

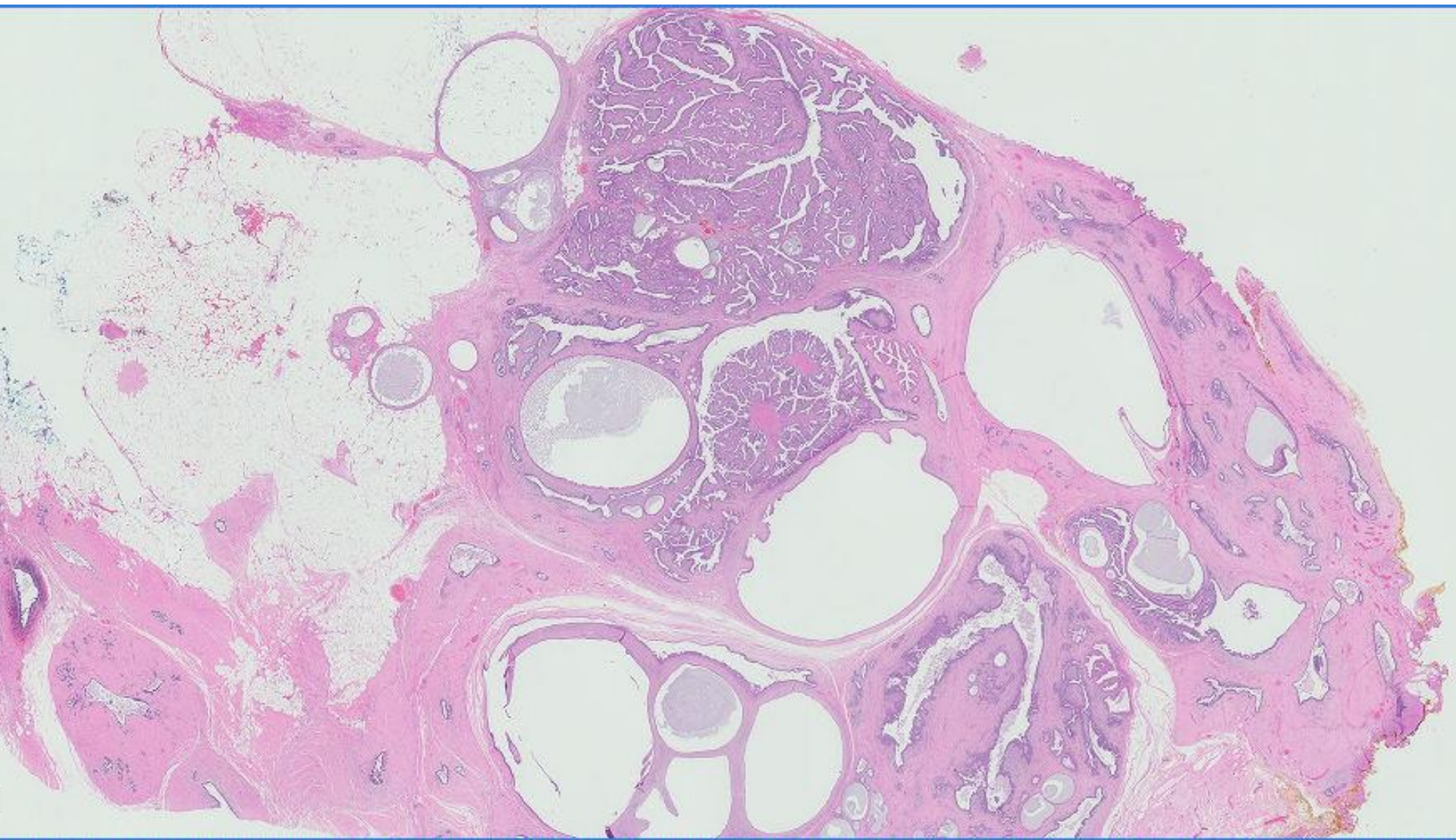
Case 20

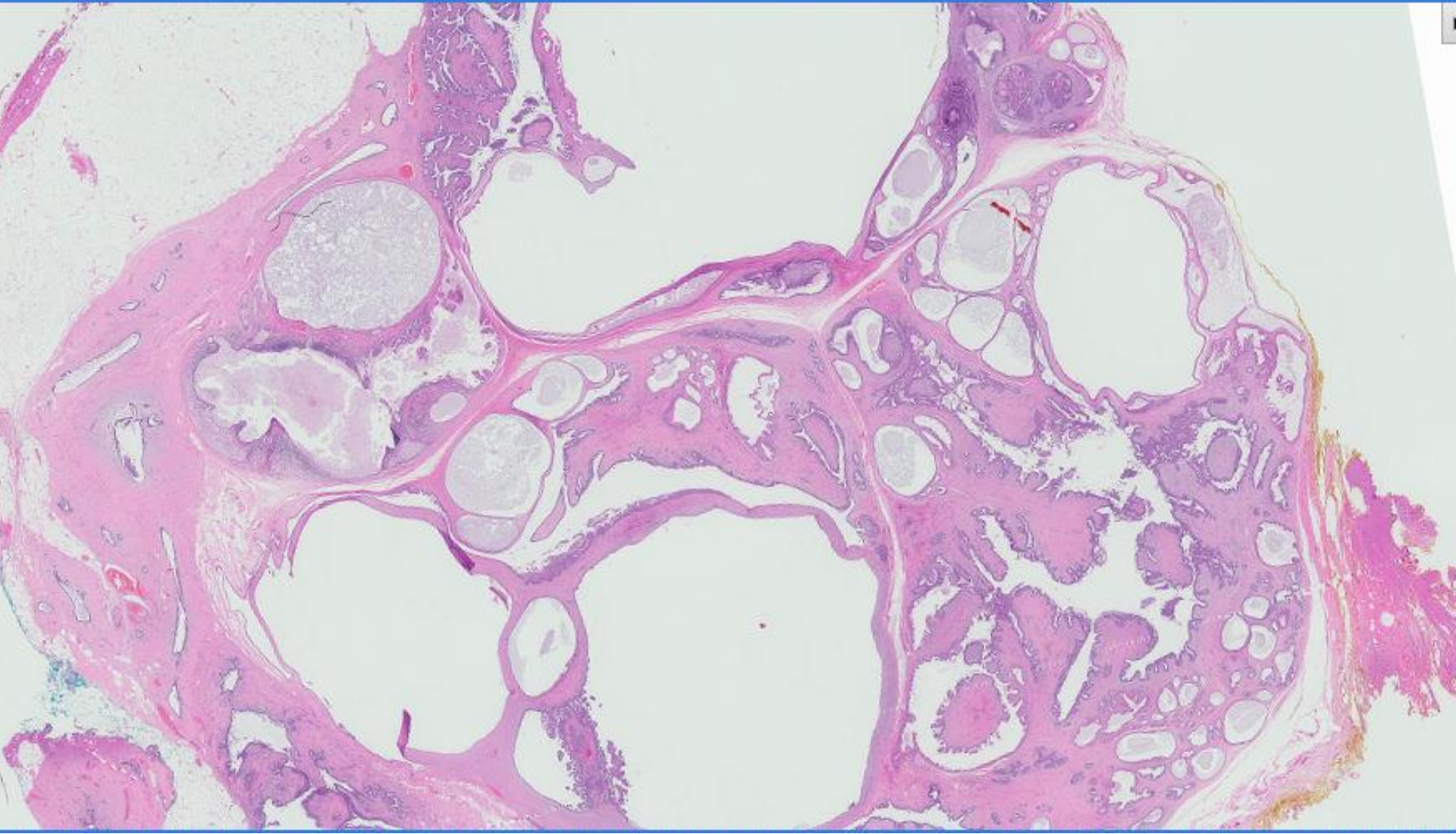
20 year old Chinese woman.

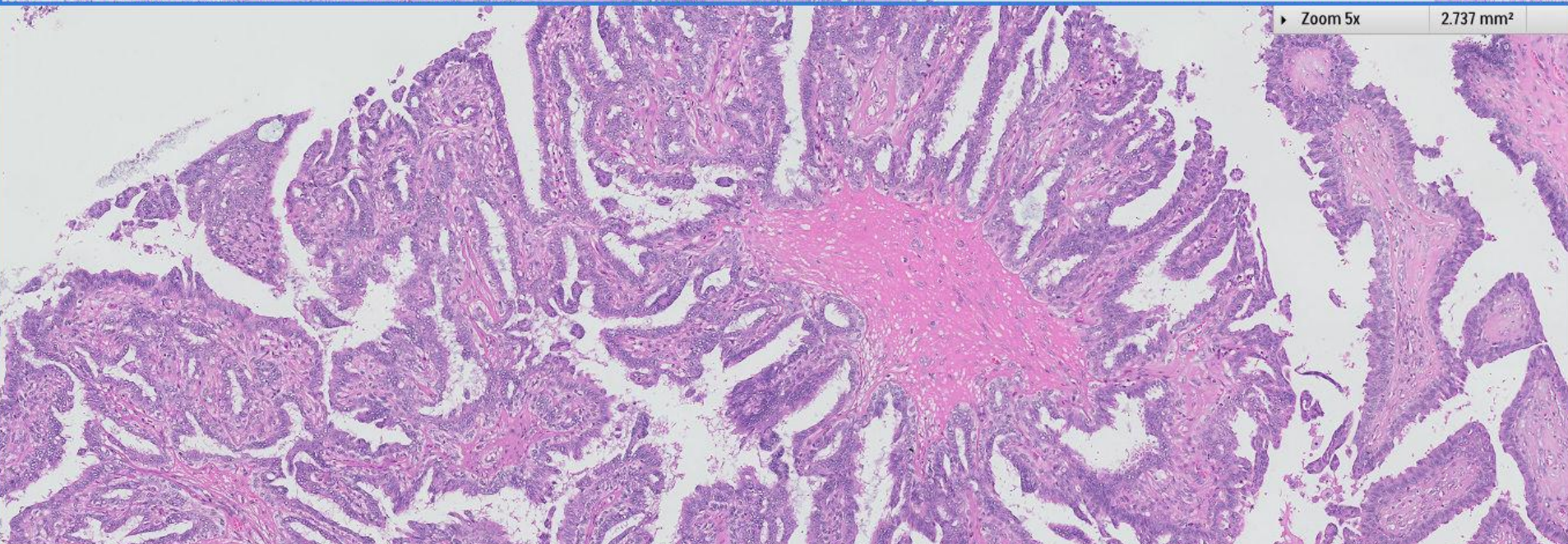
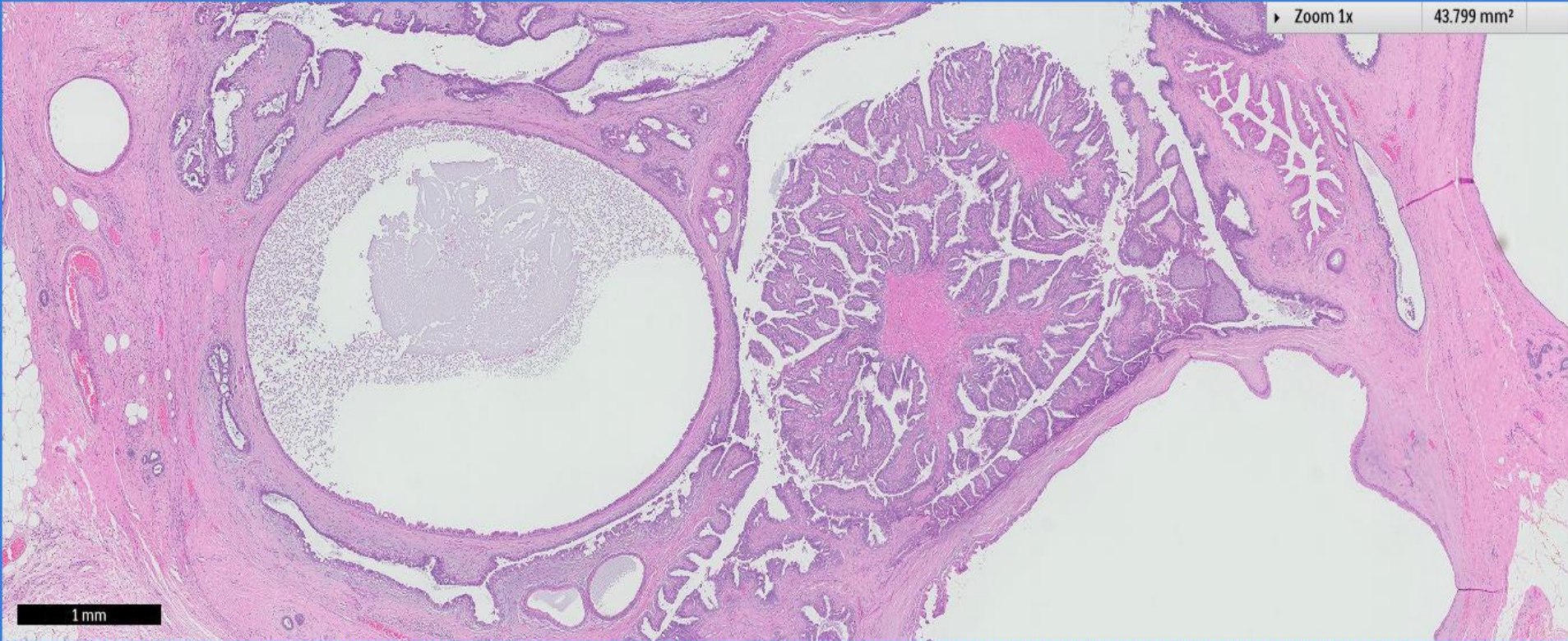
Previous excision of a right breast lump.

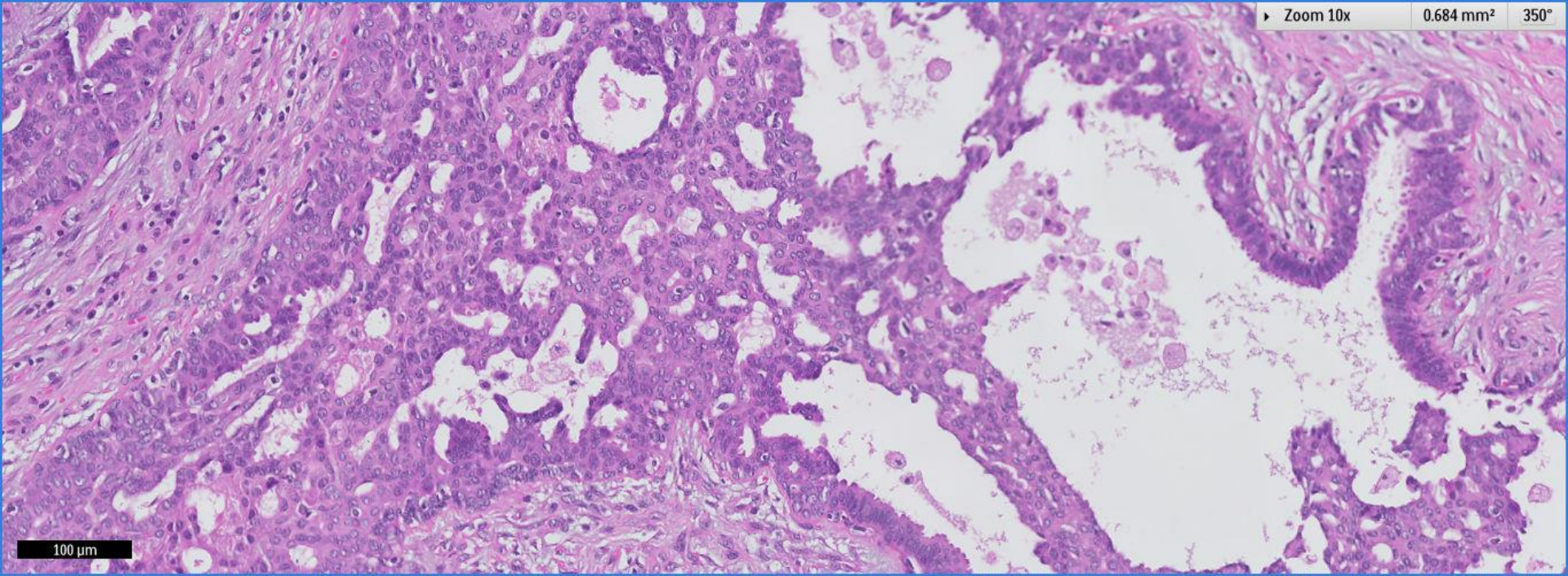
Current presentation of a left breast lump at
the 5 o'clock position.

Excision biopsy performed.



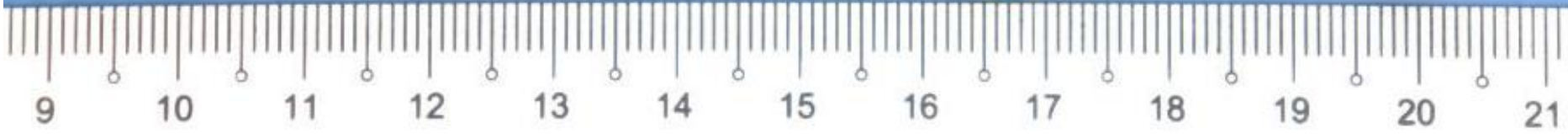
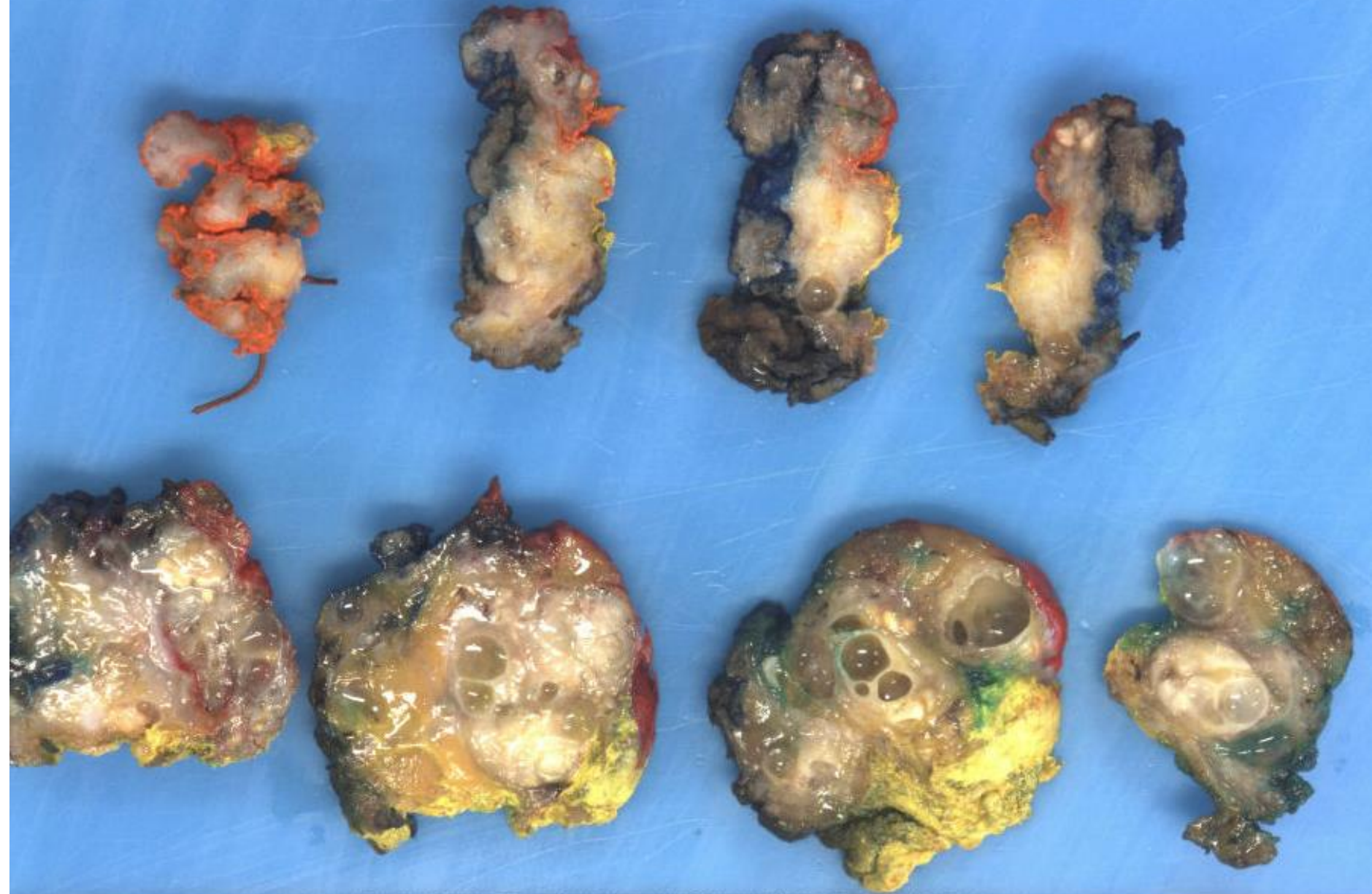






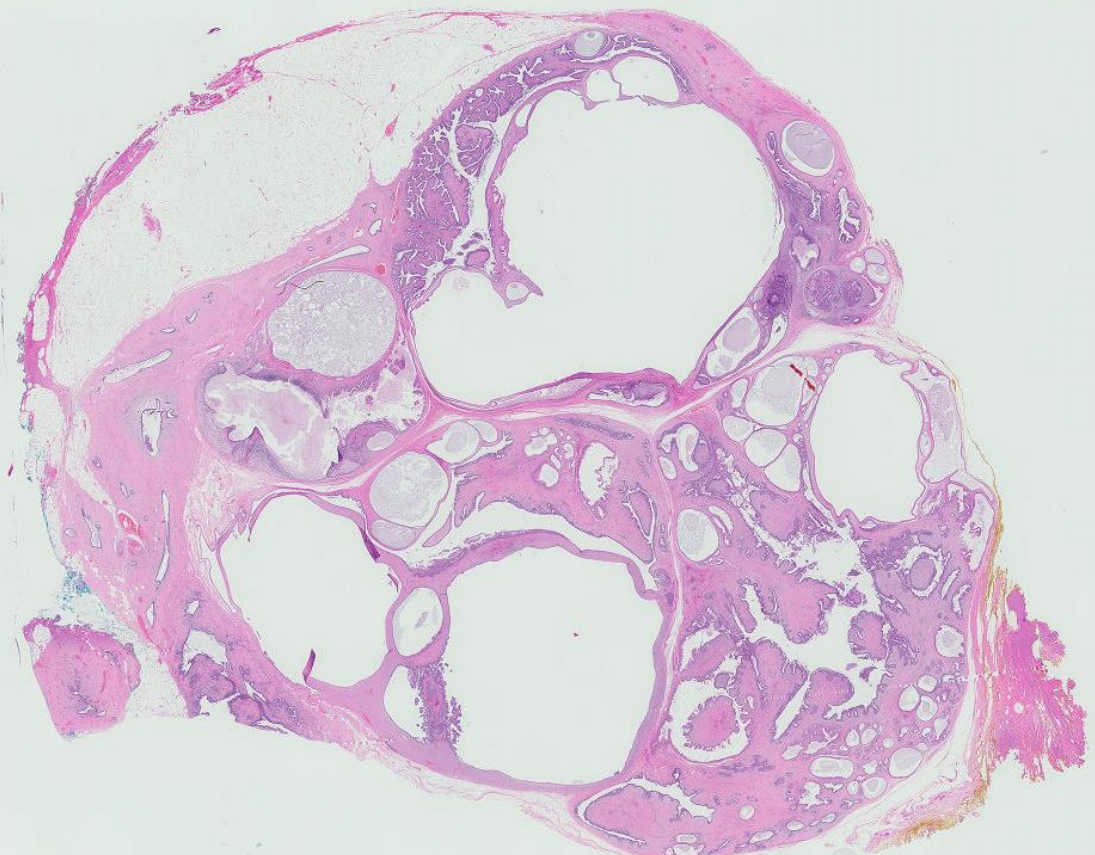


Celebration at the Floating platform, Marina Bay



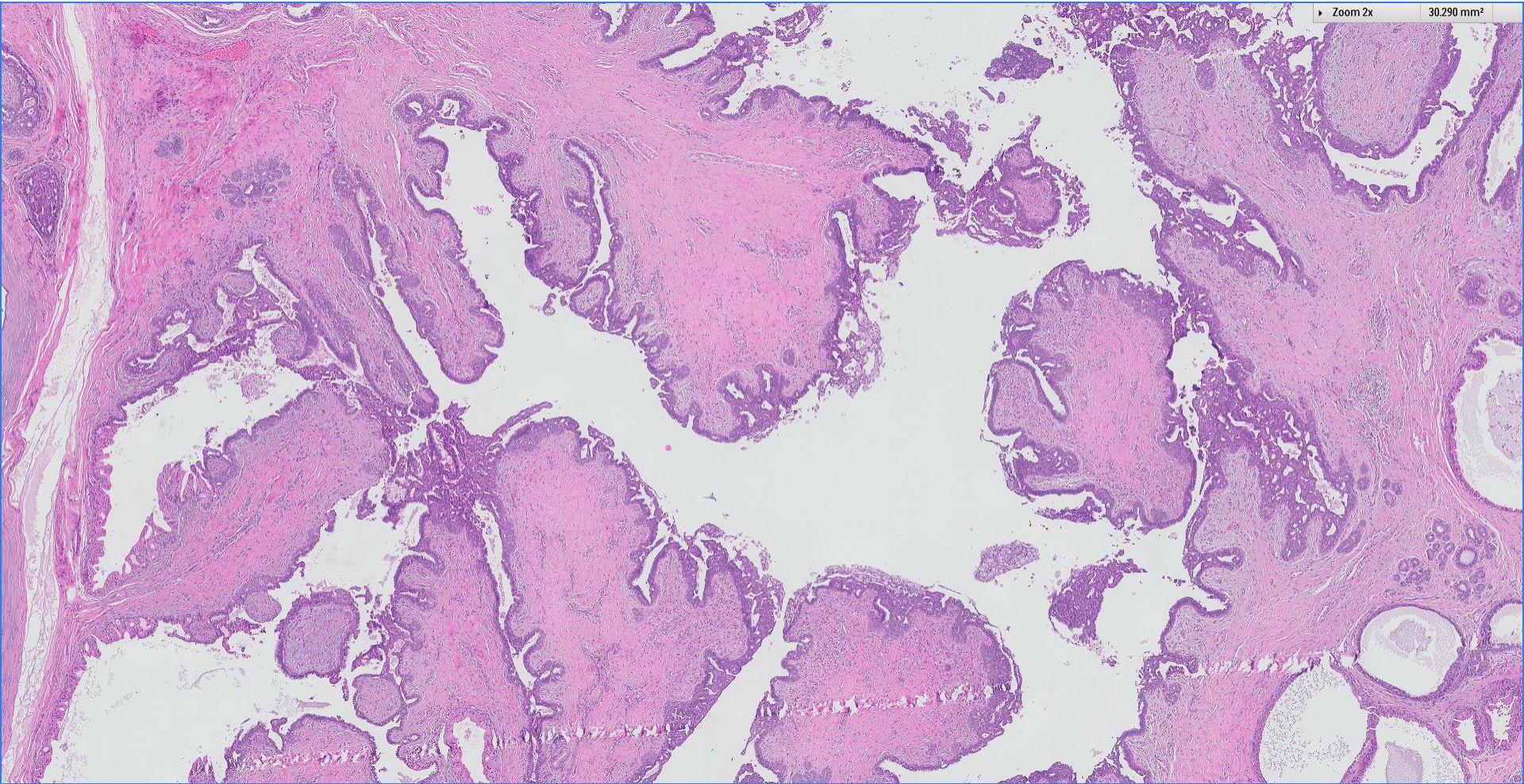
Pathology
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Case 20B



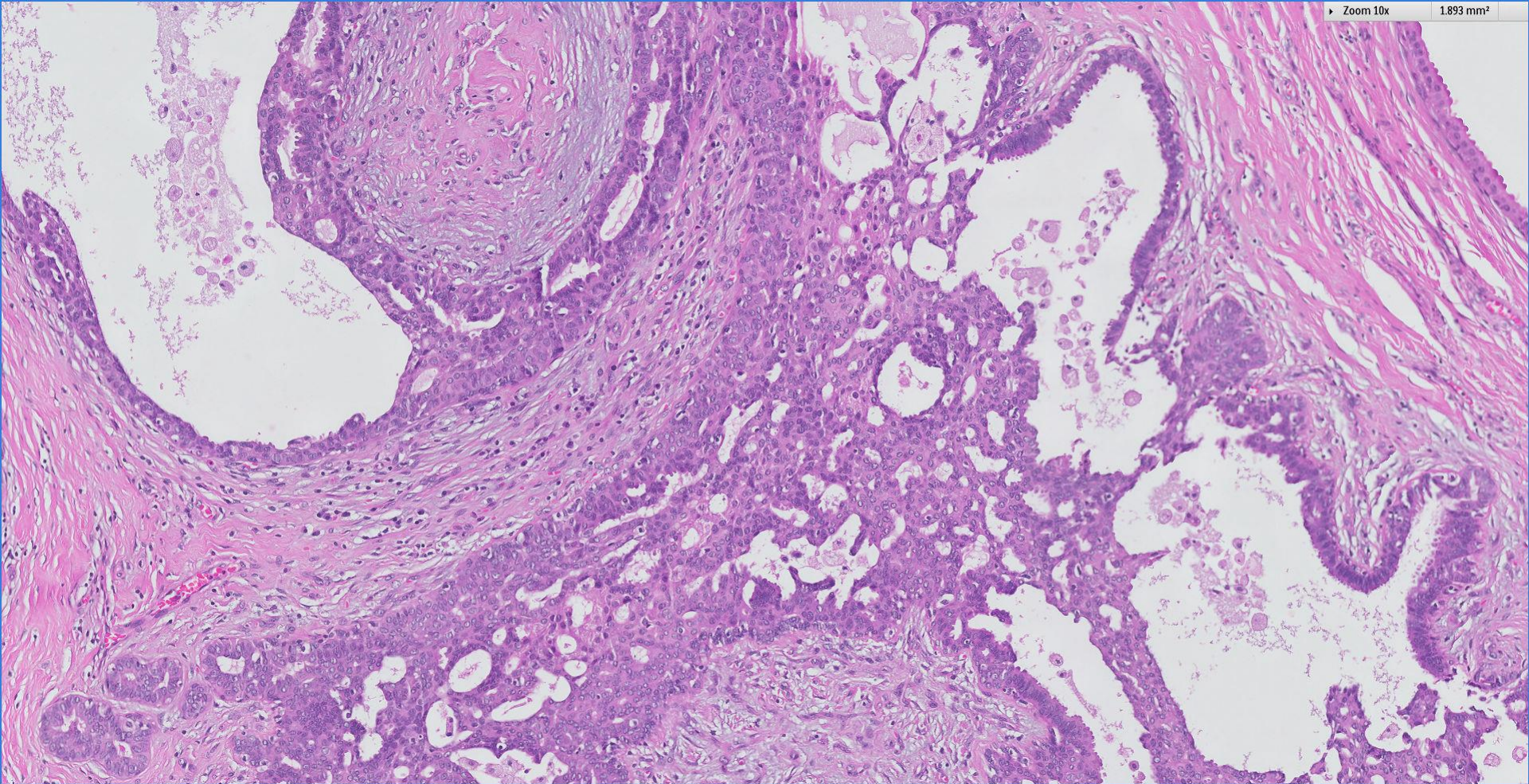
Zoom 2x

30.290 mm²



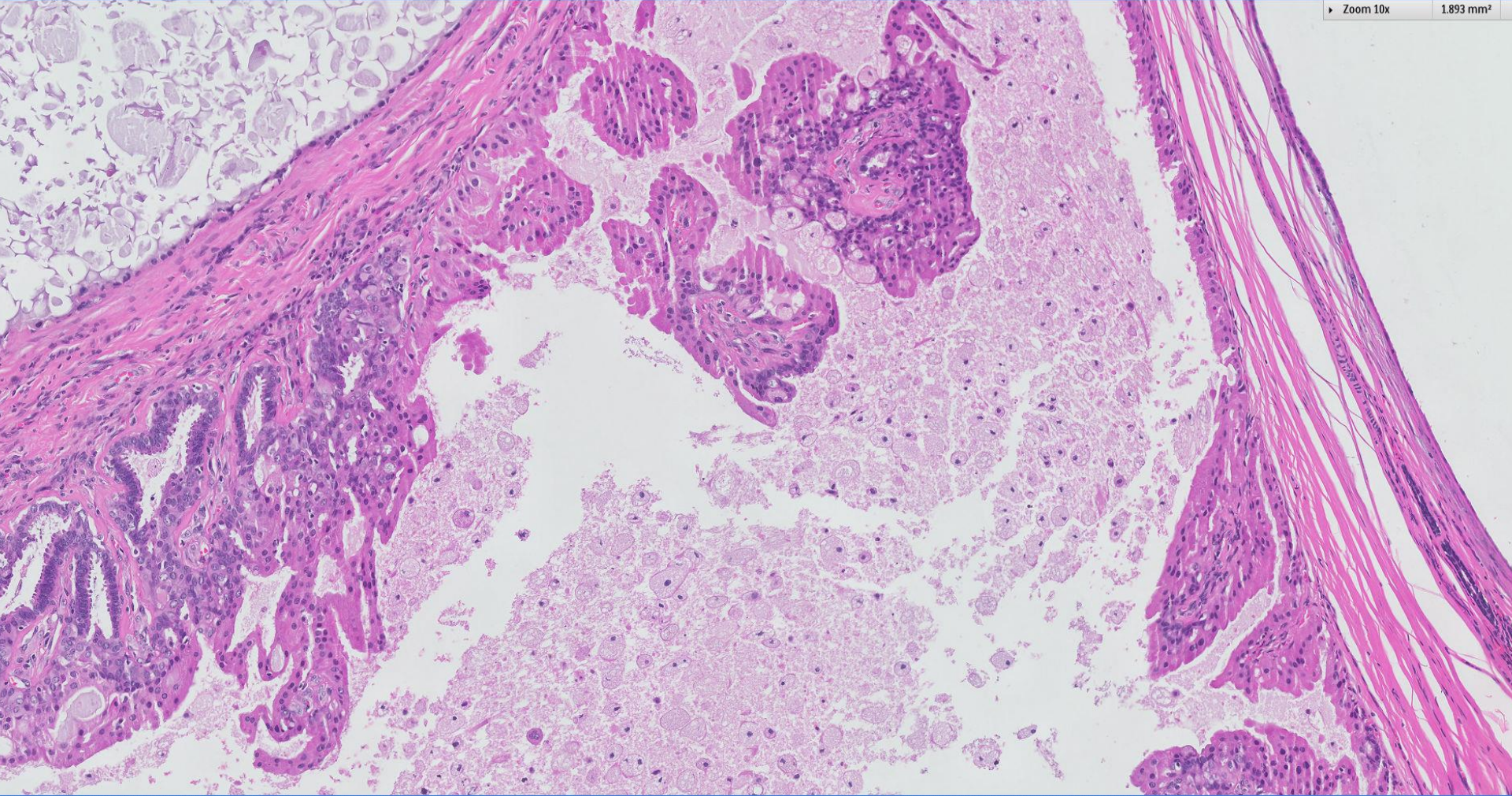
► Zoom 10x

1.893 mm²



Zoom 10x

1.893 mm²



Diagnosis

Left breast lump, 5 o'clock, excision ~

Benign breast tissue with features consistent with juvenile papillomatosis



Singapore
General Hospital

SingHealth

Division of Pathology

since
1821
195th Anniversary


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ACADEMIC MEDICAL CENTRE
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Juvenile papillomatosis

- Benign proliferative breast lesion.
- Occurs in women less than 30 years of age.
- Rare before puberty or after 40 years old.
- Clinical presentation as a solitary firm mass mimicking fibroadenoma.
- Bilateral synchronous or metachronous lesions may be seen.
- 10-15% of women may have coexistent breast carcinoma, usually in older patients who have positive family history.

Juvenile papillomatosis

- Gross ~ firm discrete mass without distinct circumscription, multiple cysts with whitish-yellow flecks in intervening tissue.
- Microscopy ~ cysts, usual ductal hyperplasia, apocrine metaplasia, luminal histiocytes, sclerosing adenosis, fibroadenomatoid hyperplasia.

Juvenile papillomatosis

- Treatment is by excision.
- Follow-up is recommended for patients with multifocal, bilateral or recurrent disease, or if there is accompanying positive family history of breast cancer.

 Breast
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Pathology Building 1958-2013, by Ong Kim Seng