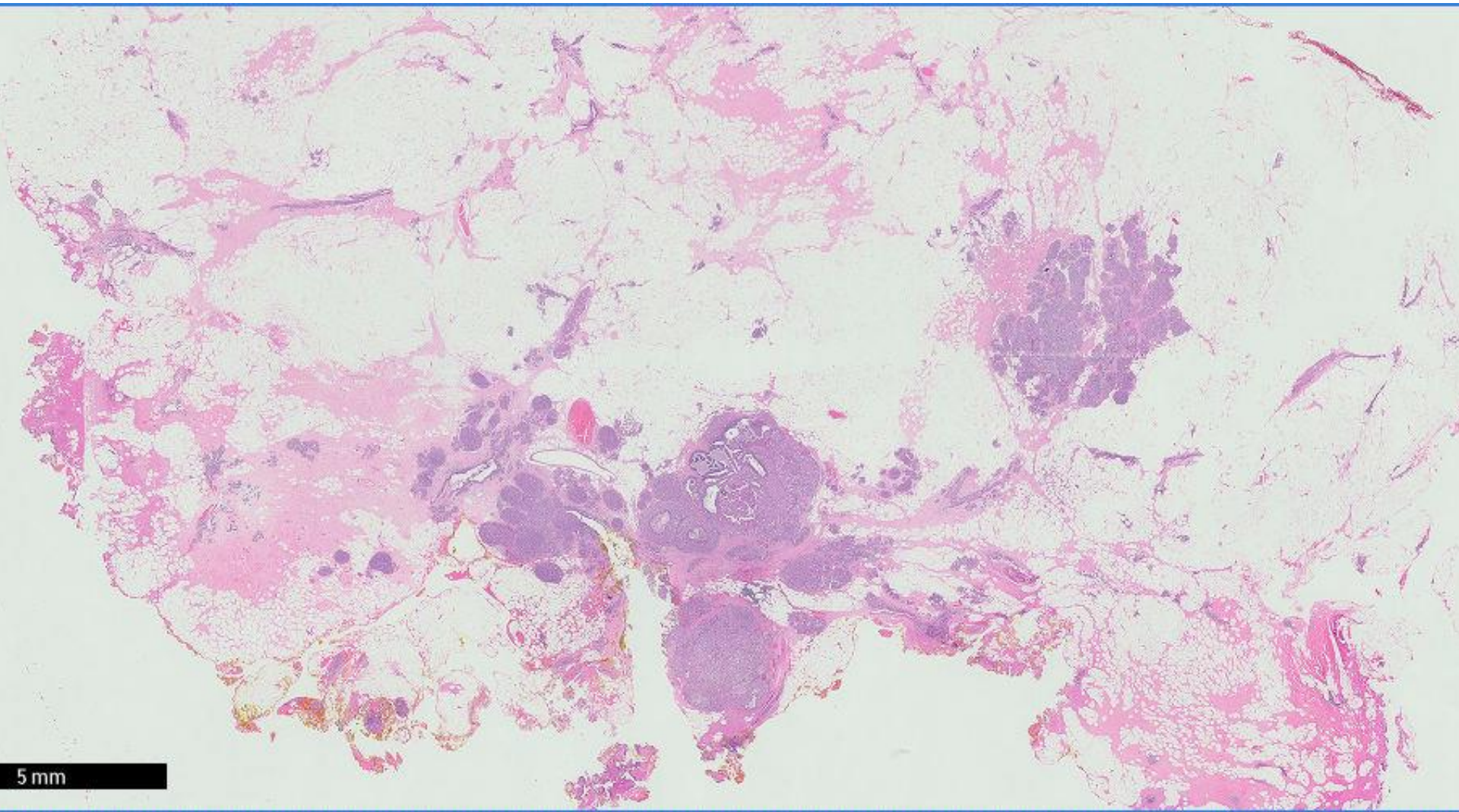
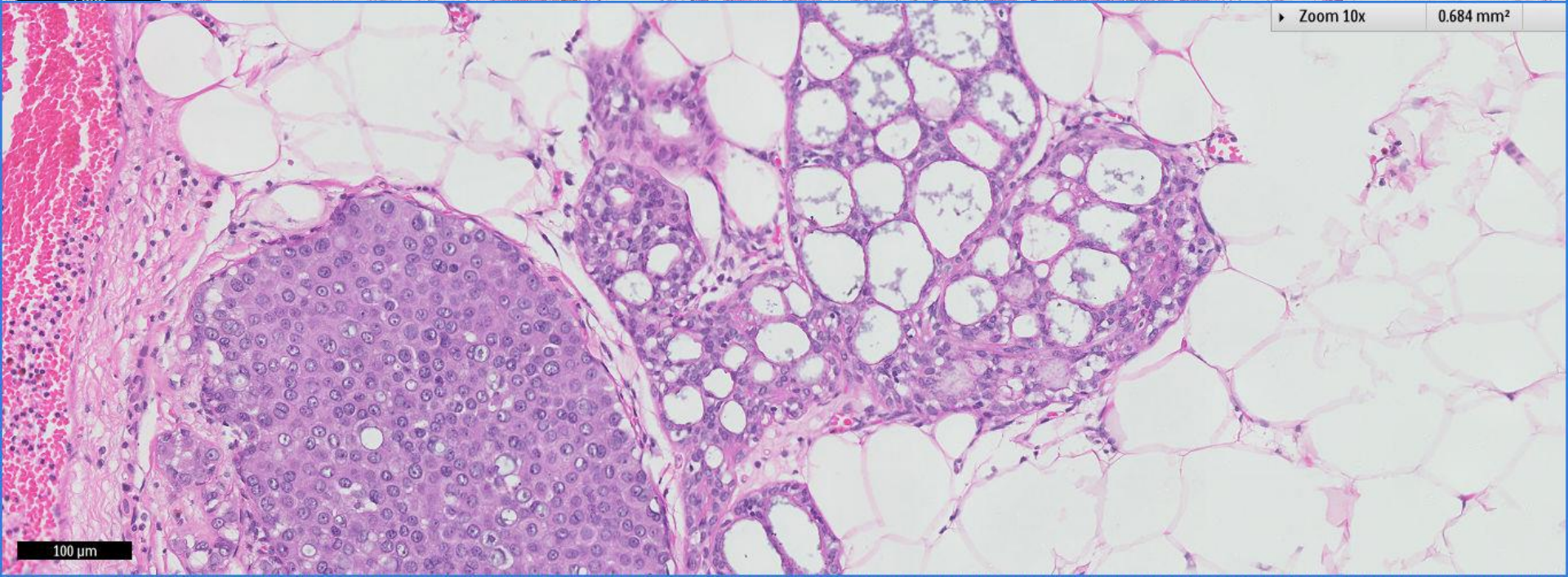
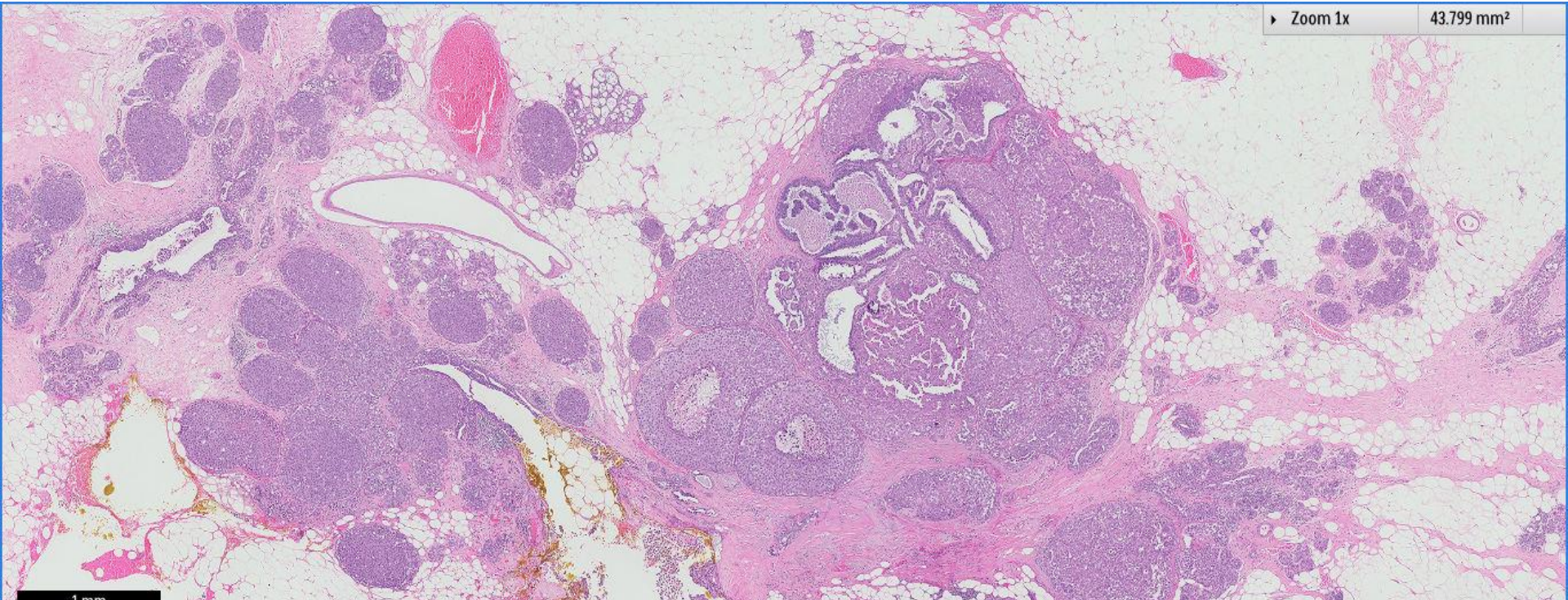


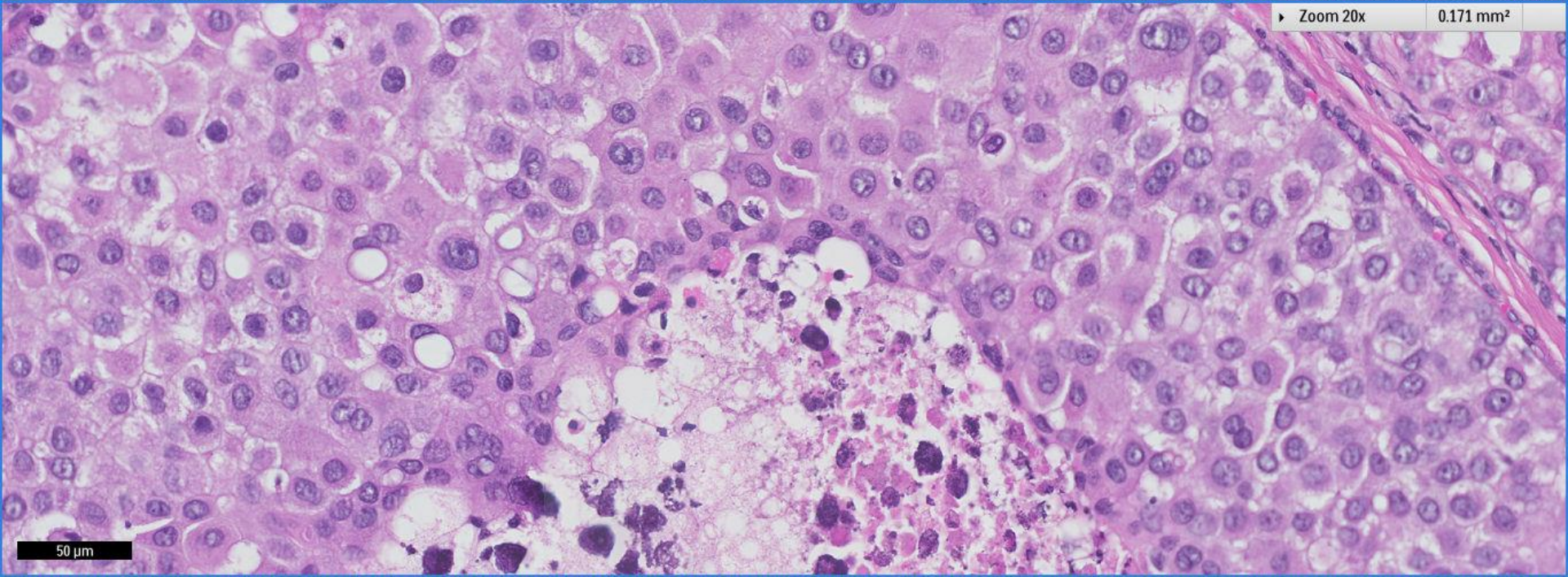
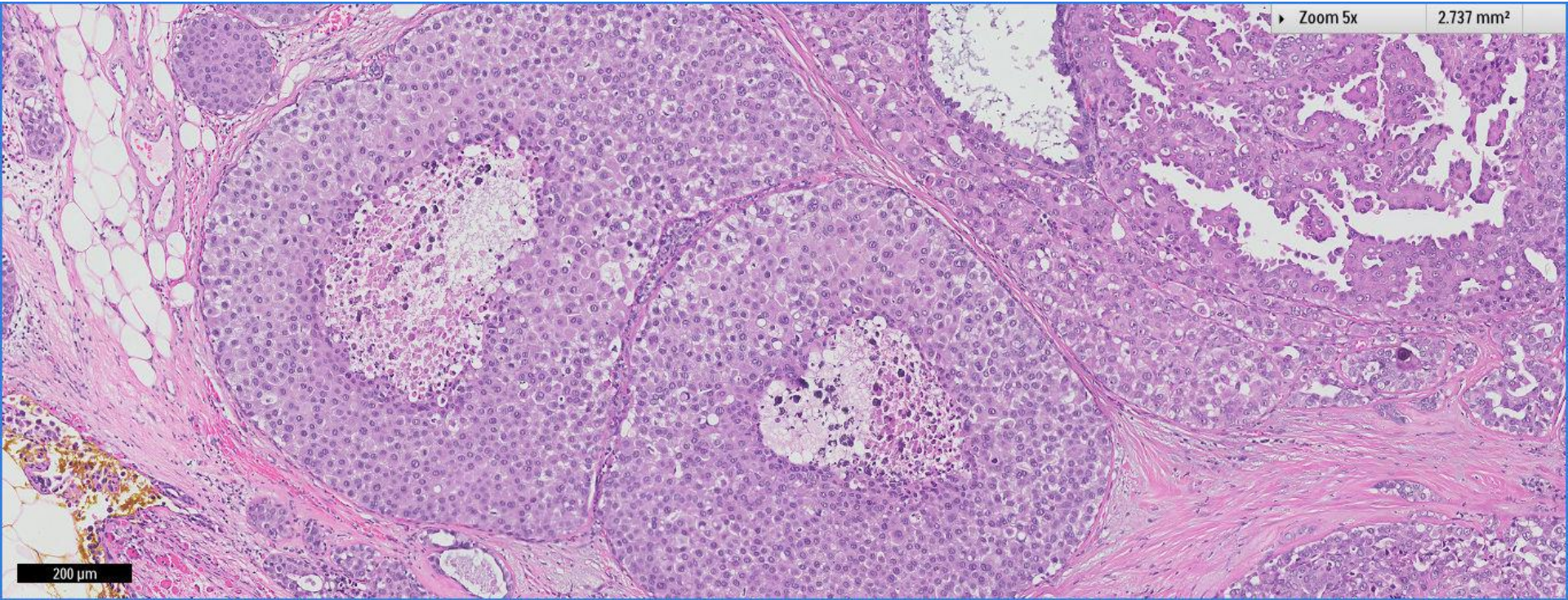
Case 19

62 year old Chinese woman.
Hookwire localization wide excision of a right
breast tumour.



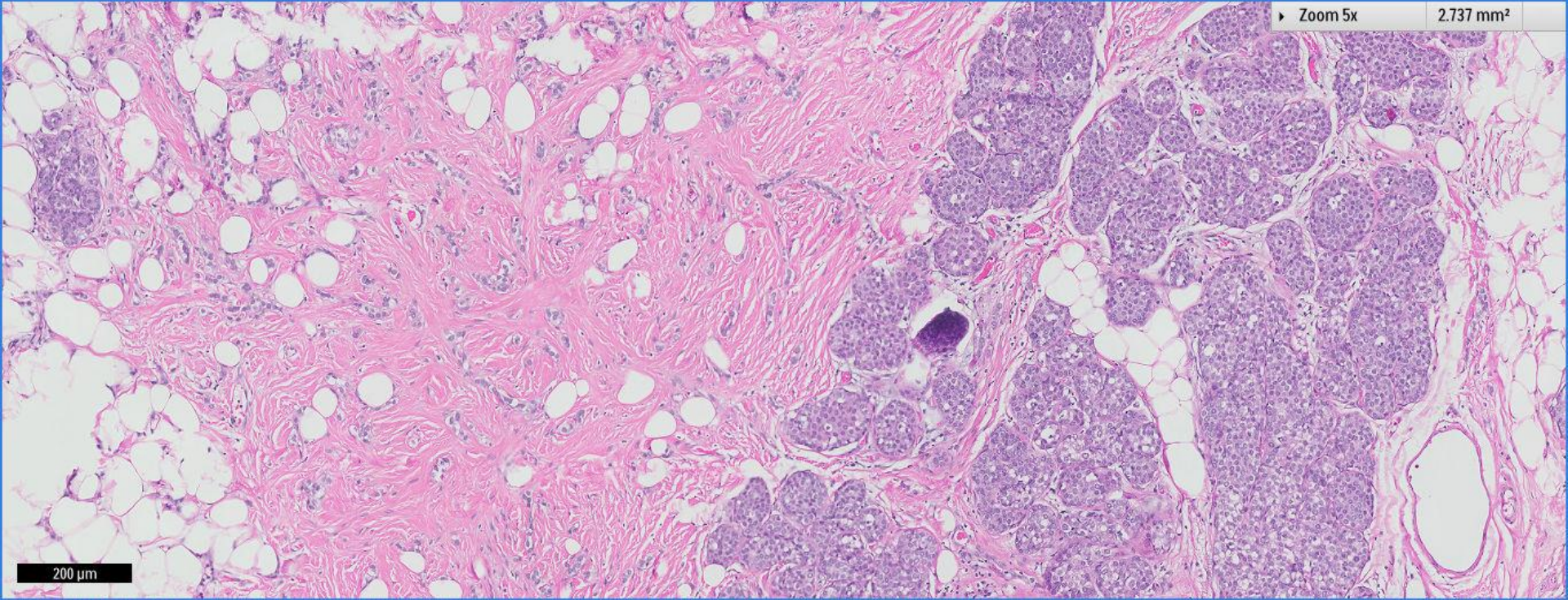
5 mm





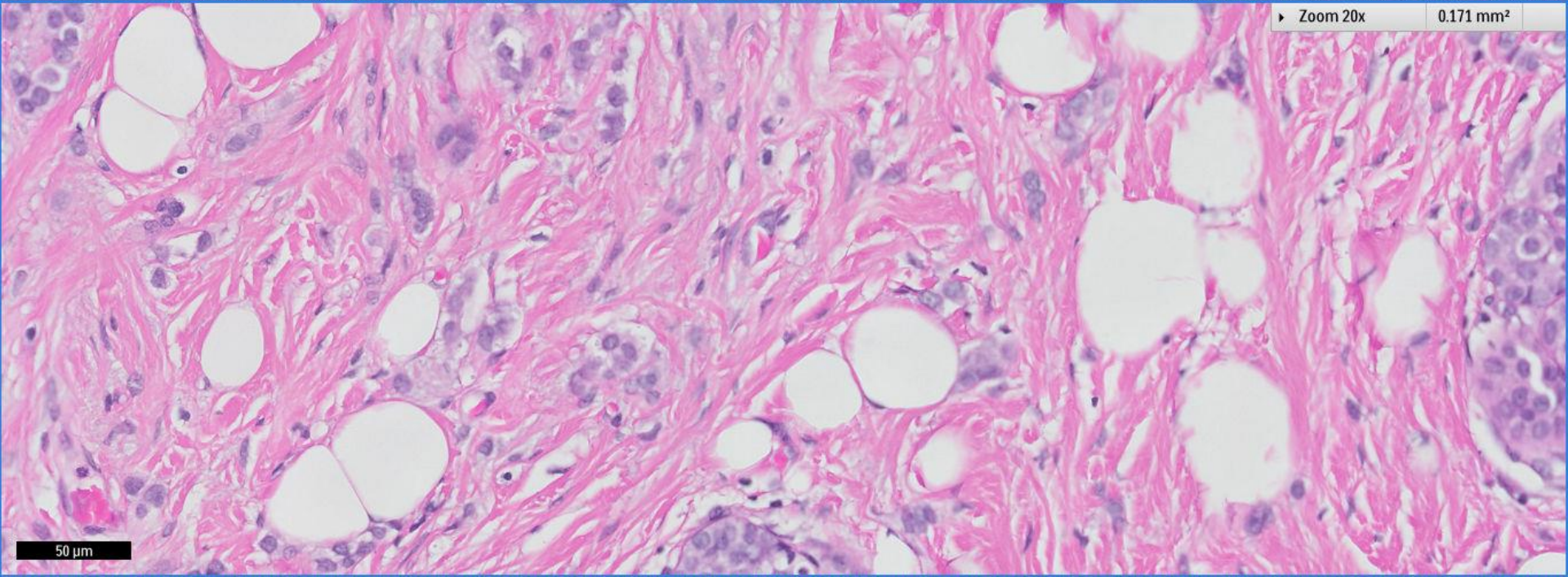
Zoom 5x

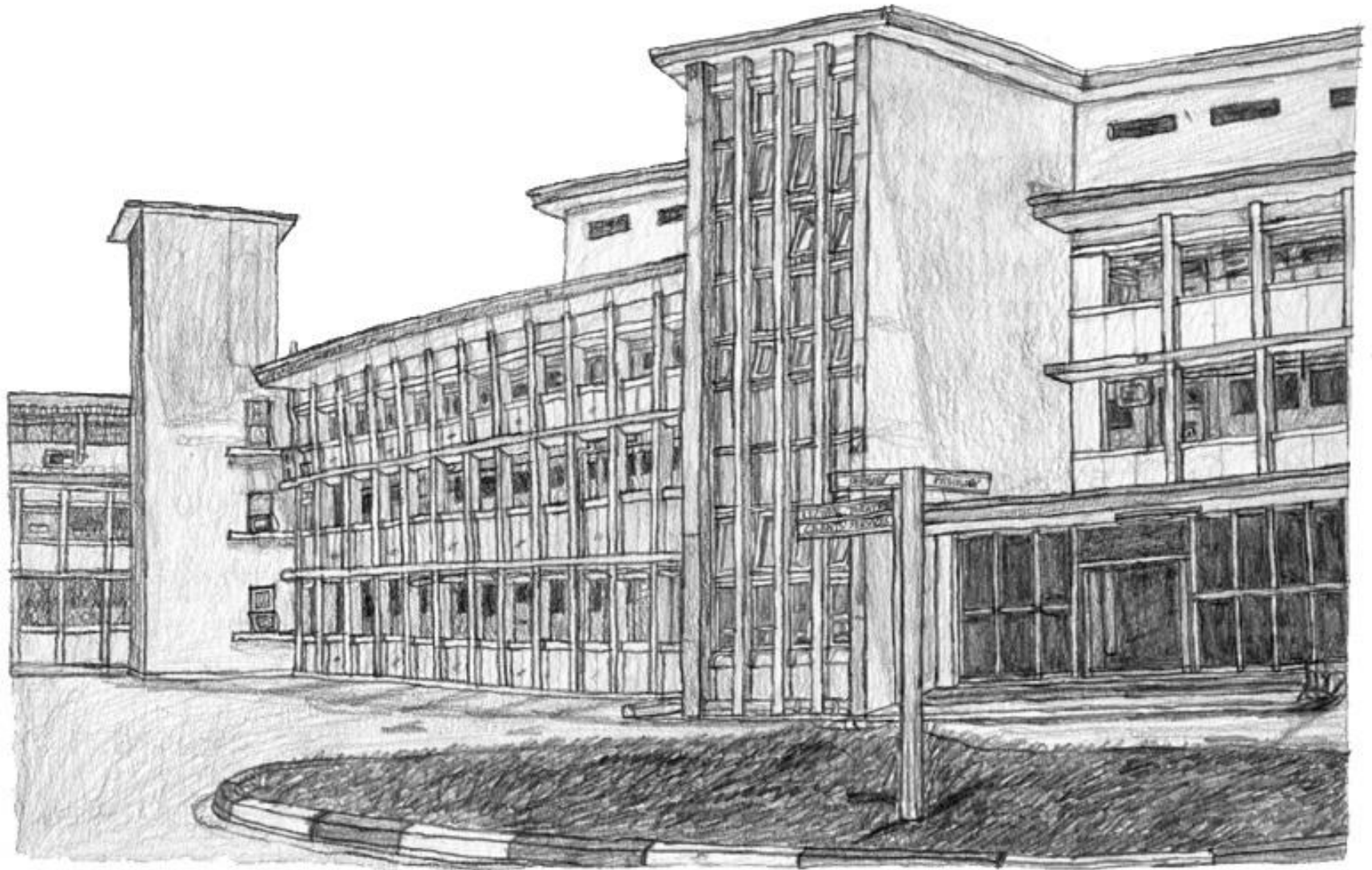
2.737 mm²



Zoom 20x

0.171 mm²



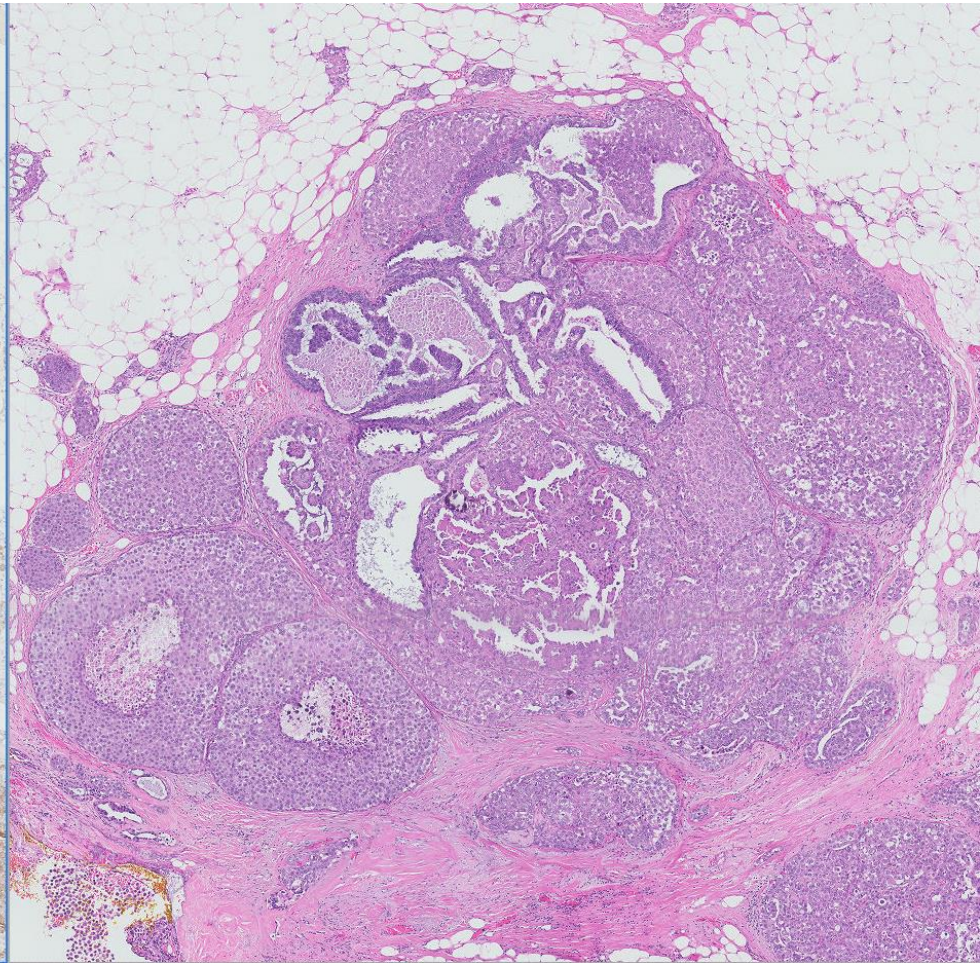


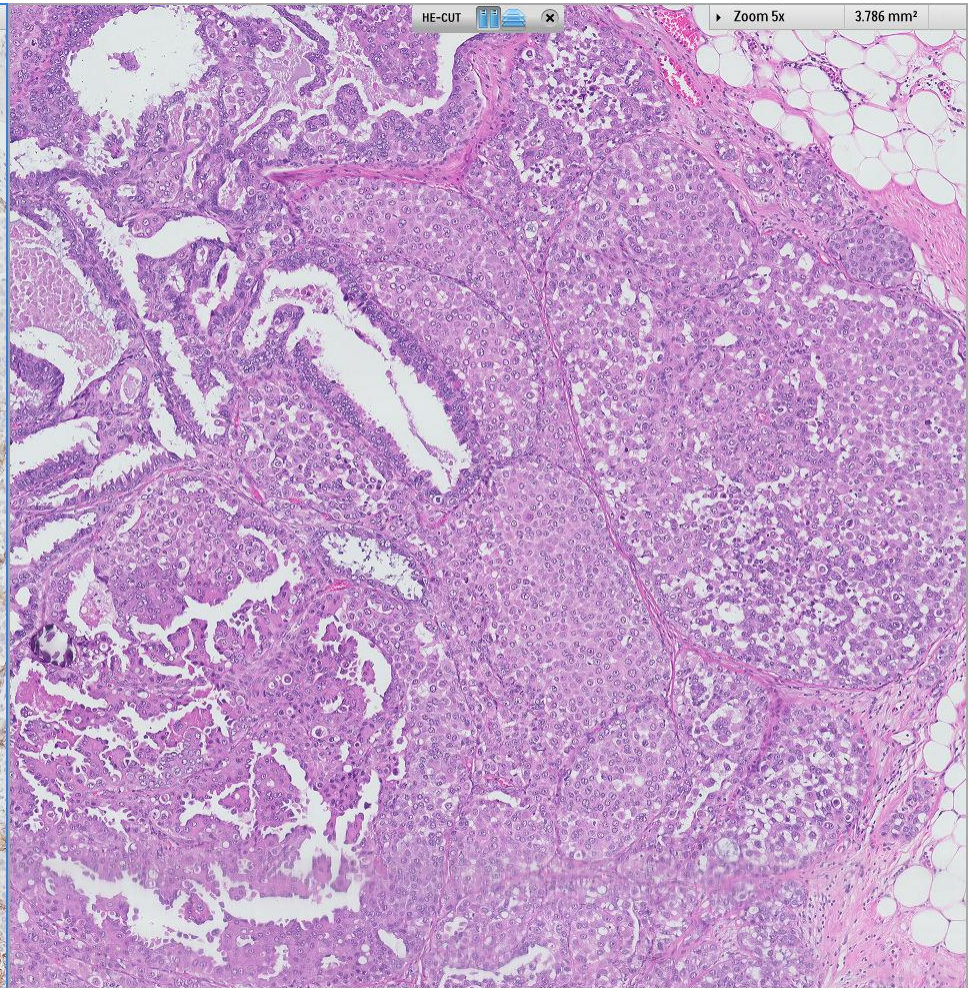
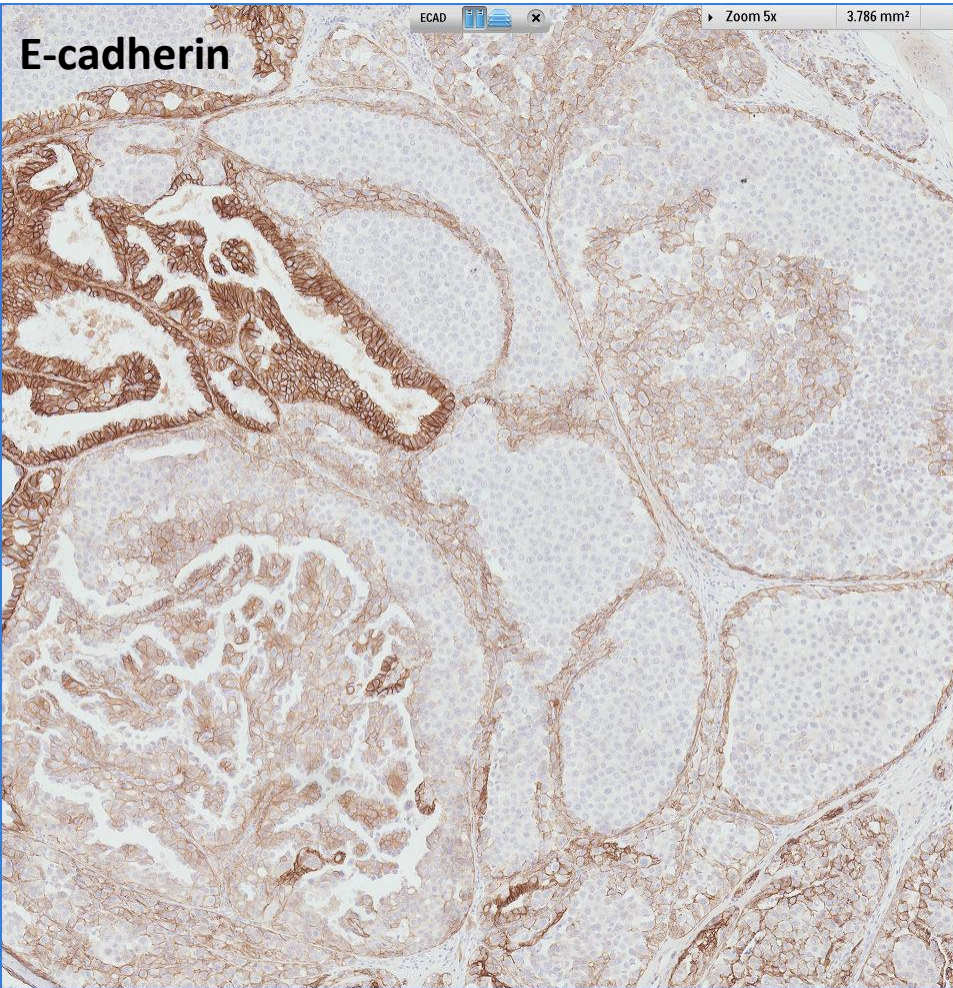
"DEPARTMENT OF PATHOLOGY
SINGAPORE GENERAL HOSPITAL"

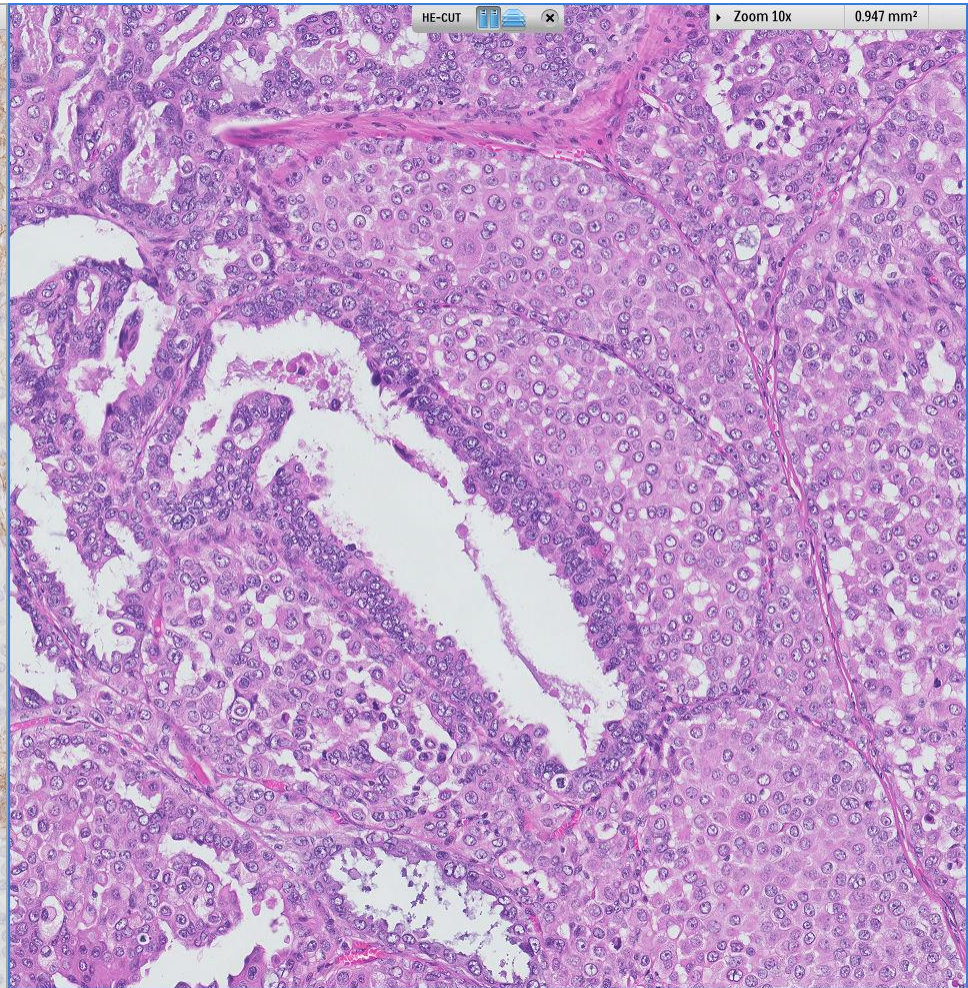
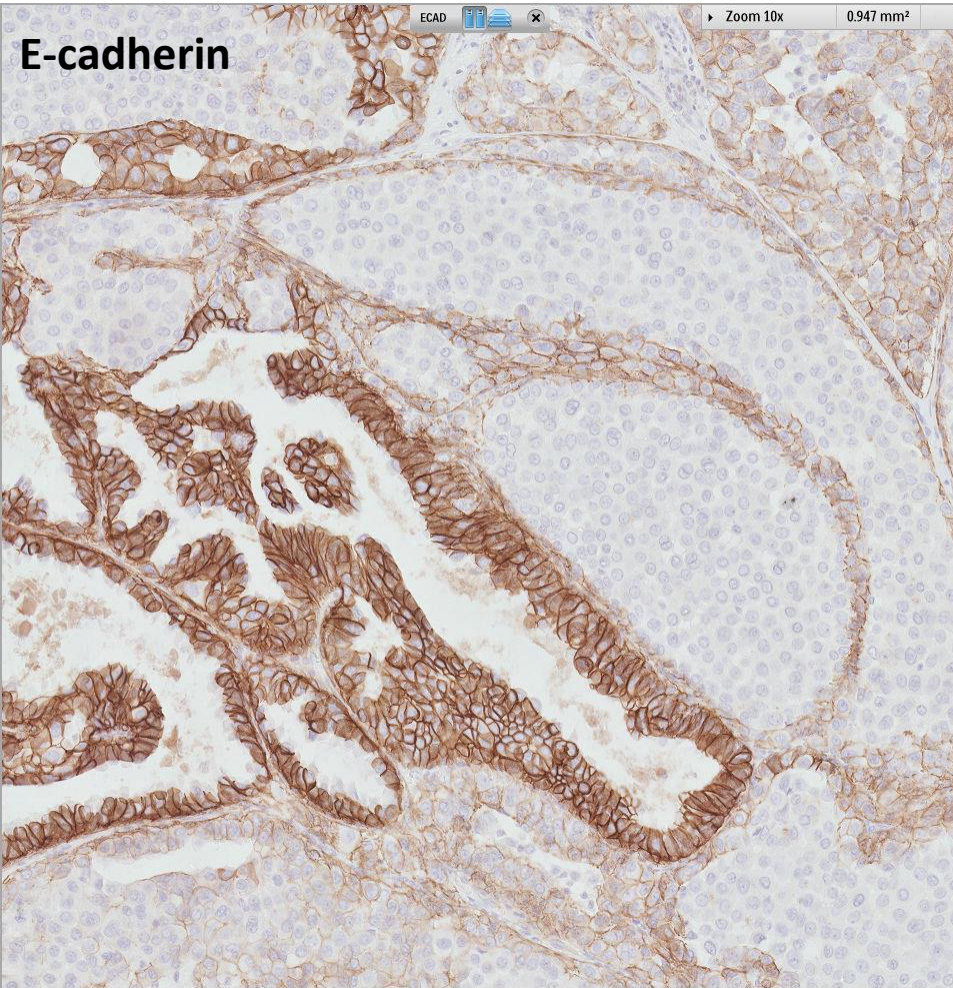
27.04.2014

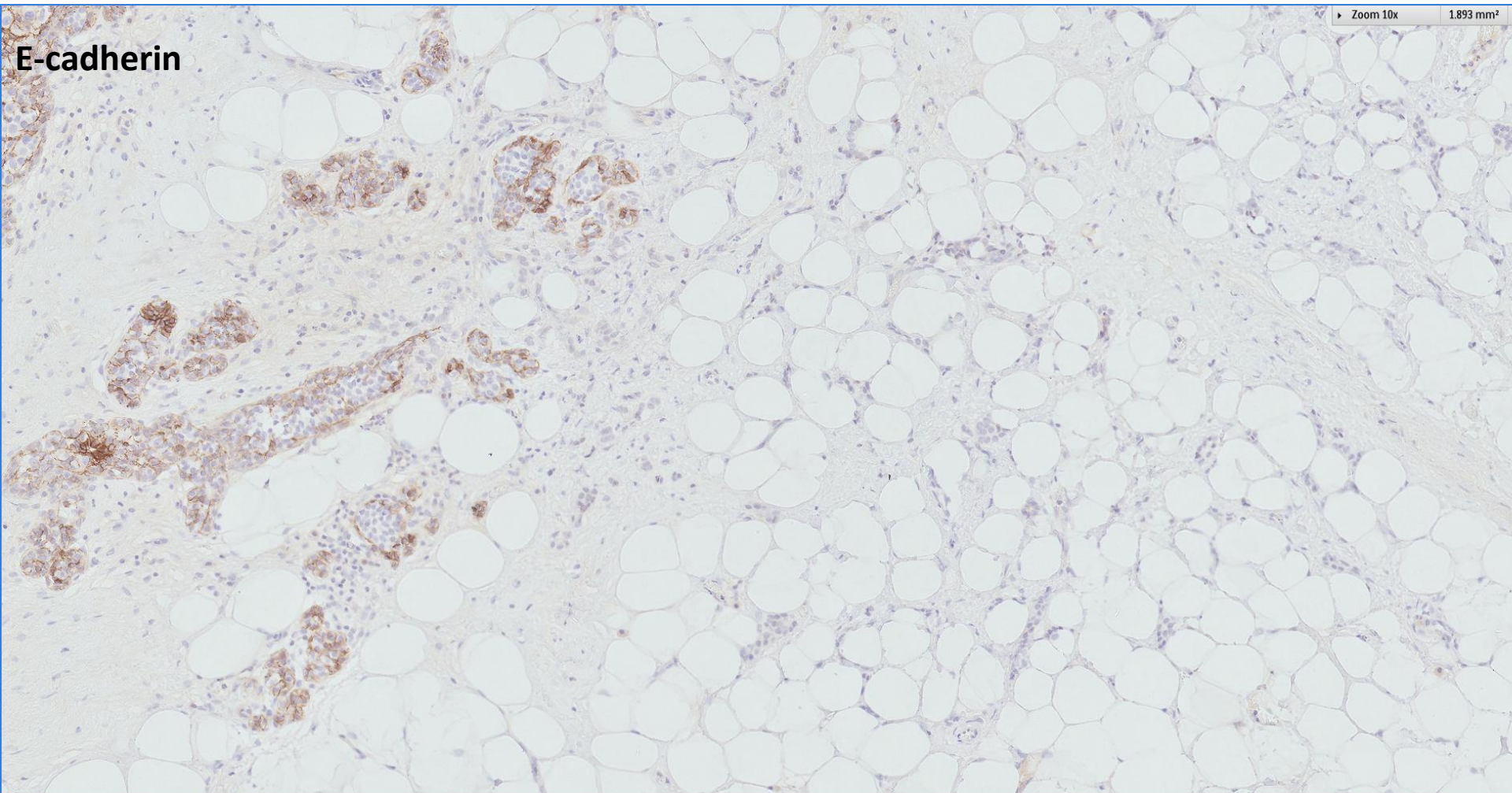
He

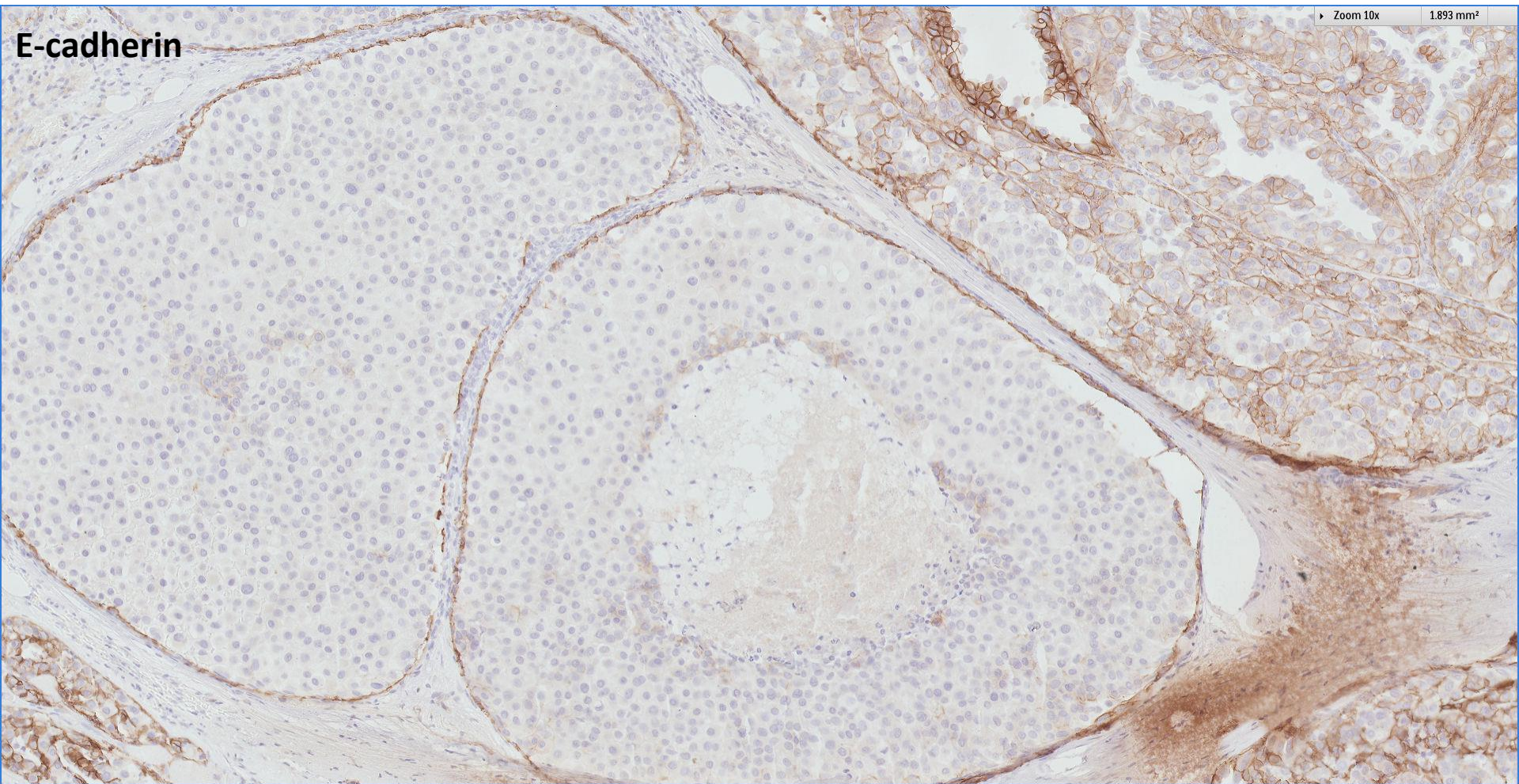
E-cadherin











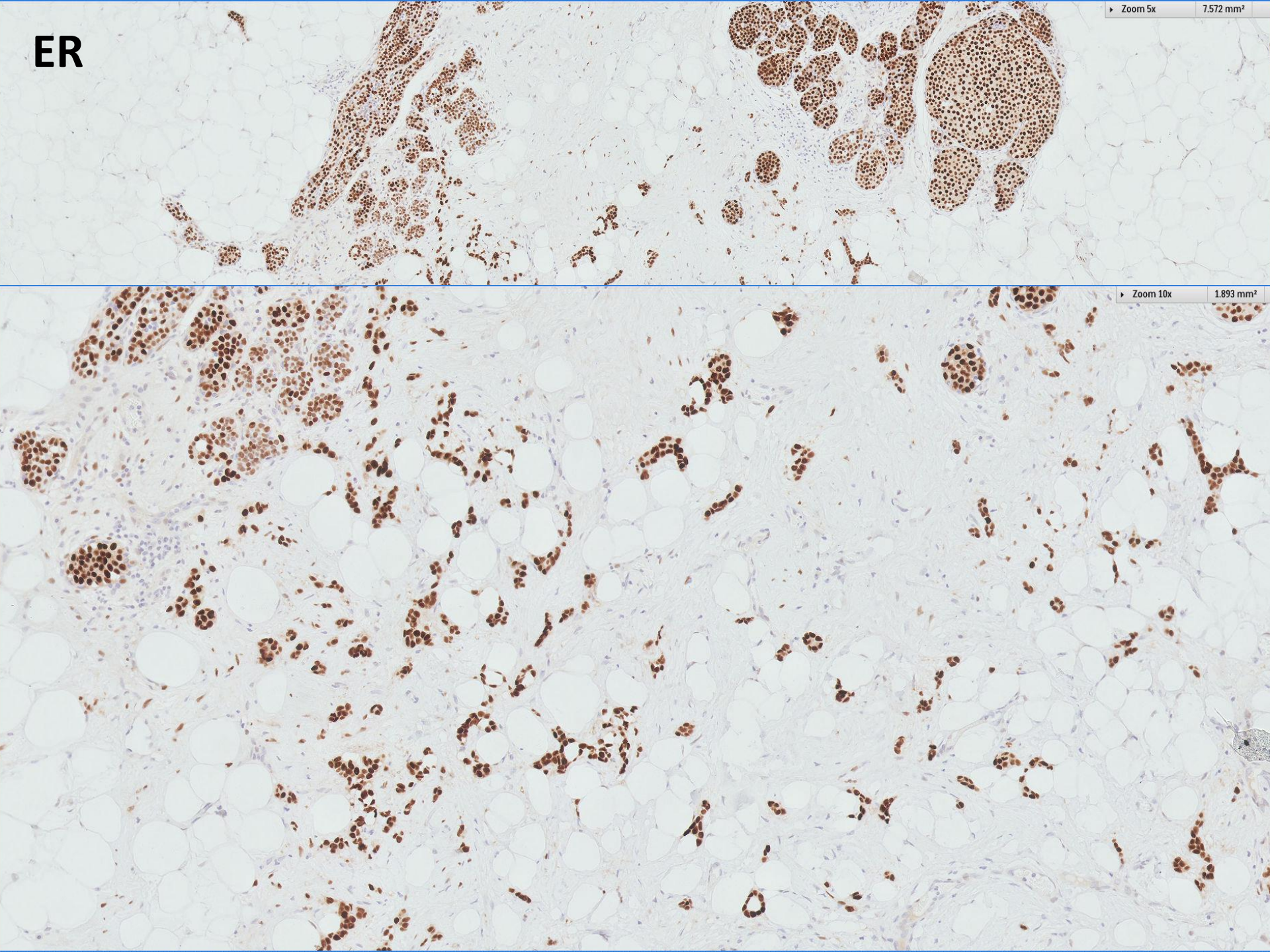
Zoom 10x

1.893 mm²

E-cadherin

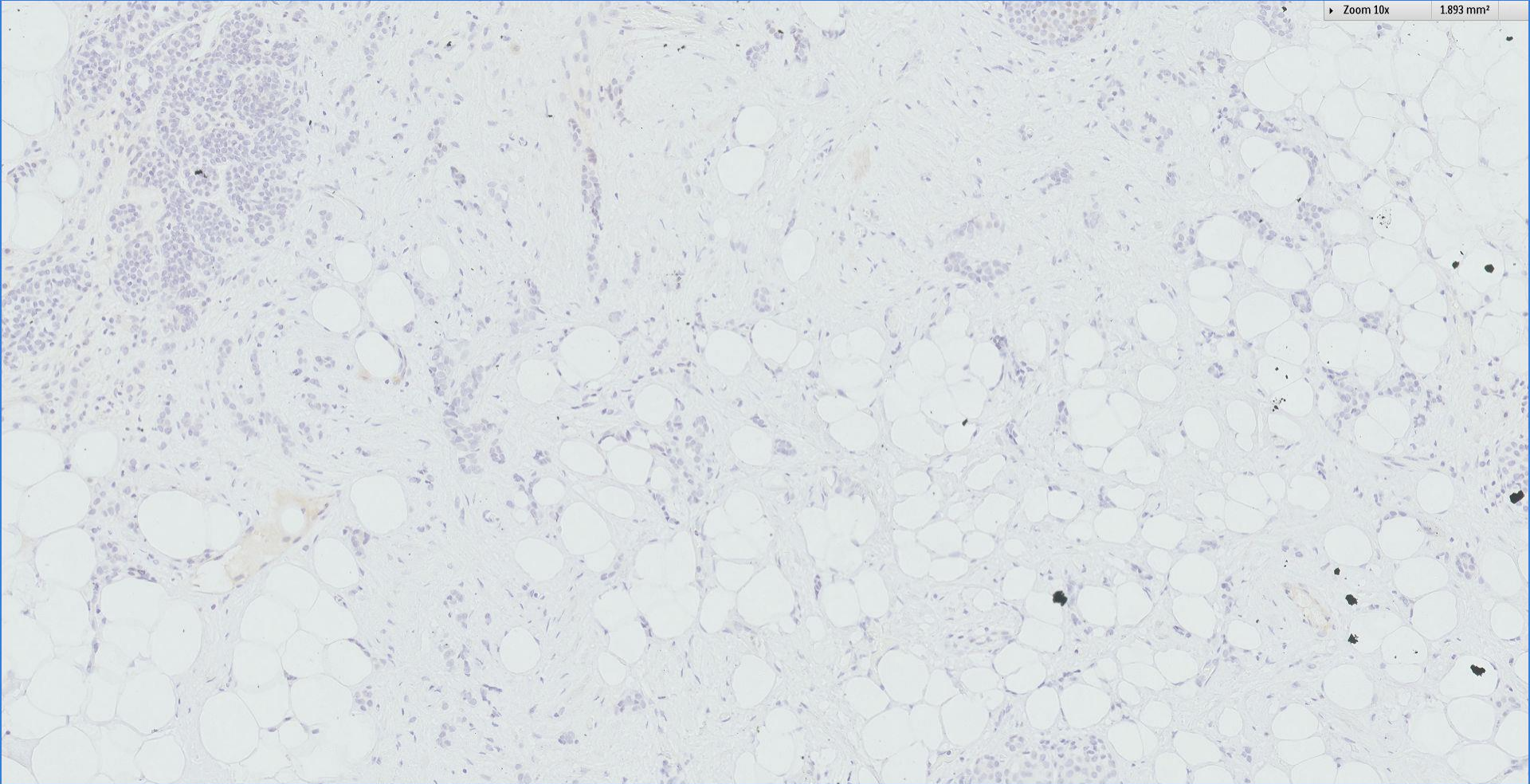
ER

Zoom 5x 7.572 mm²

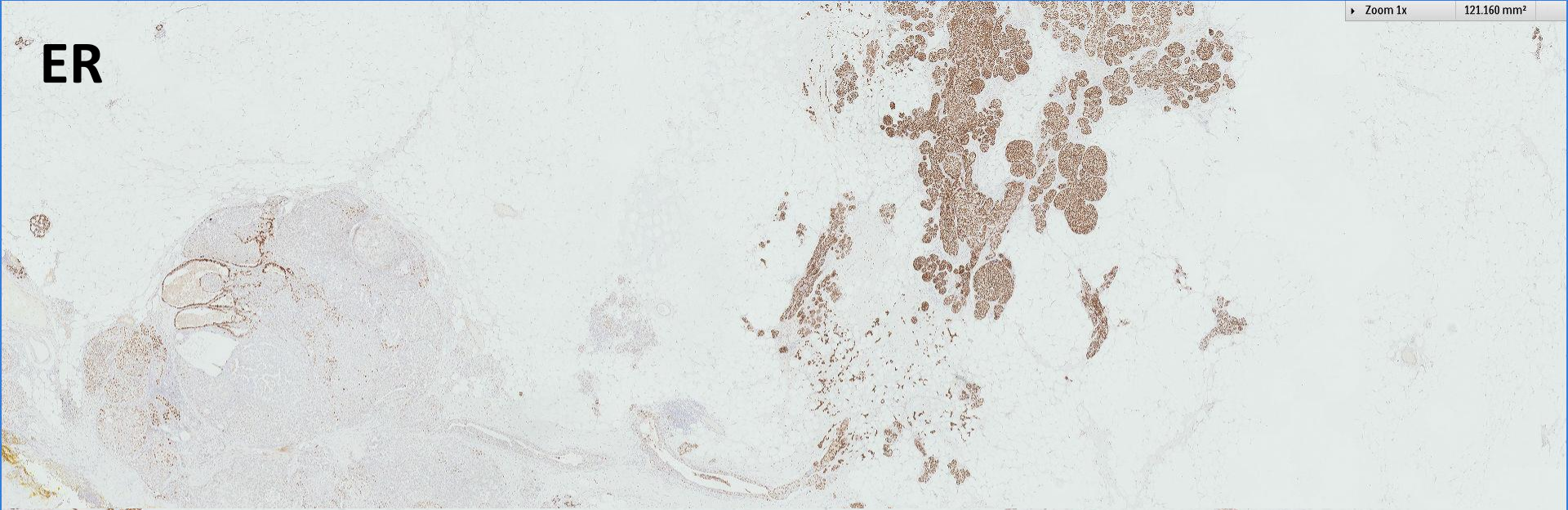


Zoom 10x 1.893 mm²

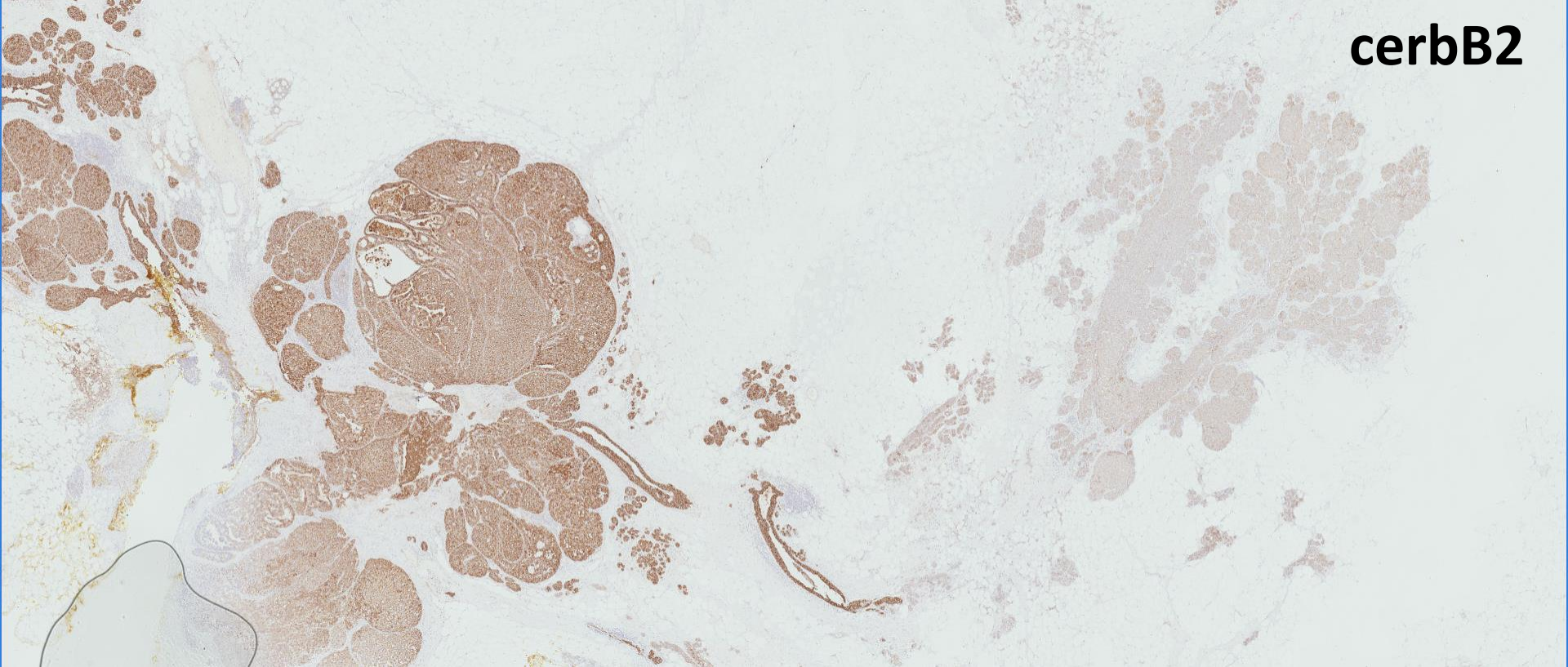
PR



ER

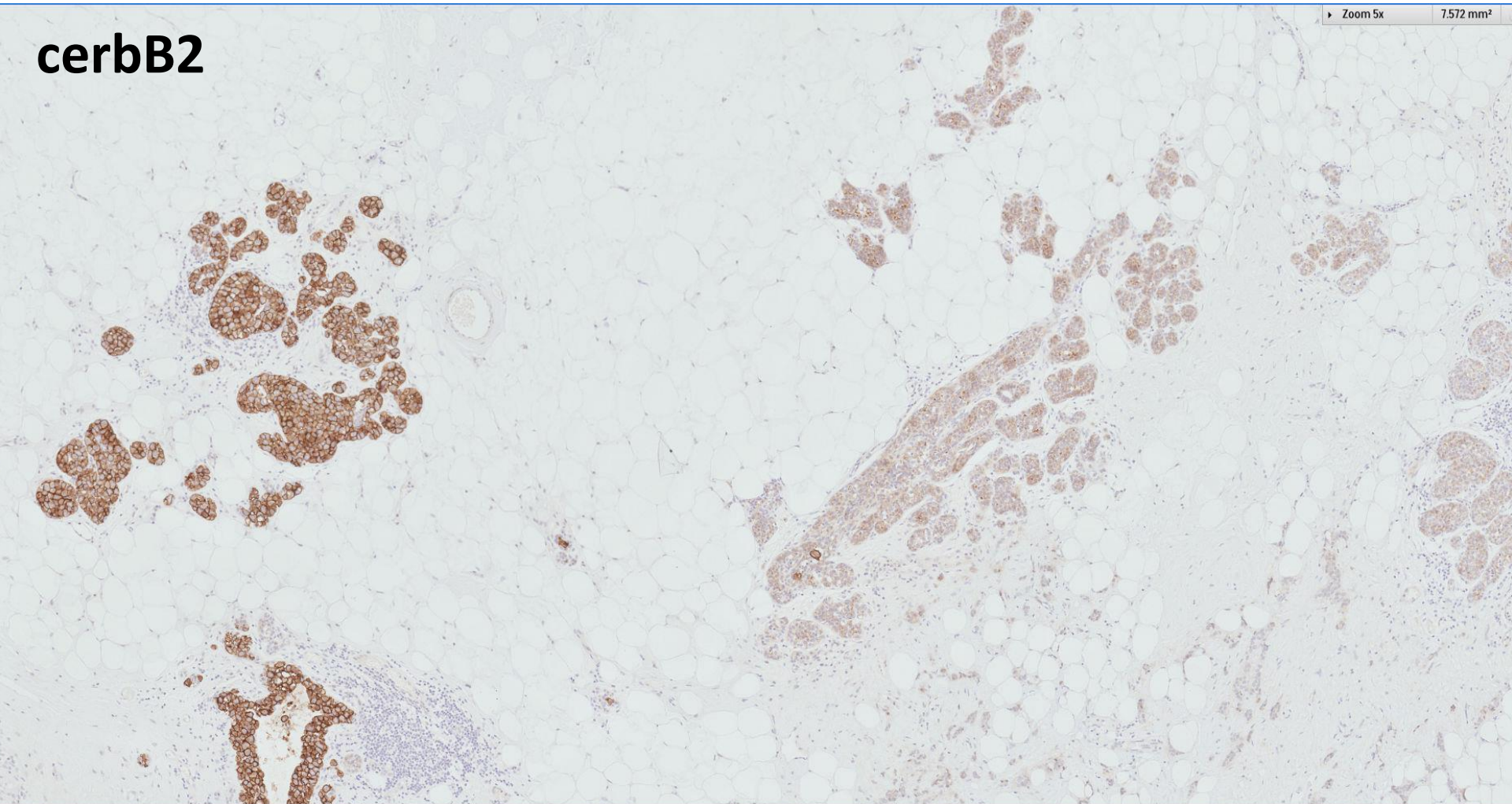


cerbB2



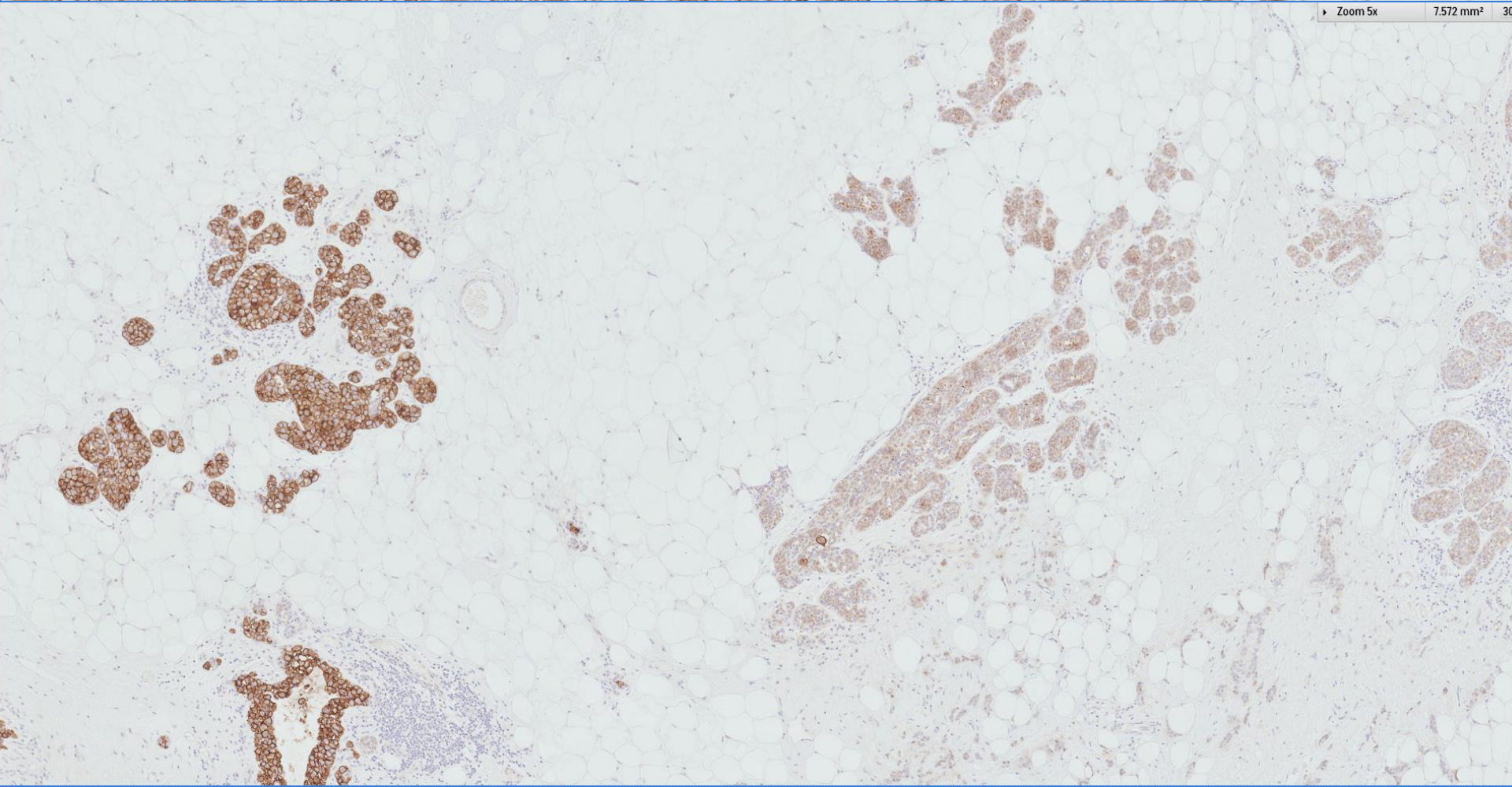
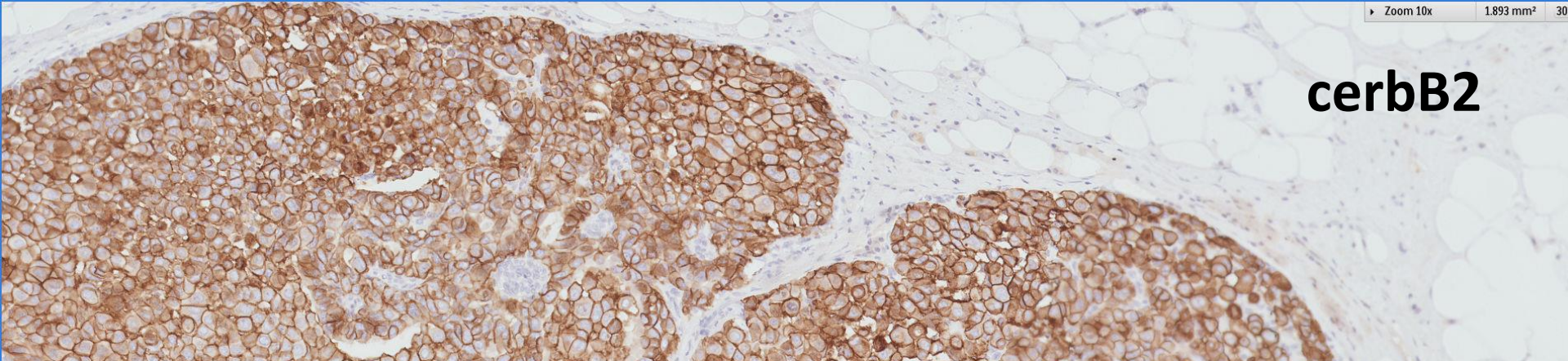
cerbB2

Zoom 5x 7.572 mm²



↑
Invasive carcinoma is negative

cerbB2



Diagnosis

Right breast, hookwire localization wide excision ~

Invasive lobular carcinoma, classic type, grade 1, 6mm.

ER positive, PR negative, cerbB2 negative.

Lobular carcinoma in situ with pleomorphic features.



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Division of Pathology

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1821
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Pleomorphic LCIS

- Variant of LCIS.
- Marked nuclear pleomorphism similar to high grade DCIS.
- Lacks E-cadherin expression
- Displays genomic alterations by array-based comparative genomic hybridization (CGH) typical of lobular lesions (16q losses and 1q gains).

Pleomorphic LCIS

- More likely to be negative for ER, particularly in the apocrine variant.
- More likely to be positive for HER2 and p53.
- Higher Ki67 proliferative index.

 Breast
Pathology
Course 2016



Pathology Building 1958-2013, by Ong Kim Seng