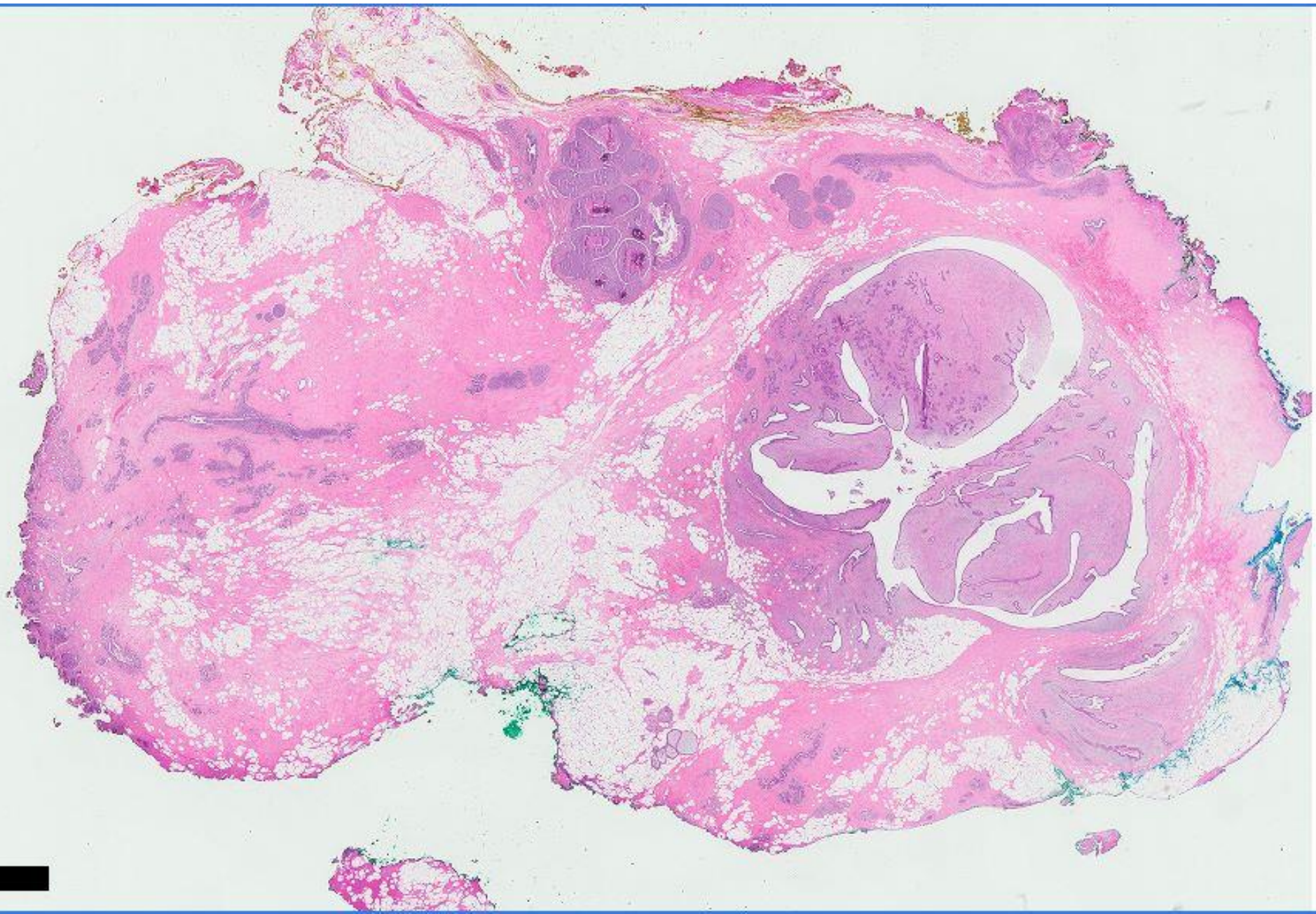


Case 27

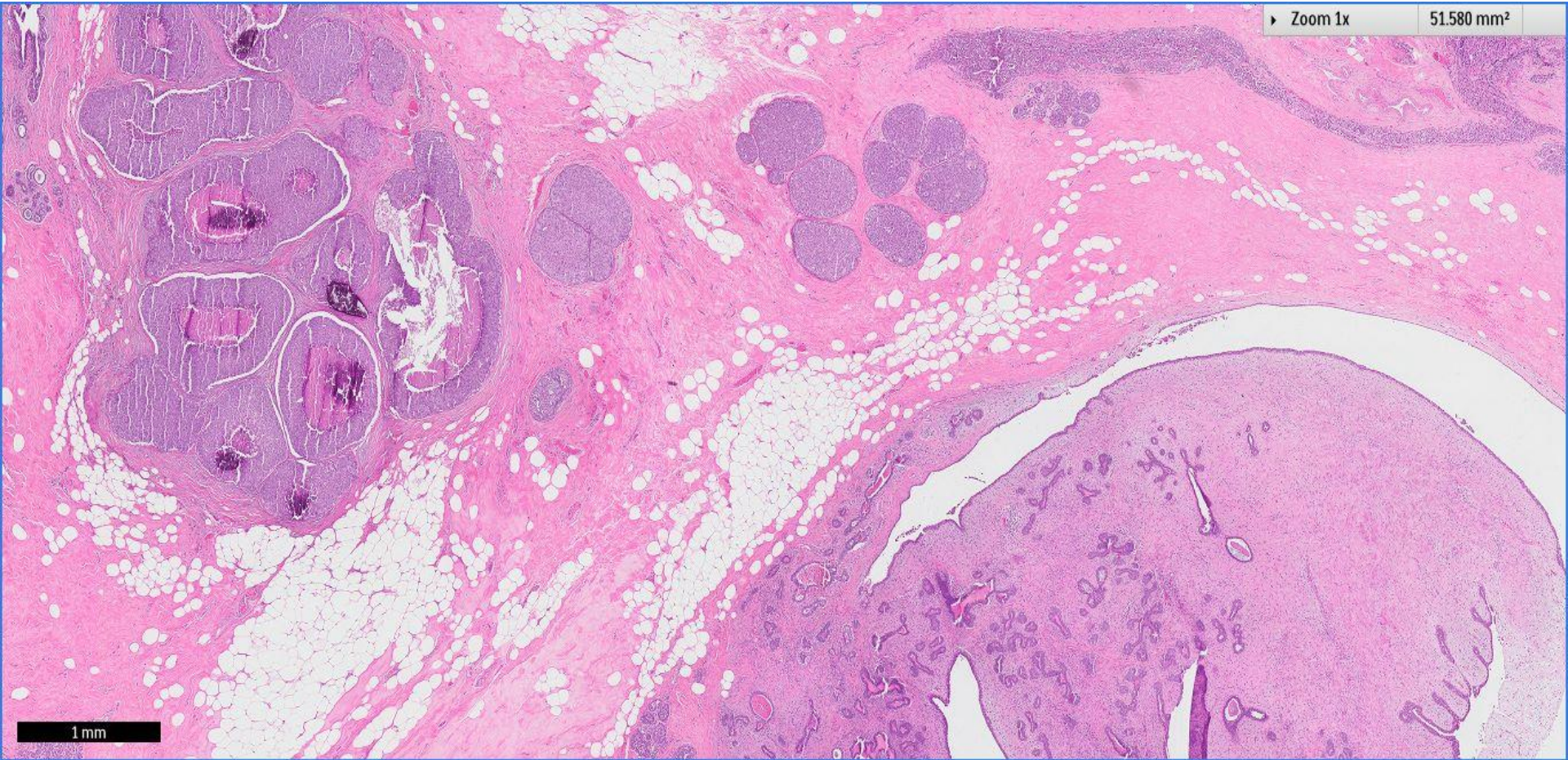
53 year old Chinese lady underwent a wide excision of a left breast mass.





Zoom 1x

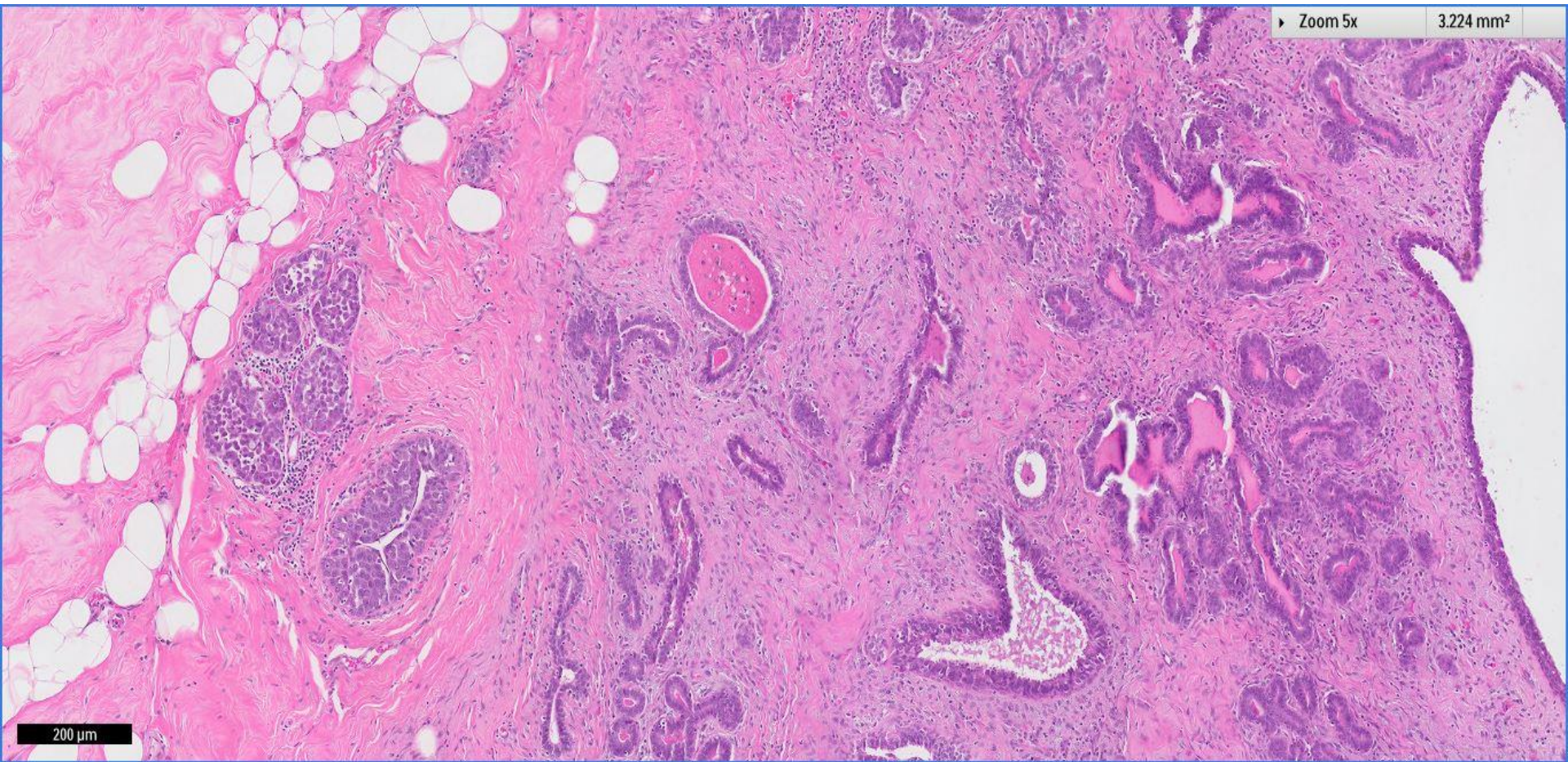
51.580 mm²



1 mm

▶ Zoom 5x

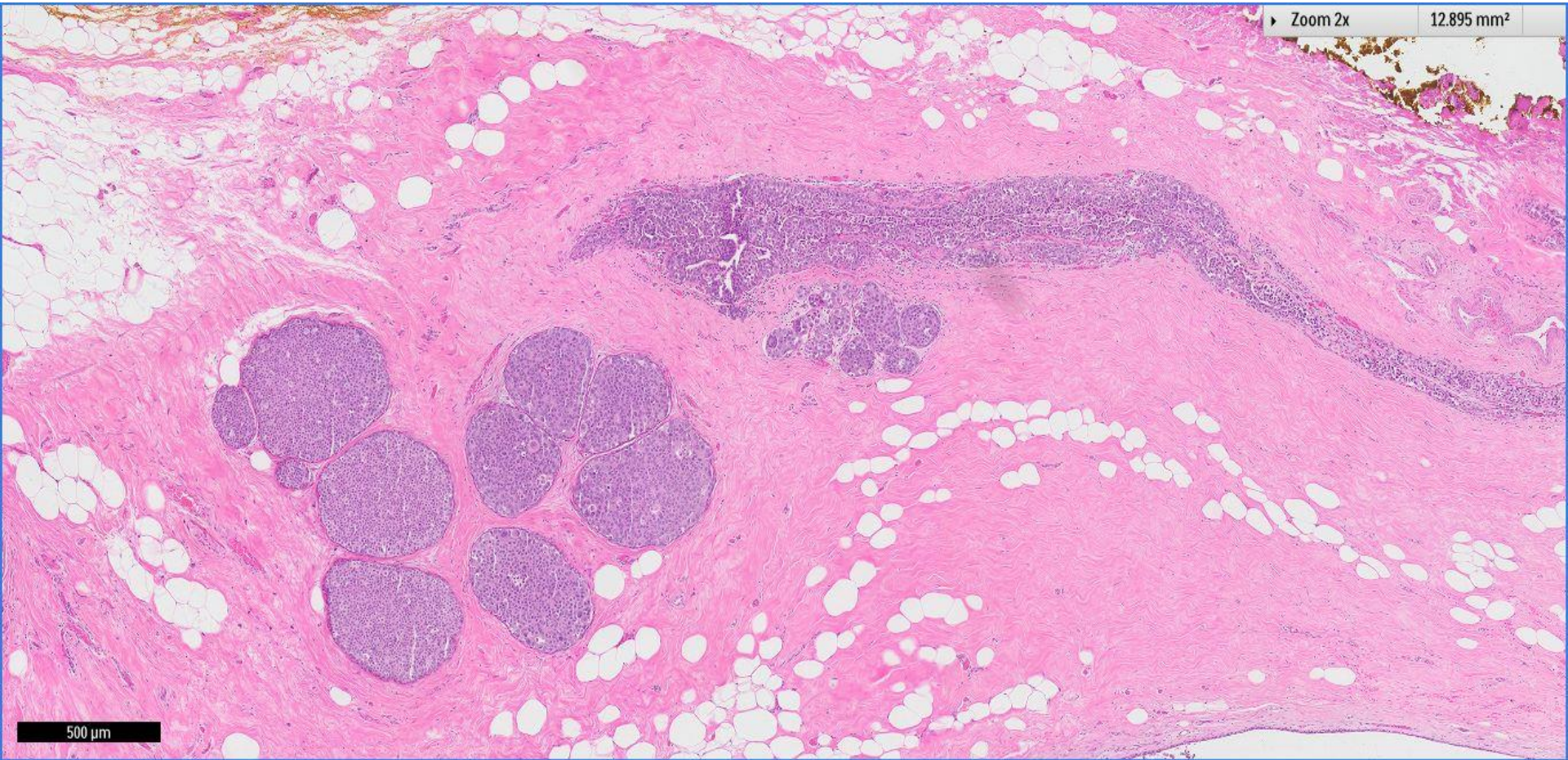
3.224 mm²



200 μm

Zoom 2x

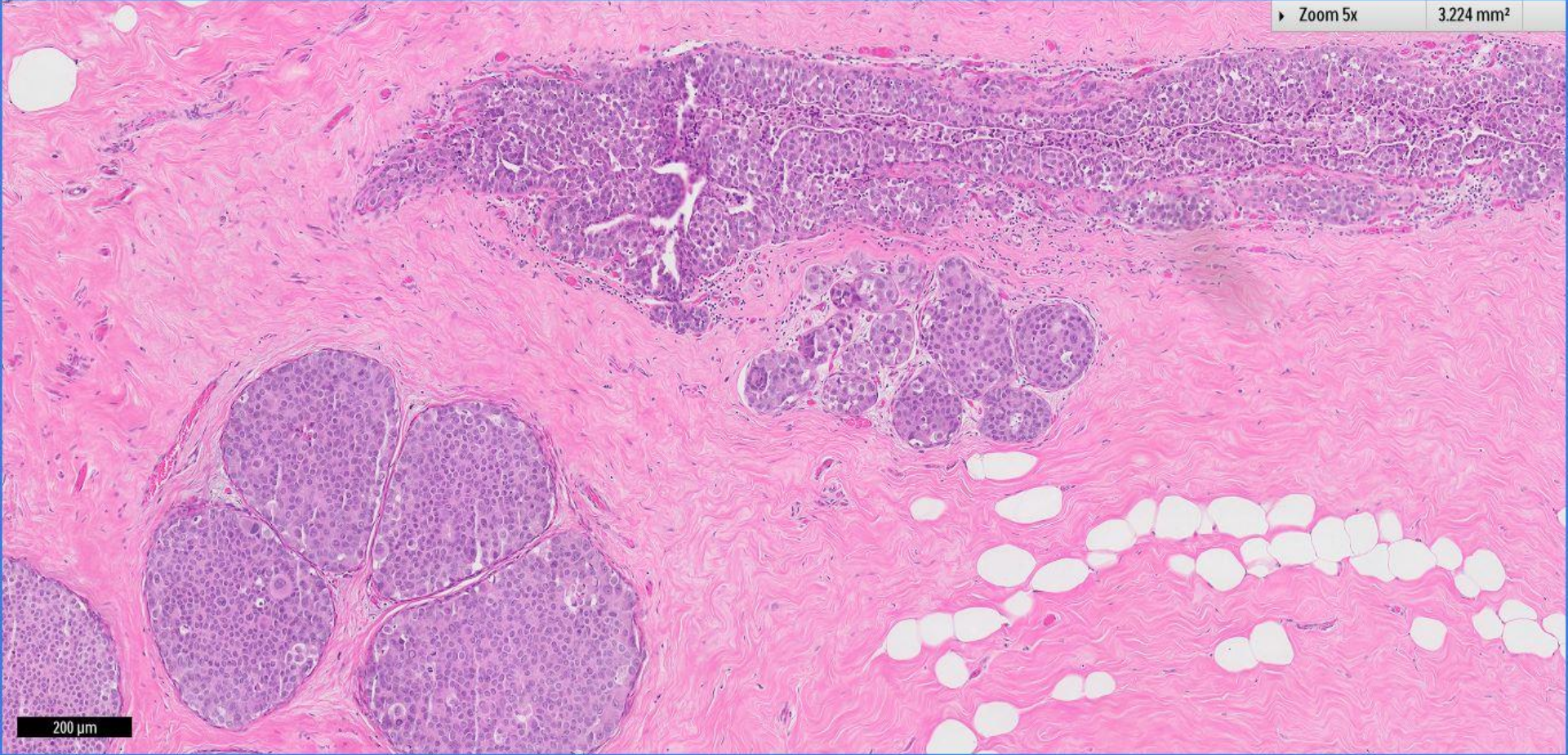
12.895 mm²



500 μm

► Zoom 5x

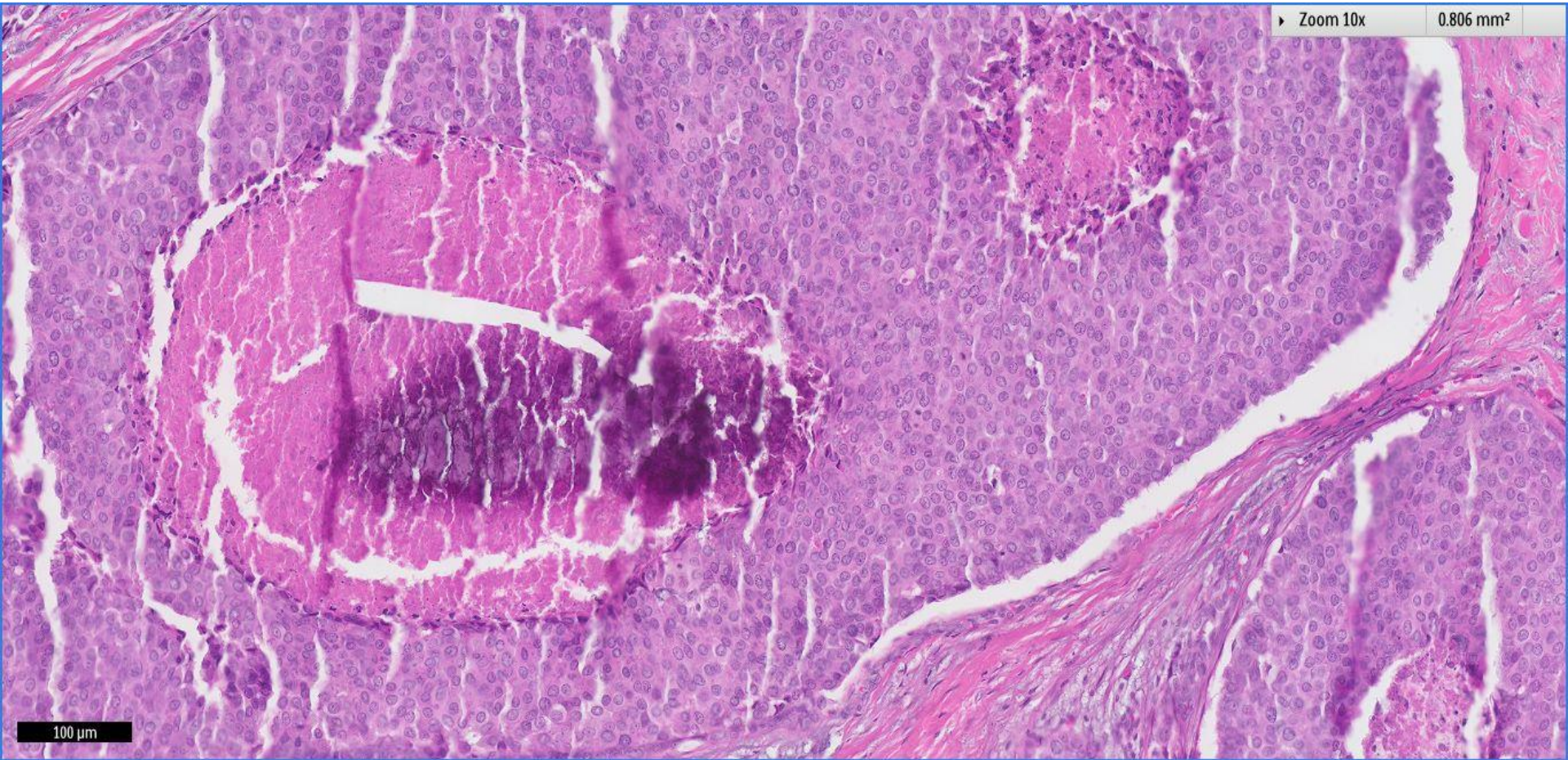
3.224 mm²



200 μ m

► Zoom 10x

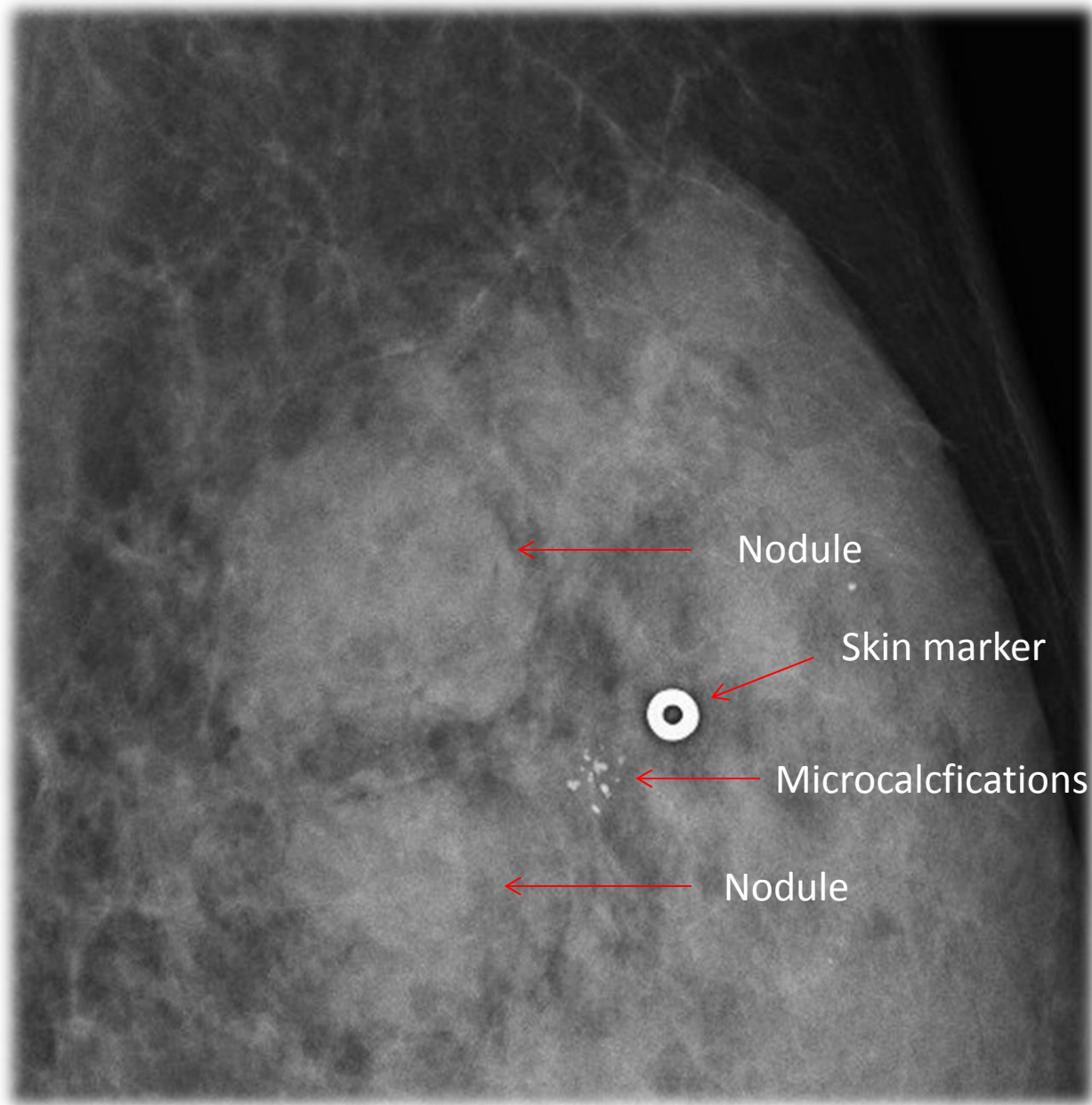
0.806 mm²



100 μm

***Chinatown, Singapore
Chinese New Year 2015***





Nodule

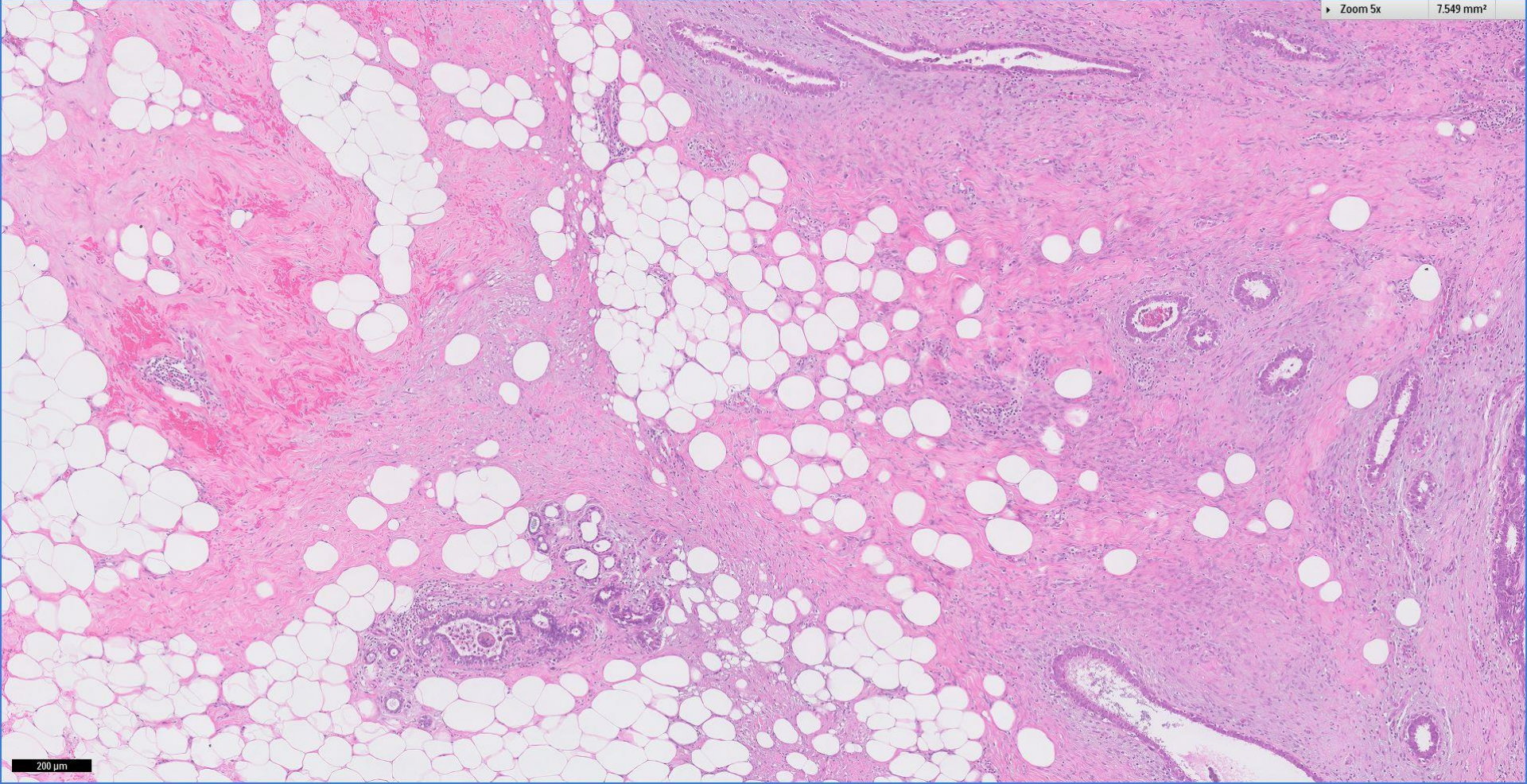
Skin marker

Microcalcifications

Nodule

Zoom 5x

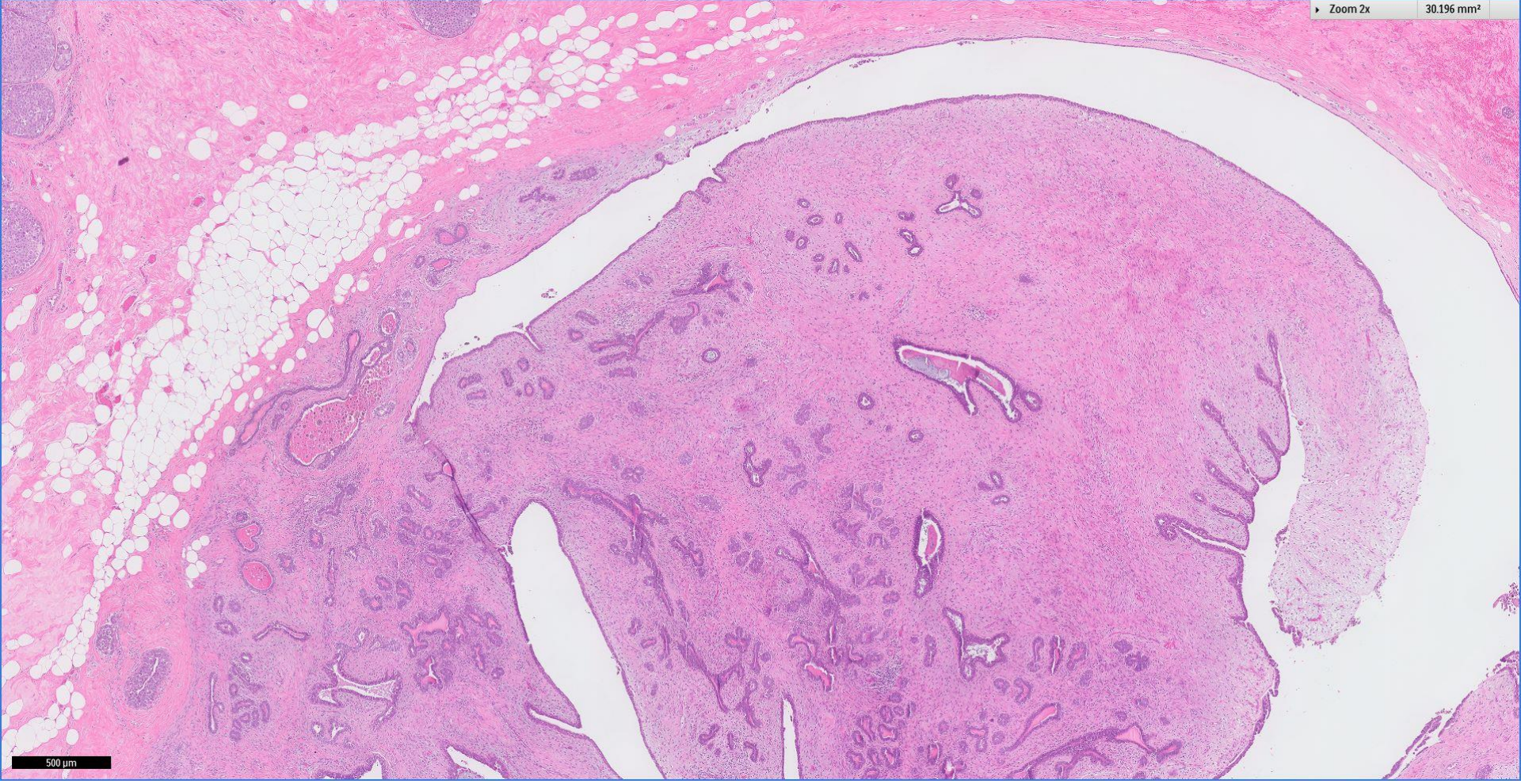
7.549 mm²



200 μm

Zoom 2x

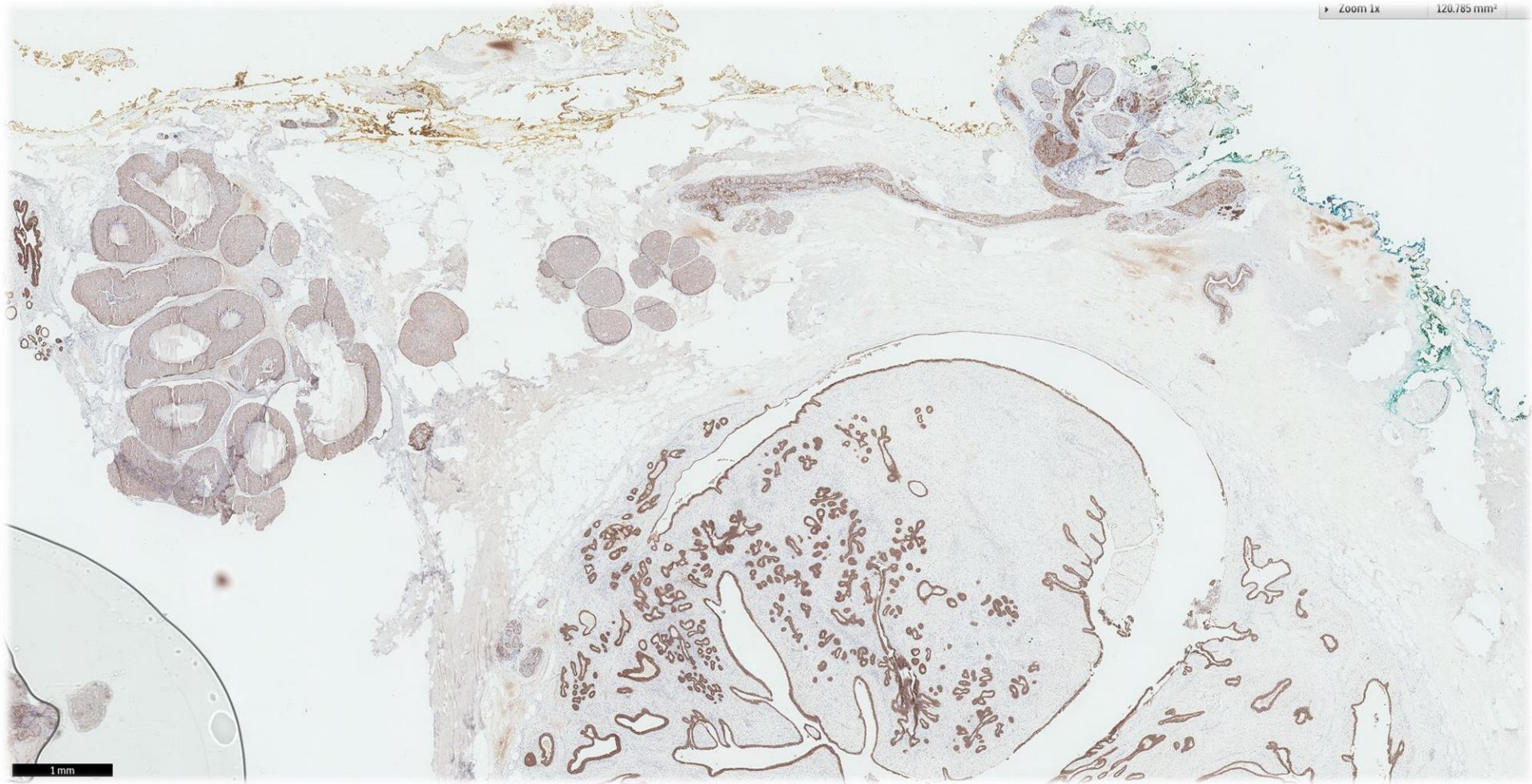
30.196 mm²



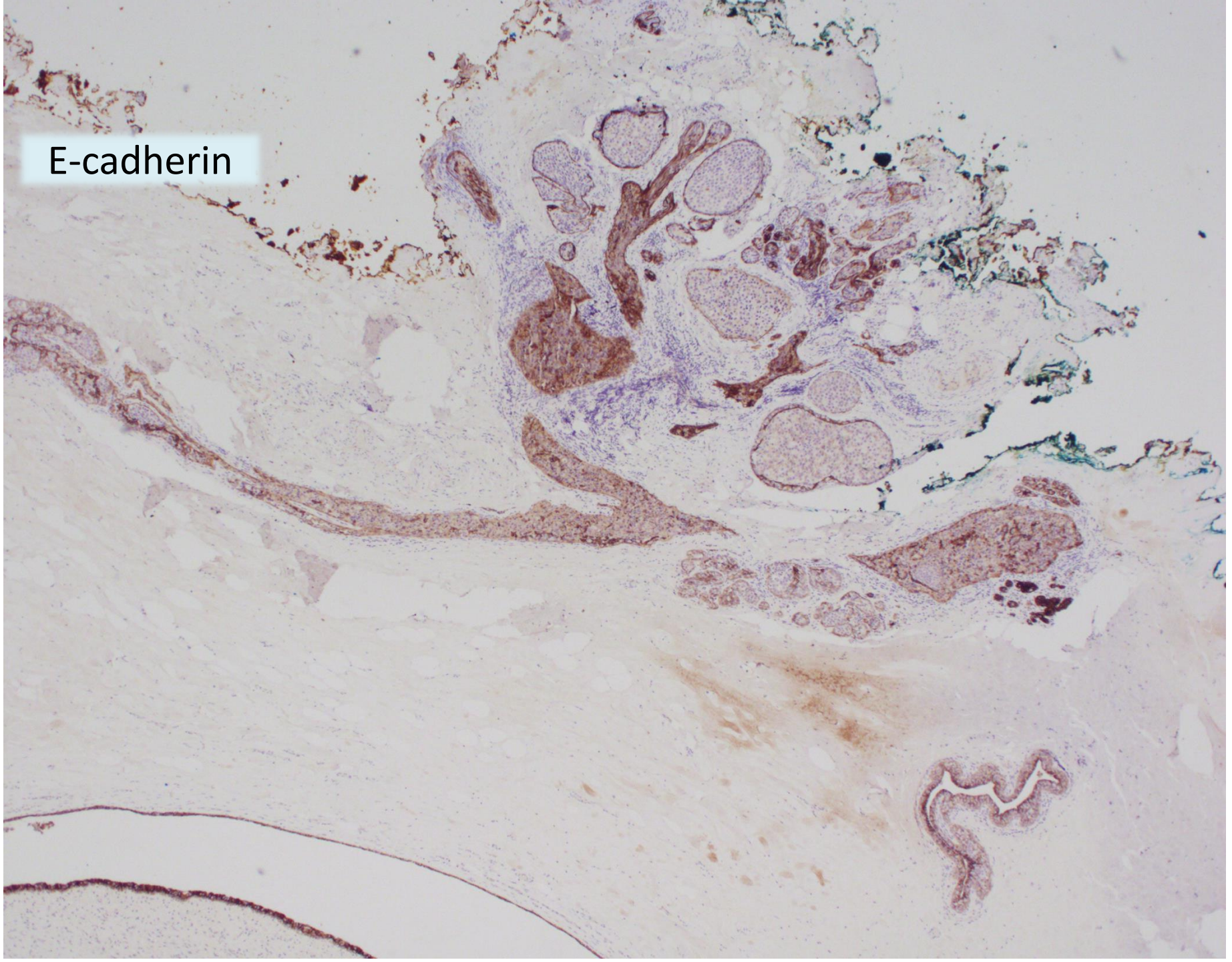
500 μm

E-cadherin

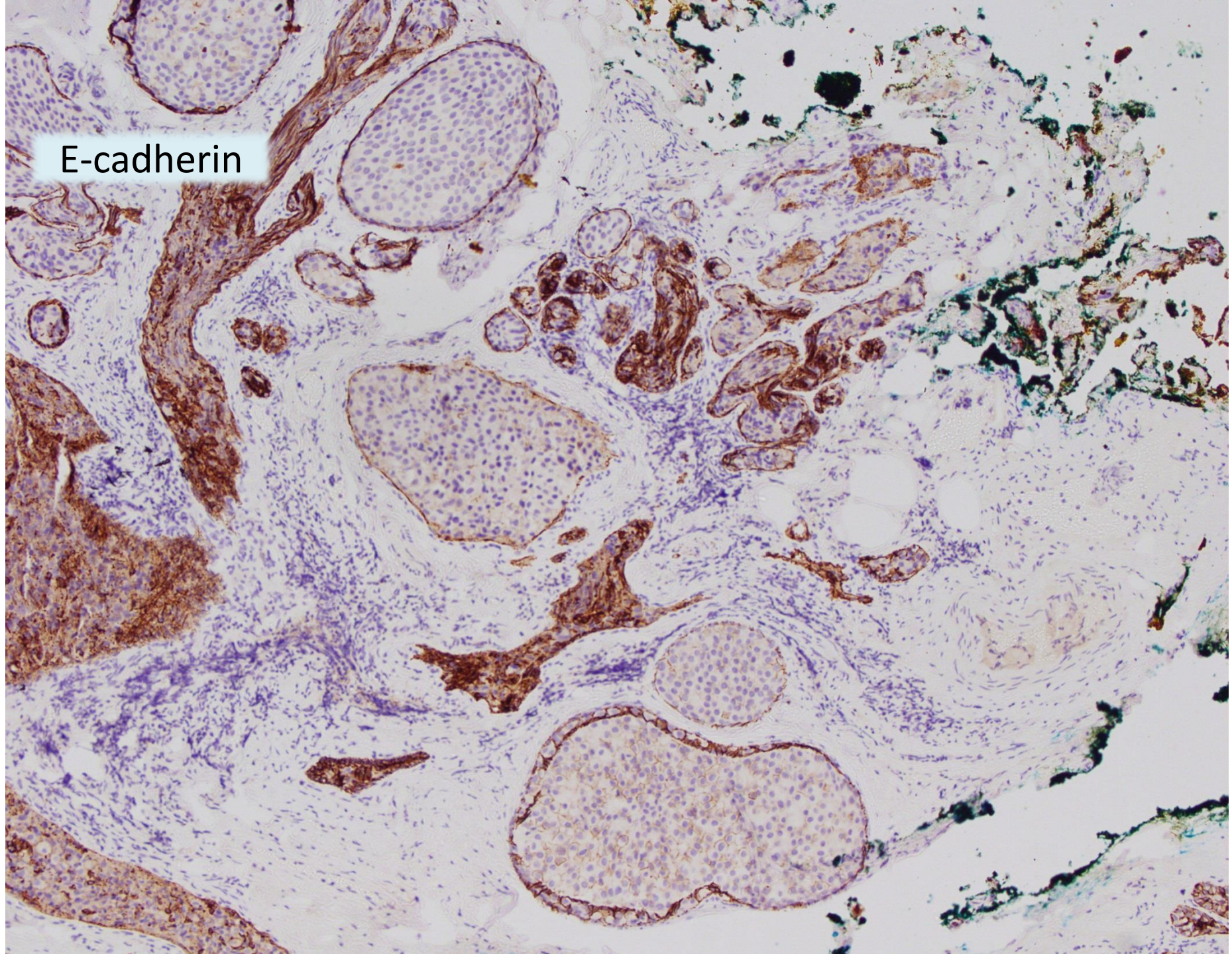
Zoom 1x 120.785 mm²



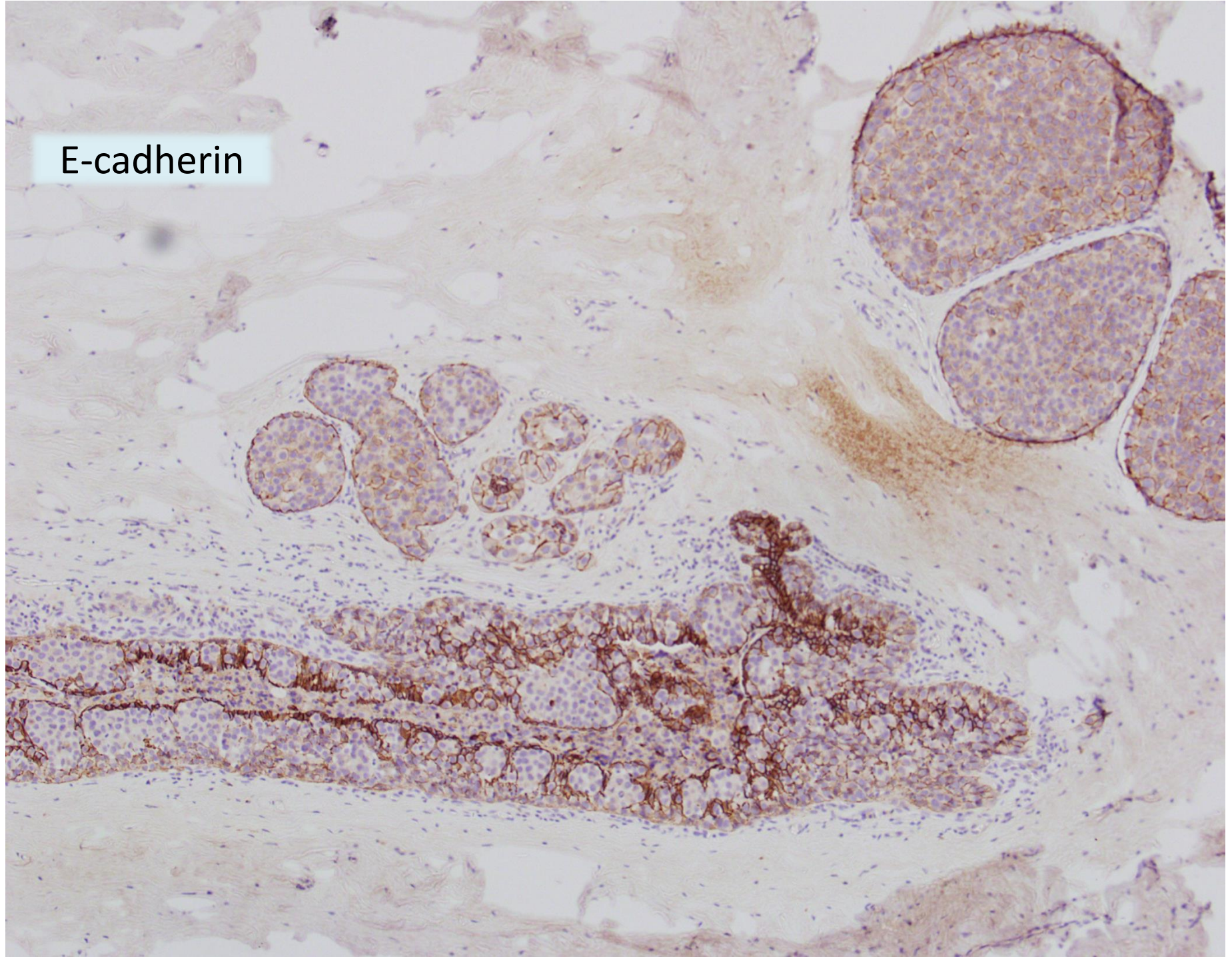
E-cadherin



E-cadherin



E-cadherin



Diagnosis

- Benign phyllodes tumour.
- Lobular carcinoma in situ, with necrosis, calcifications and focal pleomorphic features.
- LCIS extends to margins of resection.



Pleomorphic LCIS

- Unusual variant of LCIS.
- Optimal management is unclear.

'If negative PLCIS margins are pursued, rates of successful breast conservation are low. In light of this and low recurrence rates, caution should be exercised in aggressively treating PLCIS with excision to clear margins.'

Ann Surg Oncol. 2015 Apr 17. In press

Pleomorphic LCIS

- LCIS with marked nuclear pleomorphism.
- May be accompanied by necrosis and calcifications.

Pleomorphic LCIS

'In the absence of better information on the natural history of pleomorphic LCIS, caution should be exercised in recommending more aggressive management strategies such as excision to negative margins or mastectomy as a routine practice after a diagnostic surgical biopsy reveals pleomorphic LCIS.'

Decisions regarding the need for excision to negative margins should be considered after a careful review of the pathological criteria used for the diagnosis of pleomorphic LCIS, the extent of surgery required for complete excision, as well as the patient's suitability for, and acceptance of, non-surgical risk-management strategies.'

WHO 2012

