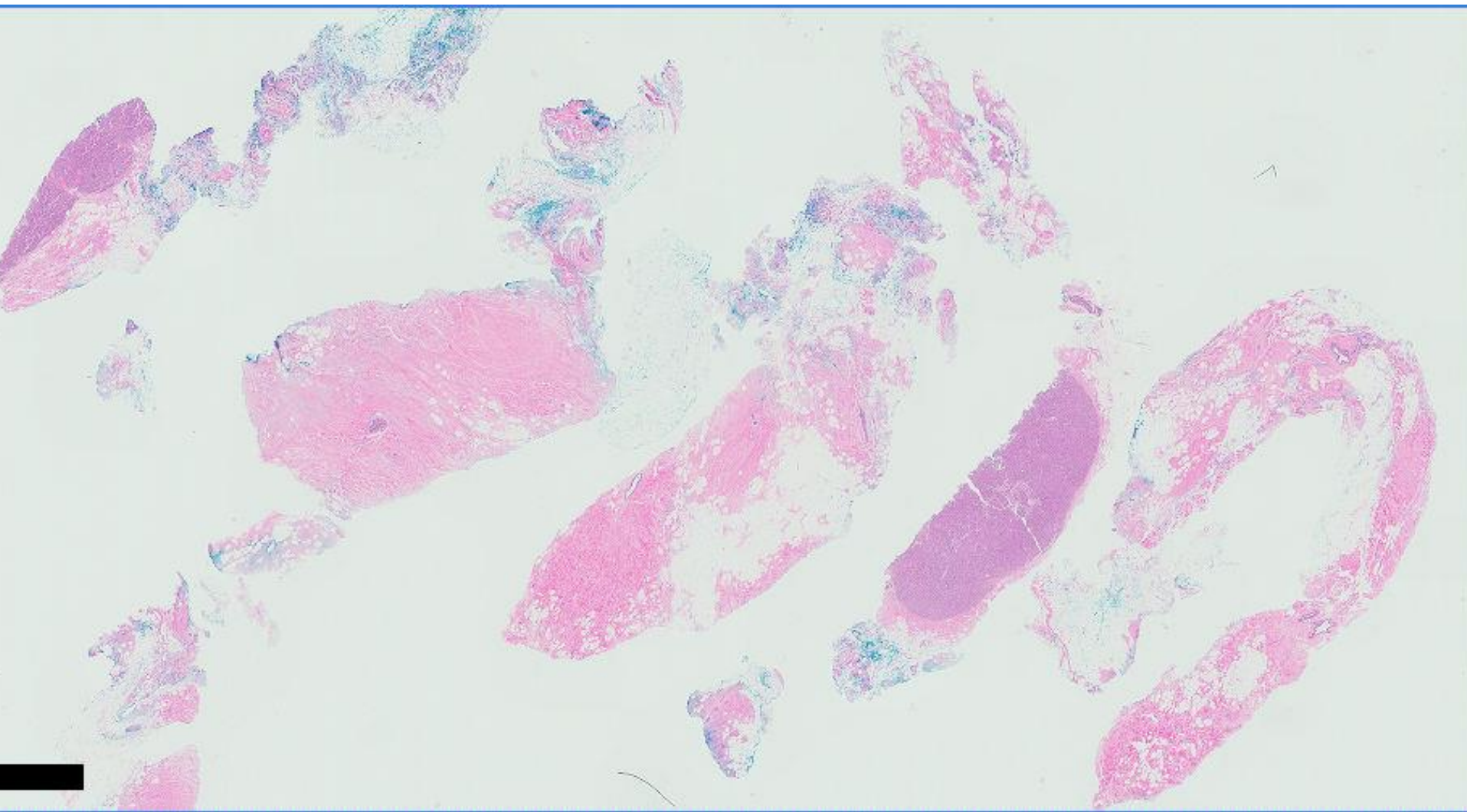
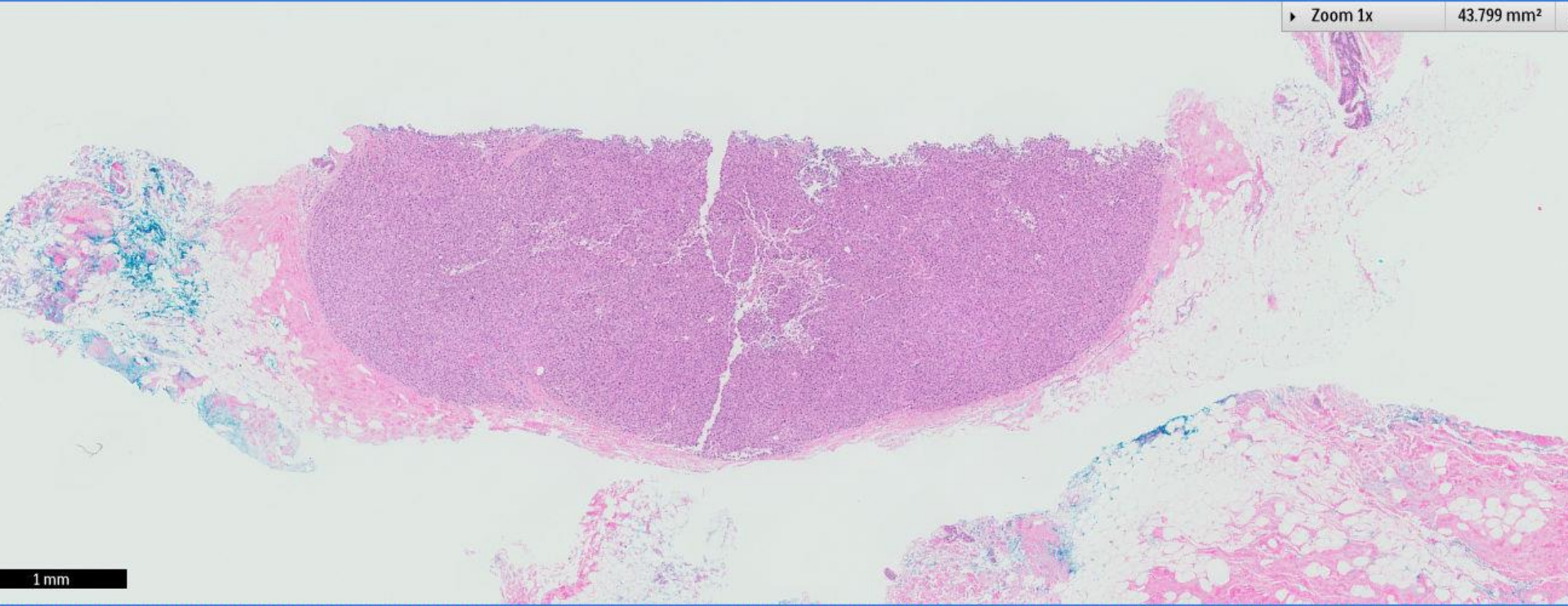


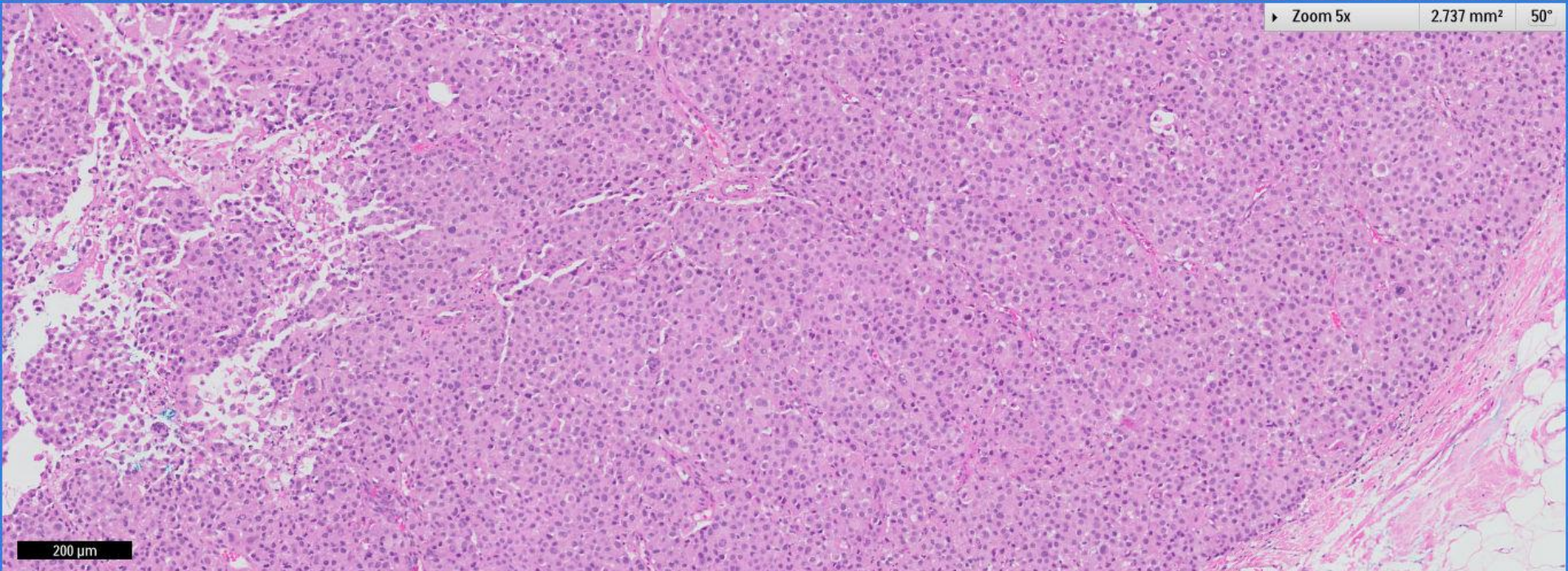
Case 24

53 year old Chinese woman
Mammotome biopsy of a right breast lump.

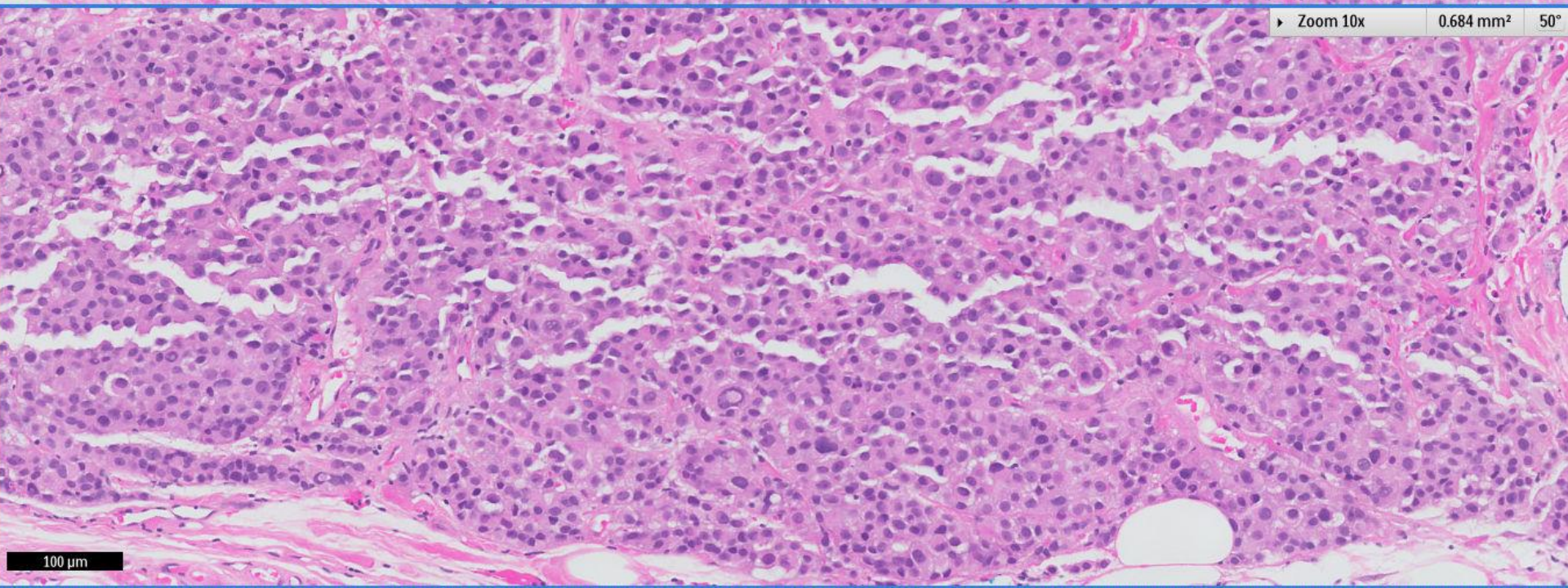
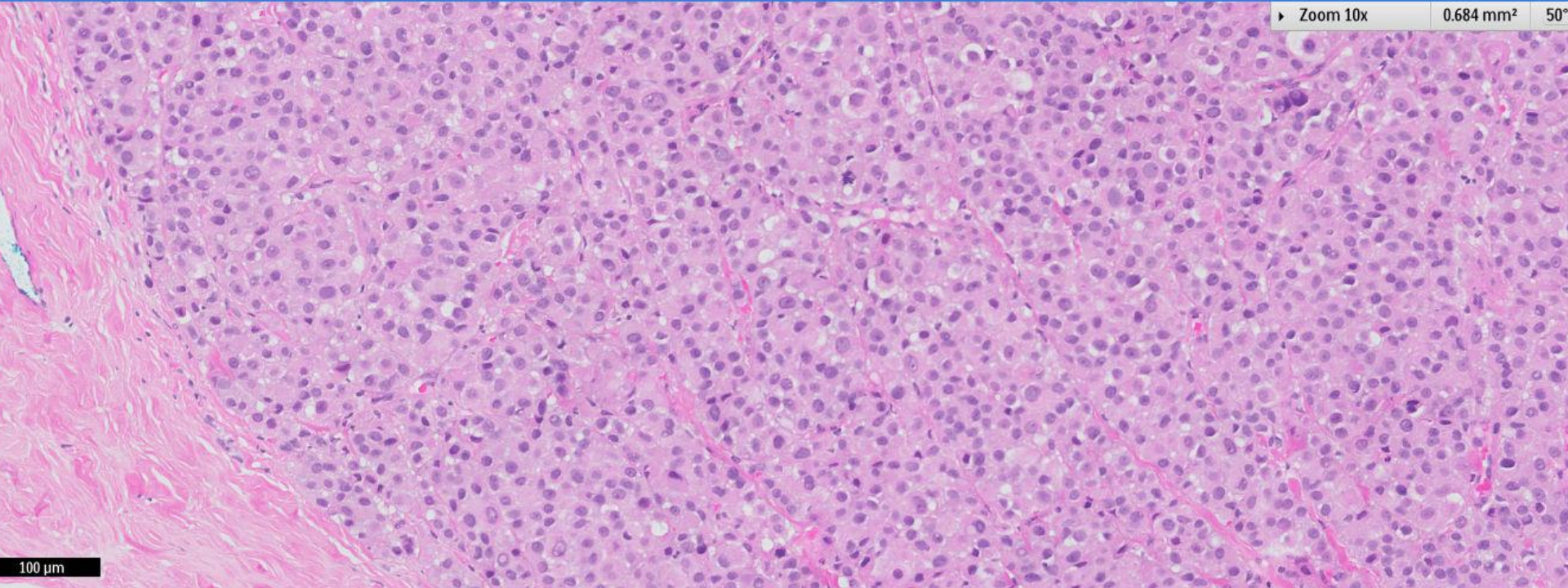


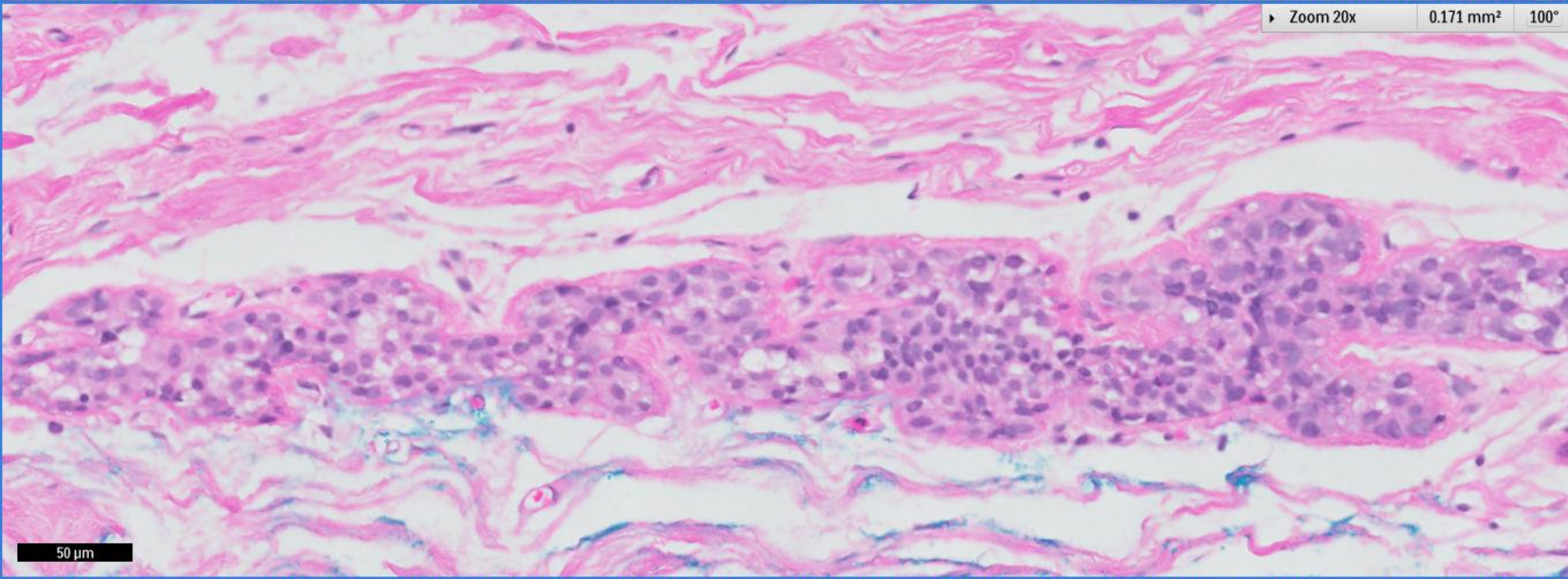
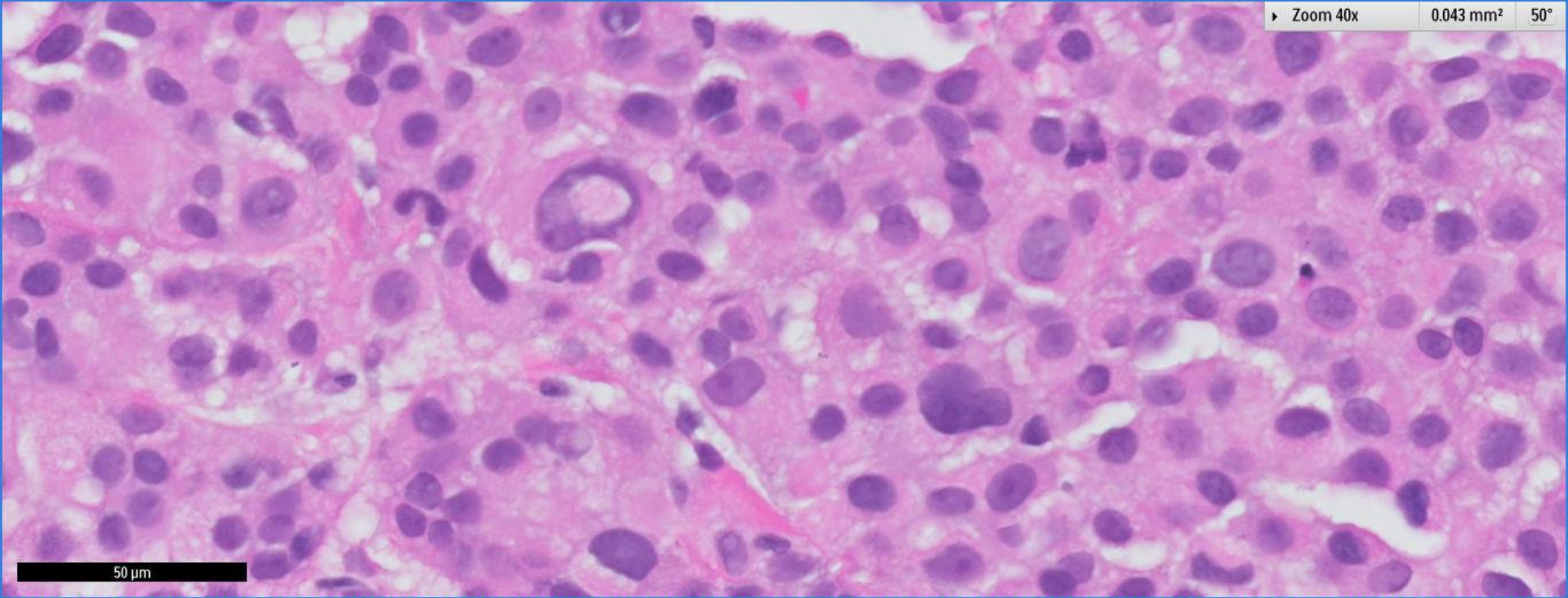


1 mm



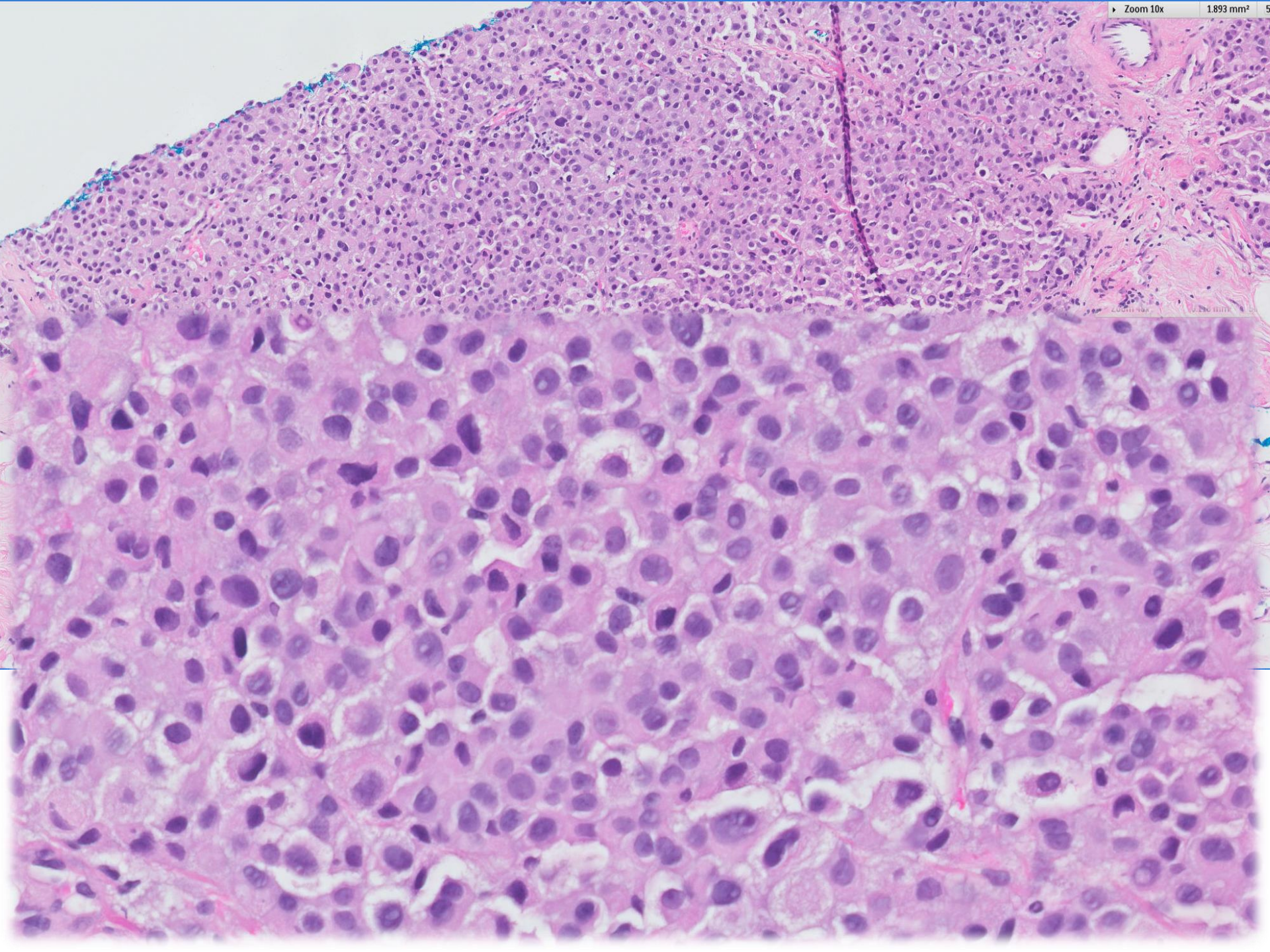
200 μm

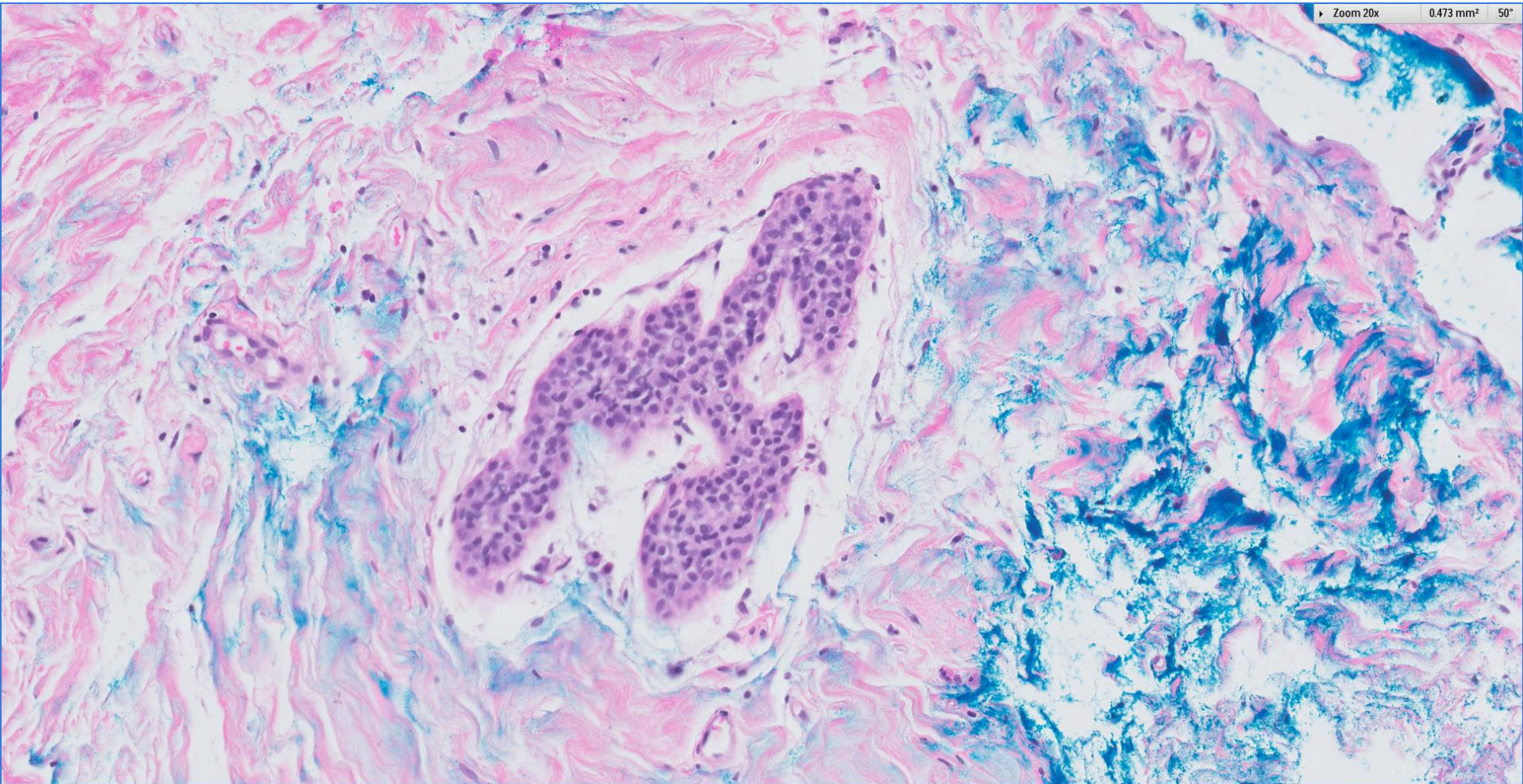




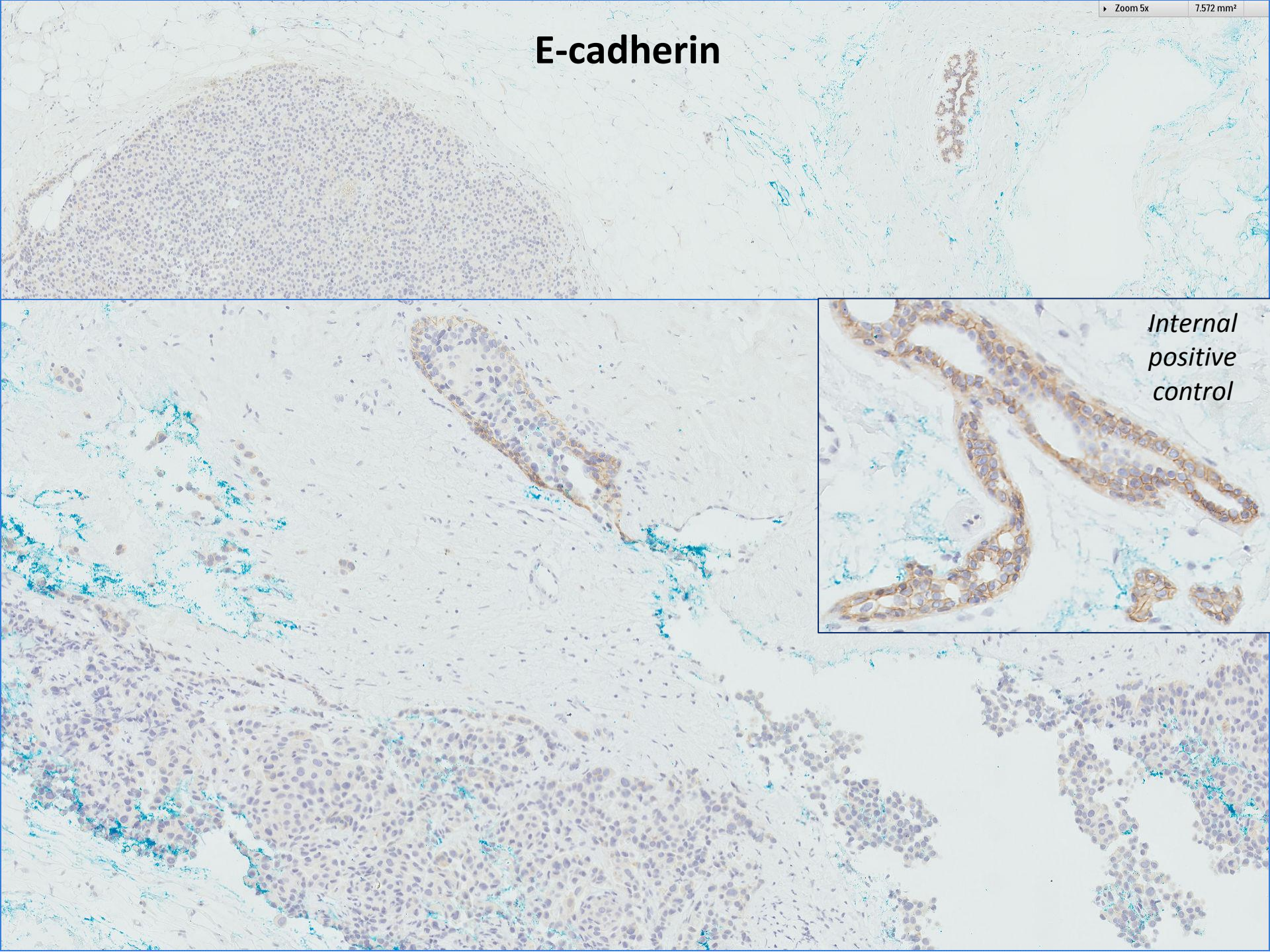
*View from the National Gallery
Singapore*





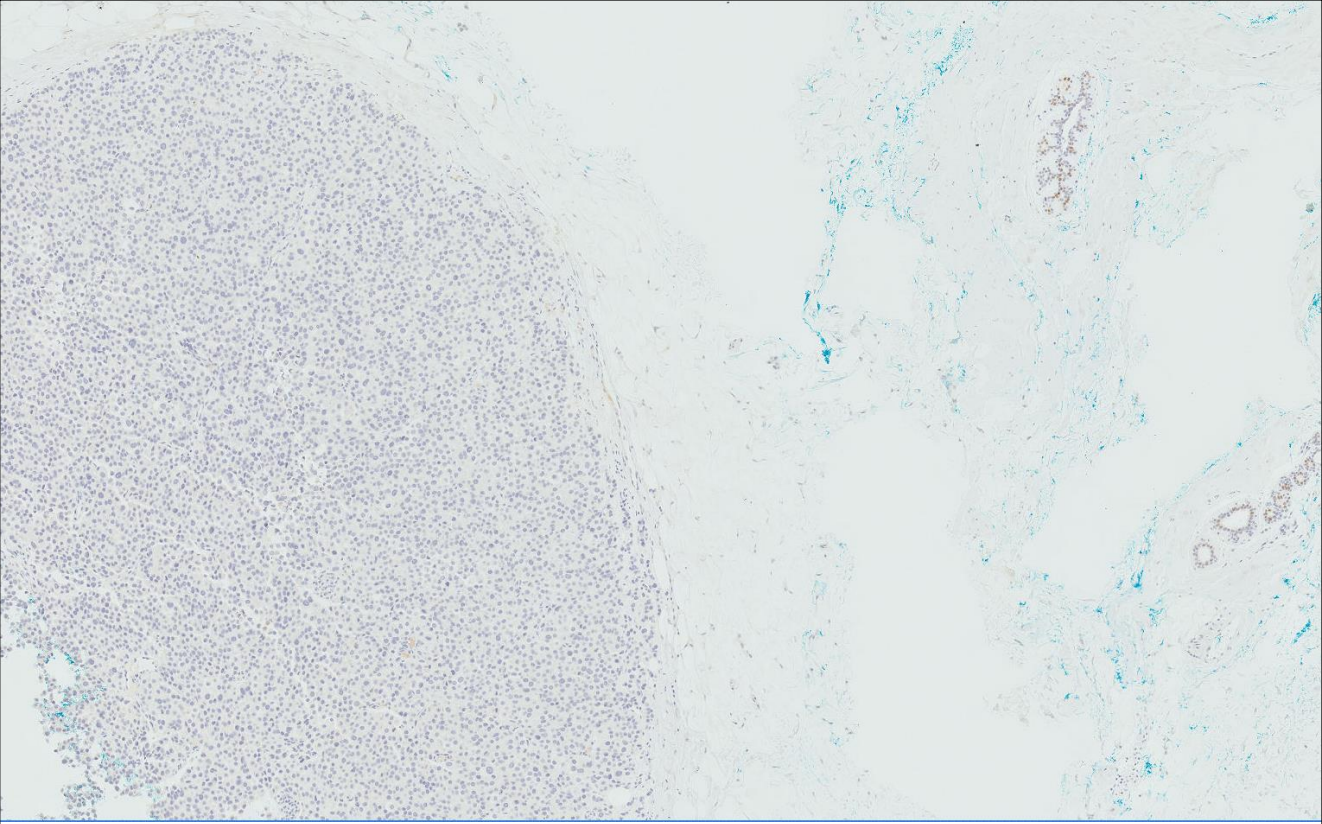


E-cadherin

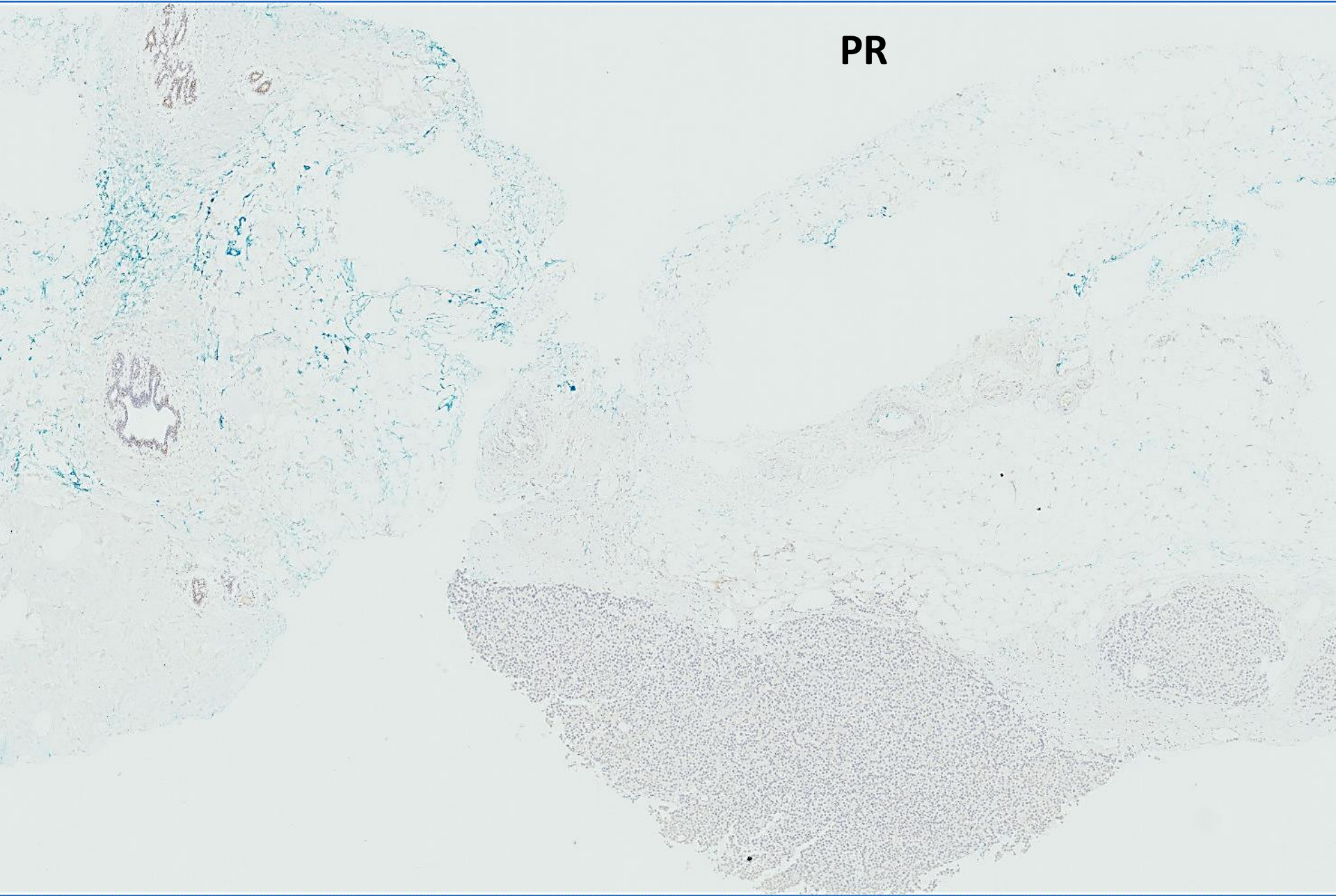


*Internal
positive
control*

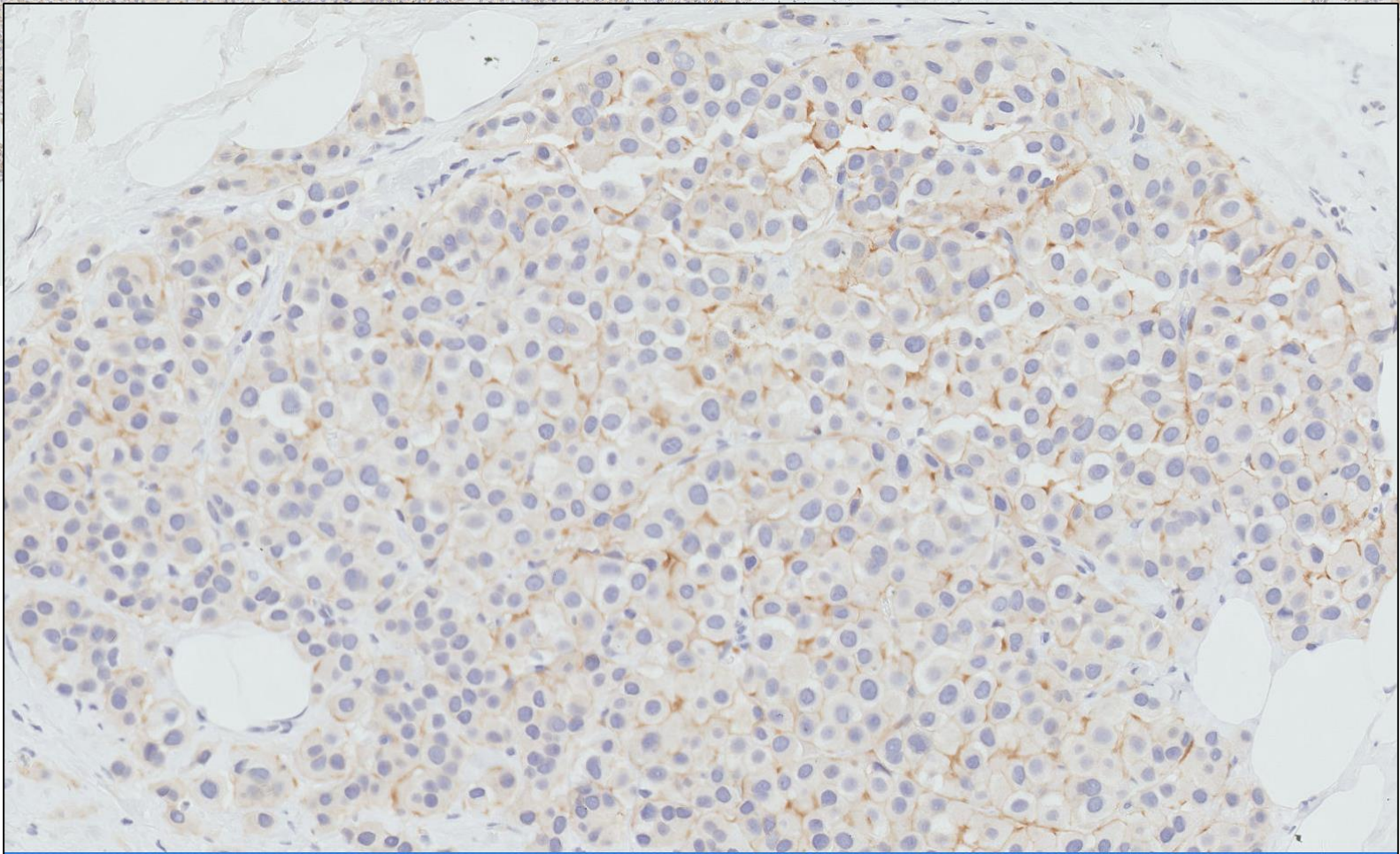
ER



PR

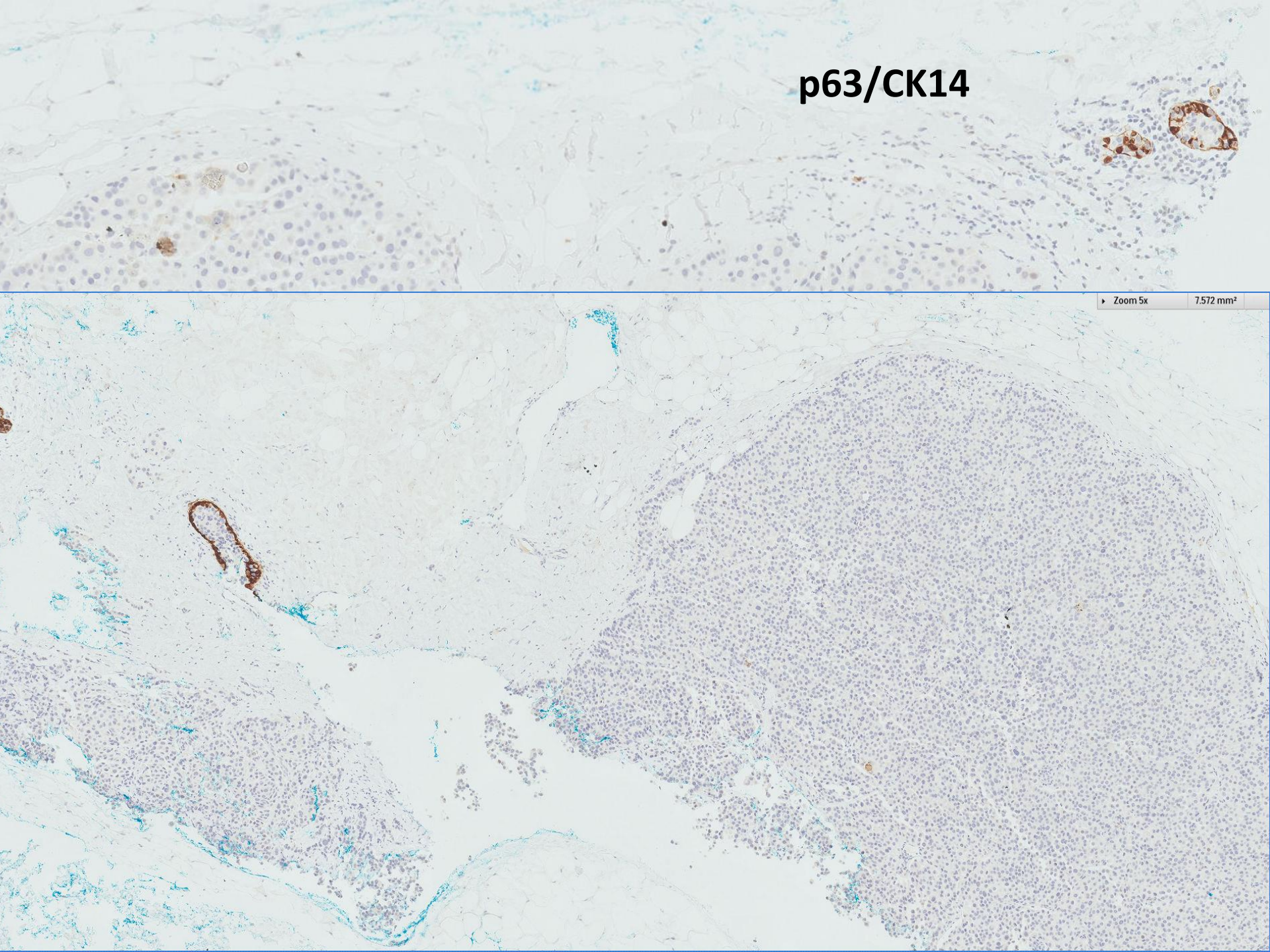


cerbB2



p63/CK14

Zoom 5x 7.572 mm²



Diagnosis

Right breast lump, mammotome biopsy ~

Invasive carcinoma with solid lobular and pleomorphic features

ER negative, PR negative, cerbB2 negative



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PATHOLOGY



Invasive lobular carcinoma

Classic lobular carcinoma

→ Solid lobular carcinoma

Alveolar lobular carcinoma

Pleomorphic lobular carcinoma

Tubulolobular carcinoma

Mixed lobular carcinoma

The *solid type* is characterized by the typical non-cohesive and small cells of lobular morphology but these cells grow in sheets, are often more pleomorphic and have a higher frequency of mitoses than the classic type [427].

Pleomorphic and solid subtypes of invasive lobular carcinoma have worse outcome than the classic type

WHO 2012



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 Breast
Pathology
Course 2016



Pathology Building 1958-2013, by Ong Kim Seng