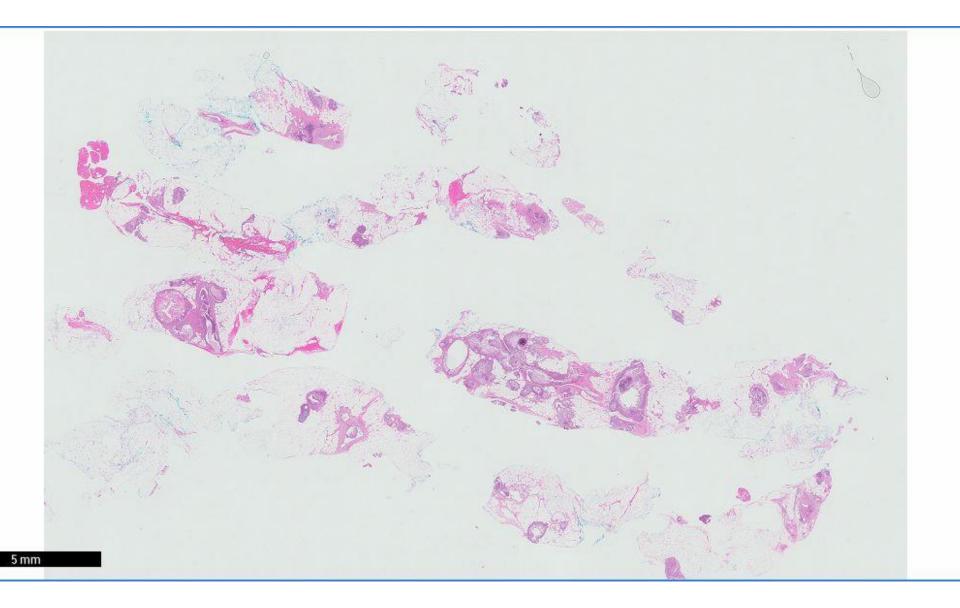
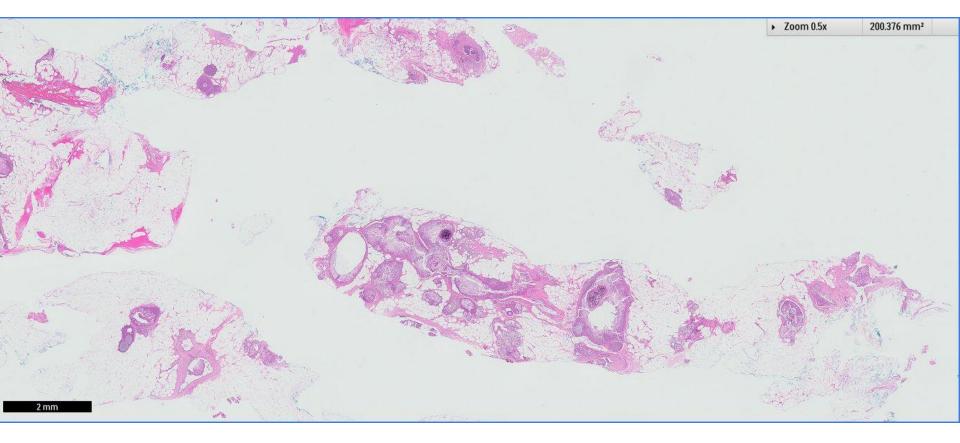
Case 48

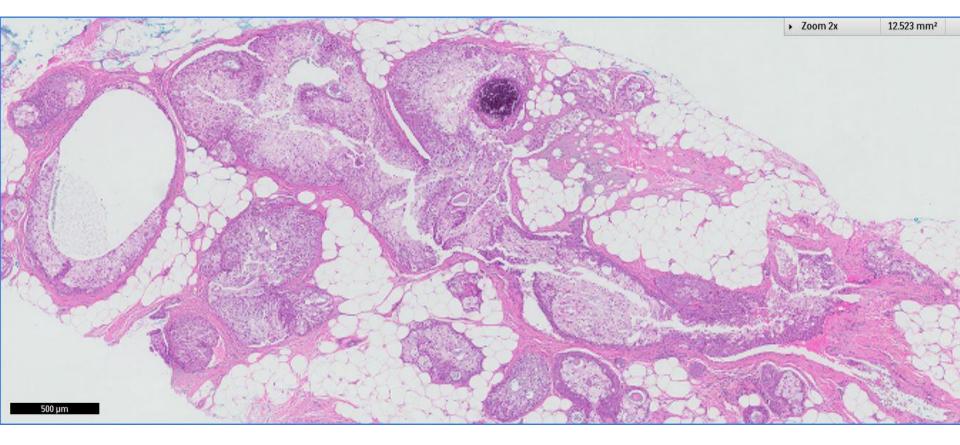
46 year old woman underwent stereotactic mammotome biopsy for mammographically detected right breast upper outer quadrant calcifications, radiologically deemed 'indeterminate'.

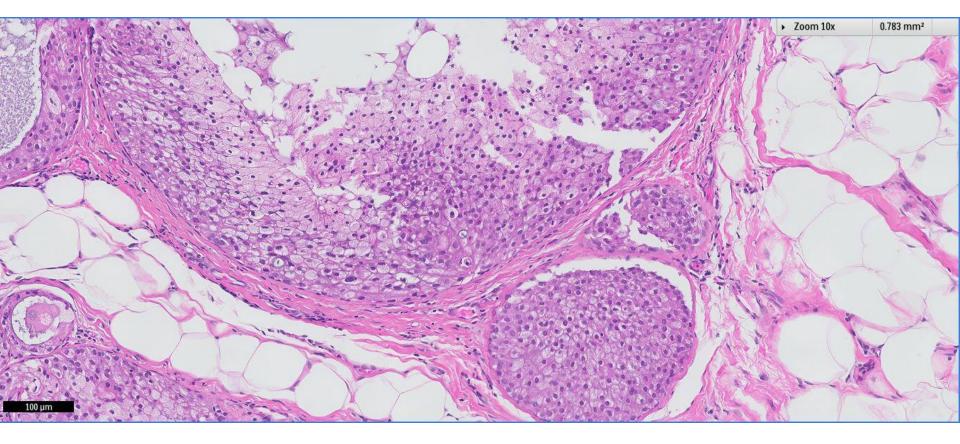


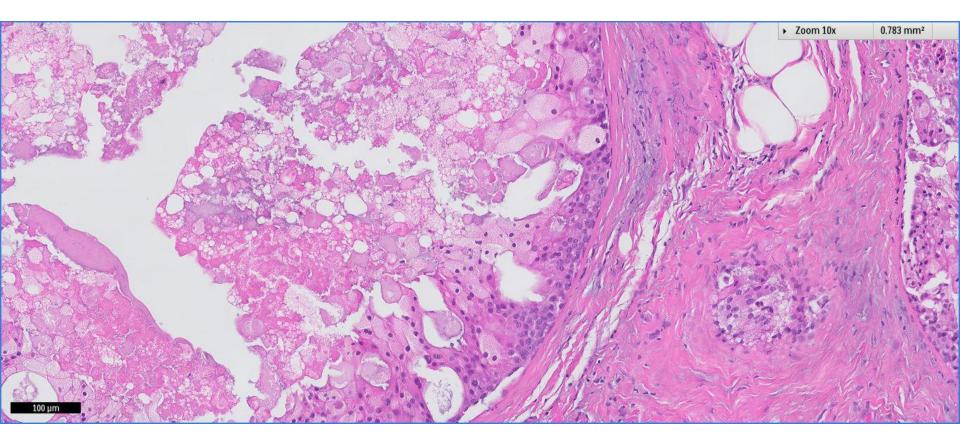




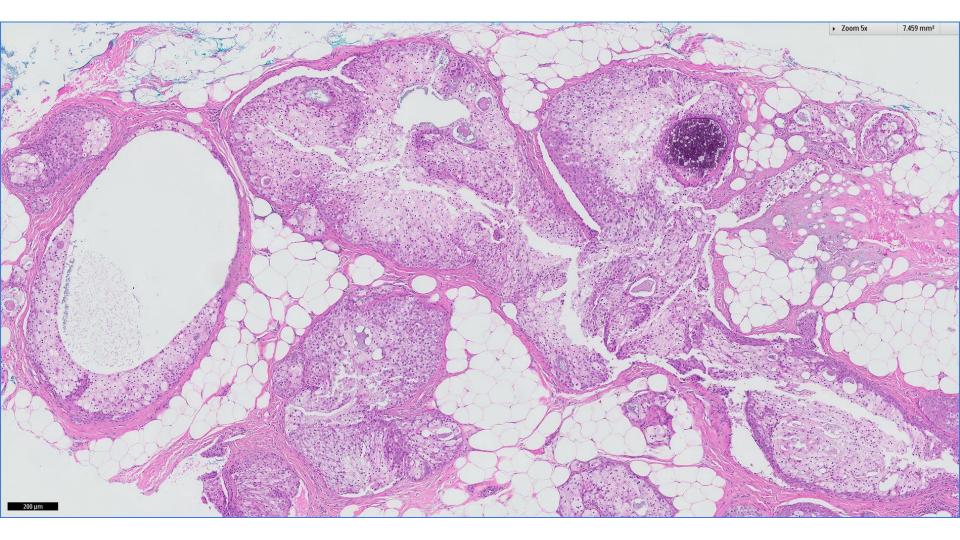


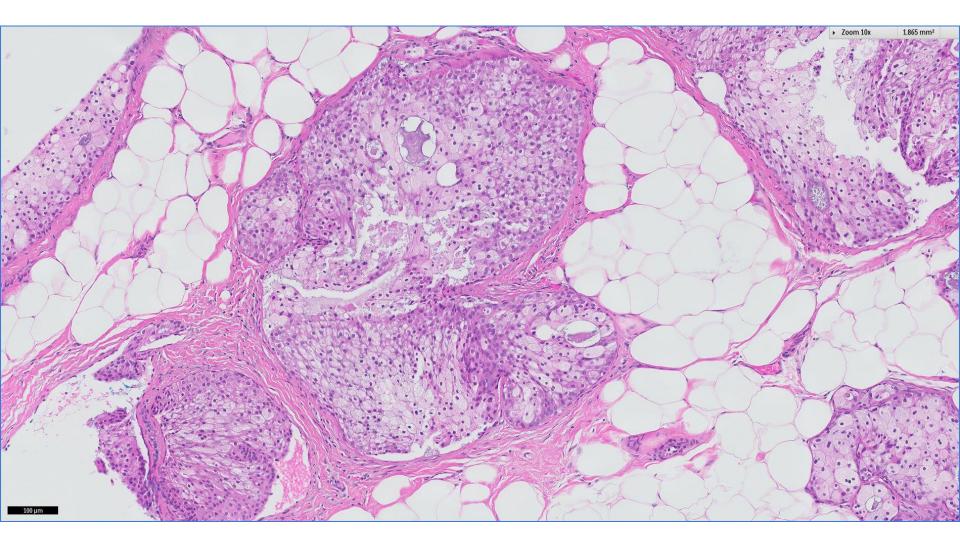


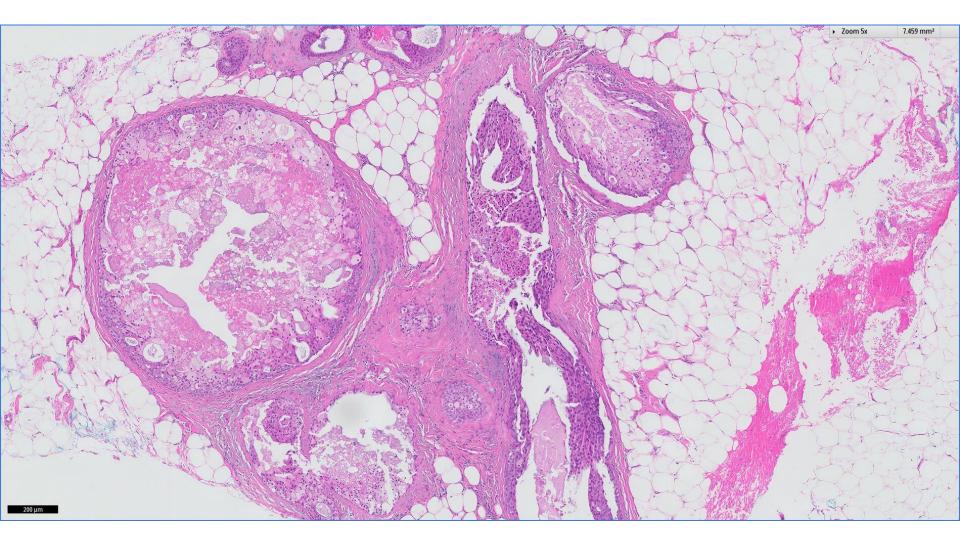


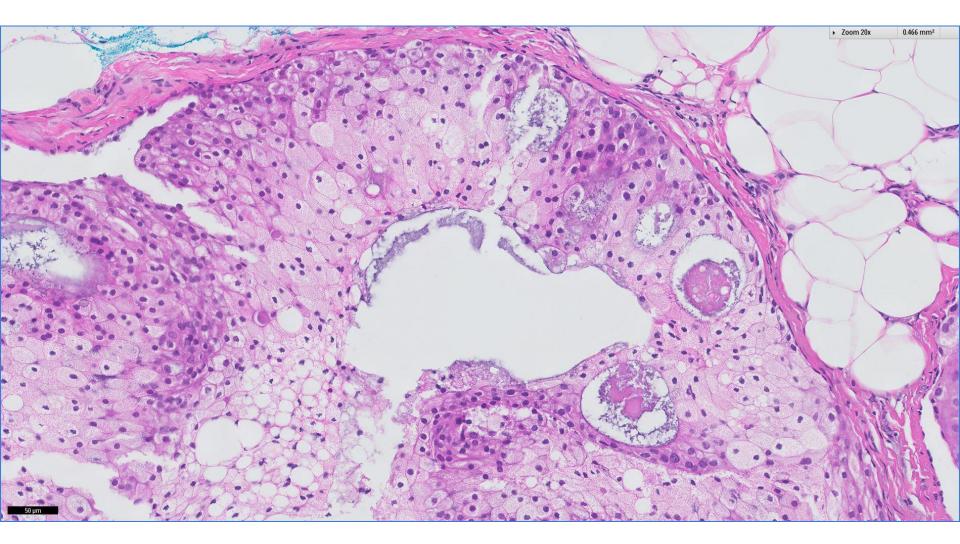


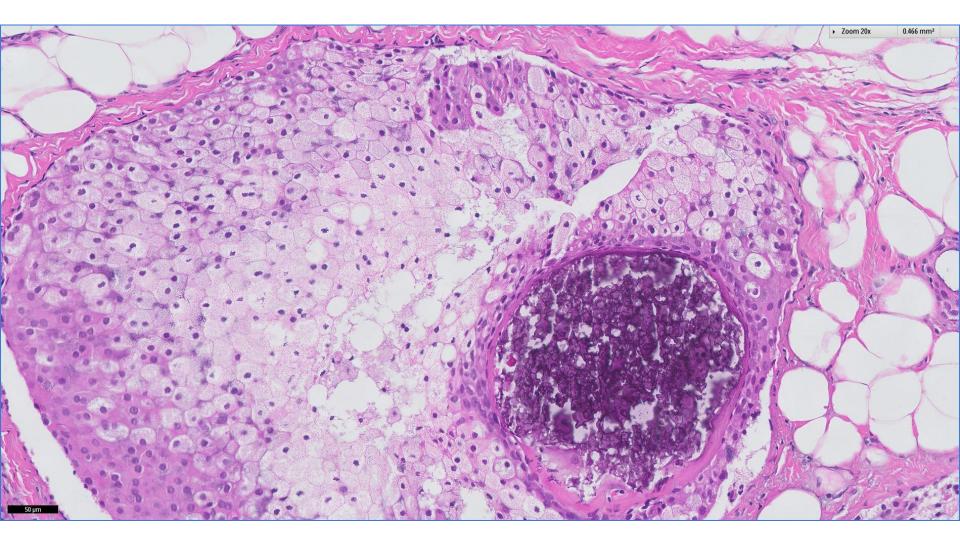


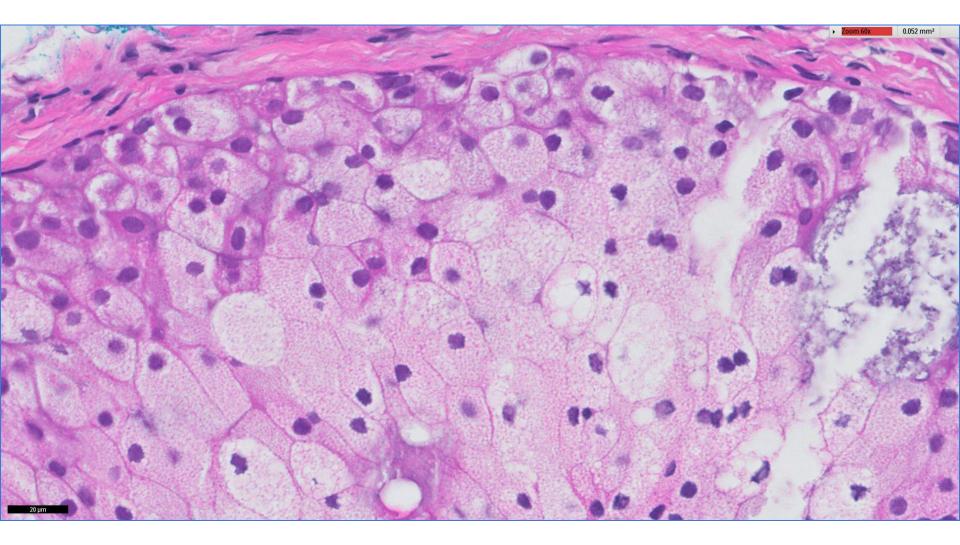


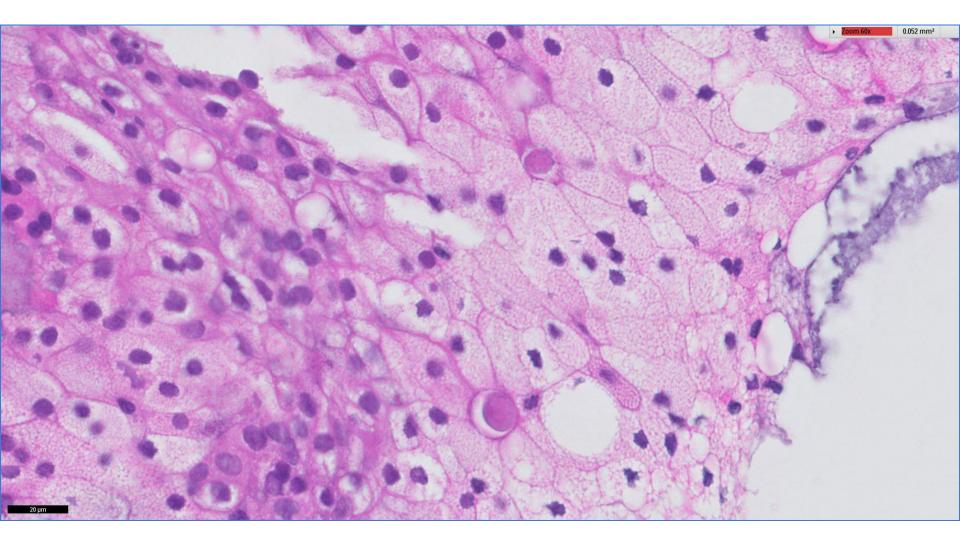


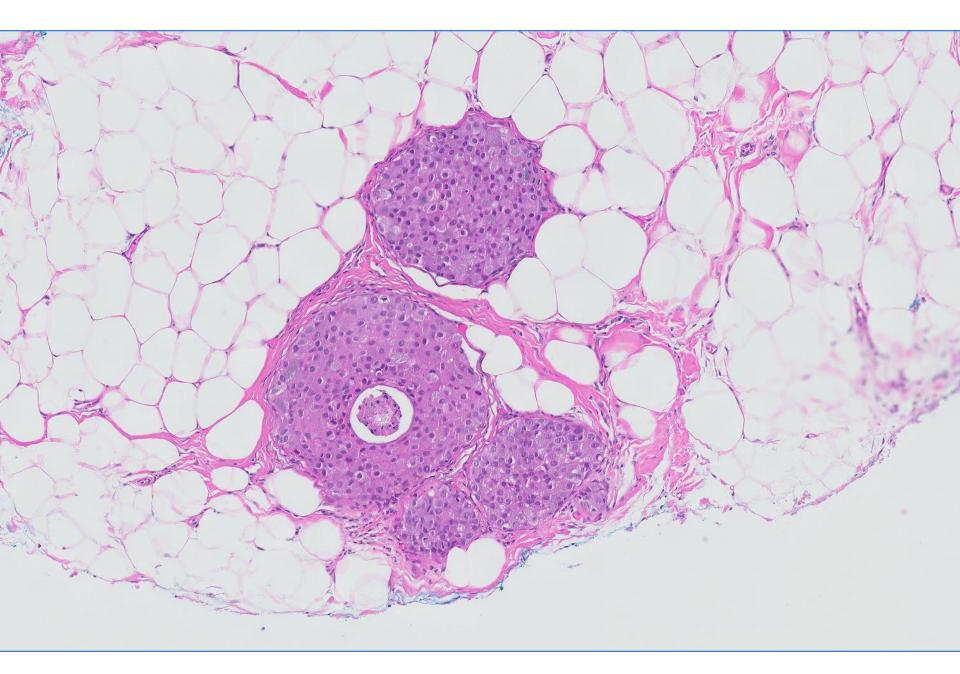


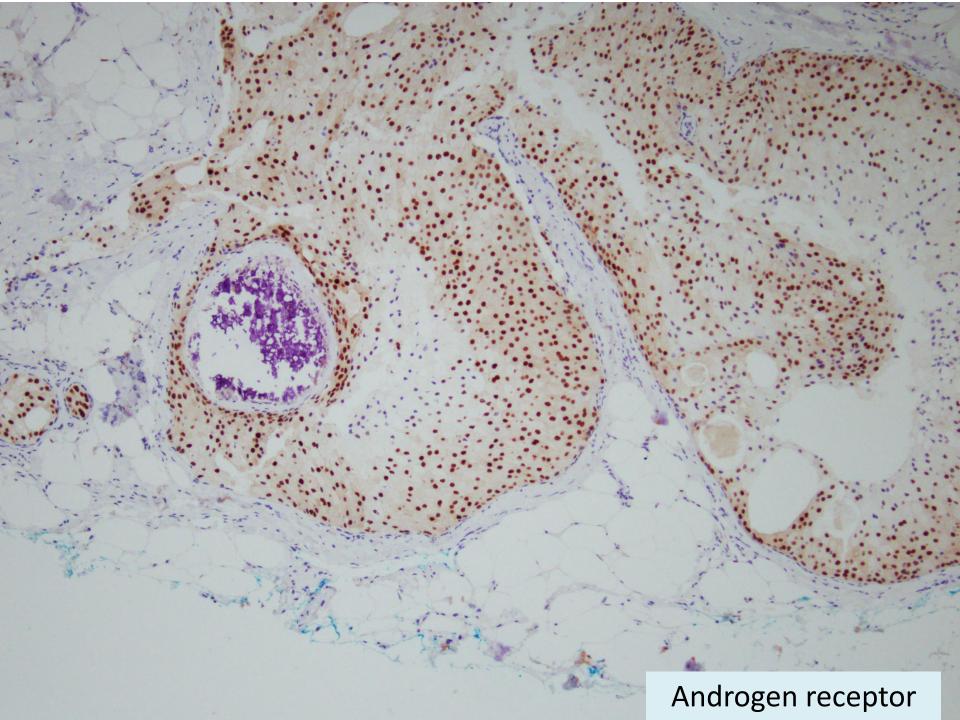




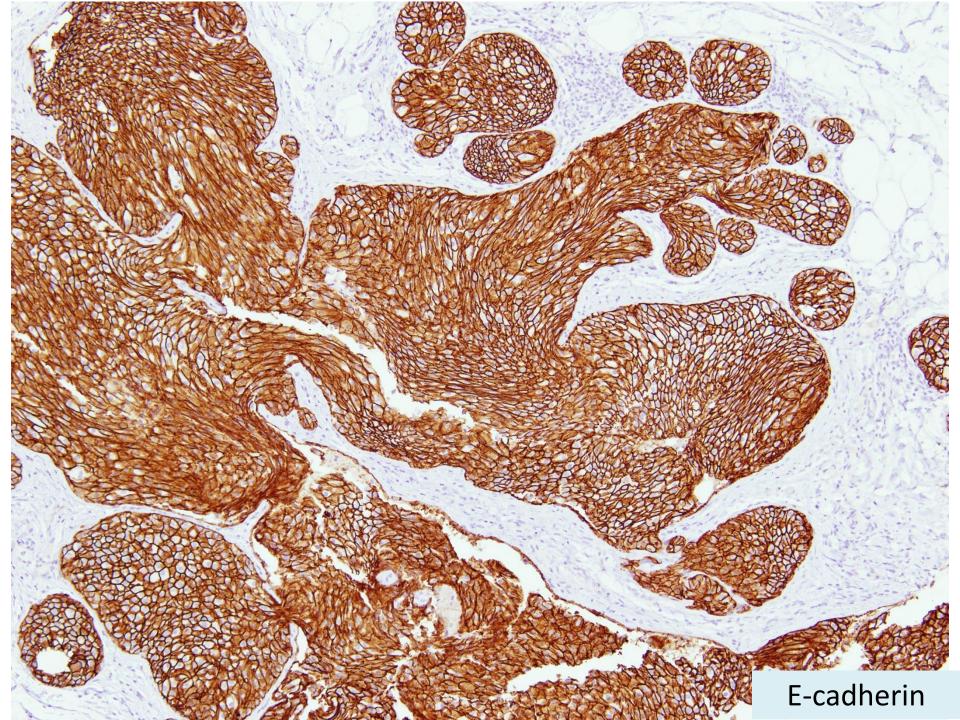


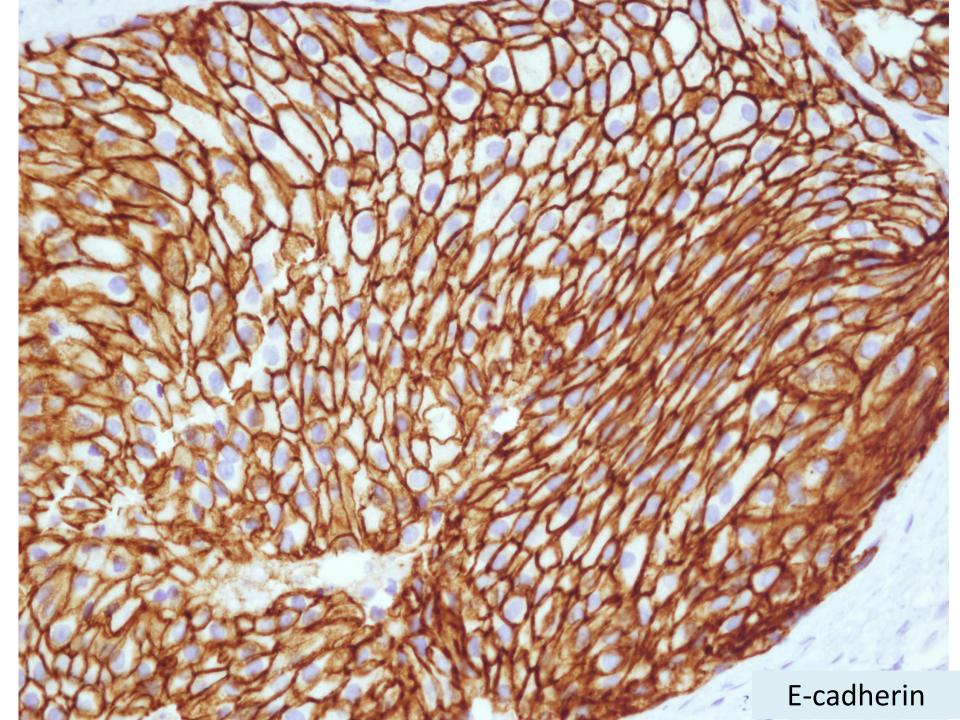


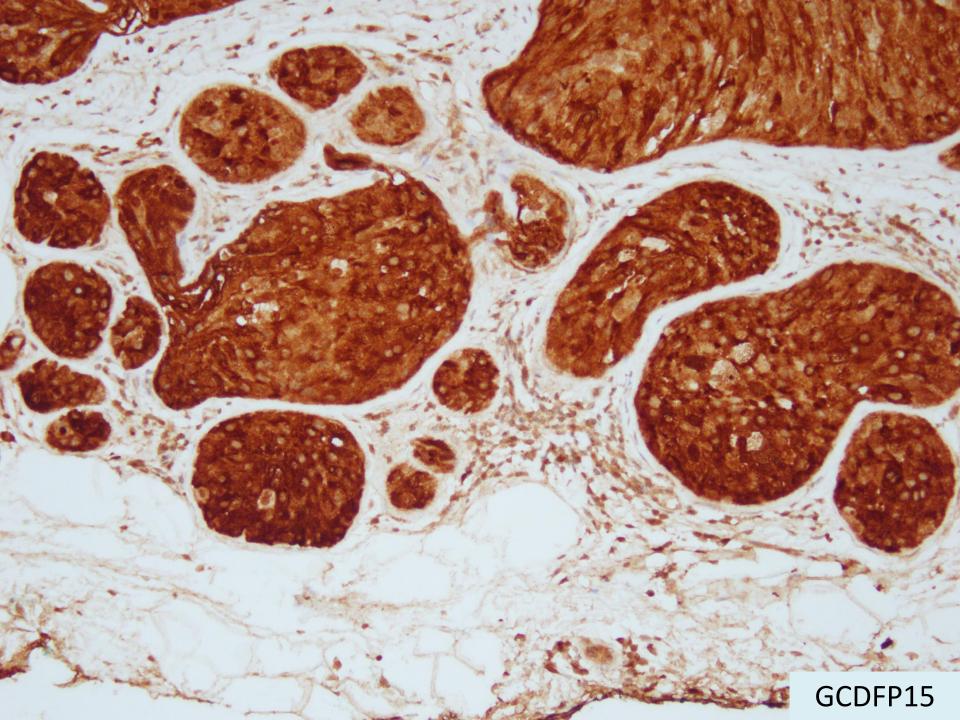


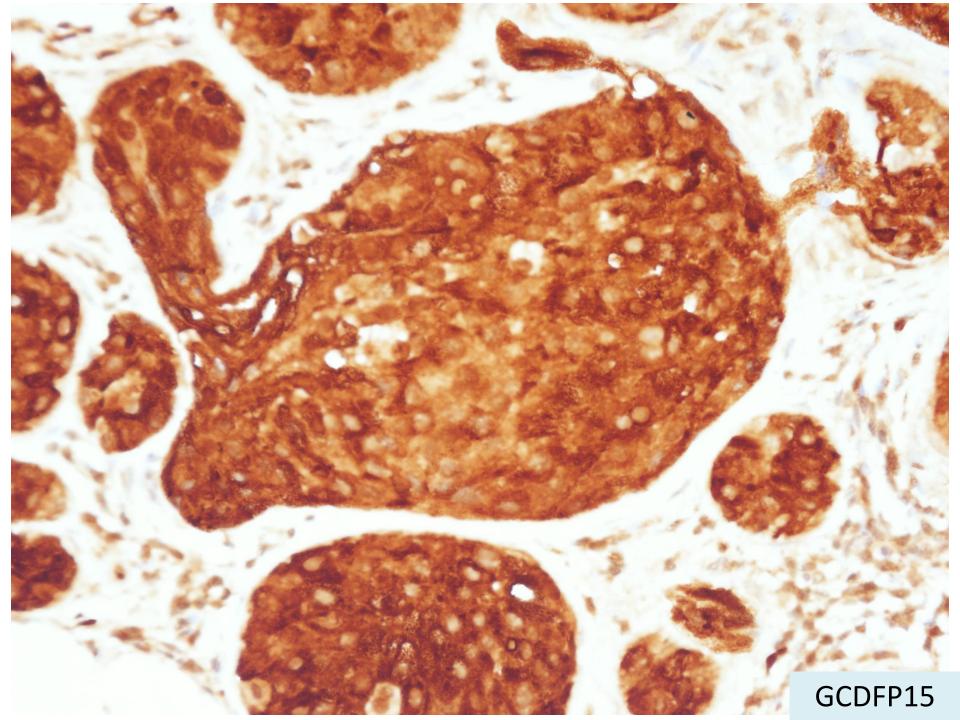


Androgen receptor









Right breast, indeterminate UOQ calcifications:

Ductal carcinoma in situ, intermediate nuclear grade, with necrosis and calcifications, and apocrine differentiation





Apocrine DCIS

- Constituent cells have enlarged nuclei with prominent nucleoli.
- Type A cells:
 - Abundant granular, eosinophilic cytoplasm with diastase-resistant periodic-acid–Schiff (PAS) positivity
- Type B cells:
 - Abundant foamy cytoplasm
- Combined Types A and B cells.
- Intracytoplasmic lipid has also been demonstrated.





Unusual DCIS variants

- A minority of DCIS lesions is composed of apocrine, signet ring, neuroendocrine, spindled, squamous or clear cells.
- No consensus or uniform approach to the grading of these unusual variants.
- Some believe that assessment of nuclear features and necrosis can also be applied to grading of the unusual variants.





