## case 50

60 year old woman underwent left mastectomy and sentinel lymph node biopsy after a core biopsy of a left breast mass yielded malignancy.







## Macroscopic specimen:

Mastectomy showed 2 lesions:
the larger which was ill-defined and whitishstellate measuring 4.1 cm , and the smaller lesion was a relatively circumscribed nodule 1 cm , macroscopically 5 mm away from the main lesion












## Diagnosis:

## Invasive carcinoma with squamous

 metaplastic and mucinous components High nuclear grade ductal carcinoma in situ~ 3 negative sentinel lymph nodes
~ Squamous carcinoma triple negative
~ Mucinous carcinoma ER/PR positive, cerbB2 negative

## Squamous carcinoma of the breast

- Classified as a metaplastic carcinoma.
- $>90 \%$ of tumour comprises keratinising squamous carcinoma.
- Primary breast squamous carcinoma needs to be centred within the breast parenchyma.
- Need to distinguish from:
- Squamous cell carcinoma of the skin with secondary involvement of the breast.
- Metastasis from extramammary site.


## Squamous carcinoma of the breast

- Precursor lesion is uncertain:
- Squamous ductal carcinoma in situ has been proposed as the origin, but is rarely encountered in squamous carcinoma of breast.
- Benign squamous metaplasia.
- Cell of origin suggested as myoepithelial.


## Squamous carcinoma of the breast

- Treatment:
- Surgery, radiation, chemotherapy (cisplatin)
- Prognosis:
- Lower recurrence free survival and worse prognosis than stage matched invasive ductal carcinoma


## Mucinous carcinoma

- Classification according to Capella et al.
- Type A:
- Abundant mucin
- Epithelium in trabeculae, ribbons \& festoons
- 'classical' pure mucinous carcinoma
- Type B:
- Less mucin
- More intracytoplasmic mucin and granular cytoplasm
- Frequent argyrophilia
- Variant of mucinous carcinoma with endocrine differentiation
- Type AB:
- Transitional features between Types A and B
- No prognostic impact of subtypes.


