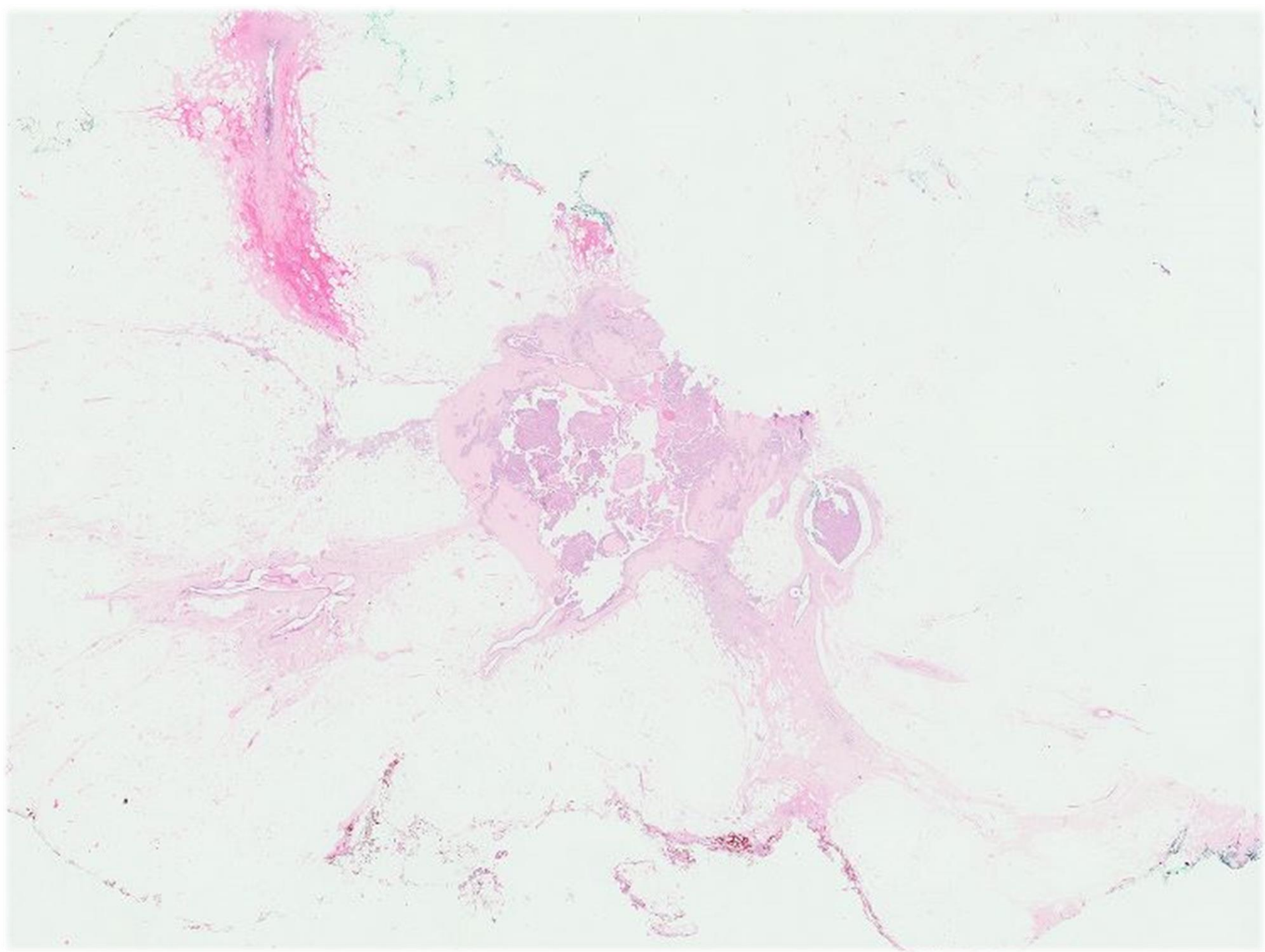
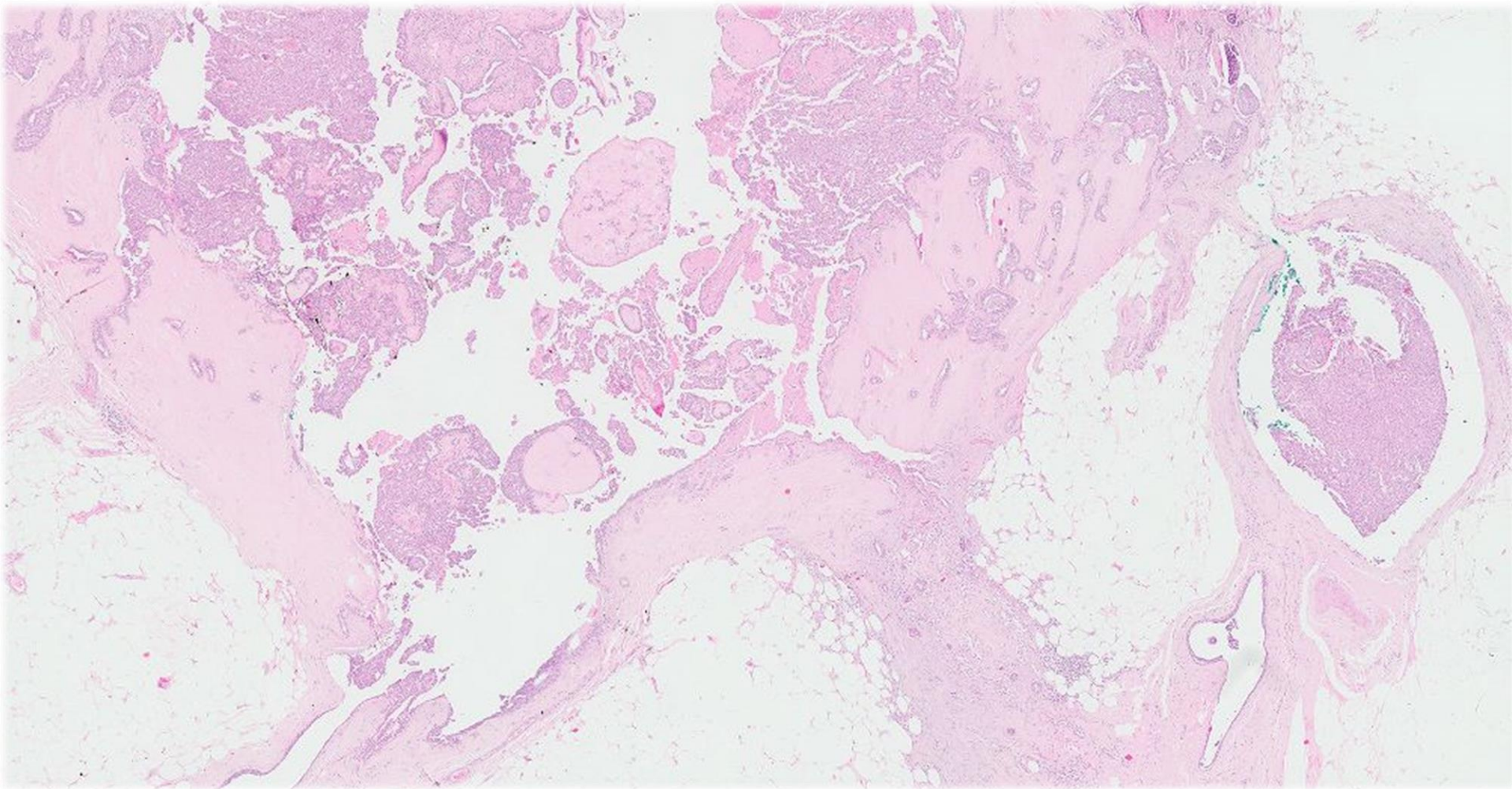


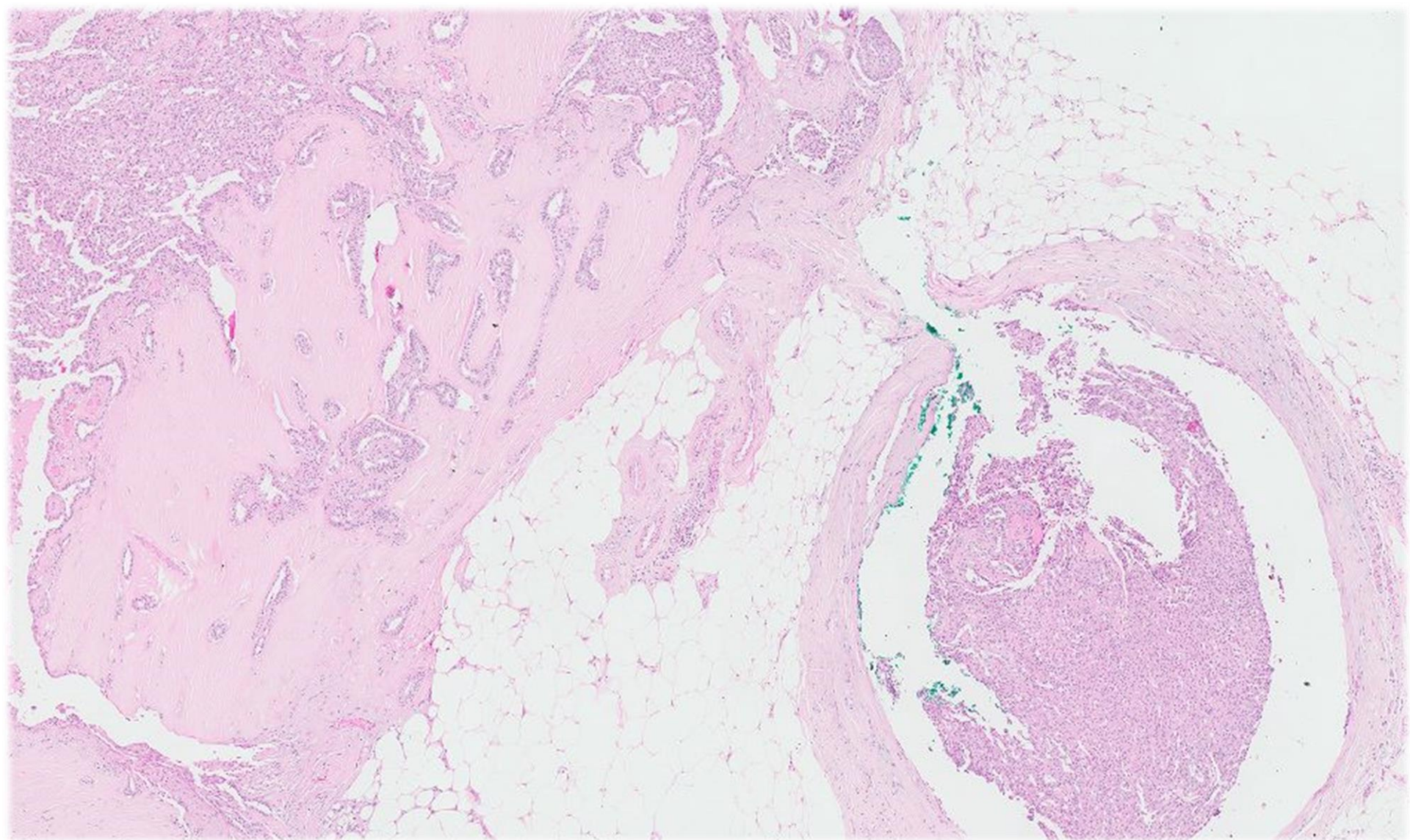
Case 1

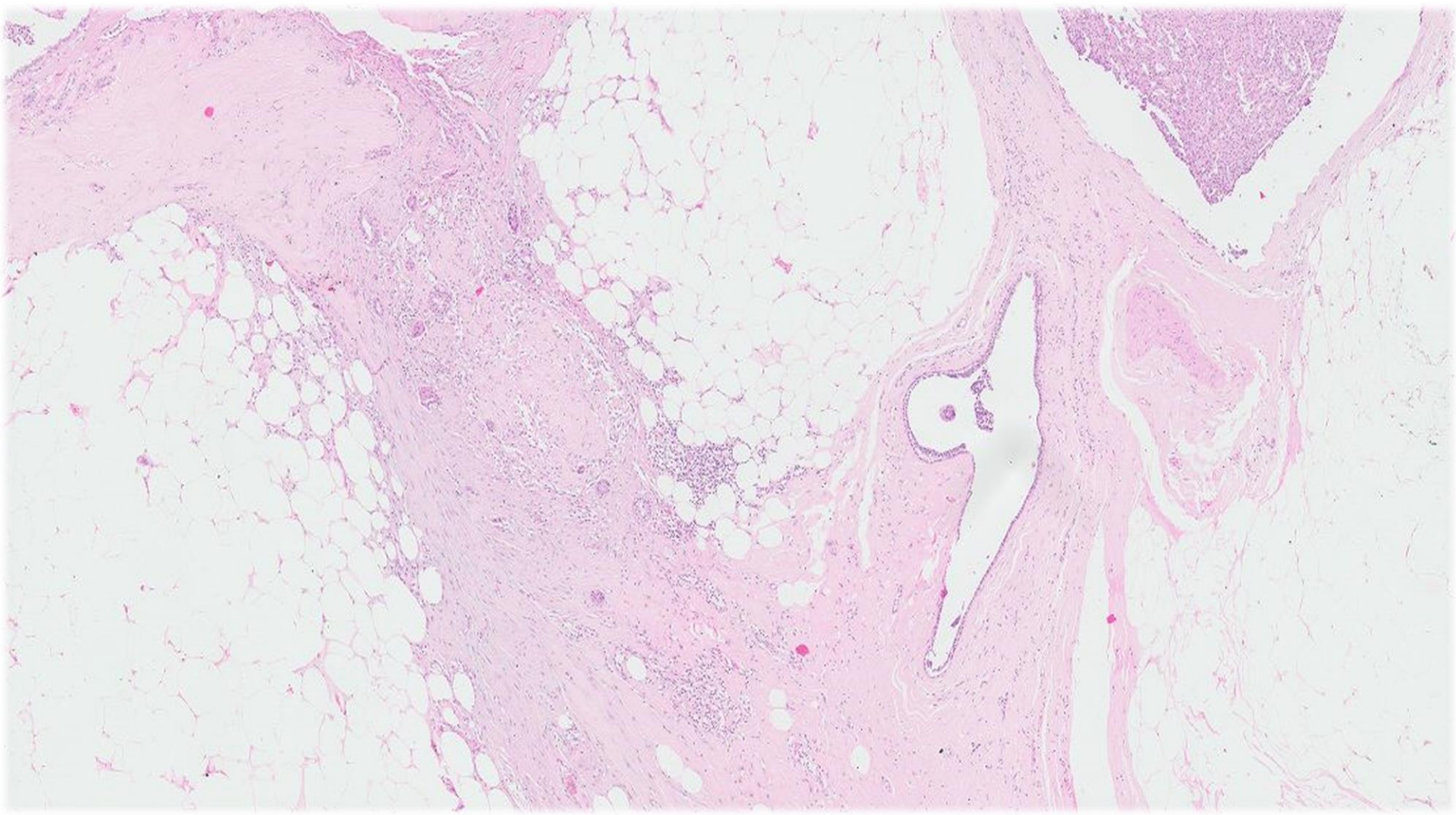
49 year old Malay lady underwent excision biopsy of a right breast 10 o'clock lump after core biopsy disclosed a papillary lesion.

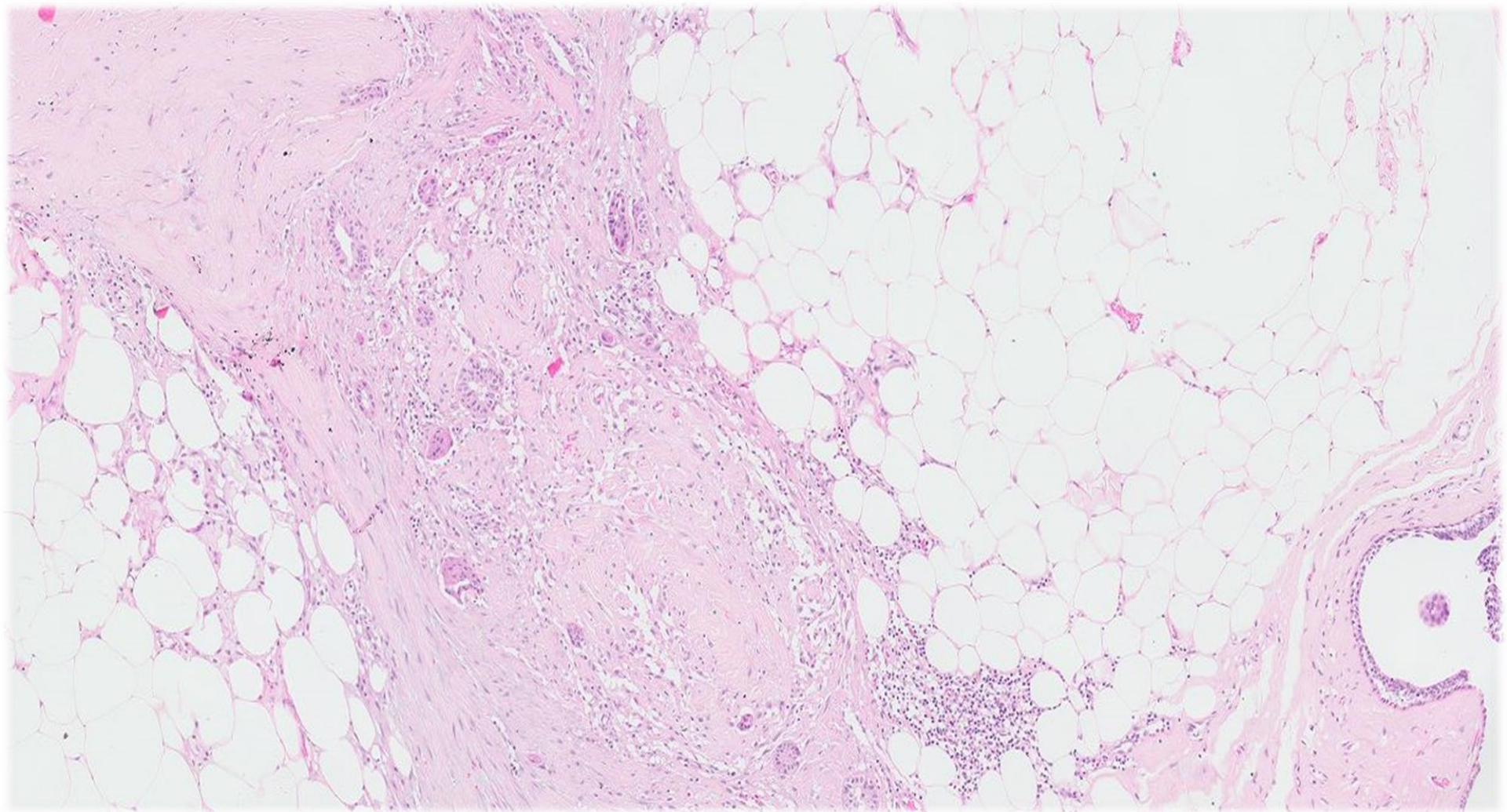


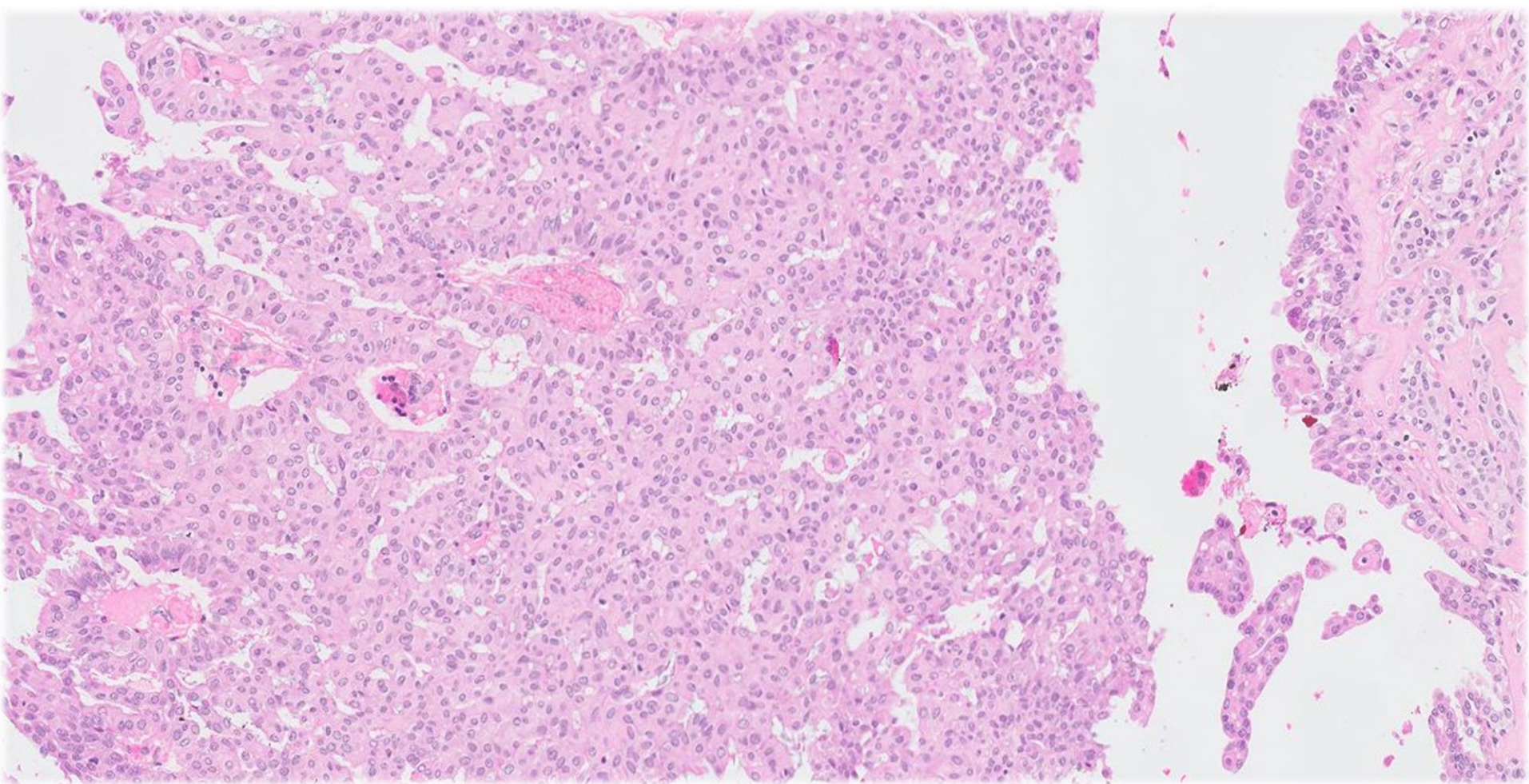






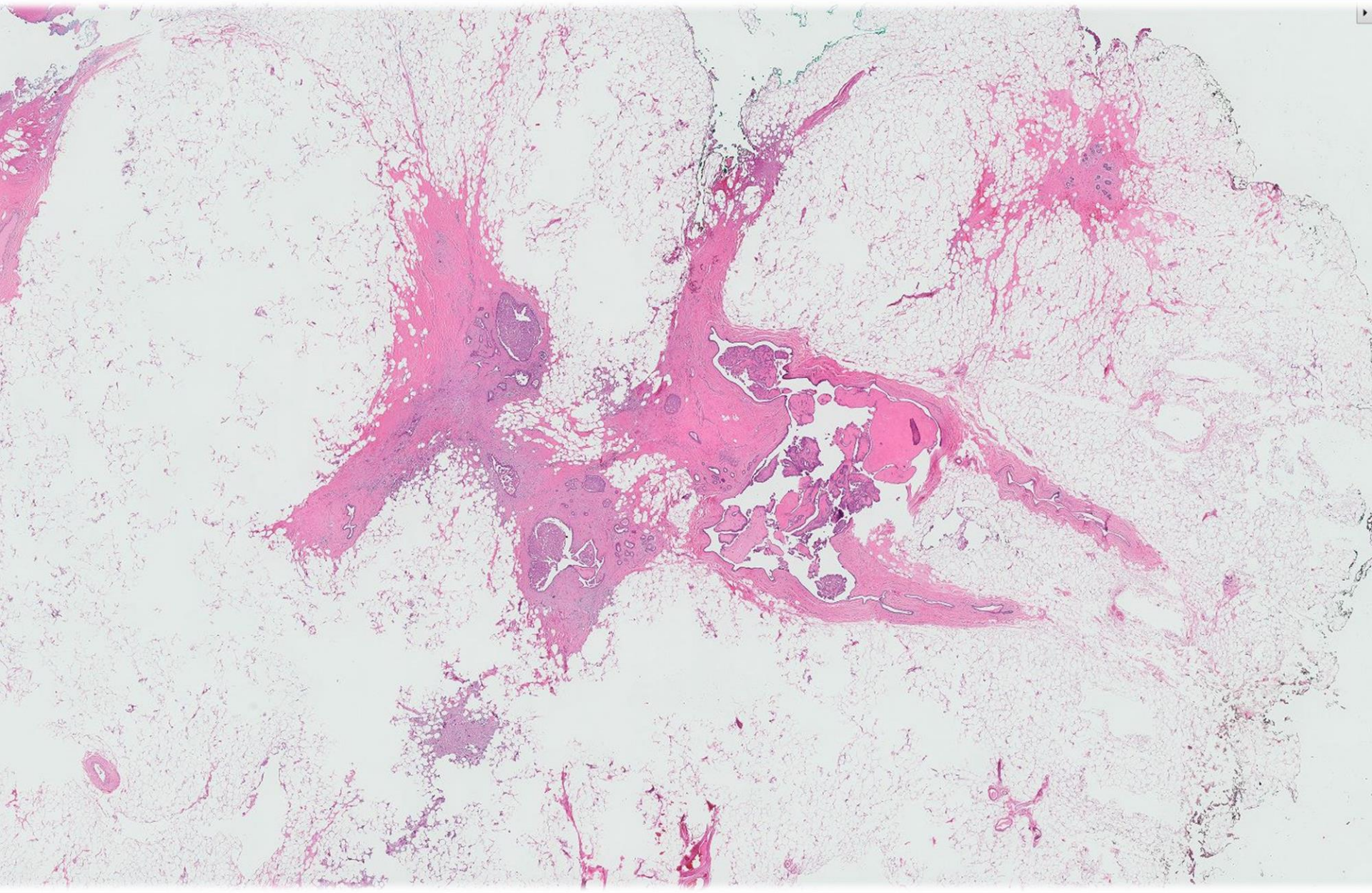


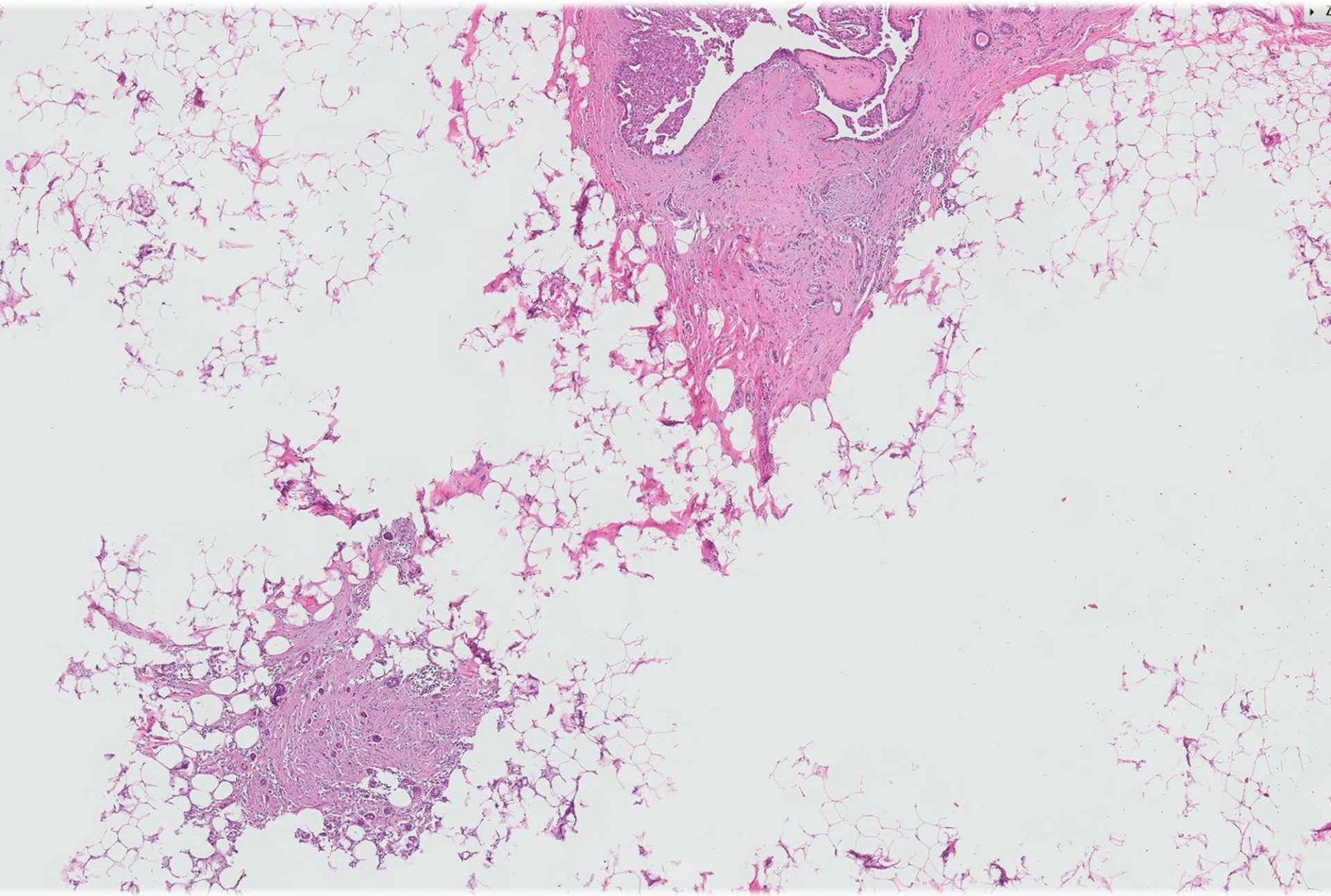


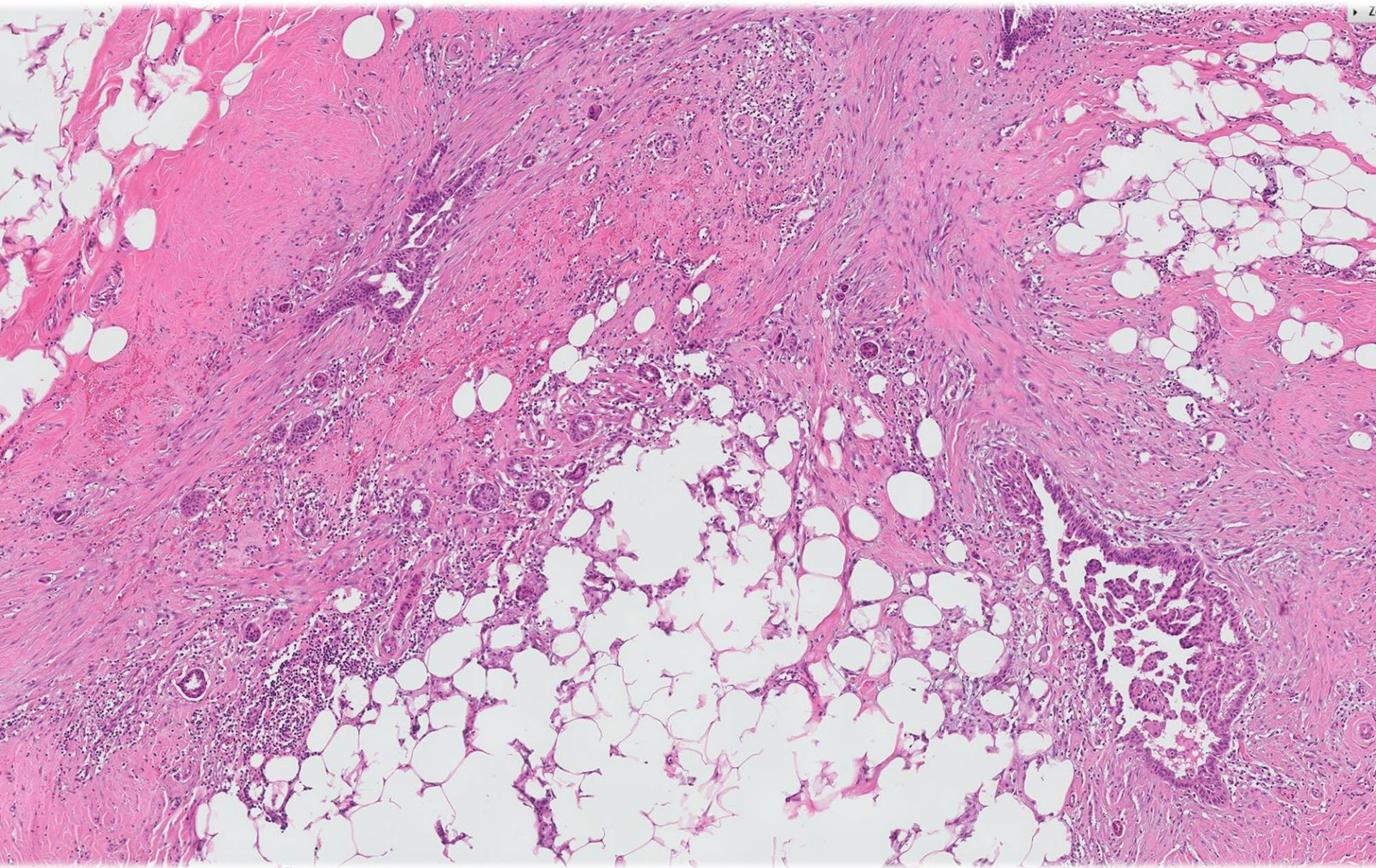


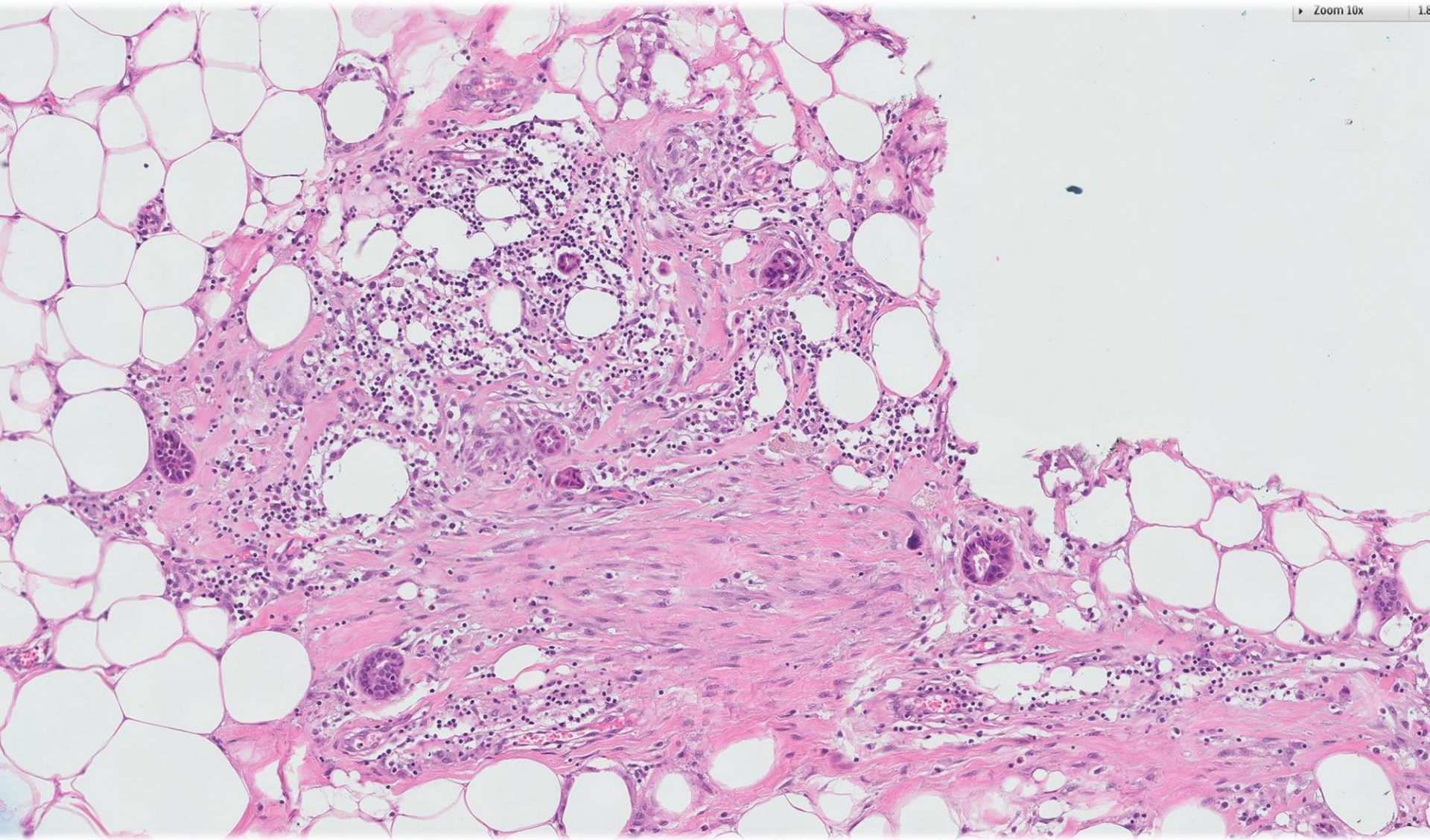
View of SGH campus from Tiong Bahru

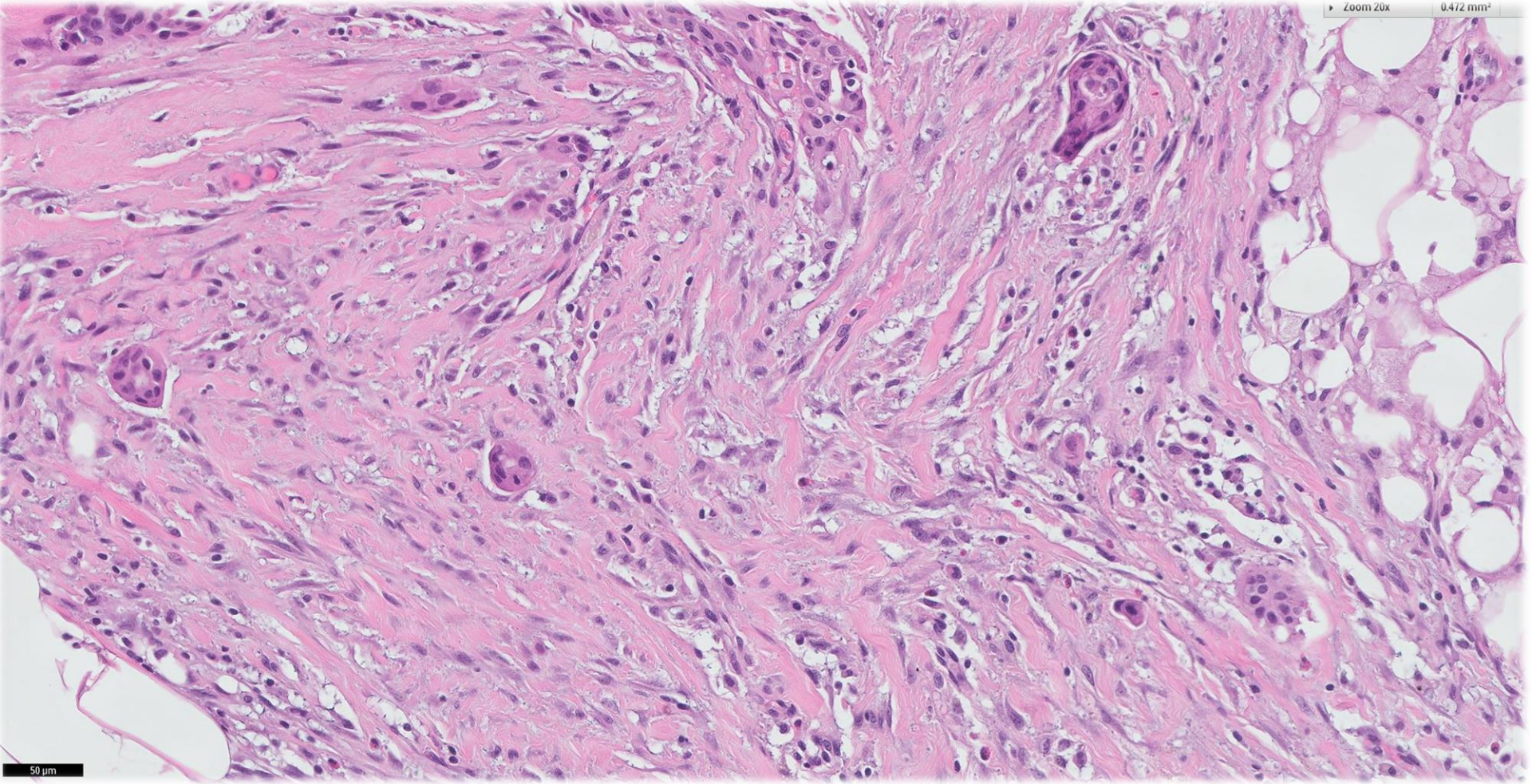


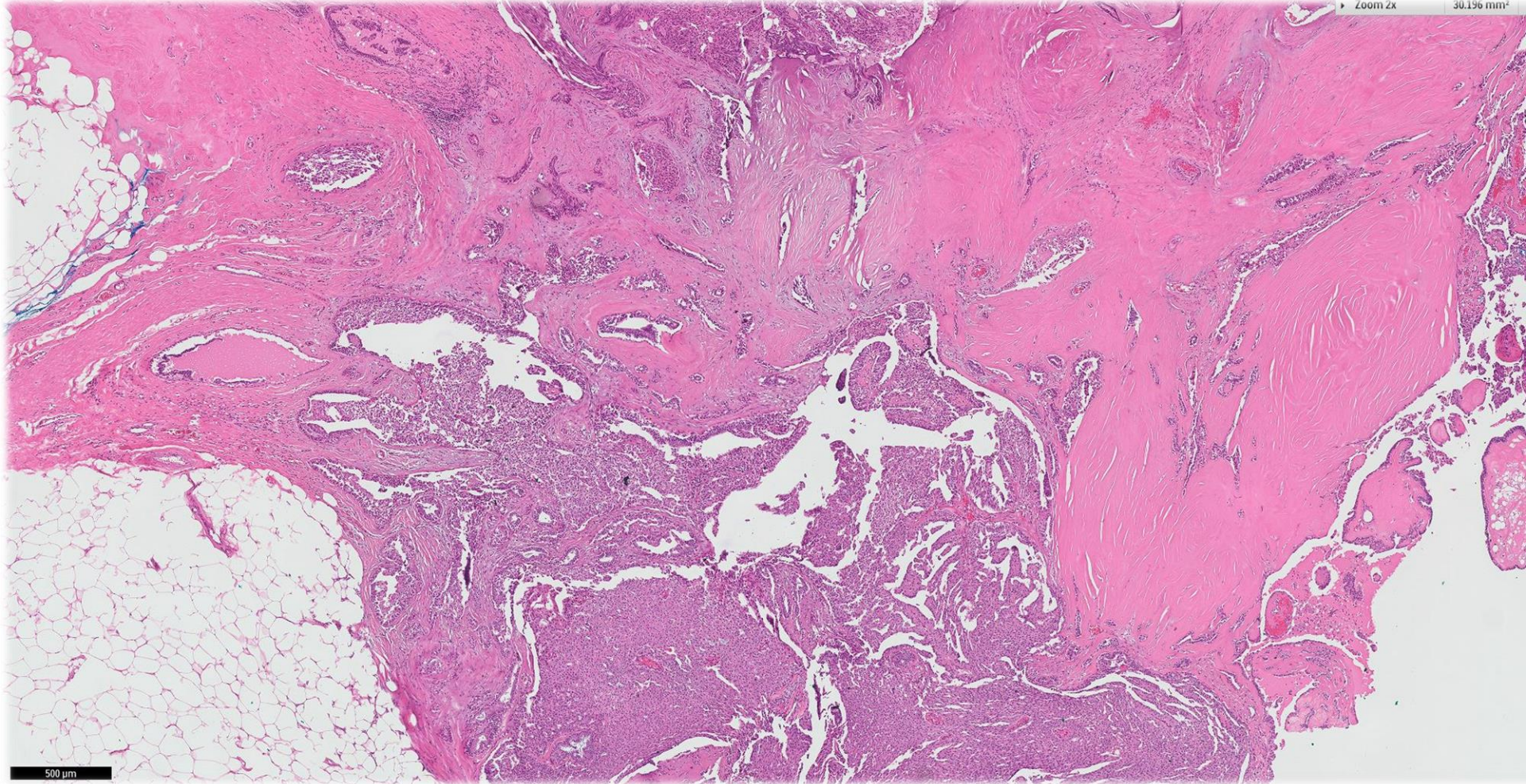


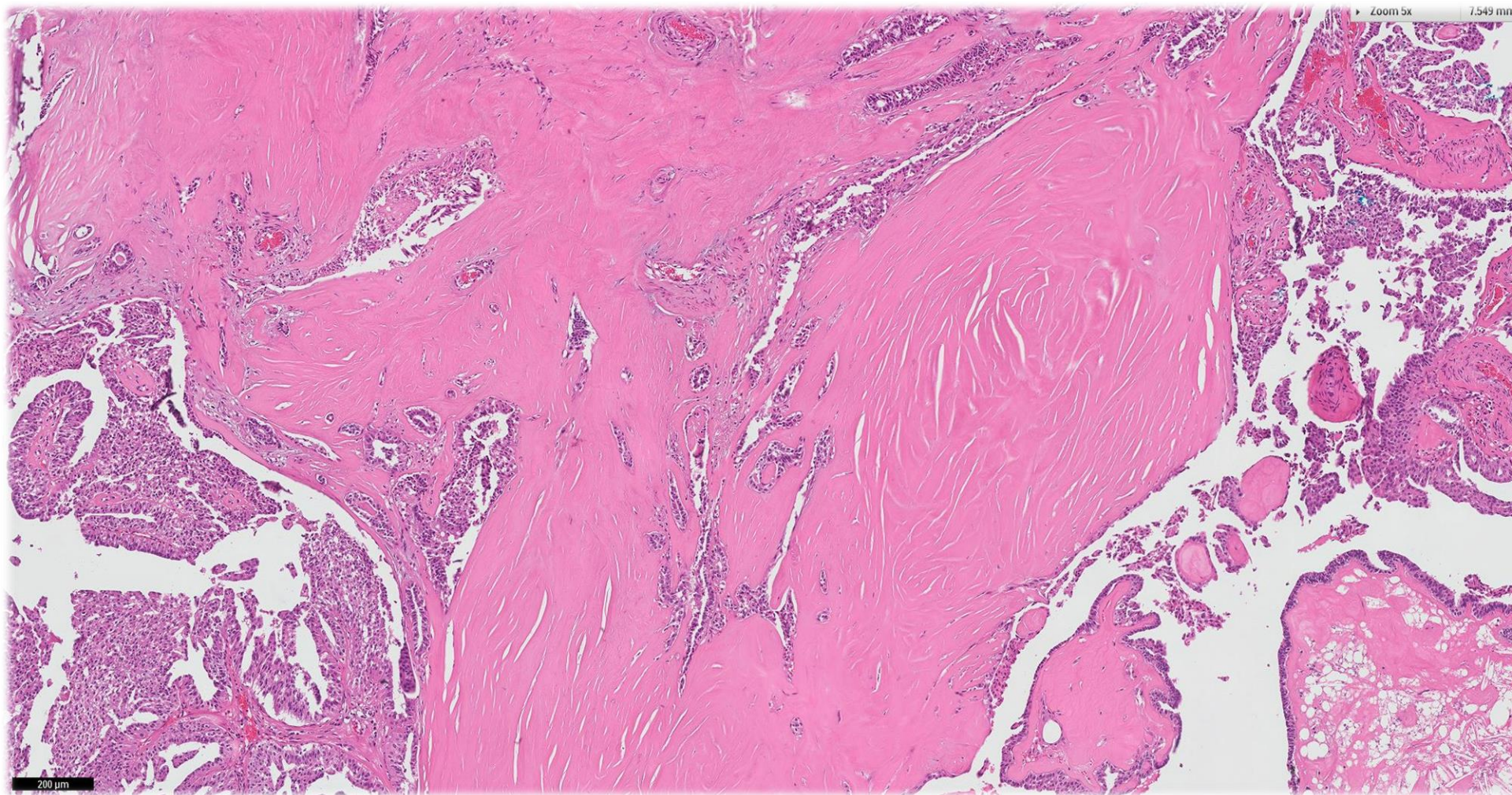




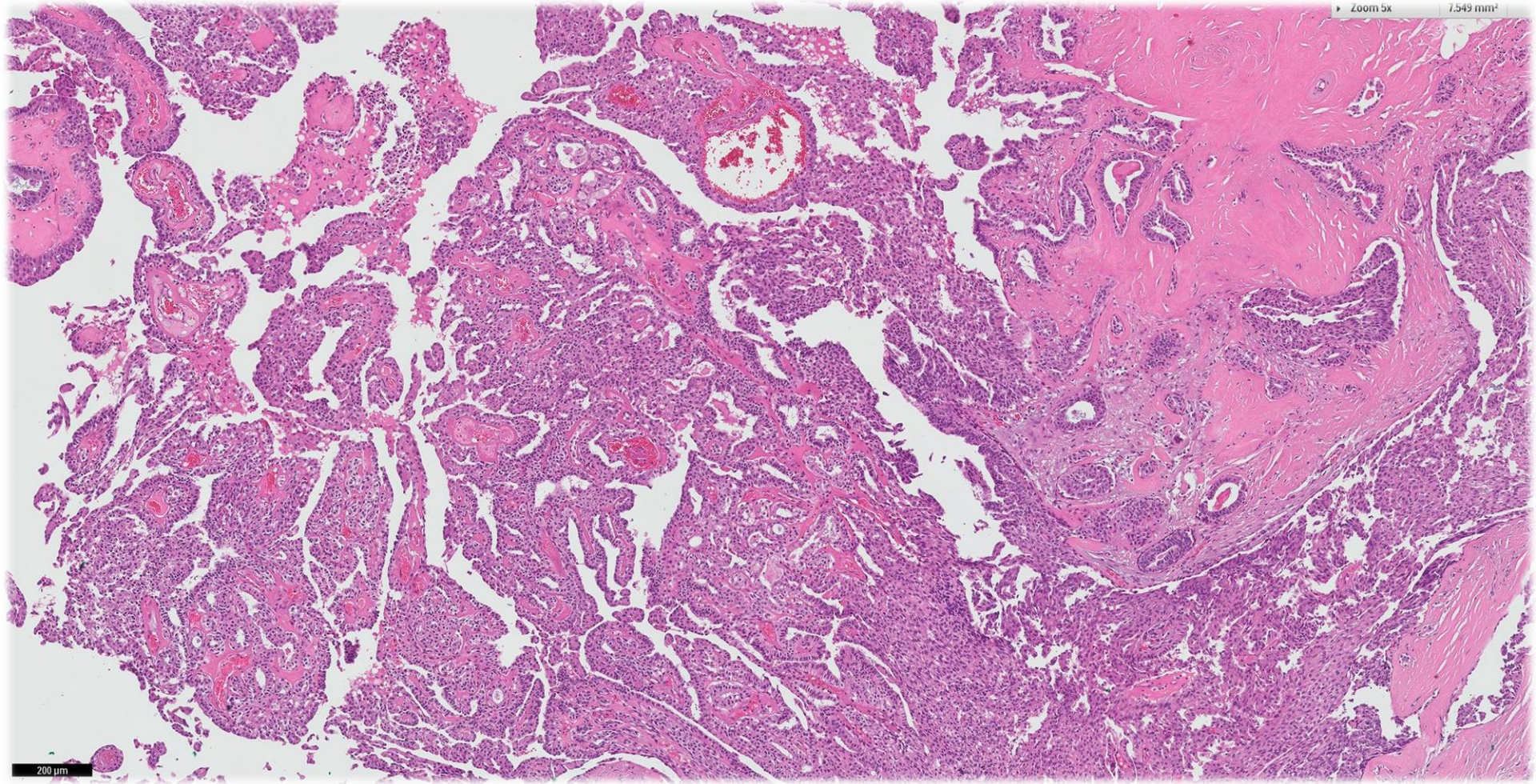






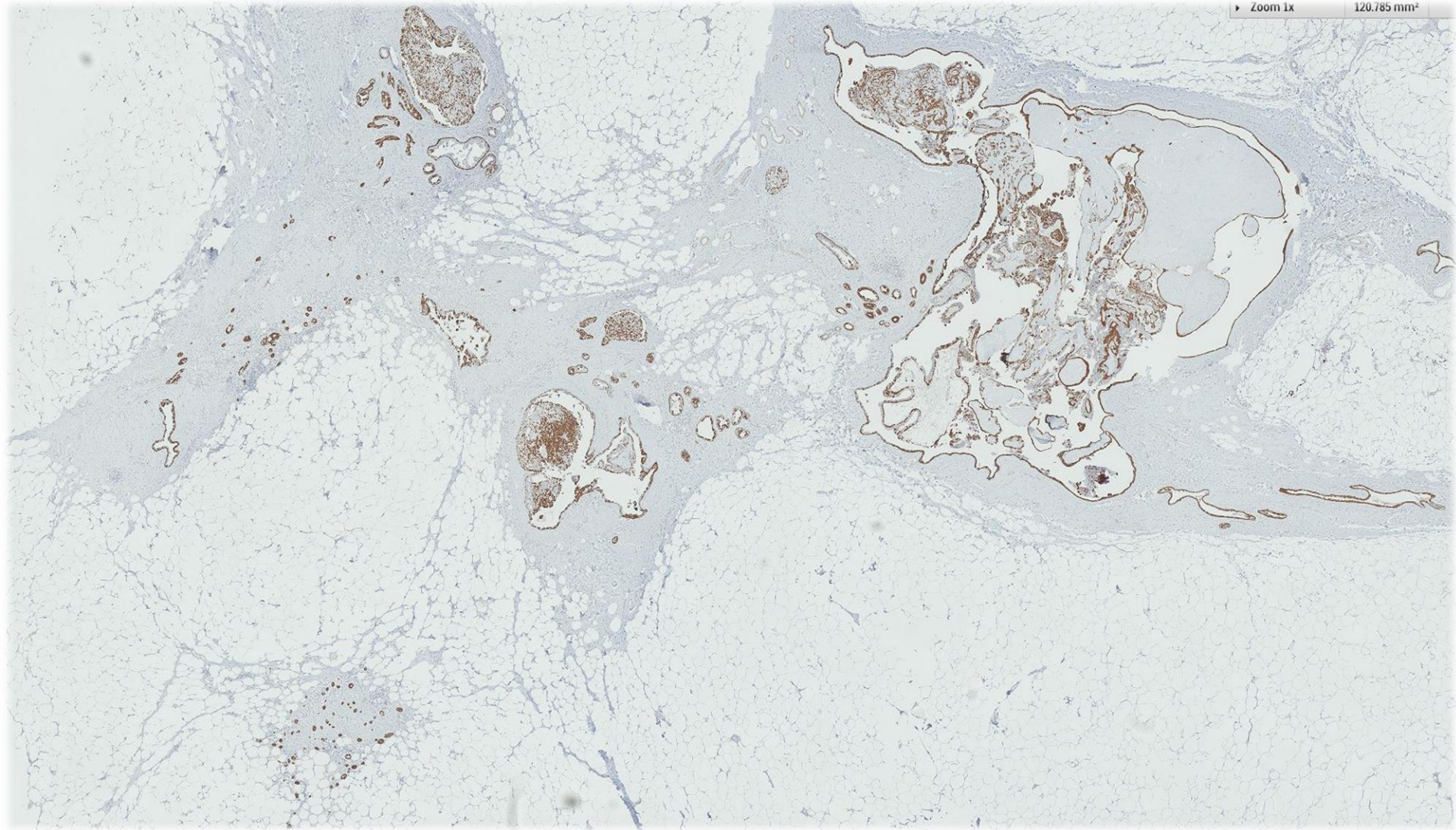


200 μm

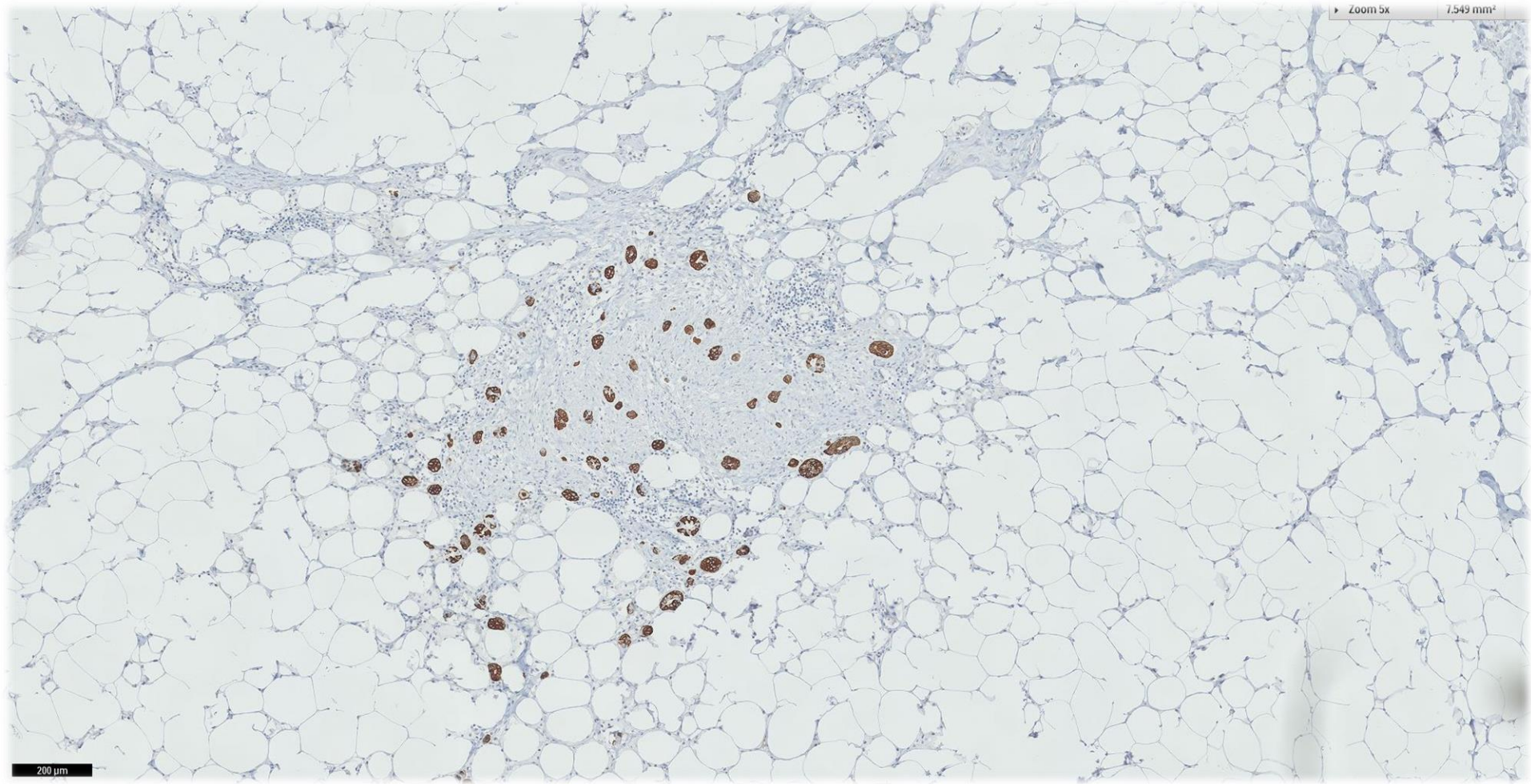


CK14

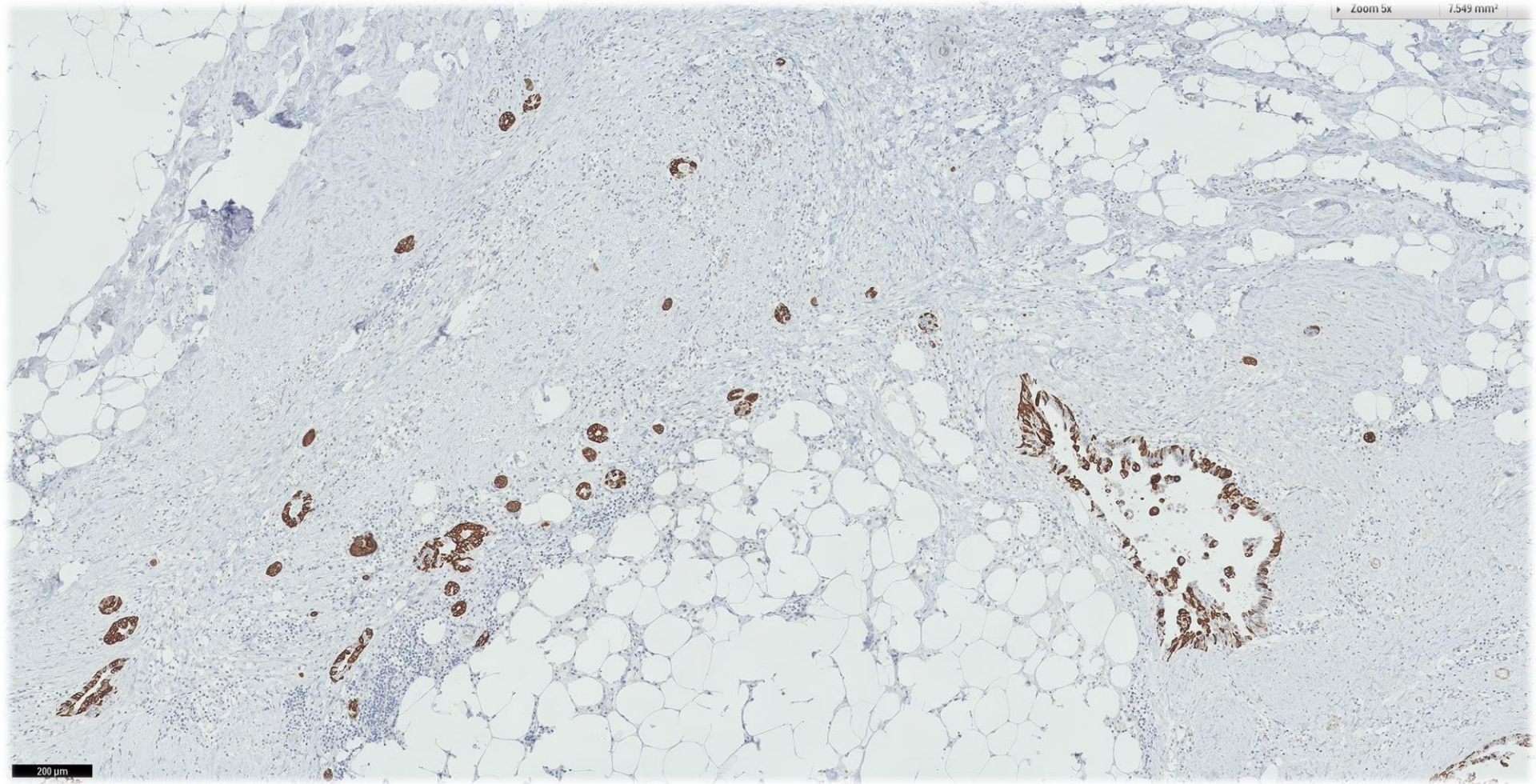
Zoom 1x 120.785 mm²



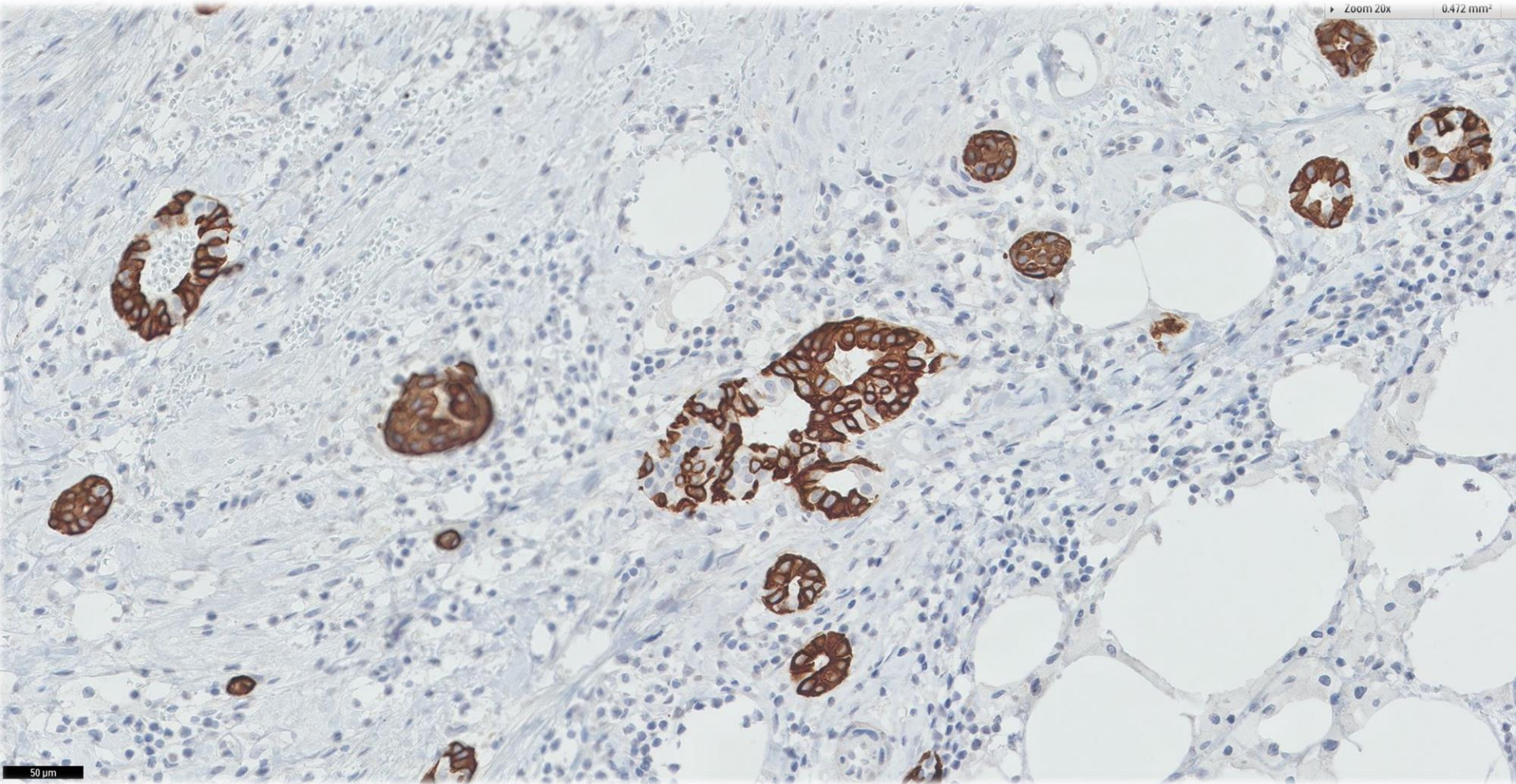
CK14



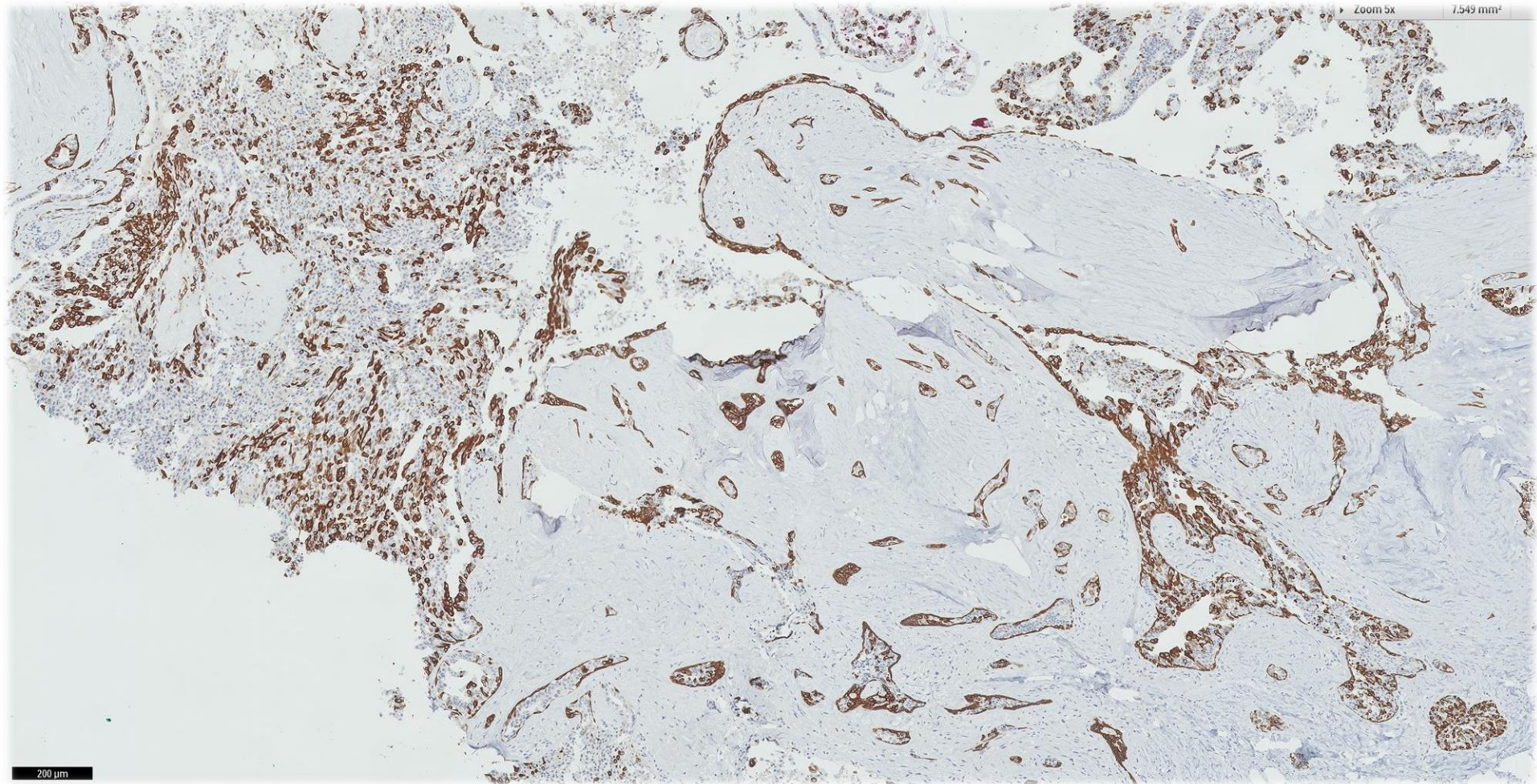
CK14



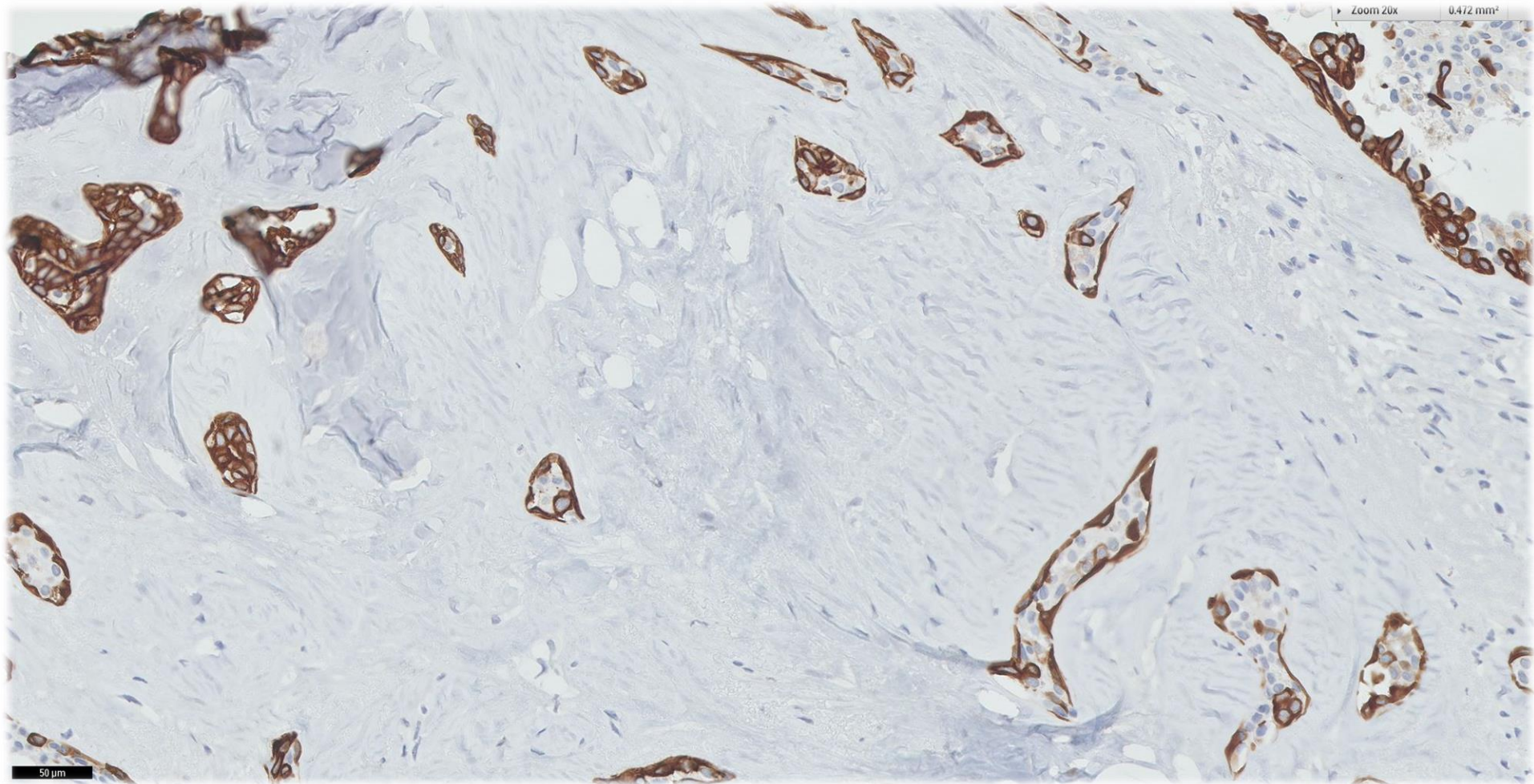
CK14



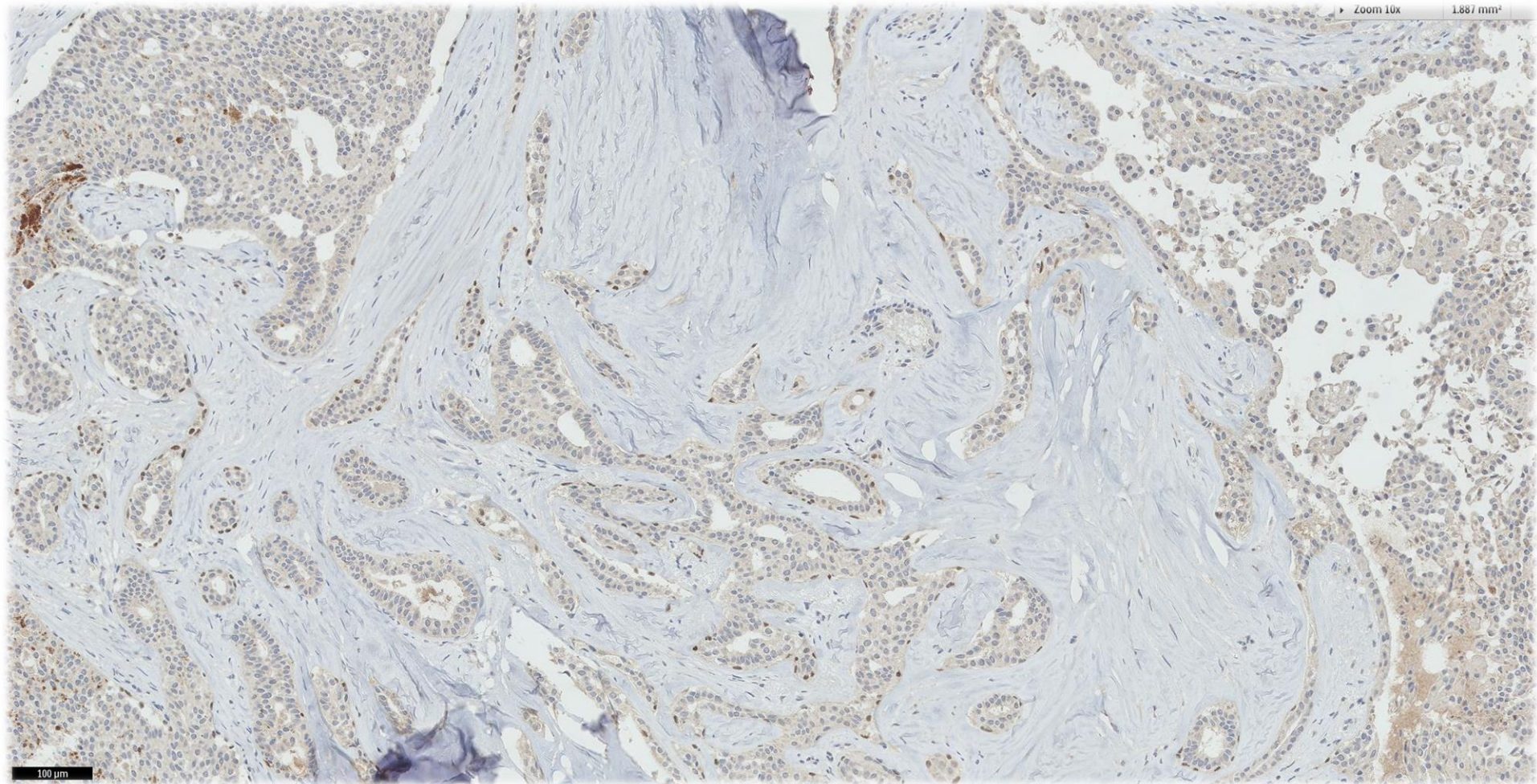
CK14



CK14

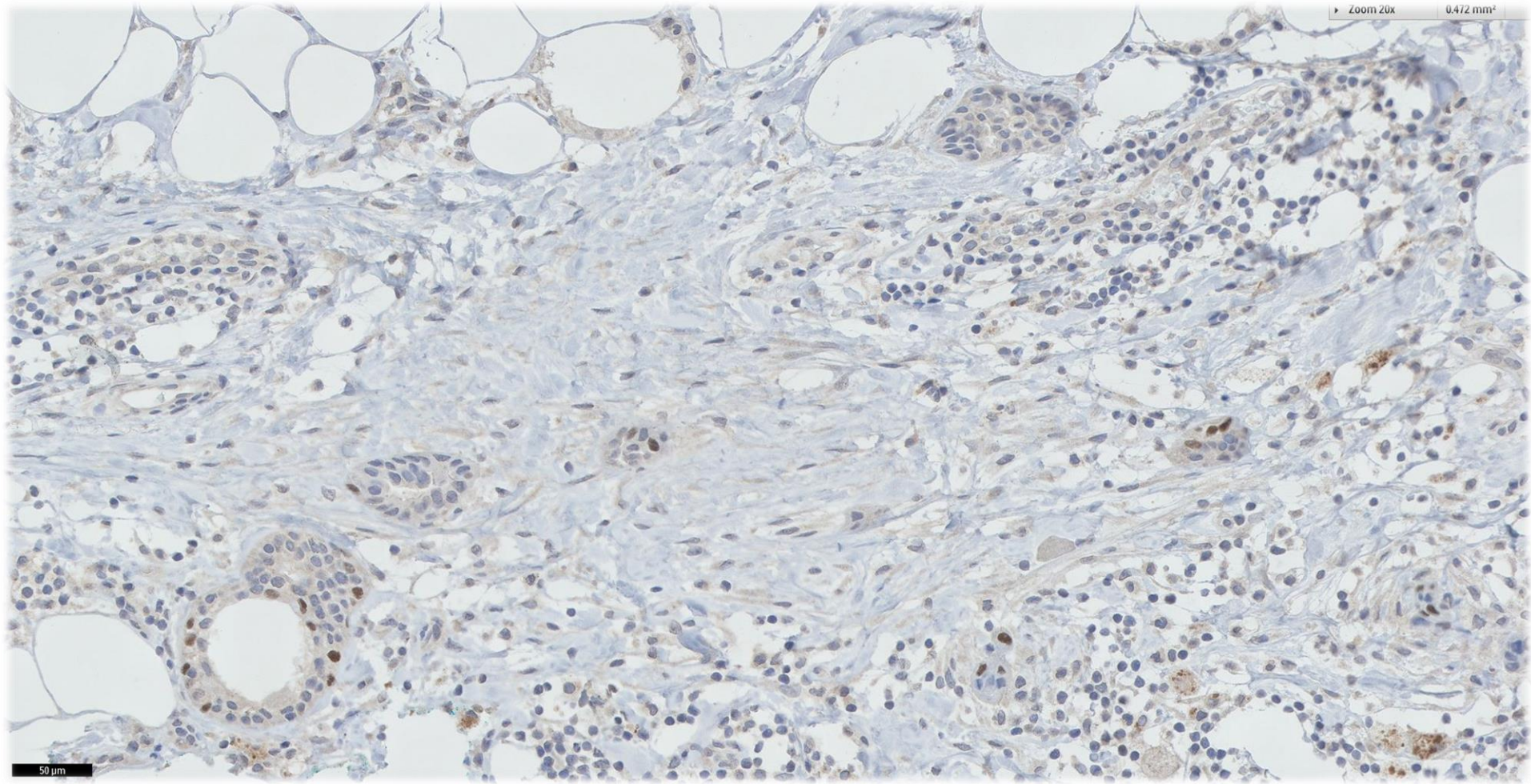


p63



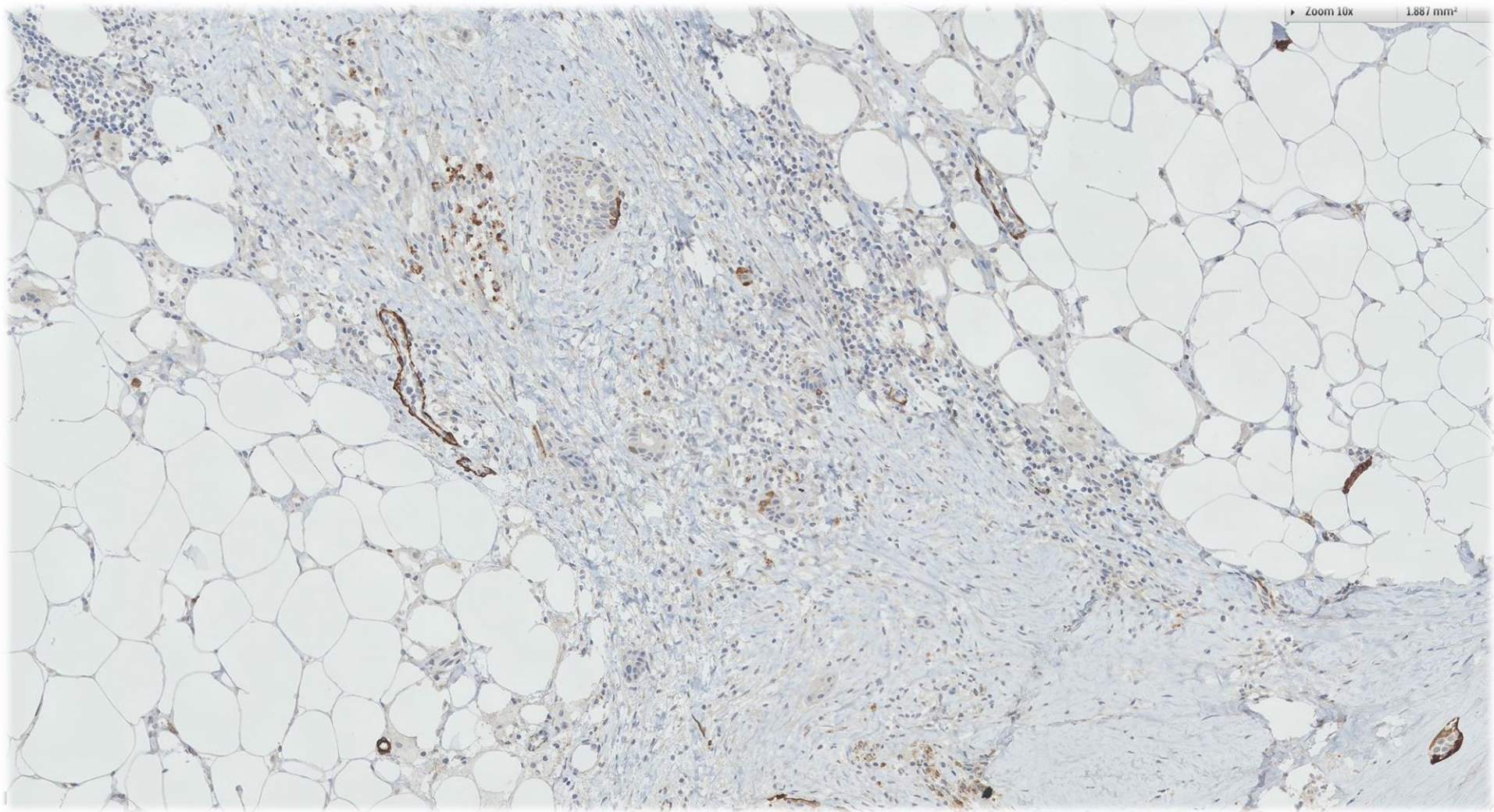
p63

Zoom 20x 0.472 mm²



50 μ m

SMMHC



Diagnosis

- Intraductal papilloma with florid usual ductal hyperplasia.
- Previous biopsy site with displaced epithelial nests.



- Within sclerotic portions of the intraductal papilloma, there can be entrapped epithelial nests and tubules which may be distorted, angulated and squamoid, raising concern for invasion that may be refuted by confirming the presence of myoepithelial cells on immunohistochemistry.

- Epithelial displacement phenomenon may be seen in papillomas with prior instrumentation, mimicking invasive cancer.

Nagi et al. Arch Pathol Lab Med. 2005;129(11):1465-9.

- Displaced epithelial nests are mostly limited to granulation or fibrotic zones of the biopsy tract.
- Immunohistochemistry may be helpful in confirming myoepithelial cuffing.

