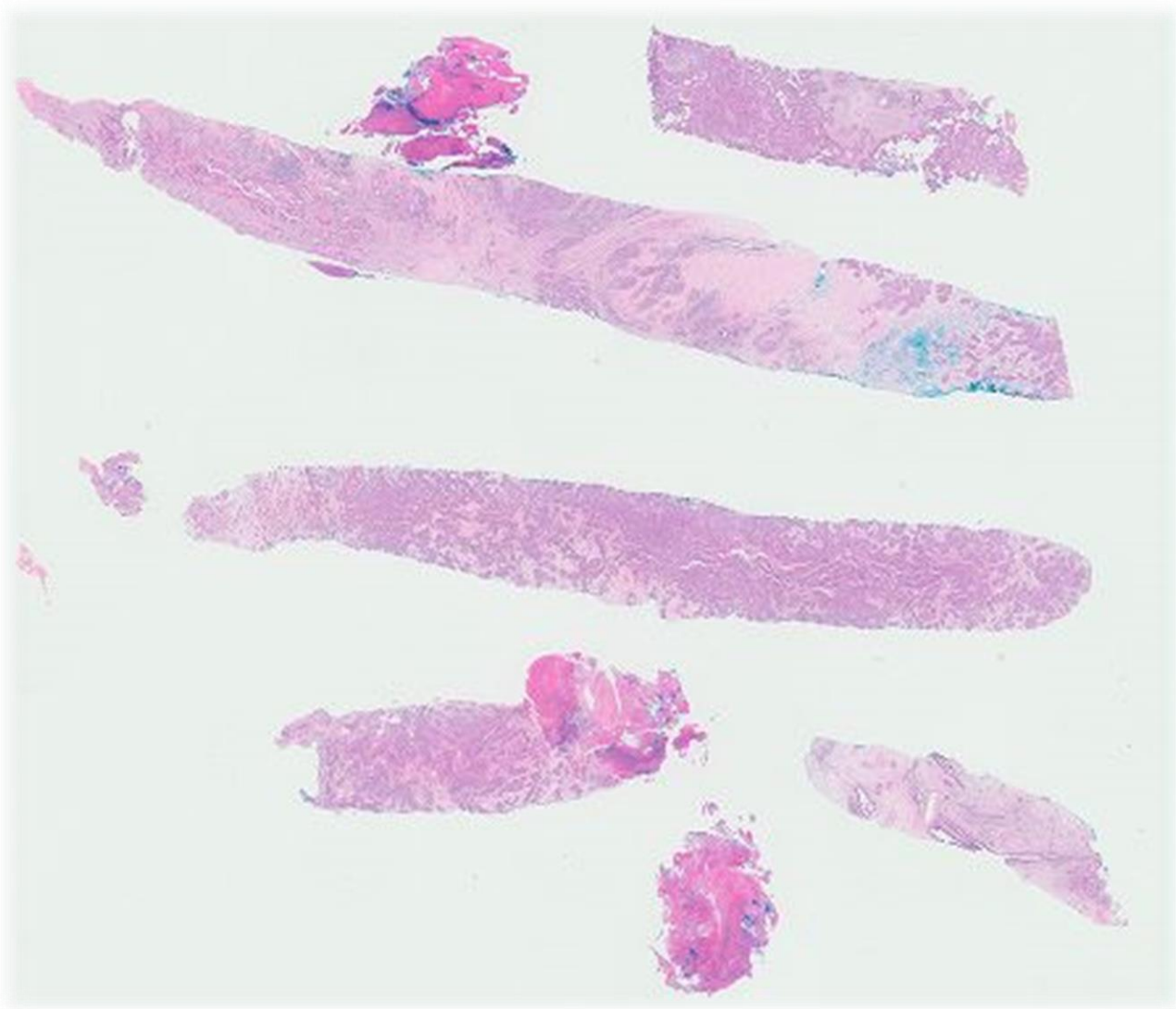


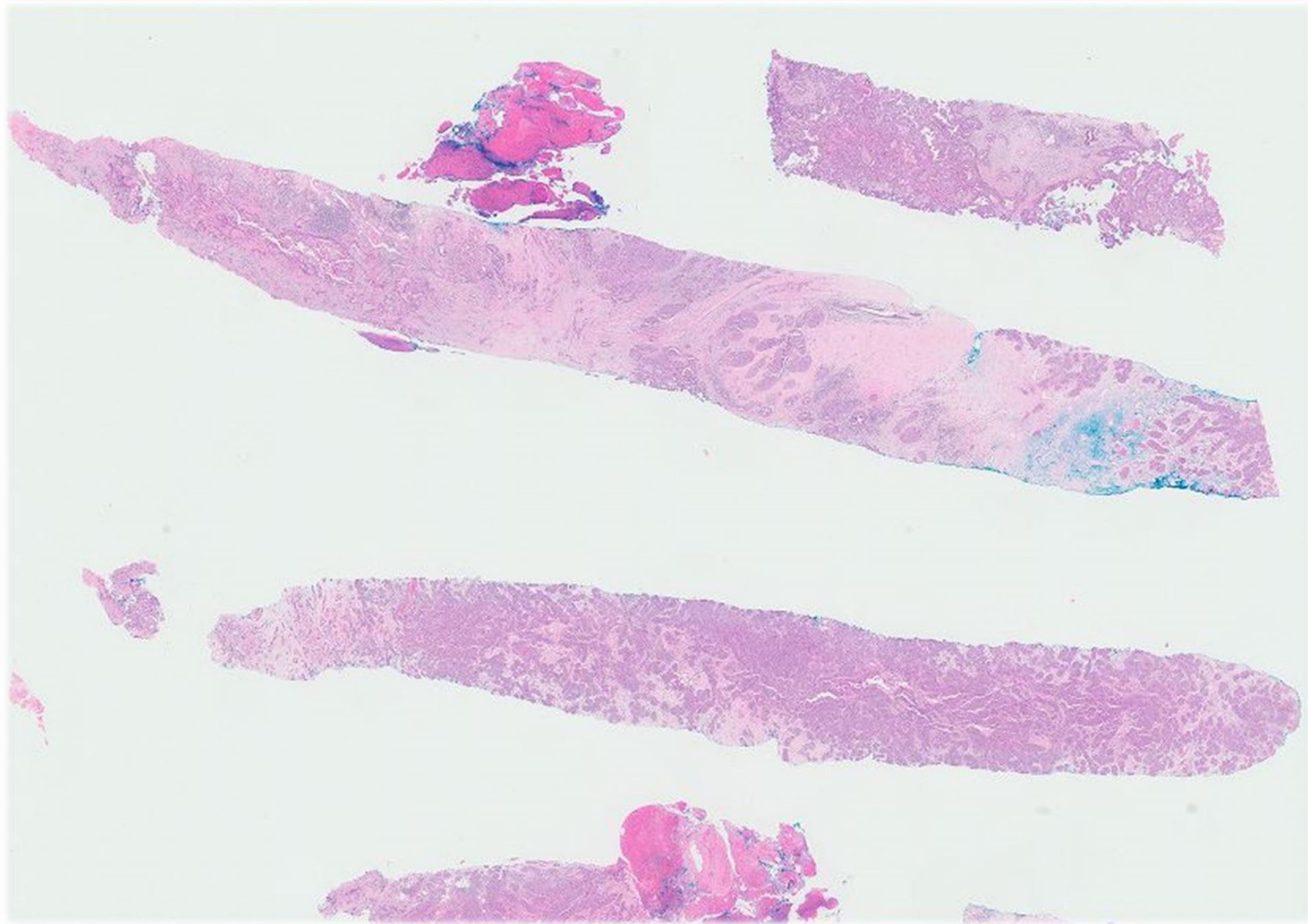
Case 10

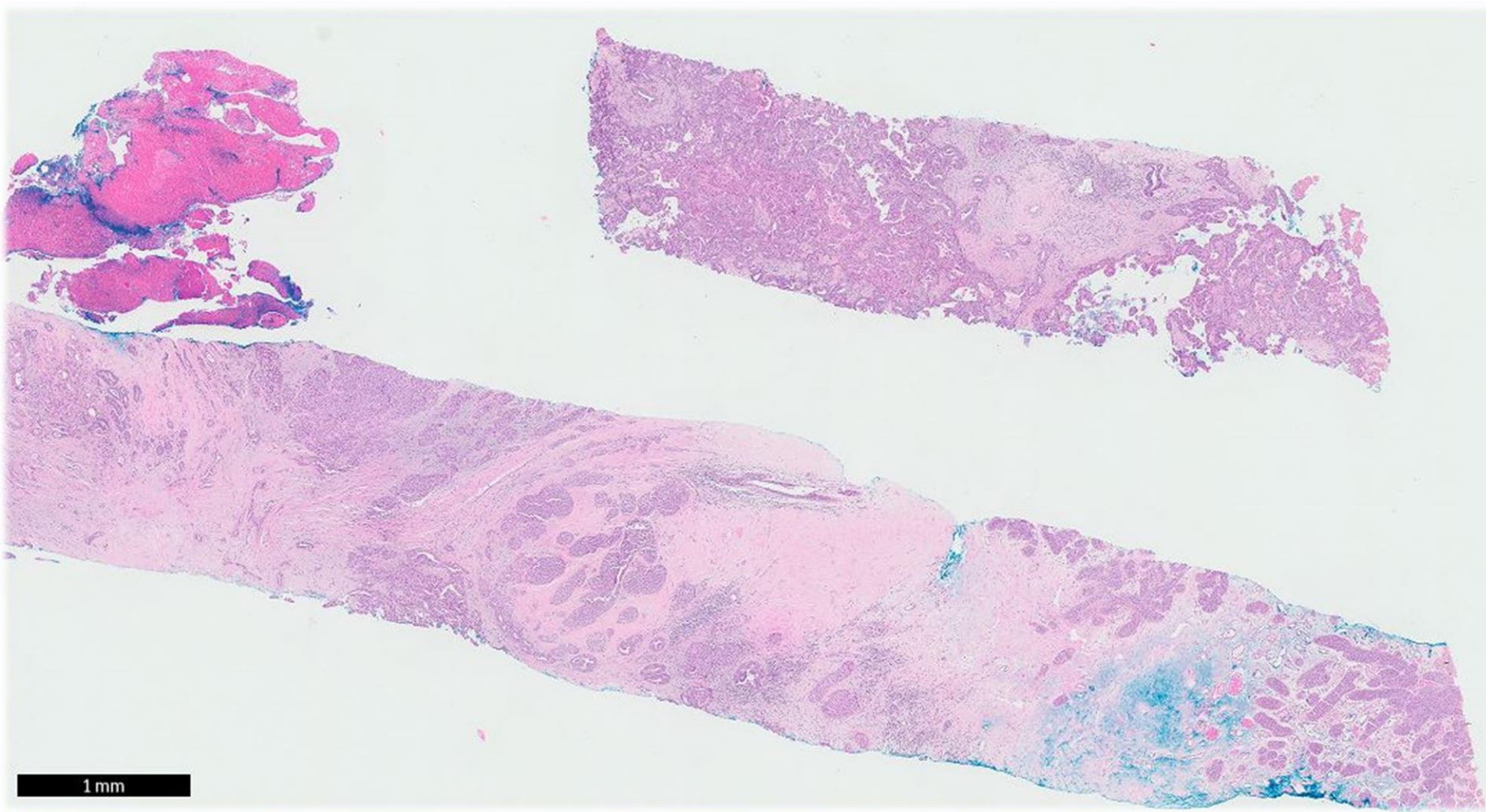
48 year old Malay lady underwent an ultrasound guided core biopsy of a nodule in the 10 o'clock position of the right breast.

A biopsy of another nodule in the right breast 3 o'clock periareolar position showed sclerosing adenosis with calcifications.



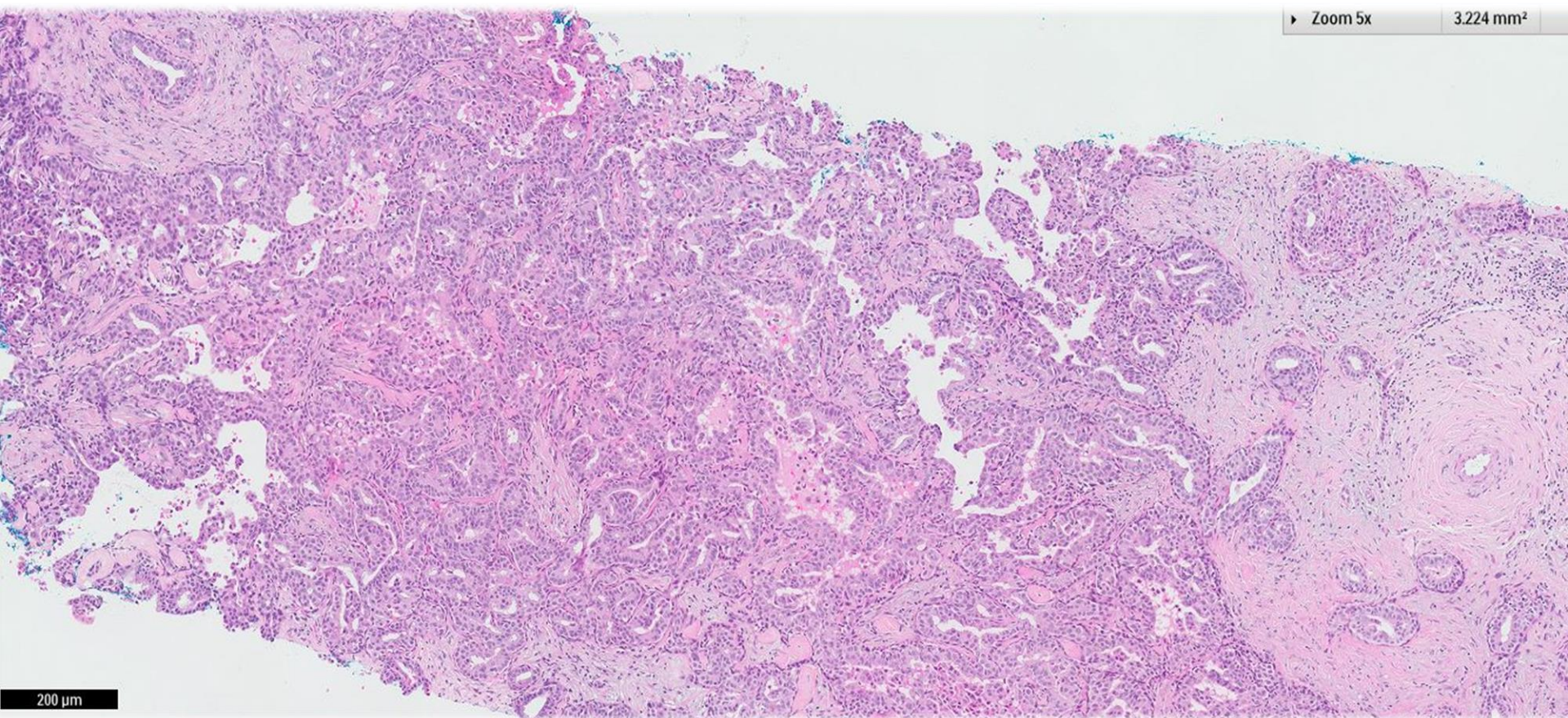






► Zoom 5x

3.224 mm²



200 μ m

► Zoom 5x

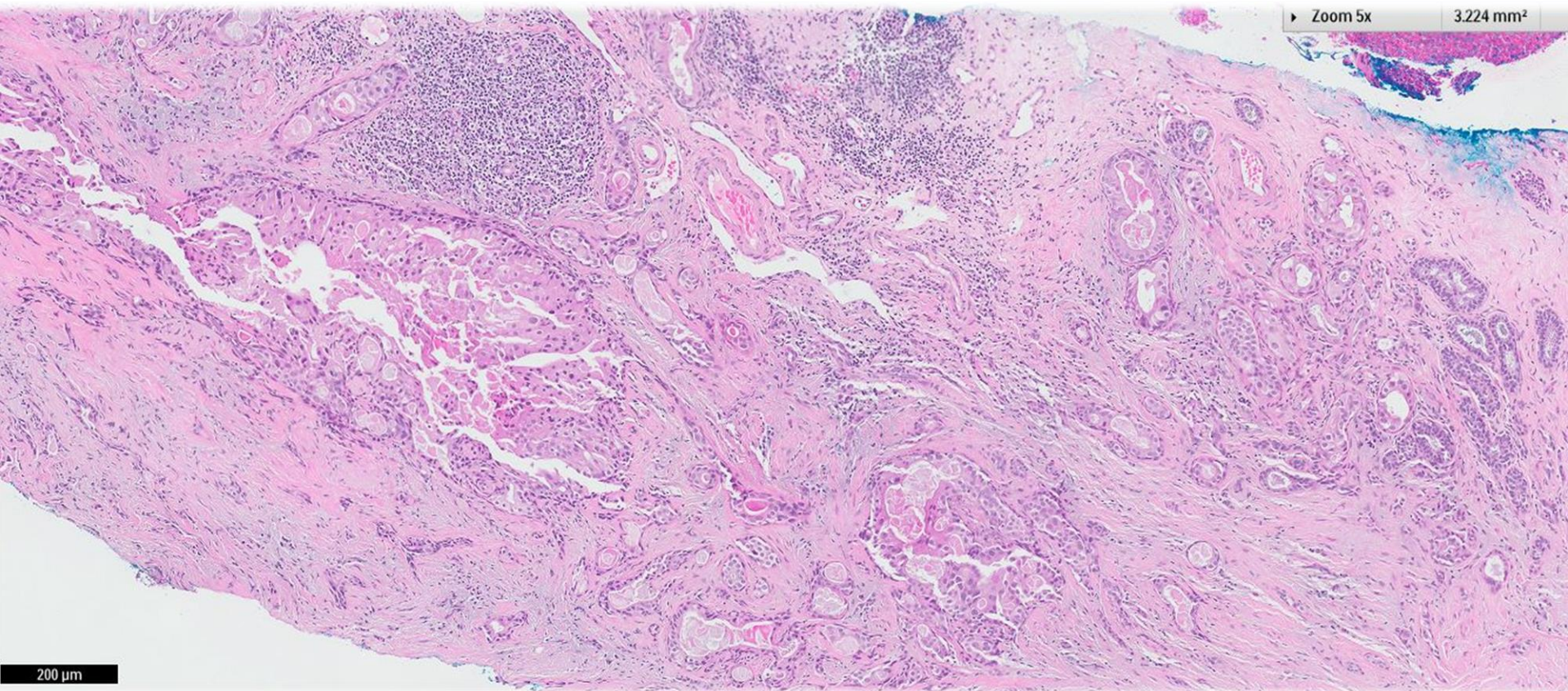
3.224 mm²

200 μm

This histological image shows a low-magnification view of breast tissue stained with hematoxylin and eosin (H&E). The tissue is characterized by numerous glandular units, which are the mammary acini, arranged in a lobular pattern. These acini are separated by thin layers of connective tissue stroma. The overall architecture appears organized, with the glandular structures maintaining their typical morphology. The staining highlights the cellular details of the acini and the surrounding stromal components.

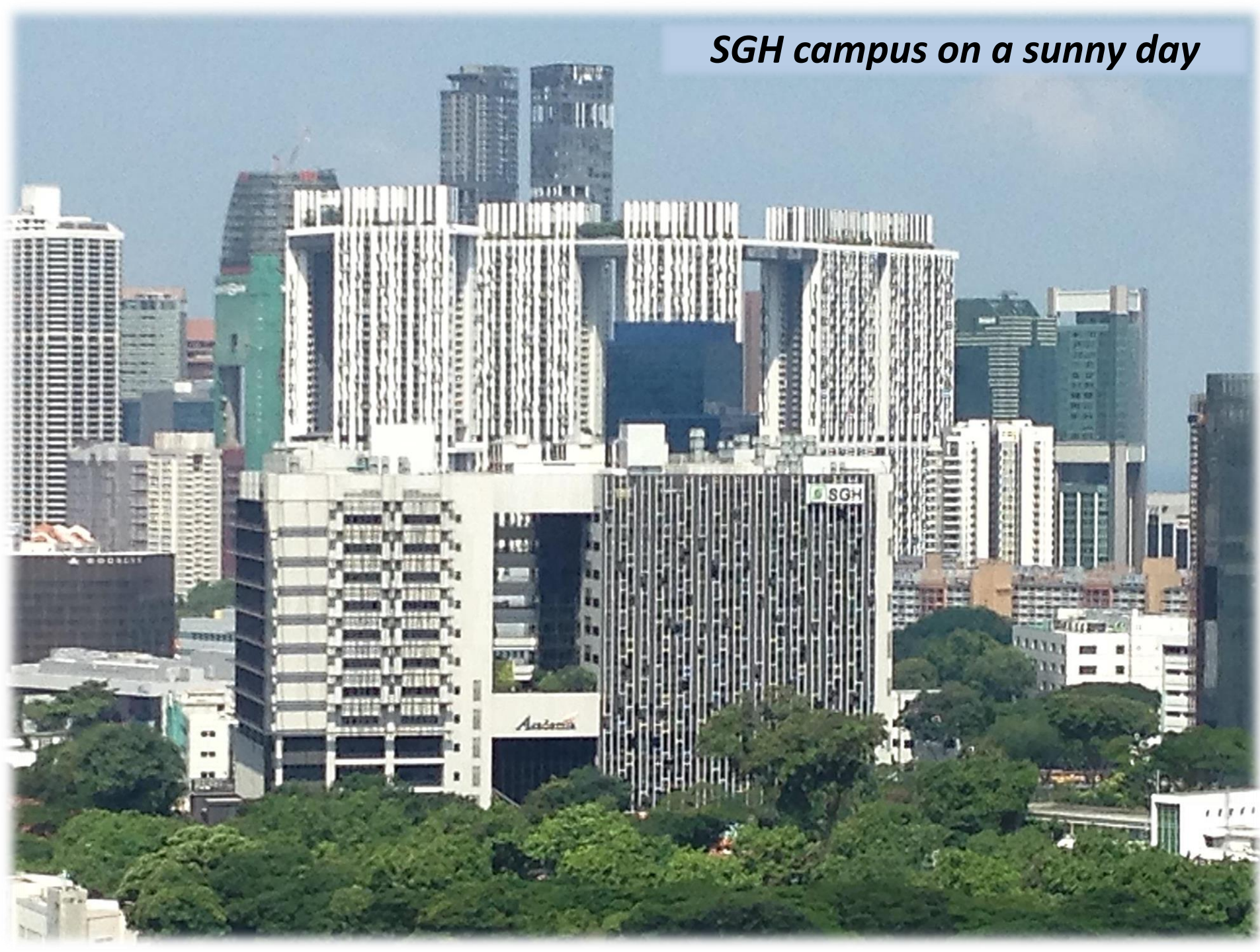
► Zoom 5x

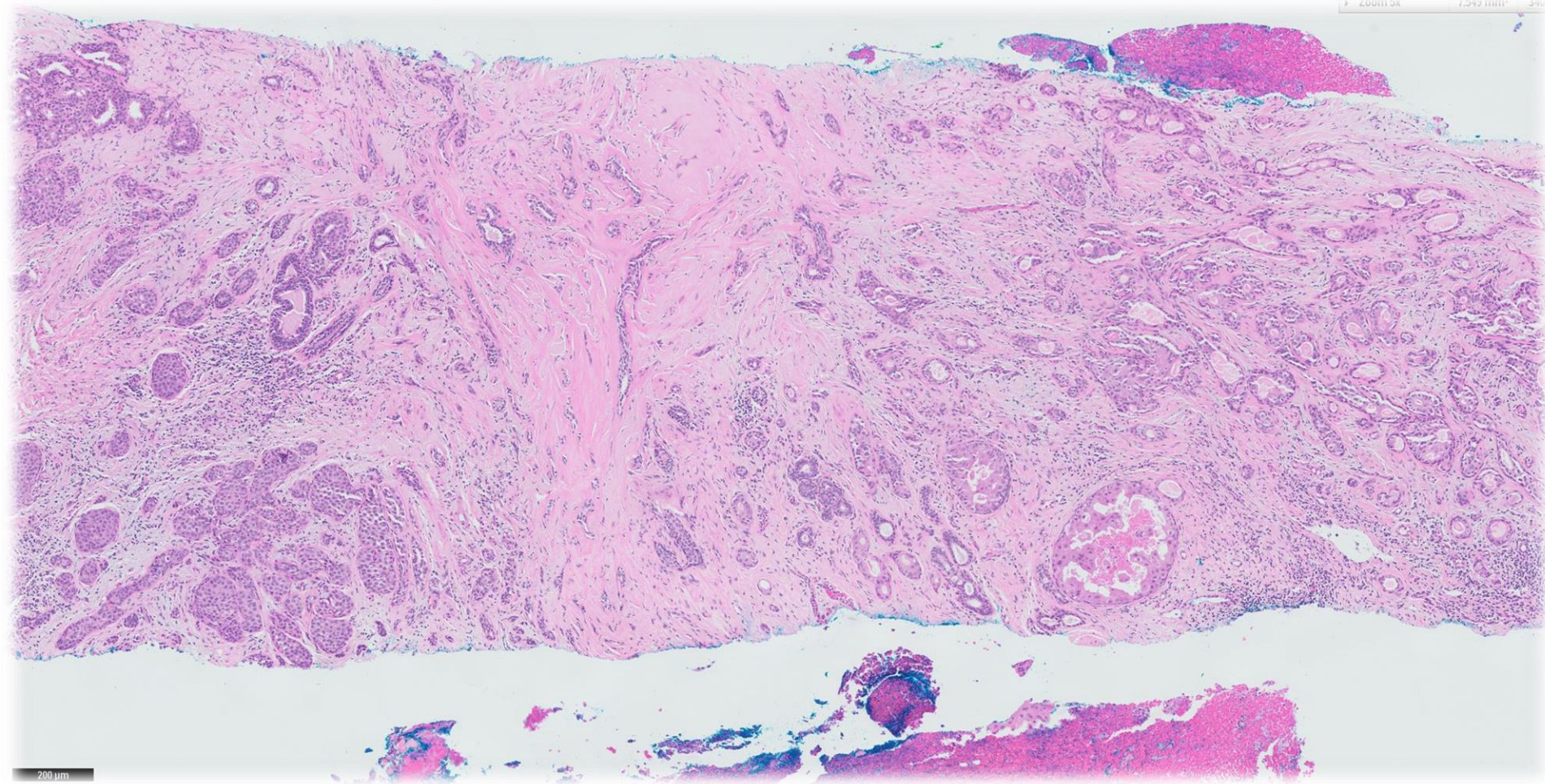
3.224 mm²

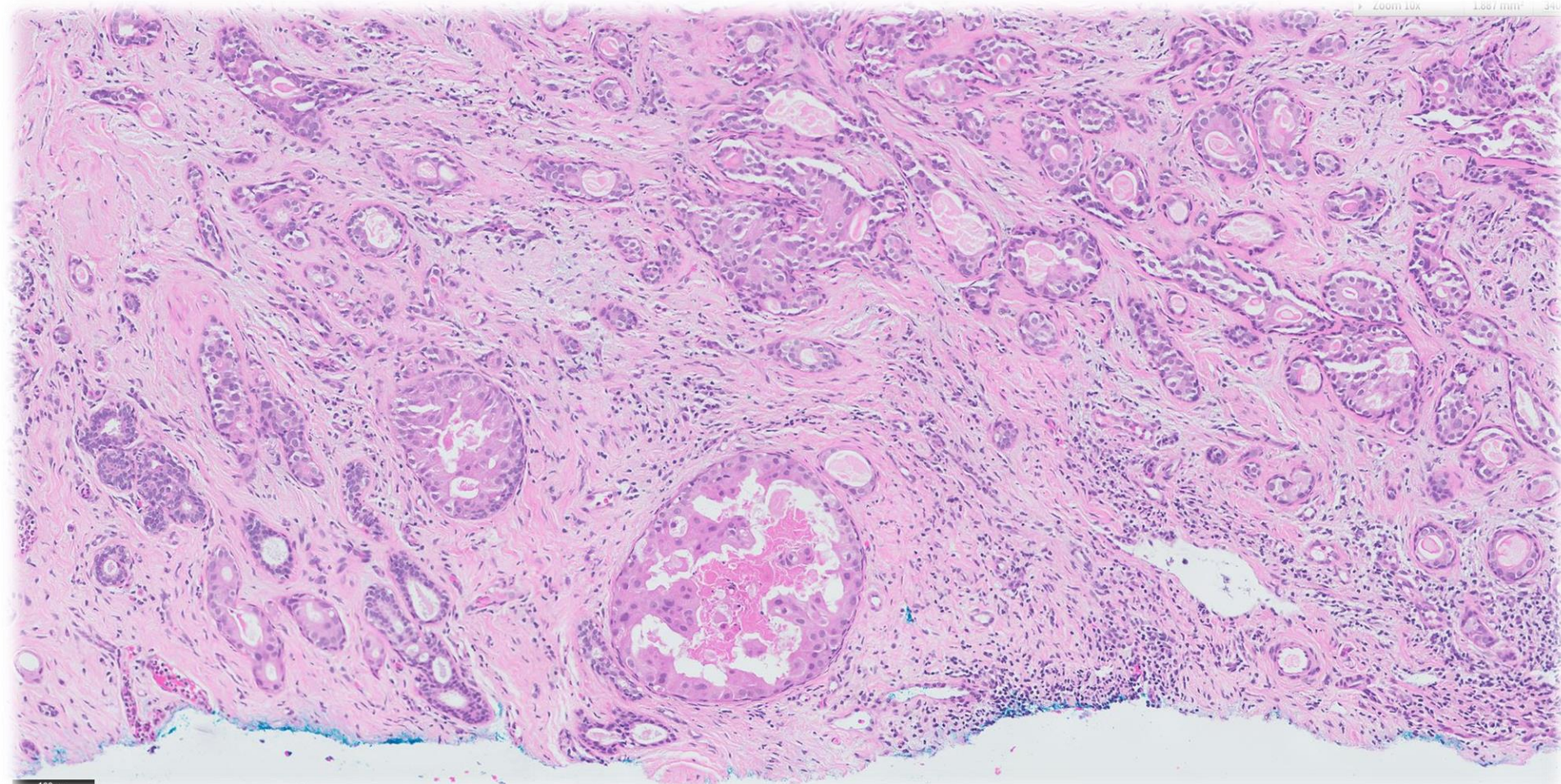


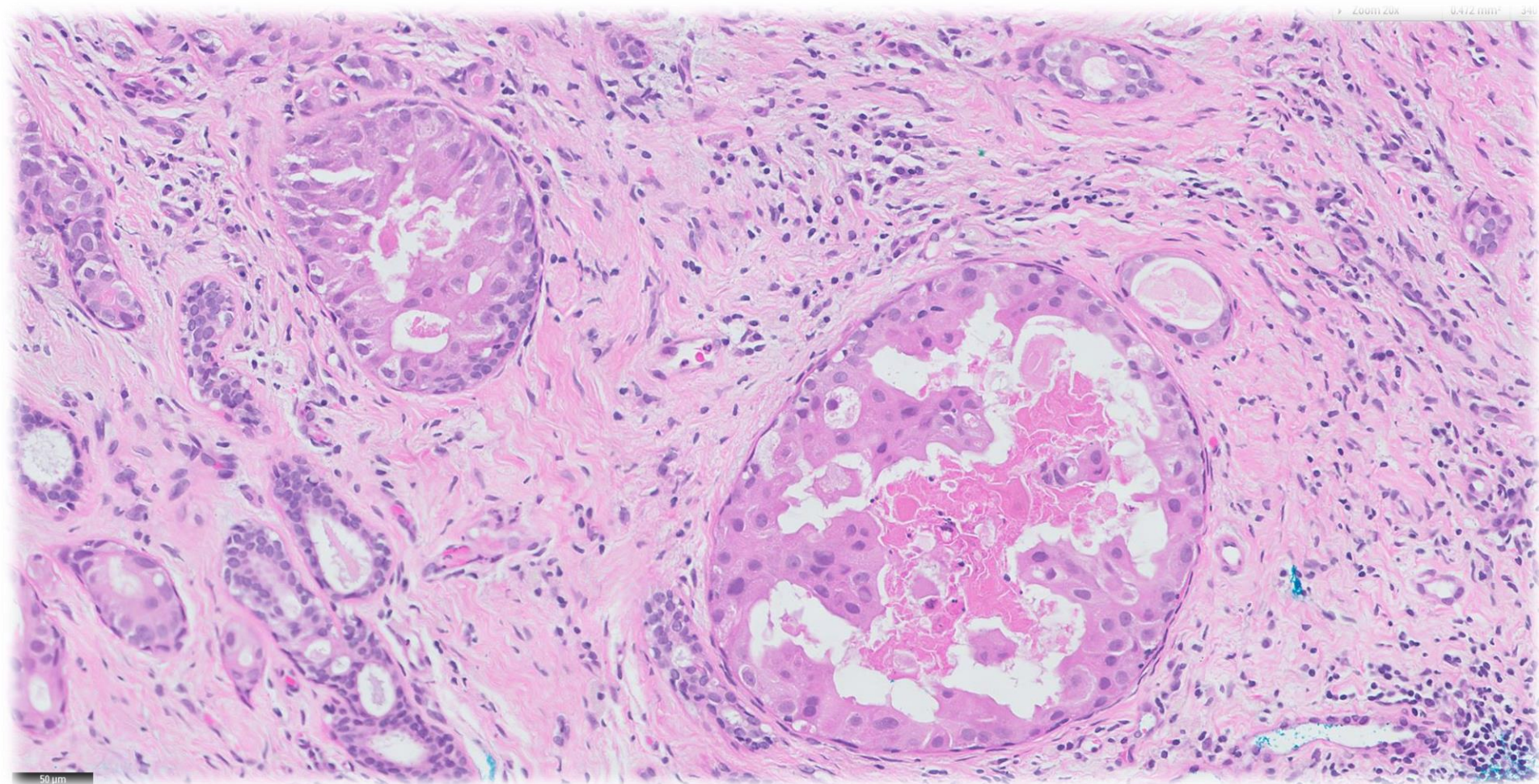
200 μ m

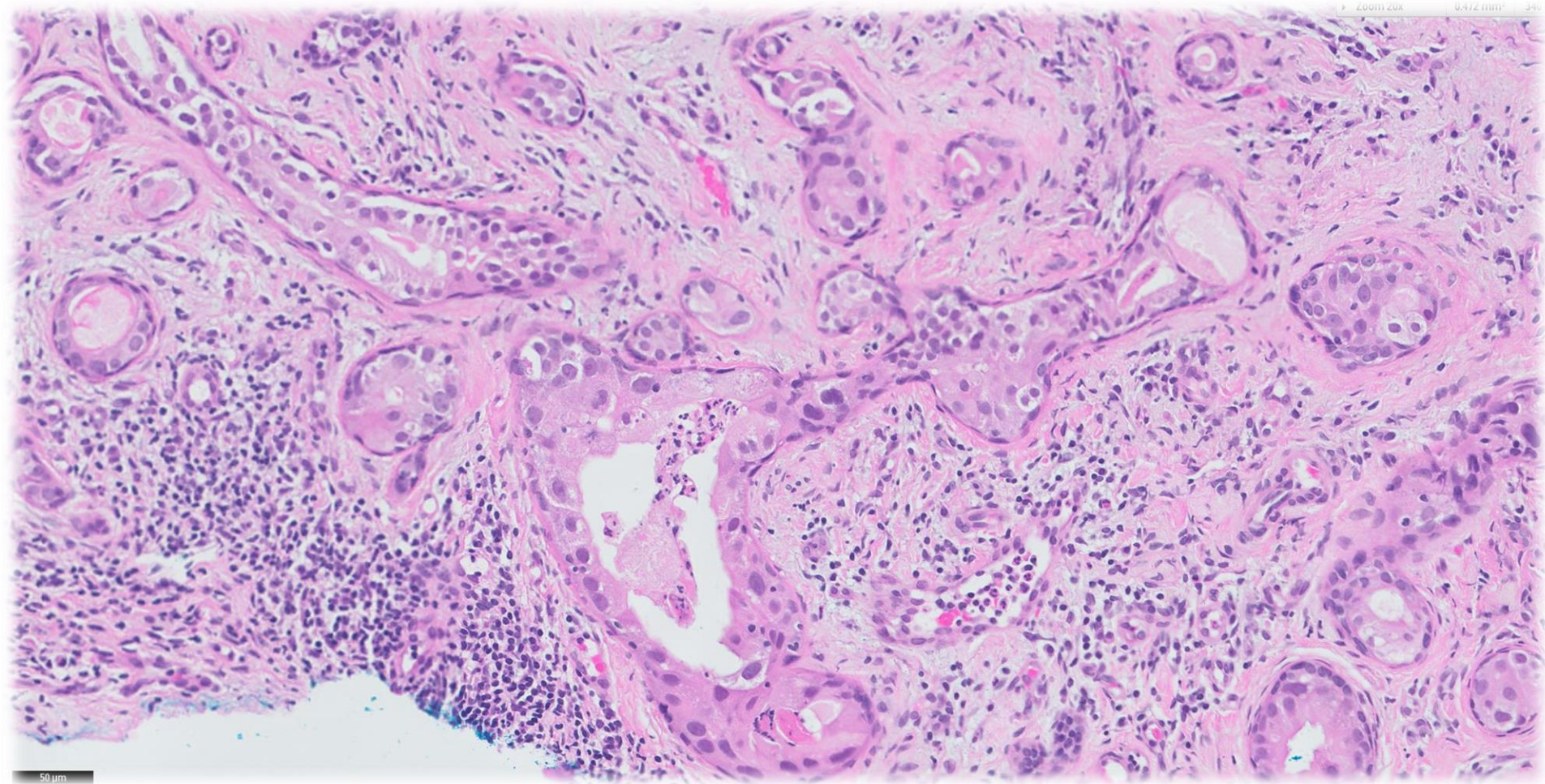
SGH campus on a sunny day



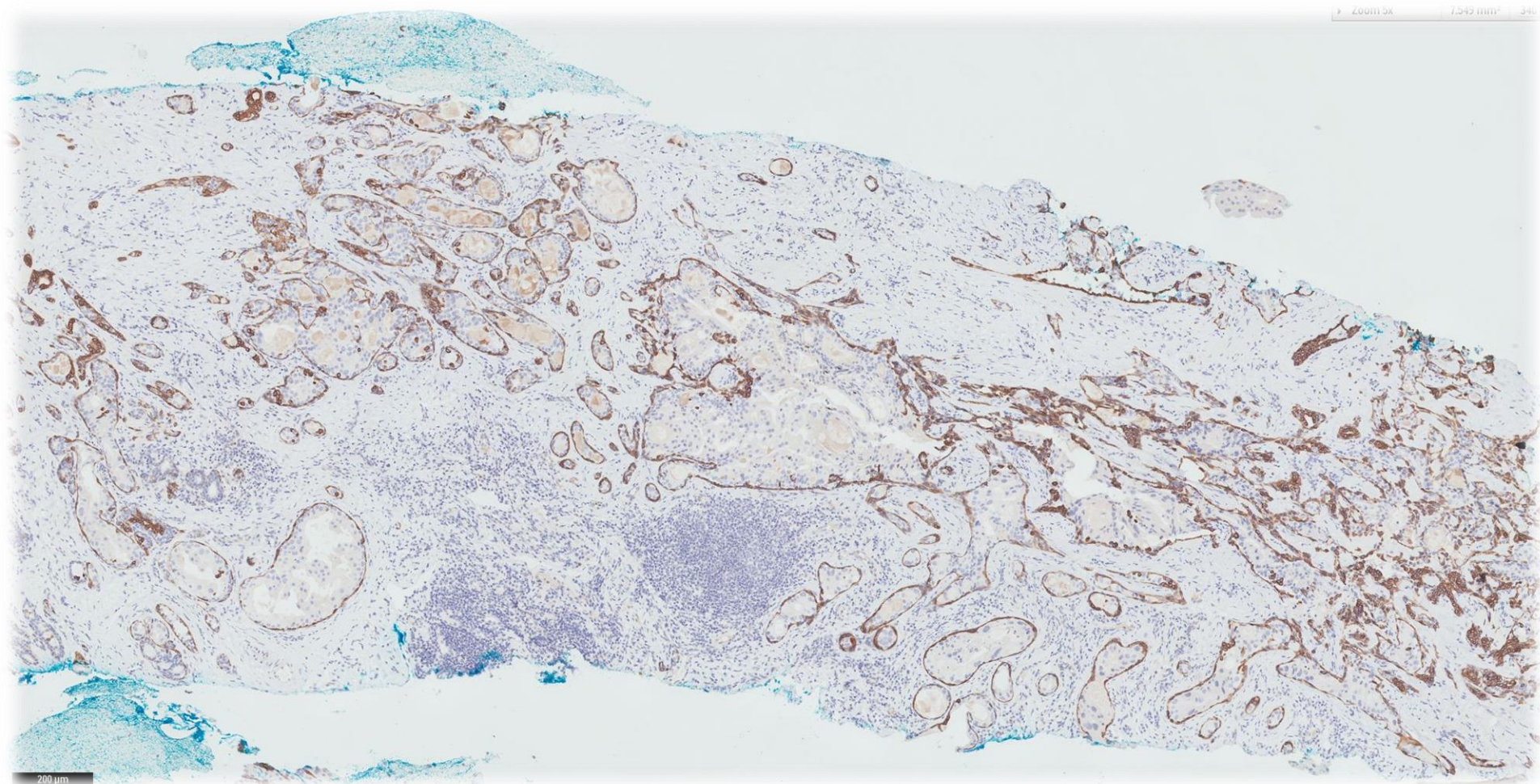




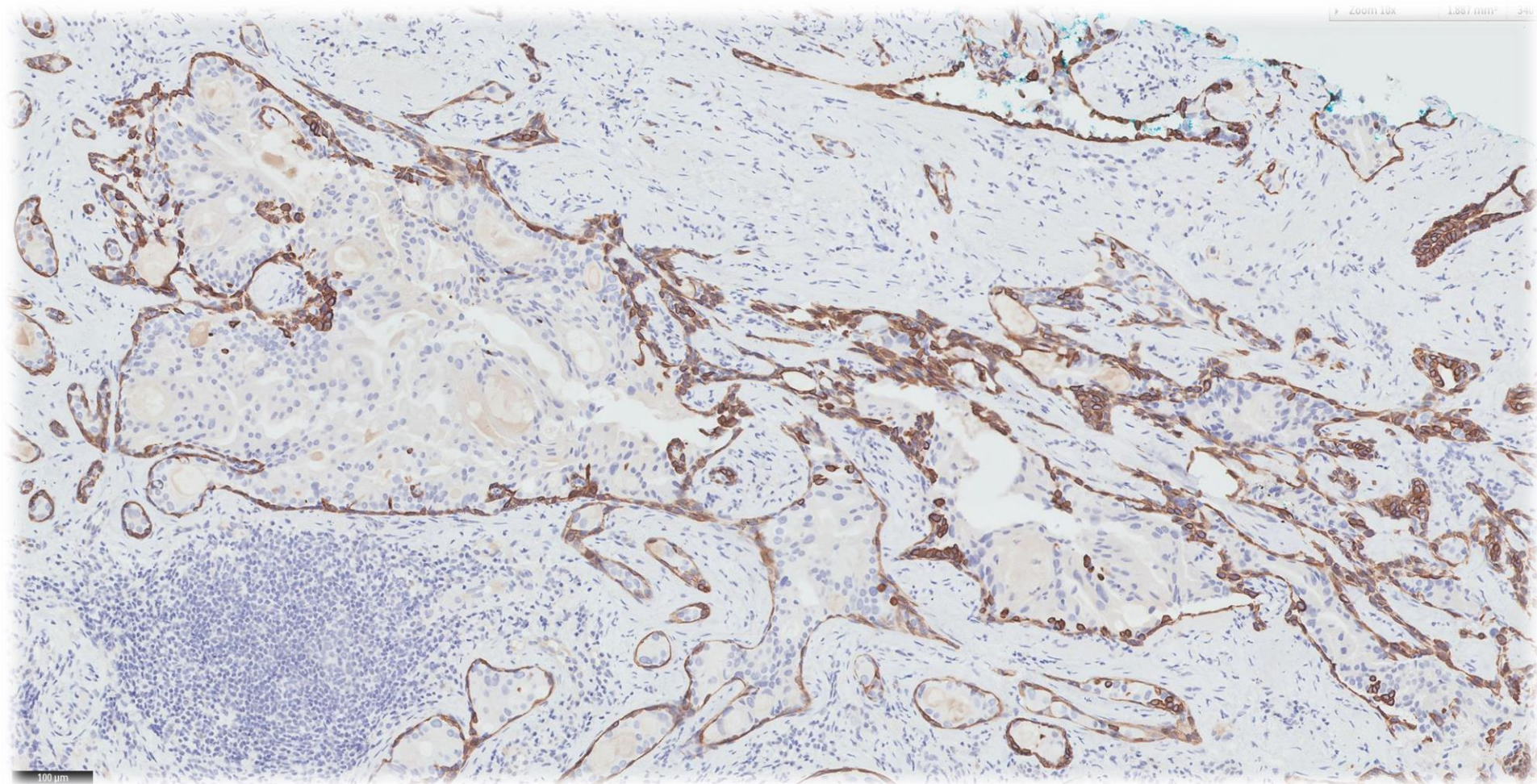




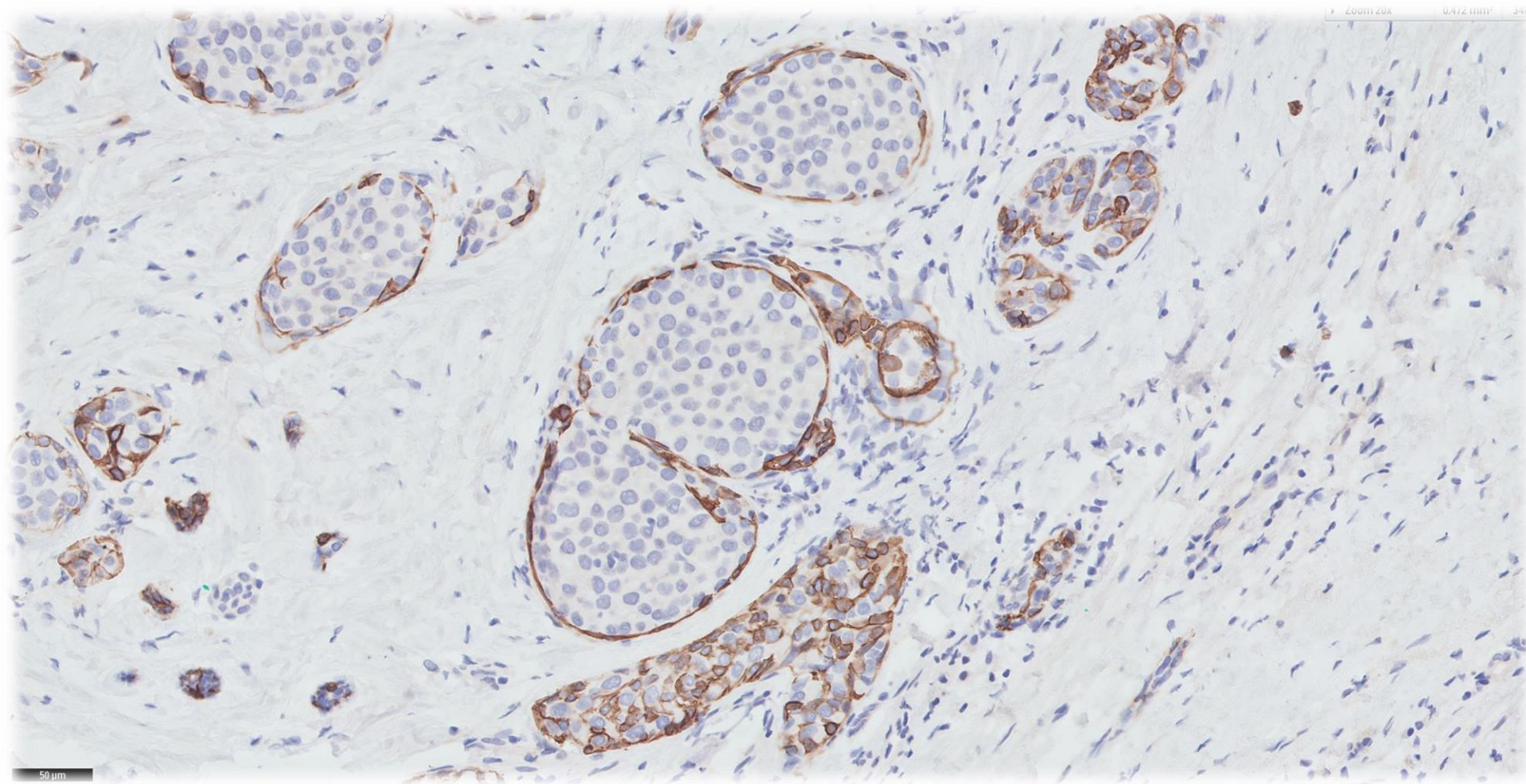
CK14



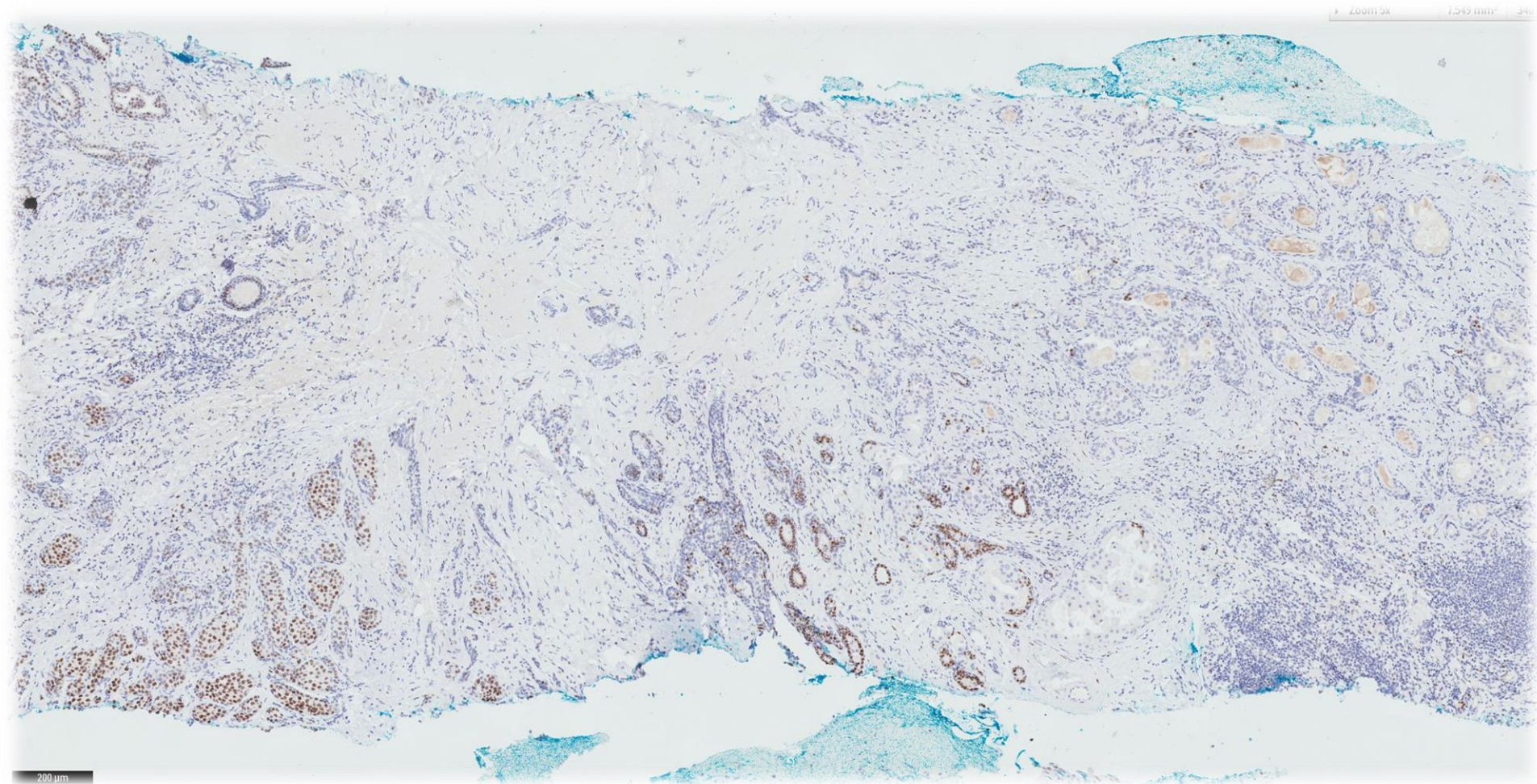
CK14



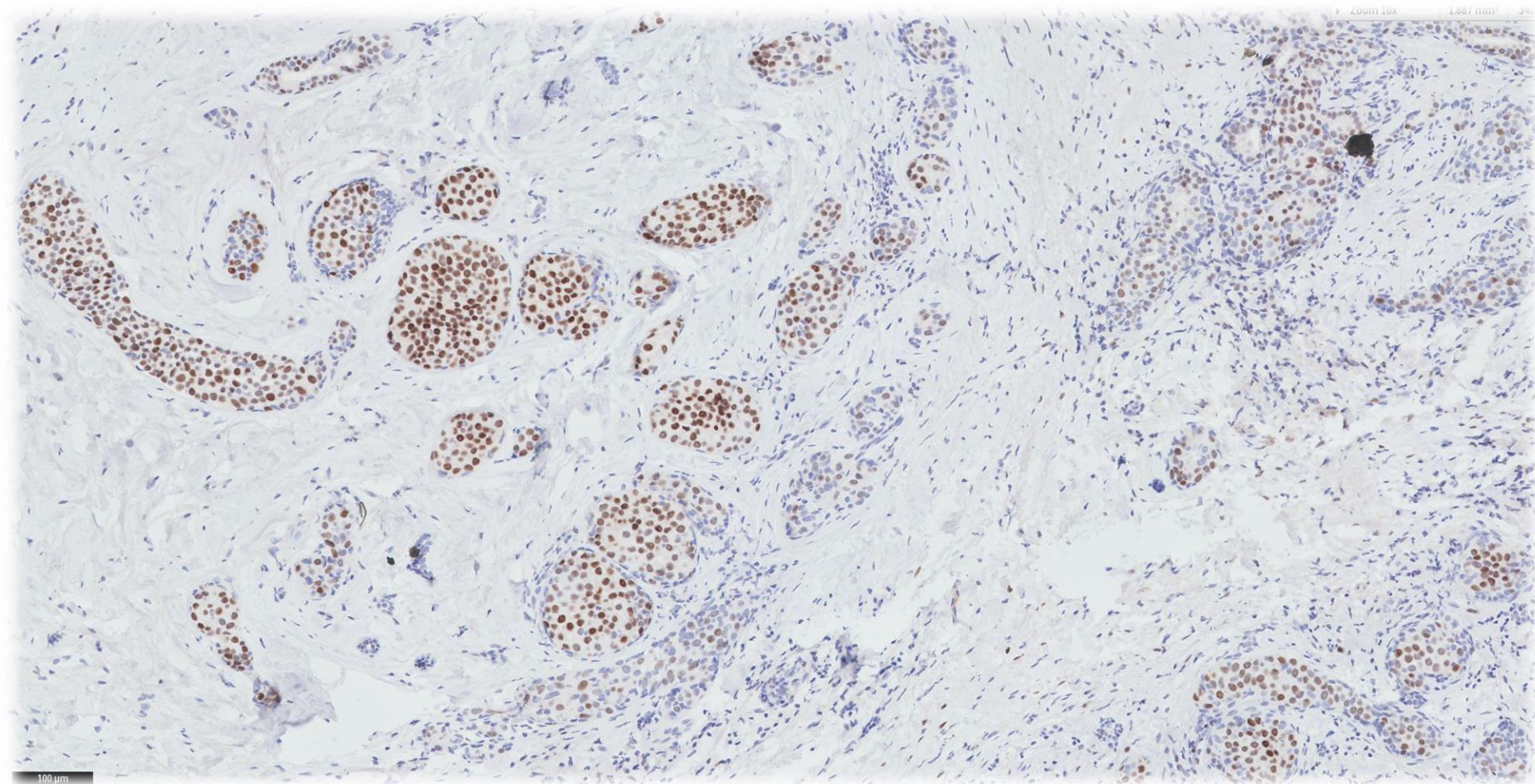
CK14



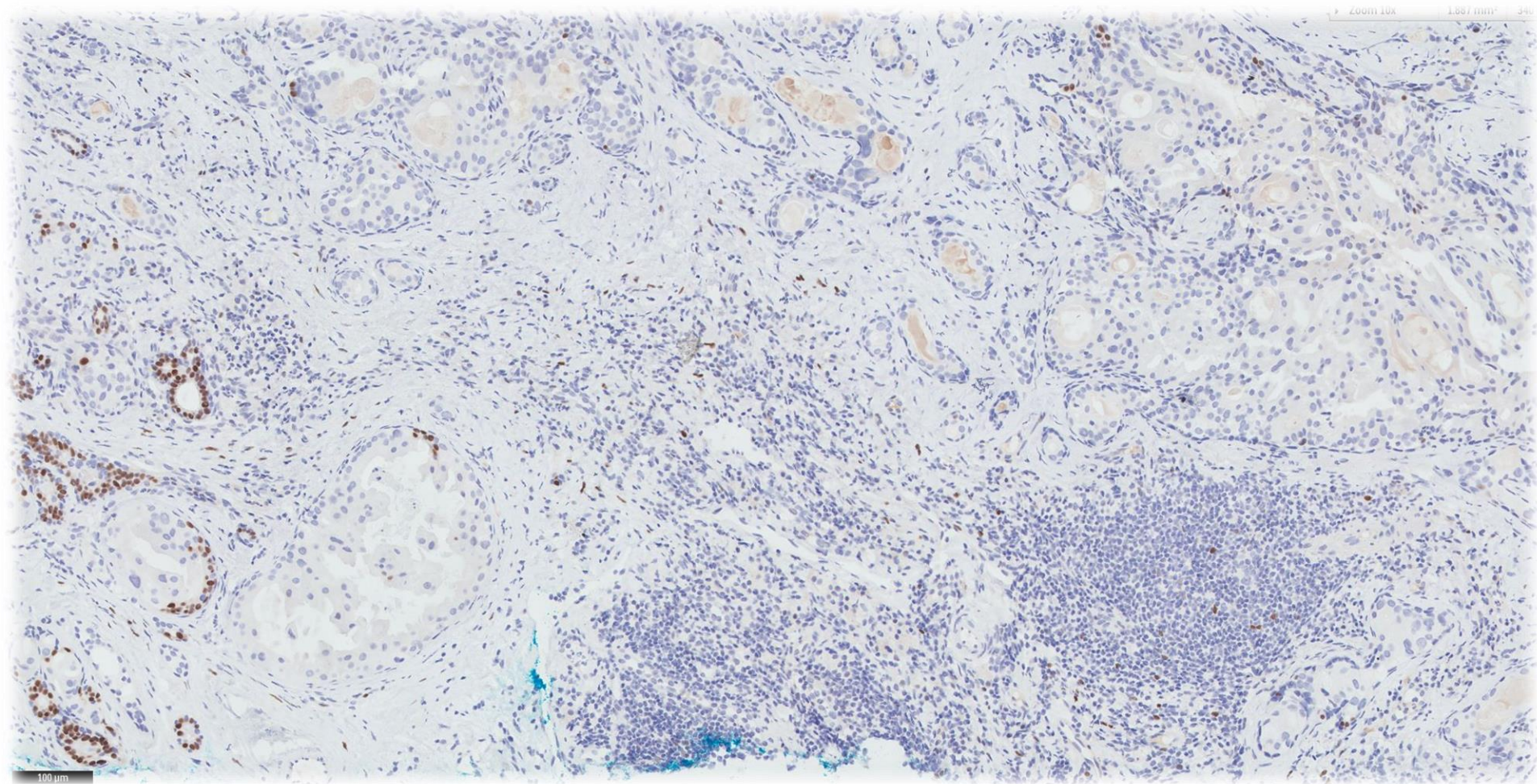
ER



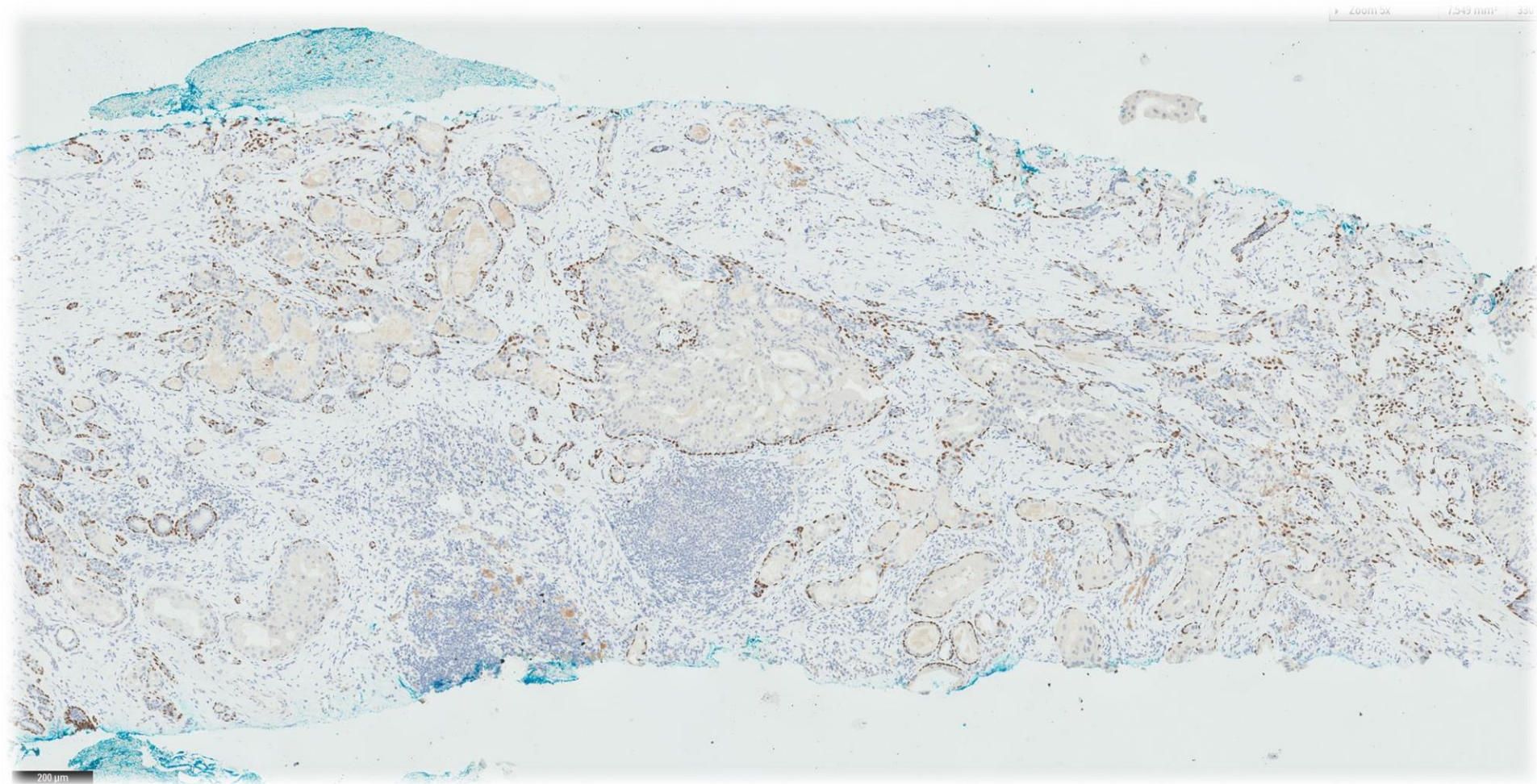
ER



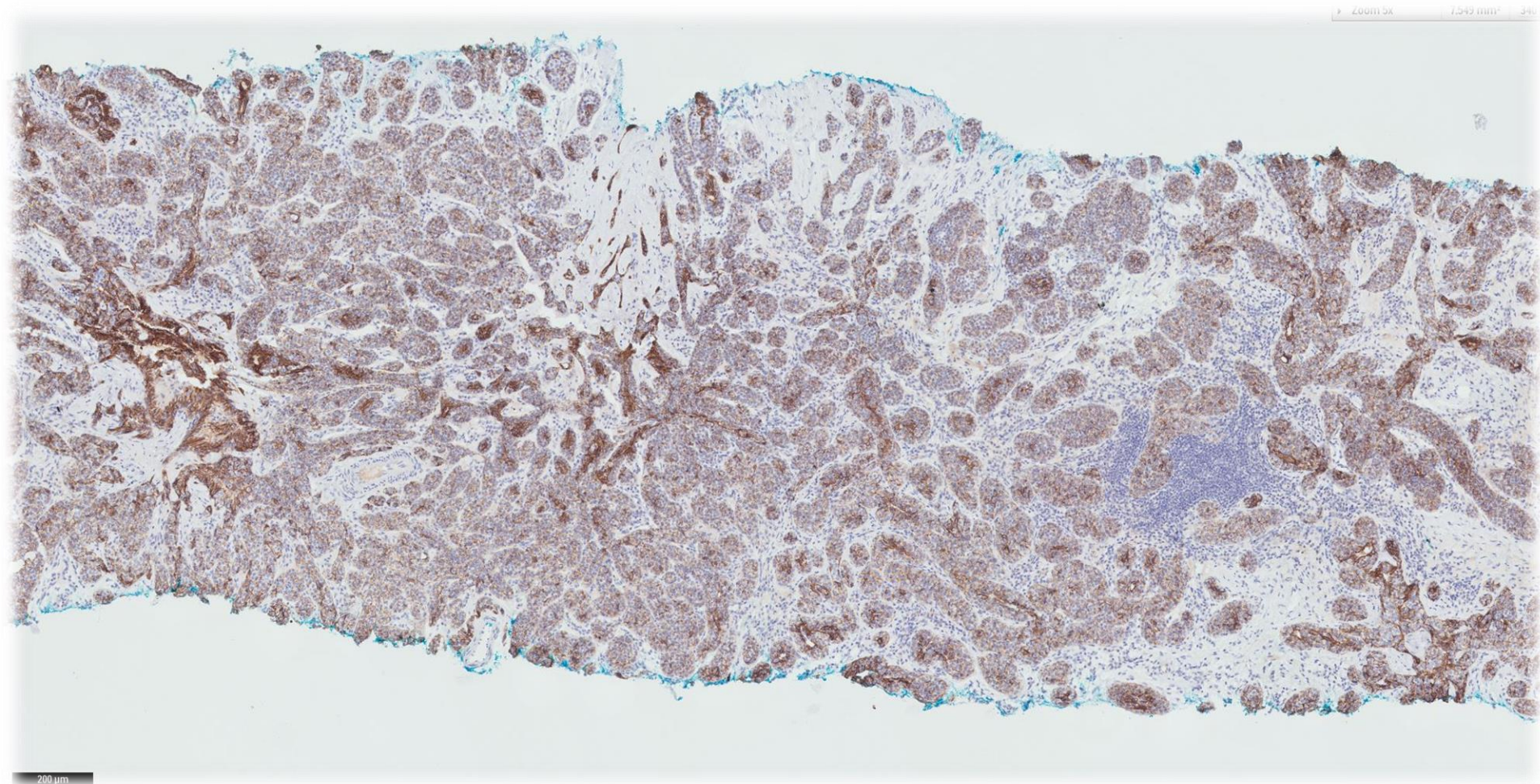
ER



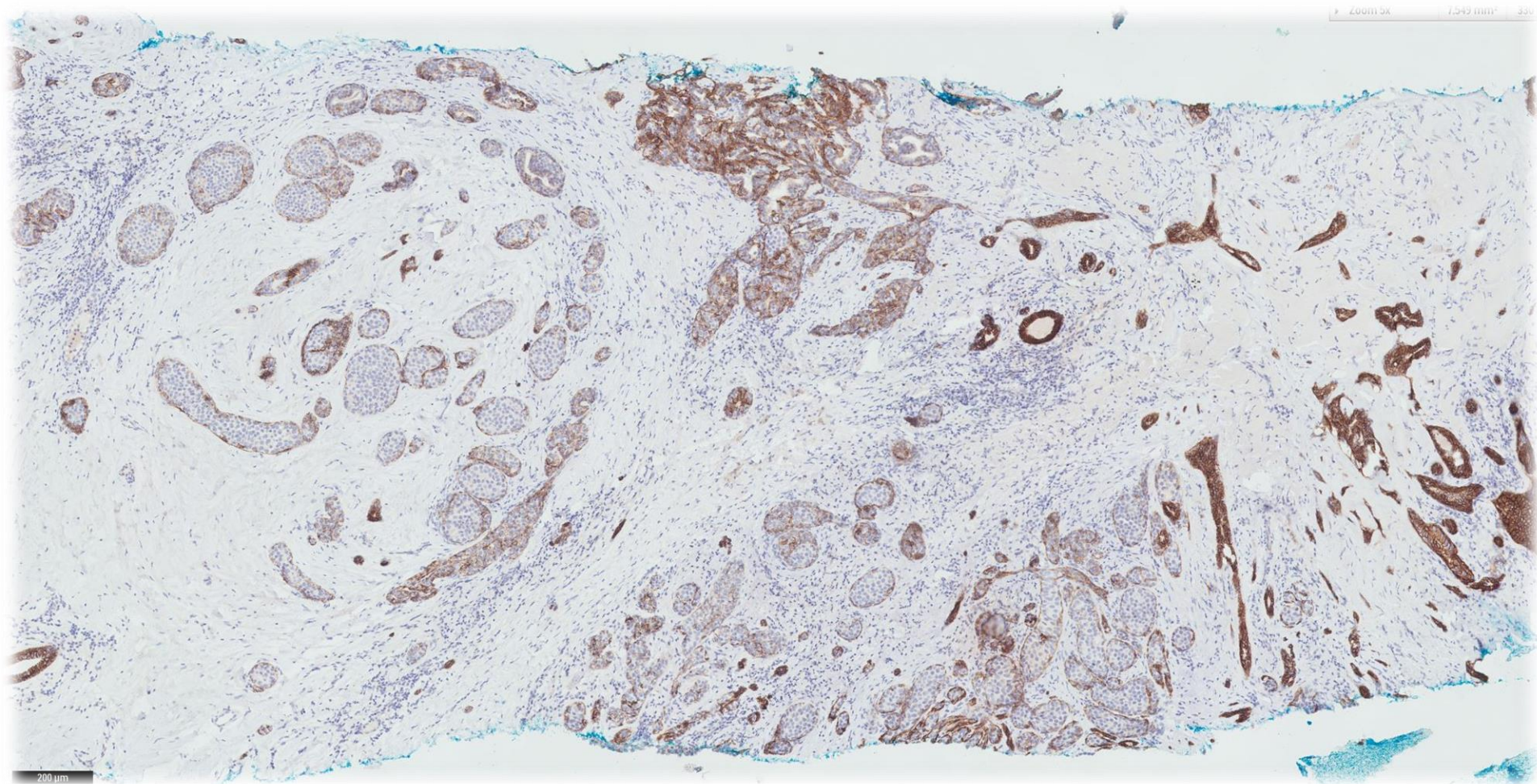
p63



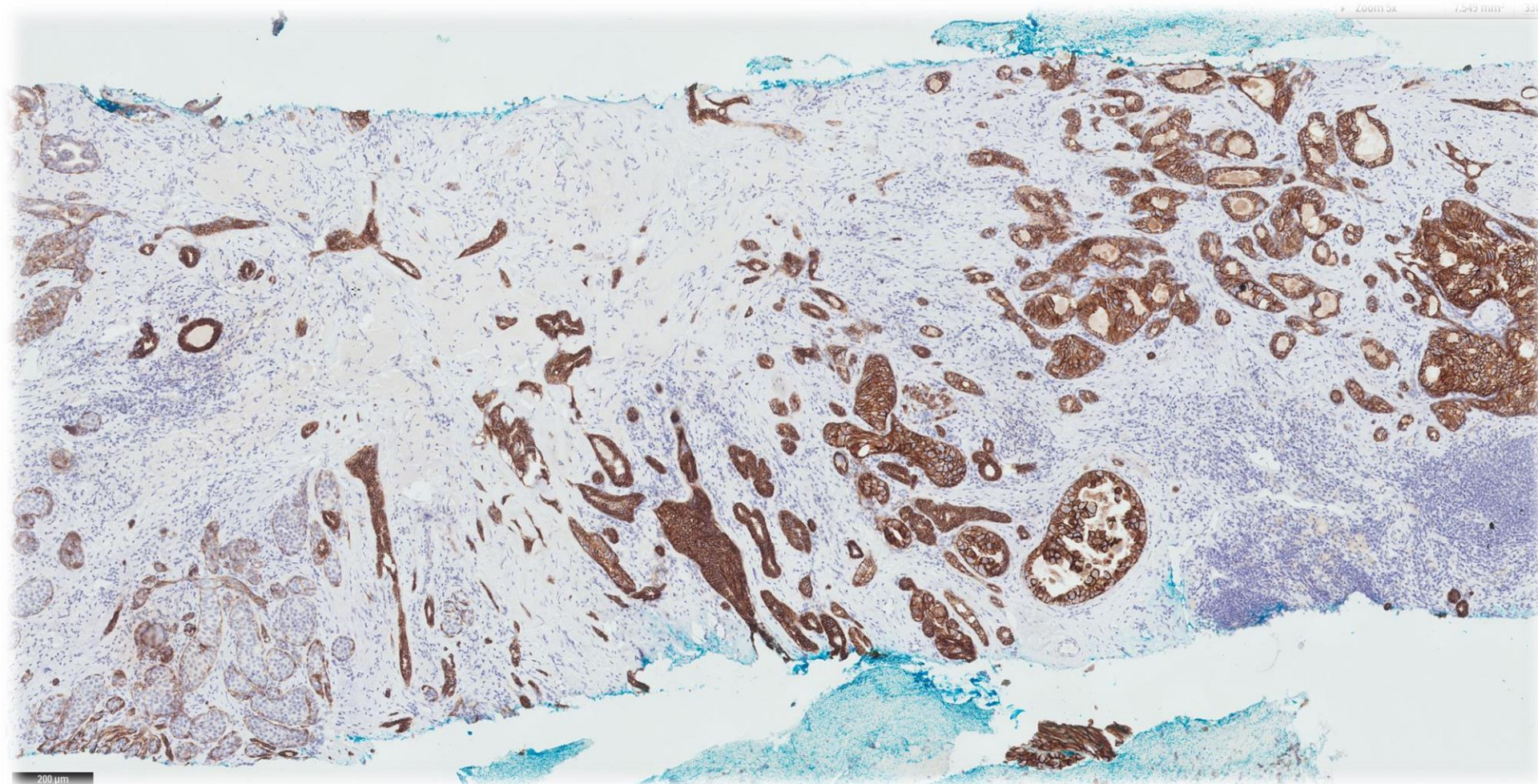
E-cadherin



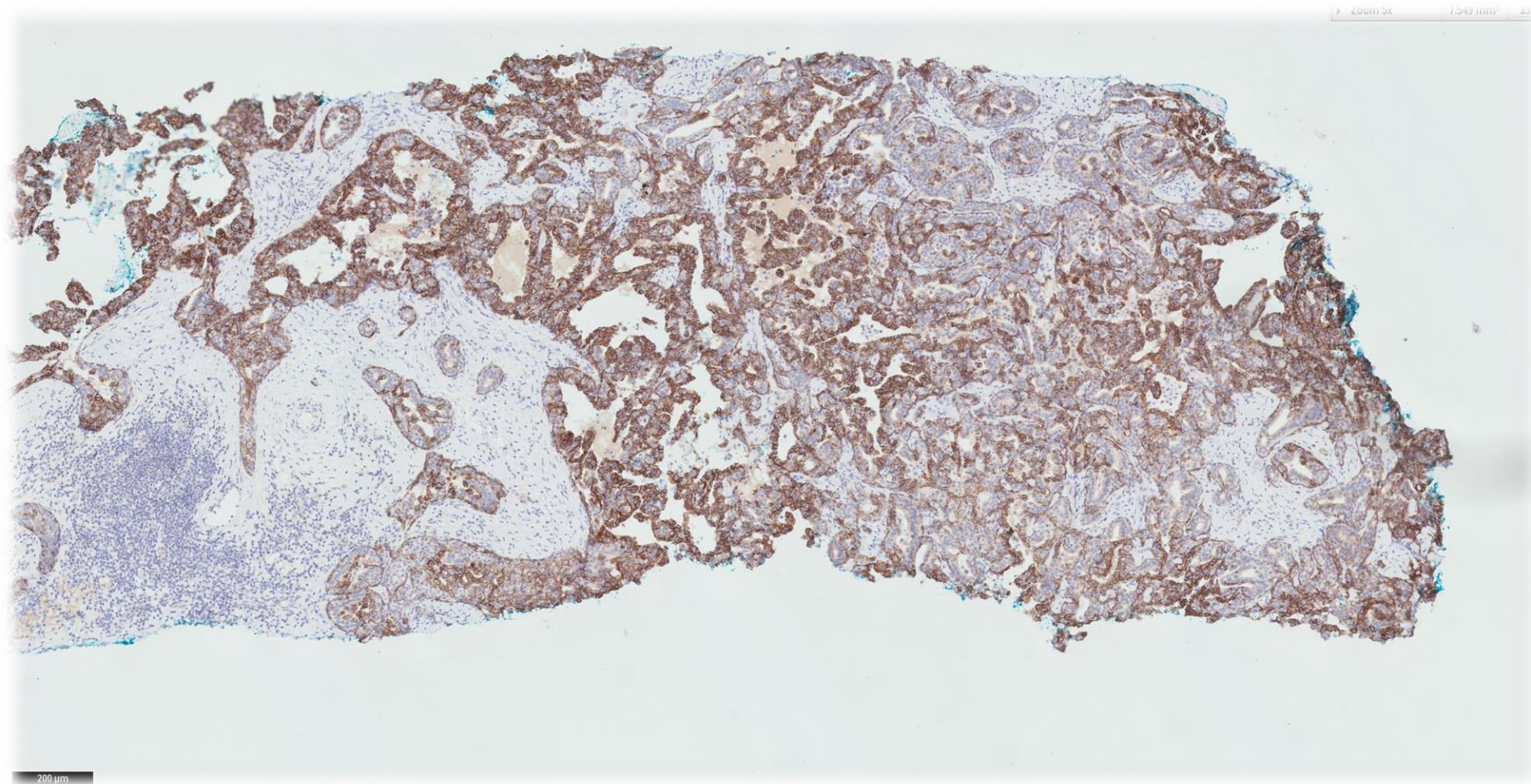
E-cadherin



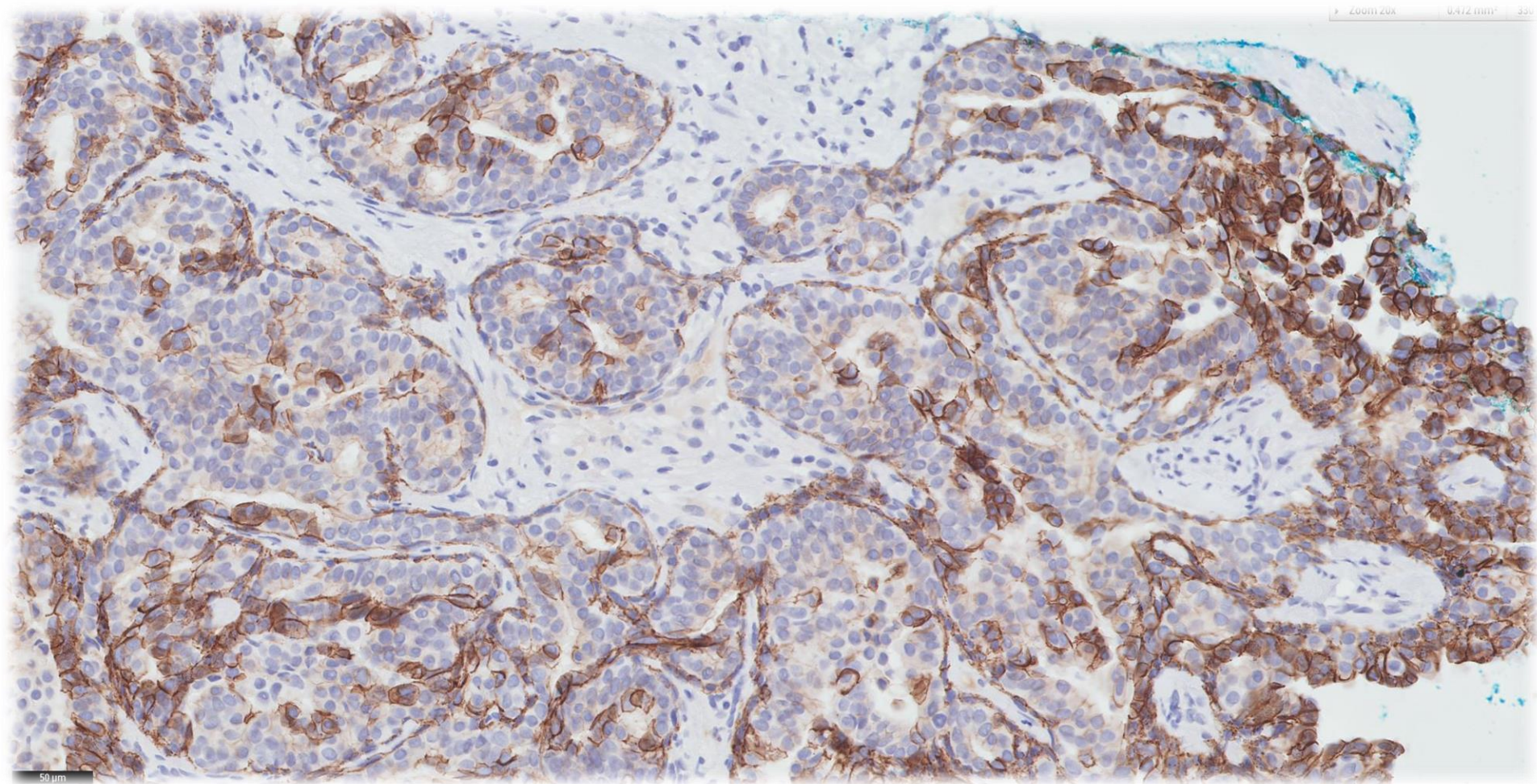
E-cadherin



E-cadherin



E-cadherin



Diagnosis

- **Core biopsy, right breast 10 o'clock nodule:**
 - Sclerosing adenosis with superimposed lobular neoplasia.
 - Atypical apocrine proliferation, suspicious of apocrine ductal carcinoma in situ.
 - Portions of a papillary lesion.
 - Microcalcifications present.



Subsequent excision

- Left breast 10 o'clock lesion

Ductal carcinoma in situ, high grade with apocrine features, 12mm.

Lobular carcinoma in situ.

Intraductal papilloma.

Apocrine atypia and apocrine DCIS

- Apocrine atypia is characterized by 3-fold nuclear enlargement, multiple nucleoli, and hyperchromatism.
- Apocrine atypia arises in florid adenosis or radial sclerosing lesions.
- Dramatic apocrine atypia may be very difficult to distinguish from apocrine DCIS.
- Apocrine DCIS is distinguished from apocrine atypia by greater extent of the lesion (>0.4 cm) and presence of greater nuclear pleomorphism with nuclear membrane irregularity.
- Problem of assessing apocrine atypia and apocrine ductal carcinoma in situ in small samples.

