Case 44

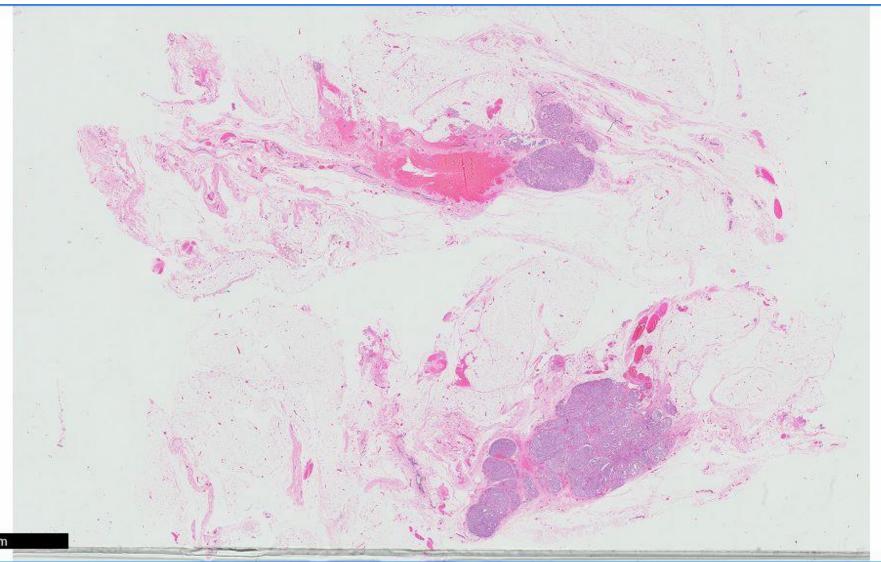
61 year old woman underwent left simple mastectomy with sentinel lymph node biopsy for a trucut biopsy diagnosed invasive ductal carcinoma.

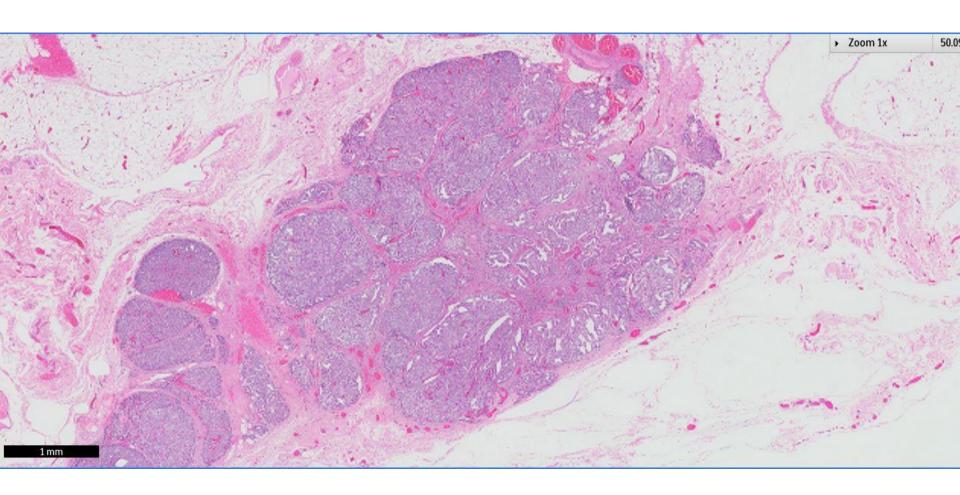
There was a past history of right breast extensive ductal carcinoma in situ with a 3.5mm grade 3 invasive ductal carcinoma (ER/PR negative, HER2 positive) in 2007.

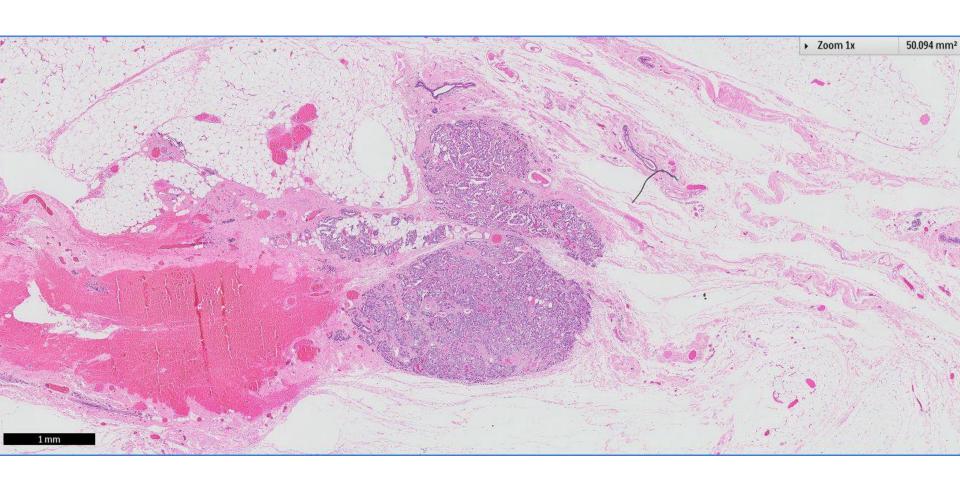
Local recurrence of the right breast carcinoma occurred in 2010, with right mastectomy performed.

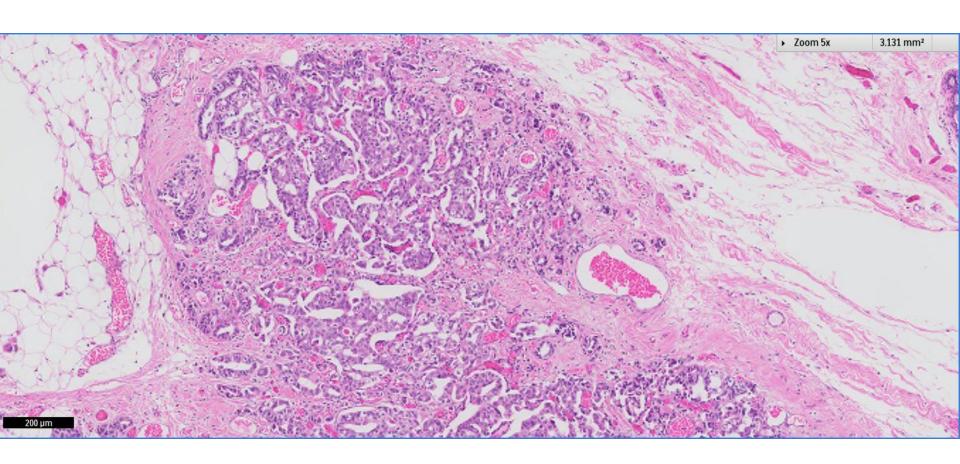


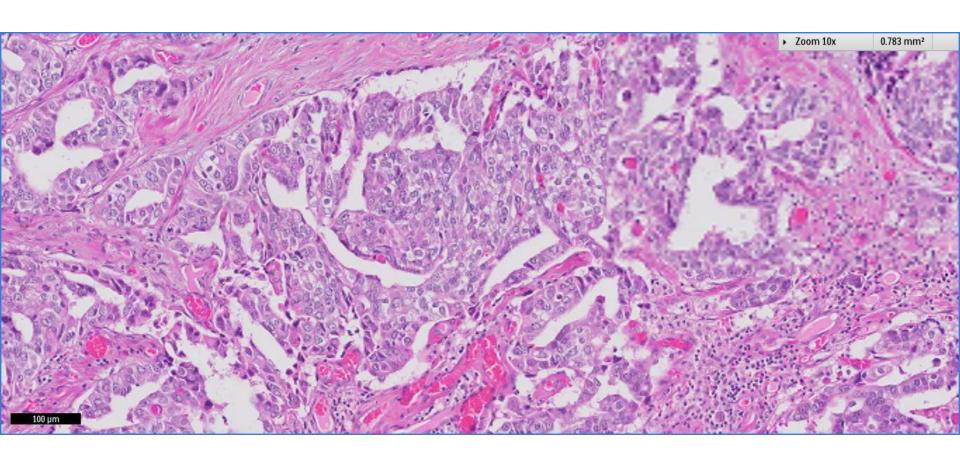


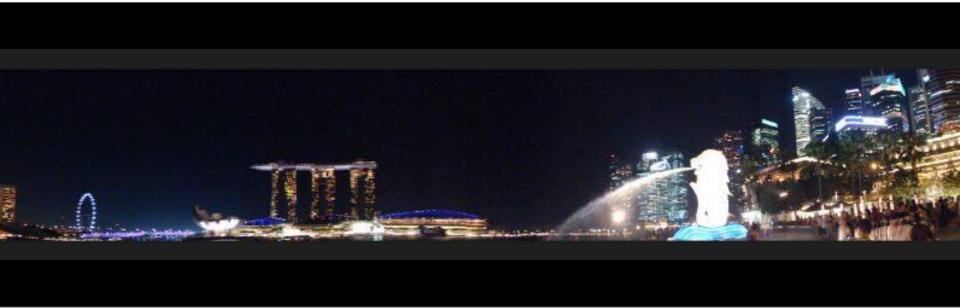


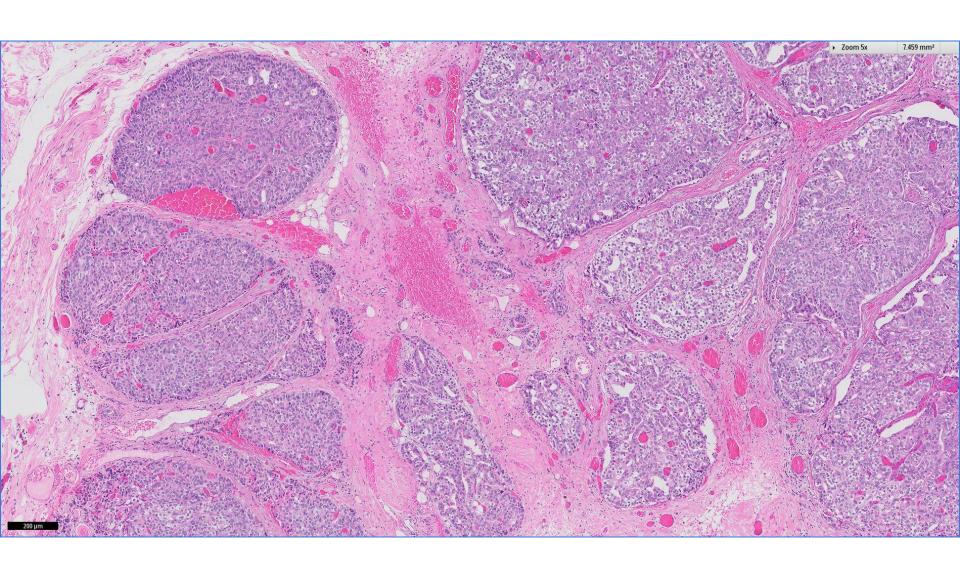


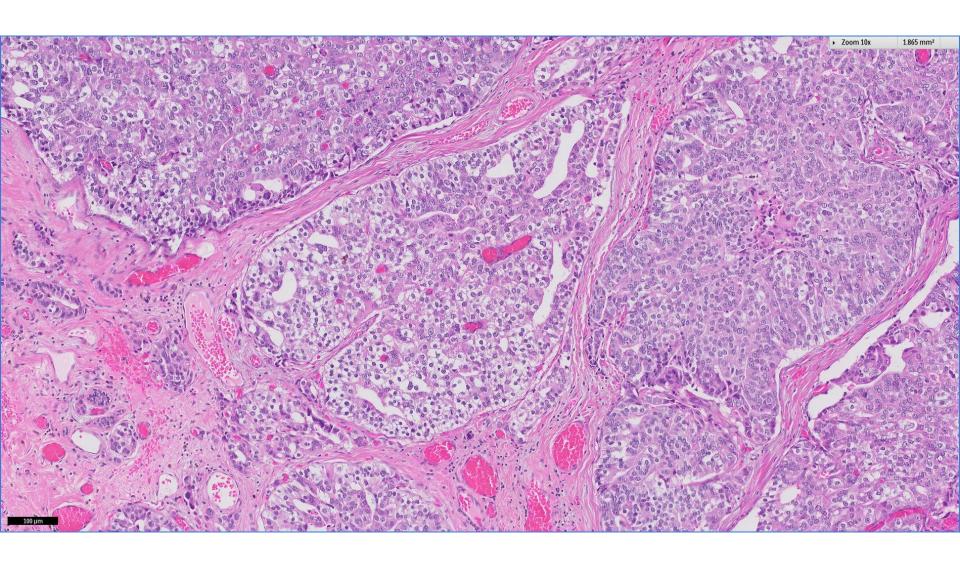


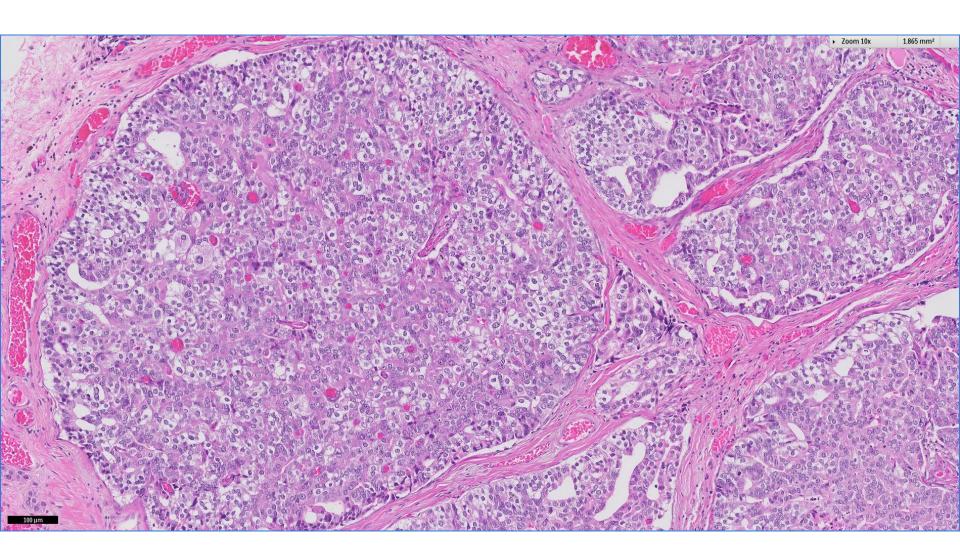


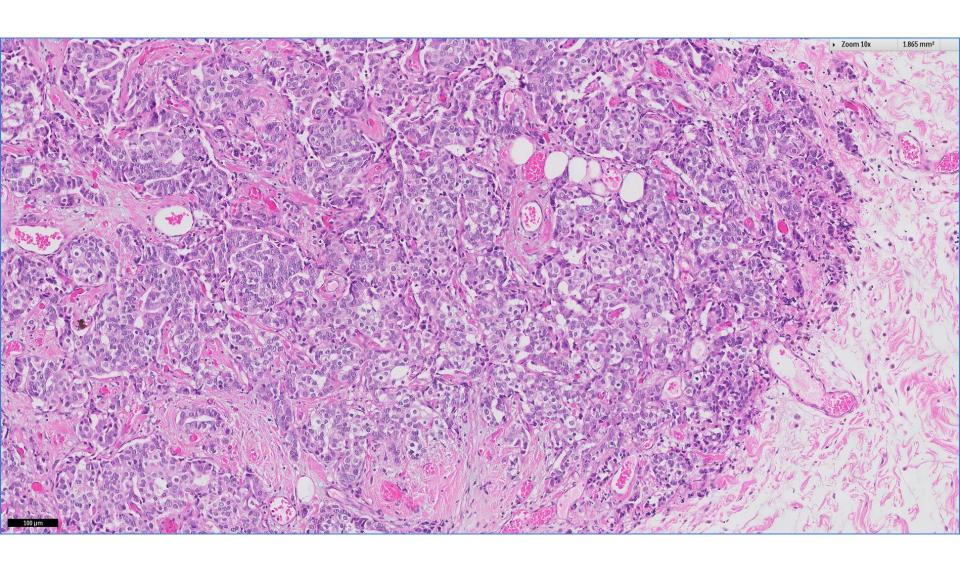


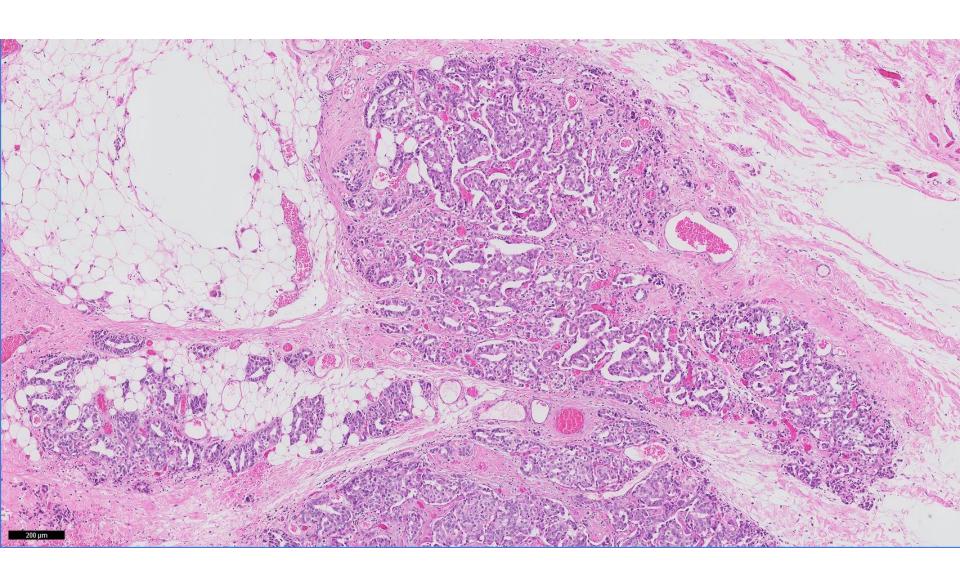


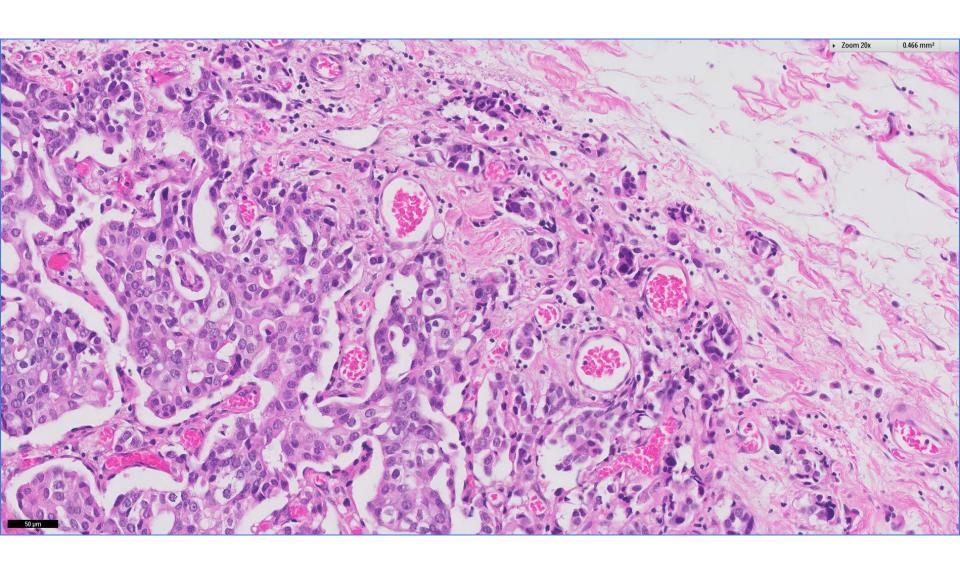


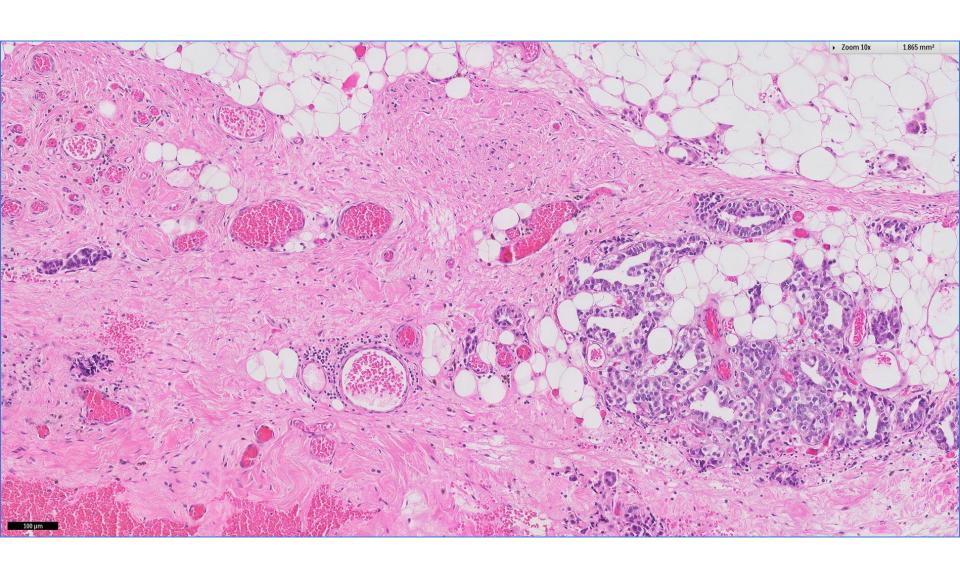


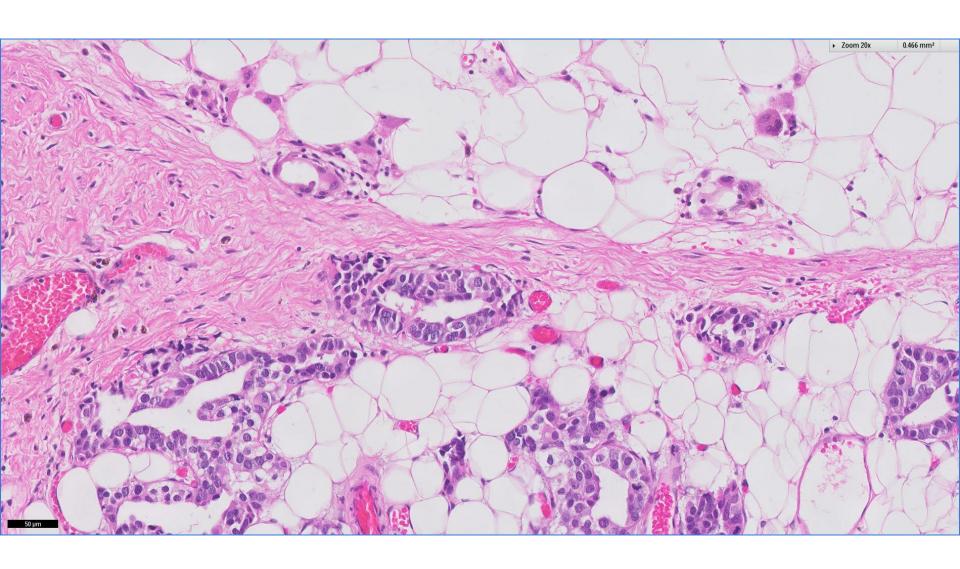


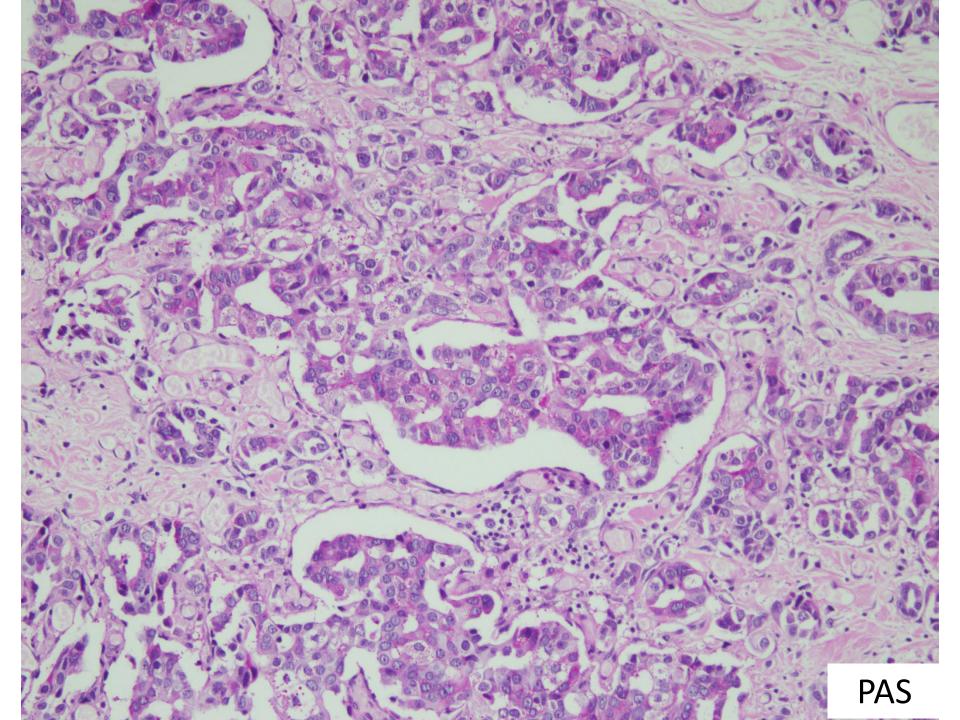


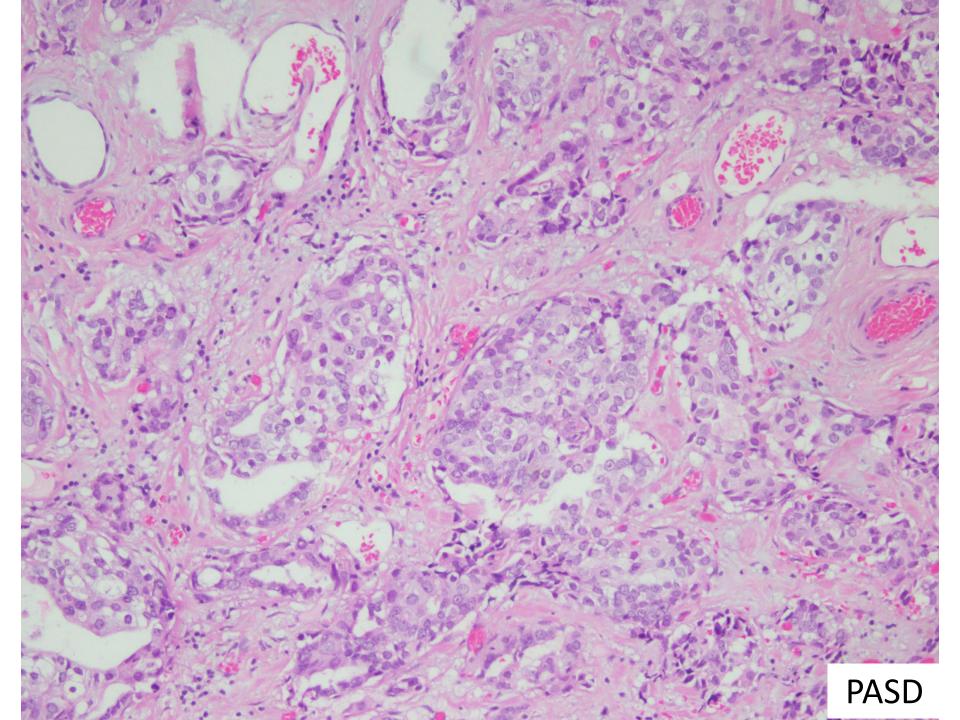


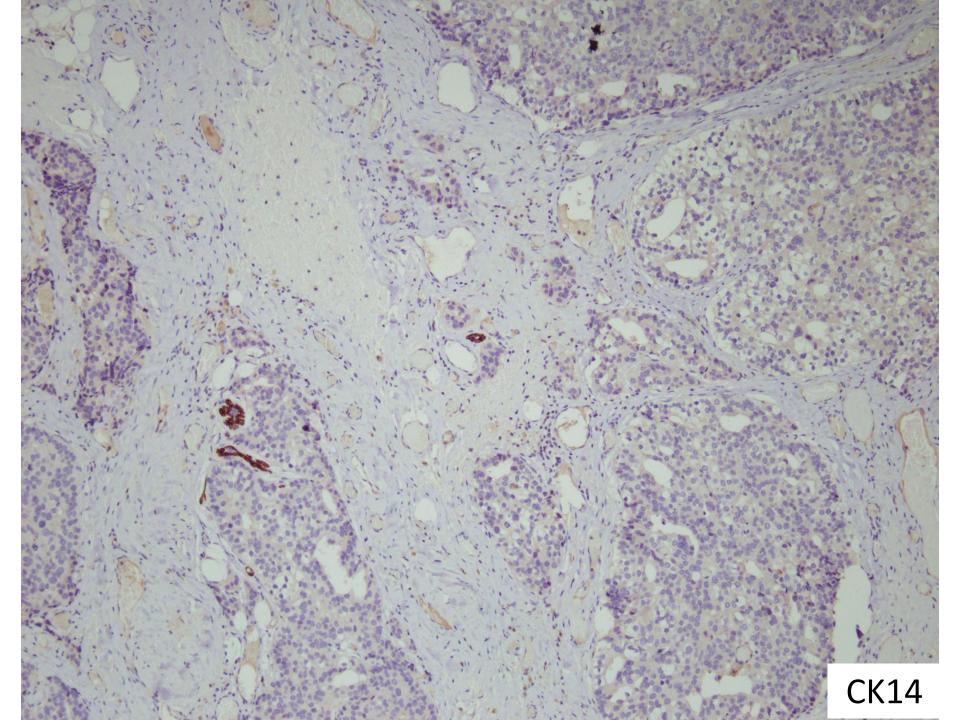


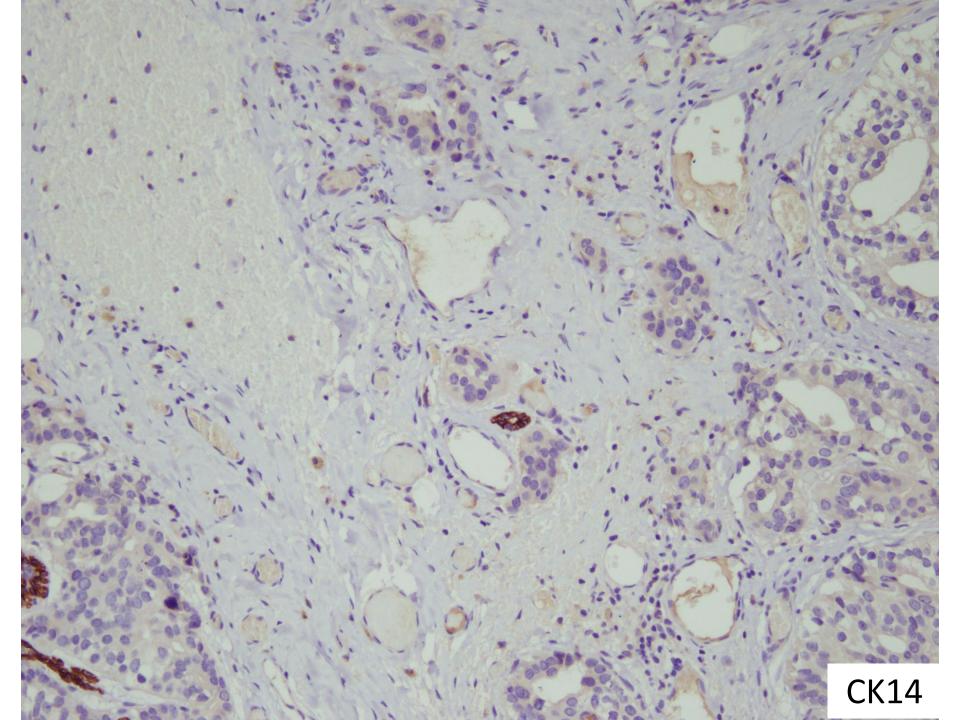


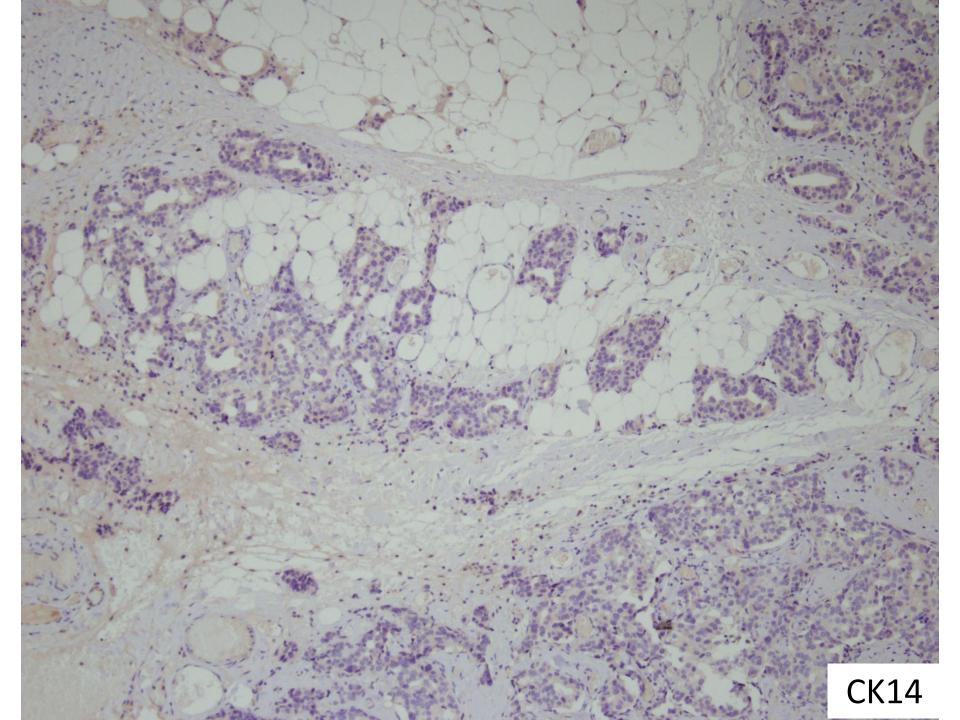


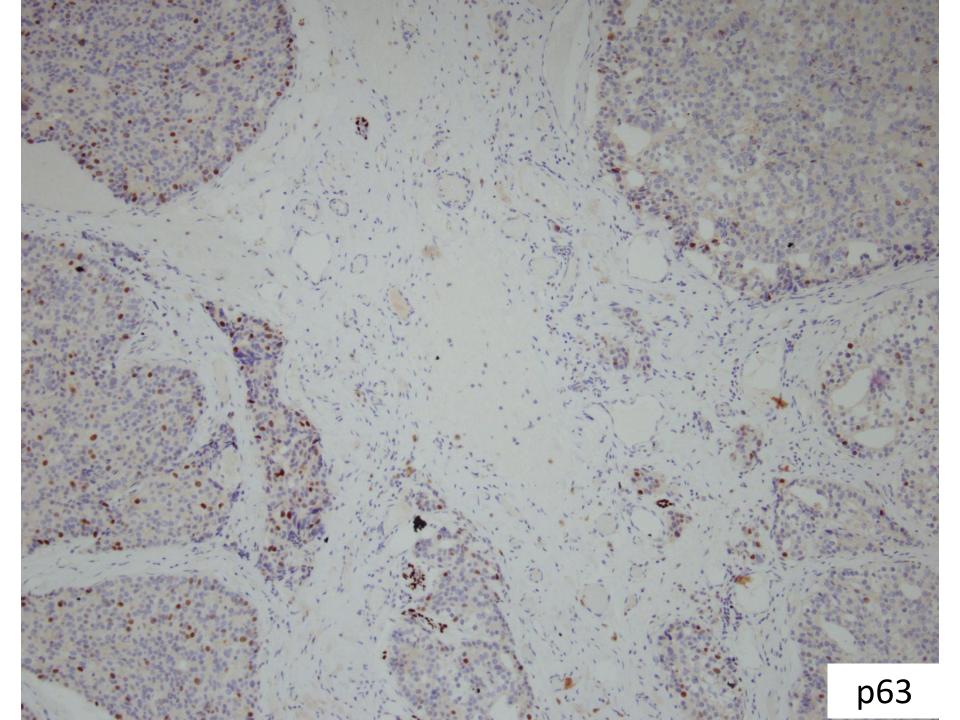


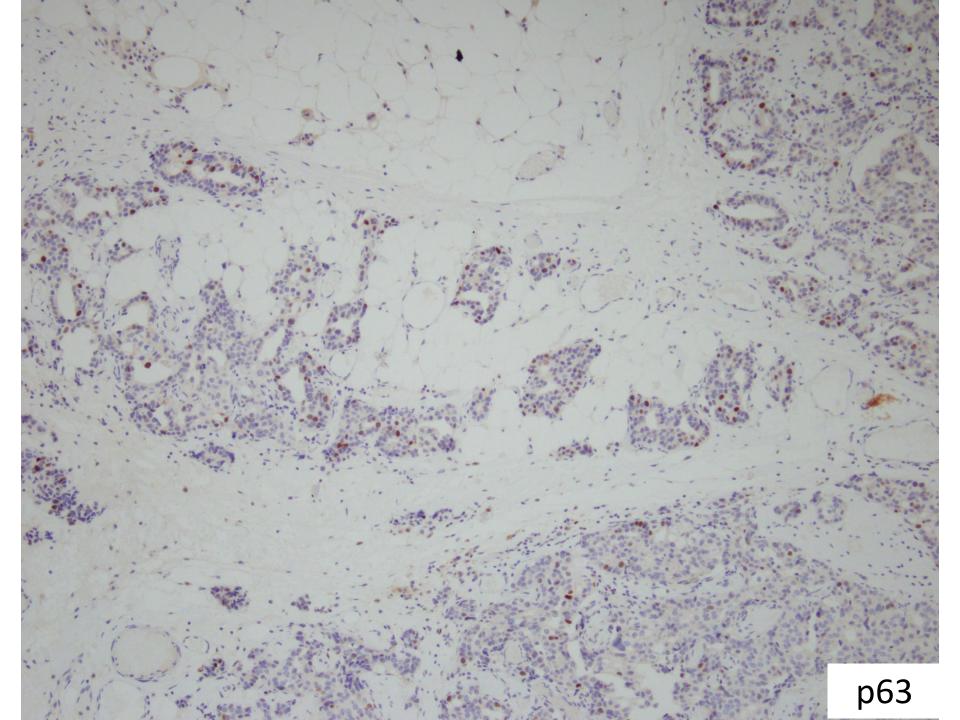


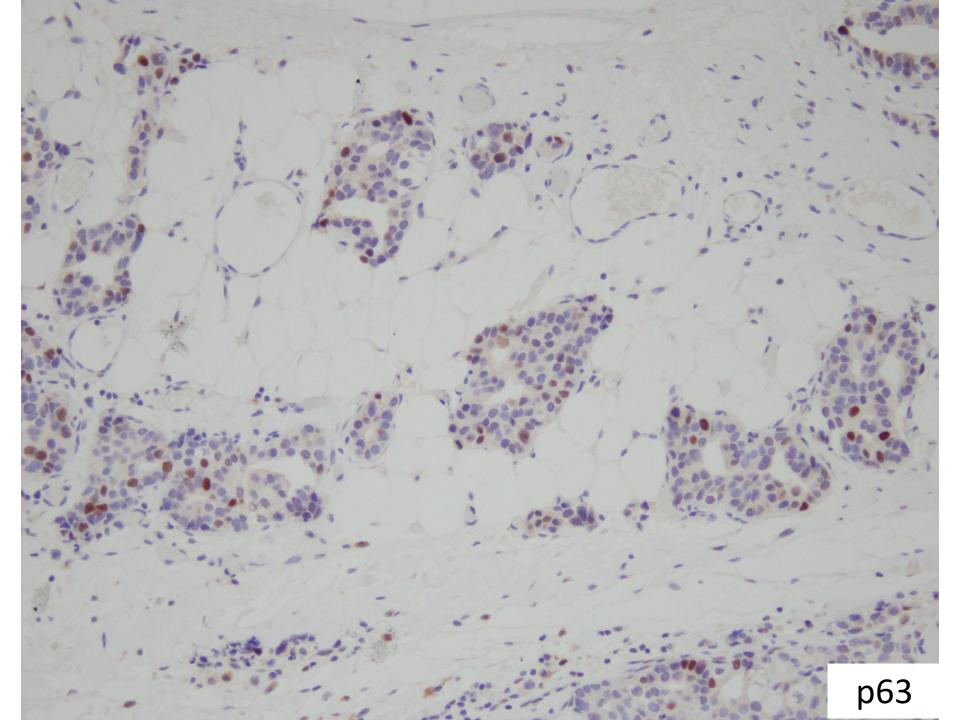


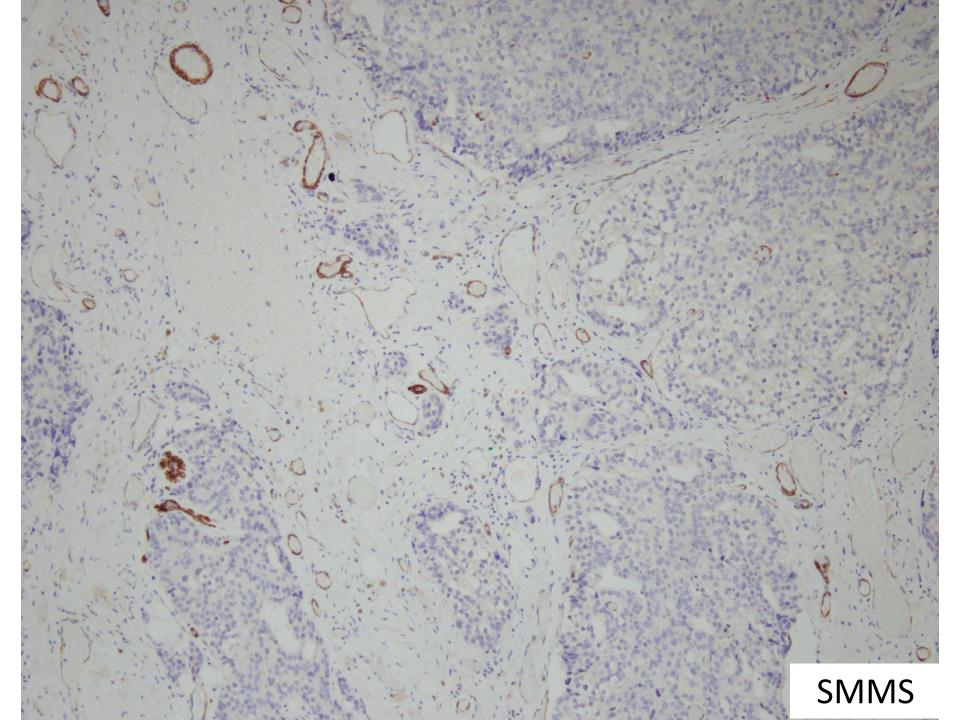


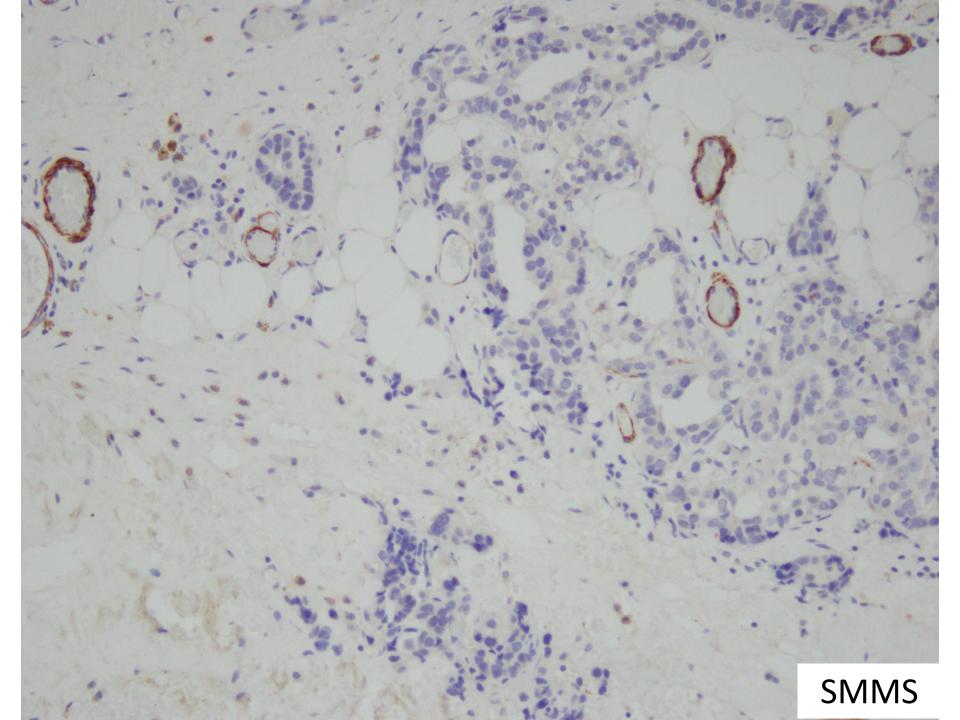












Left breast, mastectomy:

Invasive ductal carcinoma, with clear cell and papillary components. ER positive, PR negative, cerbB2 borderline (FISH not amplified).





Invasive ductal carcinoma with clear cell features

- Clear cell appearance in this case is due to cytoplasmic glycogen.
- ~ 60% of breast carcinomas may contain cytoplasmic glycogen without demonstrating morphological clear cell features.
- Glycogen rich clear cell carcinoma classified as an exceptionally rare variant of breast carcinoma, defined by which > 90% of the neoplastic cells have abundant clear cytoplasm containing glycogen.





