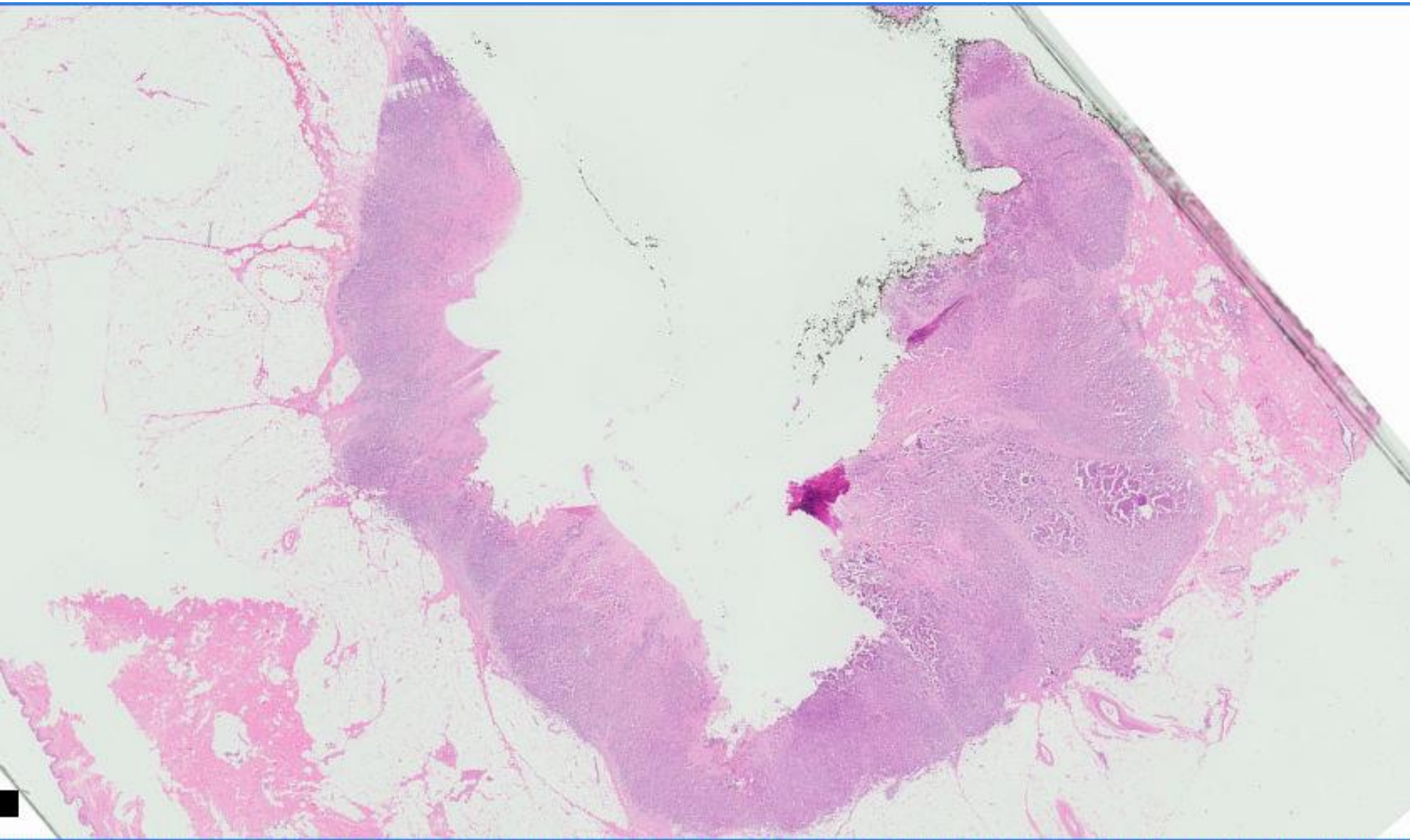


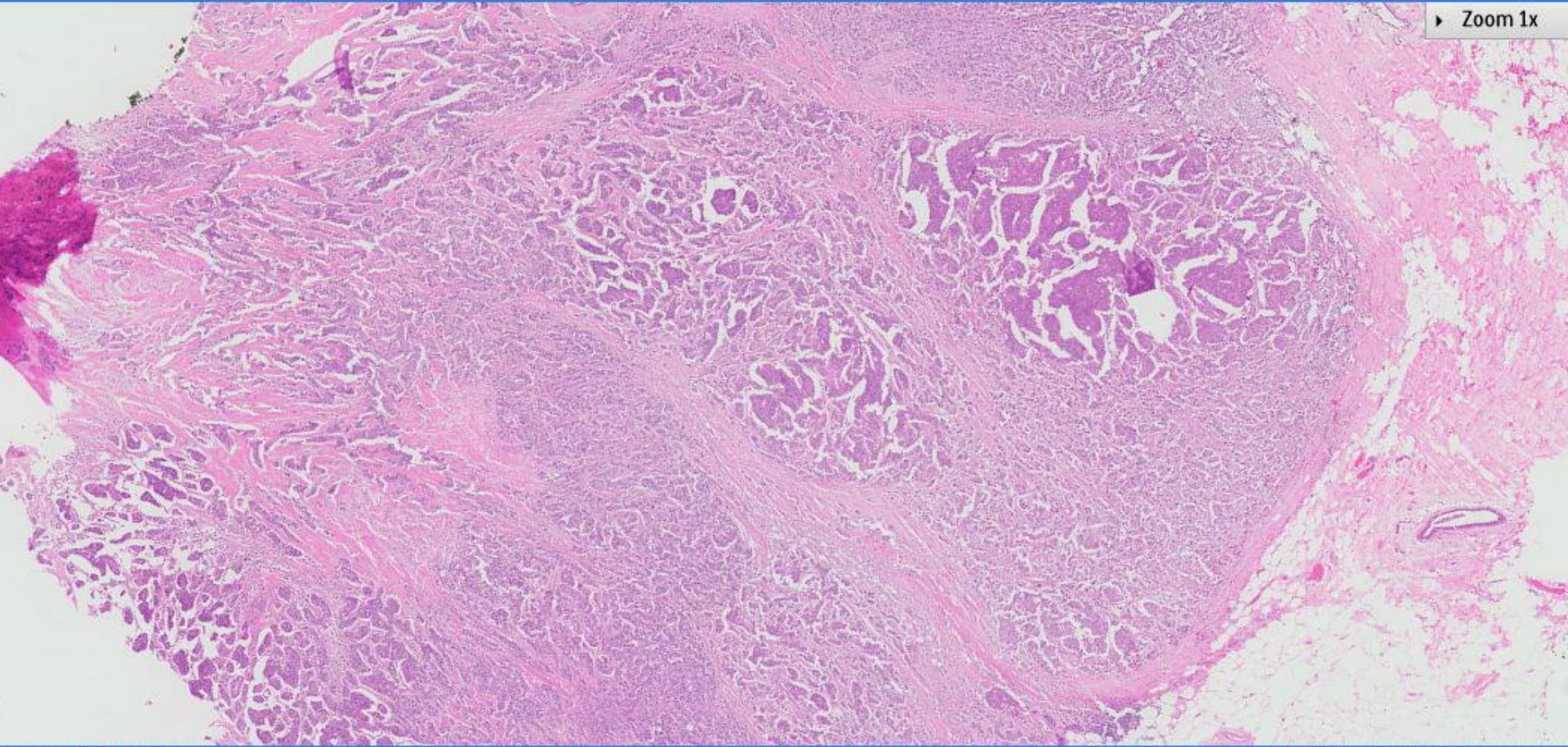
Case 33

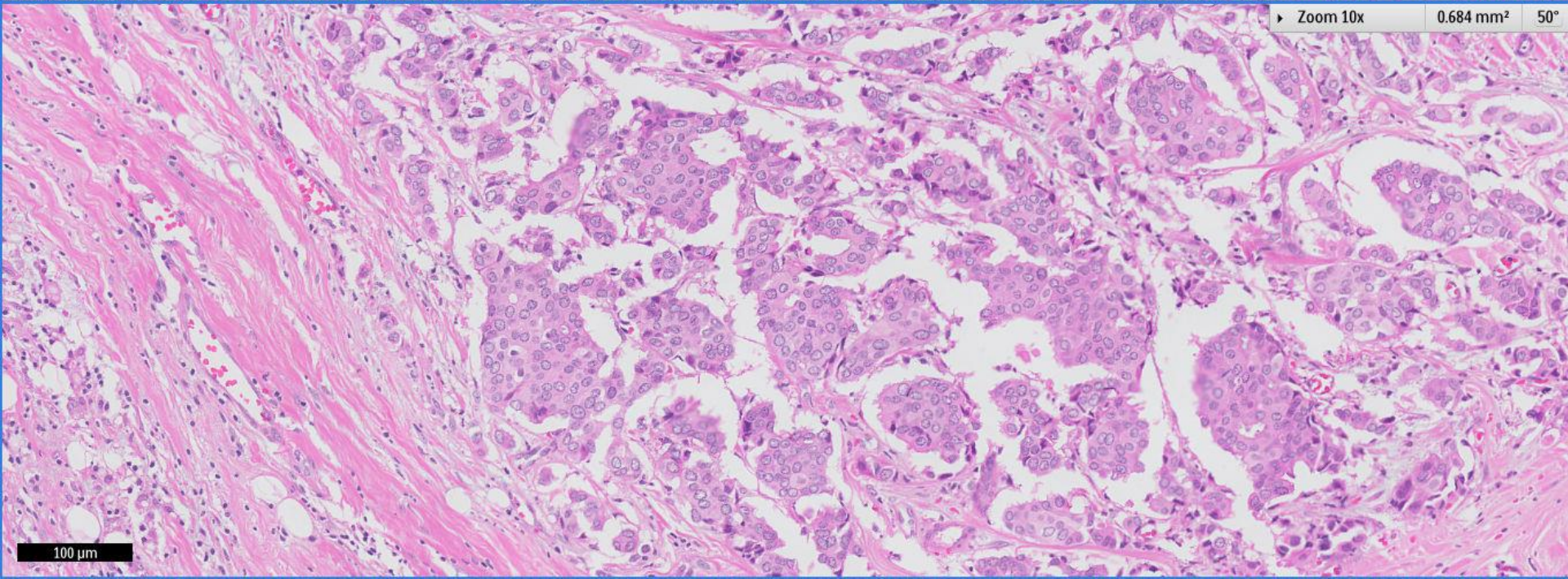
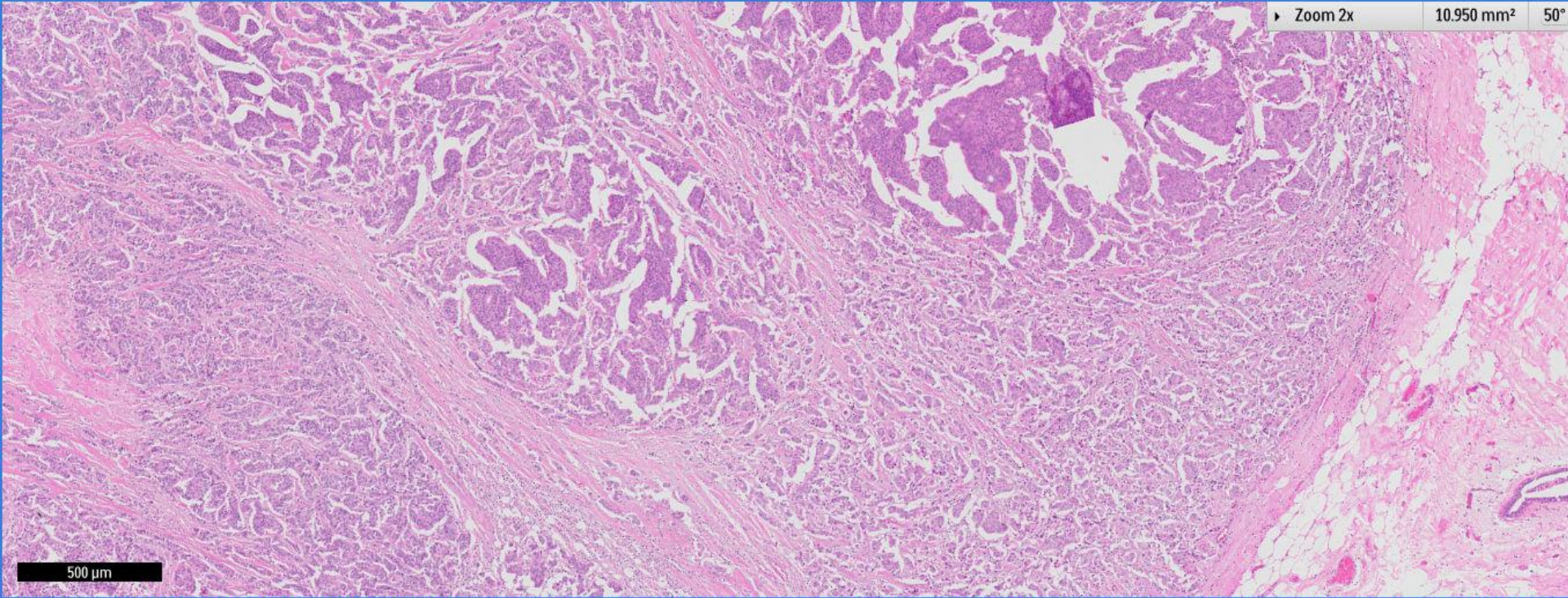
Adult woman with a breast mass.
Excision performed.

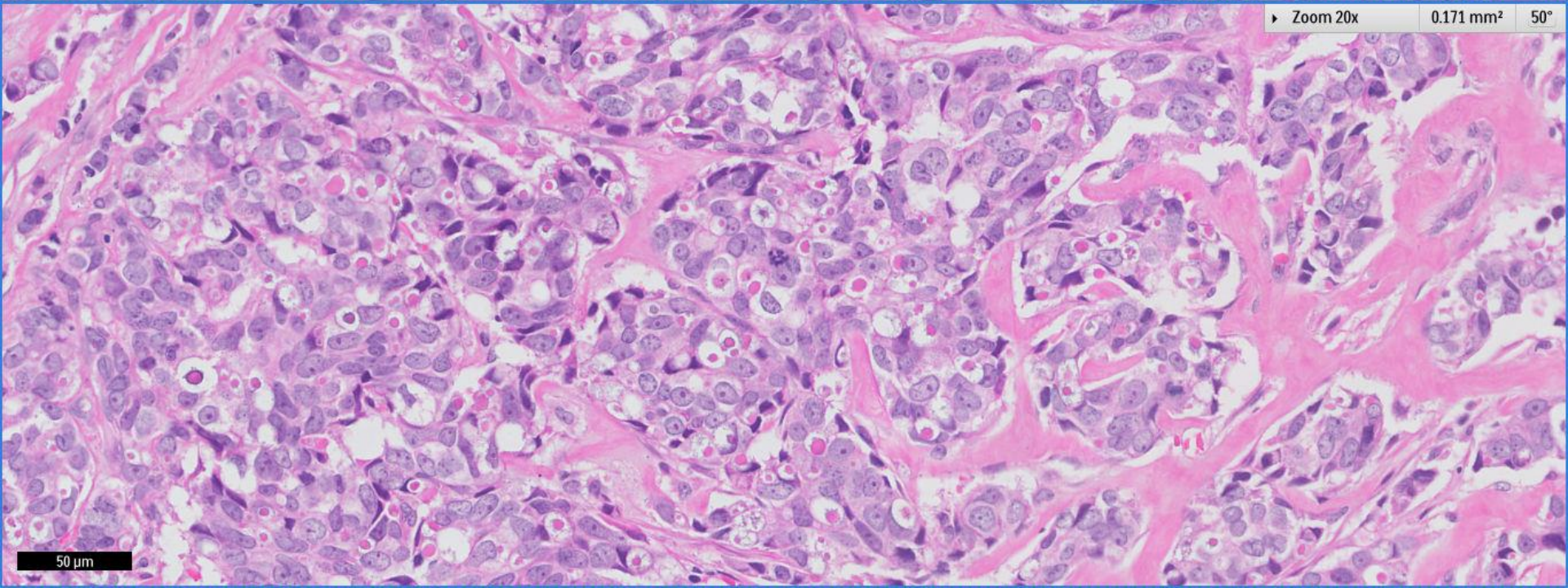
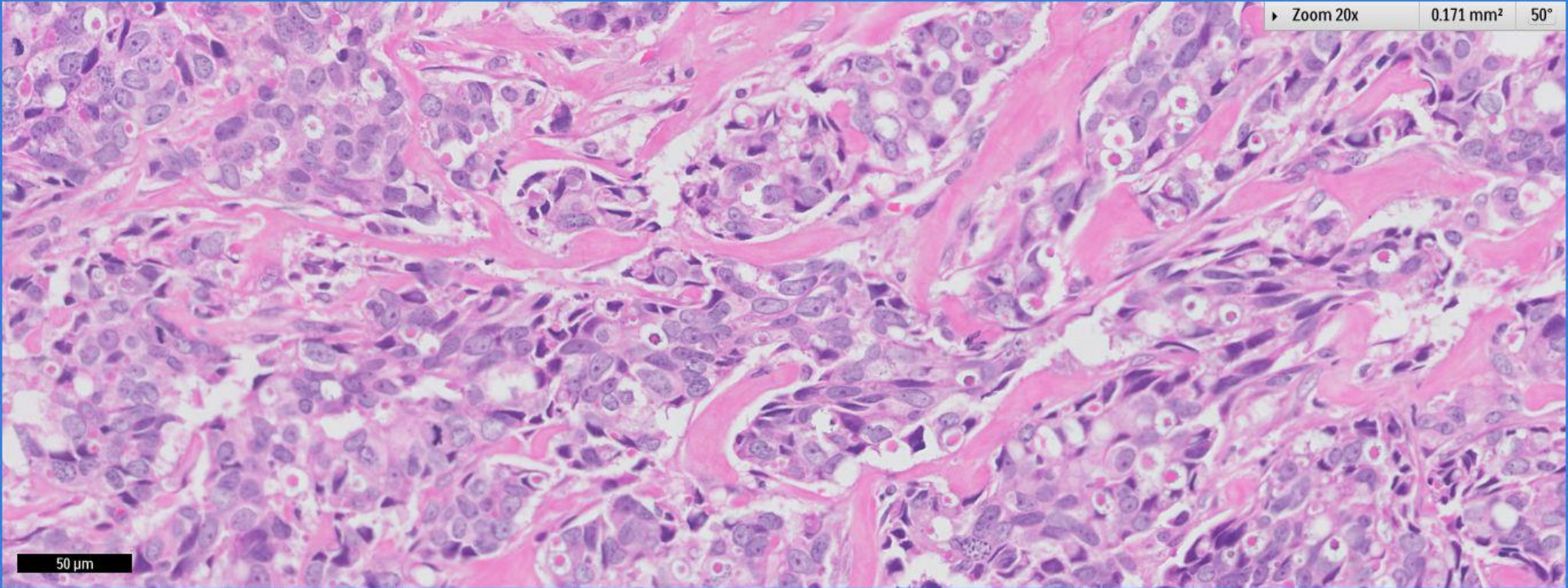
(Case contributed by Dr Chih-Jung Chen, Taiwan)



▶ Zoom 1x



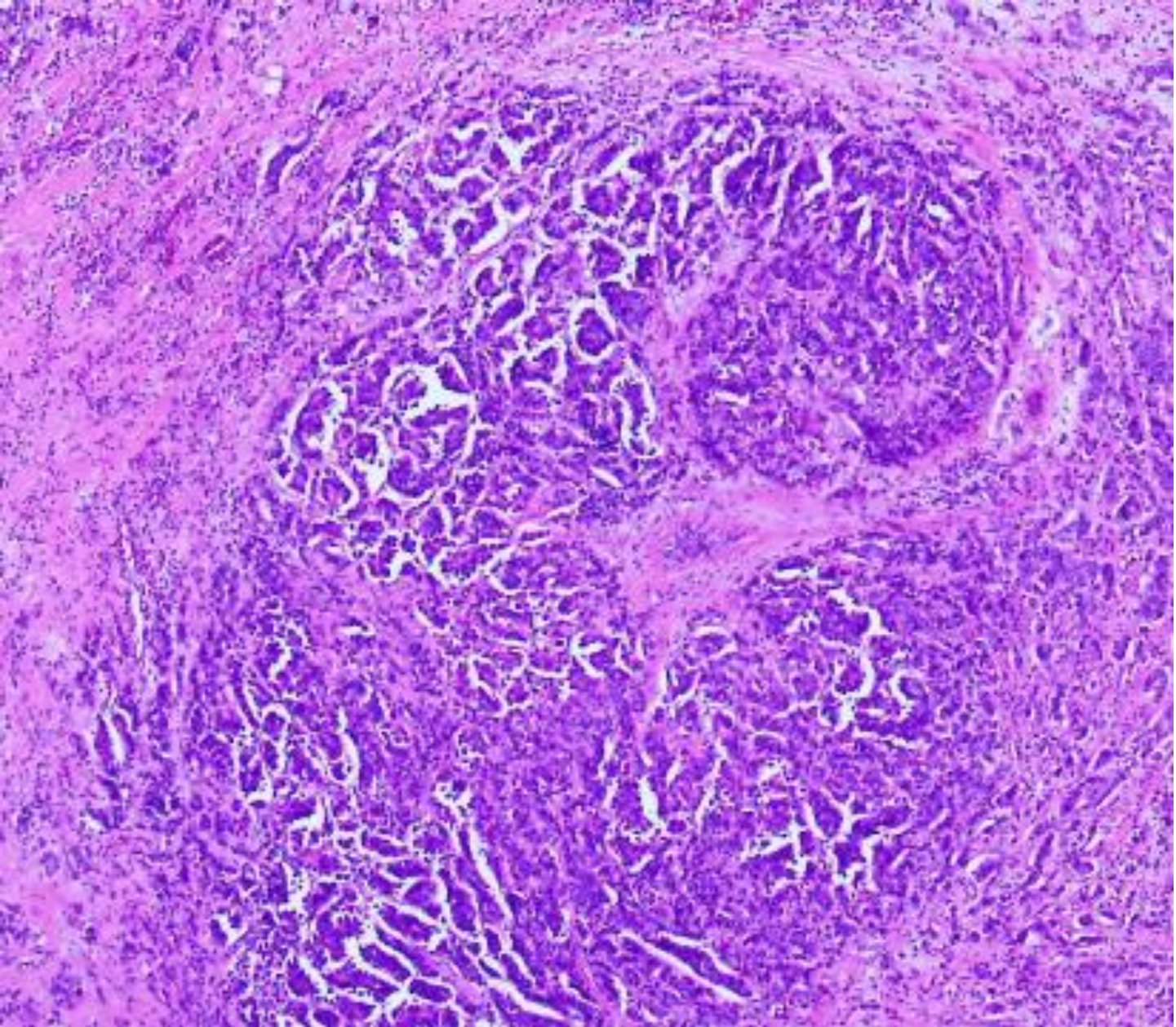
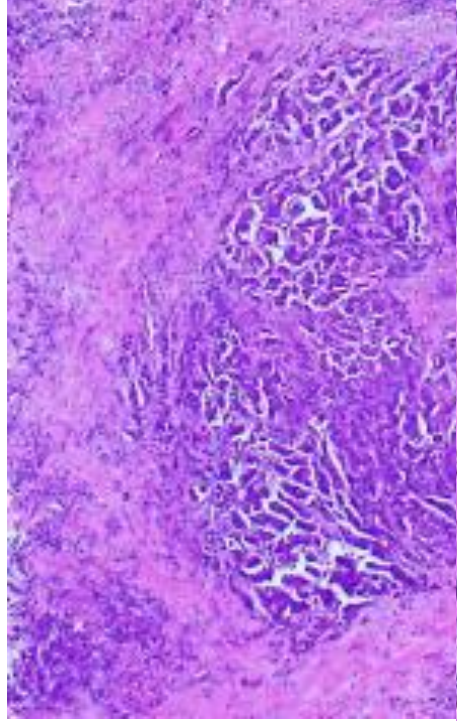




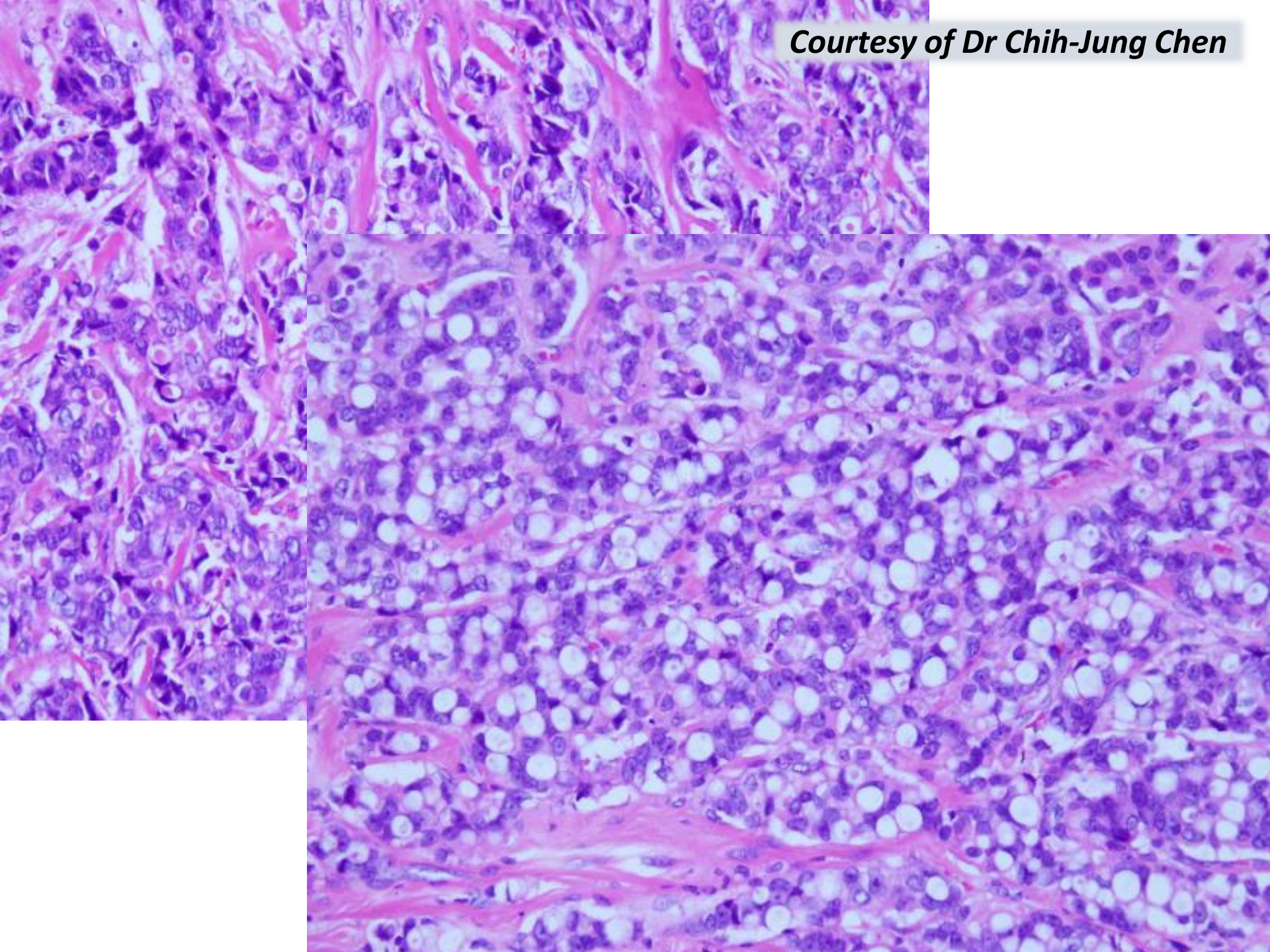
SGH campus and the city skyline



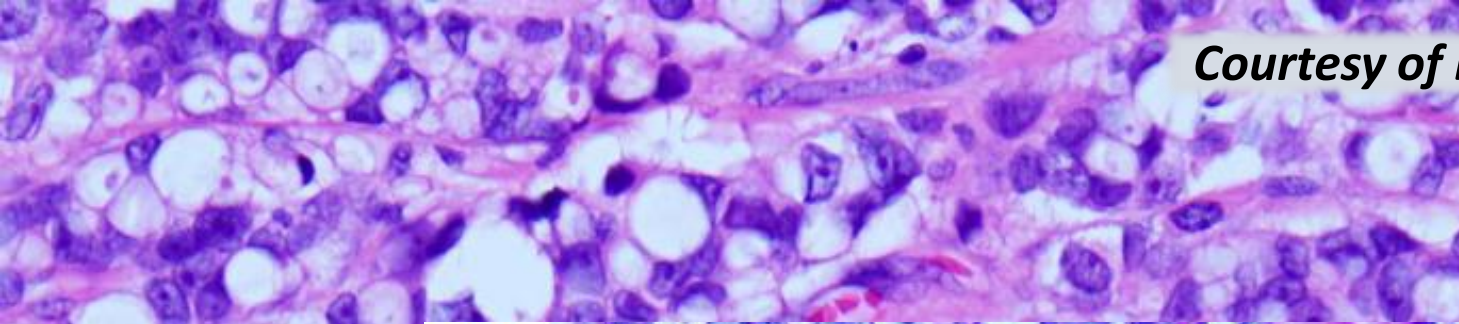
Courtesy of Dr Chih-Jung Chen



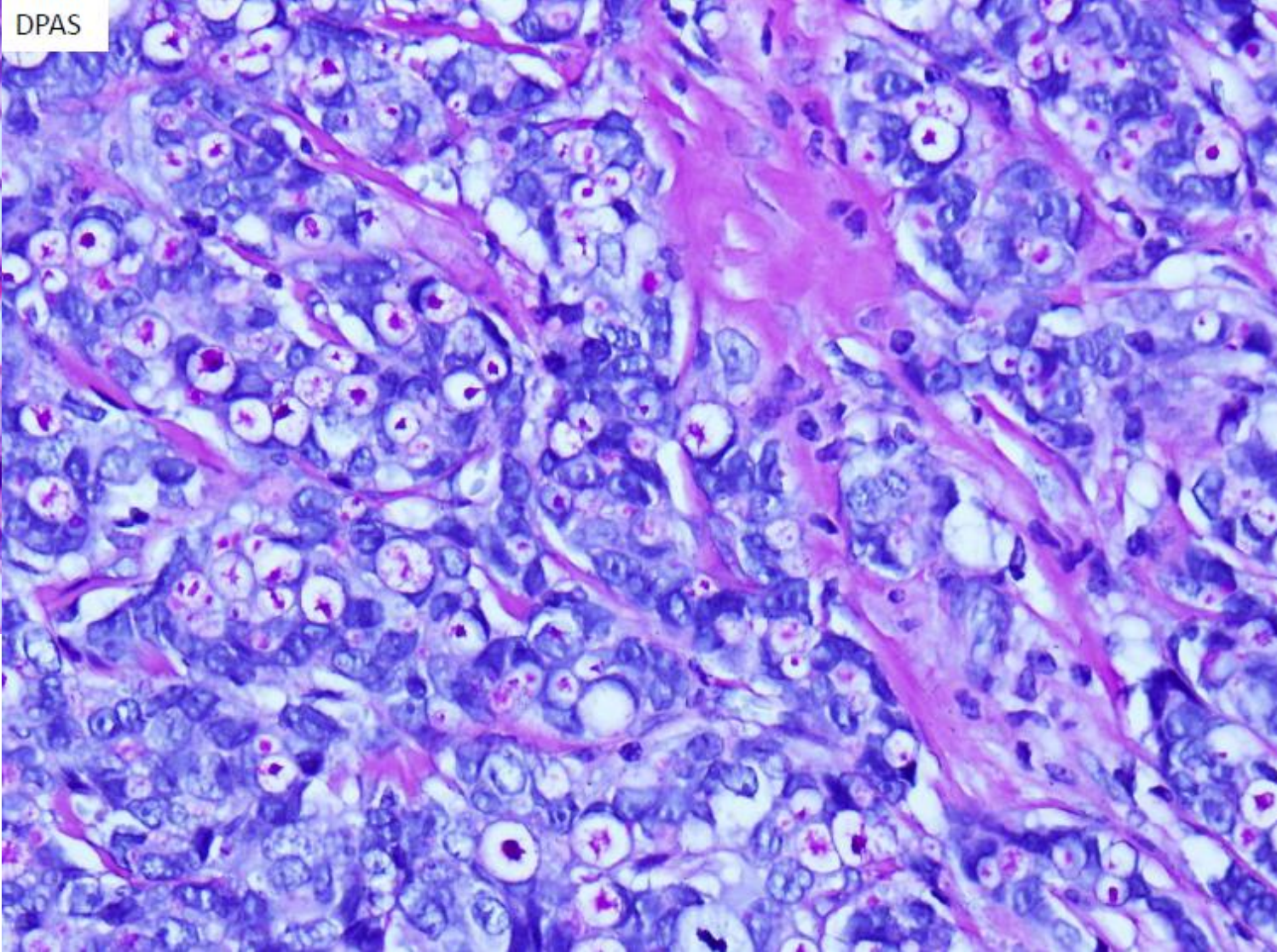
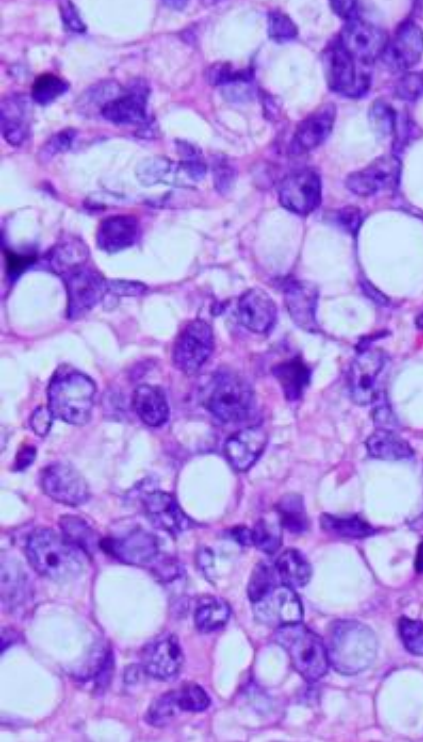
Courtesy of Dr Chih-Jung Chen



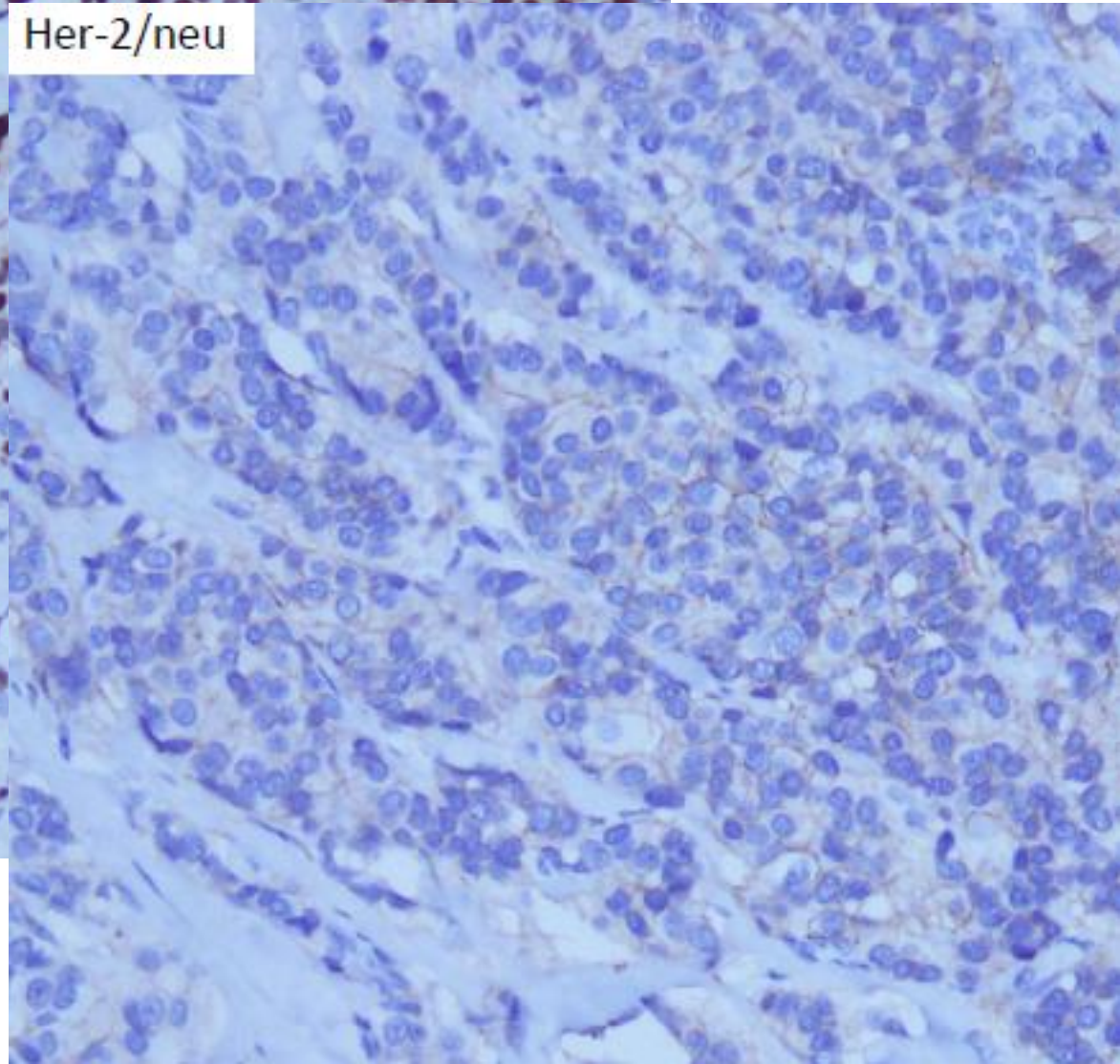
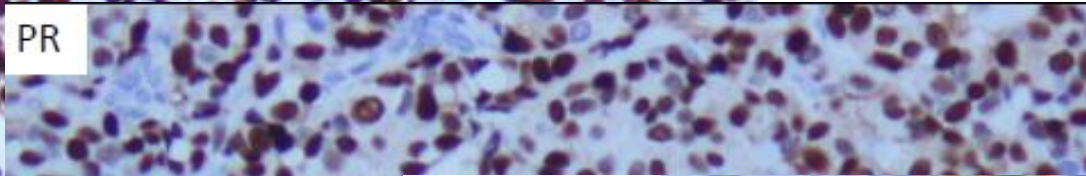
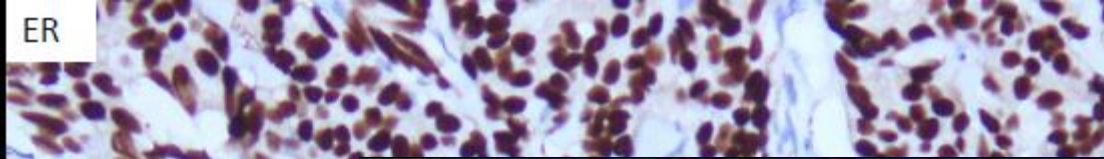
Courtesy of Dr Chih-Jung Chen



DPAS



Courtesy of Dr Chih-Jung Chen



Diagnosis

Breast mass, excision ~

Invasive ductal carcinoma with focal micropapillary features and signet ring cells
ER positive, PR positive, cerbB2 negative

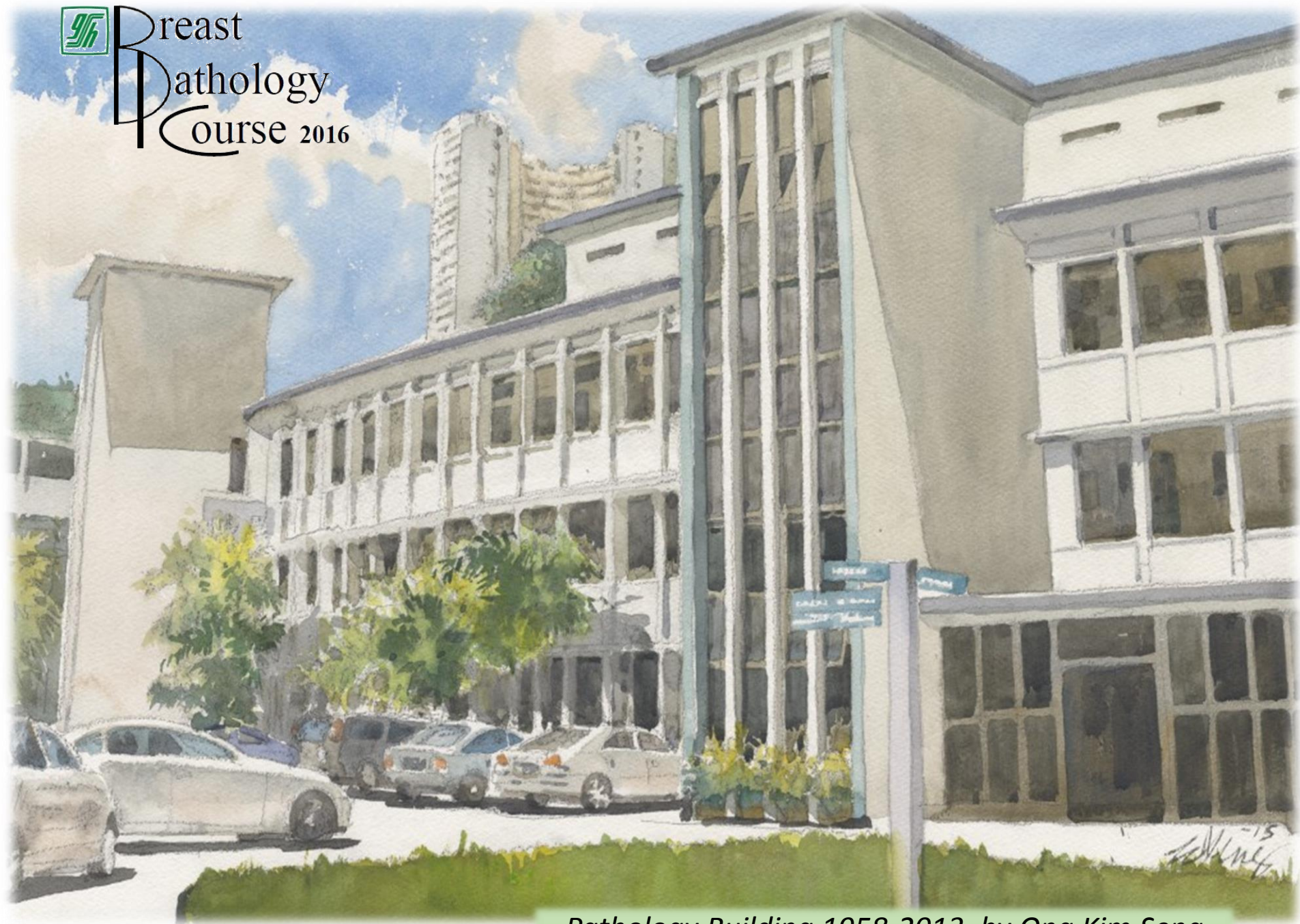
Breast carcinoma with signet ring cells

- Signet ring cells may be seen in ductal and lobular carcinomas, although more frequently encountered in the lobular subtype especially pleomorphic lobular carcinoma.
- Carcinomas with signet ring cell differentiation do not represent a distinct entity.

Breast carcinoma with signet ring cells

- Two types of signet ring cells ~
 - Intracytoplasmic vacuoles with targetoid secretions.
 - Mucin diffusely filling the cell cytoplasm pushing nuclei to the side.
- Primary carcinomas of the breast with signet-ring-cell differentiation have to be distinguished from metastases to the breast of signet ring cell carcinomas from other organs, particularly from the stomach.
- Hormone receptors (ER and PR) and GCDFP-15 are frequently expressed in breast carcinomas with signet-ring-cell differentiation; lack of staining for all three favours a primary gastric carcinoma.

 Breast
Pathology
Course 2016



Pathology Building 1958-2013, by Ong Kim Seng