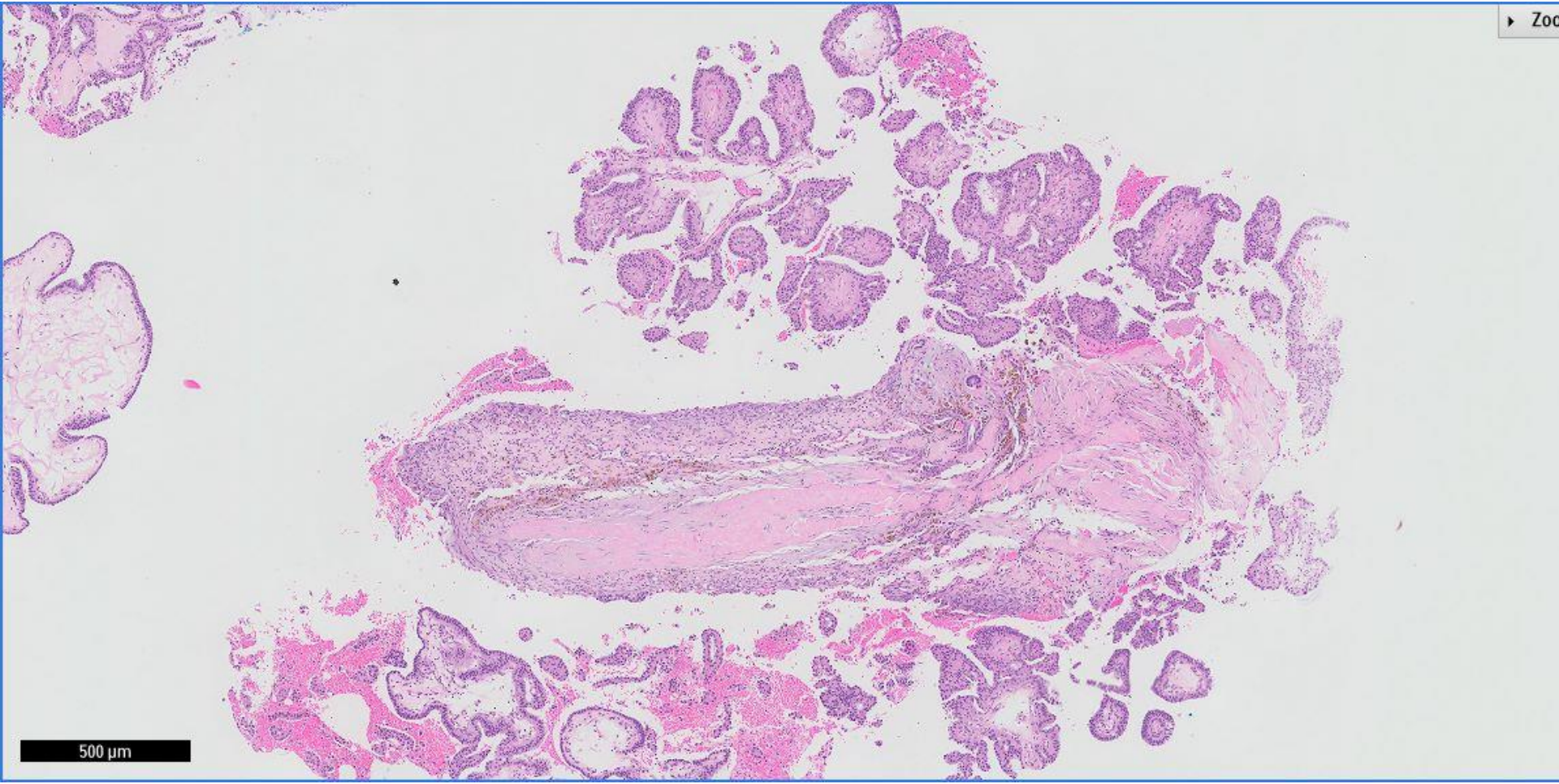
100  $\mu$ m

Zoom 10x

0.783 mm<sup>2</sup>



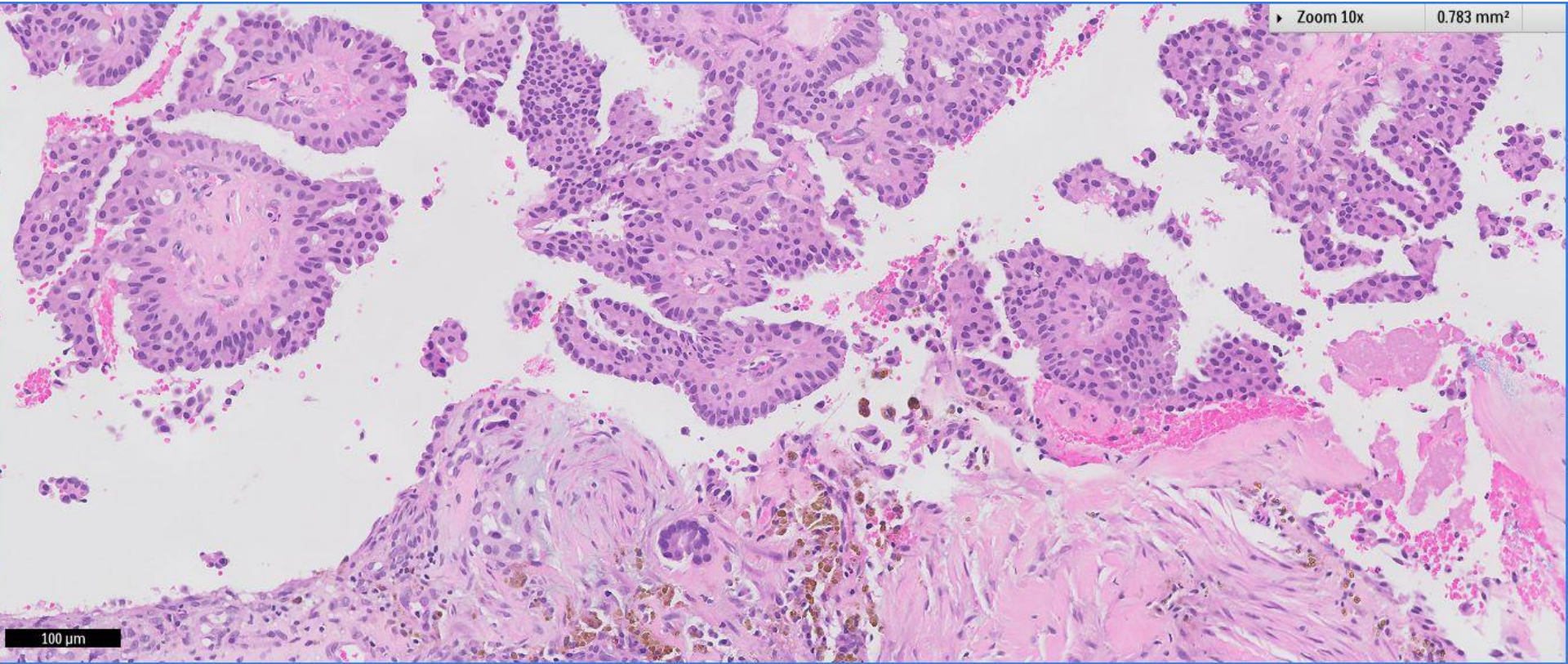
100  $\mu$ m



500  $\mu$ m

Zoom 10x

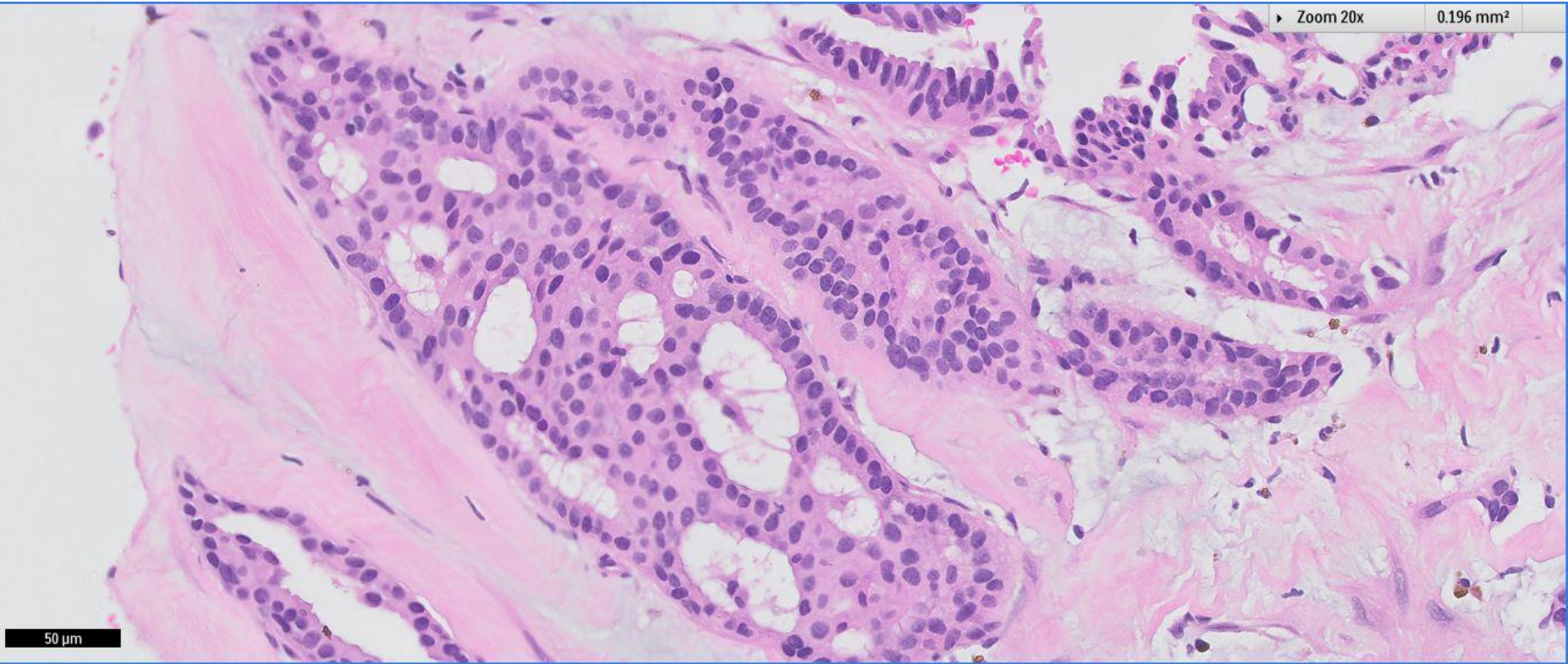
0.783 mm<sup>2</sup>



100 μm

Zoom 20x

0.196 mm<sup>2</sup>



50 μm

Right breast core biopsy:

*Papillary neoplasm with atypia,  
suspicious of encapsulated papillary  
carcinoma/papillary ductal  
carcinoma in situ*



# Papillary lesions on core biopsy

- Atypical features or carcinoma in a papillary neoplasm on core biopsy necessitates surgical excision.
- Whether a papillary lesion with benign appearances observed on core biopsy also requires excision is less clear.
- An approach adopted in many institutions and screening programmes is for partially sampled benign papillary lesions to be completely excised, owing to the risk of undersampling a worse lesion, which may be accomplished through a mammotome procedure.
- Some studies suggest that papillary lesions with benign findings on core biopsy may be followed up.
- Micropapillomas that are incidentally discovered on core biopsies do not require further management.

 Breast  
Pathology  
Course 2014

