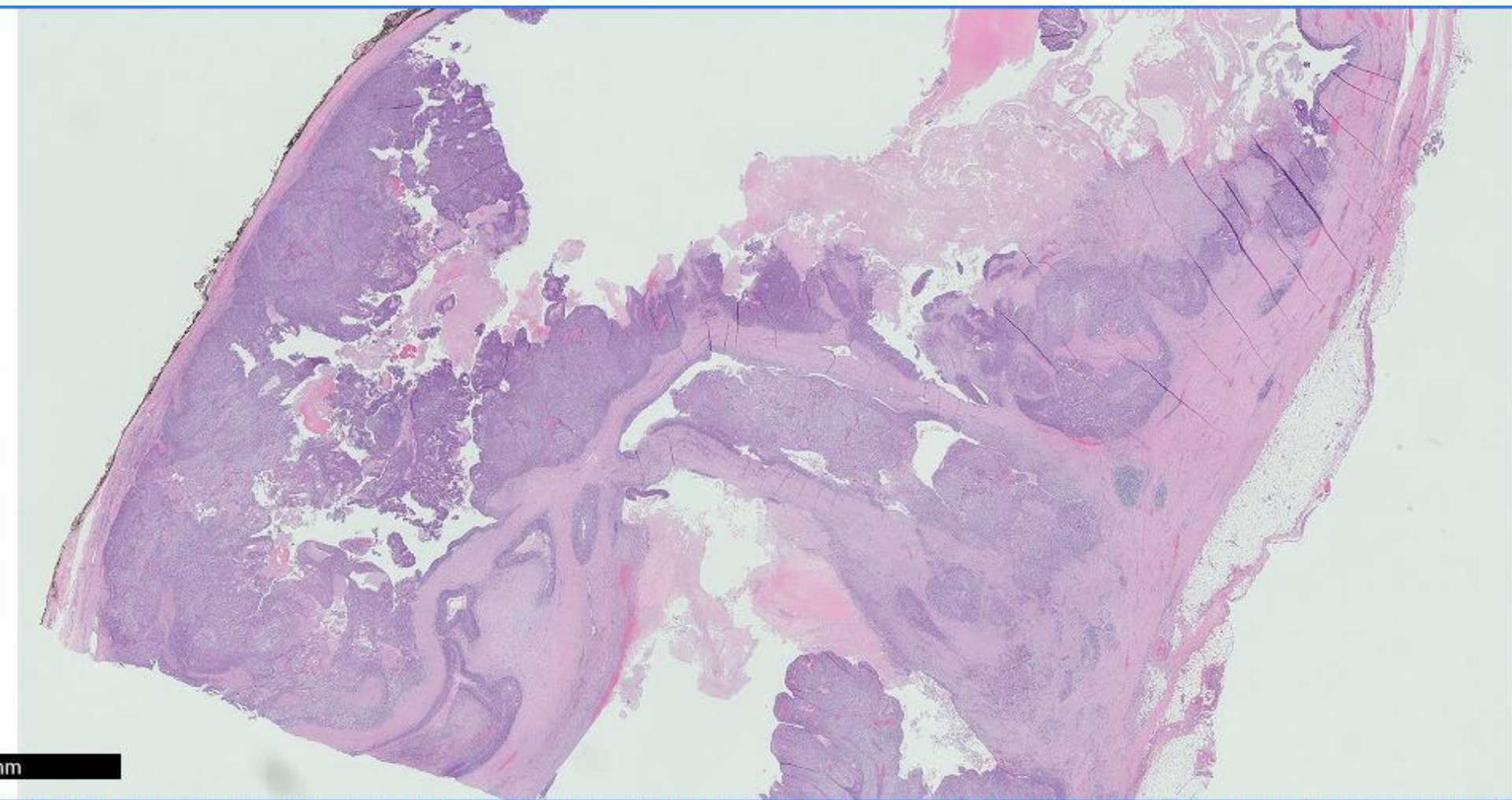


Case 40

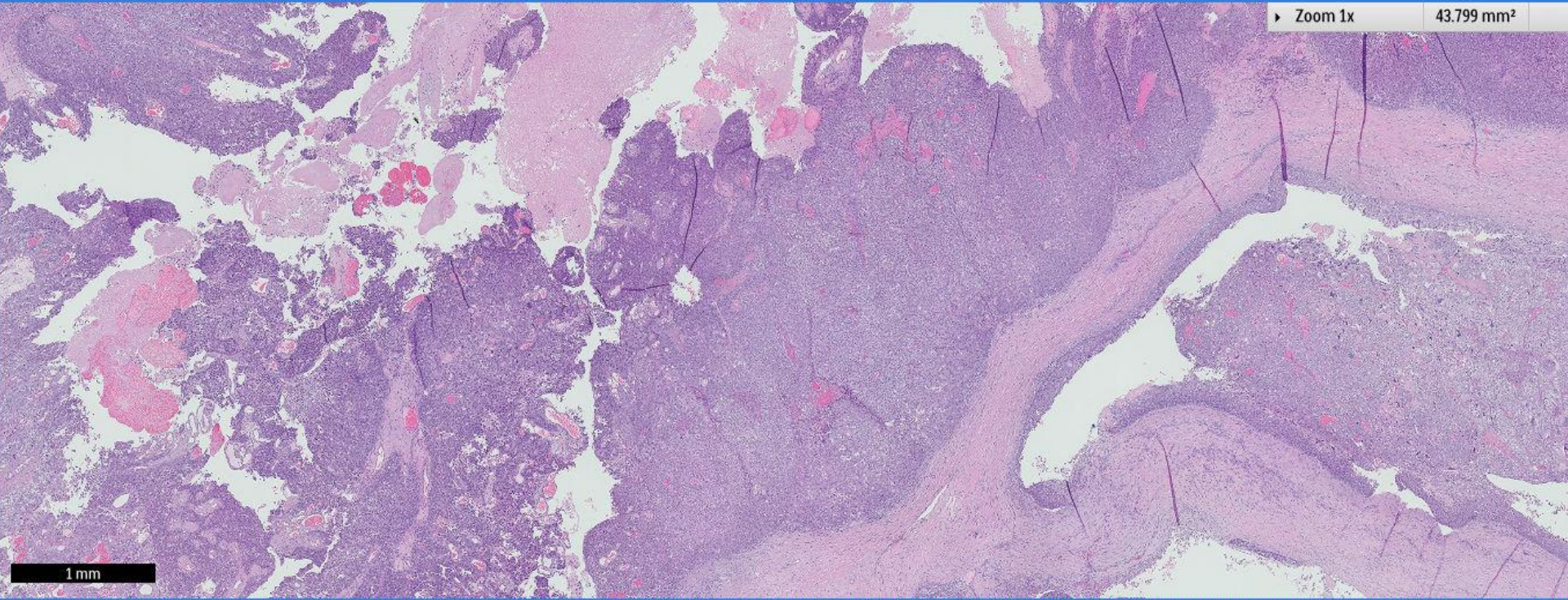
28 year old Chinese woman presented with a right breast mass that measured 6.5cm in size.

Right mastectomy with sentinel lymph node biopsy followed a core biopsy diagnosis of malignancy.

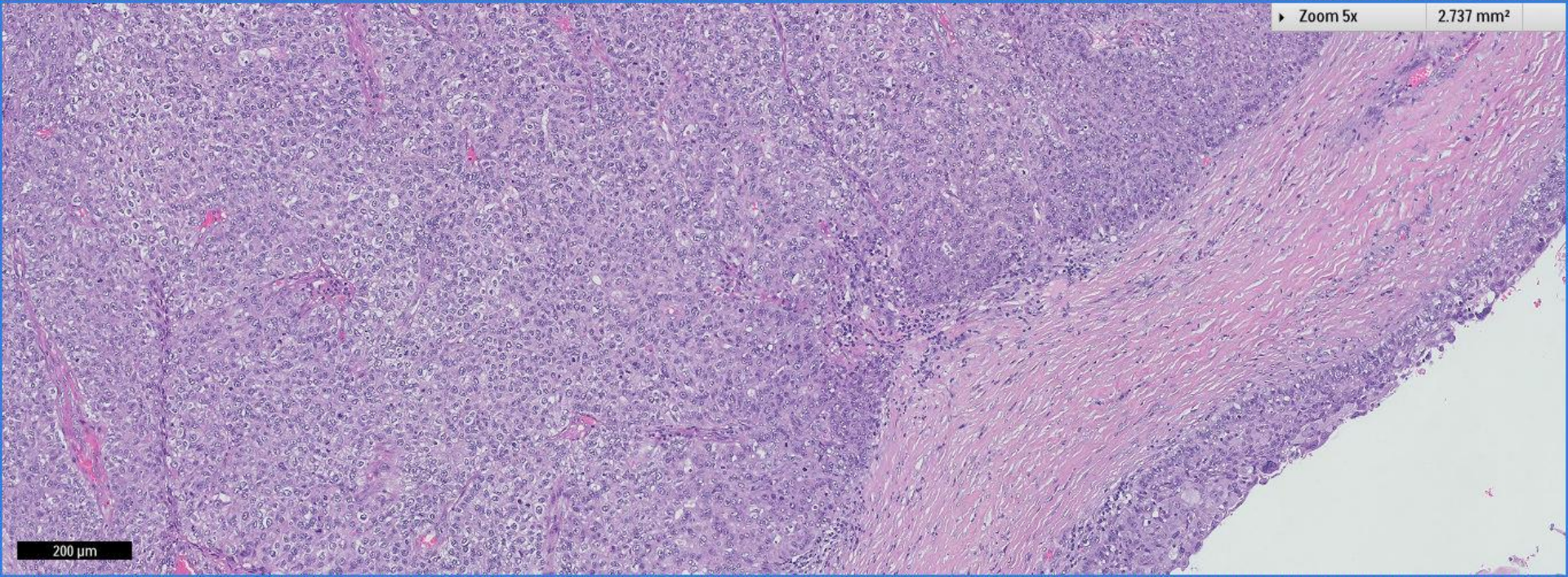
(Case contributed by Dr Mihir Gudi, KKH)



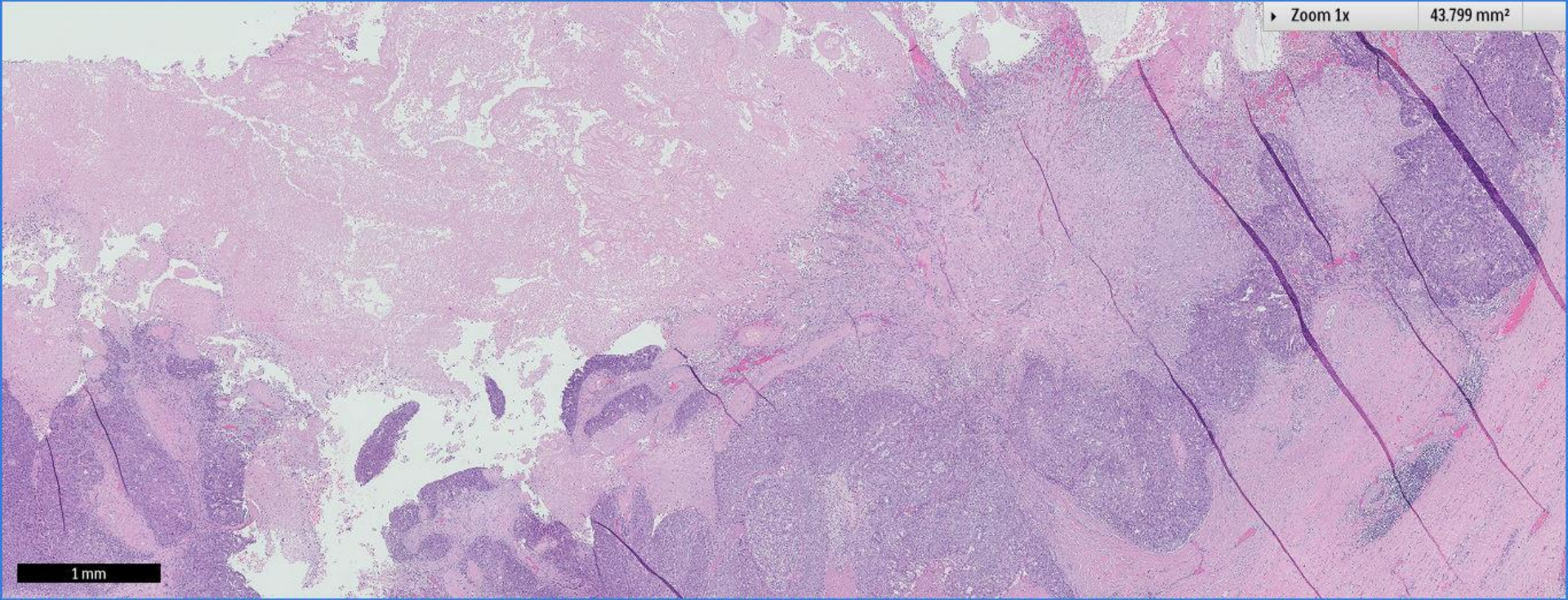
1 mm



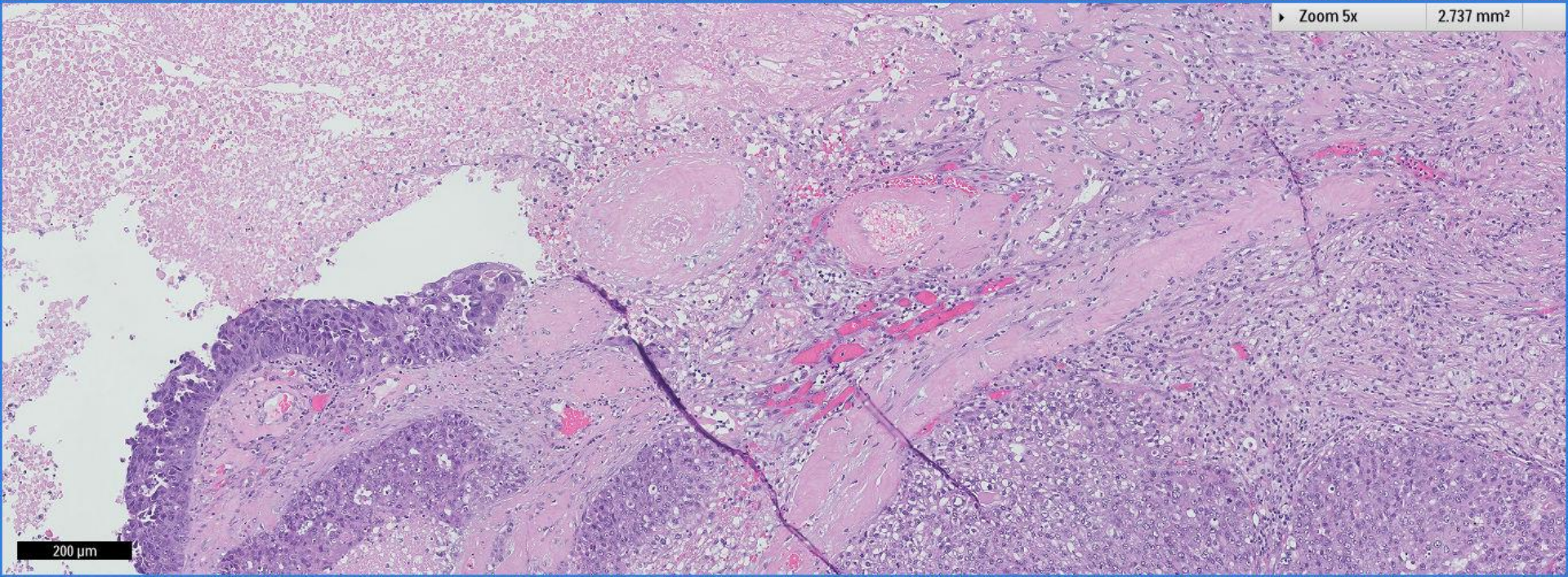
1 mm



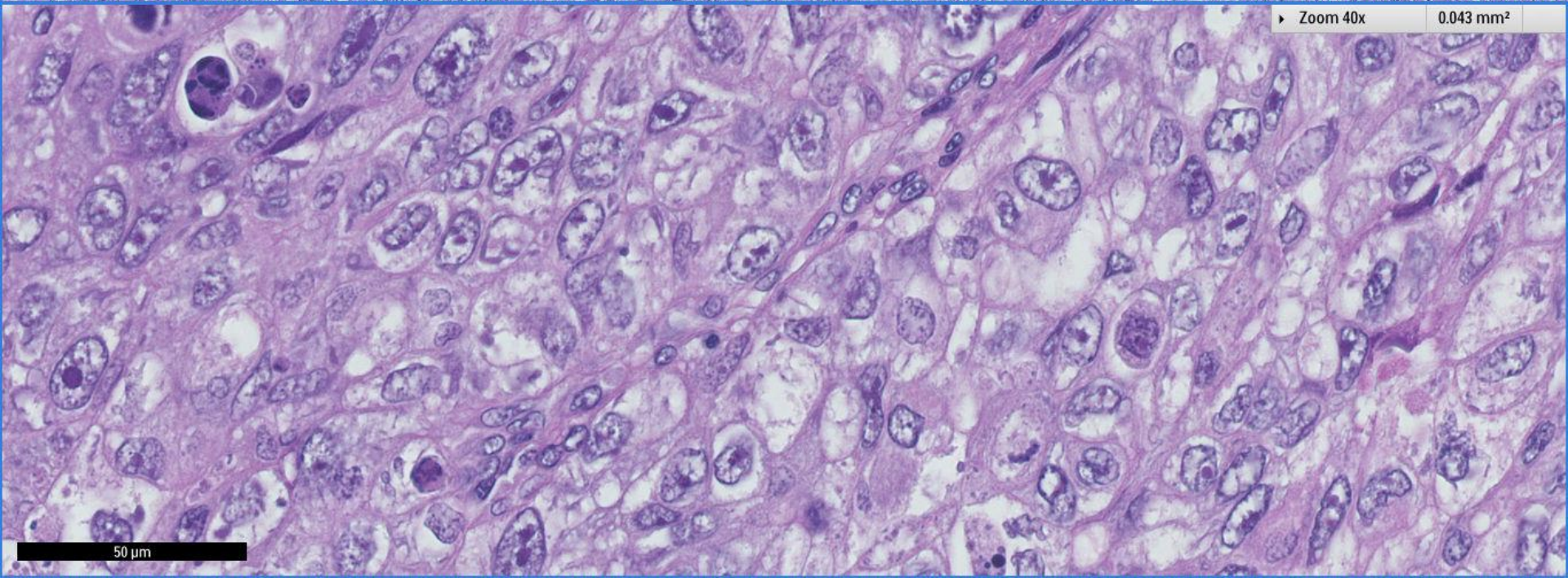
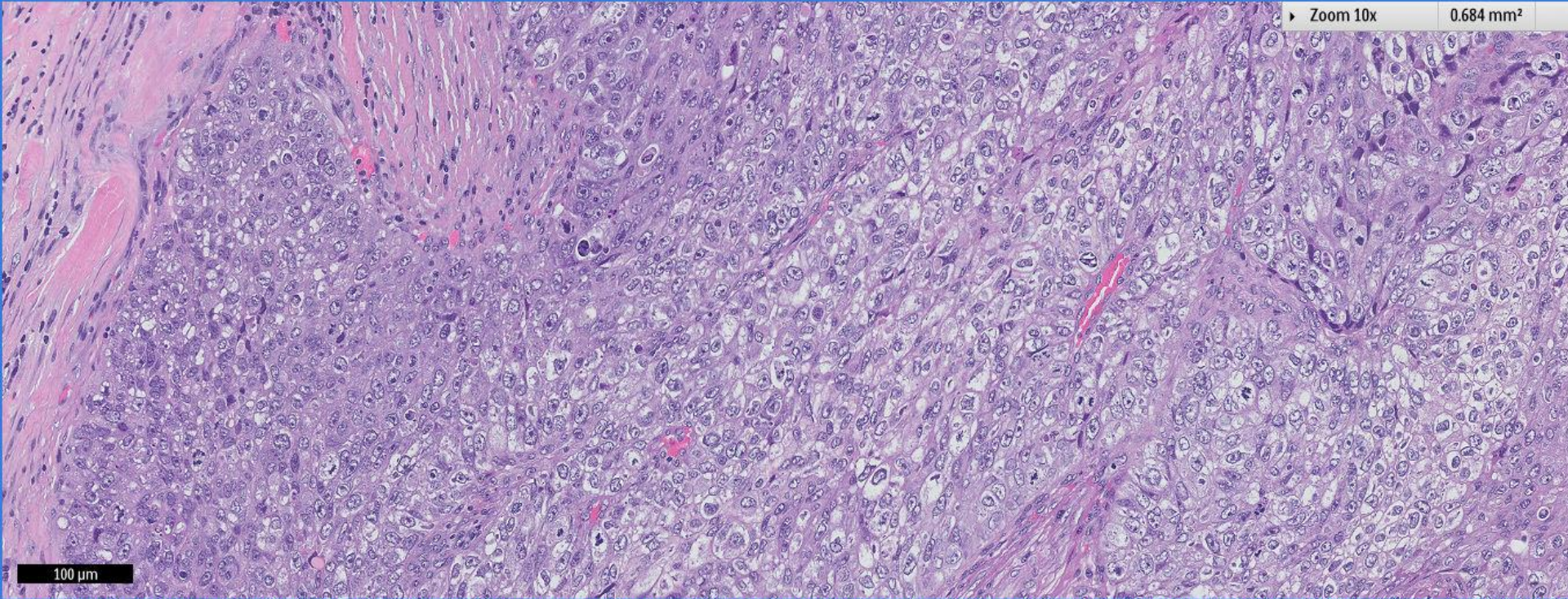
200 μm



1 mm



200 μm

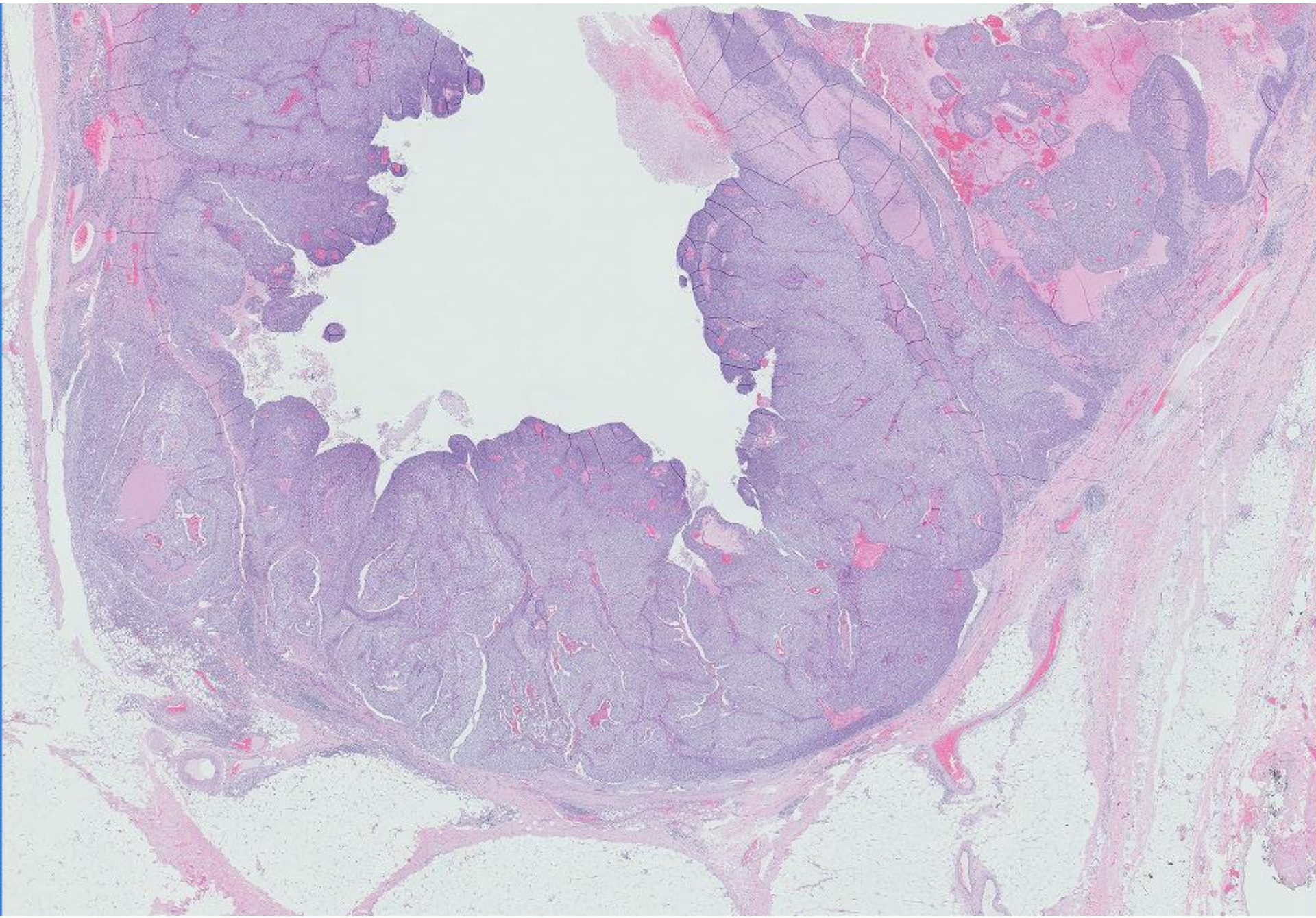


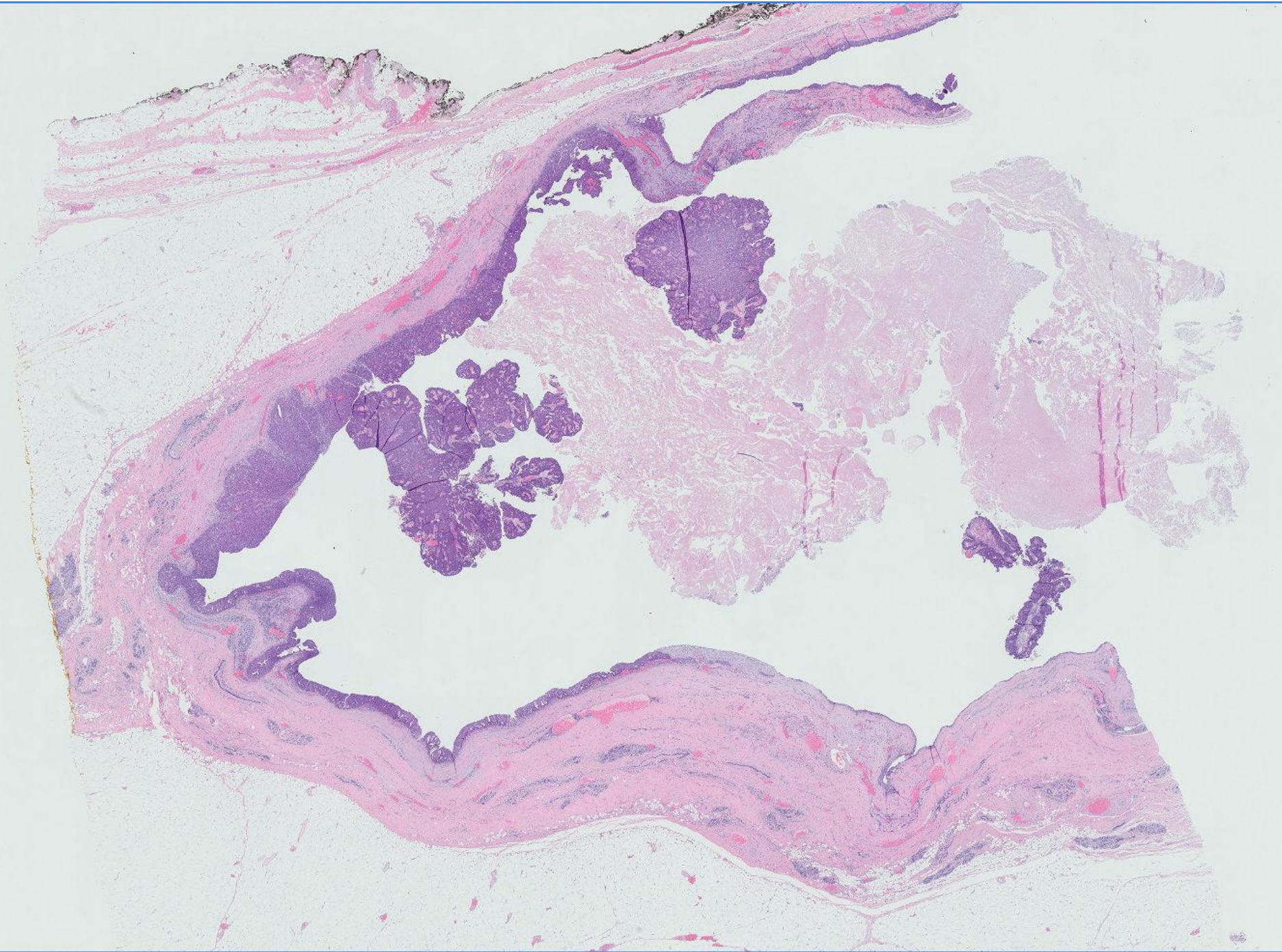
Esplanade, view from the National Gallery

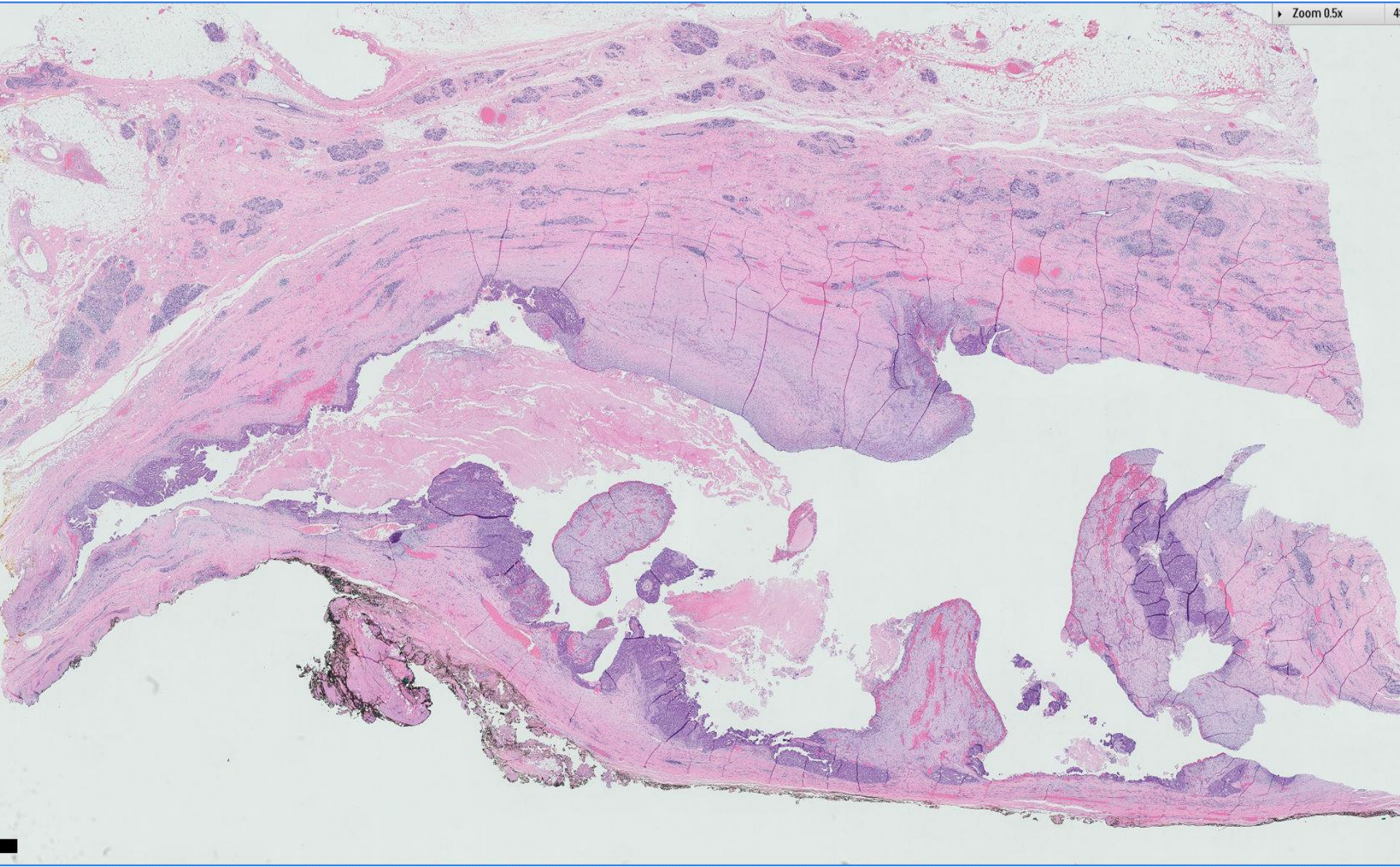


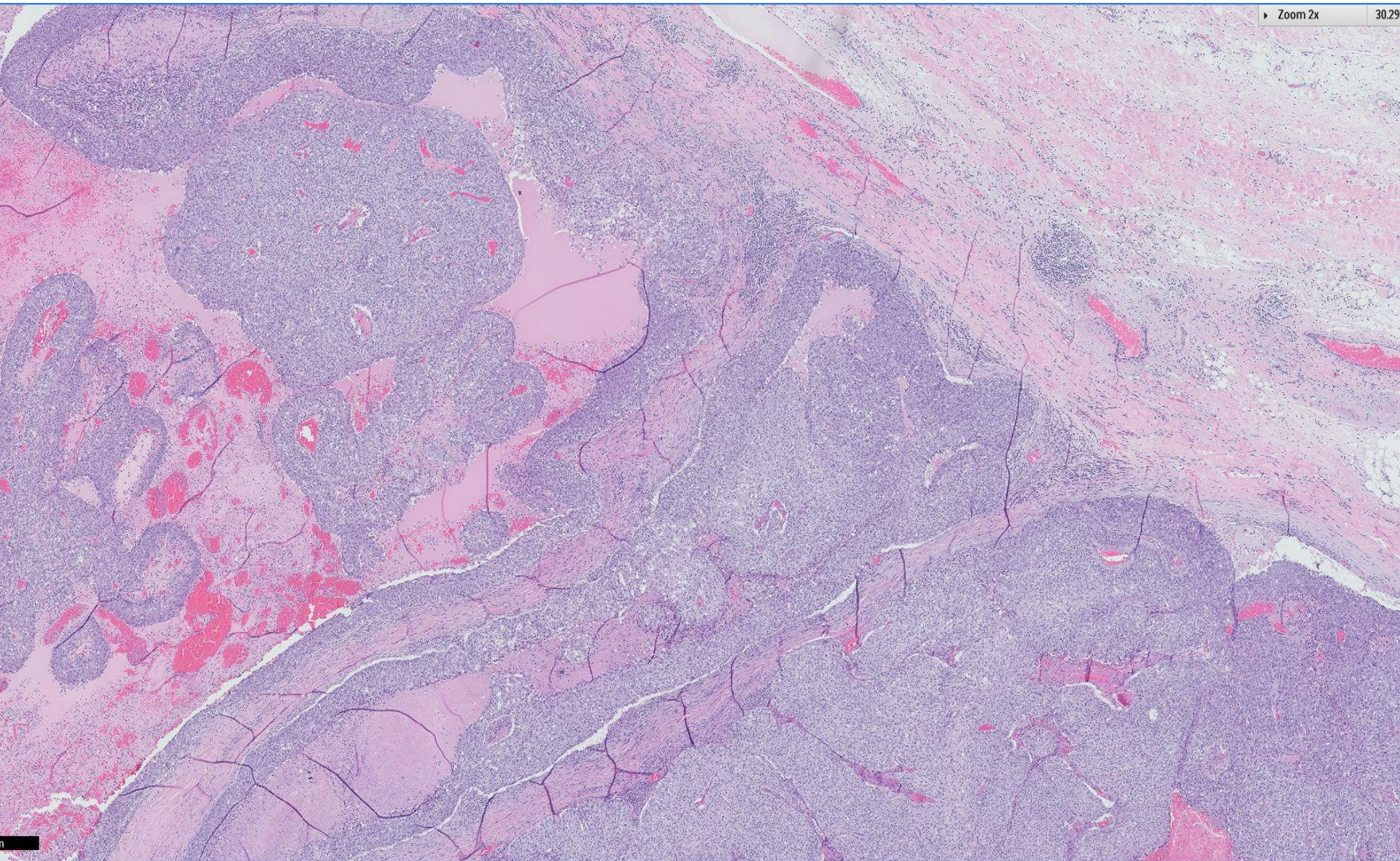
25 mm

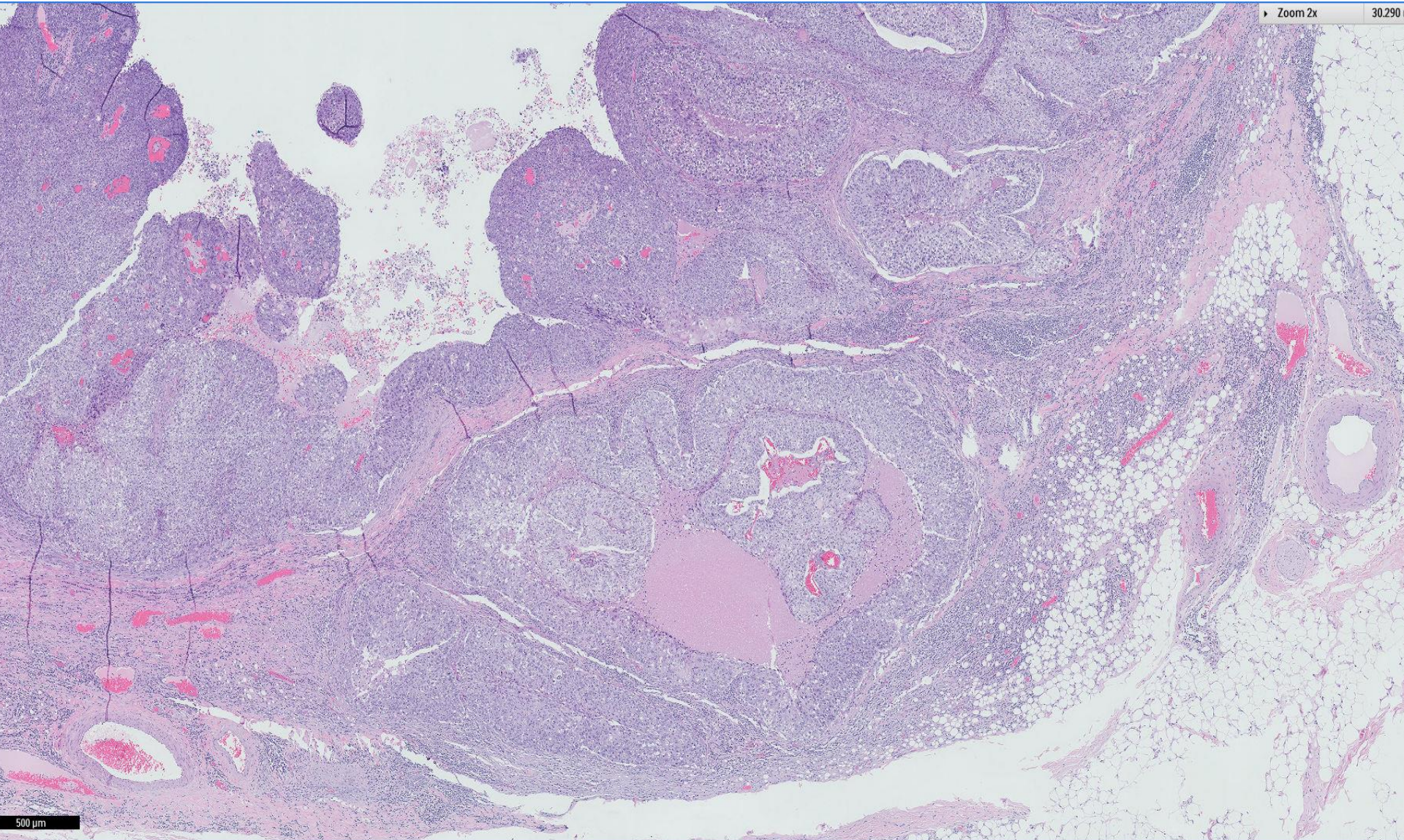




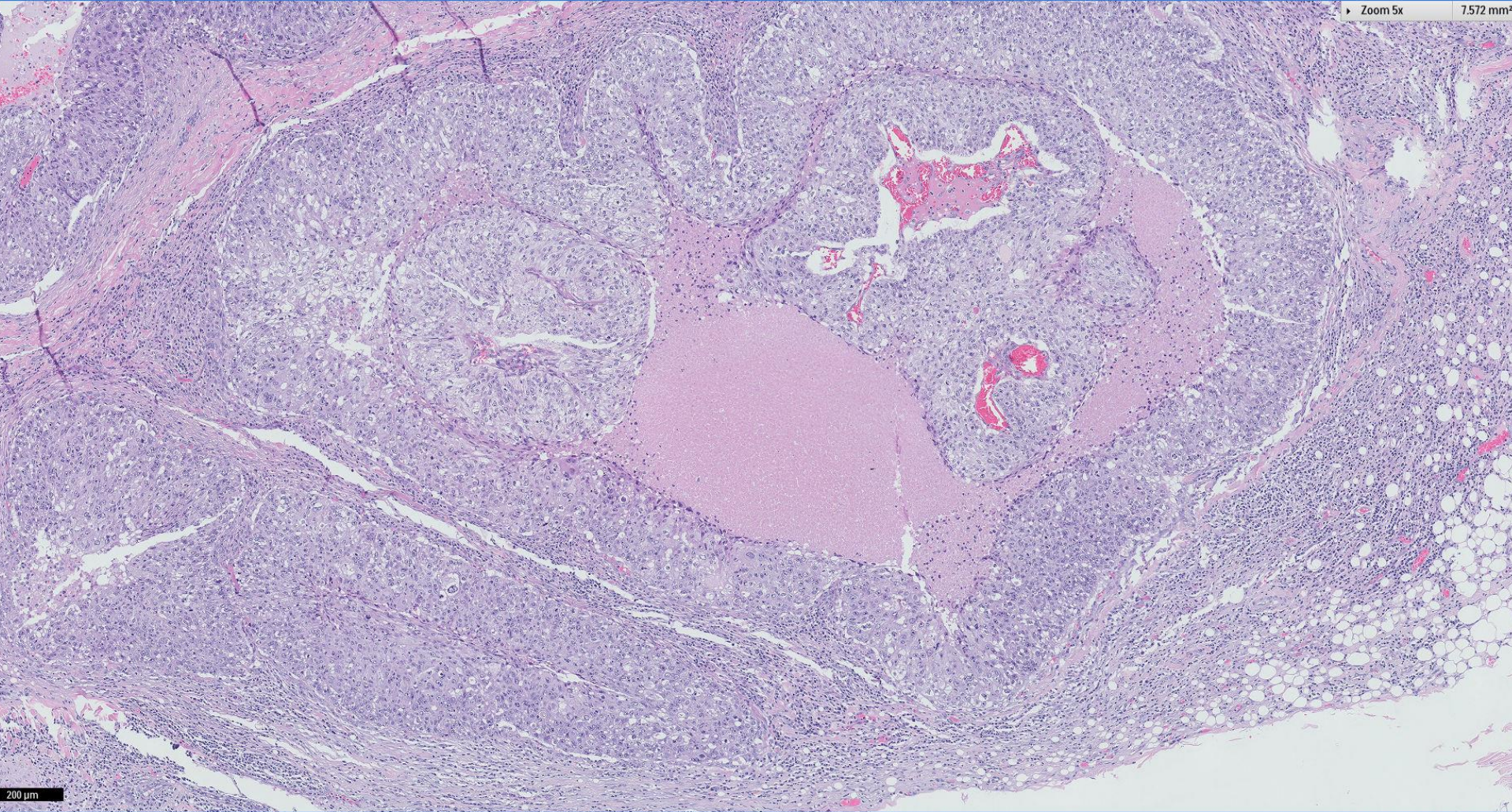


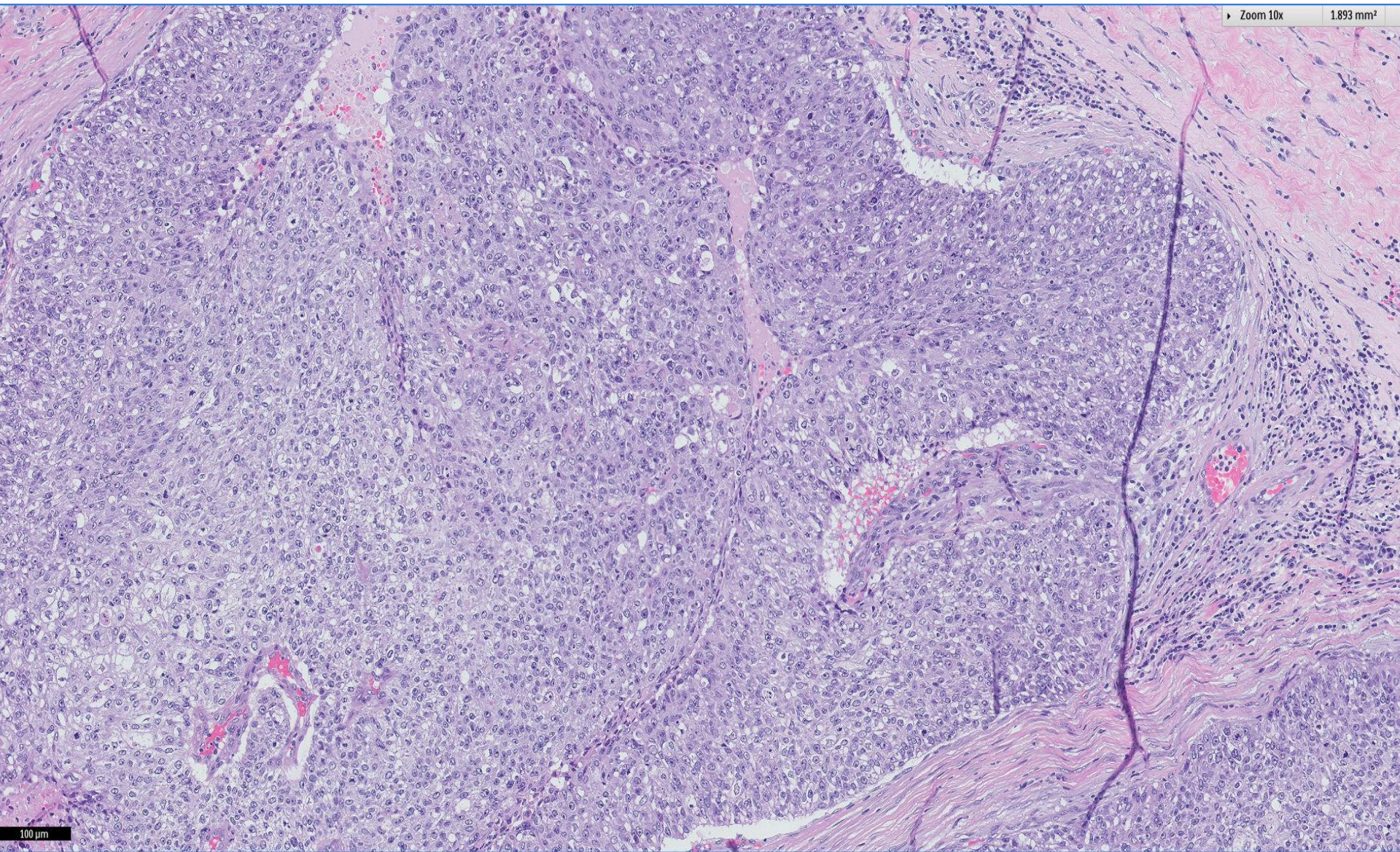






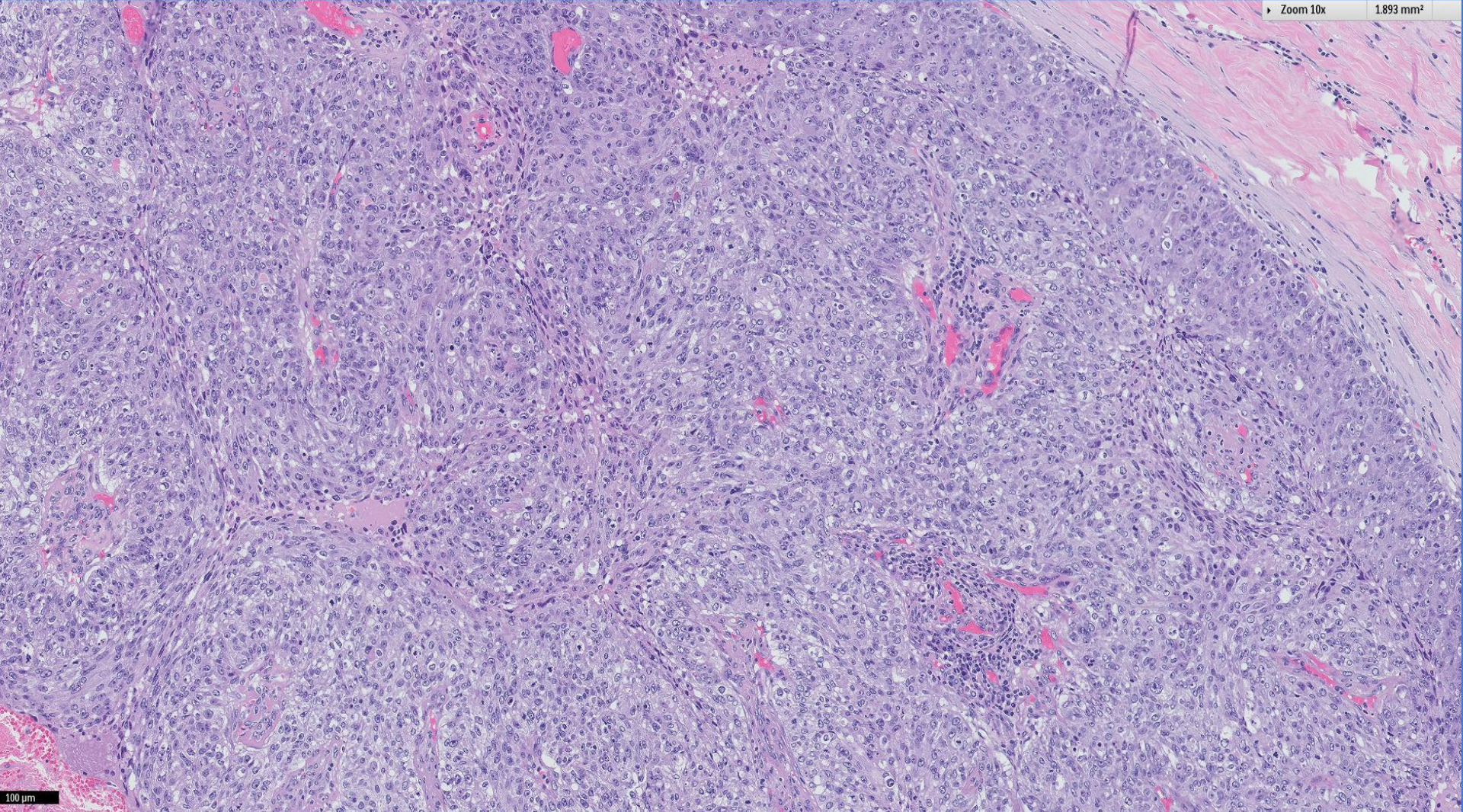
500 µm



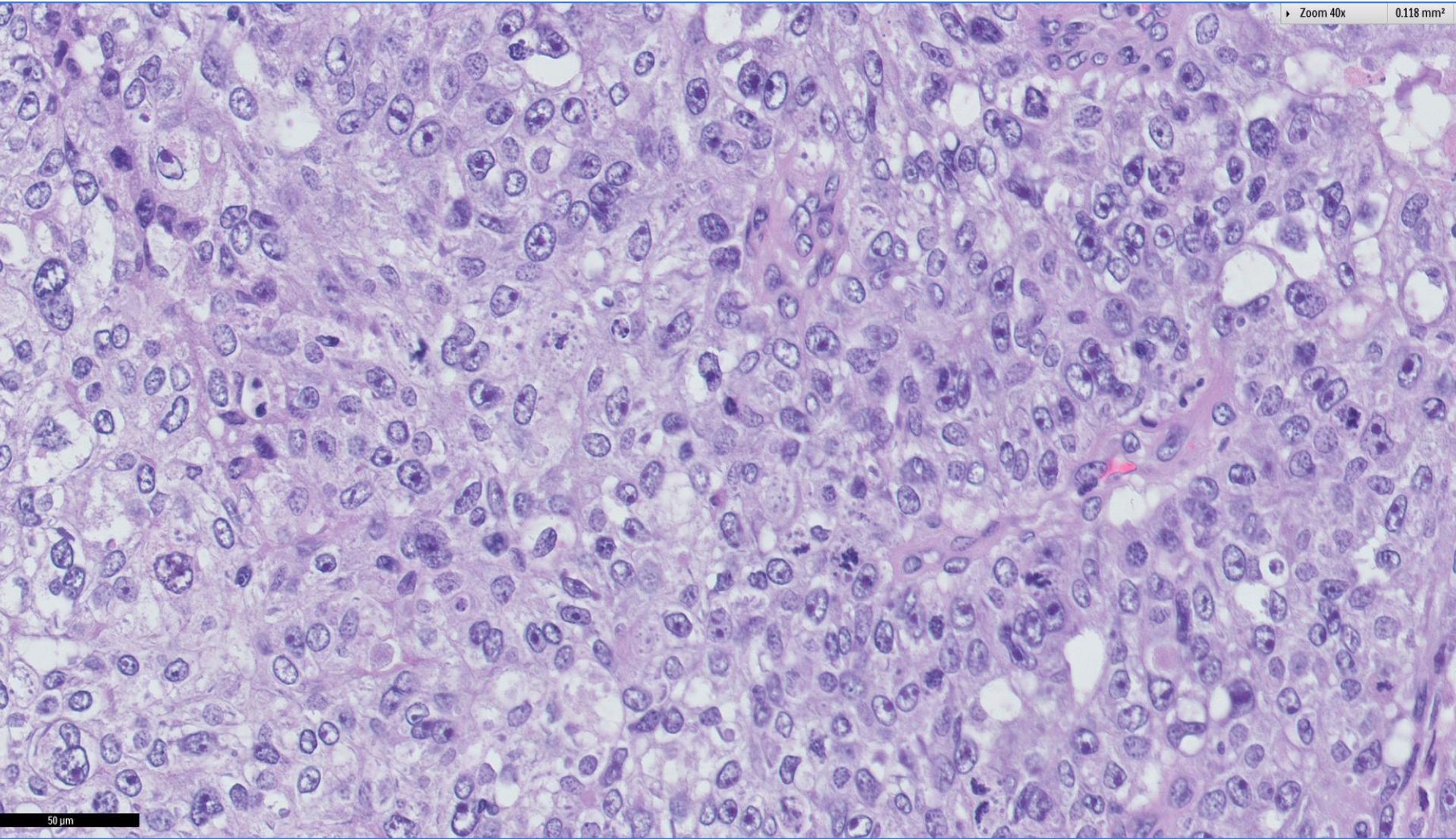


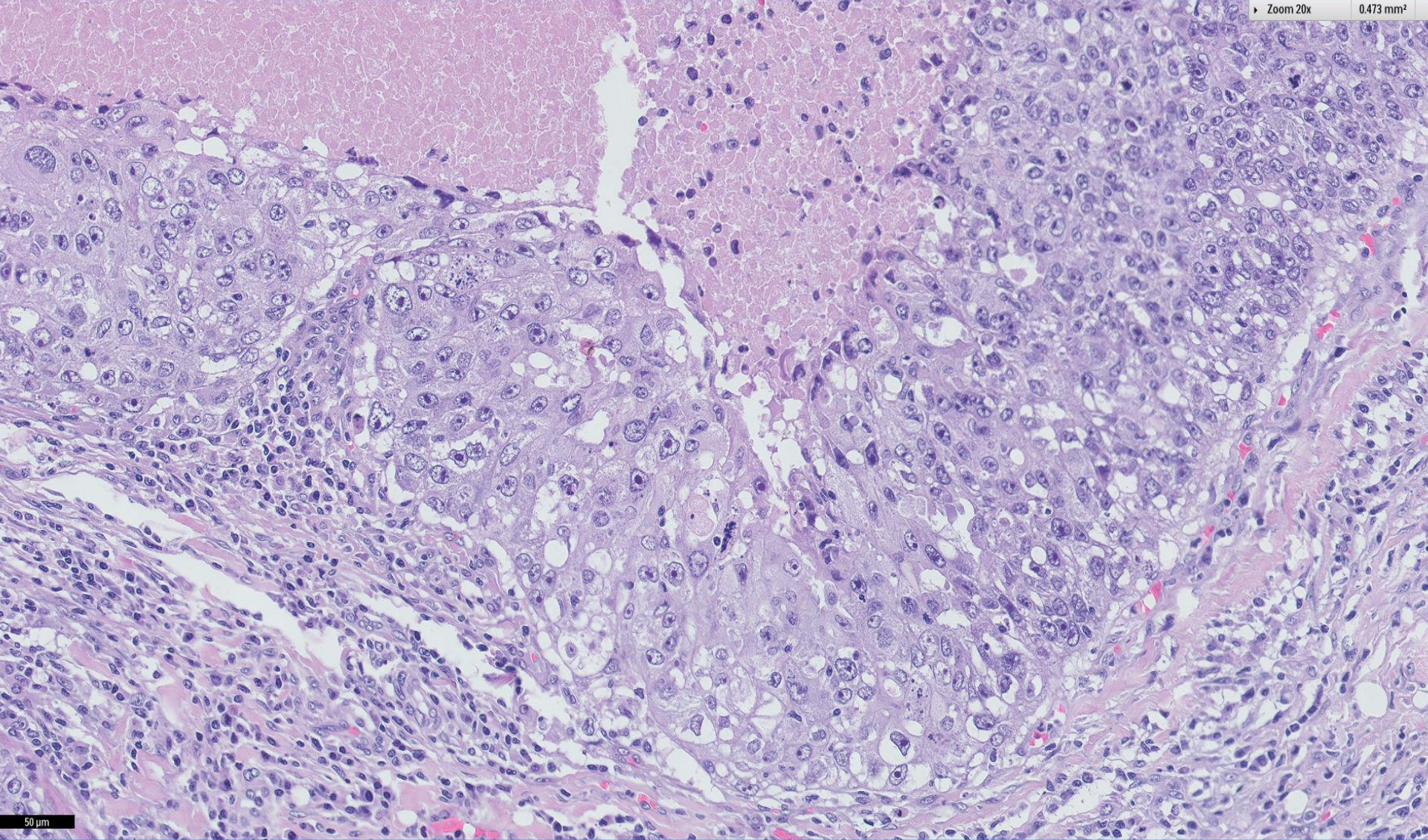
Zoom 10x

1.893 mm²



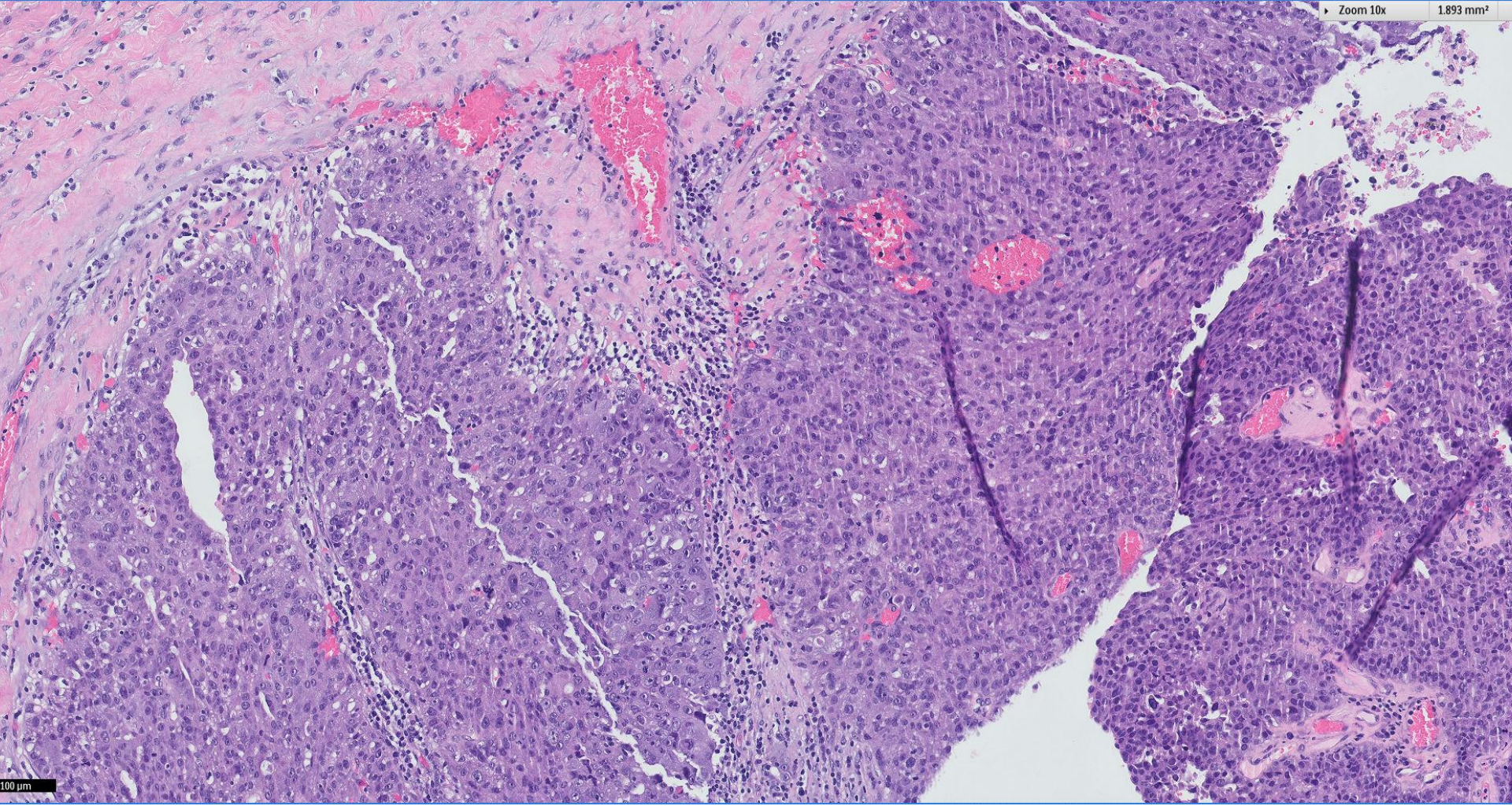
100 μ m



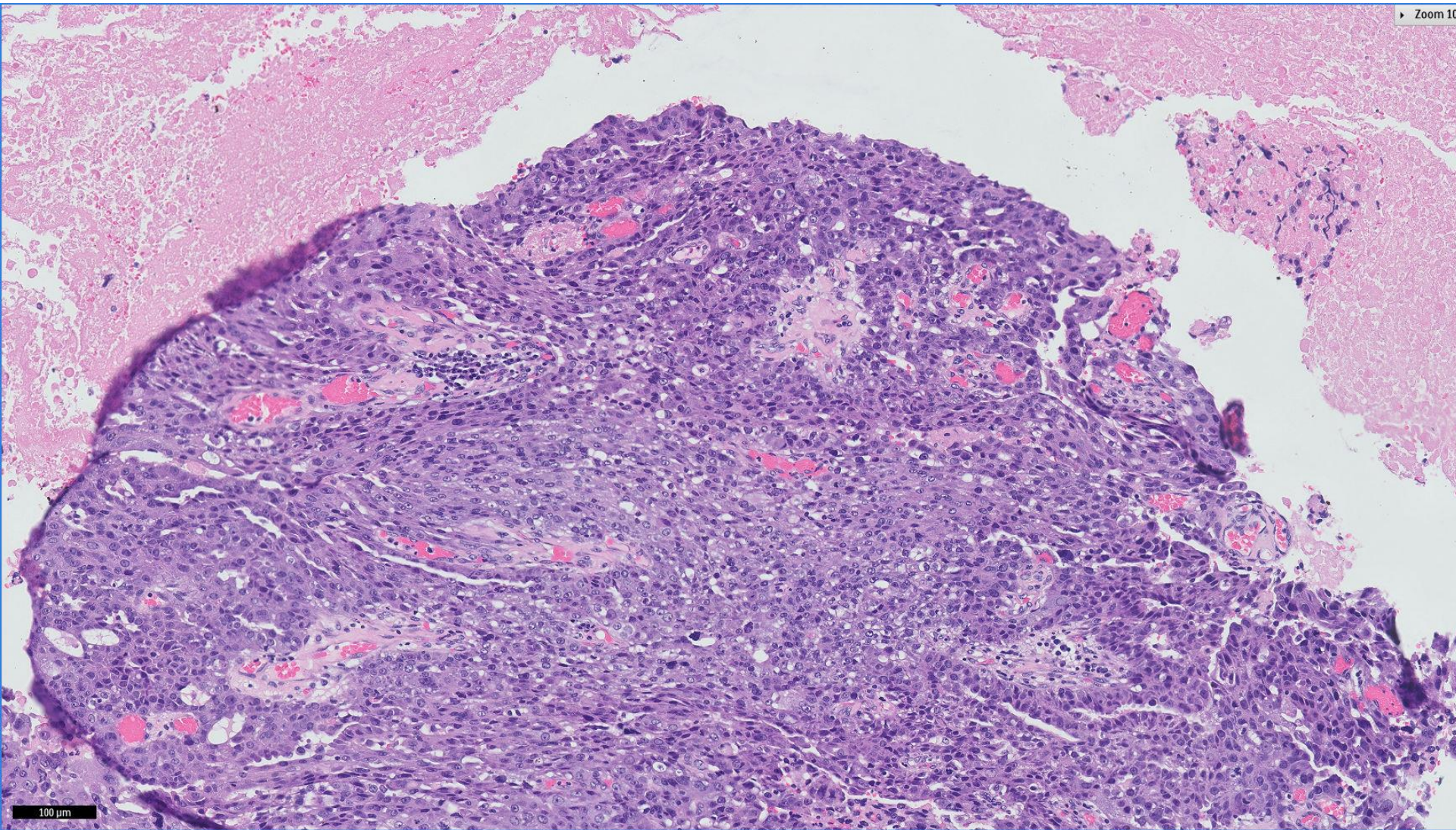


Zoom 10x

1.893 mm²

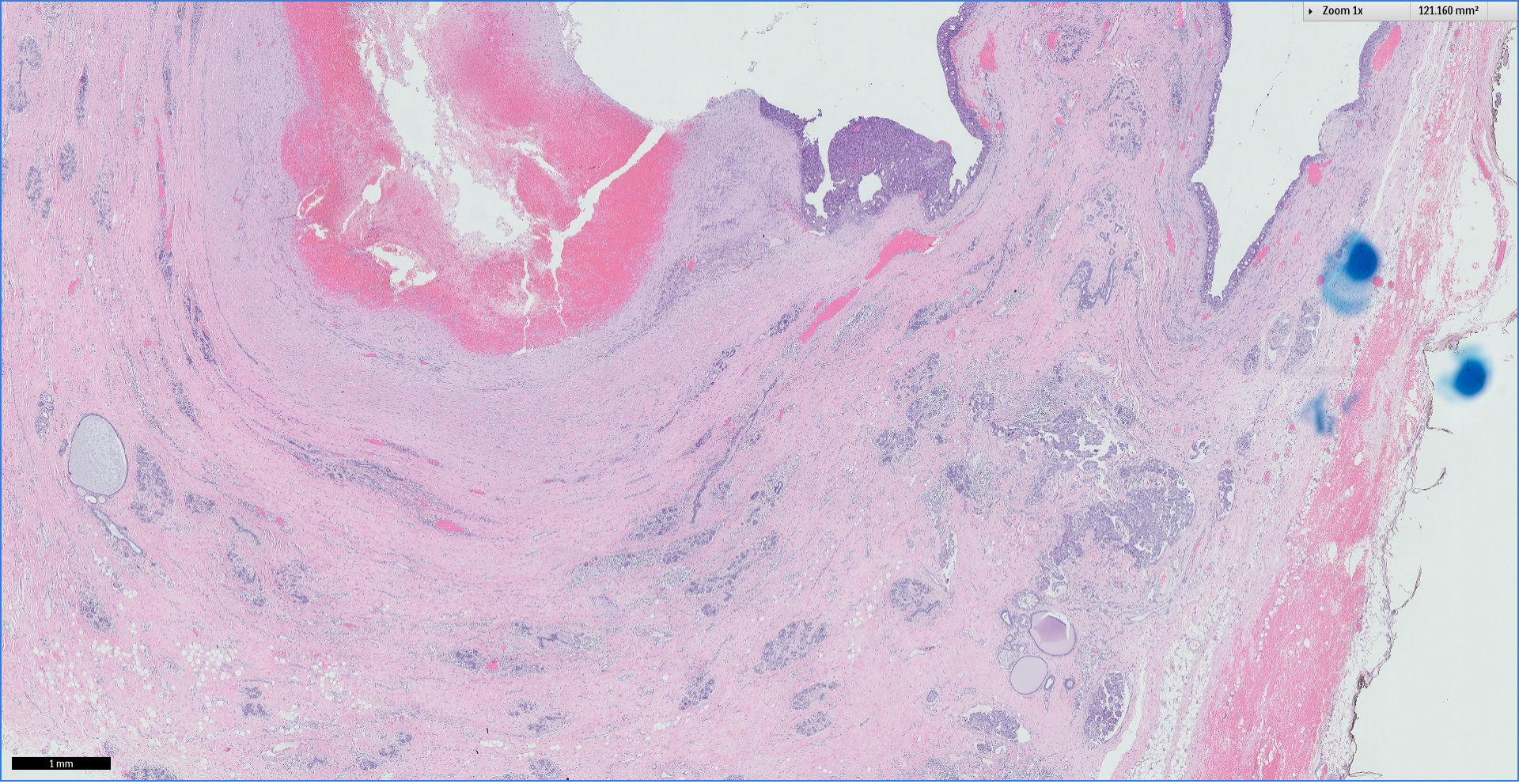


100 μm



Zoom 1x

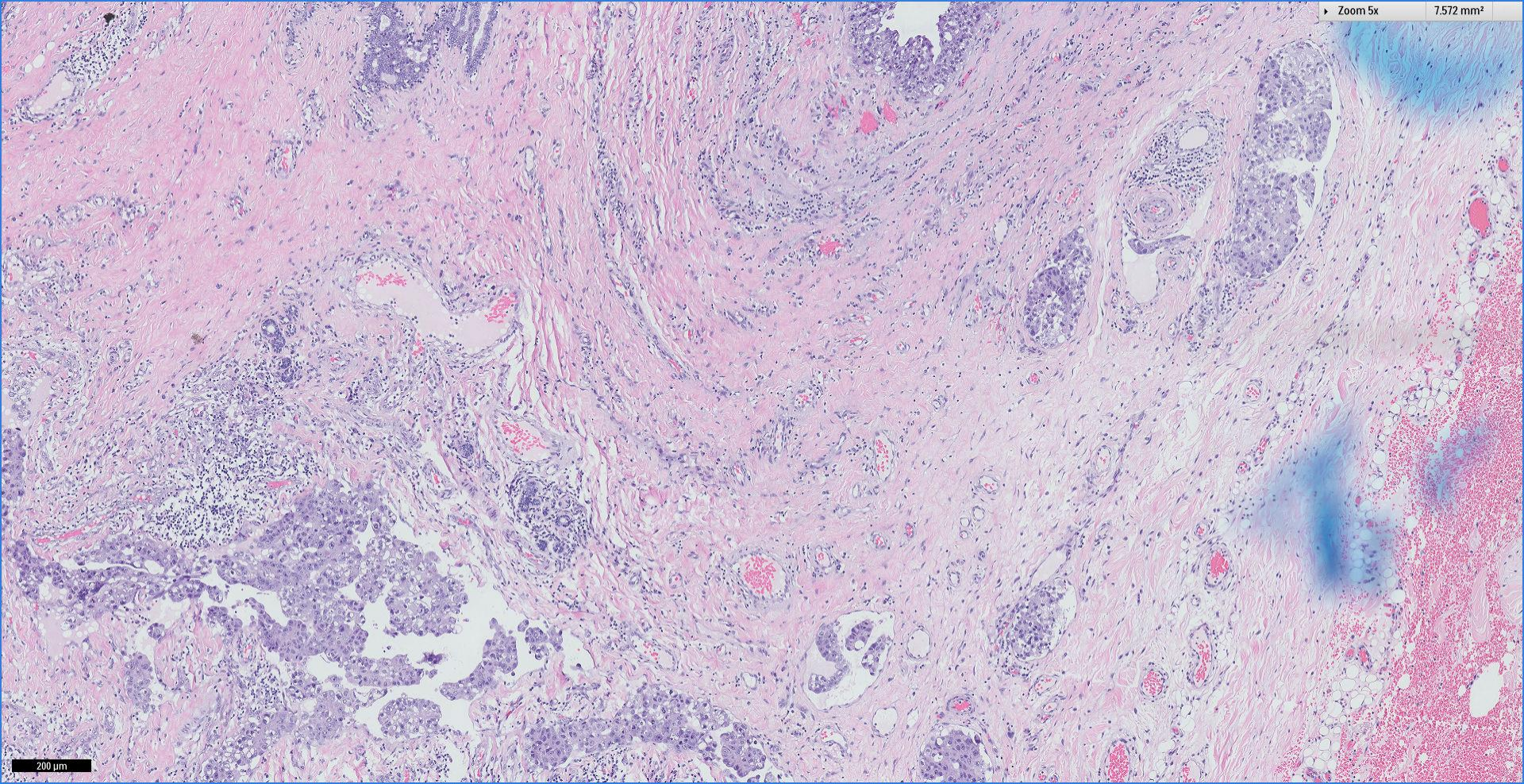
121.160 mm²



1mm

Zoom 5x

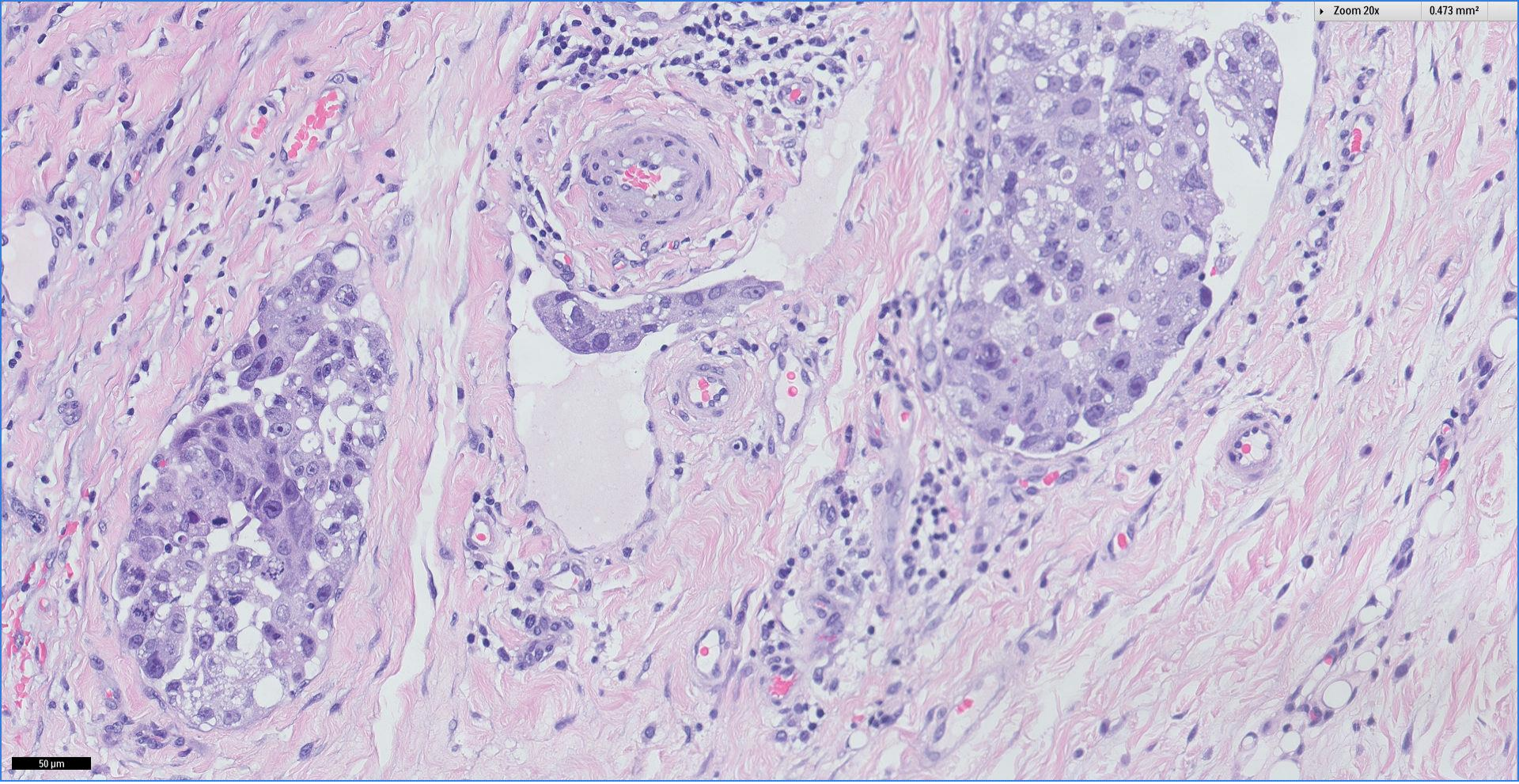
7.572 mm²



200 μ m

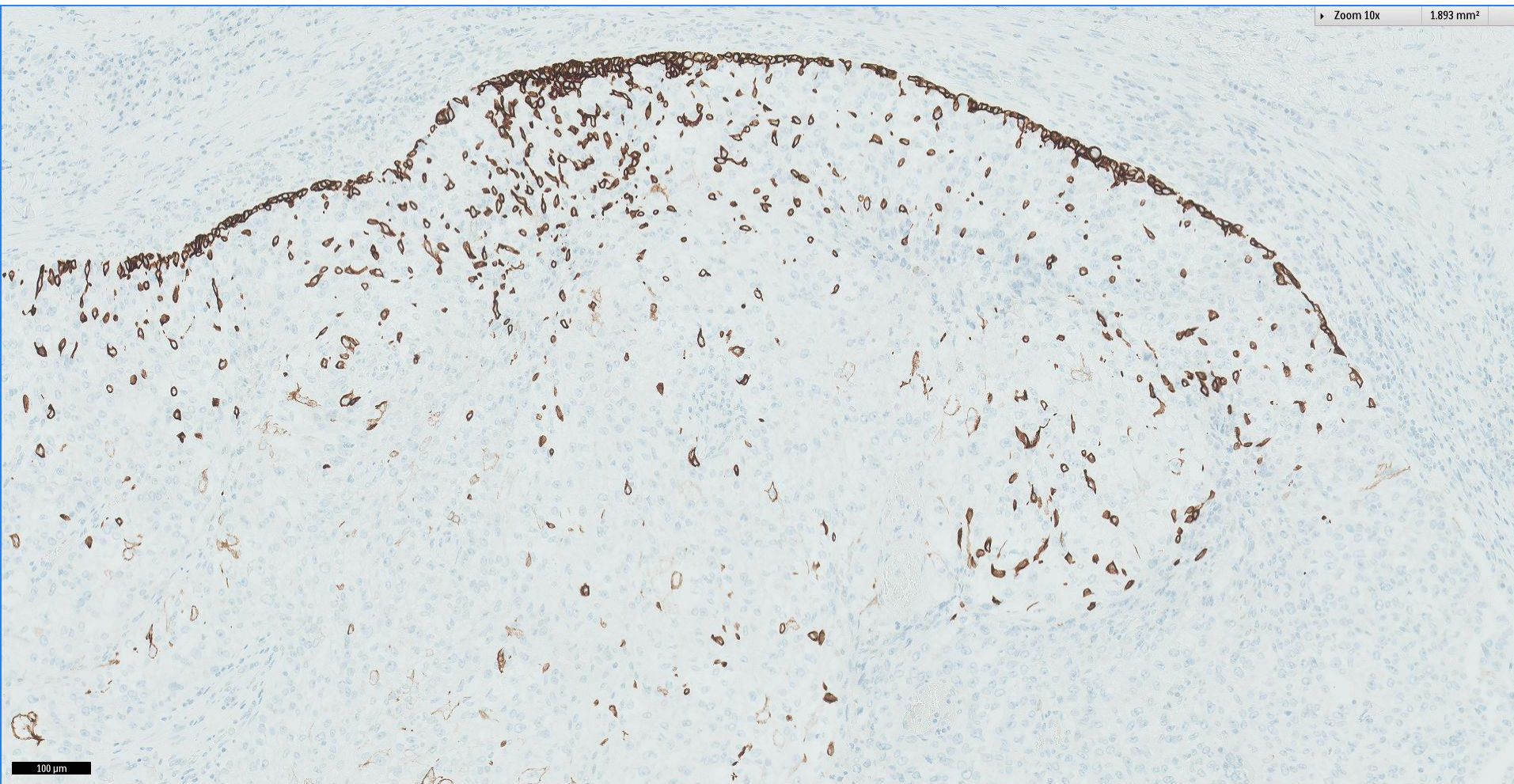
Zoom 20x

0.473 mm²

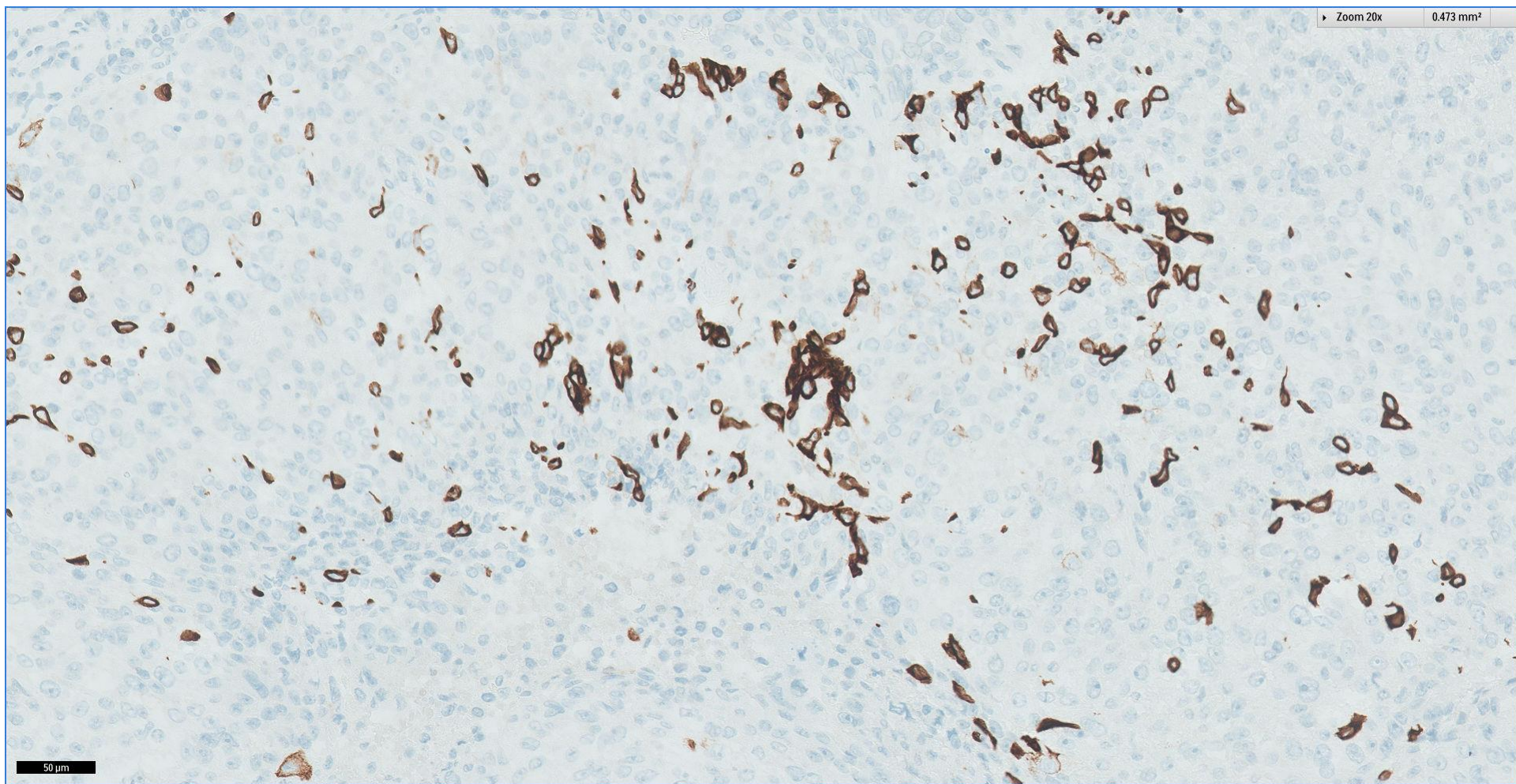


50 μm

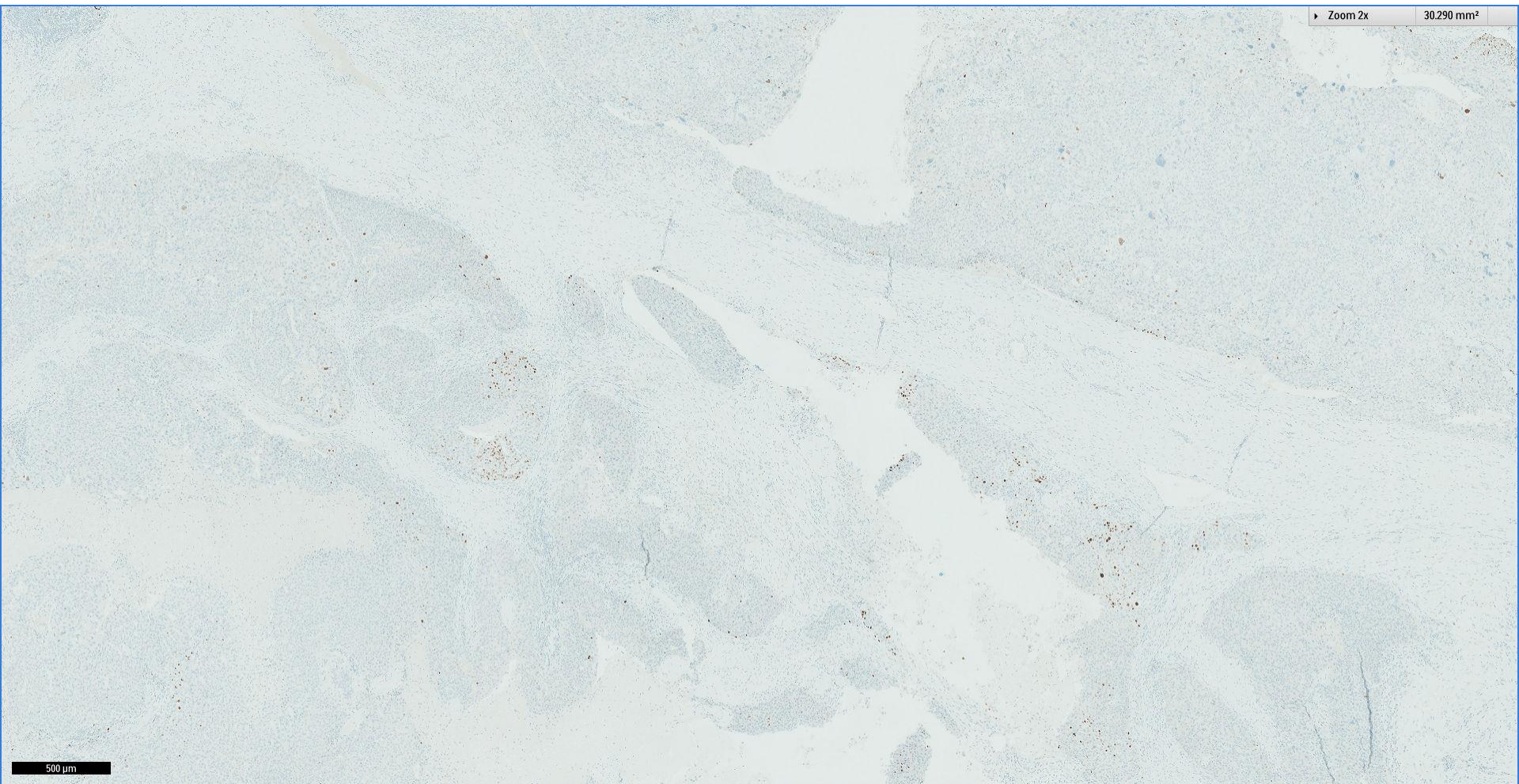
CK14



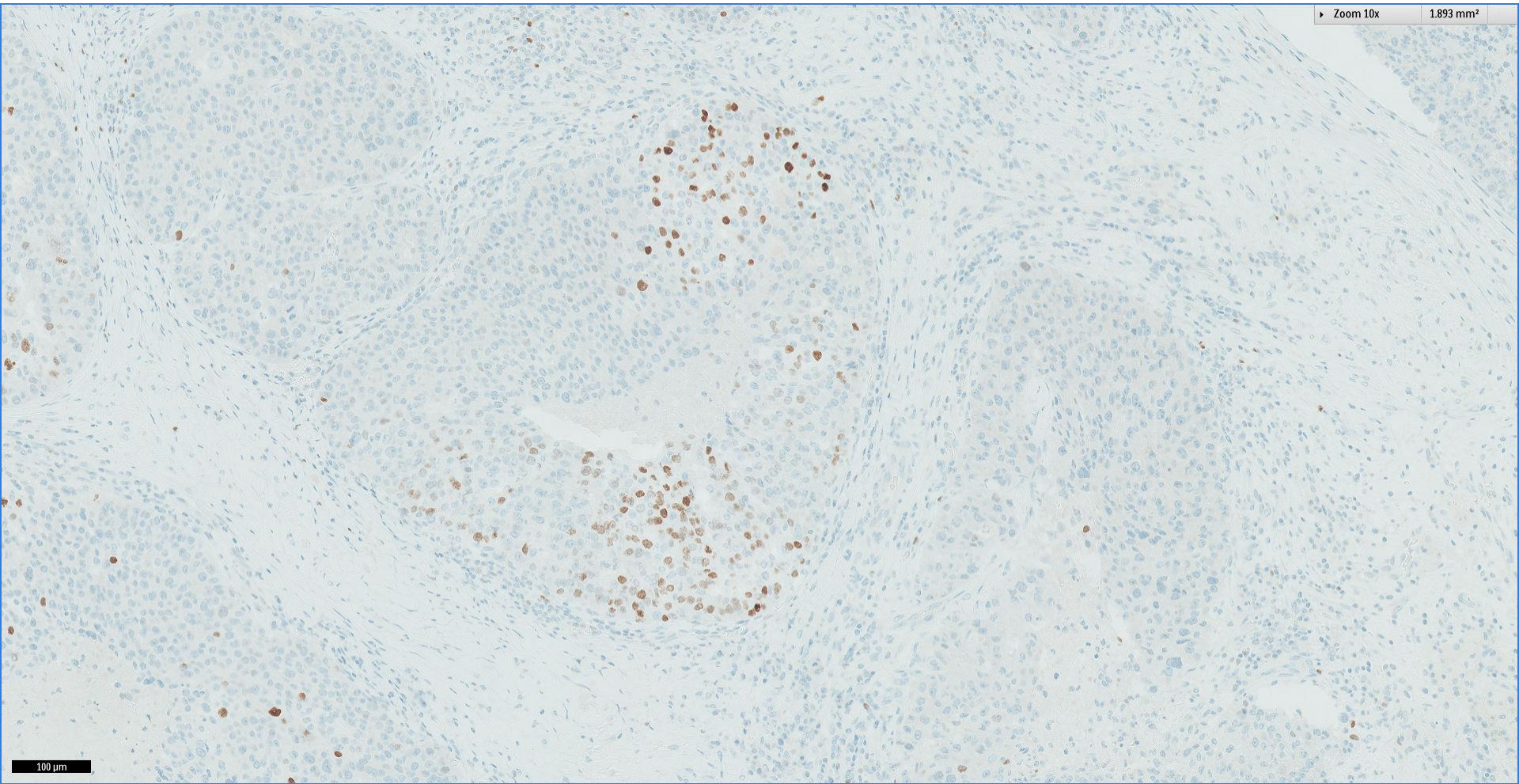
CK14



p63



p63



Diagnosis

Right breast mass, mastectomy with sentinel lymph nodes ~

Invasive ductal carcinoma, grade 3, with pleomorphic features, infarction and cystic degeneration.

Multiple lymphovascular emboli.

Triple negative.

Basal markers positive.

Sentinel lymph nodes negative.

- Parts of the tumour show architectural appearances suggesting a component of encapsulated papillary carcinoma.
- Encapsulated papillary carcinoma is usually non-high grade and biologically indolent.
- Presence of high grade cytology and lymphovascular invasion is not consistent with conventional encapsulated papillary carcinoma.

Histopathology. 2015 Apr;66(5):740-6. doi: 10.1111/his.12591. Epub 2014 Dec 22.

High-grade encapsulated papillary carcinoma of the breast: an under-recognized entity. Rakha EA(1), Varga Z, Elsheik S, Ellis IO.

AIMS: Encapsulated papillary carcinoma (EPC) is a recognized special type of breast carcinoma. Despite compelling evidence indicating its invasive nature, although not of a conventional form, the current consensus is to manage EPC as an in-situ disease, based on its indolent clinical behaviour. Although most EPCs are recognized to be of low and intermediate grade, a distinct proportion of these tumours do show high cytonuclear grade features. The existence and behaviour of these rare high-grade variants remains to be defined. We aim to characterise these tumours and provide evidence to guide their management.

METHODS AND RESULTS: In this study, we have identified 12 high-grade EPCs without associated conventional stromal invasion. To further characterize these high-grade tumours, a series of invasive papillary carcinomas (n = 30) were assessed for the coexistence of EPC. The literature was also reviewed. Approximately 3% of pure EPCs showed high-grade features as defined by nuclear pleomorphism and increased mitotic activity. These tumours not only showed histological features associated with aggressive behaviour, but were also often hormone receptor-negative, tended to be of larger size, and were more frequently associated with stromal invasion. Of the 10 patients with follow-up data, one with pure high-grade EPC developed recurrence and died of her disease.

CONCLUSION: High-grade EPC is rare, and its histological features and more aggressive clinical behaviour suggest that consideration should be given to managing it in a similar fashion to conventional forms of invasive breast carcinoma, based on established clinicopathological parameters. © 2014 John Wiley & Sons Ltd.

 Breast
Pathology
Course 2016



Pathology Building 1958-2013, by Ong Kim Seng