

Case 14

42 year old Chinese female.

Right breast hookwire localisation excision biopsy.

Prior stereotactic mammotome biopsy showed atypical ductal hyperplasia with mucocele-like lesion.



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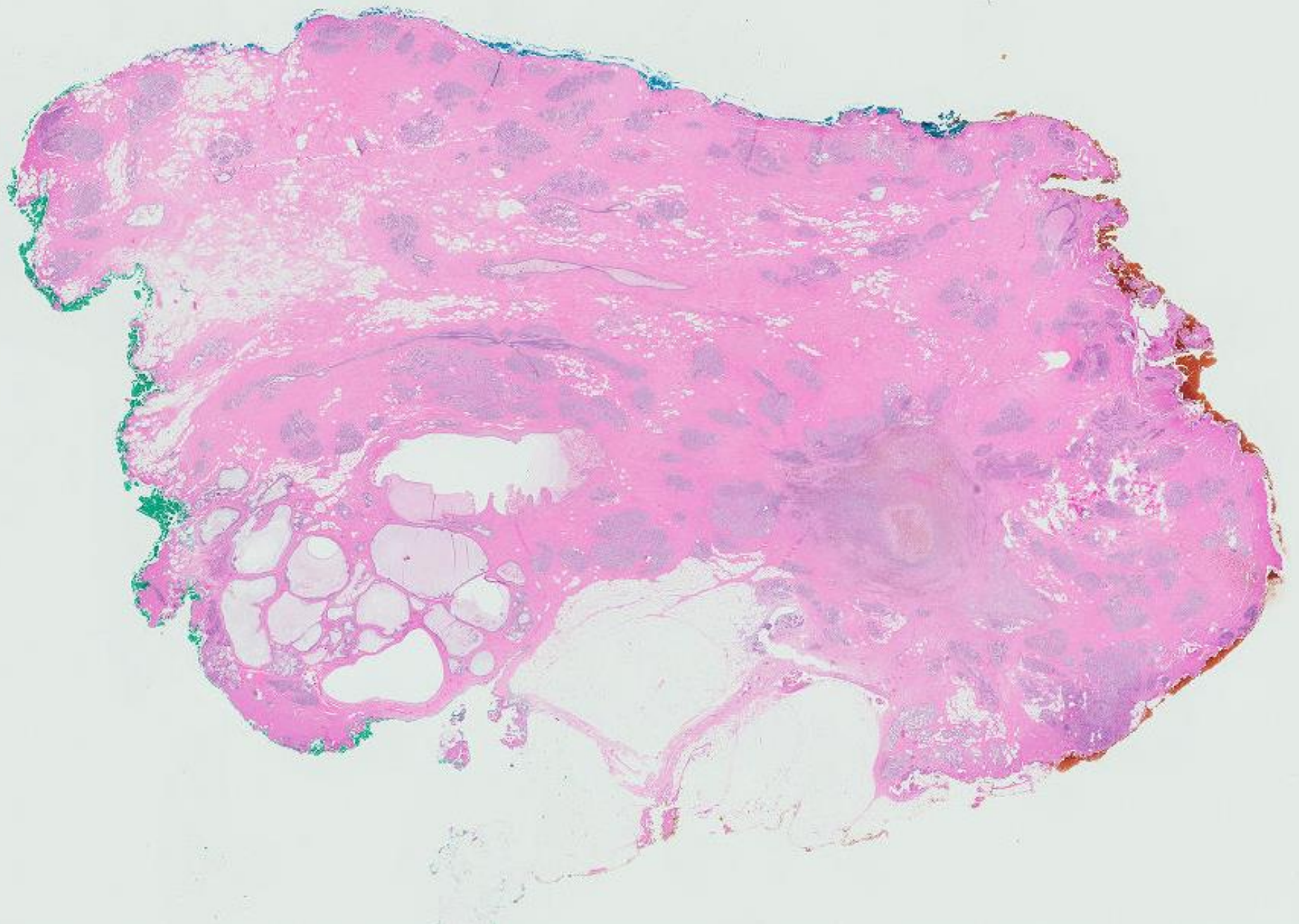


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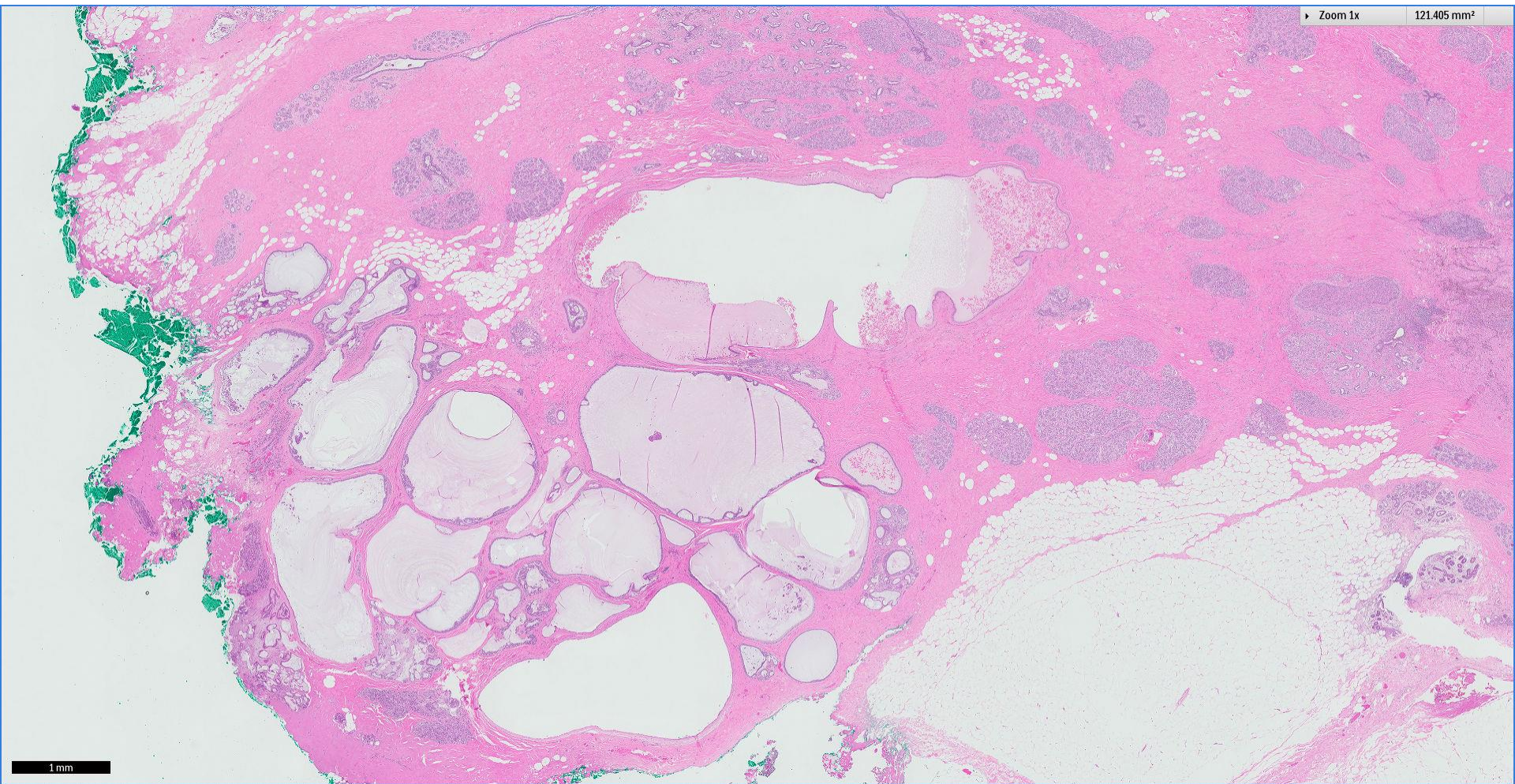
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Zoom 1x

121.405 mm²



1 mm

Zoom 5x

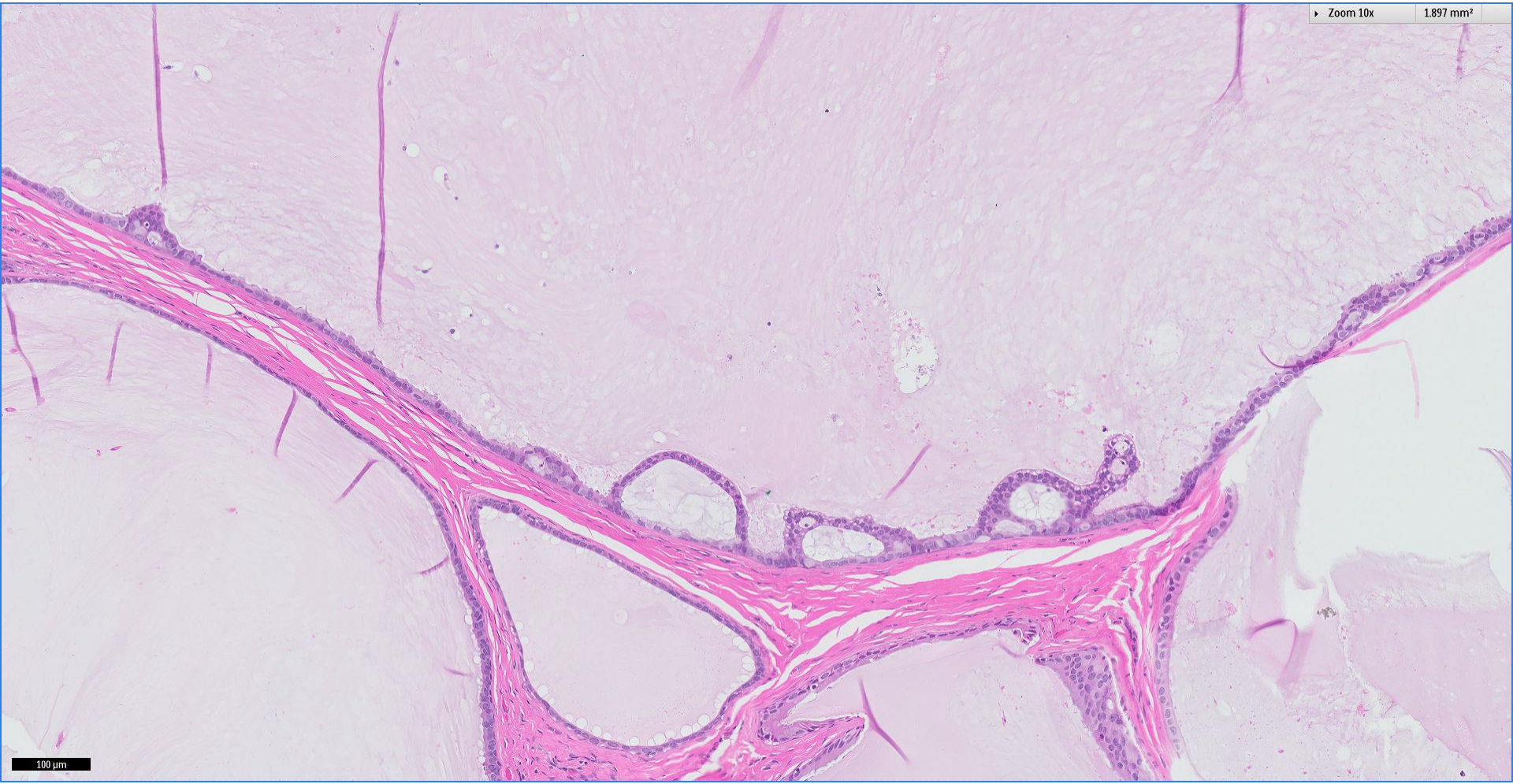
7.588 mm²



200 μm

Zoom 10x

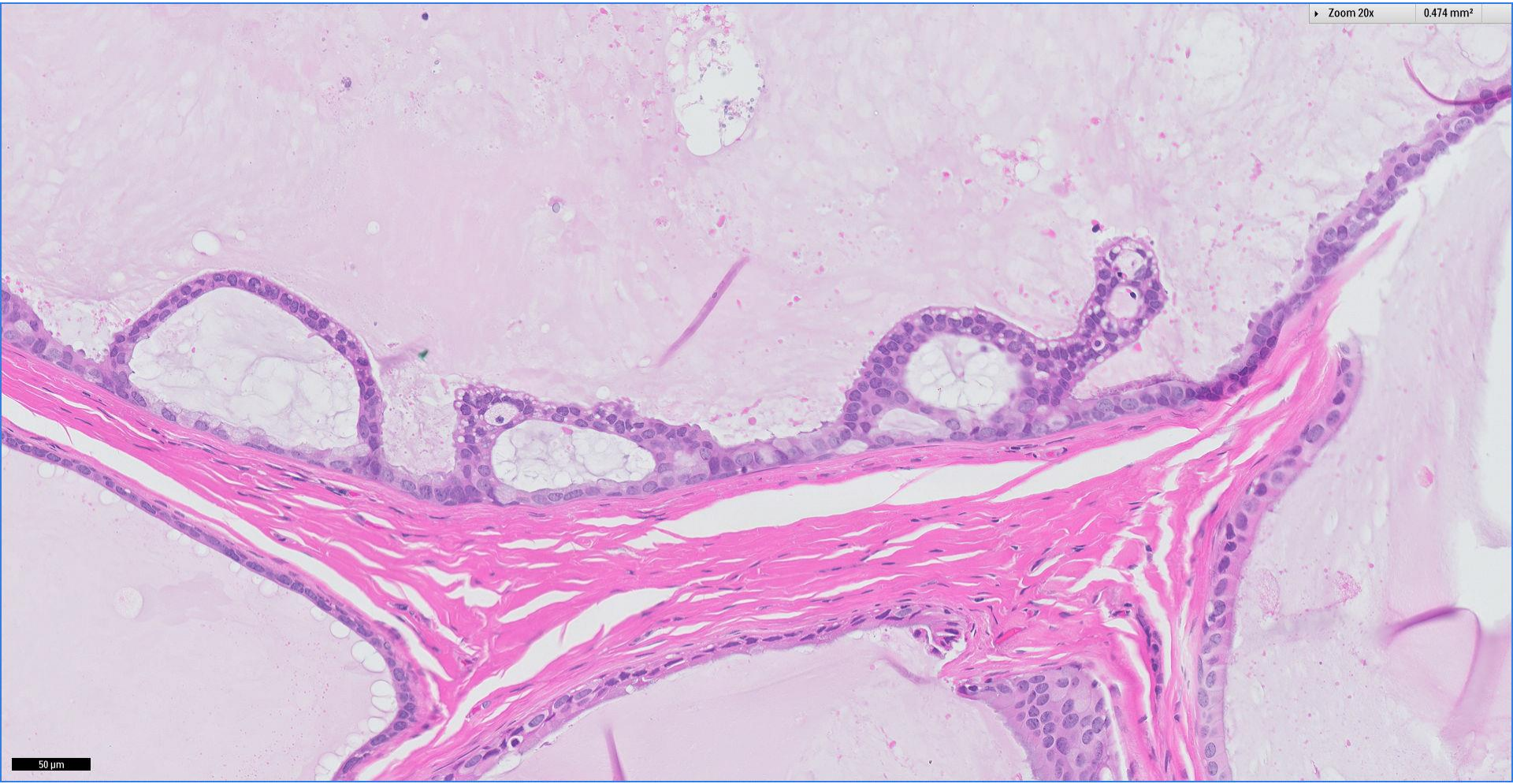
1.897 mm²



100 μm

Zoom 20x

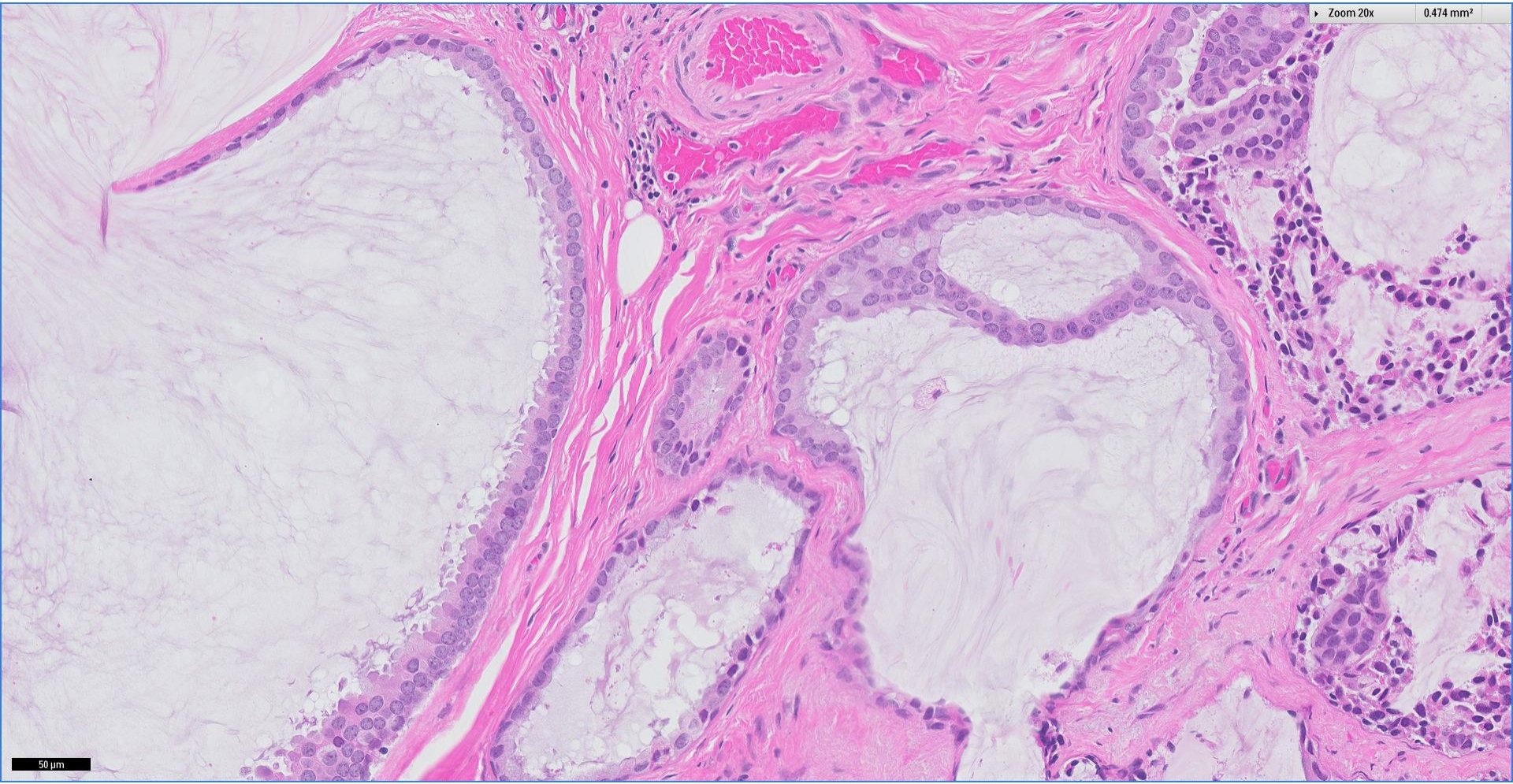
0.474 mm²



50 μm

Zoom 20x

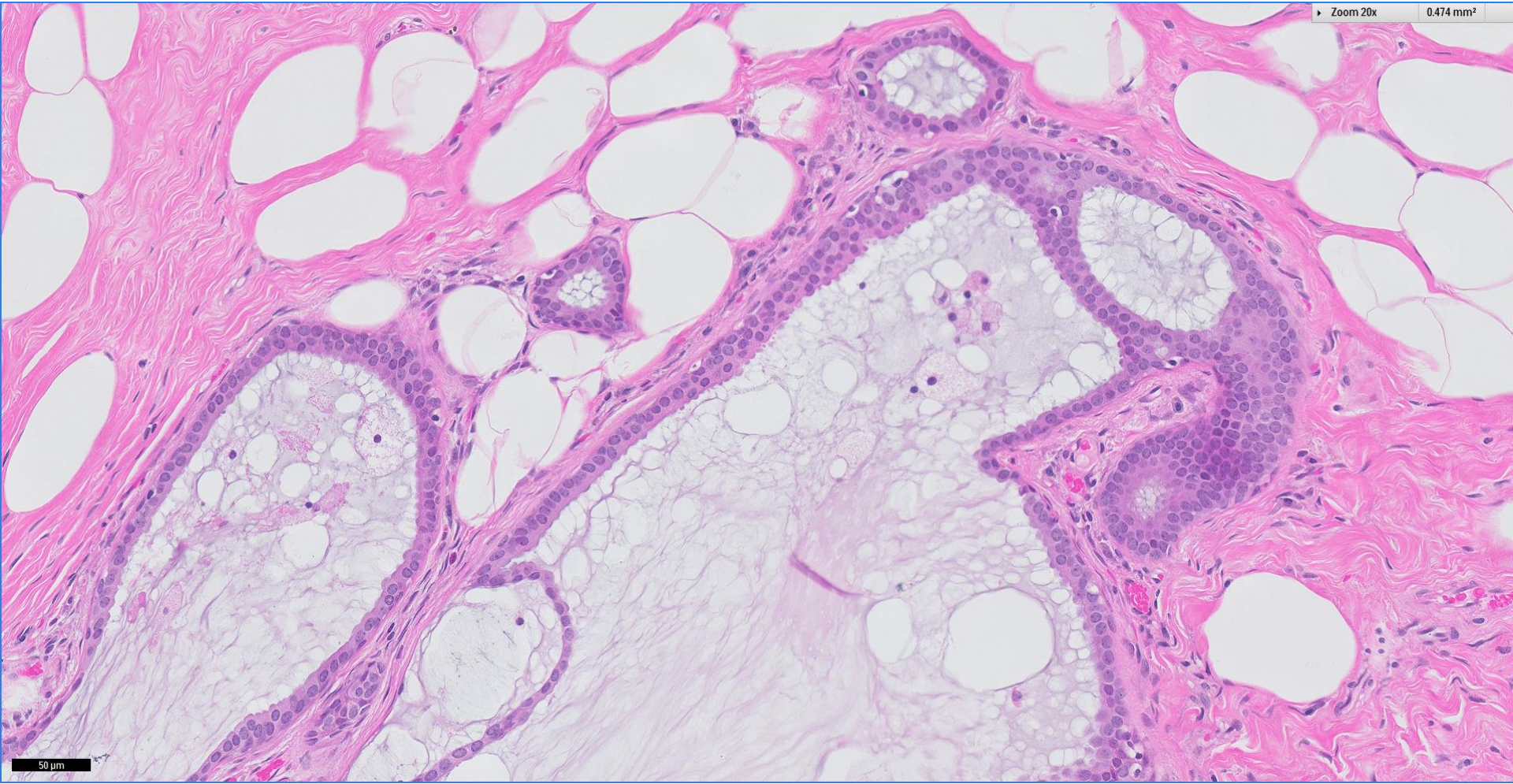
0.474 mm²



50 µm

Zoom 20x

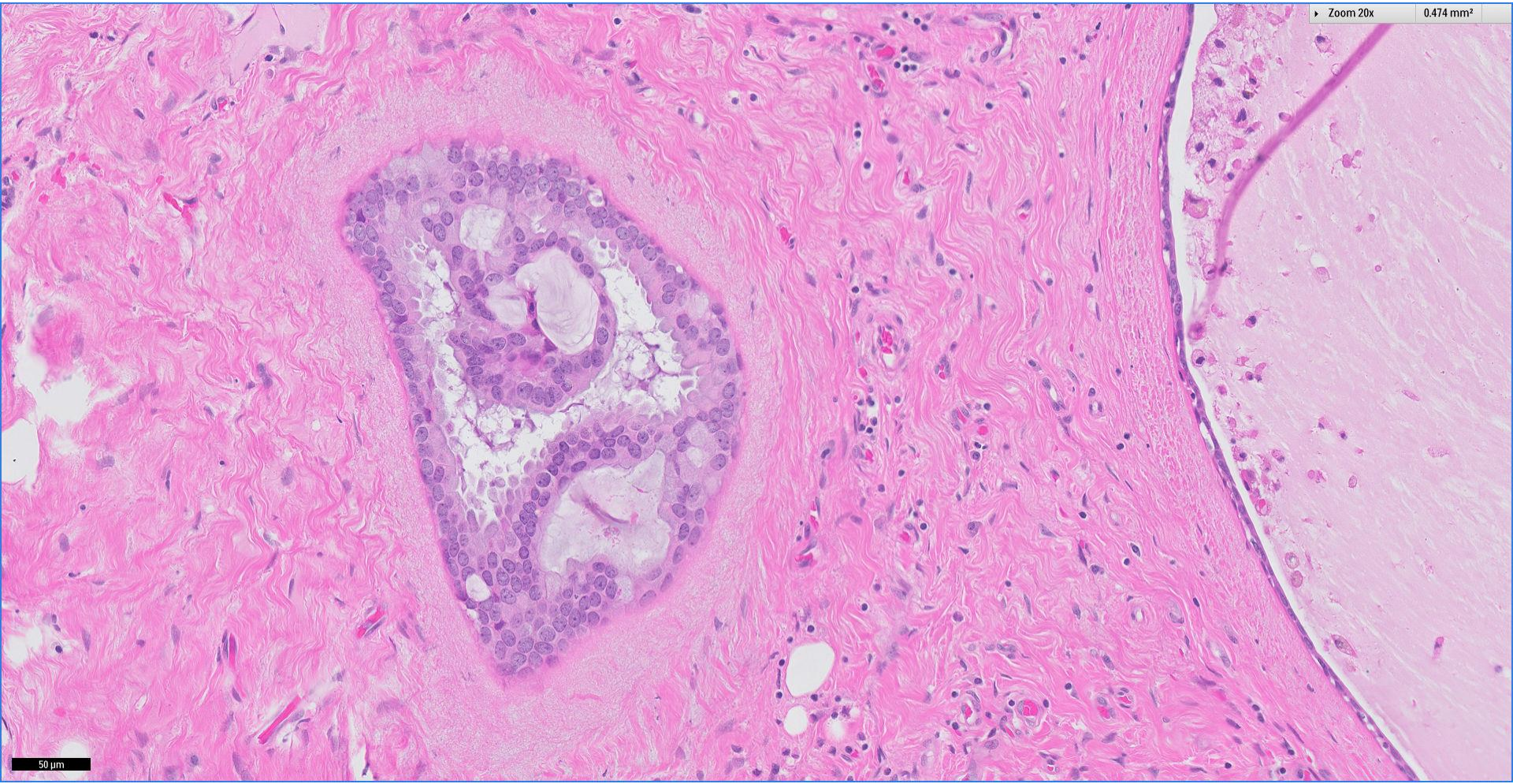
0.474 mm²



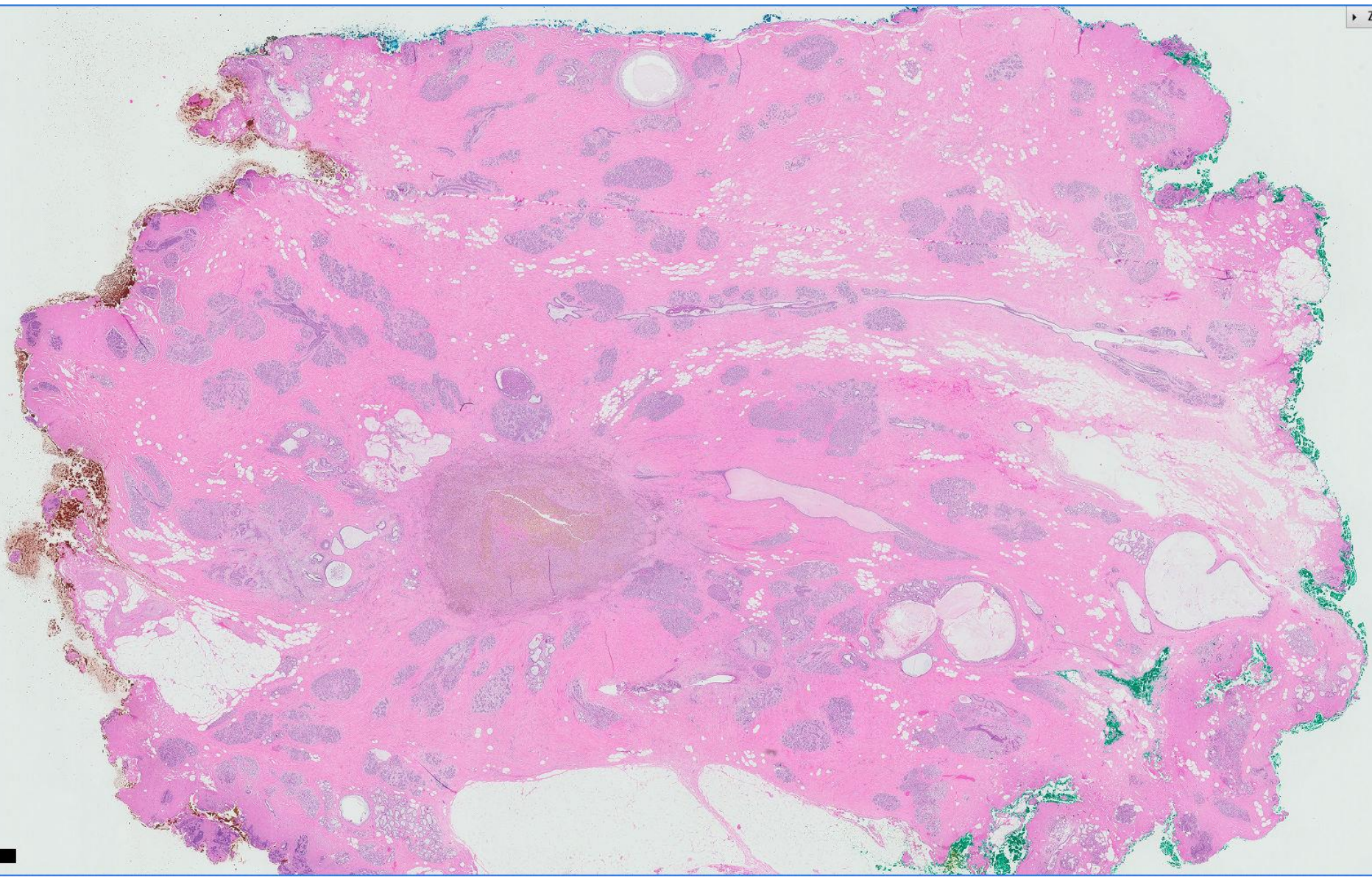
50 μm

Zoom 20x

0.474 mm²

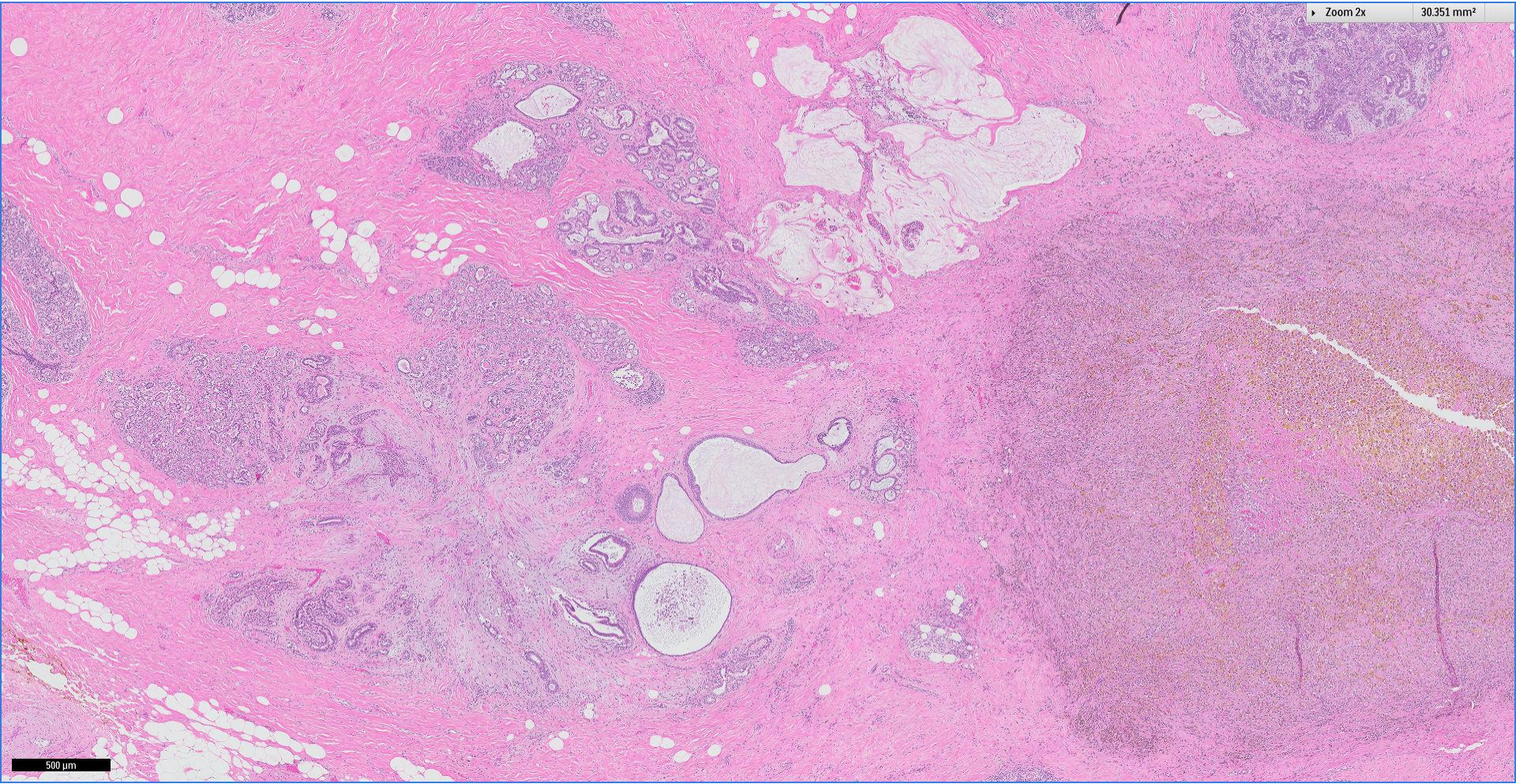


50 μm

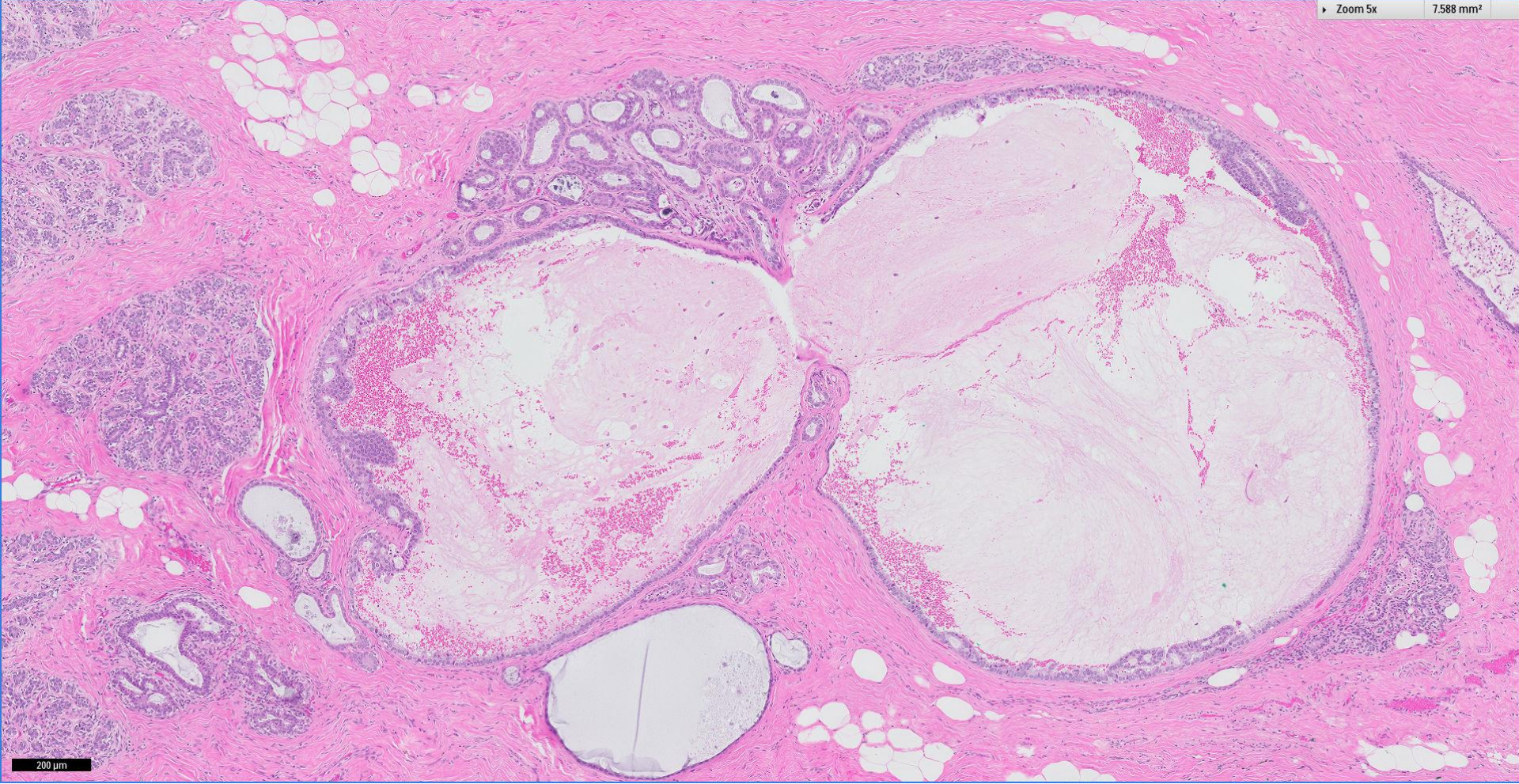


Zoom 2x

30.351 mm²

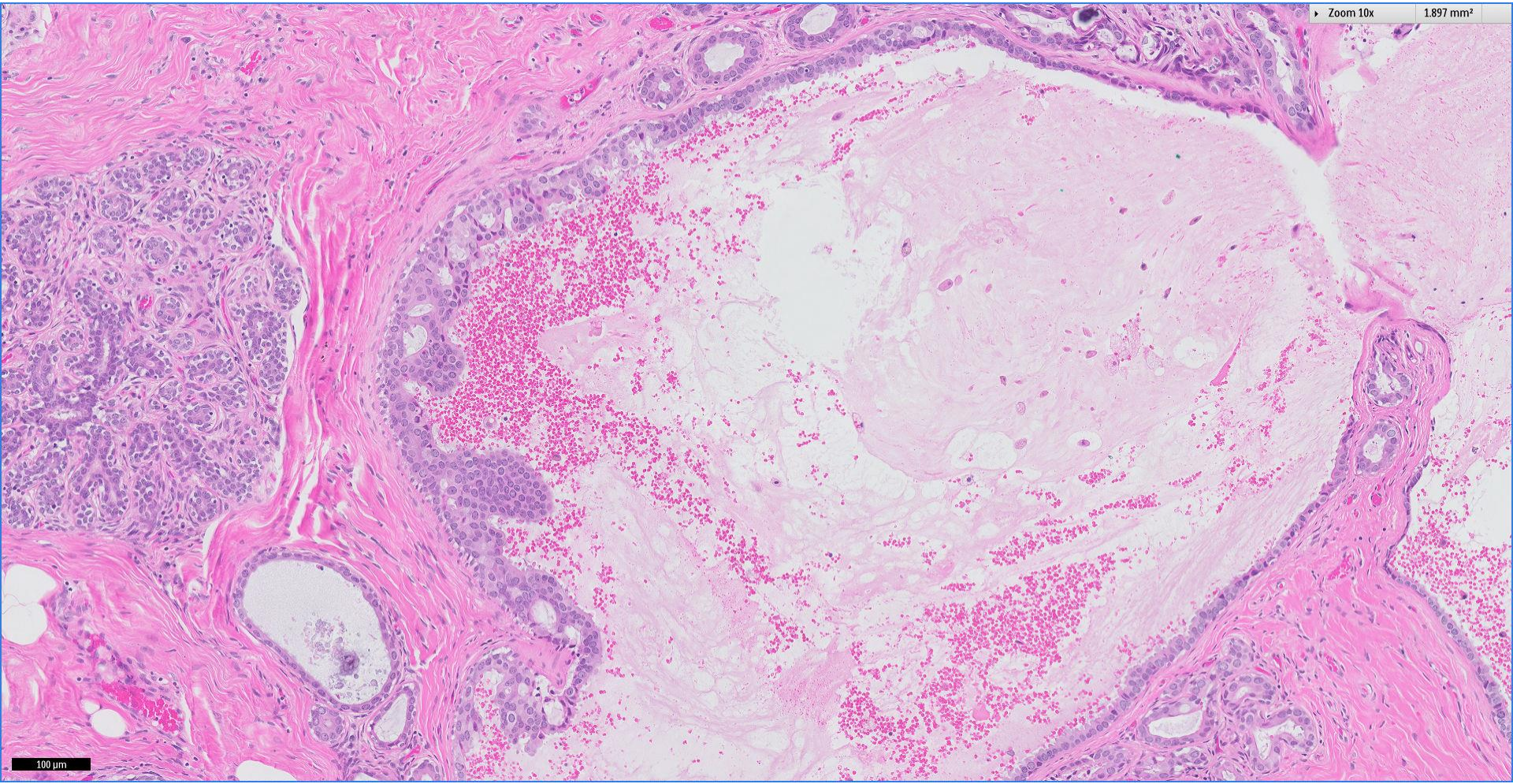


500 μ m



Zoom 10x

1.897 mm²



100 μ m

***Previous stereotactic mammotome biopsy,
performed for right breast UOQ calcifications ~***

***Mucocele-like lesion with atypical ductal
hyperplasia***



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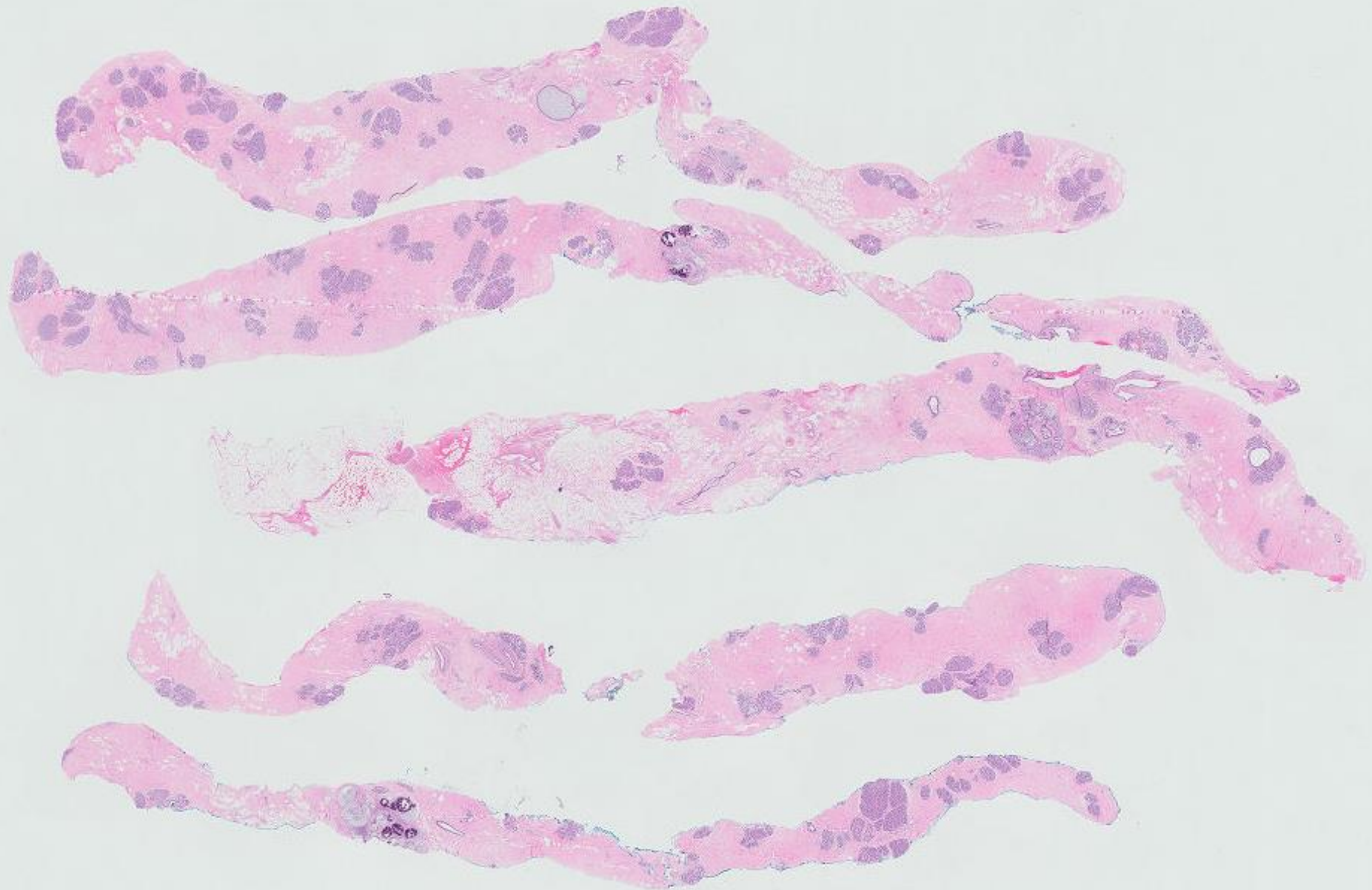
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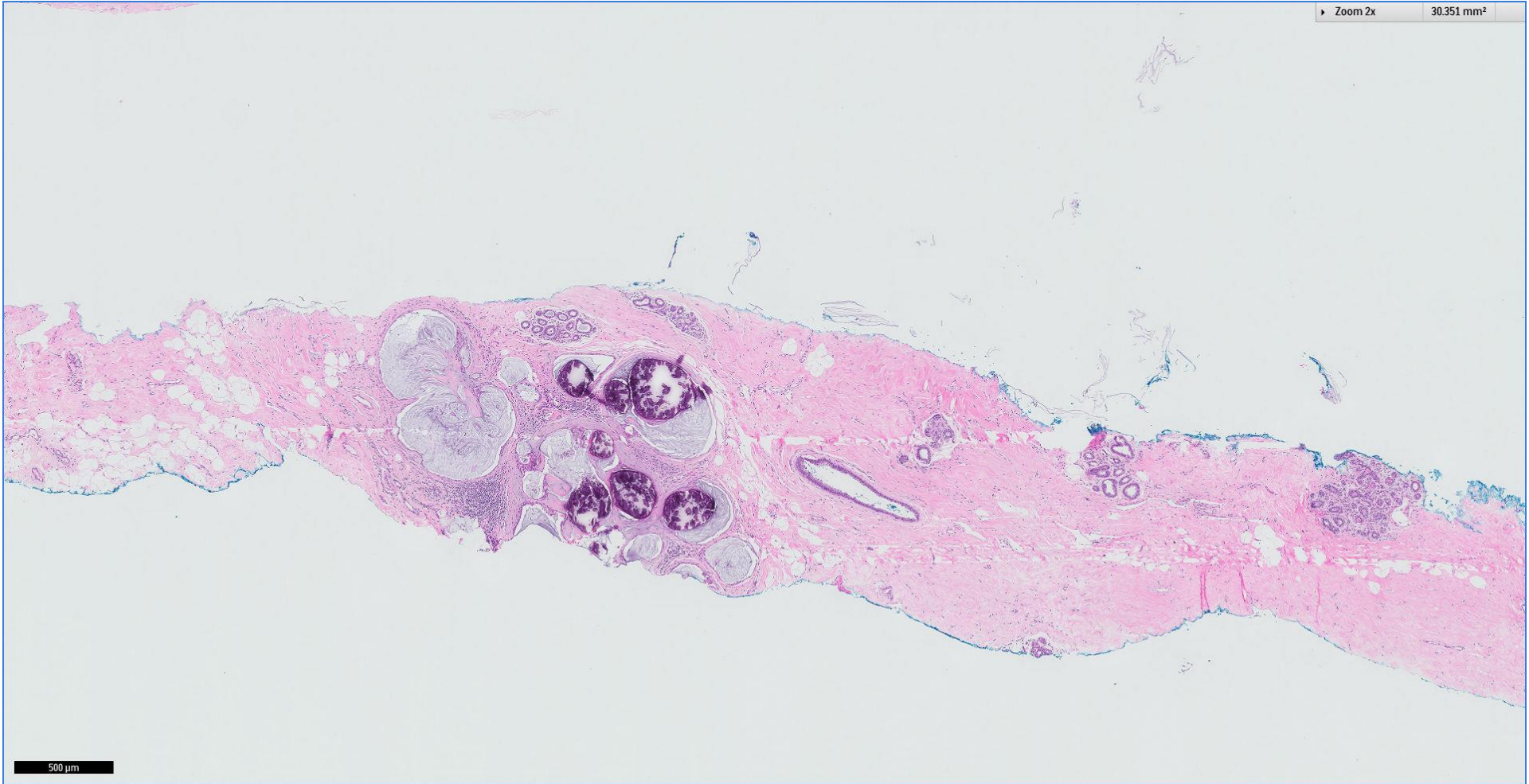
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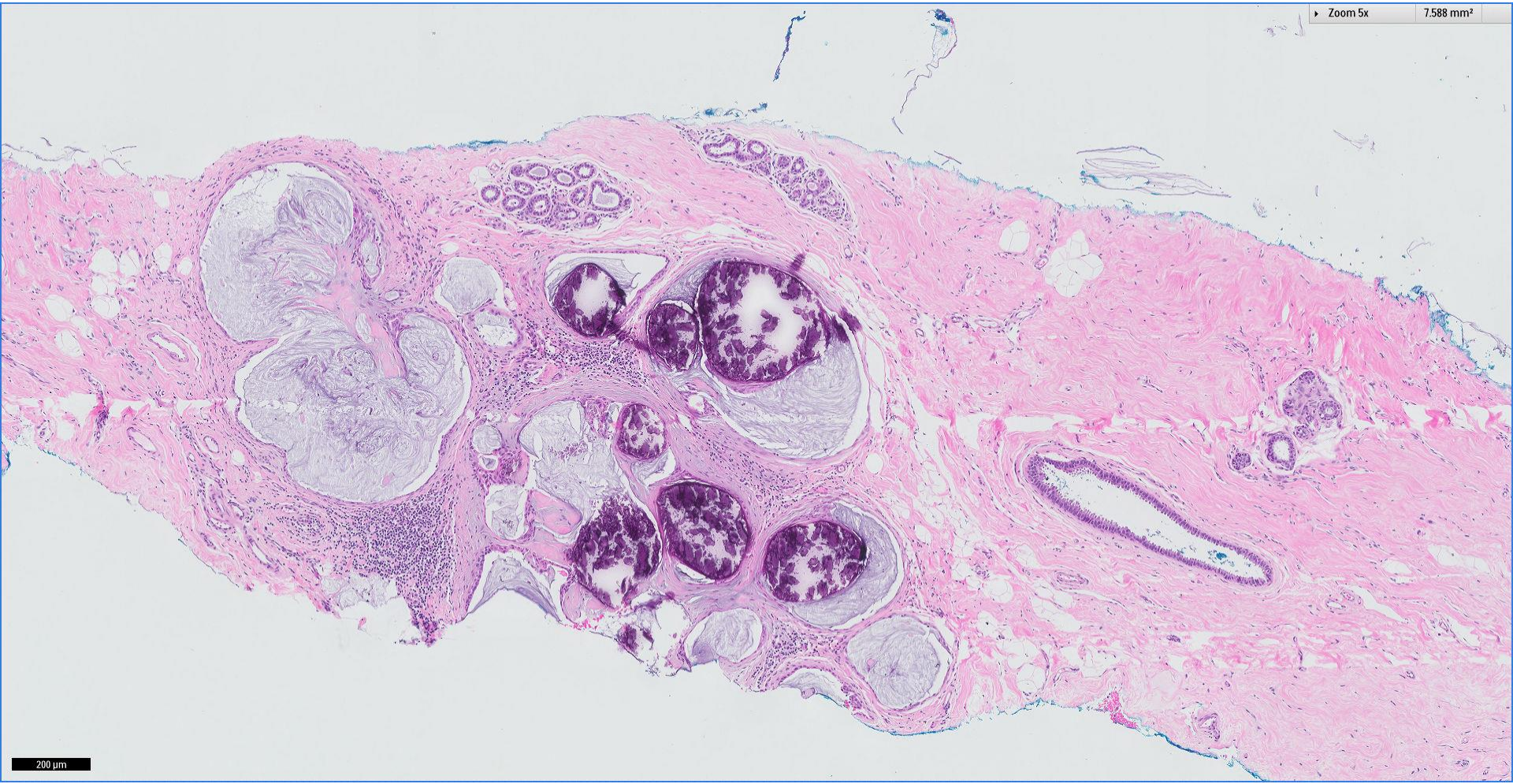
Previous stereotactic mammotome biopsy



Previous stereotactic mammotome biopsy



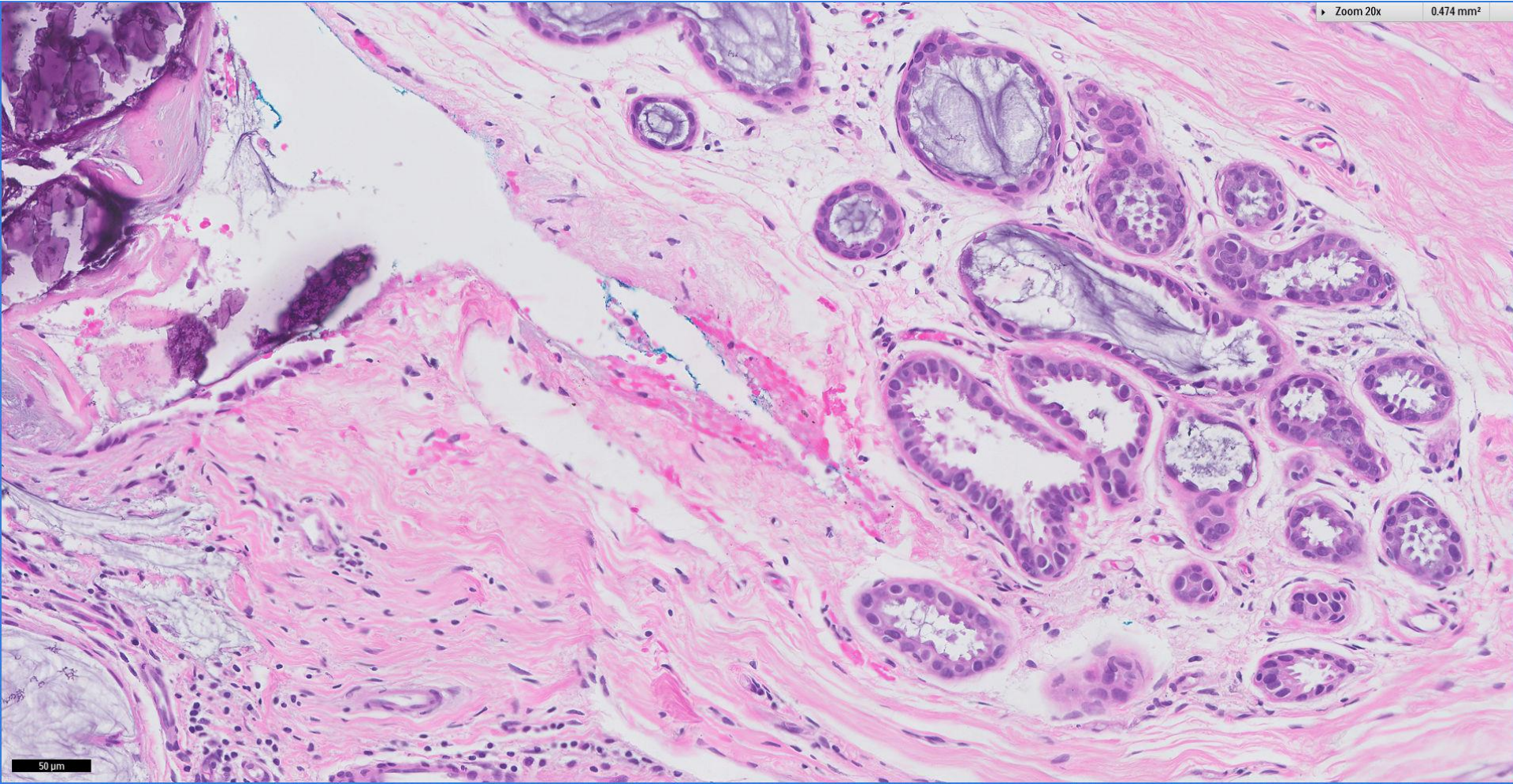
Previous stereotactic mammotome biopsy



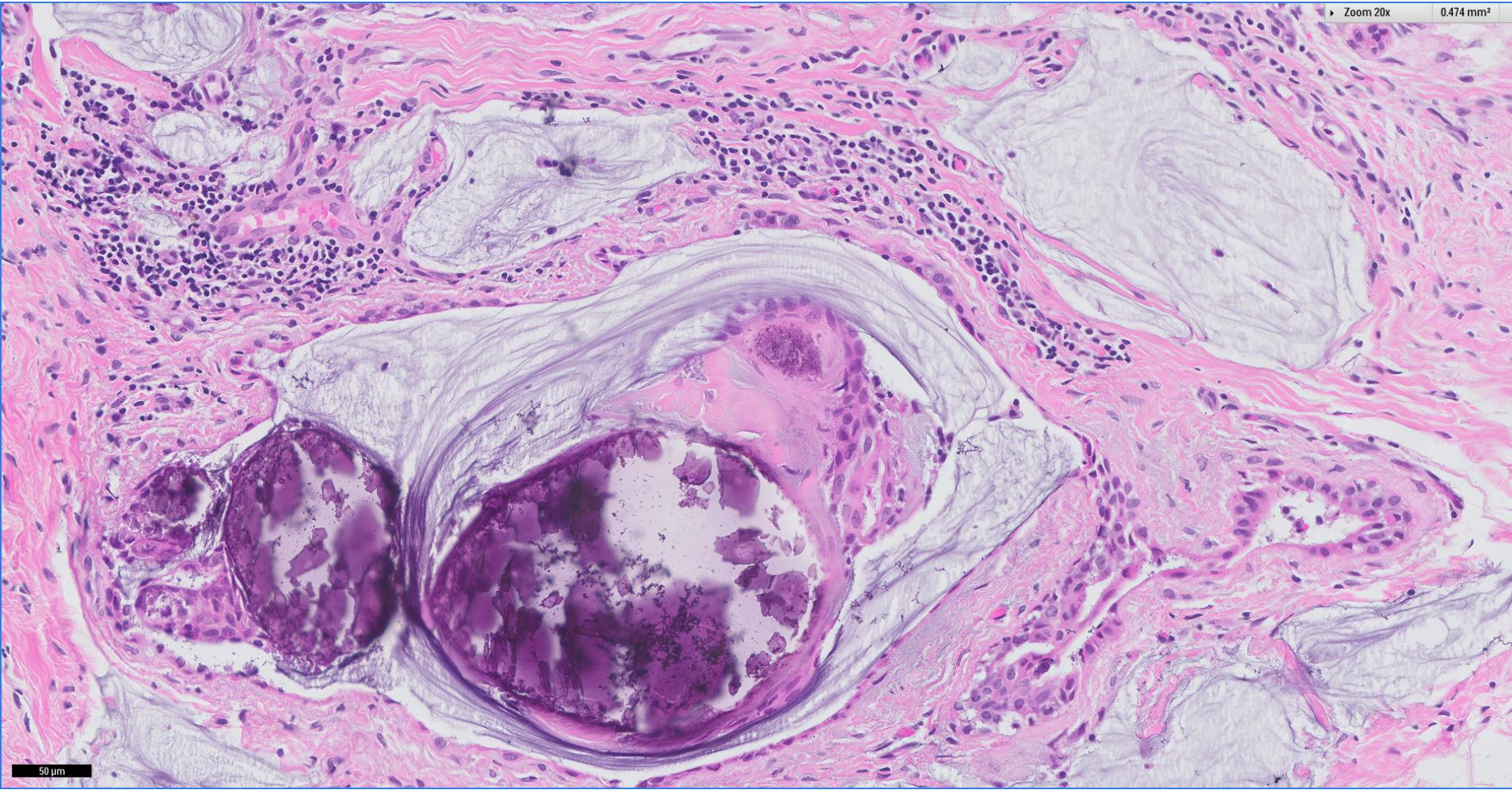
Zoom 5x 7.588 mm²

200 μm

Previous stereotactic mammotome biopsy



Previous stereotactic mammotome biopsy



Previous stereotactic mammotome biopsy



Diagnosis:

Right breast, hookwire localization excision biopsy ~

Ductal carcinoma in situ, 8mm, low nuclear grade, micropapillary pattern, with calcifications, without necrosis, associated with a mucocele-like lesion.

Previous biopsy site changes.



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Mucocele-like lesion

- Defined by the presence of cysts and dilated ducts distended by mucin with associated rupture and mucin seepage into the surrounding breast stroma.
- The term “lesion” is preferred over “tumour”, as the accompanying epithelial changes are often not neoplastic.
- Associated epithelial alterations are assessed separately.



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MLL with ADH vs MLL with low nuclear grade DCIS

- The distinction between MLL with ADH and MLL with low nuclear grade DCIS follows usual qualitative and quantitative criteria used to distinguish between these two lesions.
- ADH is diagnosed when duct spaces are only partially involved by the atypical epithelial population or when the lesional size does not exceed 2 mm.
- As MLL features dilated cysts, it may be difficult to apply the 2-mm size criterion.
- Using the involvement of two duct spaces as a diagnostic guide may be a practical alternative, although caution needs to be exercised in order not to overdiagnose small foci of atypical epithelial changes as DCIS.
- An appraisal of the entire lesion and a careful assessment of the extent of the atypical epithelial alterations are required.



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Atlas of Differential Diagnosis in Breast Pathology

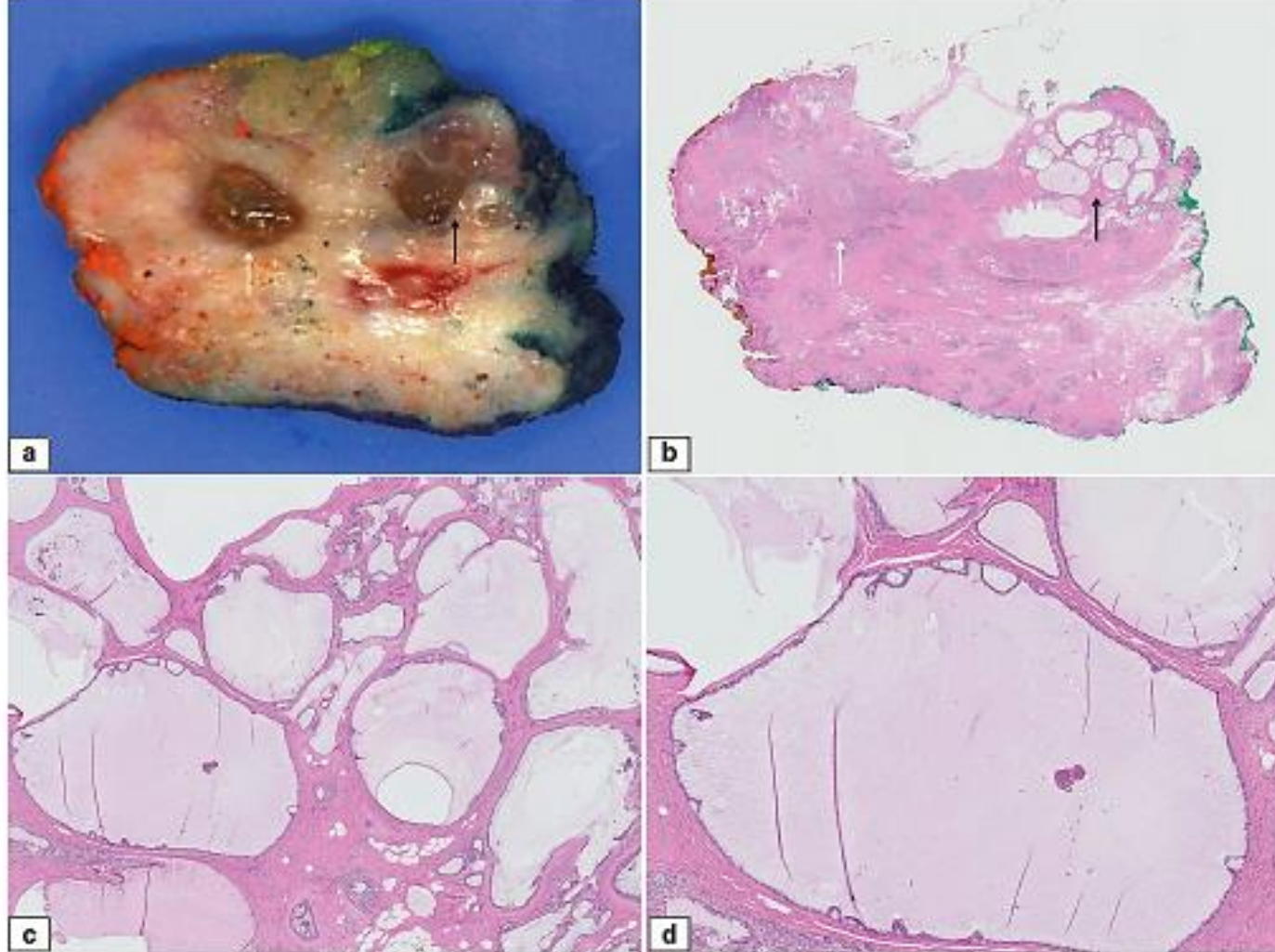


Fig. 6.15 Mucocoele-like lesion with ductal carcinoma in situ. (a) Hookwire localisation excision biopsy of radiologically detected calcifications in the right breast shows a cluster of mucin-filled cysts near the tissue edge (black arrow). A yellowish-brown nodule (white arrow) is present, representing the previous mammotome biopsy site. Histological findings of the prior mammotome biopsy showed a mucocoele-like lesion with atypical ductal hyperplasia accompanied by calcifications. (b) Corresponding histological section reveals distended cysts (black arrow) aggregated near the inked surgical edge of the tissue. The previous mammotome biopsy site is noted (white arrow). (c) The cystically dilated ducts are lined by flattened epithelium that is punctuated by rigid epithelial arches. Mucin distends the duct lumens, with spillage into the surrounding stroma. While the degree of epithelial architectural atypia

depicted in this illustration may not qualify for a diagnosis of low grade ductal carcinoma in situ and may be considered atypical ductal hyperplasia in the absence of further ductal epithelial abnormalities, presence of a greater extent (>2mm; or 2 or more affected ducts) of cytoarchitecturally abnormal epithelial changes could be regarded as ductal carcinoma in situ. Careful assessment of the extent of involvement is important to avoid overdiagnosing small foci of atypical epithelial alterations as ductal carcinoma in situ. (d) Higher magnification shows cytoarchitecturally abnormal epithelial changes in the wall of this distended duct. Stiff epithelial arches with secondary rigid lumens are seen. These abnormal alterations were found in several contiguous sections of the breast tissue, indicating a significant disease extent fulfilling the size criterion of low nuclear grade ductal carcinoma in situ

 Breast
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