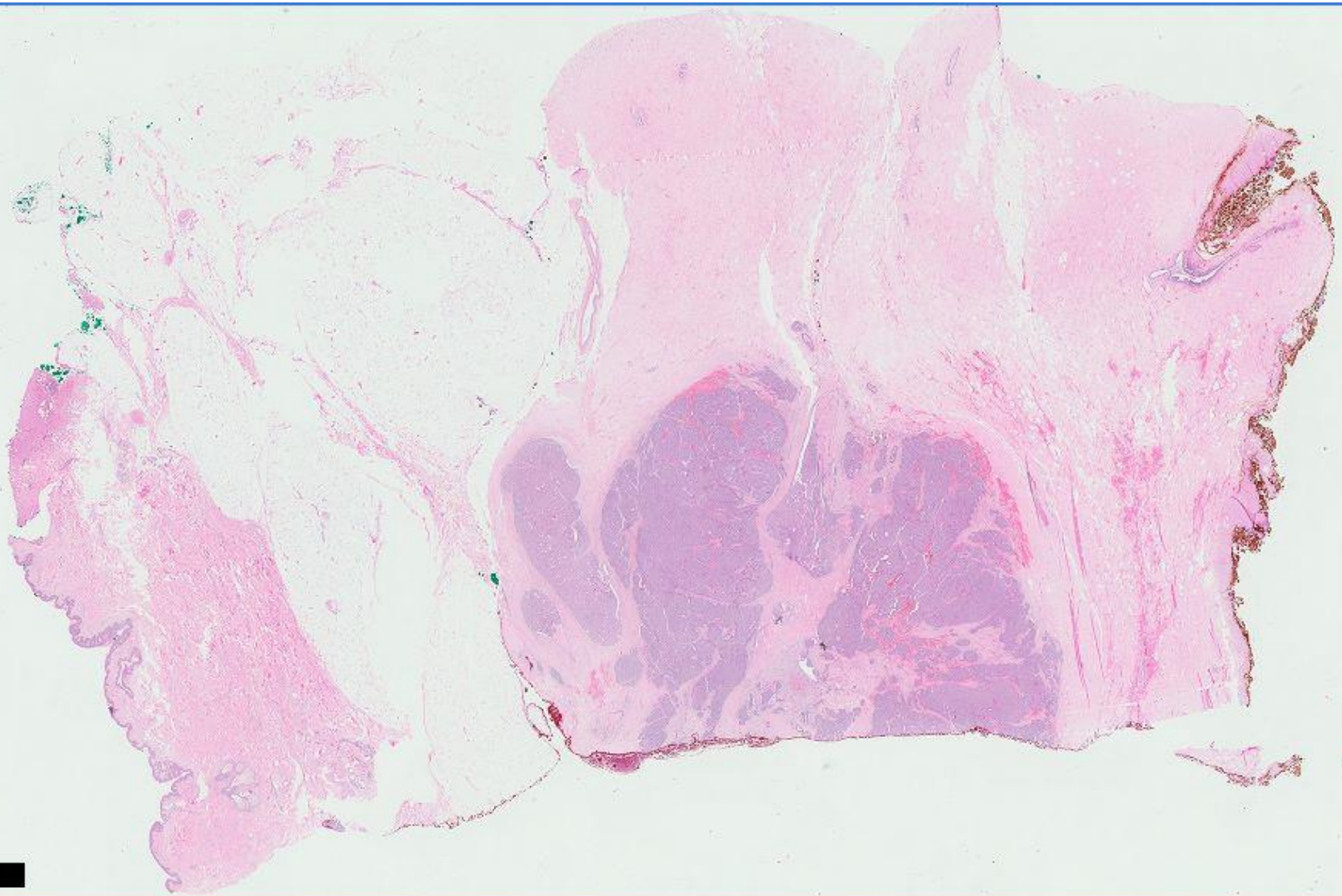


Case 24

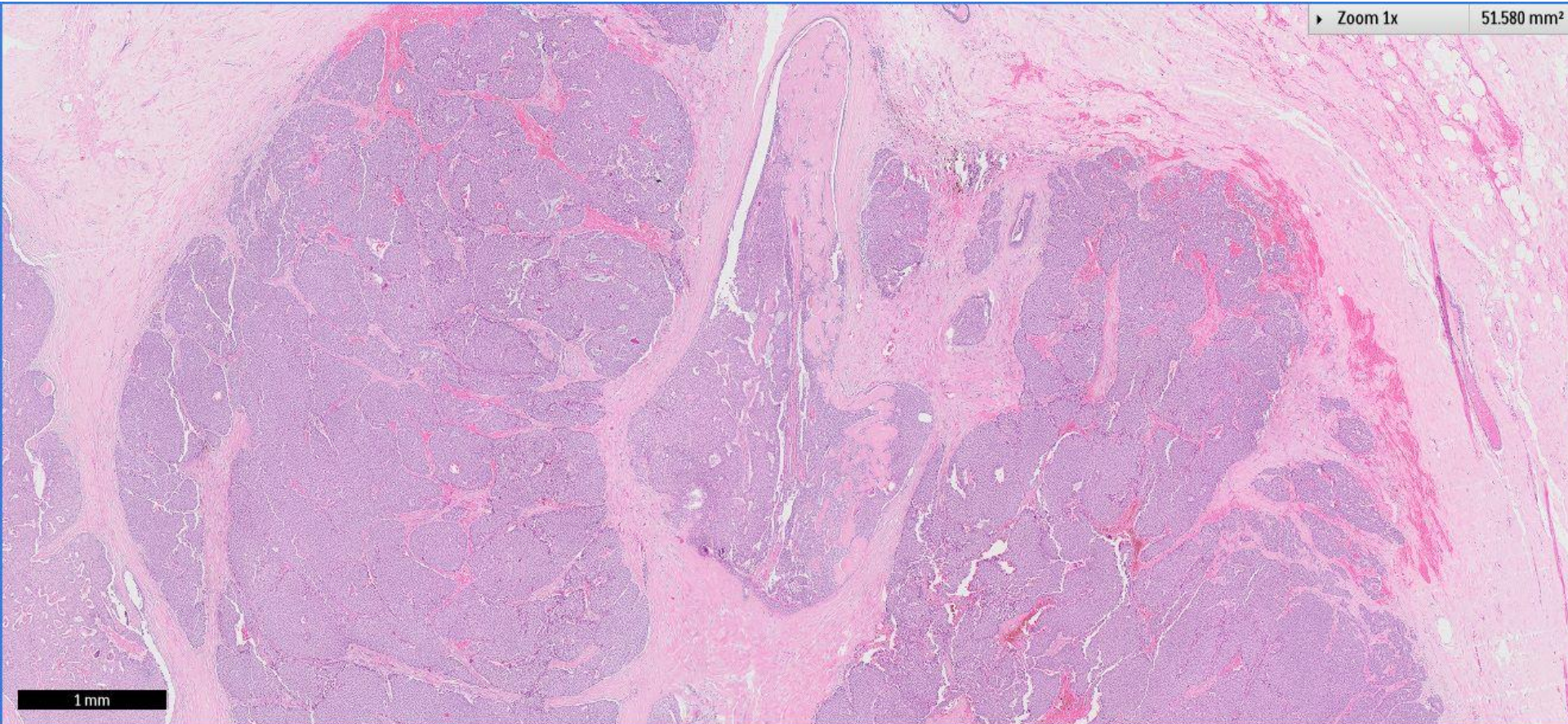
65 year old Chinese lady underwent a right breast central wide excision.

Sections A and B are from different parts of the breast tumour.





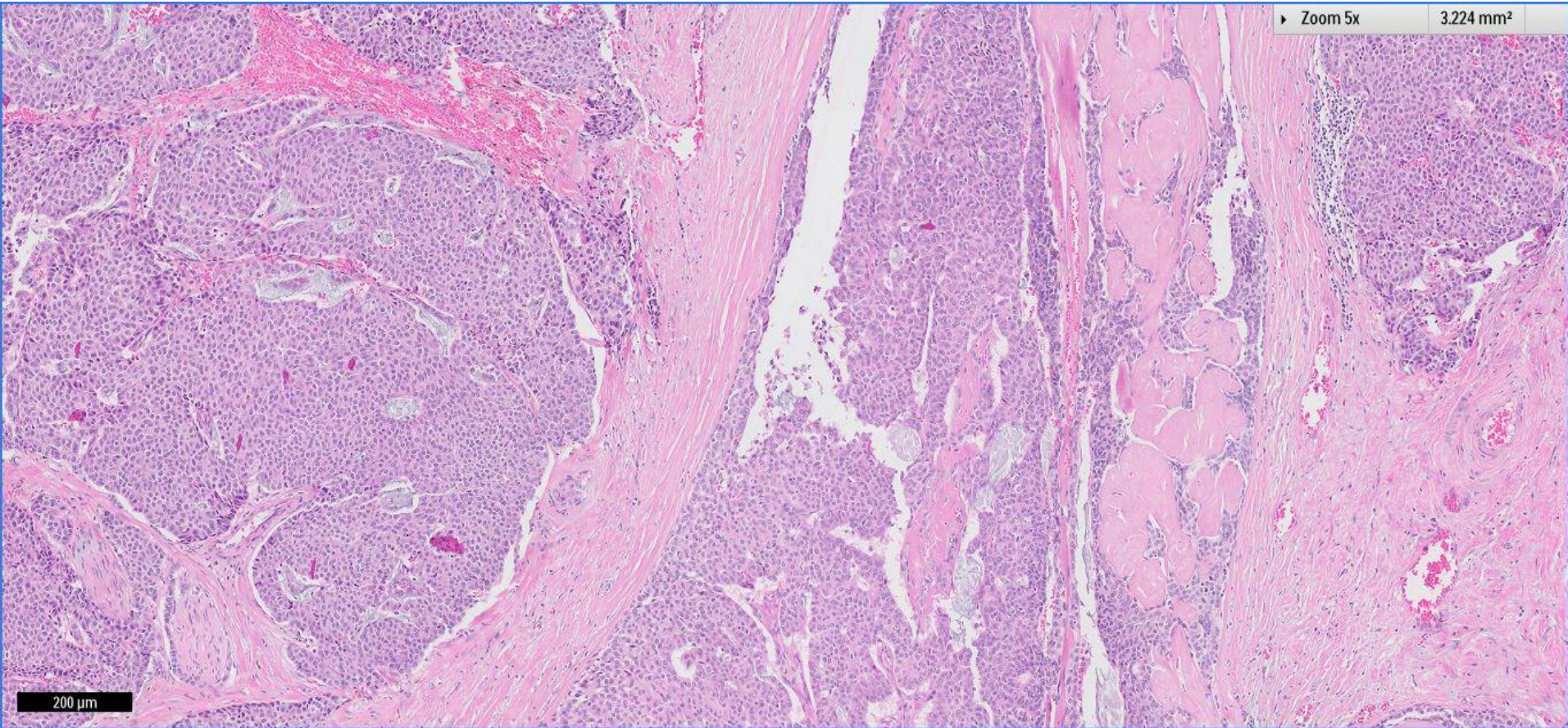
m



1 mm

▶ Zoom 5x

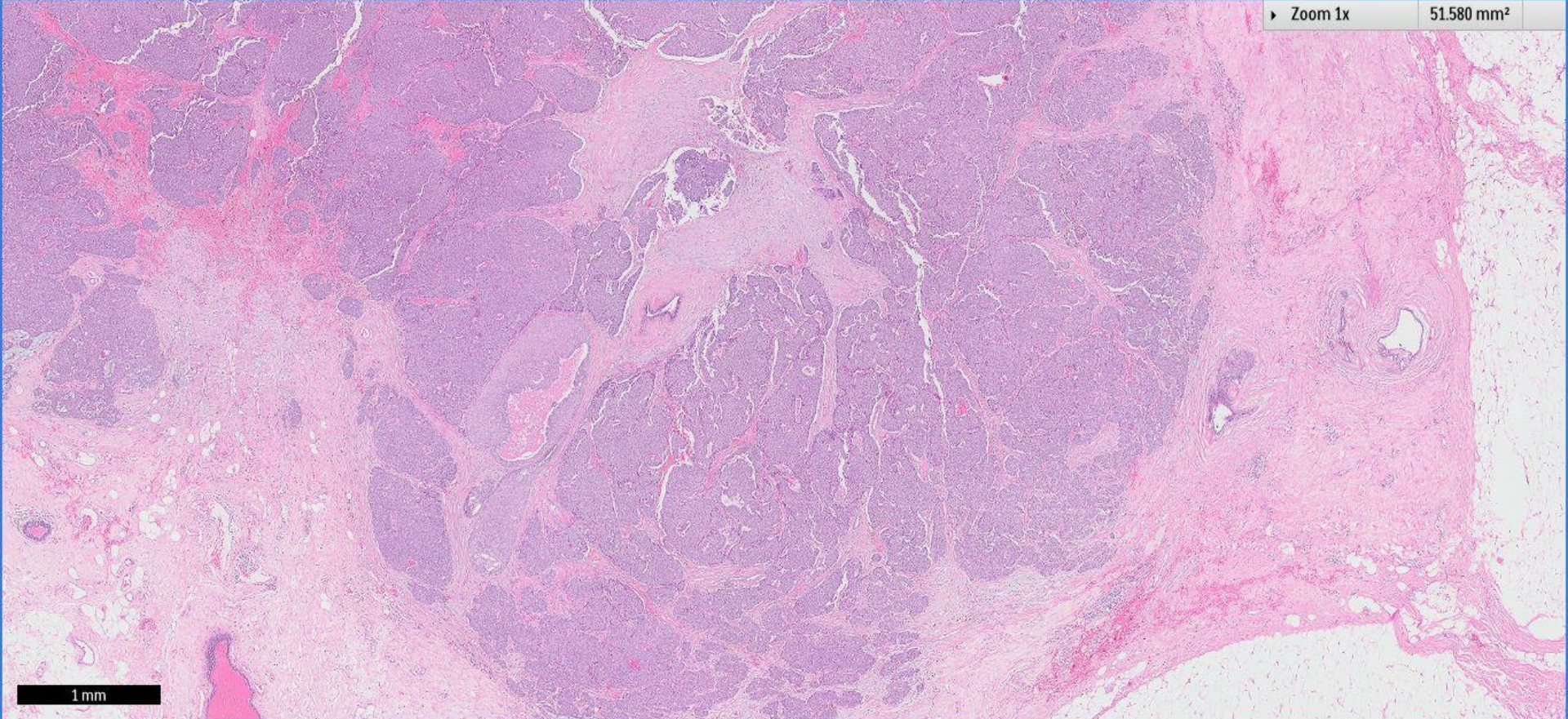
3.224 mm²



200 μm

Zoom 1x

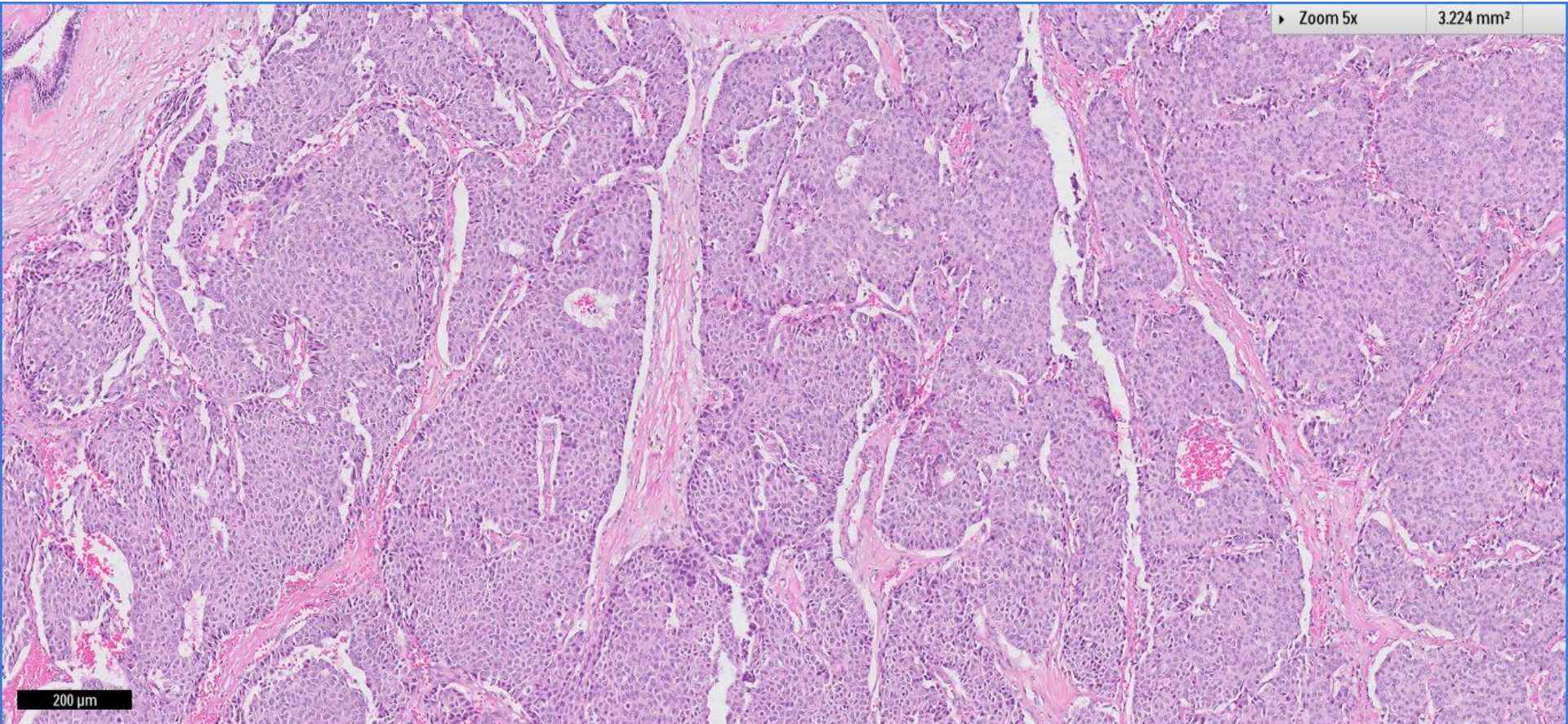
51.580 mm²



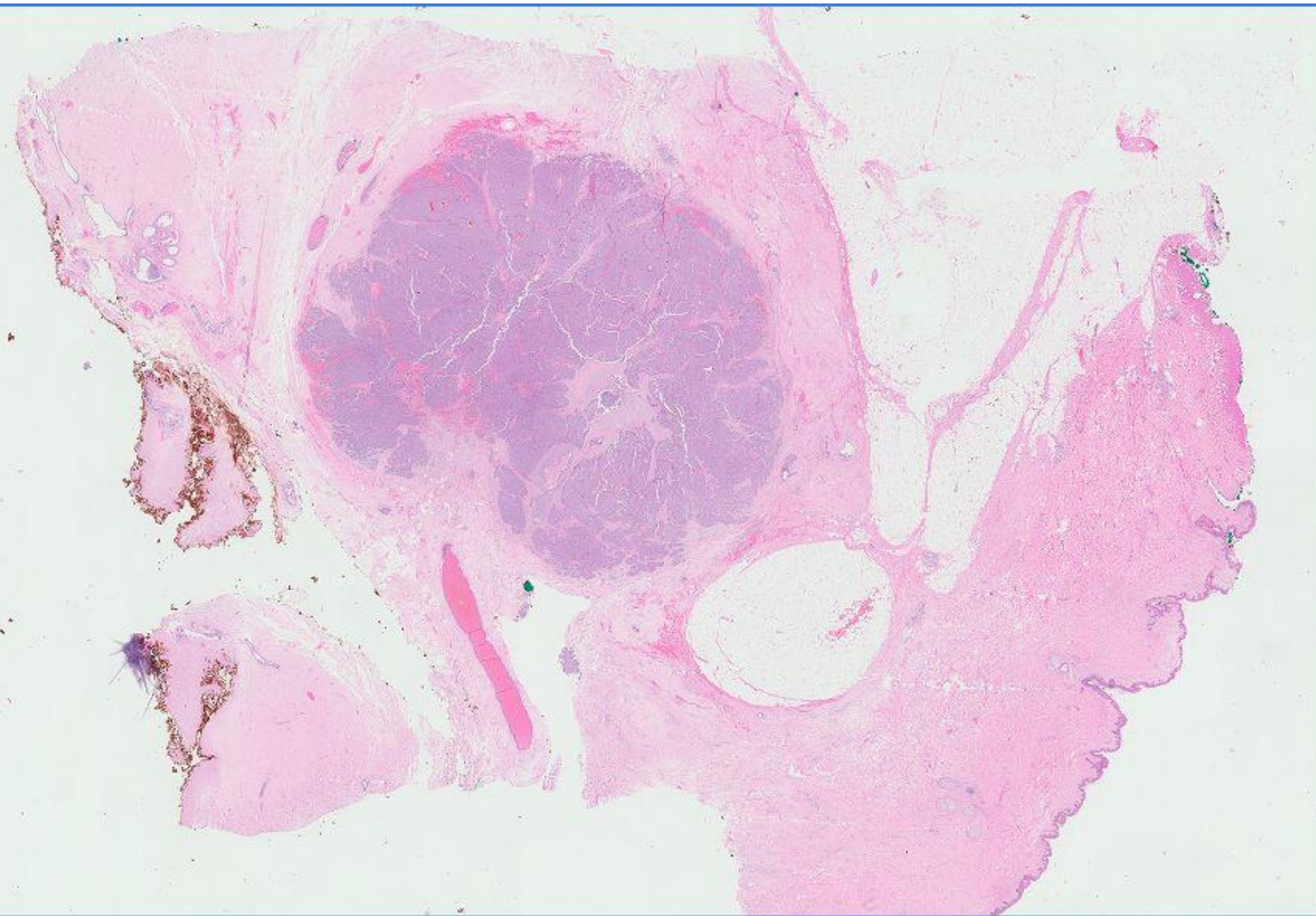
1 mm

▶ Zoom 5x

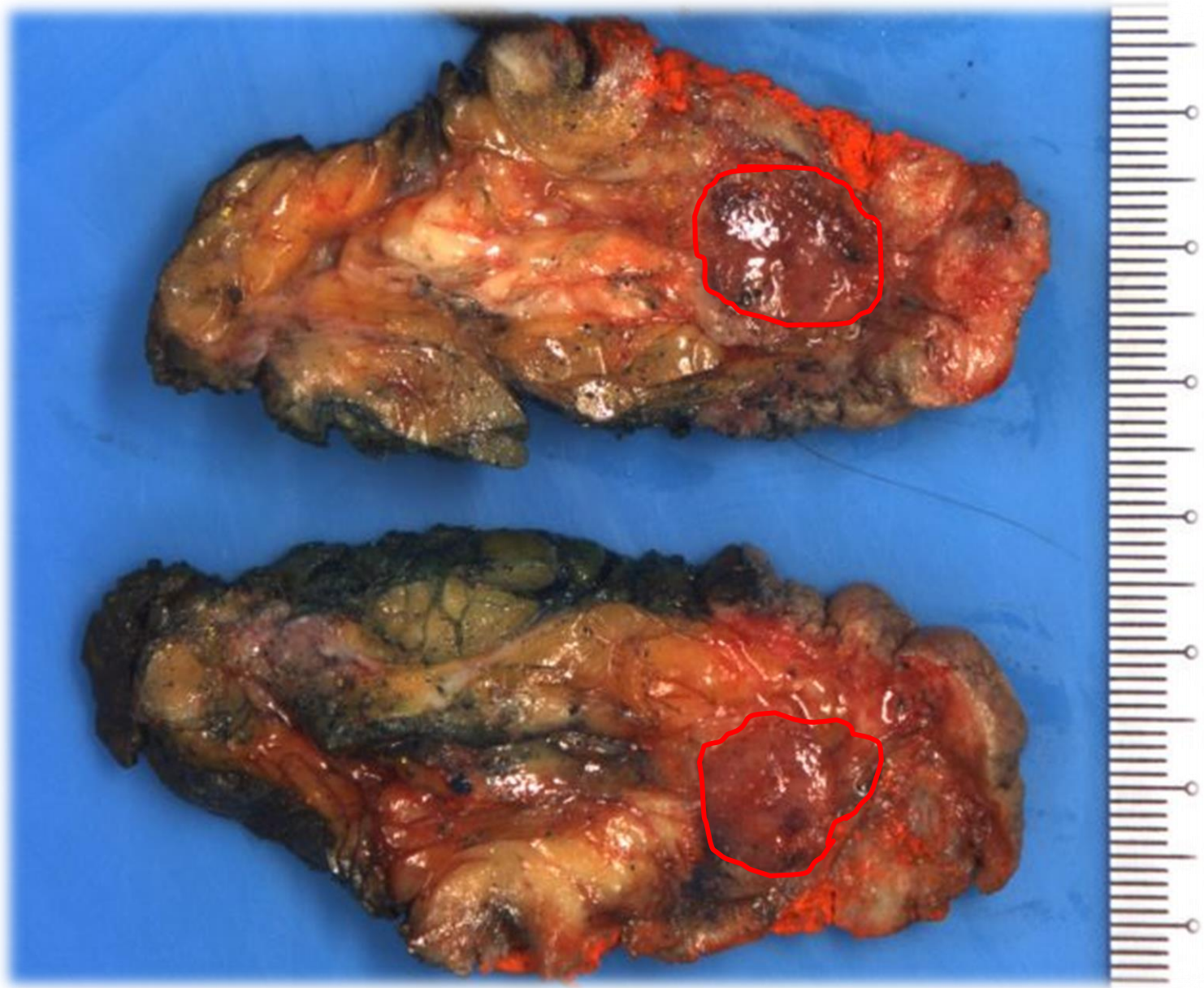
3.224 mm²

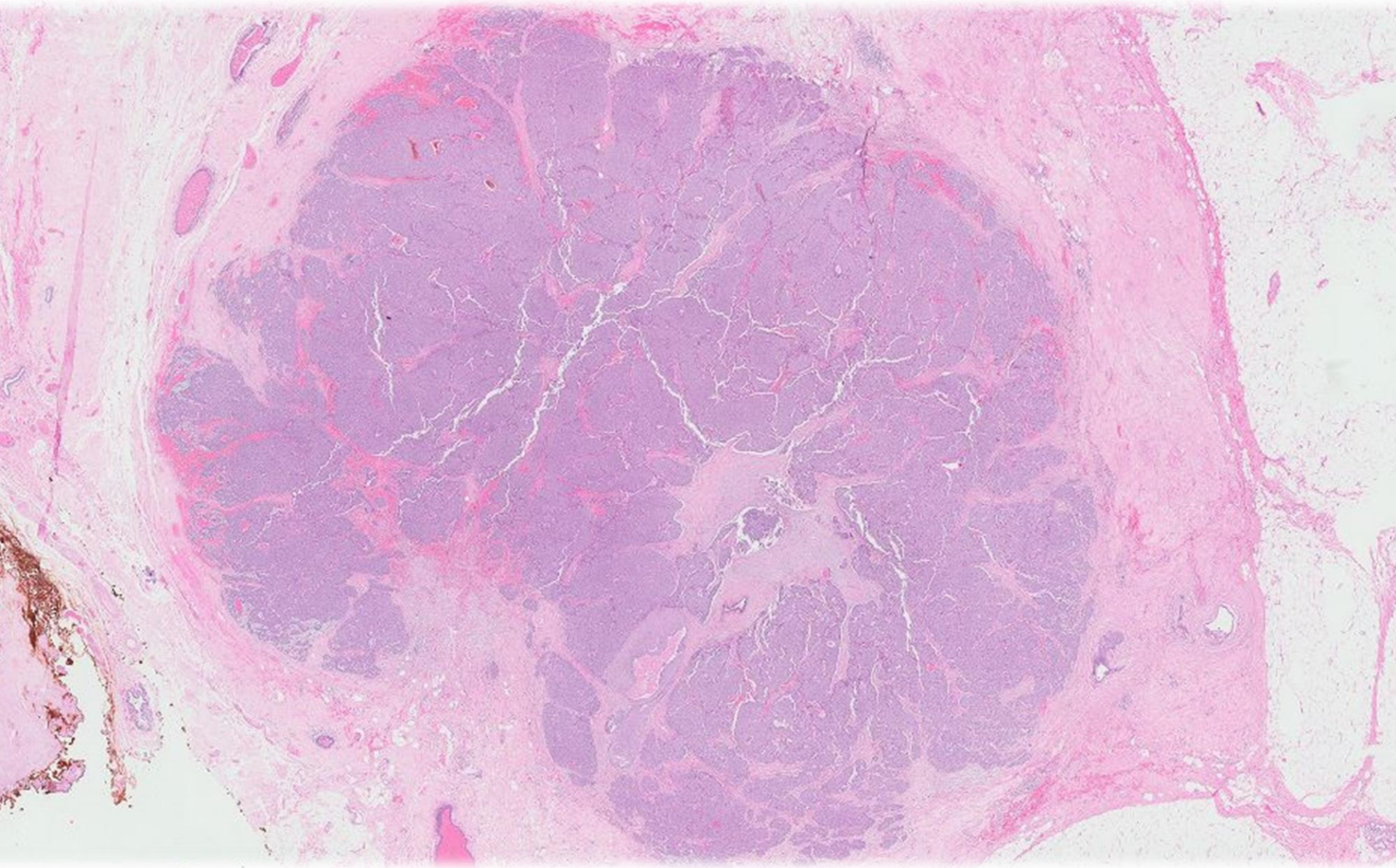


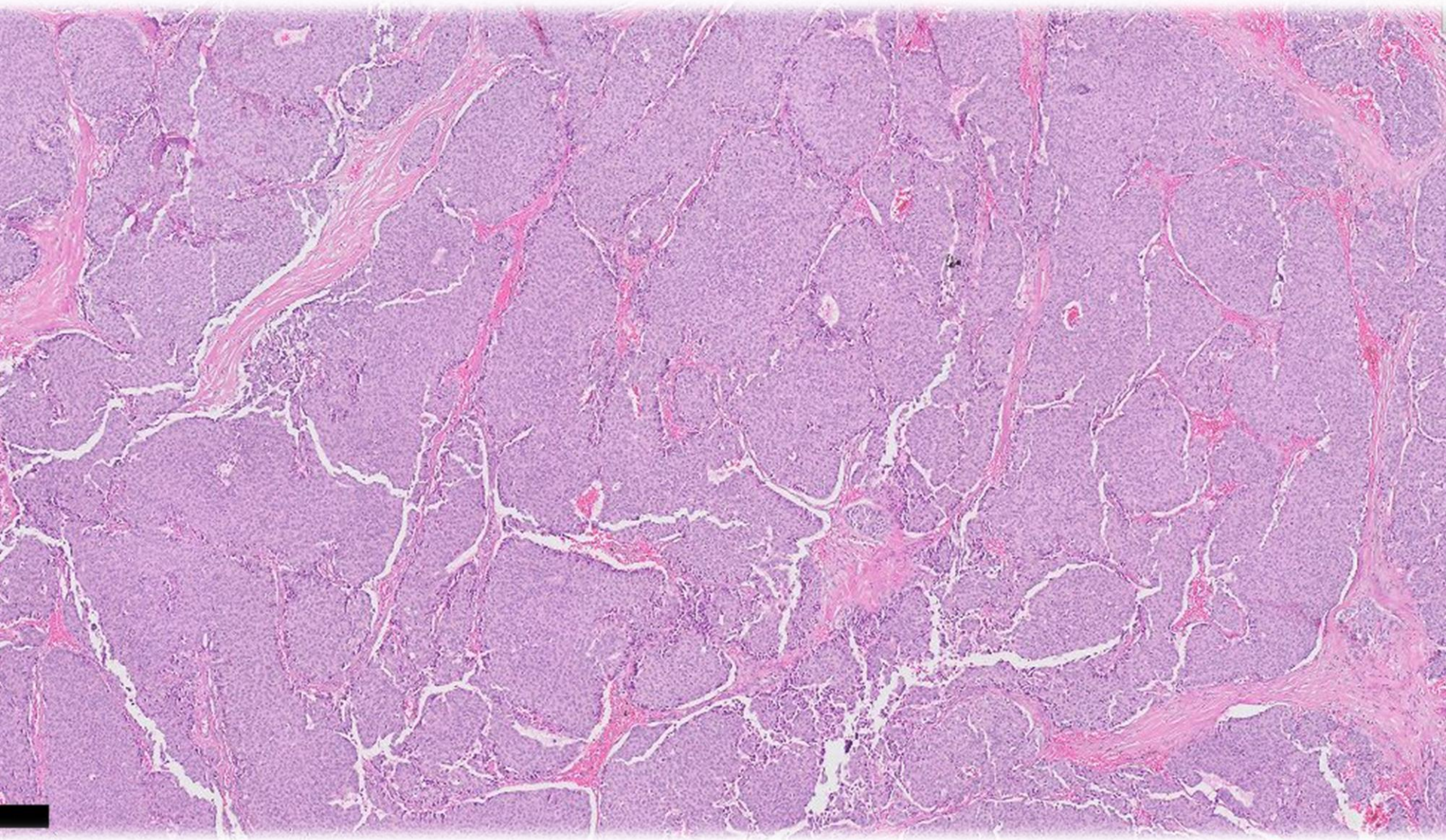
200 μm

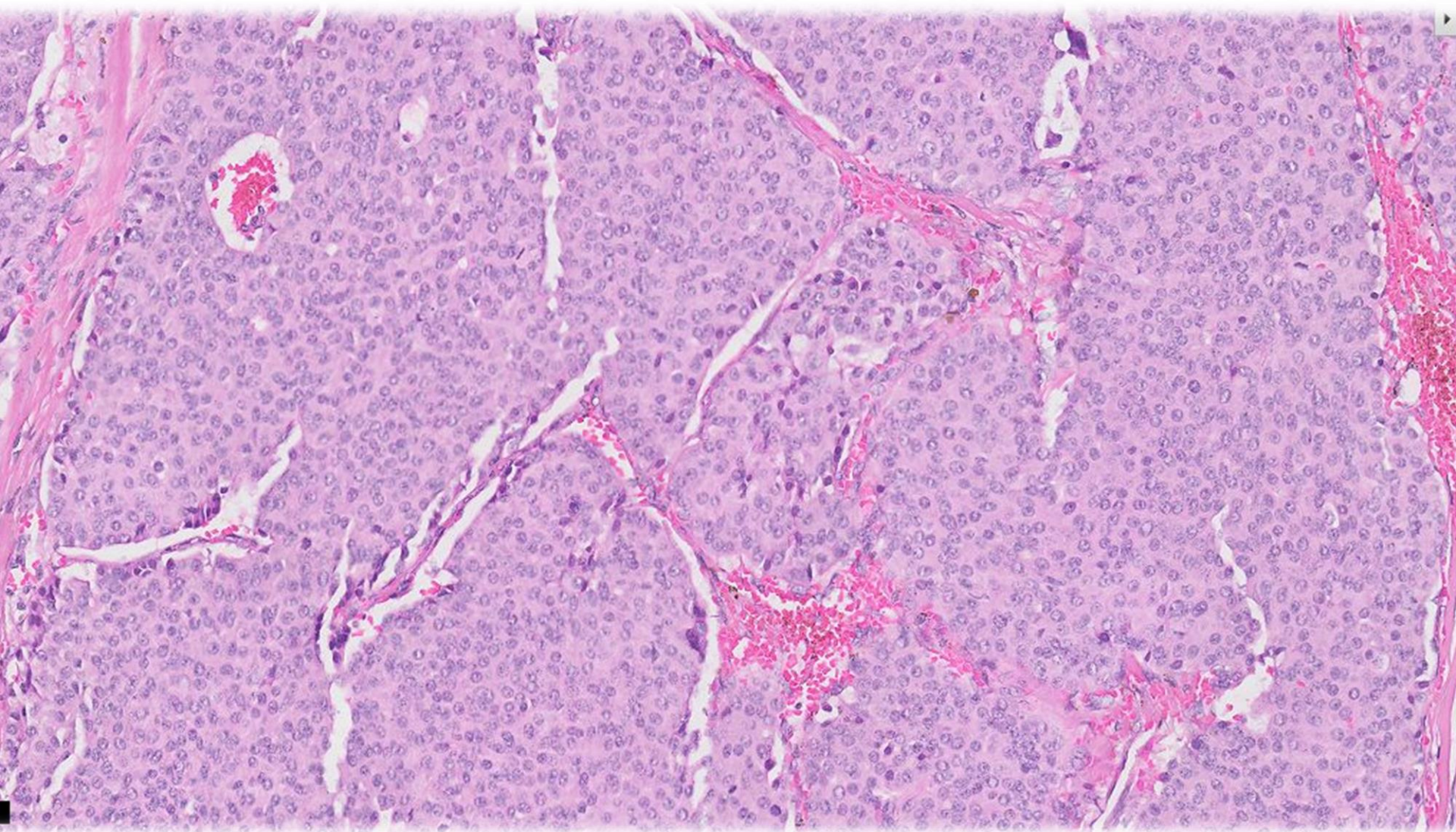




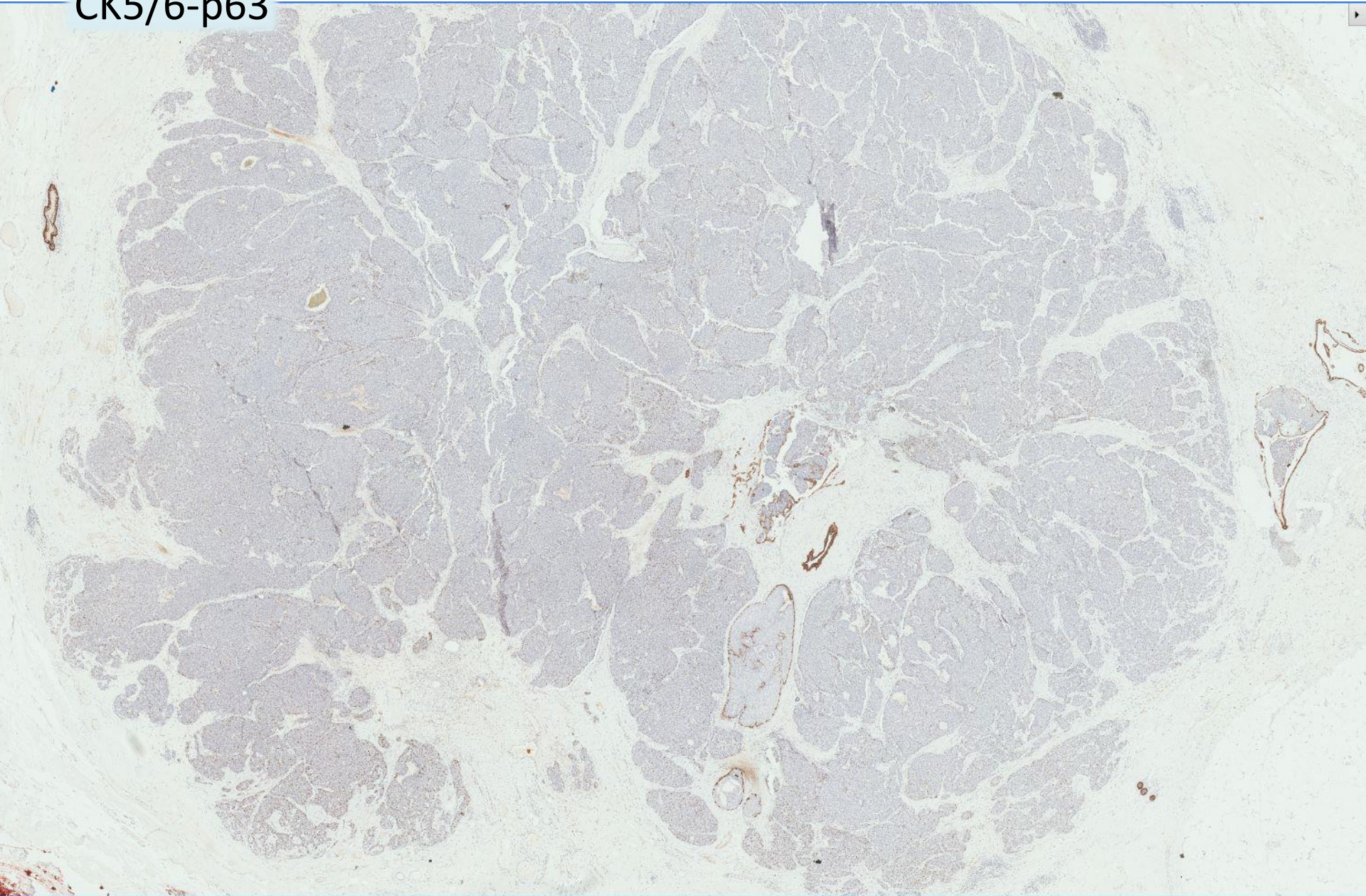




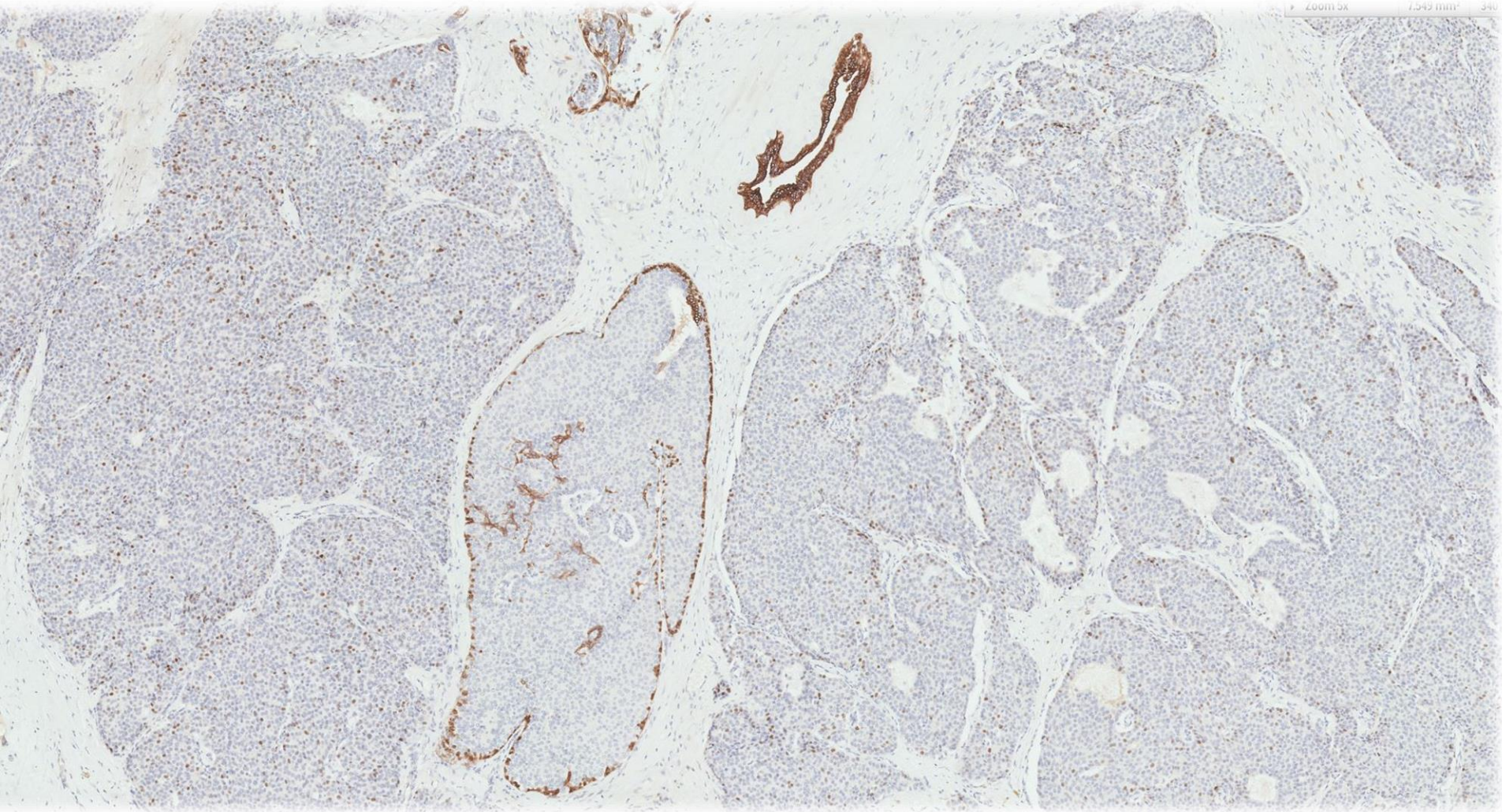




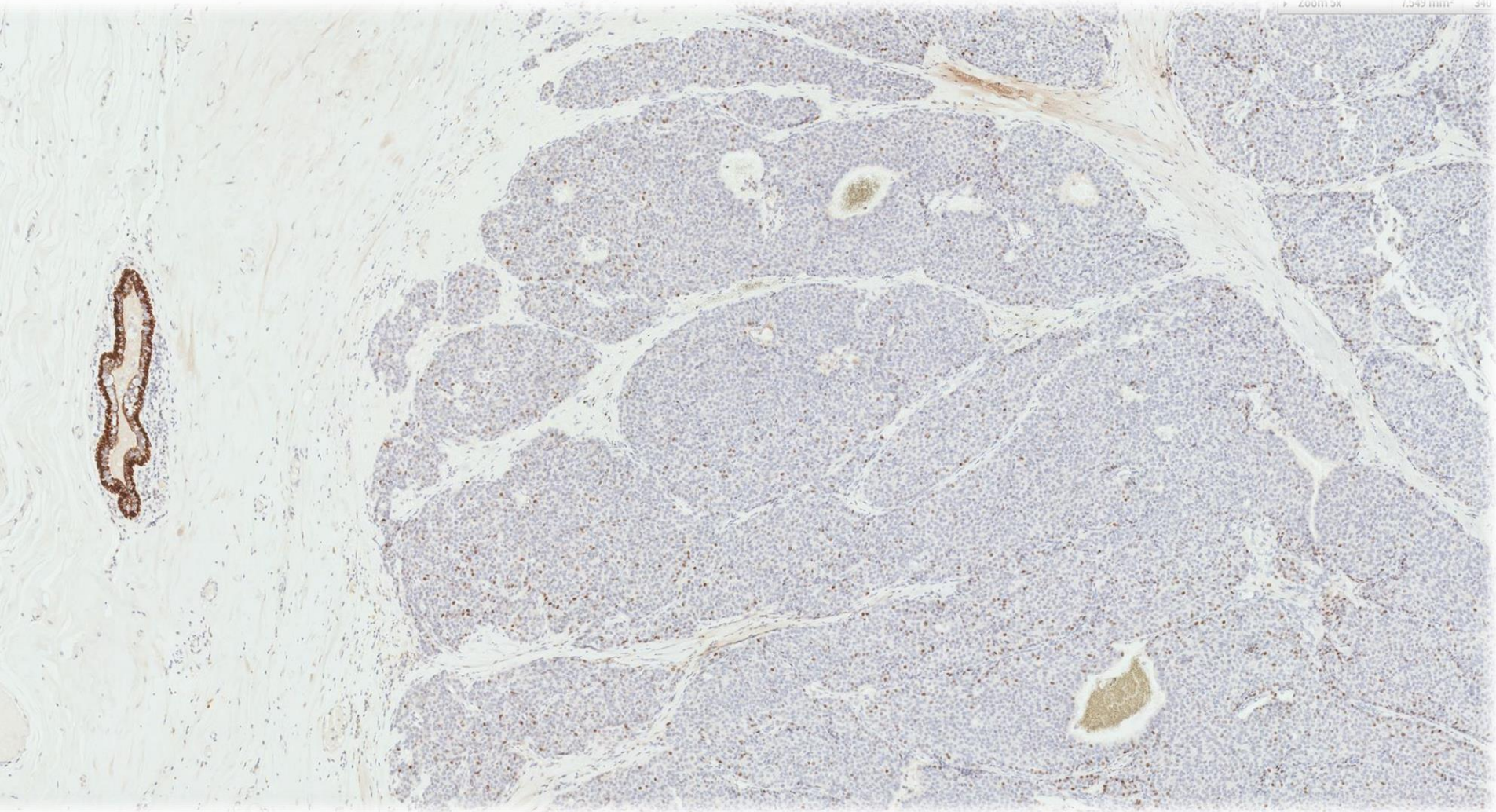
CK5/6-p63



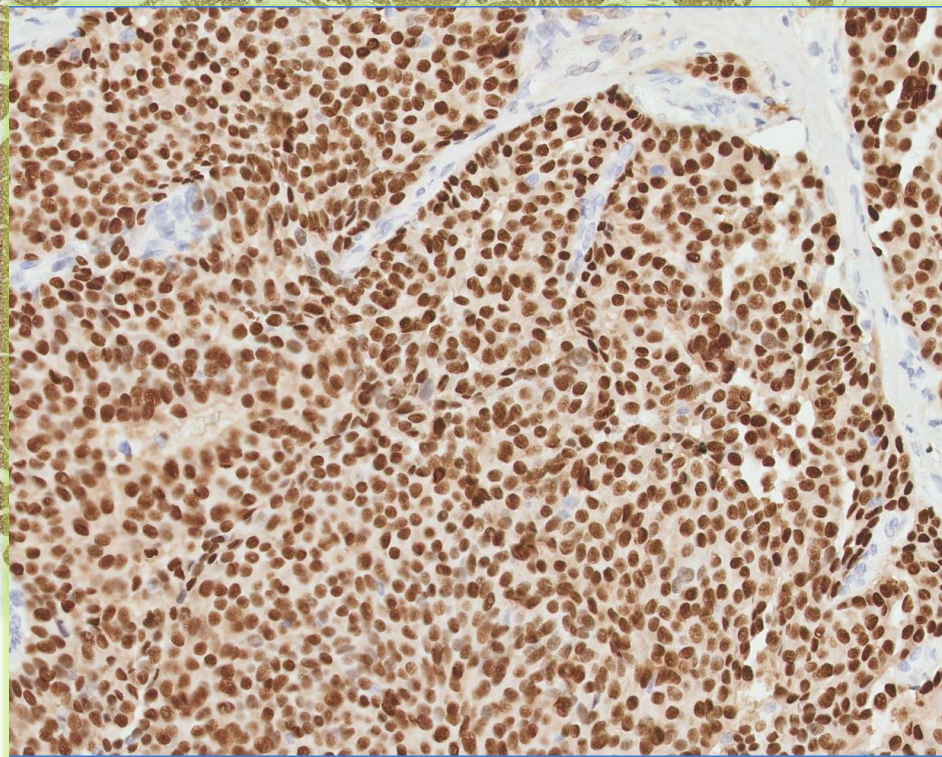
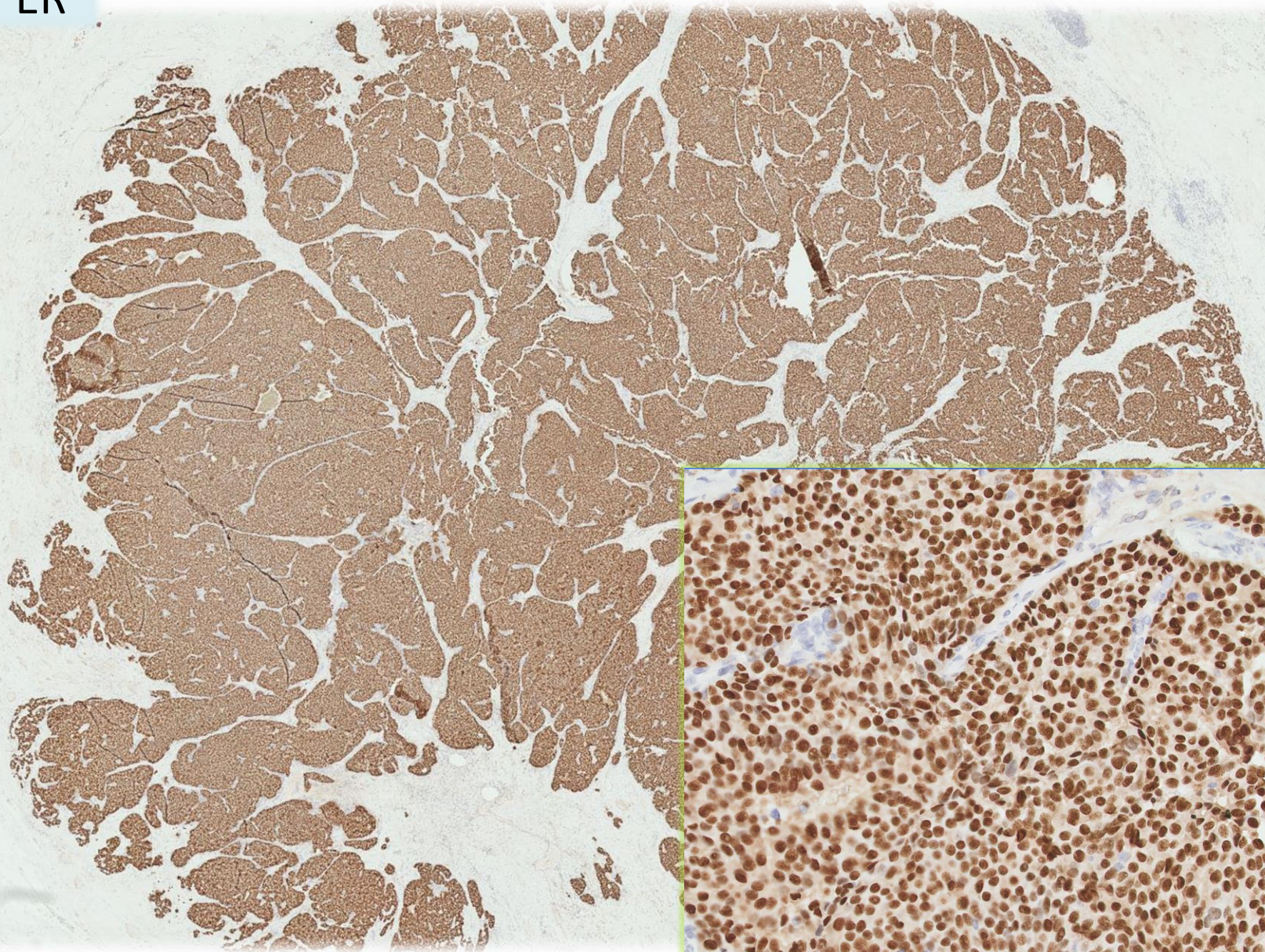
CK5/6-p63



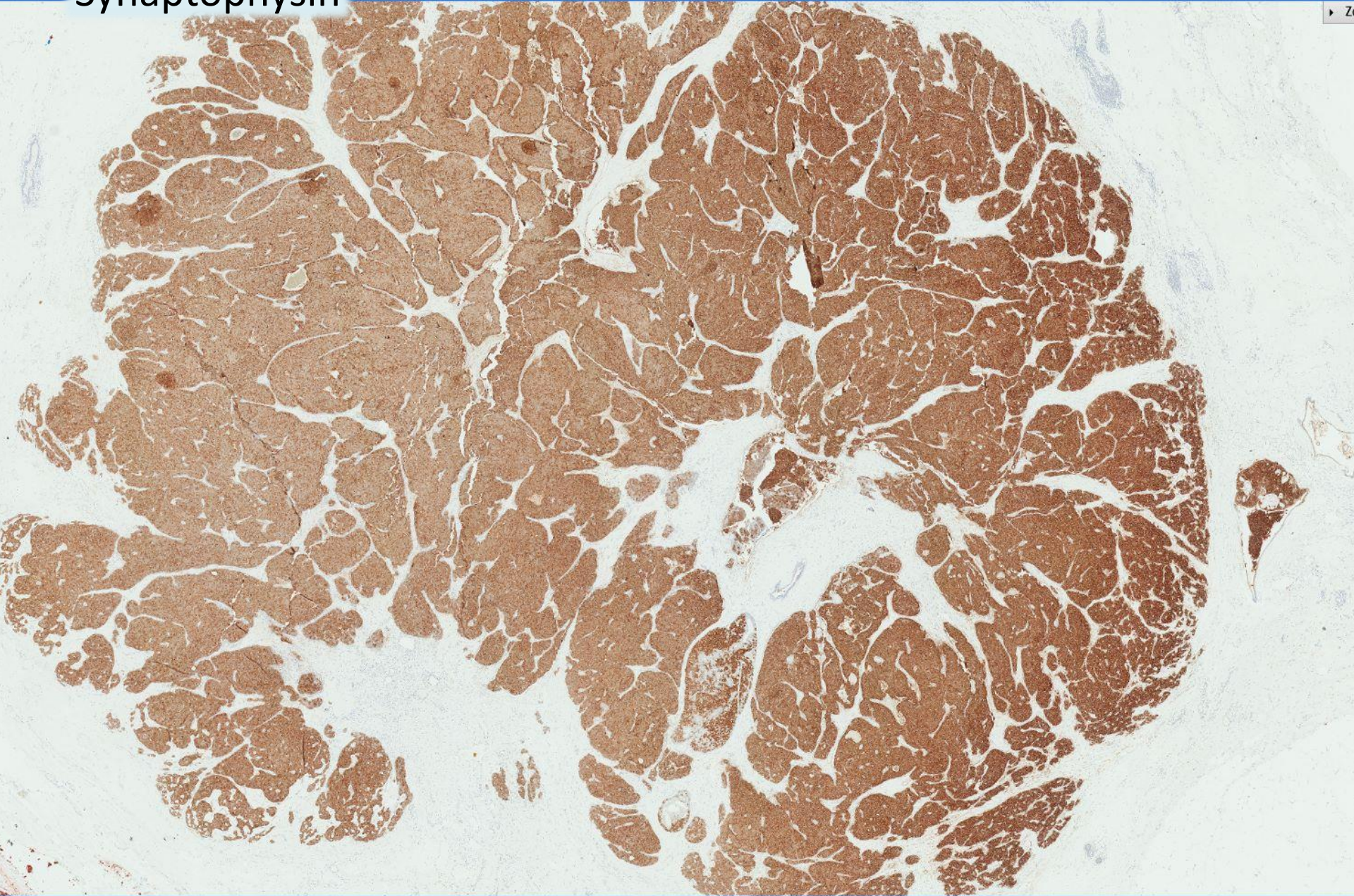
CK5/6-p63



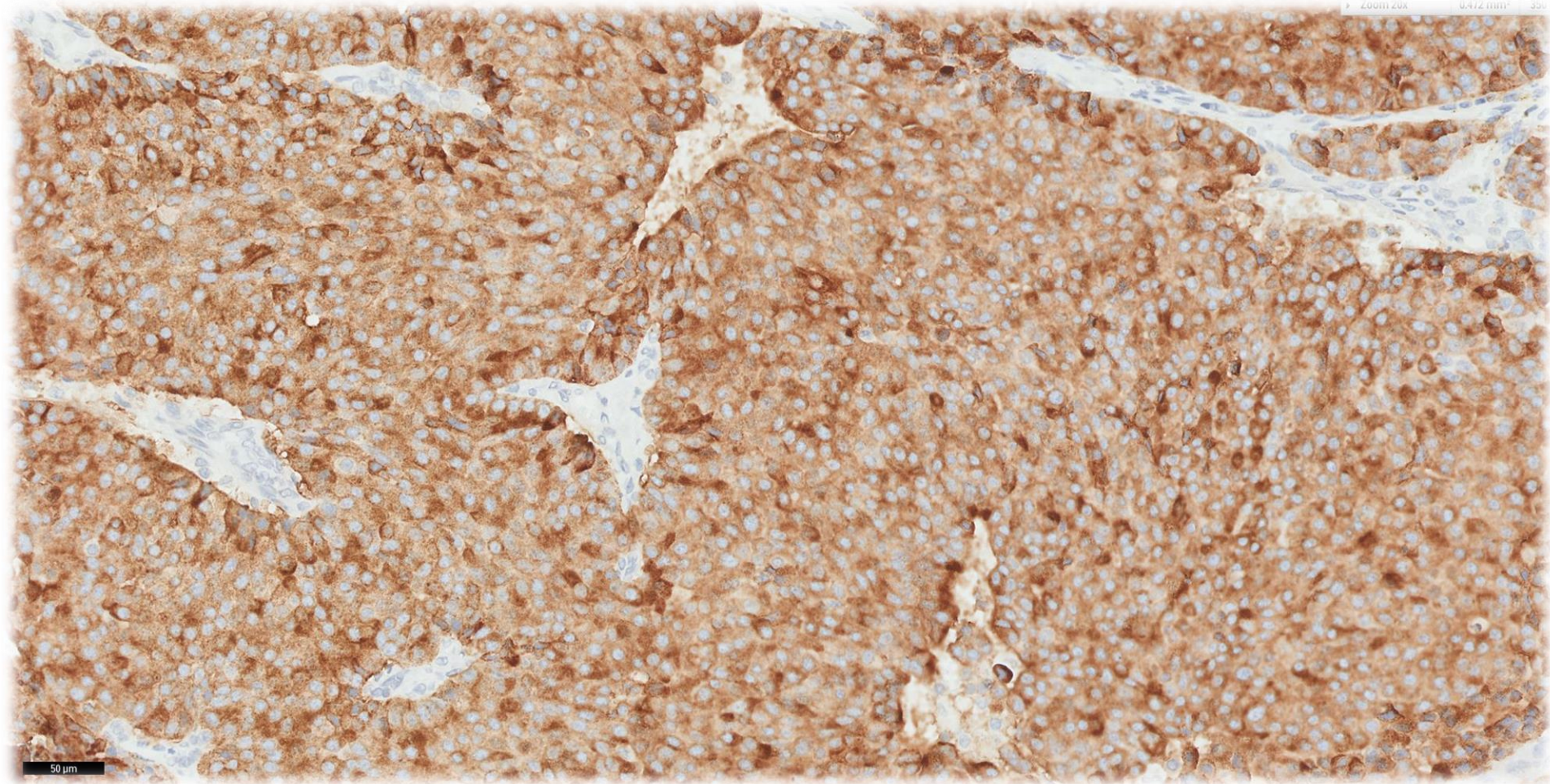
ER



Synaptophysin



Synaptophysin



Diagnosis

- Invasive solid-papillary carcinoma, grade 2, with neuroendocrine differentiation.
- ER positive, PR positive, cerbB2 negative.



Solid-papillary carcinoma

- Distinctive form of papillary carcinoma composed of expansile cellular nodules invested by inconspicuous delicate fibrovascular cores, leading to a morphologically solid growth pattern at low magnification.
- Neuroendocrine differentiation, spindle cell morphology and mucin production are frequent.

Solid-papillary carcinoma

- A single large expansile mass or multiple solid closely apposed nodules may be seen.
- Myoepithelial cells may be present or absent at the periphery of these nodules, as shown on immunohistochemistry with myoepithelial markers.
- Lesions in which myoepithelial cells are demonstrated around the solid epithelial nodules are regarded as variants of DCIS.

Solid-papillary carcinoma

- For lesions composed of ***rounded nodular*** masses without any surrounding myoepithelial cells, the WHO Working Group recommends interpretation as in-situ disease for staging purposes.
- Irregularly shaped epithelial islands with jagged contours devoid of myoepithelial cell cuffs, arranged in a geographical jigsaw pattern set within a desmoplastic stroma, may be diagnosed as ***invasive solid papillary carcinoma*** {as in case 24}.

Solid-papillary carcinoma

- Although the majority of solid papillary carcinomas are considered to be equivalent to in-situ disease, this unique morphological pattern of solid papillary carcinoma can also incorporate invasive forms.
- In order to avoid ambiguity and to allow appropriate classification and clinical management, it is therefore useful to explicitly state whether a particular case of solid papillary carcinoma is histologically regarded as in-situ cancer, or whether it has the microscopic features of the invasive counterpart.
- ***A diagnosis of 'solid papillary carcinoma' without further qualification is not recommended.***

Solid-papillary carcinoma

- Conventional forms of invasive carcinoma, such as mucinous carcinoma and carcinomas of no special type (invasive ductal carcinoma), may be seen arising in association with solid papillary carcinoma, and should be classified and staged accordingly.

Histopathology. 2015 May;66(6):761-70.

