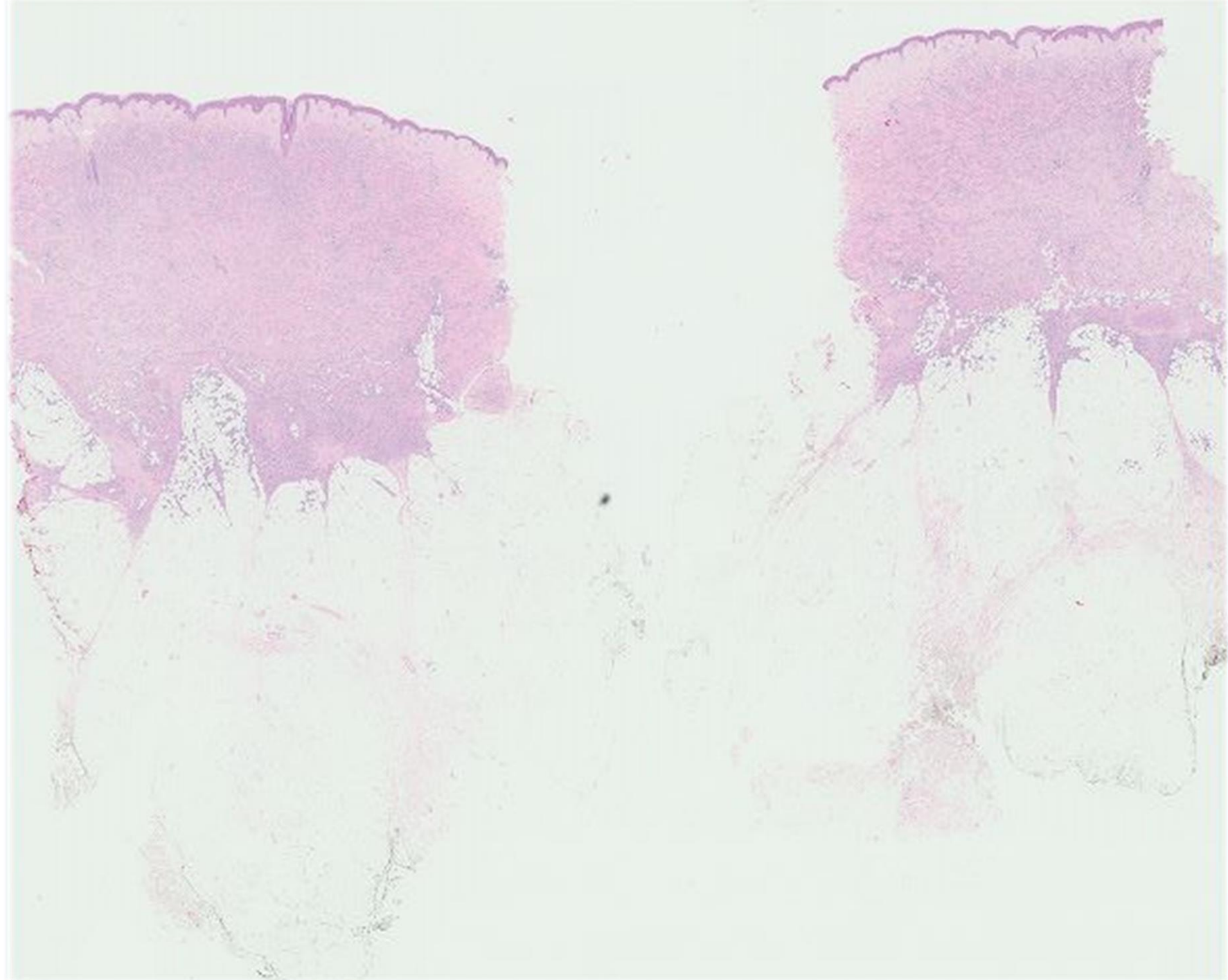
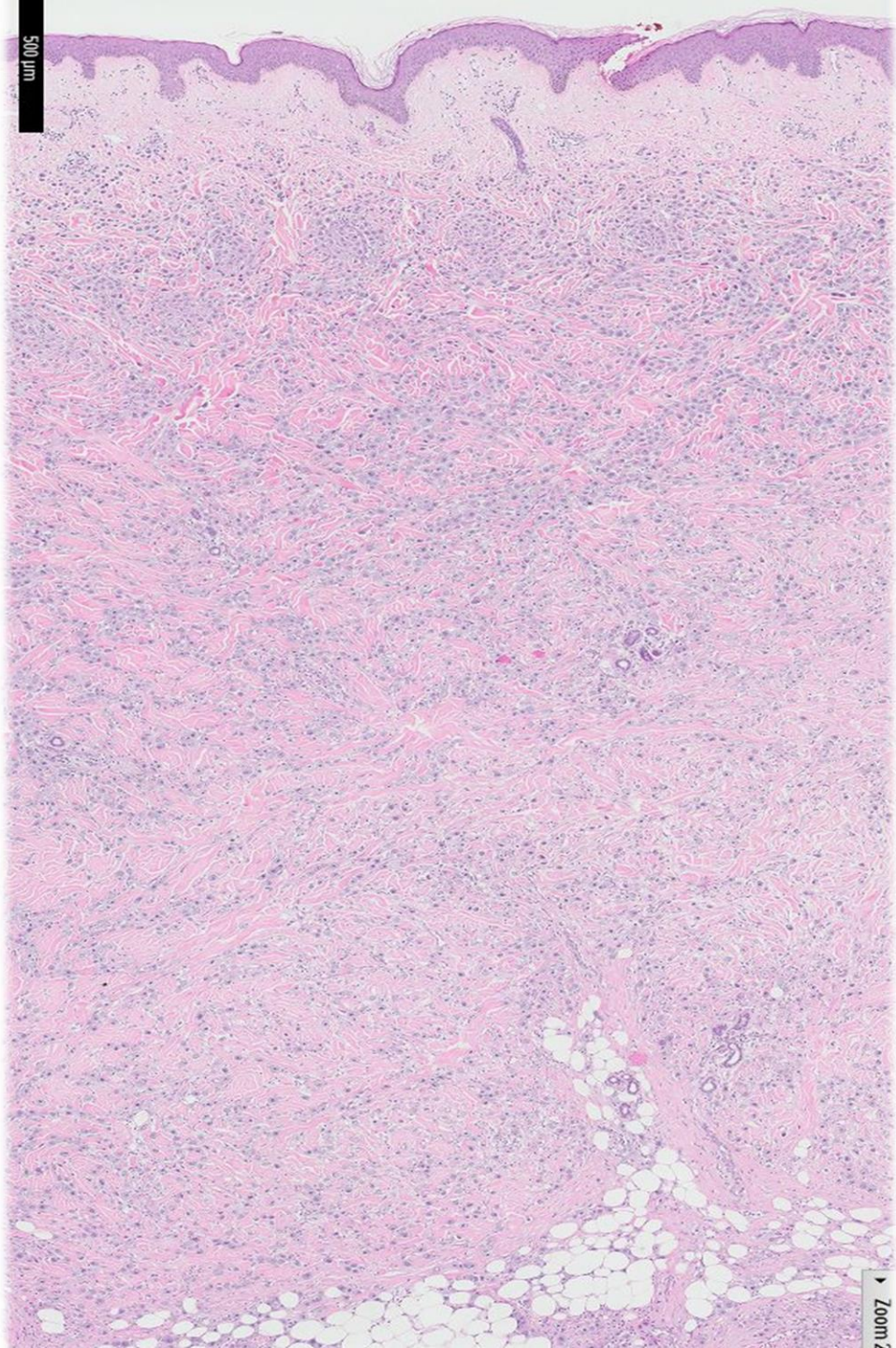


Case 30

74 year old lady with left breast carcinoma diagnosed in 2007, treated by mastectomy, presented with a nodule over the left chest wall, which was biopsied.





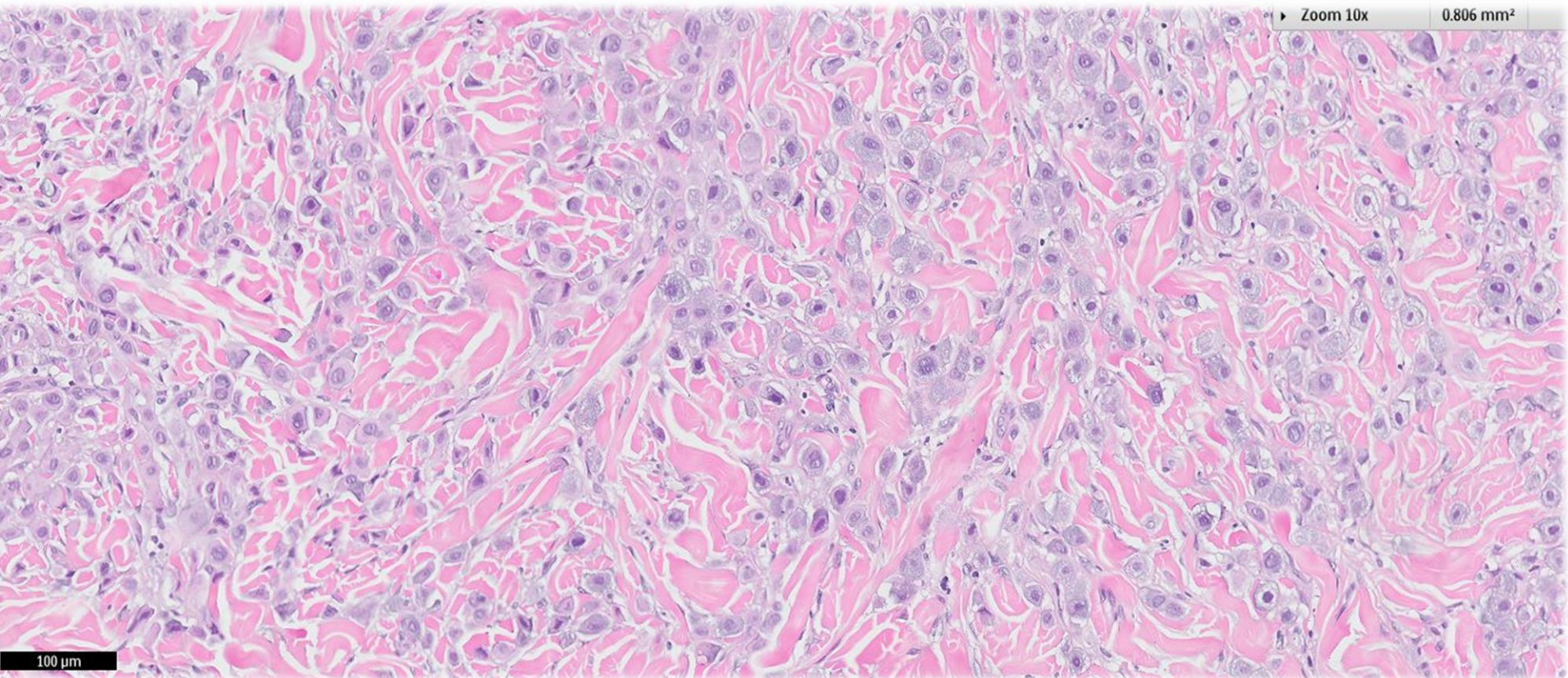


500 µm

Zoom 2

Zoom 10x

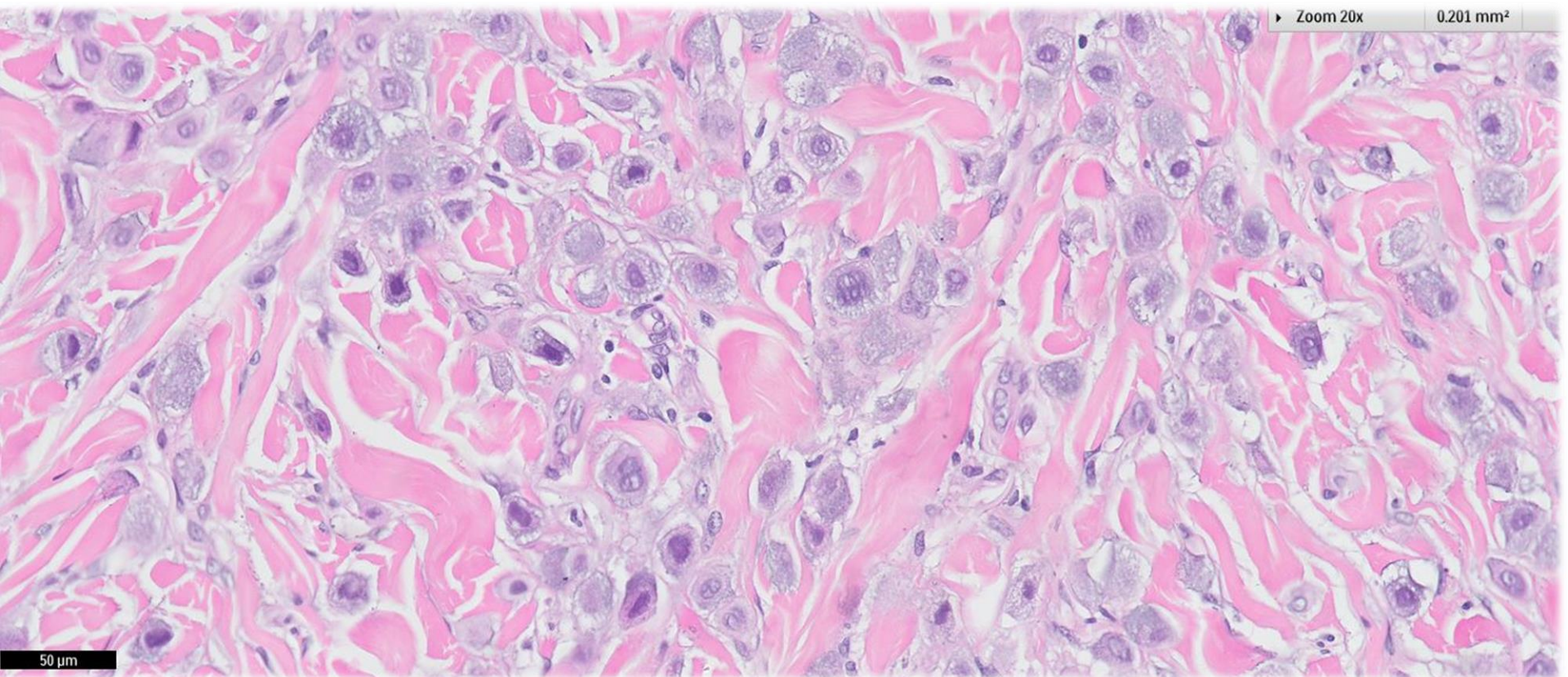
0.806 mm²



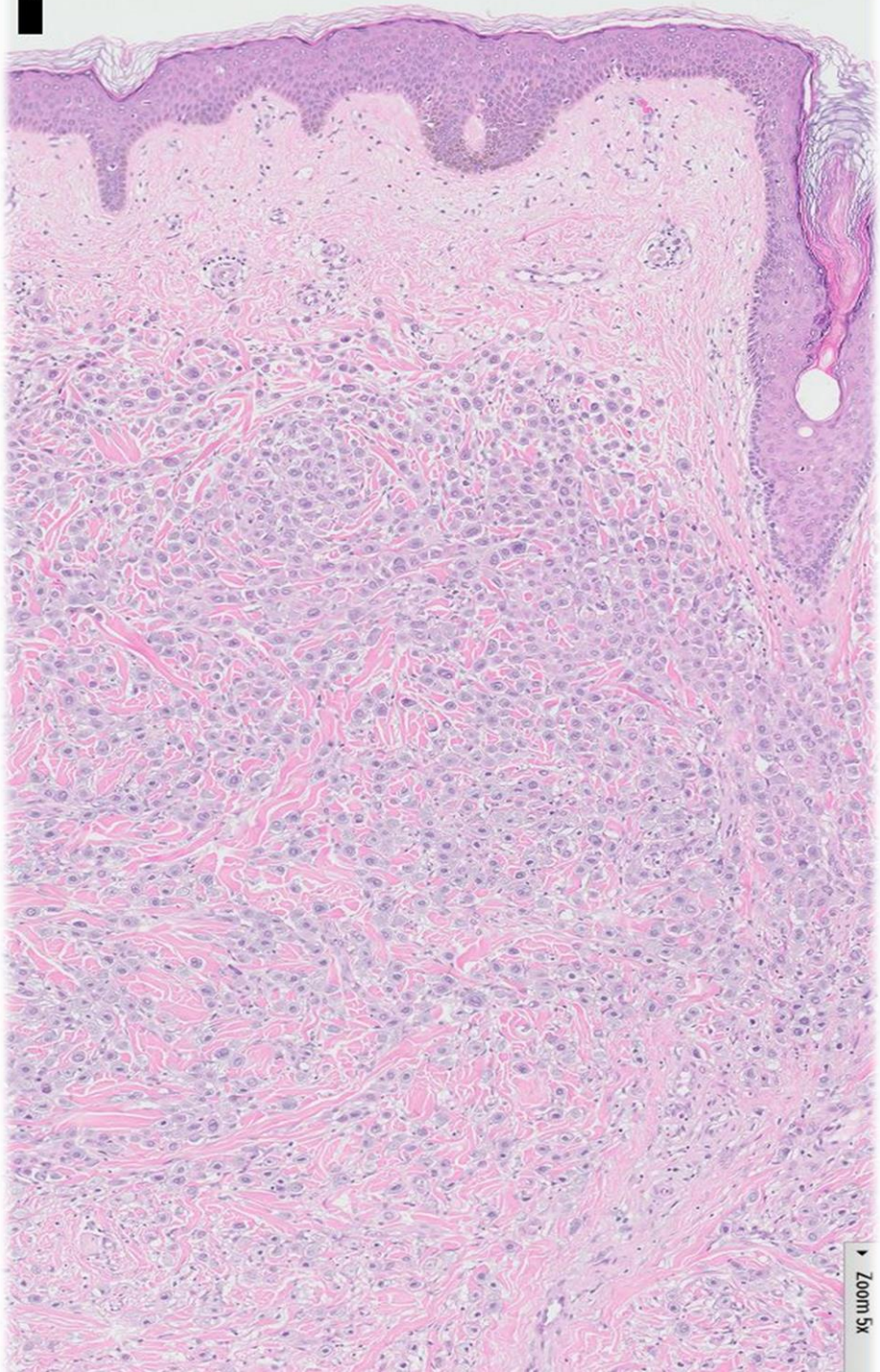
100 μm

Zoom 20x

0.201 mm²



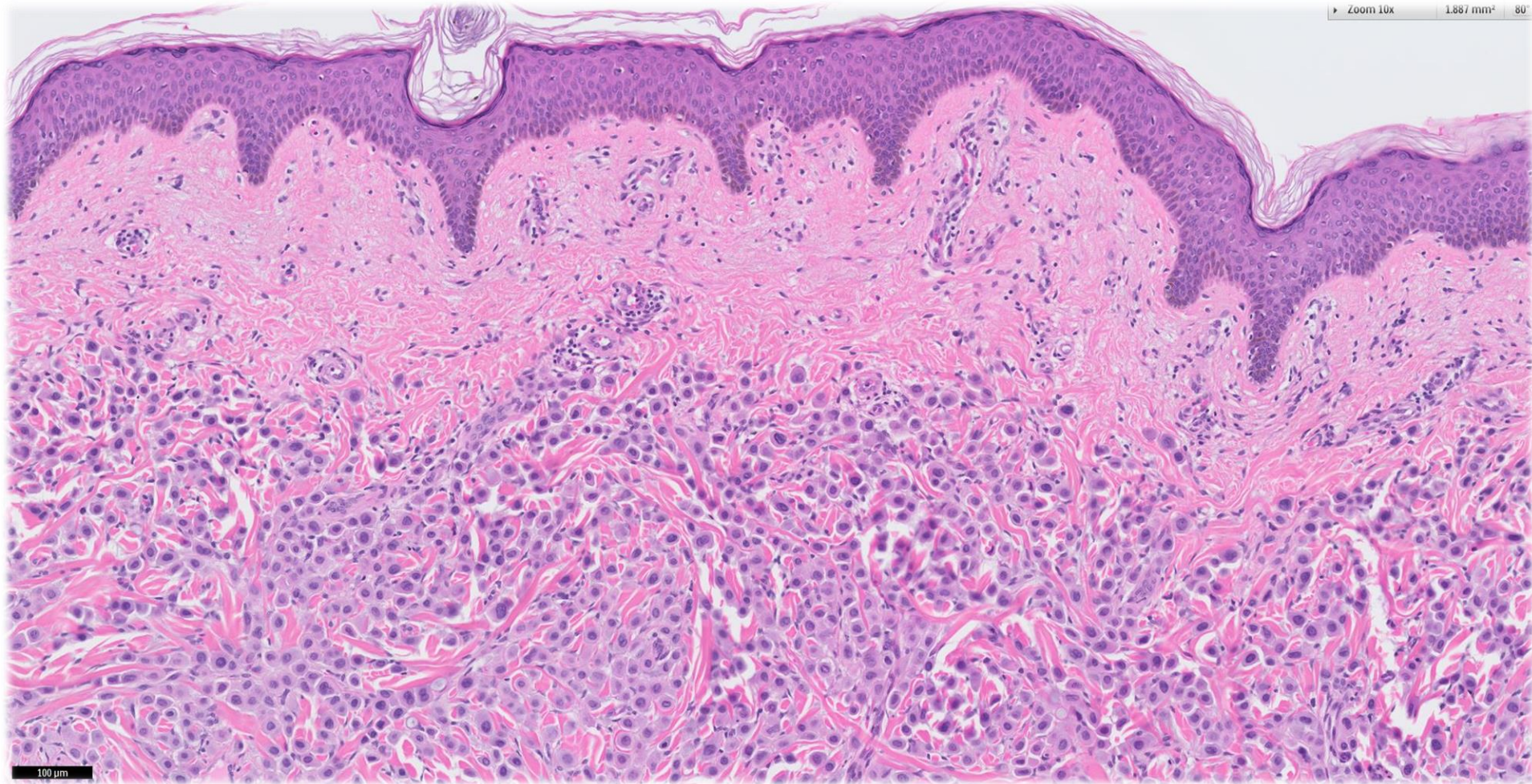
50 μm

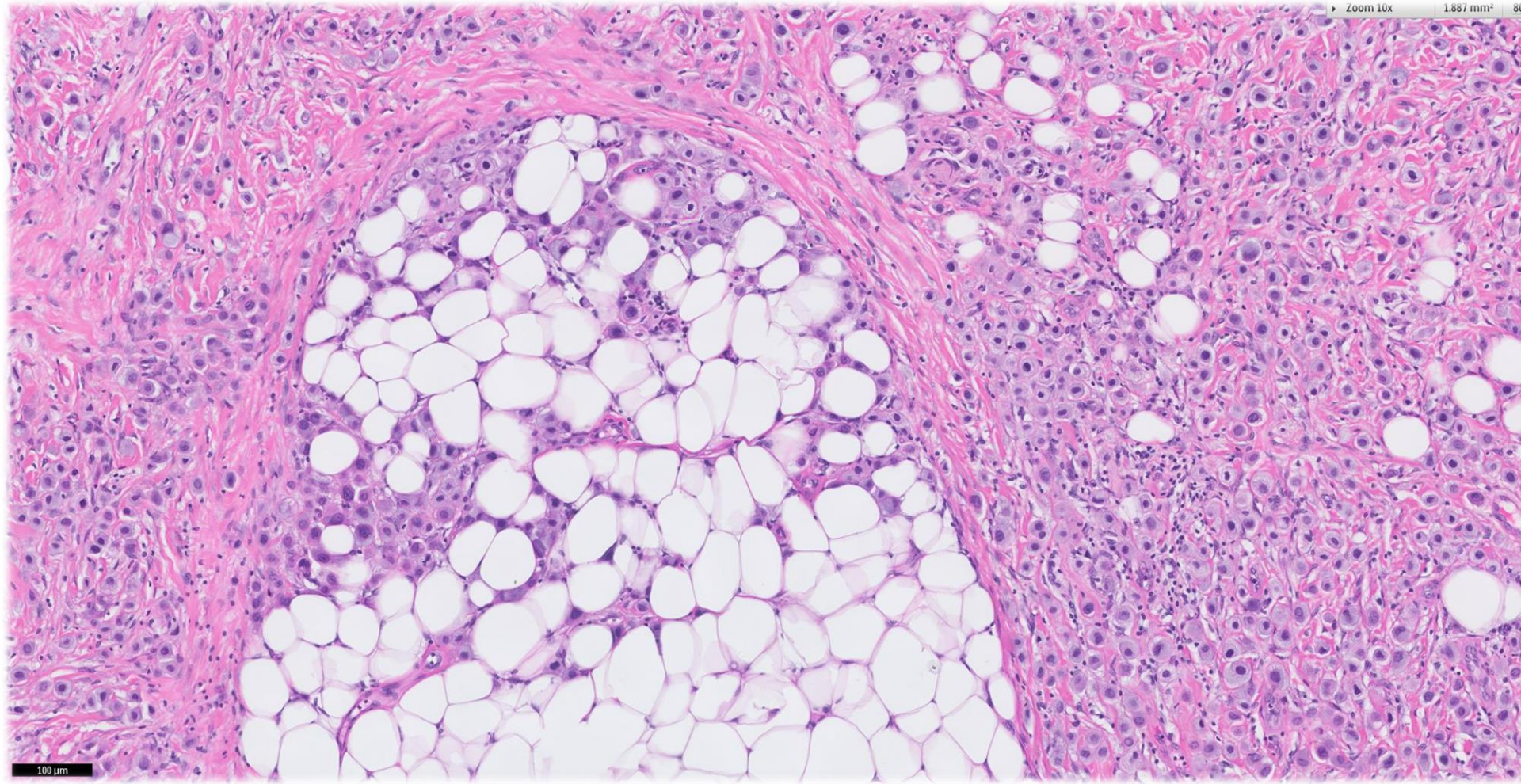


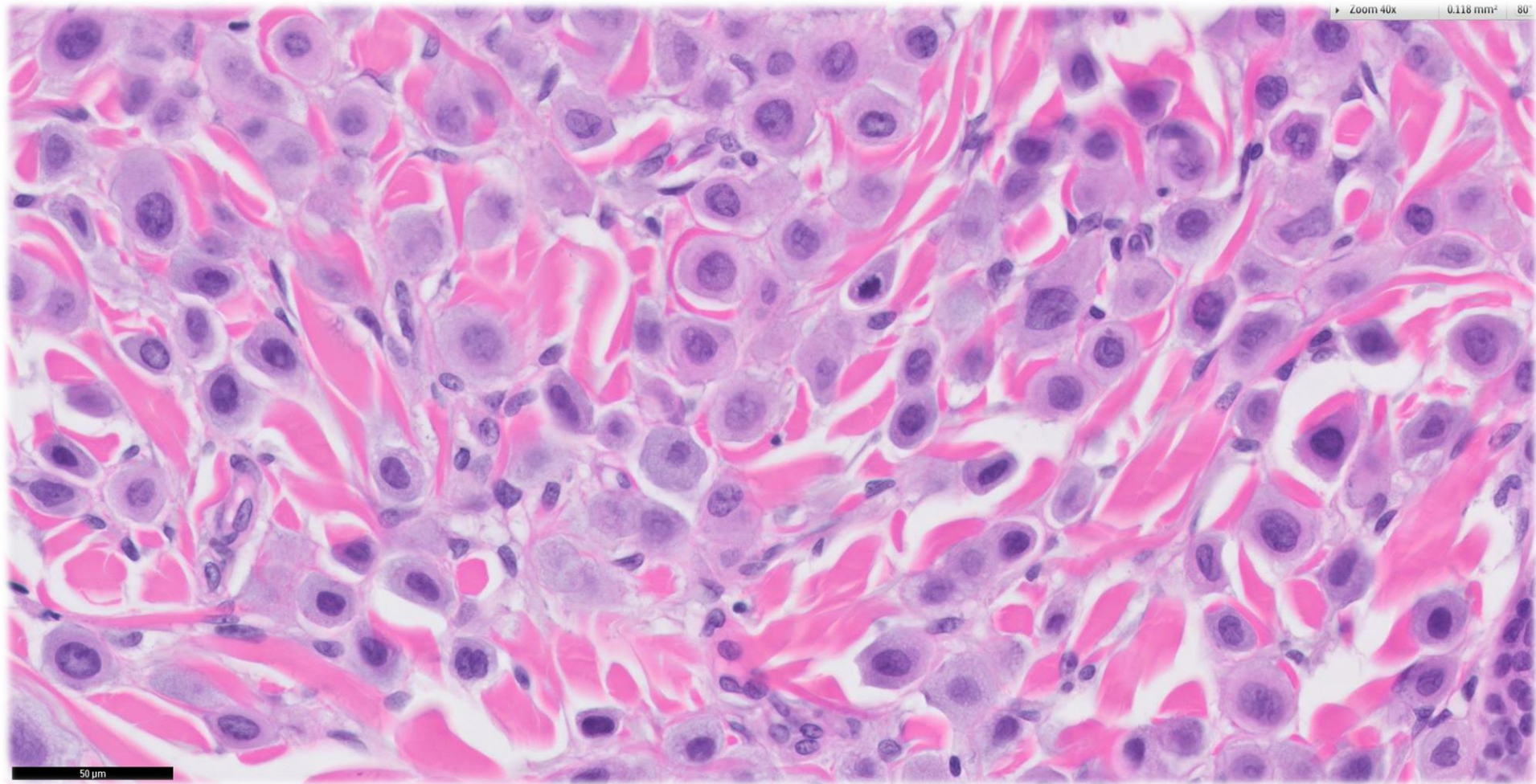
Zoom 5x

View of Marina Bay Sands from Eu Tong Sen Street

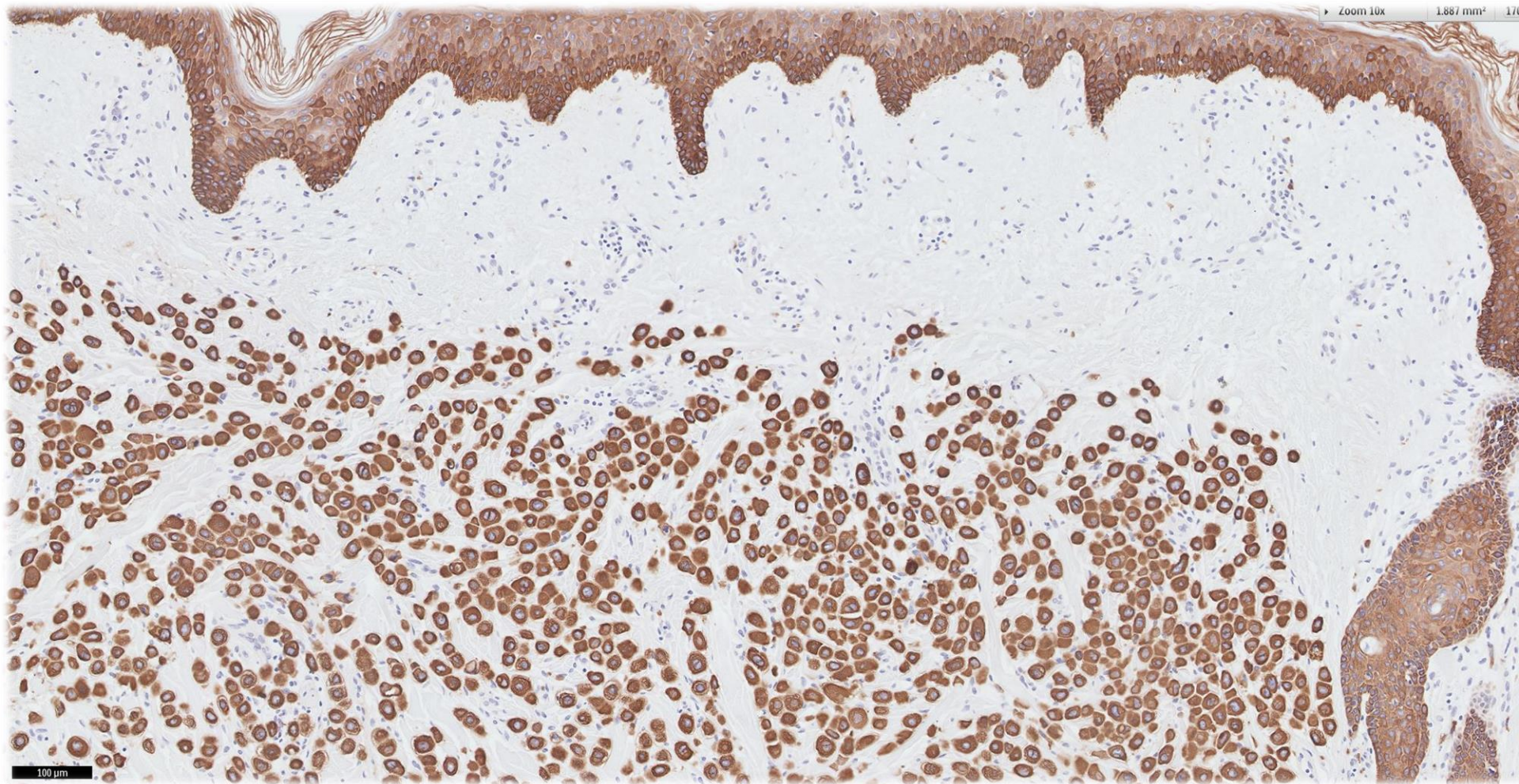






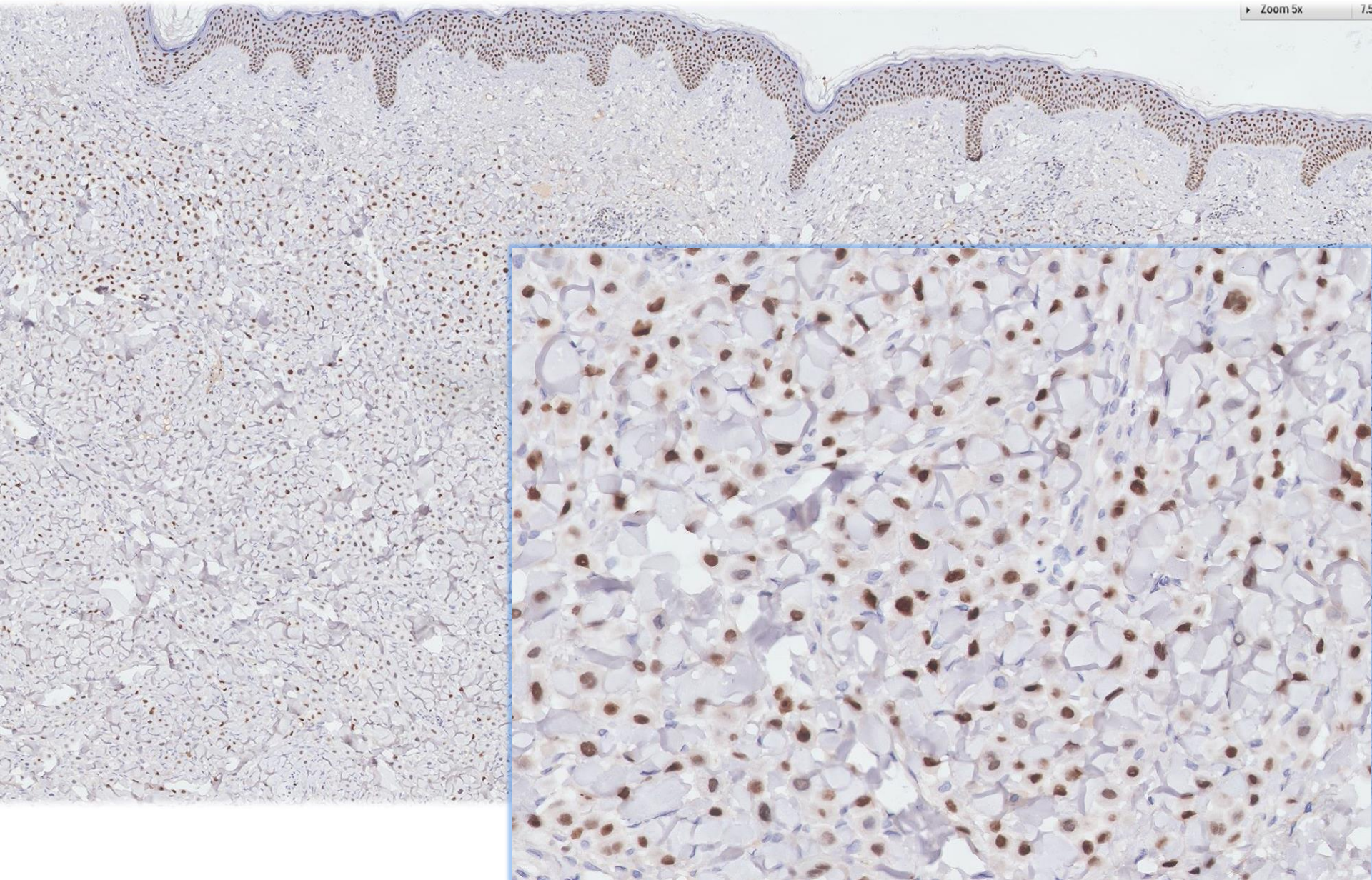


MNF116



GATA3

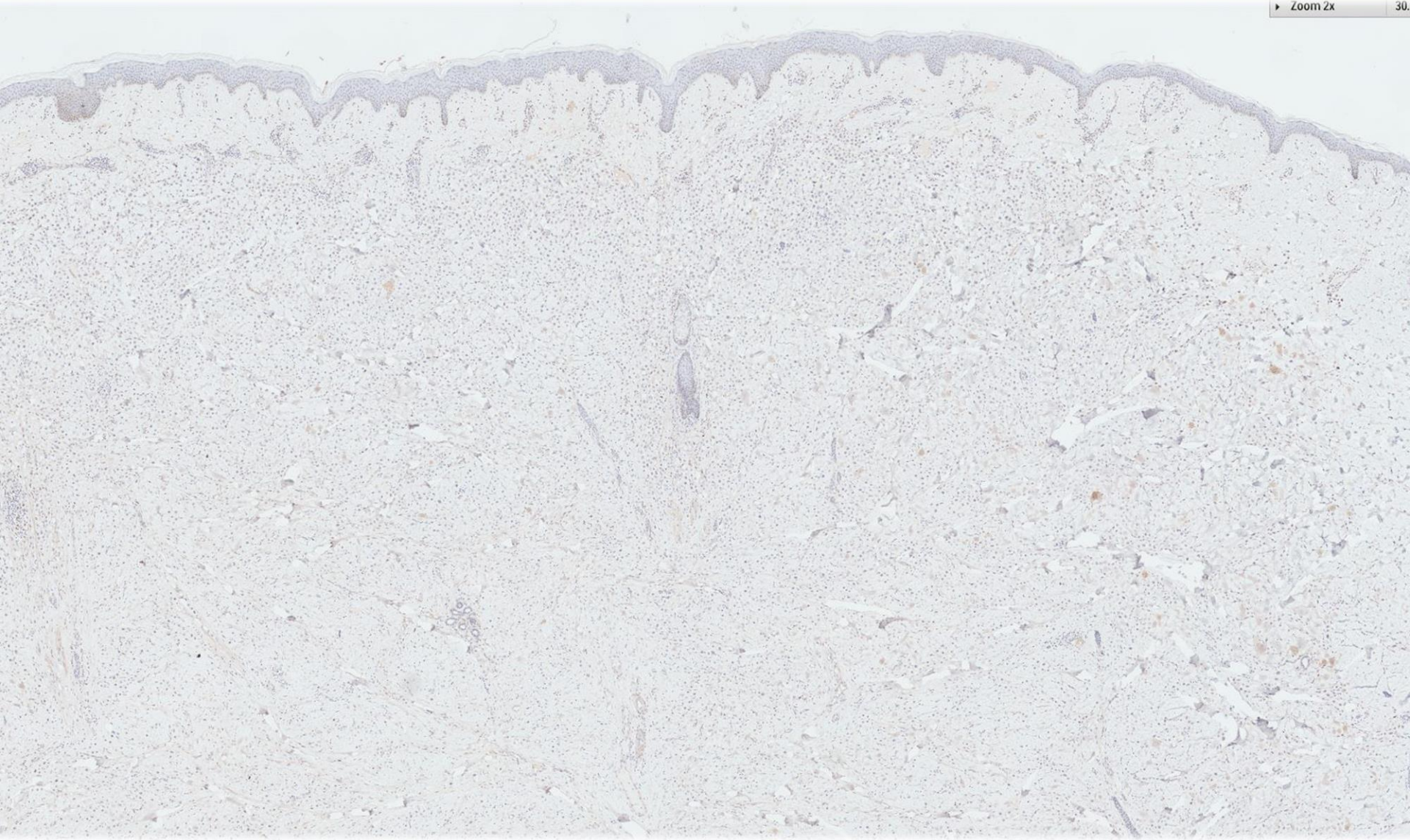
Zoom 5x



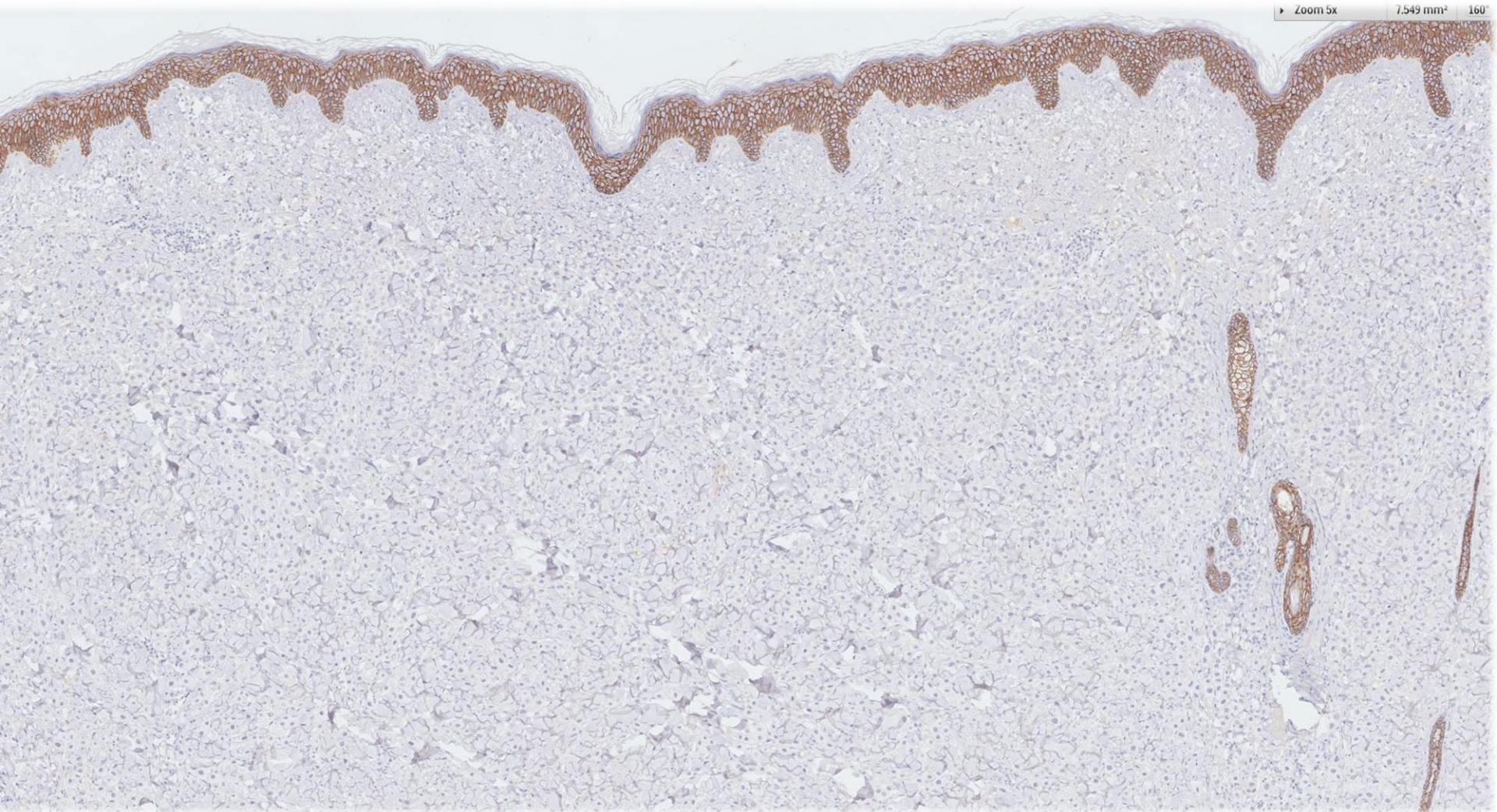
ER

► Zoom 2x

30.



E-cadherin



Diagnosis

- Invasive carcinoma, consistent with a recurrence of breast origin.
- Triple negative.
- Histiocytoid lobular subtype.



Histiocytoid breast carcinoma

- Uncommon entity.
- Mostly regarded as a variant of lobular carcinoma.
- Challenging diagnosis especially when it occurs in a metastatic site prior to primary breast carcinoma detection.
- Receptor status is variable.

Histiocytoid breast carcinoma

- Clues to correct diagnosis:
 - Cells with more cytological atypia.
 - Presence of cytoplasmic vacuoles and secretions.
 - Co-existence with traditional invasive lobular carcinoma patterns and lobular neoplasia.
- Use of adjunctive immunohistochemistry:
 - Confirmation of epithelial nature.
- Close clinicoradiological correlation

