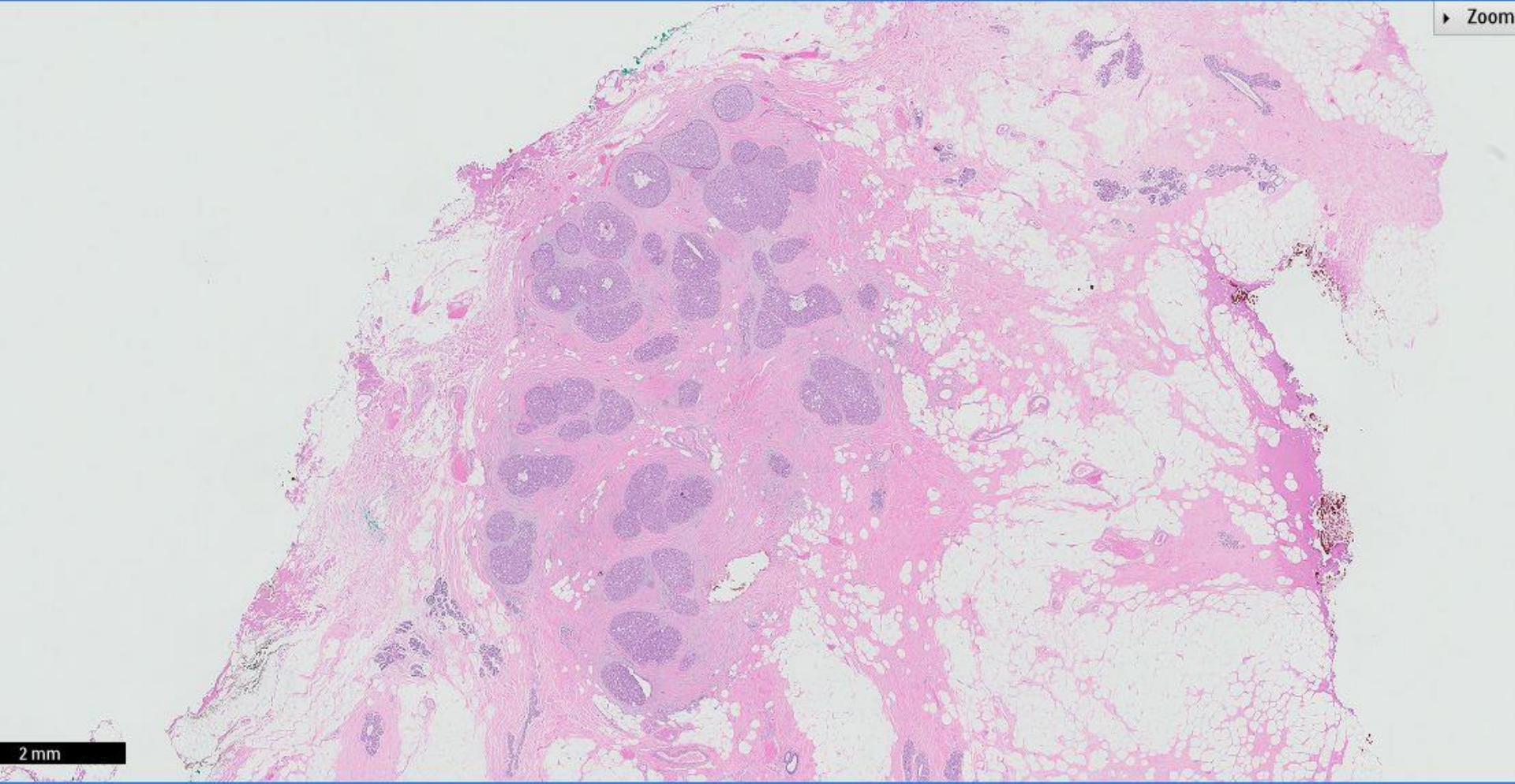


Case 49

55 year old woman with wide excision of a right breast lesion.

Past history of right breast ductal carcinoma in situ with right mastectomy performed some years ago.

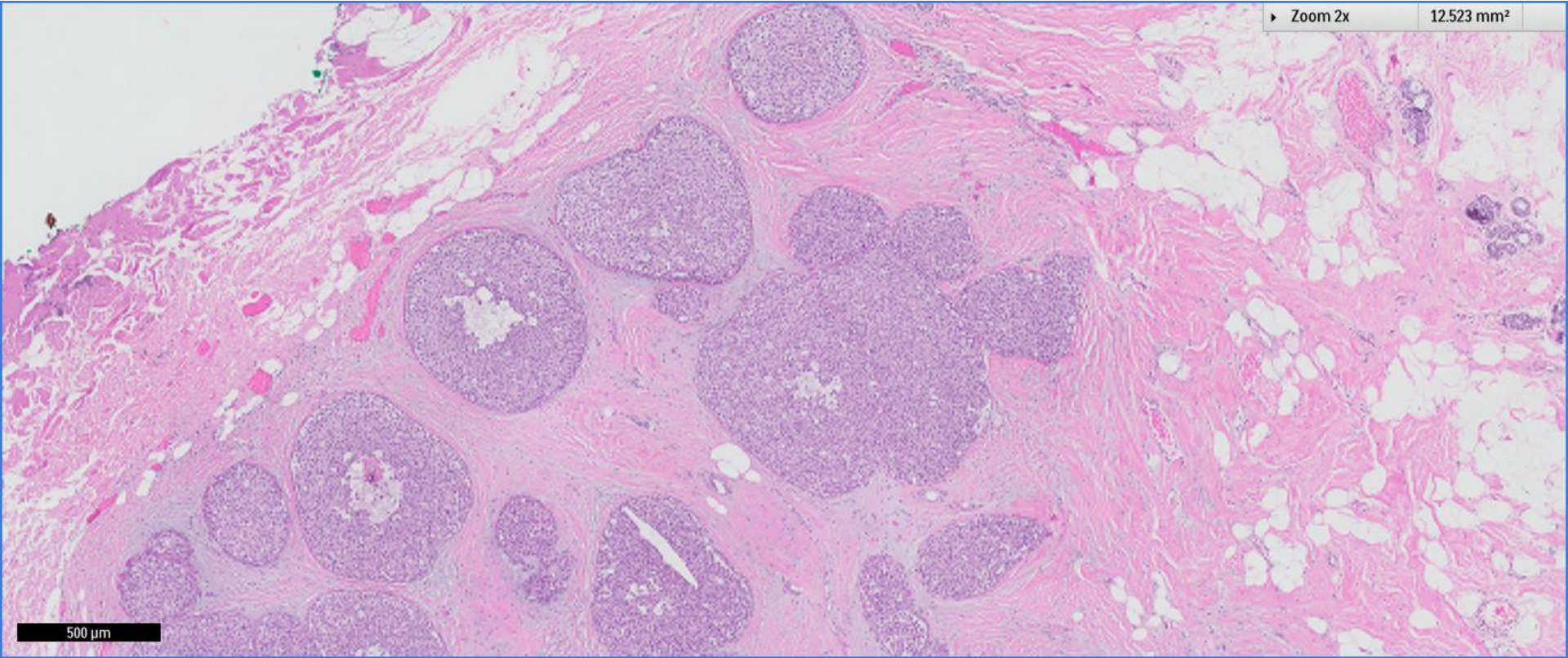




2 mm

▶ Zoom 2x

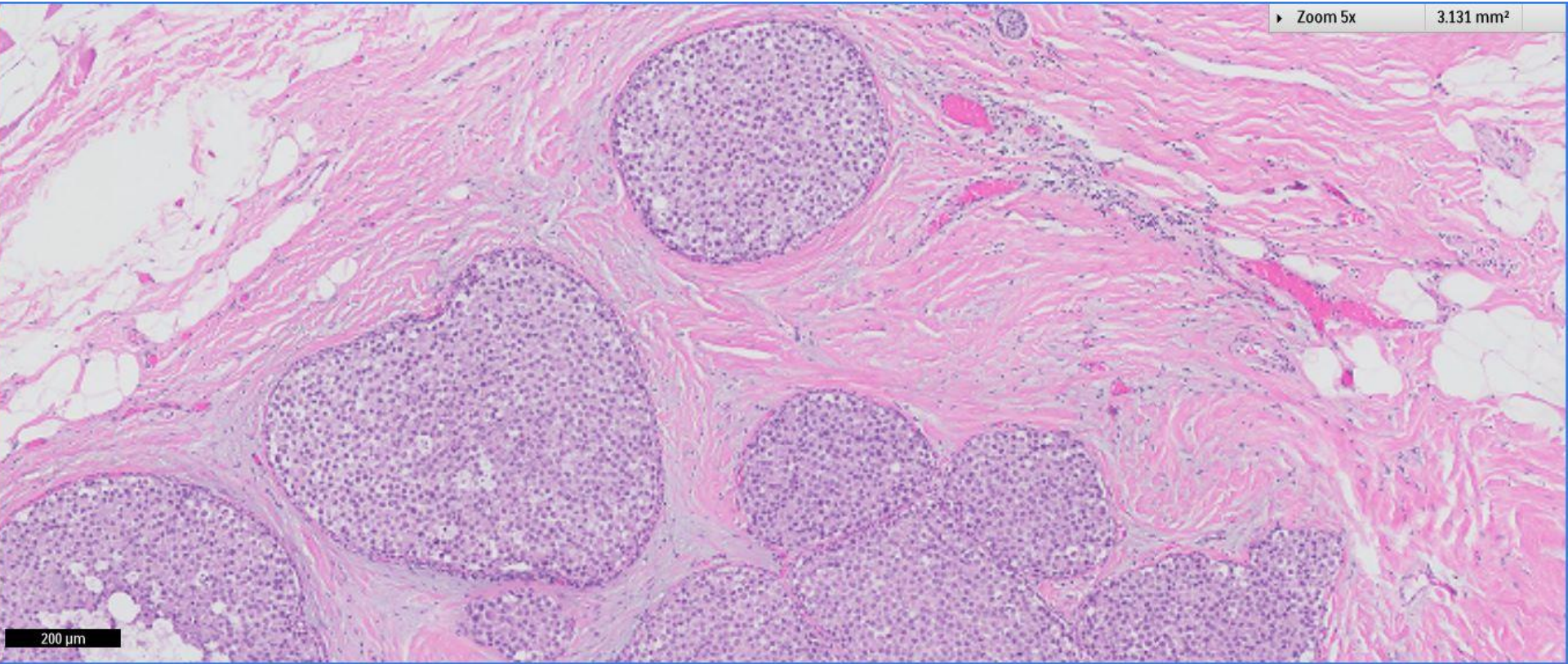
12.523 mm²



500 μm

Zoom 5x

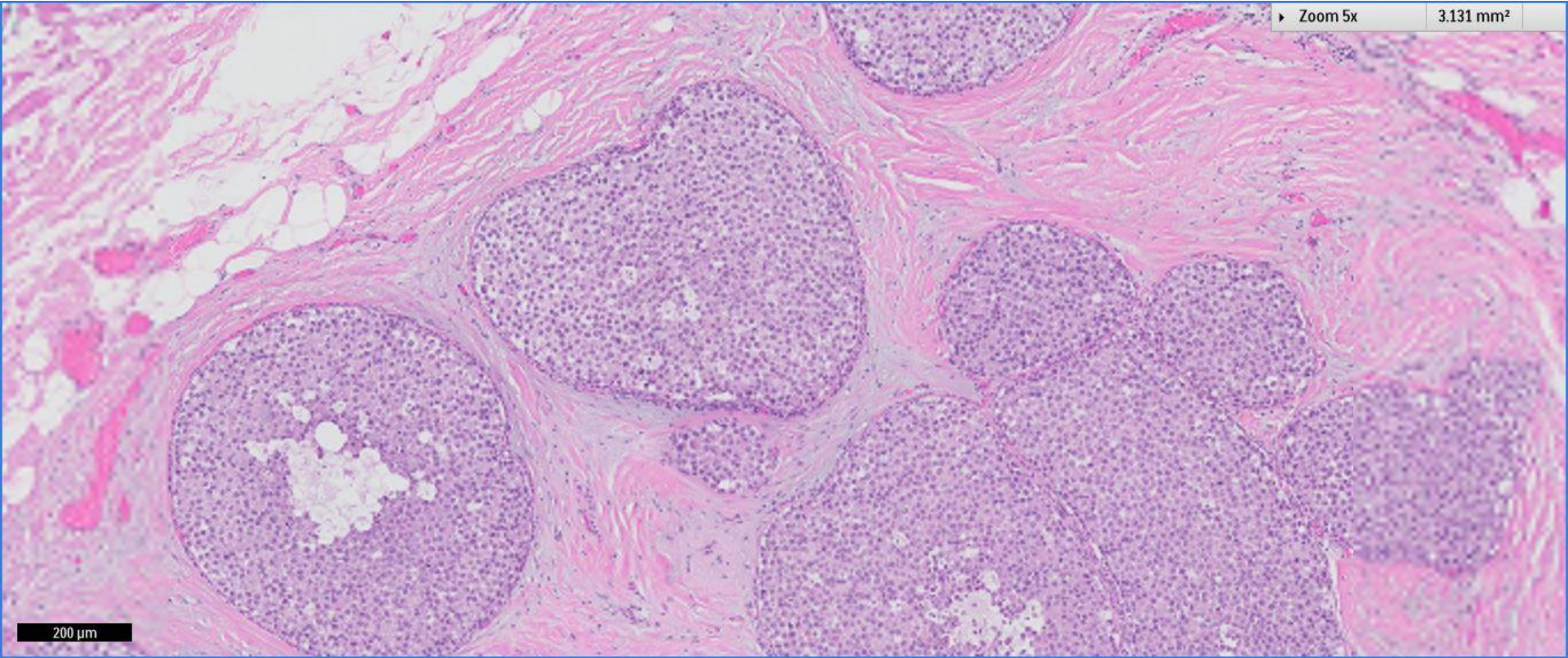
3.131 mm²



200 μm

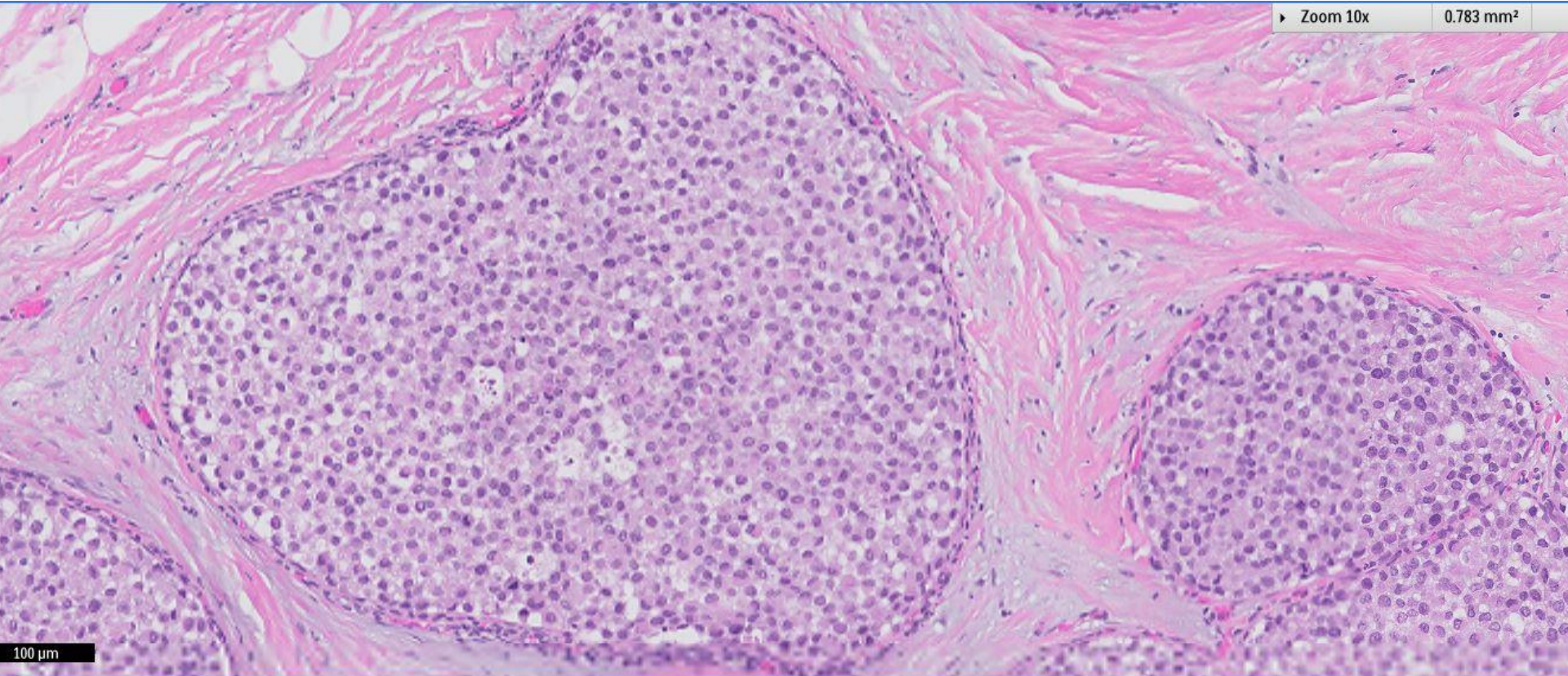
▶ Zoom 5x

3.131 mm²



200 μm

▶ Zoom 10x 0.783 mm²

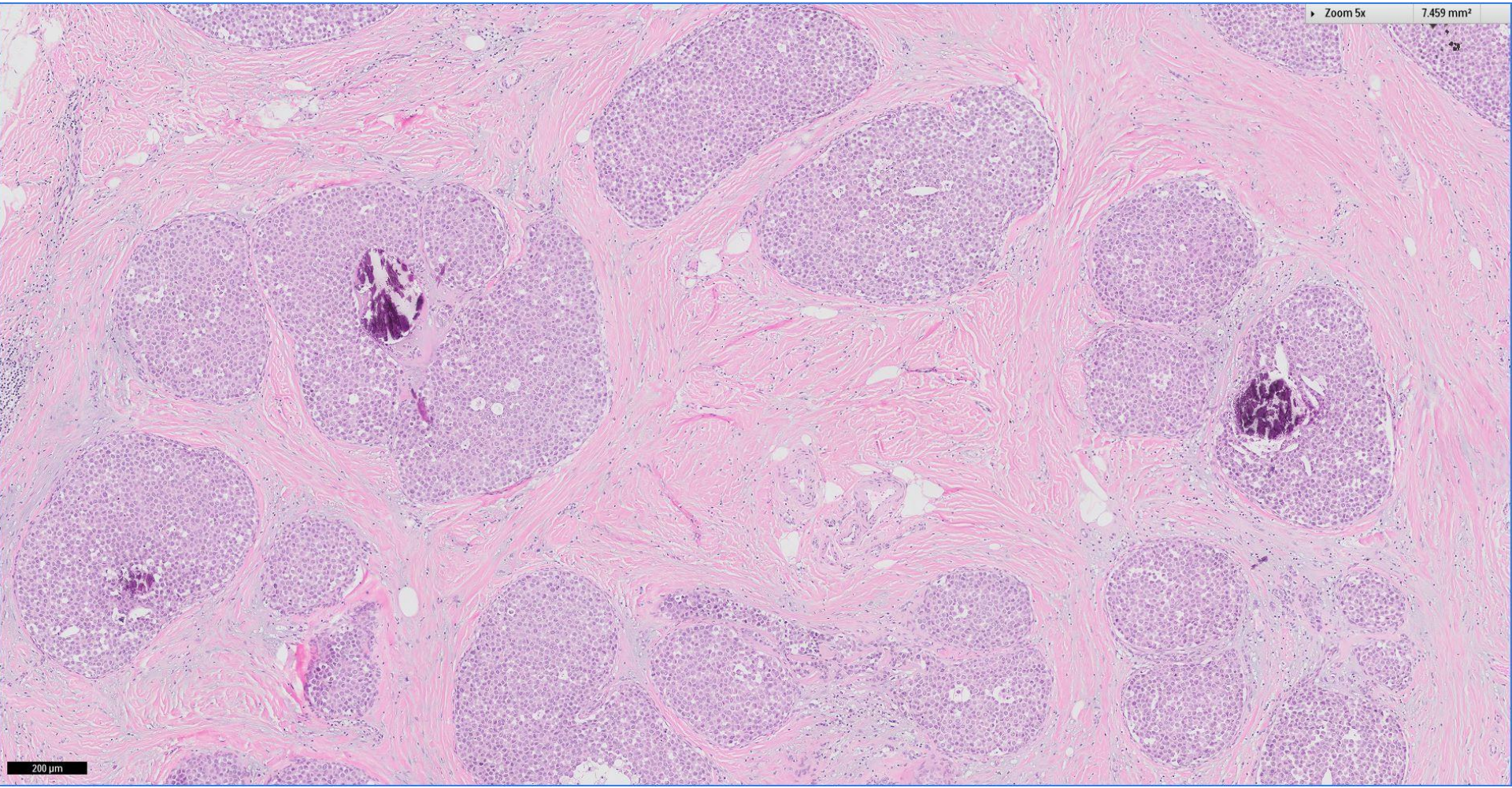


100 µm

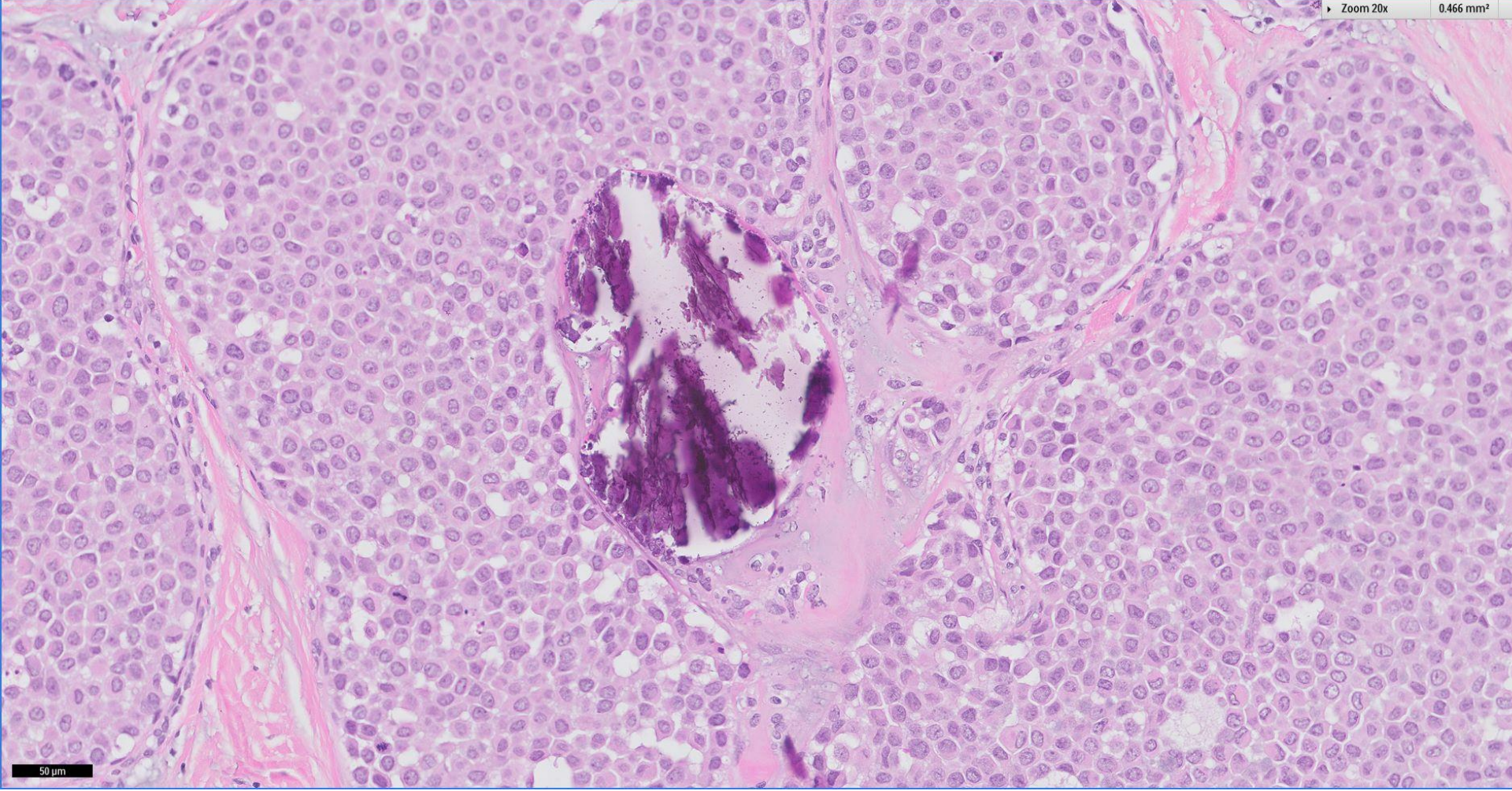


Zoom 5x

7.459 mm²



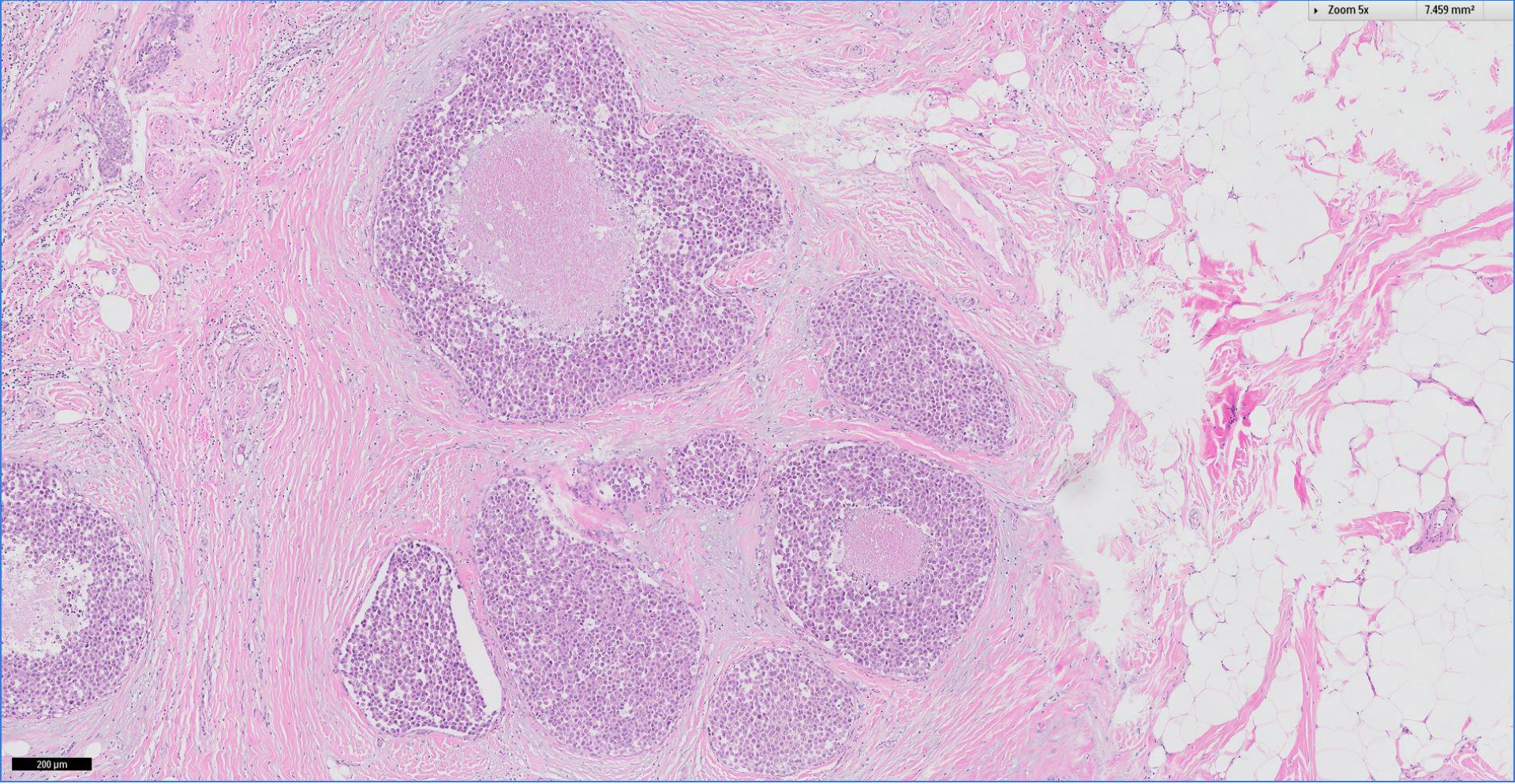
200 μ m



50 μm

Zoom 5x

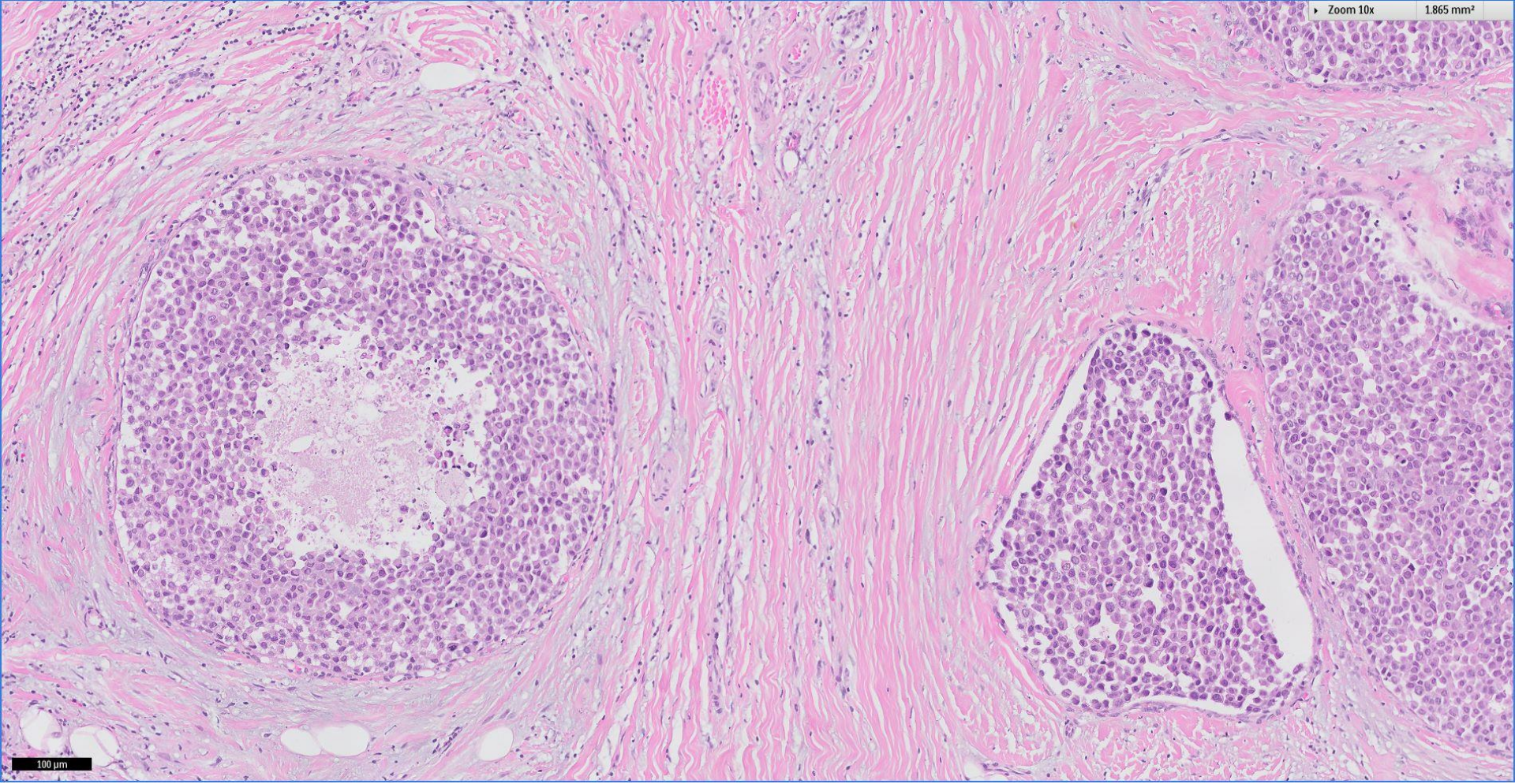
7.459 mm²



200 μm

Zoom 10x

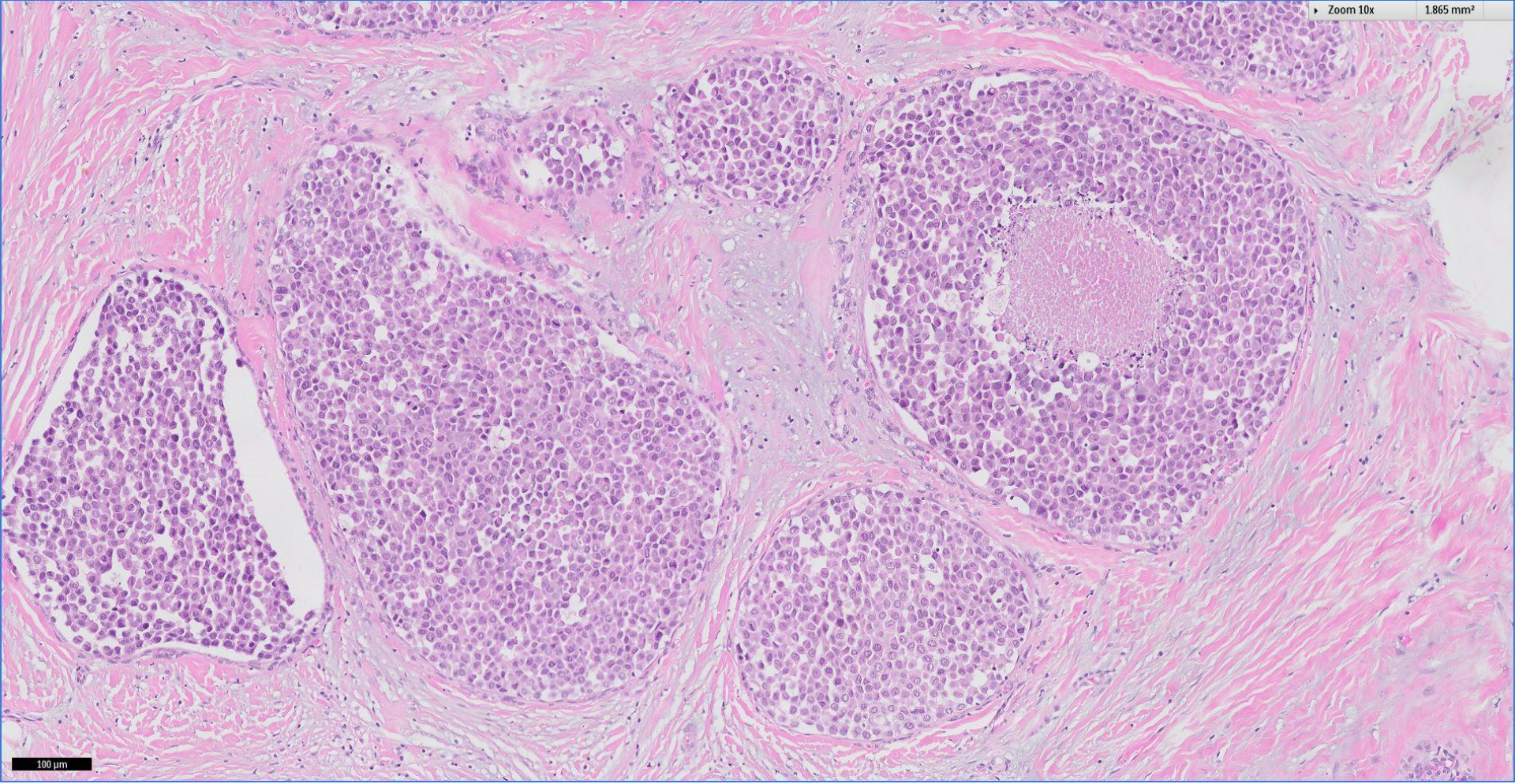
1.865 mm²



100 μ m

Zoom 10x

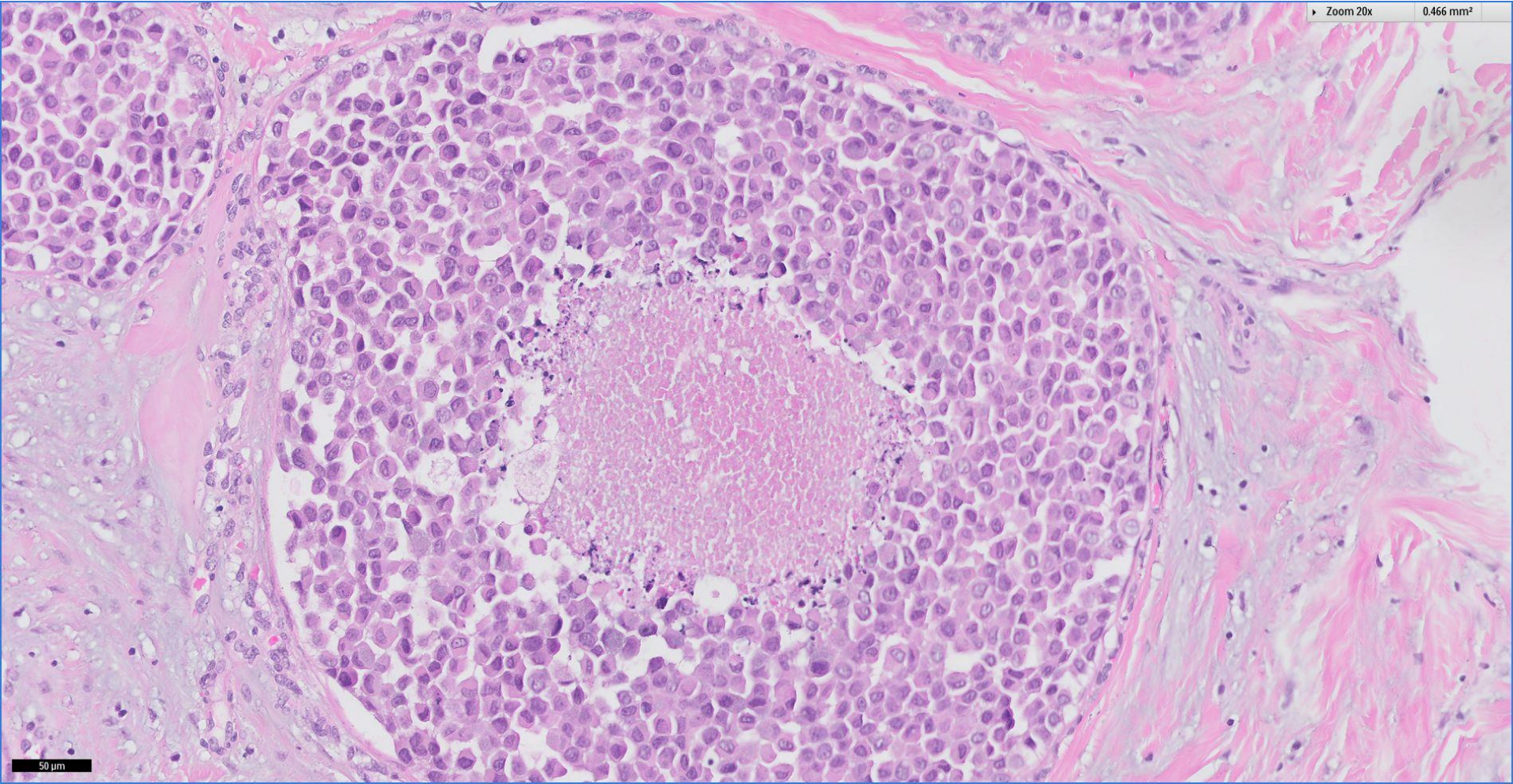
1.865 mm²



100 μ m

Zoom 20x

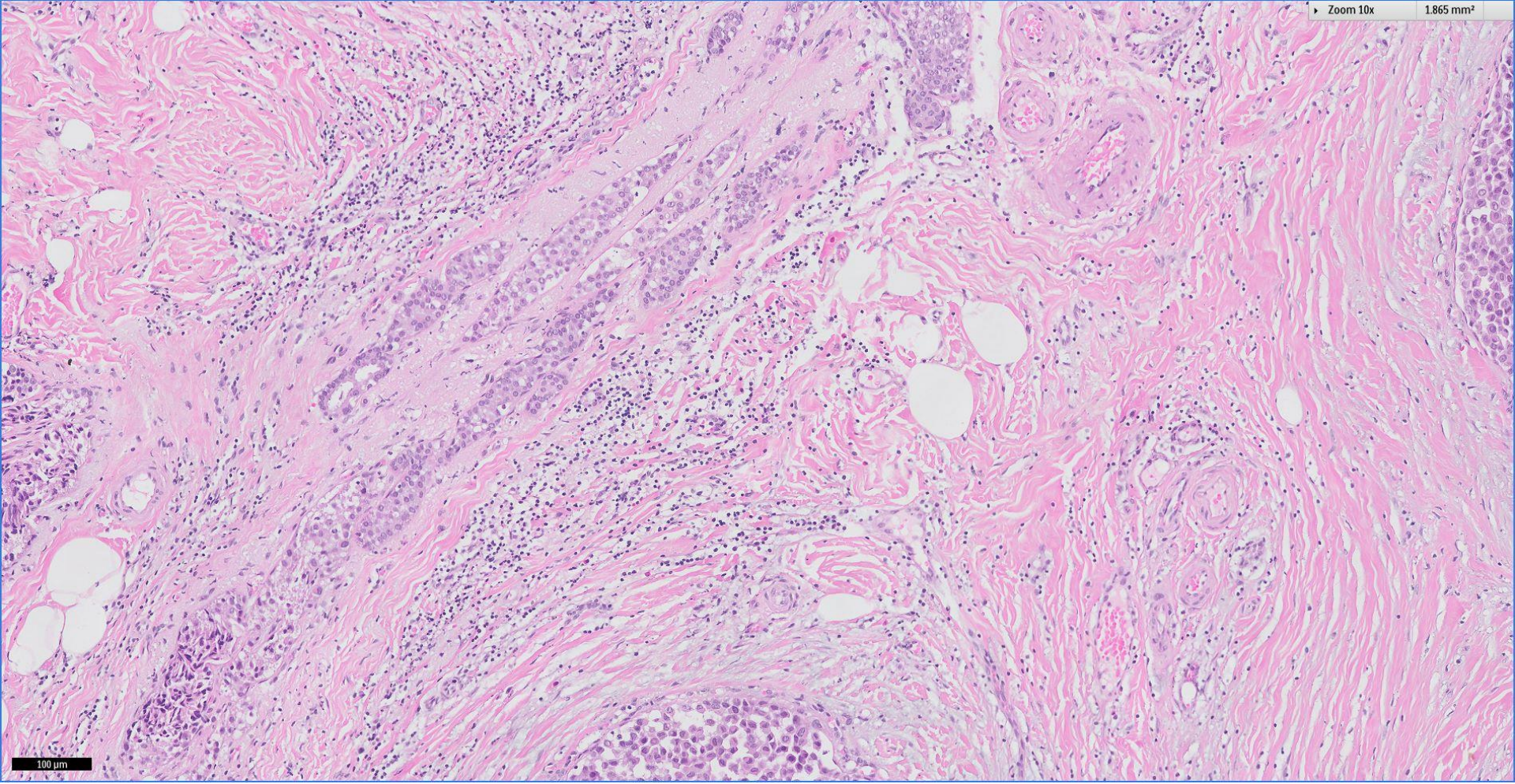
0.466 mm²



50 μm

Zoom 10x

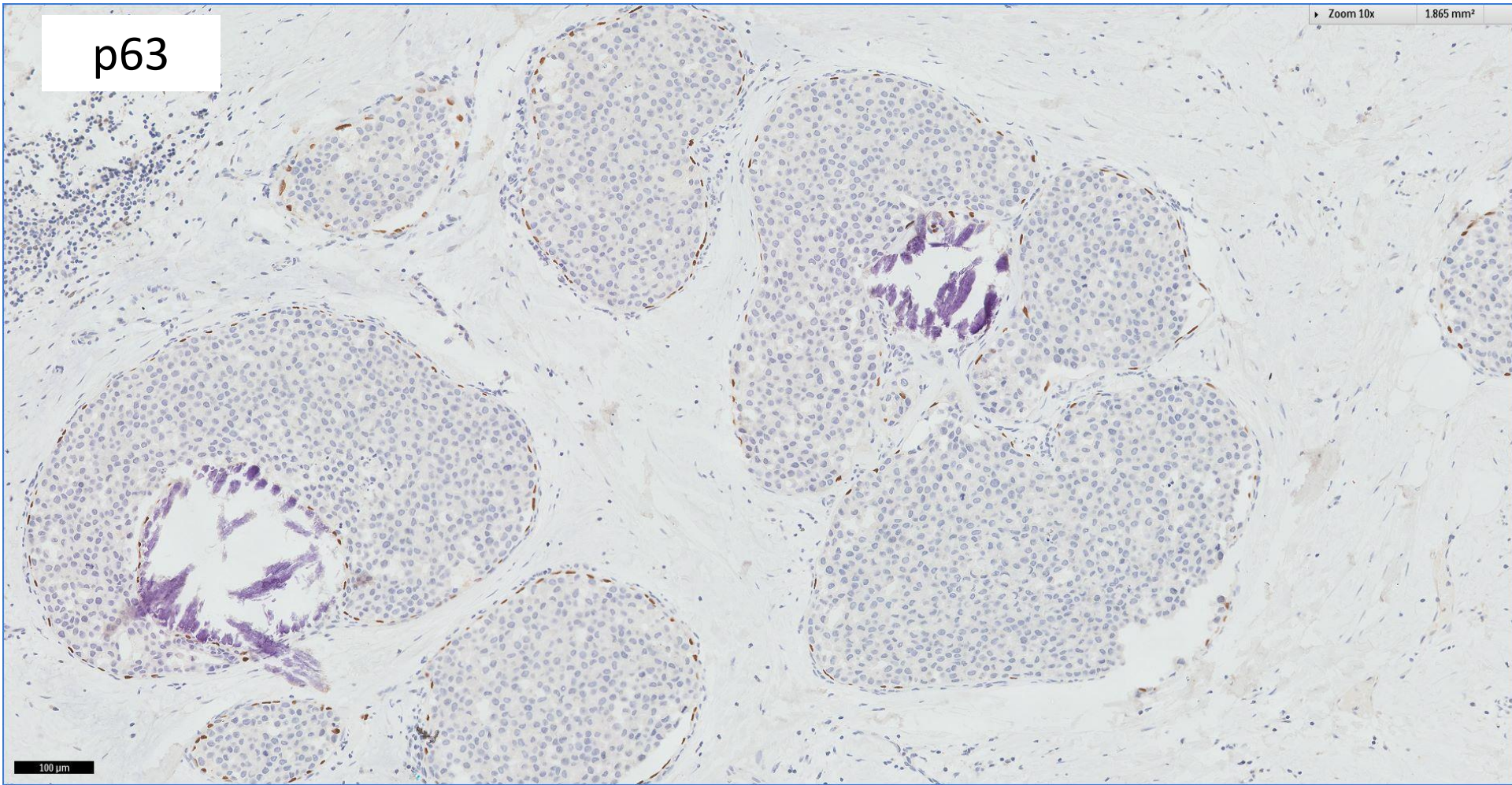
1.865 mm²



100 μ m

p63

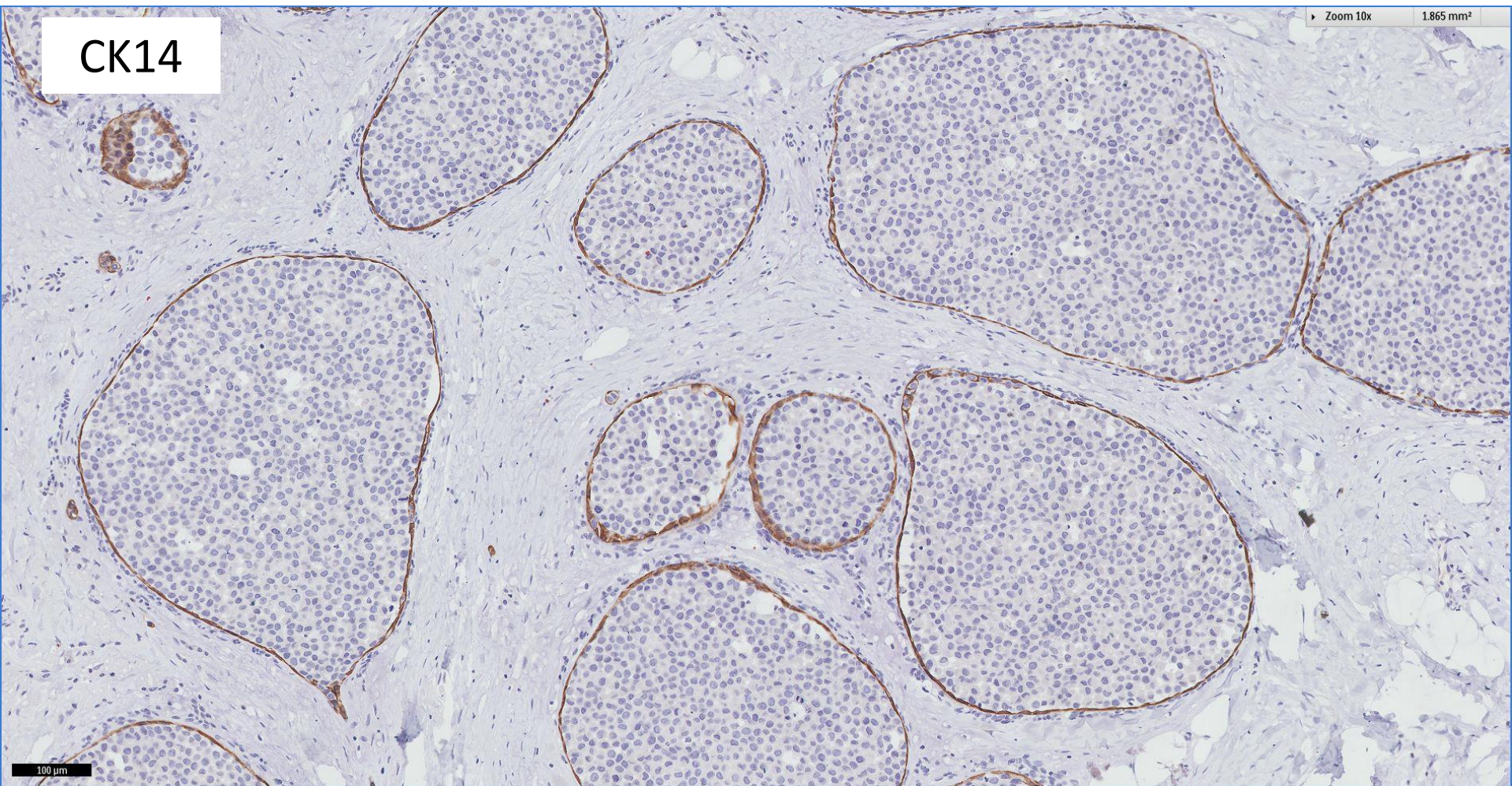
Zoom 10x 1.865 mm²



CK14

Zoom 10x

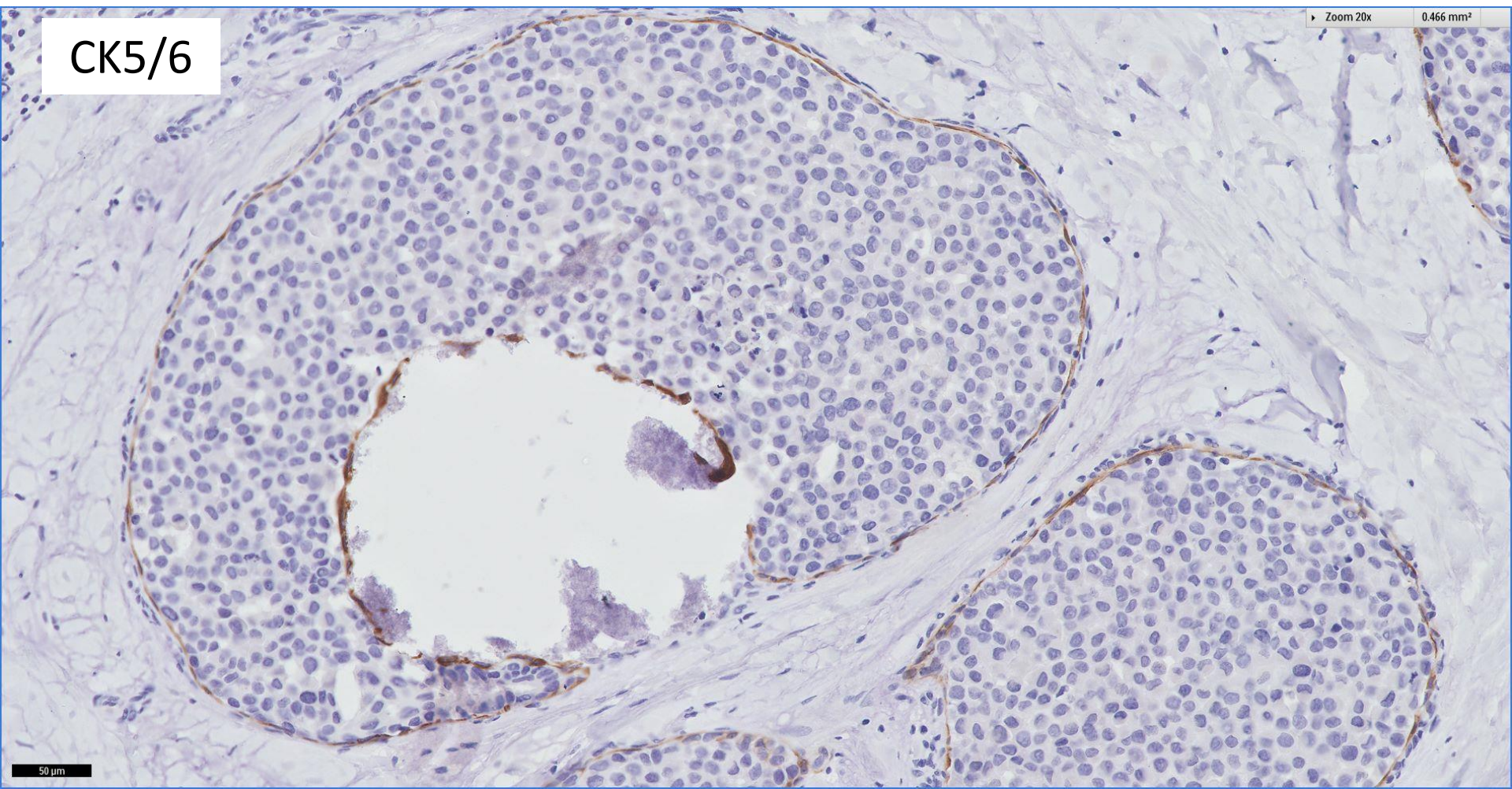
1.865 mm²



100 μm

CK5/6

Zoom 20x 0.466 mm²



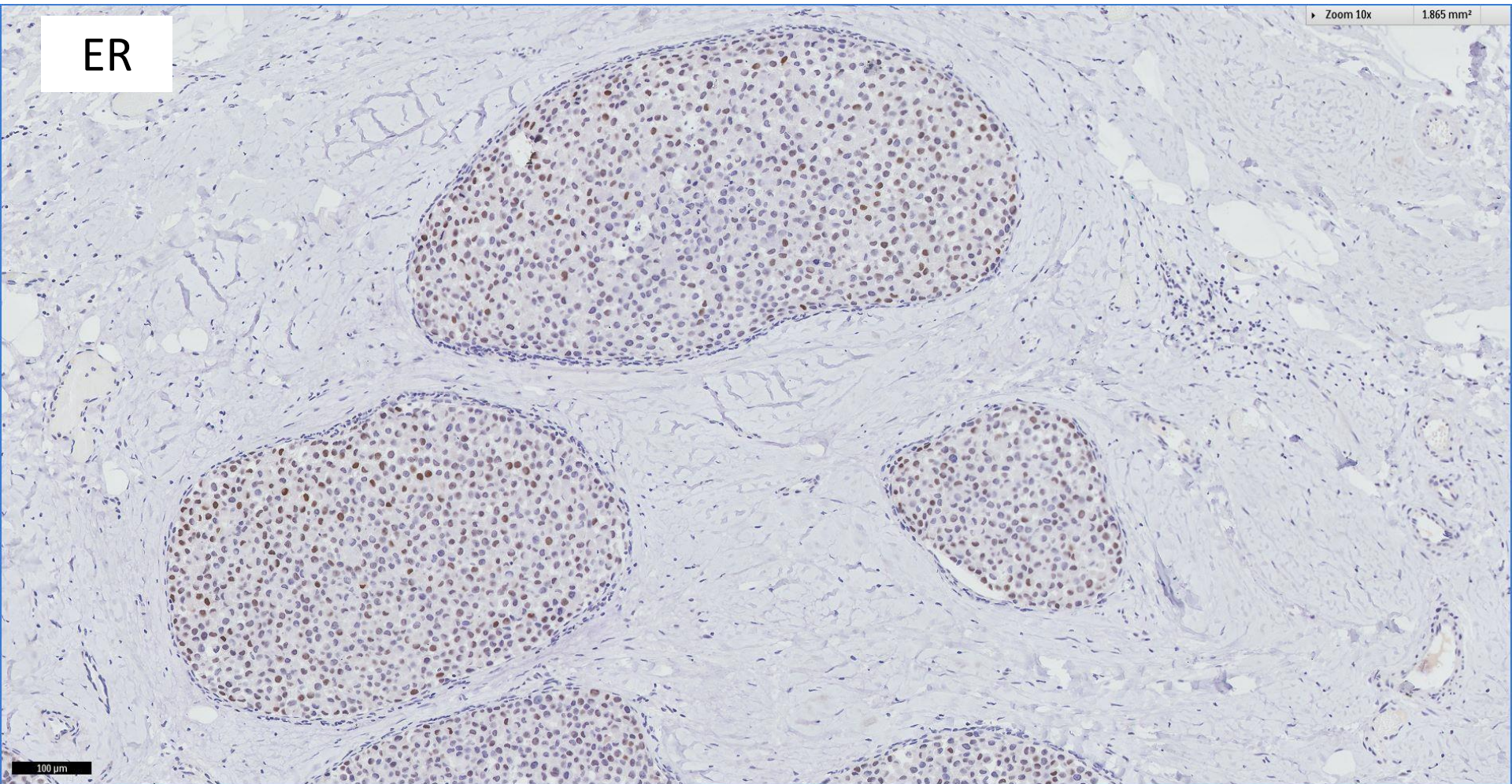
50 μm

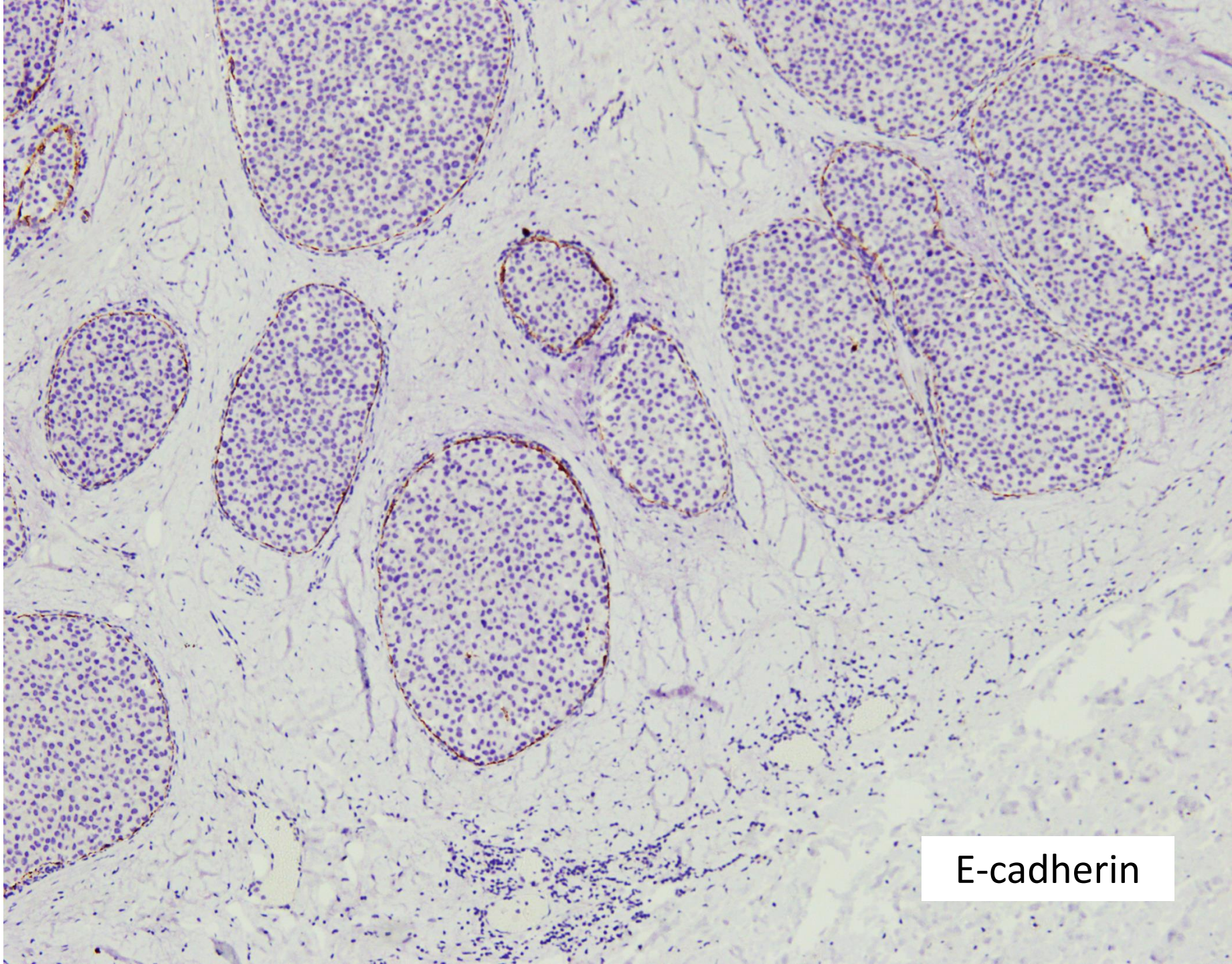
ER

Zoom 10x

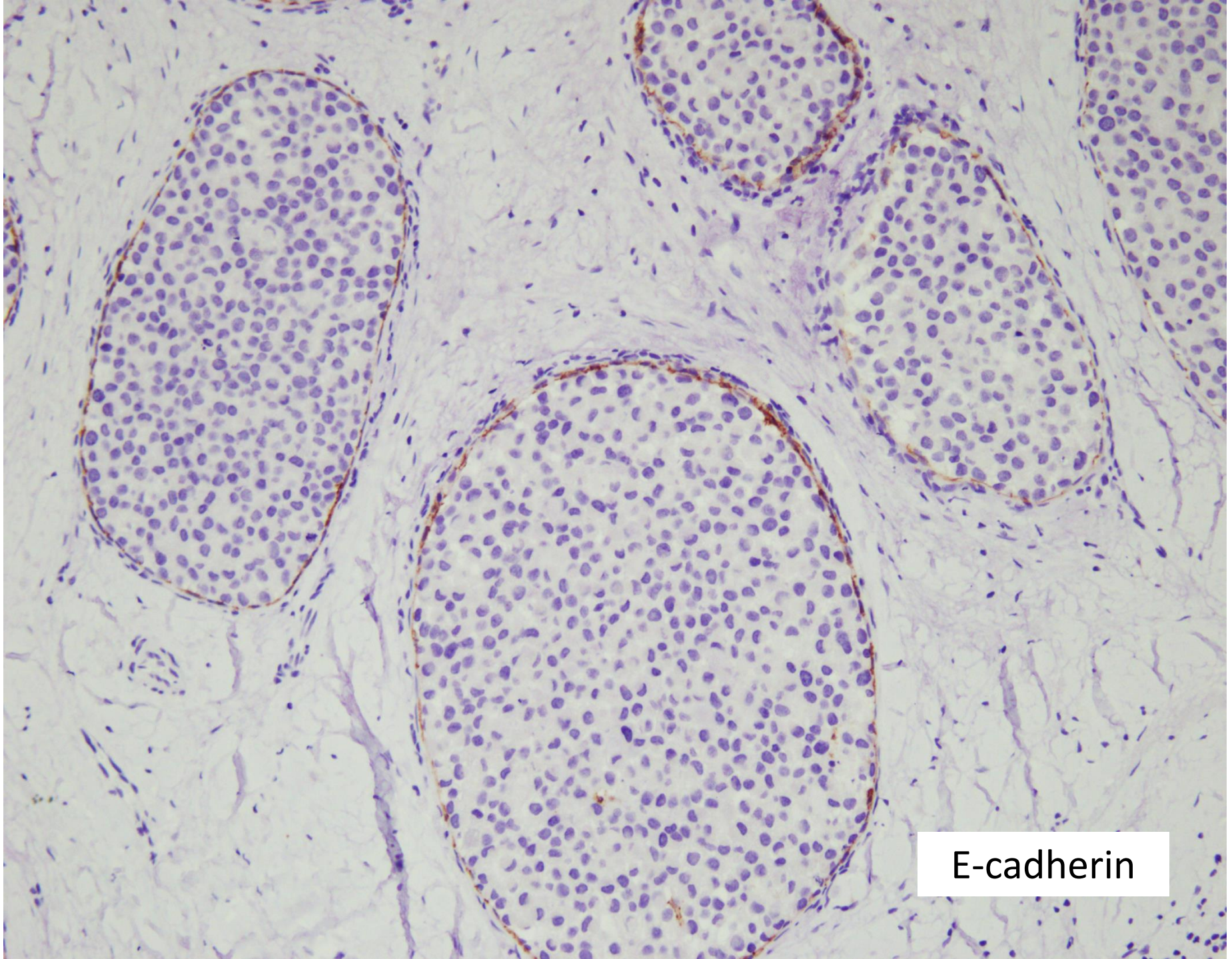
1.865 mm²

100 μ m

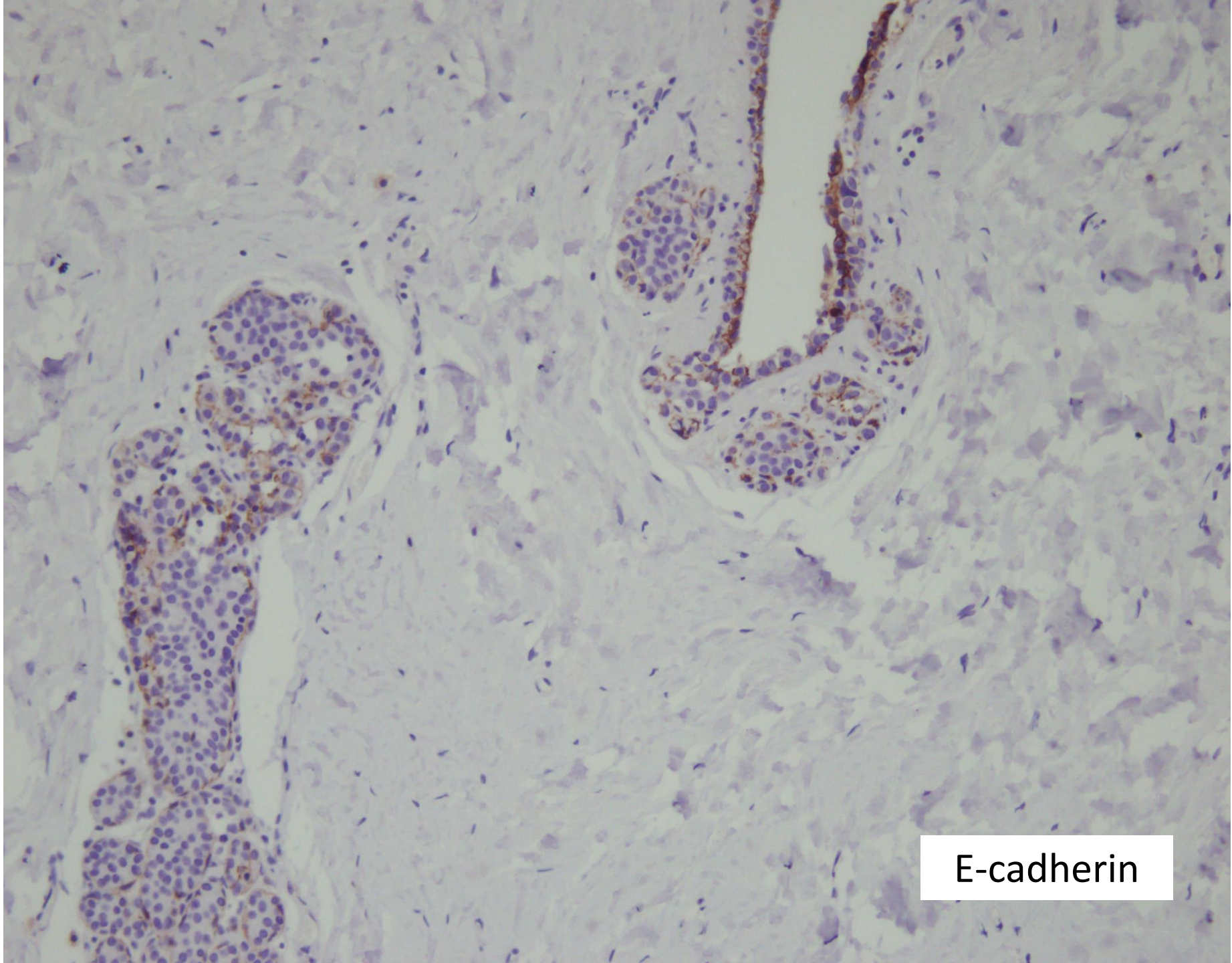




E-cadherin



E-cadherin



E-cadherin

Right breast, wide excision:

Lobular carcinoma in situ with
necrosis and focal pleomorphic
features.



Lobular carcinoma in situ in the era of mammographic screening

- Several variants of LCIS have been recognized with increasing frequency because of the presence of microcalcifications detected on screening mammography.
- These include:
 - Lesions in which the LCIS cells show the cytological features of classic LCIS (type A or B) but in which there is marked distention of involved spaces with areas of comedonecrosis
 - Lesions that show marked nuclear pleomorphism {equivalent to that seen in high-grade ductal carcinoma in situ (DCIS), with or without apocrine features and comedo necrosis (pleomorphic LCIS)}.

Lobular carcinoma in situ in the era of mammographic screening

- All these lesions typically lack E-cadherin expression and display genomic alterations by array-based comparative genomic hybridization (CGH) typical of lobular lesions (16q losses and 1q gains).
- While anecdotal data suggest that these variants may have a different clinical course than classical LCIS, the clinical significance and appropriate management of these LCIS variants is at this time is uncertain.

WHO 2012



Pleomorphic LCIS

- More likely to be negative for ER, particularly in the apocrine variant, positive for HER2 and p53 and to have a higher Ki67 proliferative index.
- Apocrine differentiation has been described, and the cells also express GCDFP-15 (gross cystic disease fluid protein-15).

WHO 2012



Management of LCIS

- Degree of pleomorphism, bulk of disease, solid-duct involvement and presence of comedonecrosis are used to distinguish potentially more aggressive and established forms of LCIS that may merit consideration for complete excision.

WHO 2012



 Breast
Pathology
Course 2014

