

## Case 5

61 year old Malay female.

Excision biopsy of left breast tumour.

Macroscopic examination showed a 2.2cm nodular solid tan-coloured tumour.



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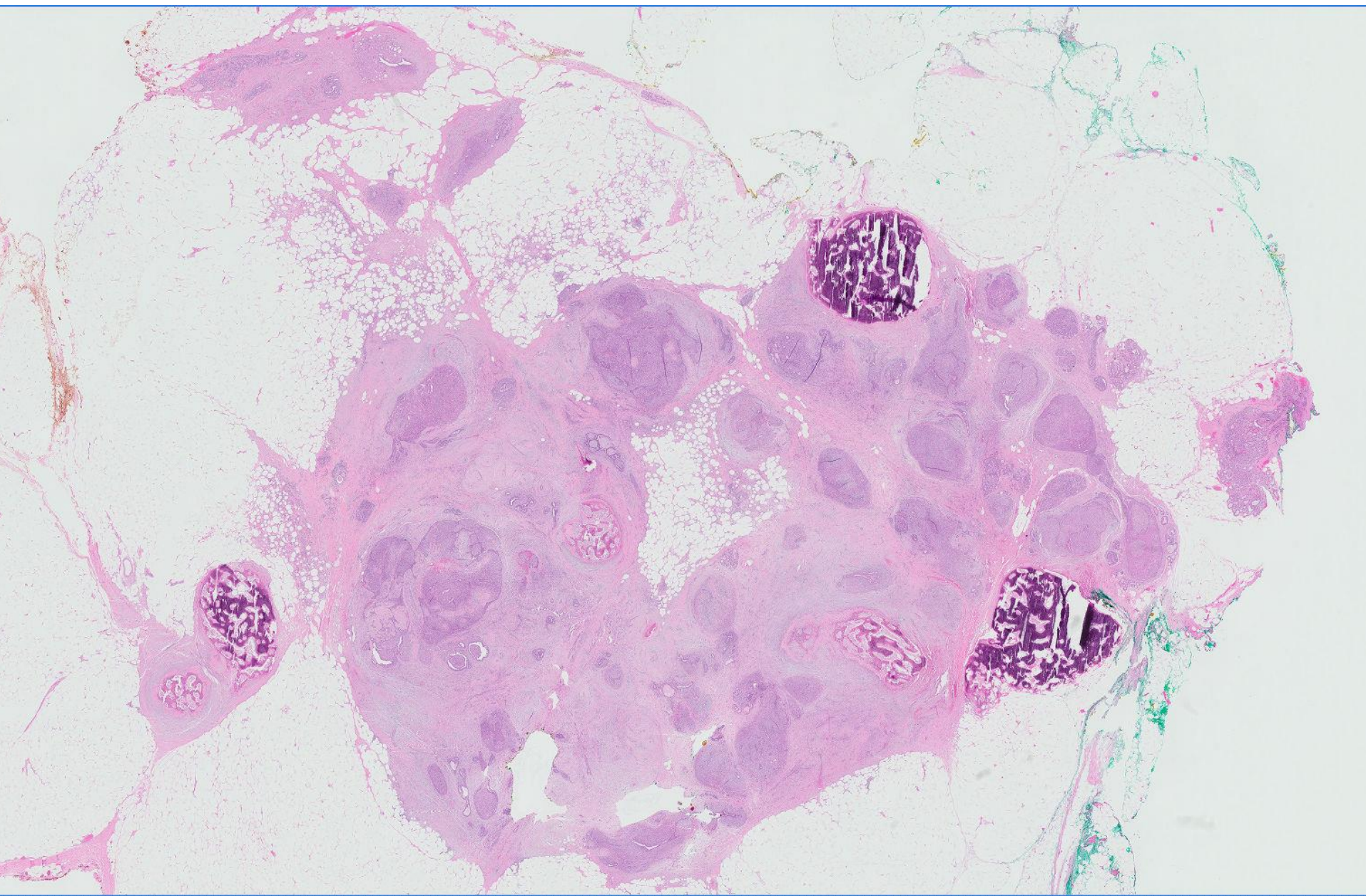


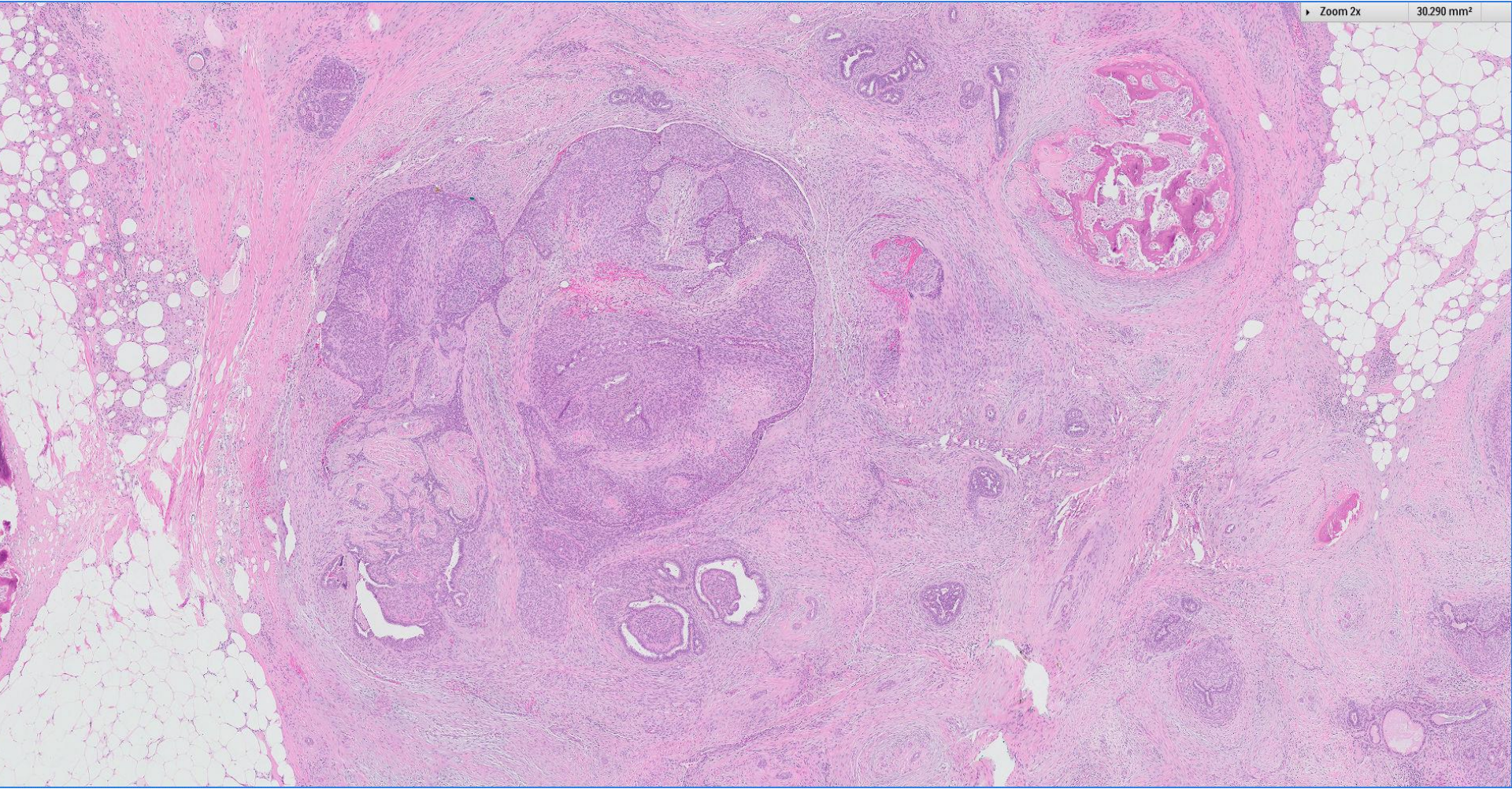
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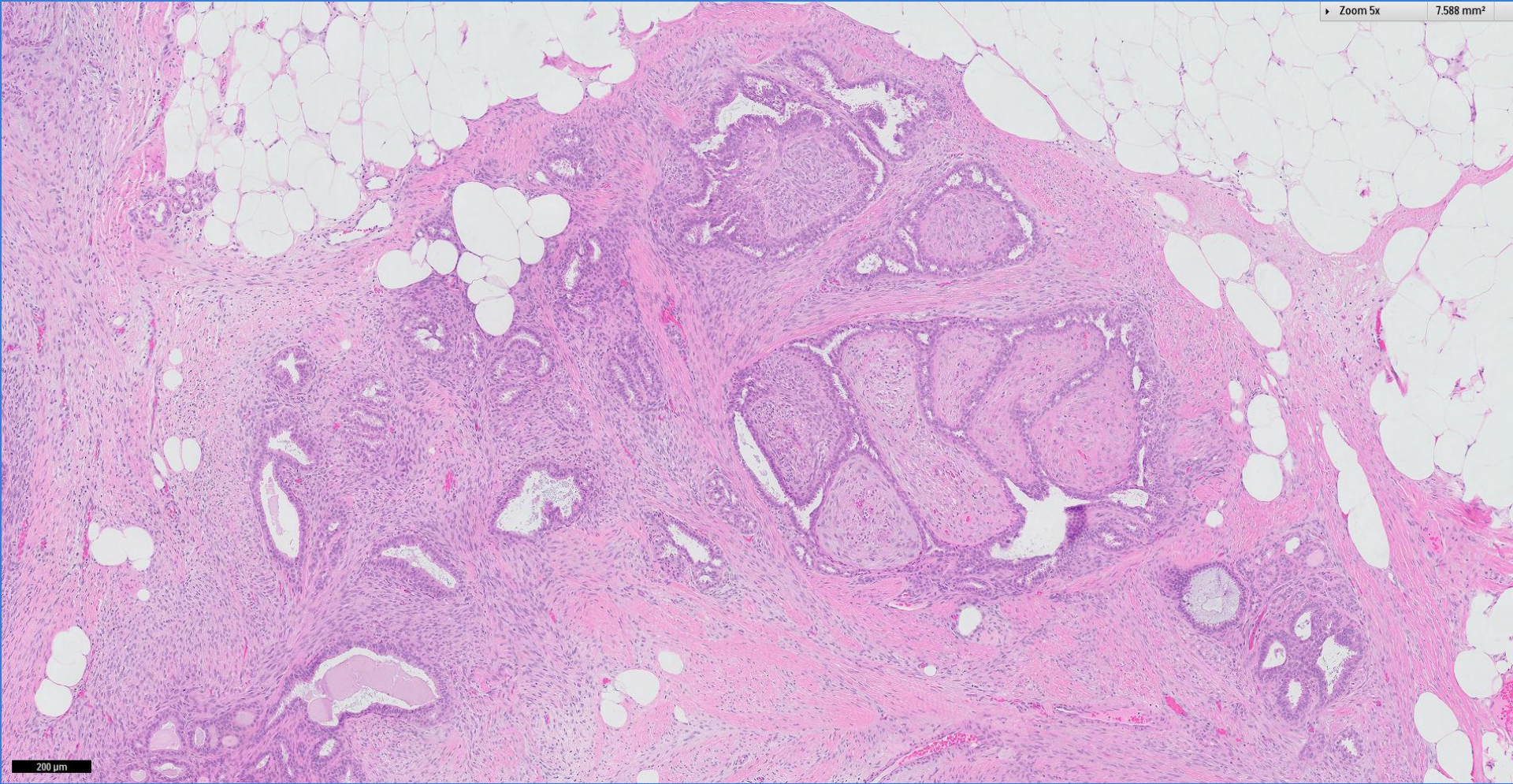
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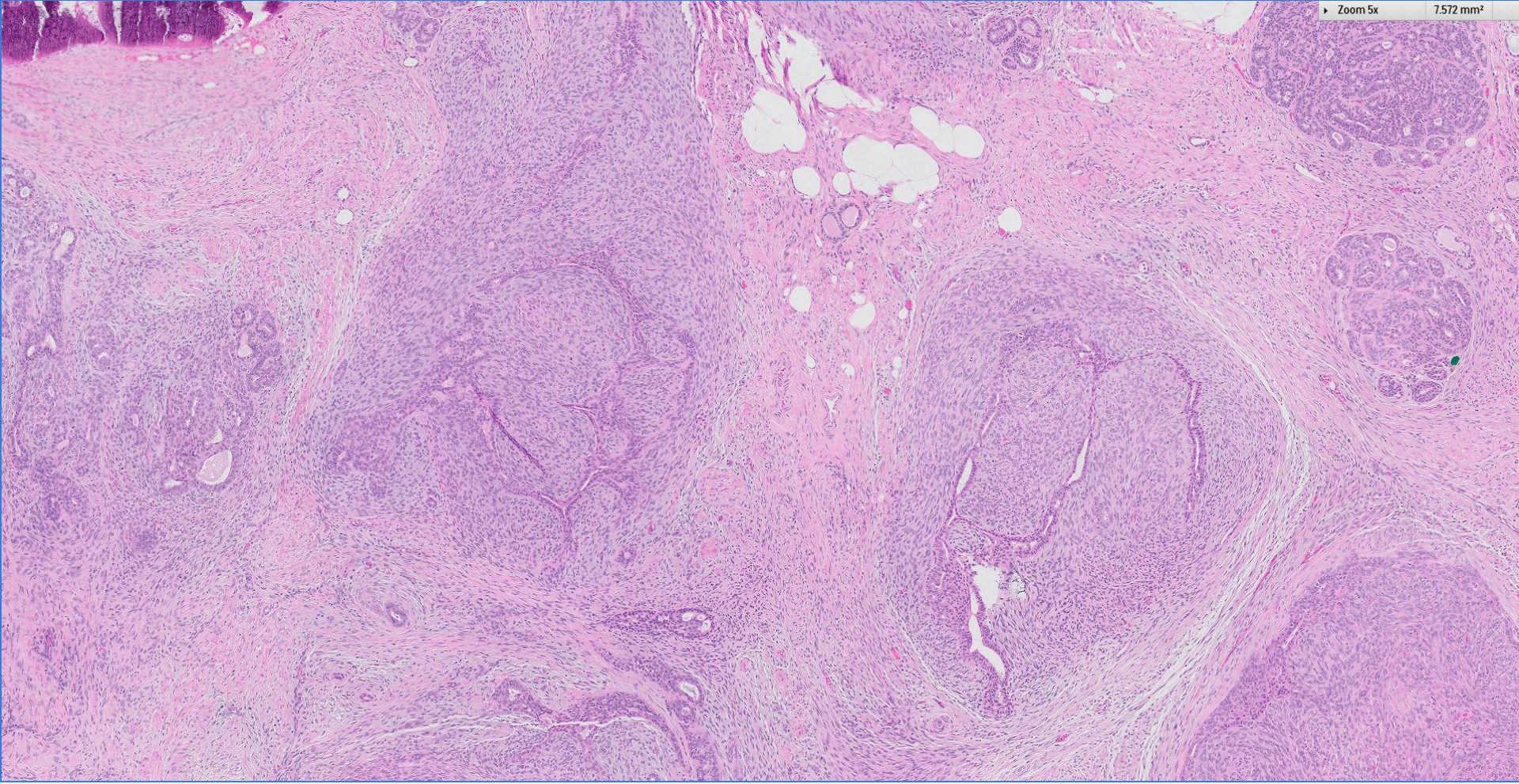


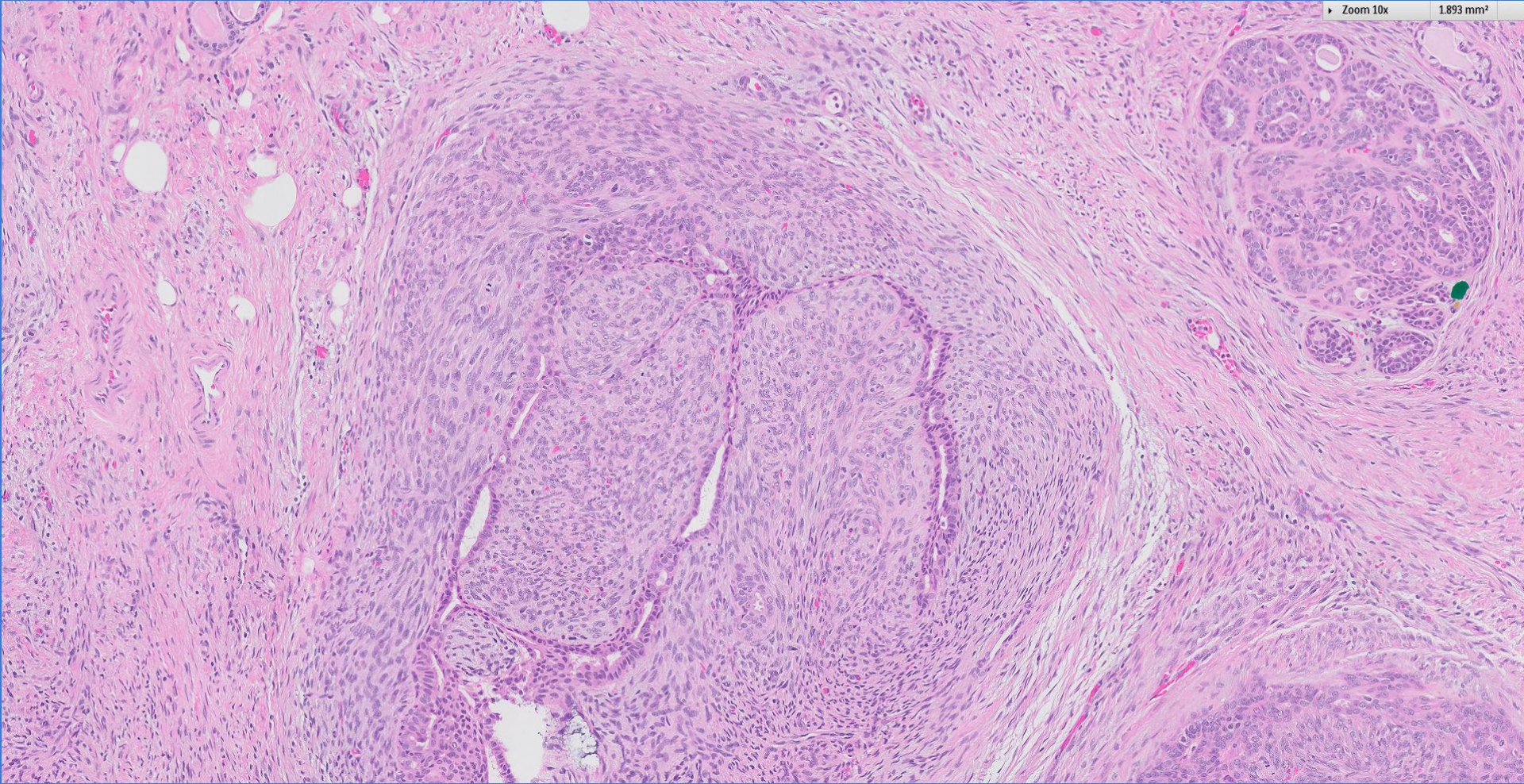






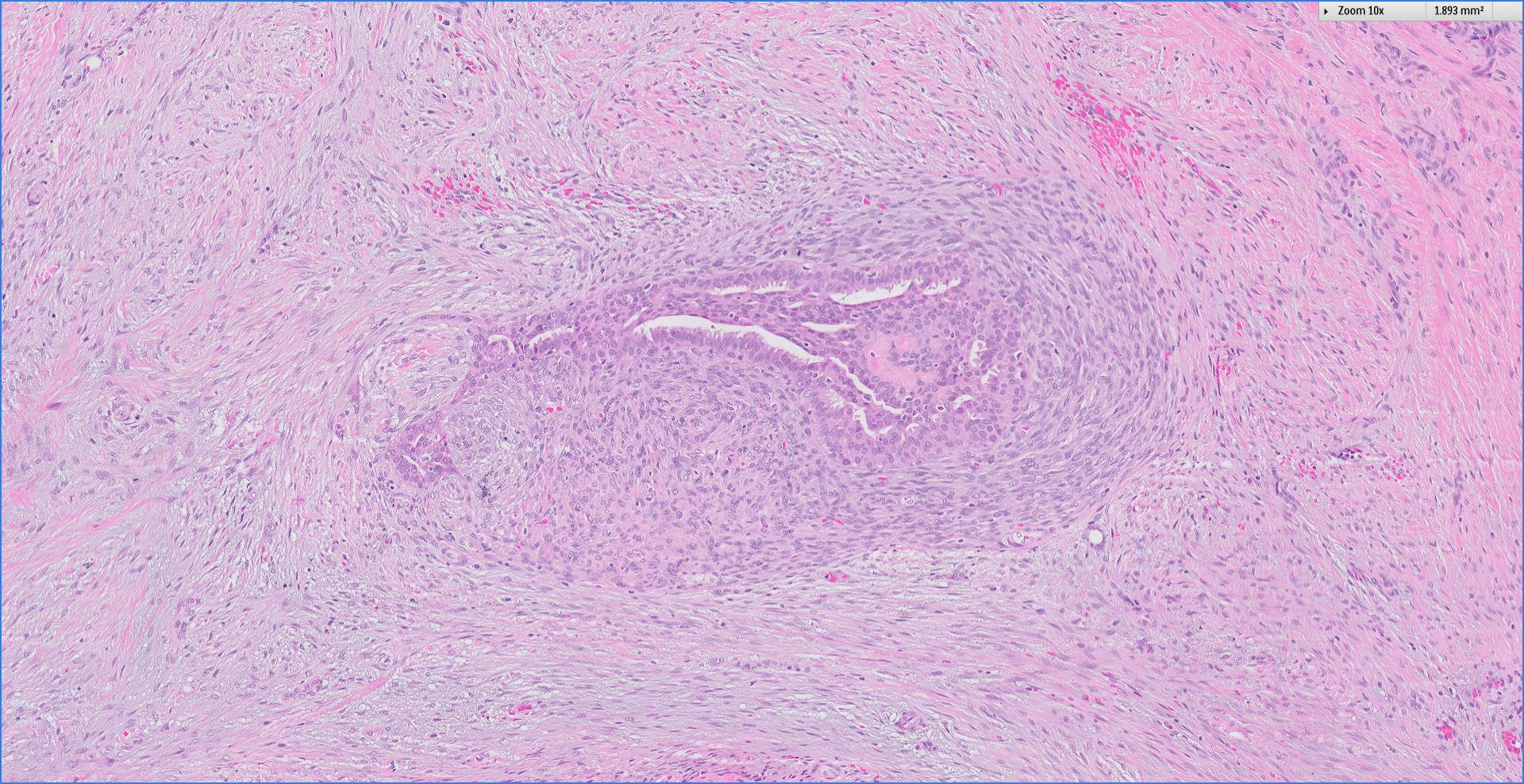
200  $\mu$ m

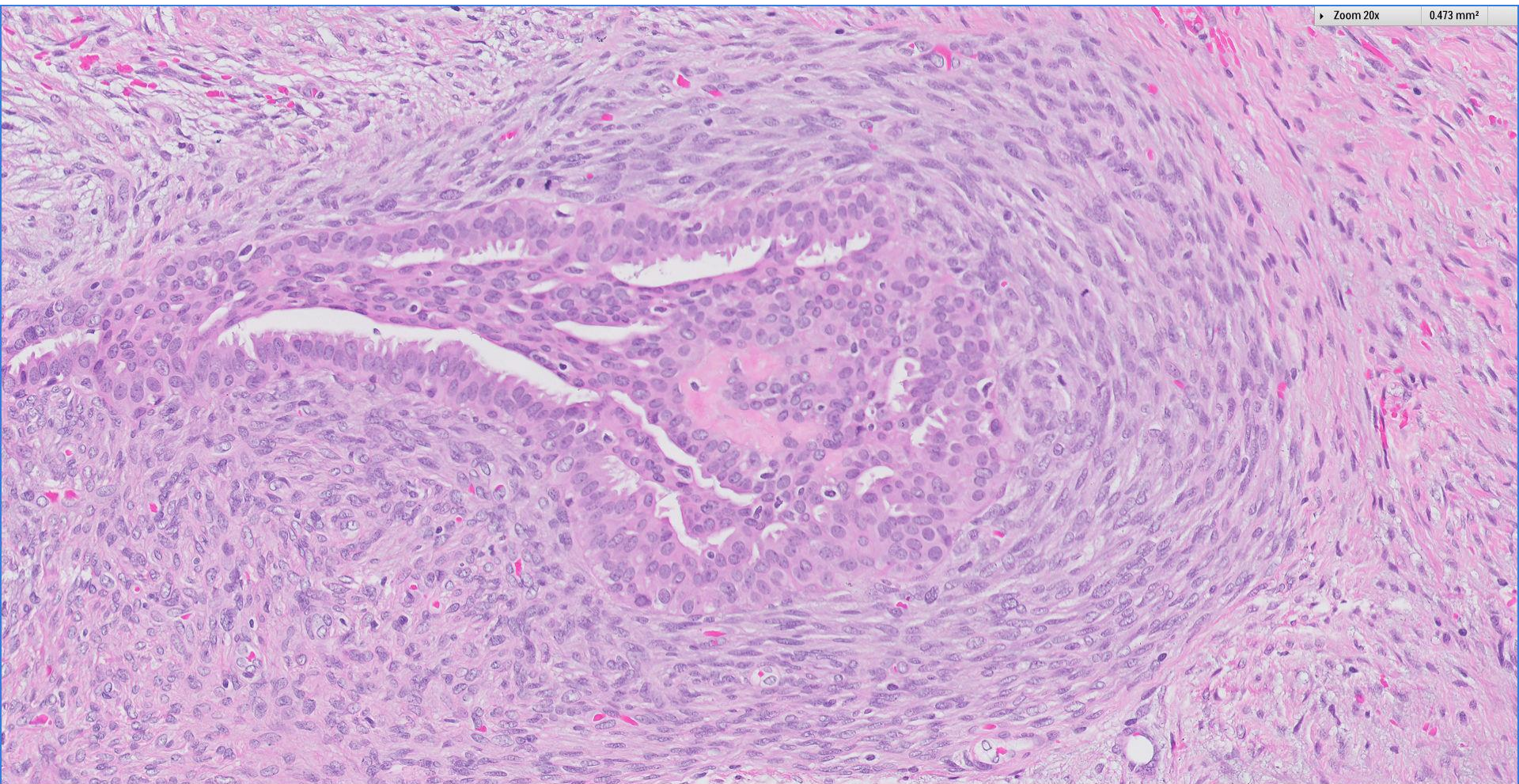




Zoom 10x

1.893 mm<sup>2</sup>

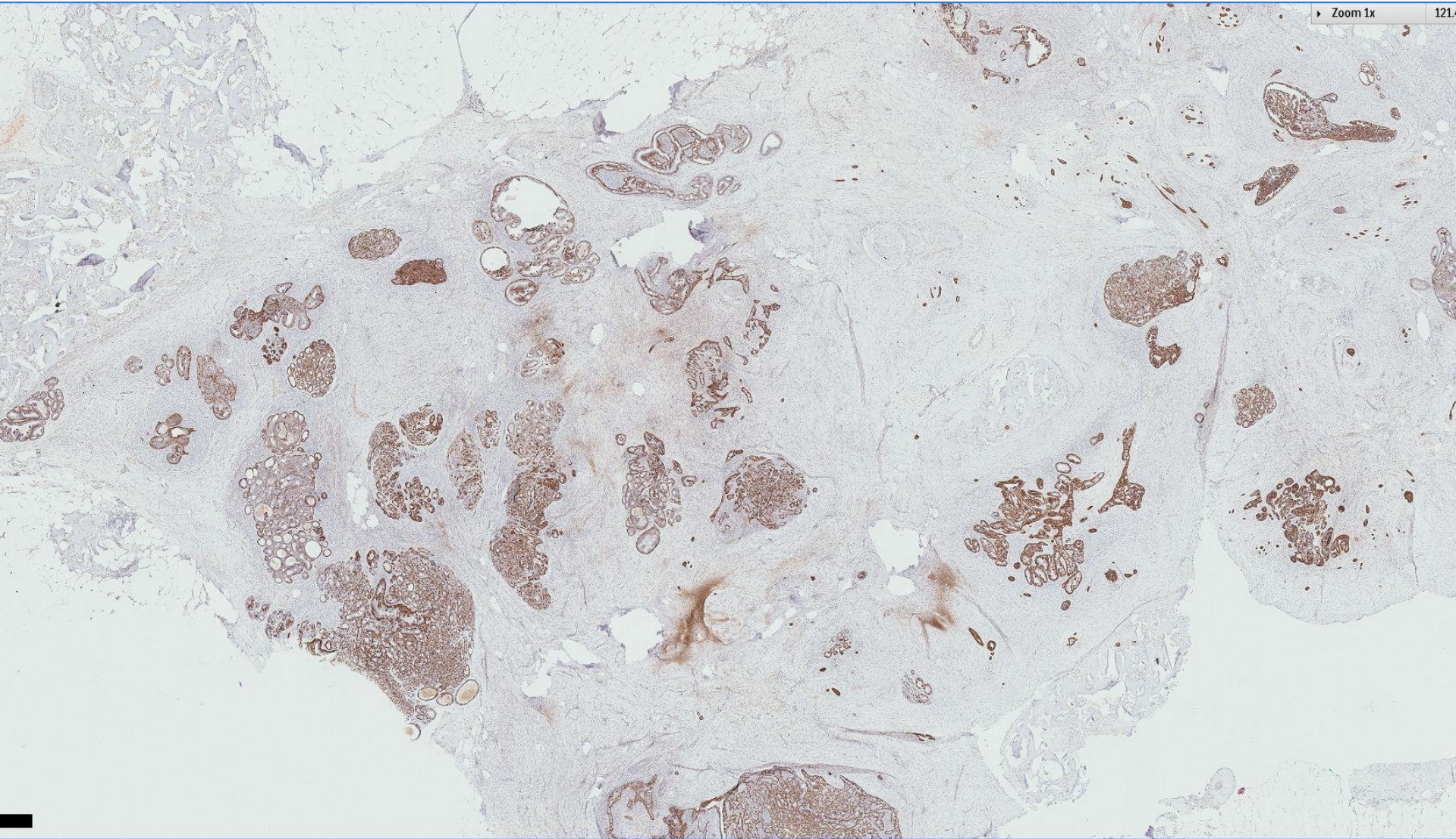




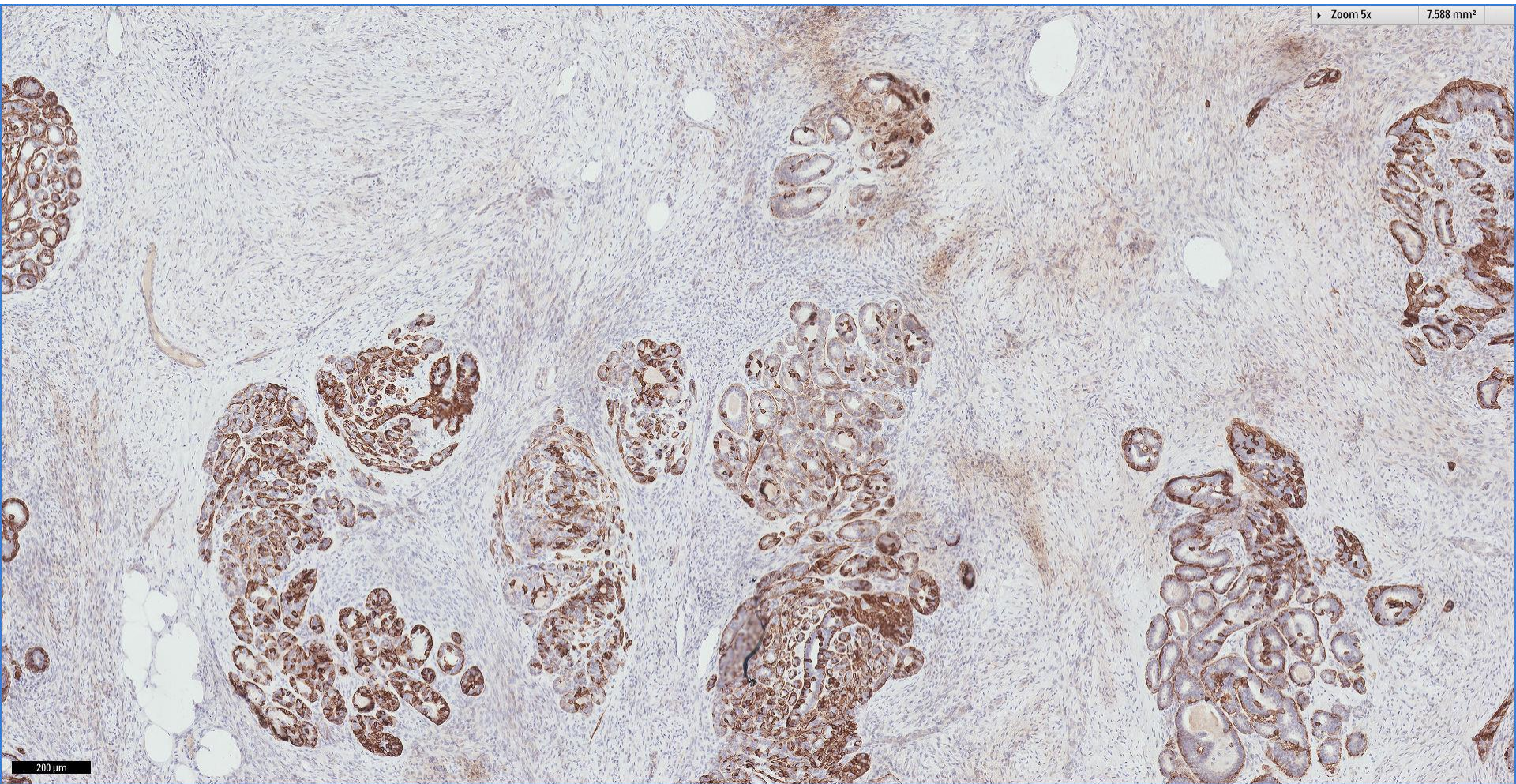
*Mitotic activity of 5 per 10 high power fields*



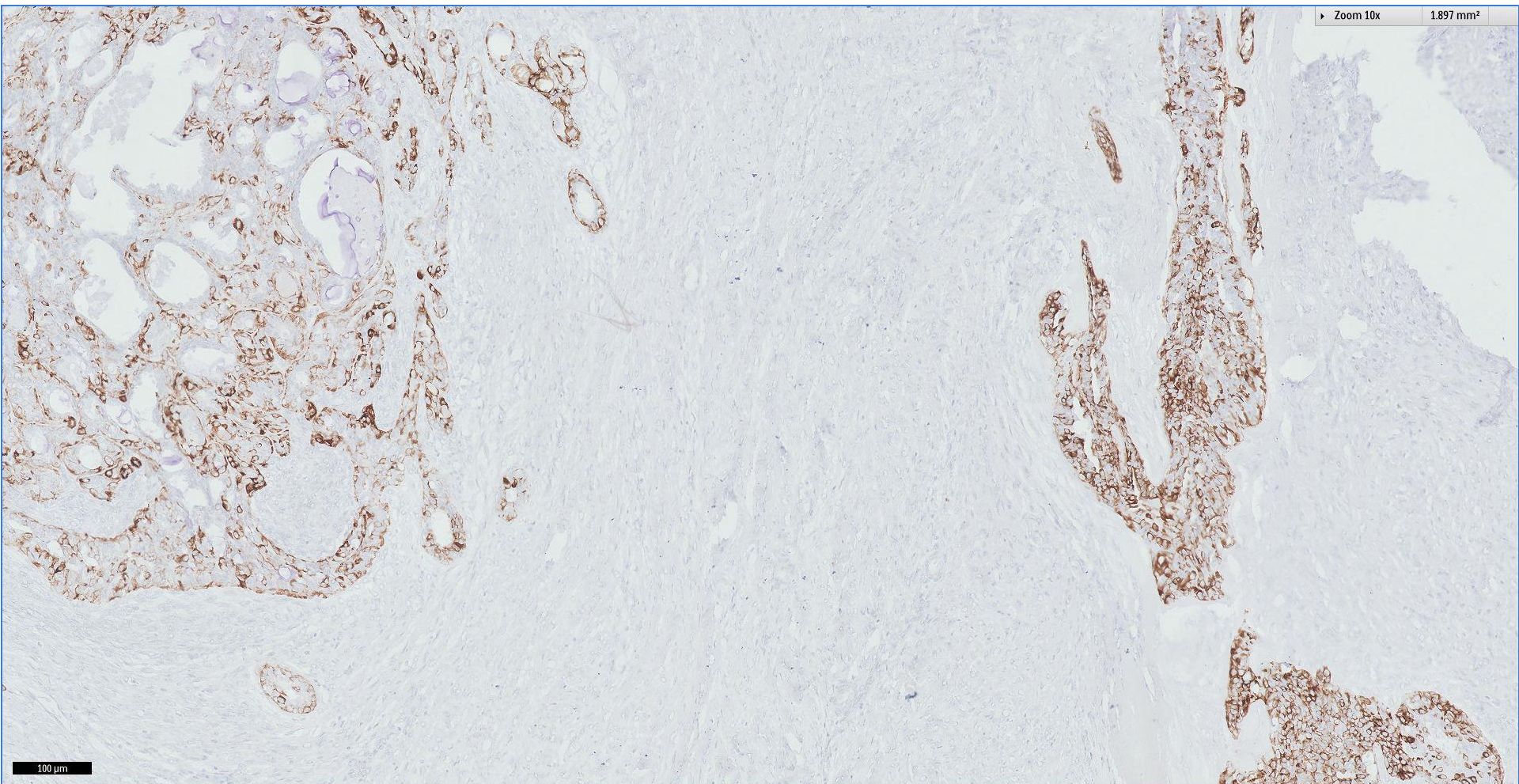
CK14



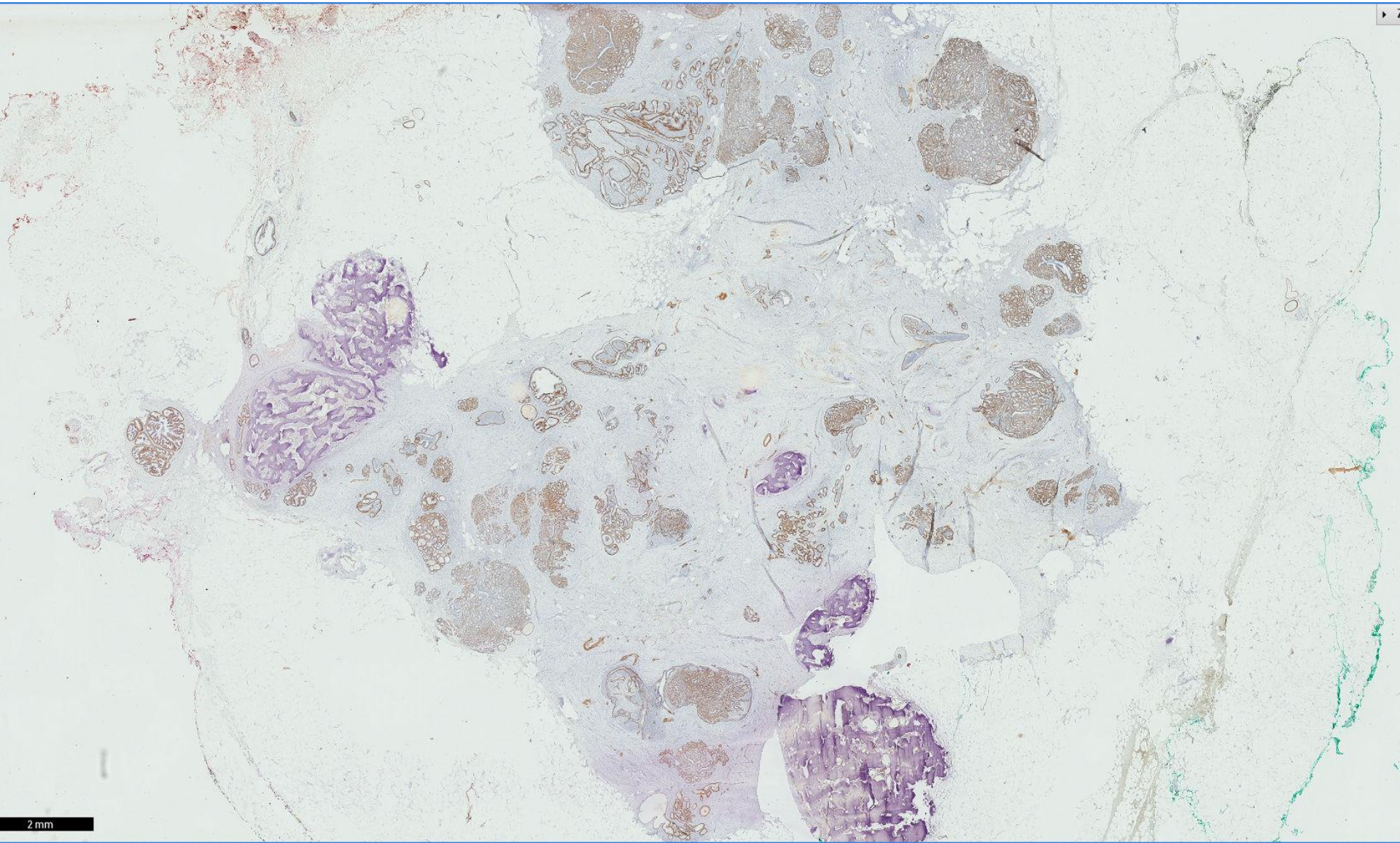
CK14



CK14

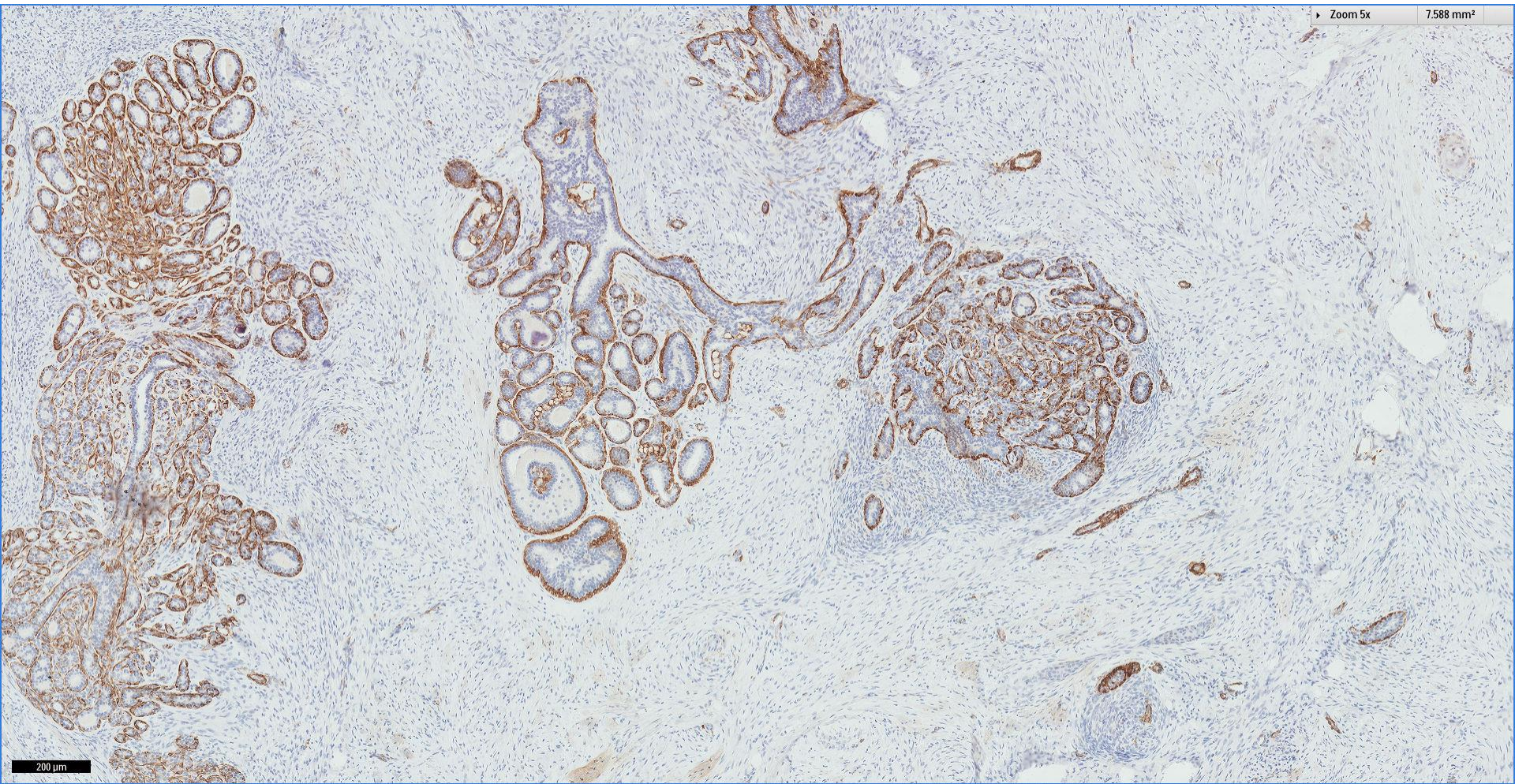


# SMMS



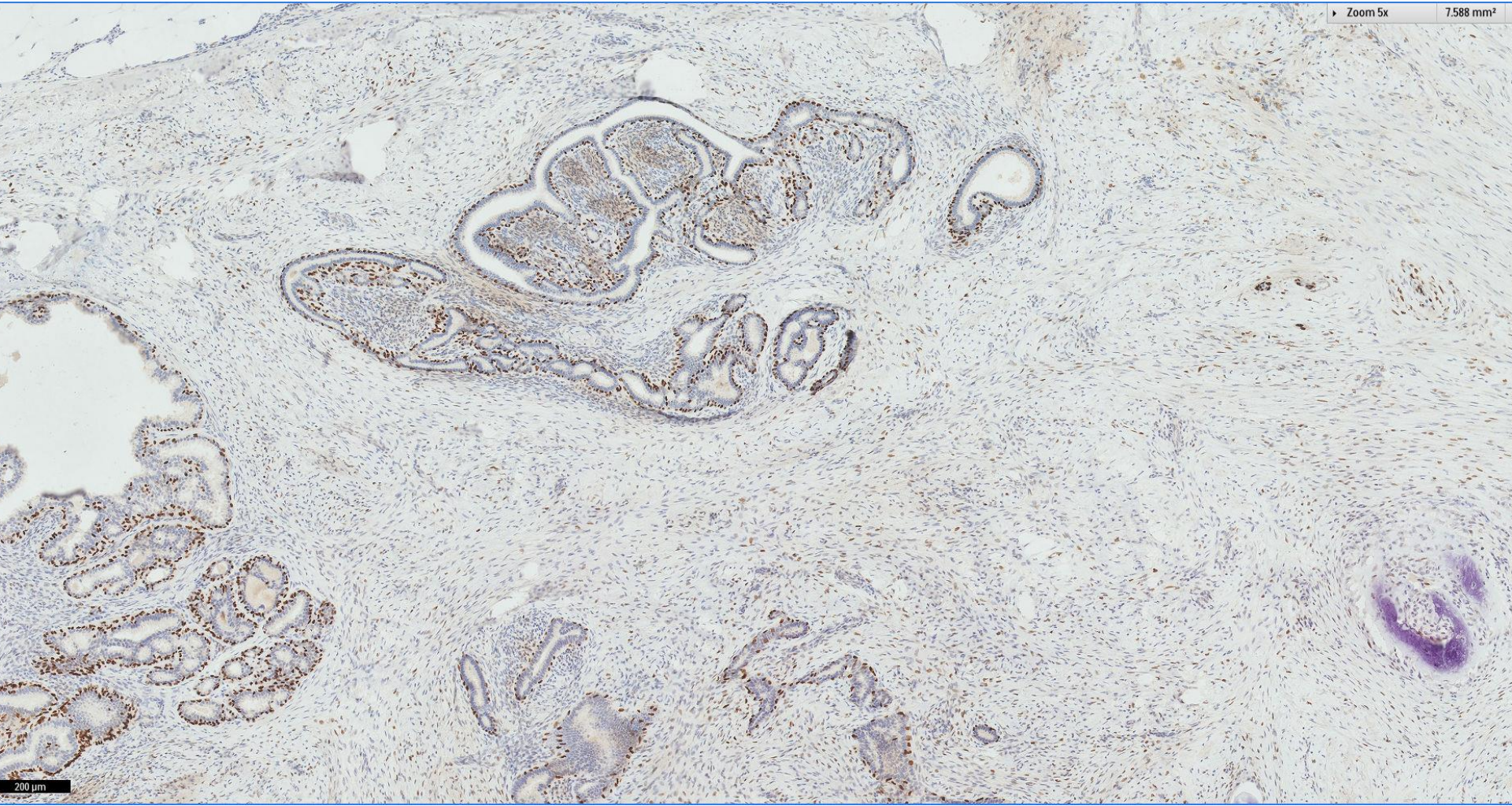
2 mm

# SMMS



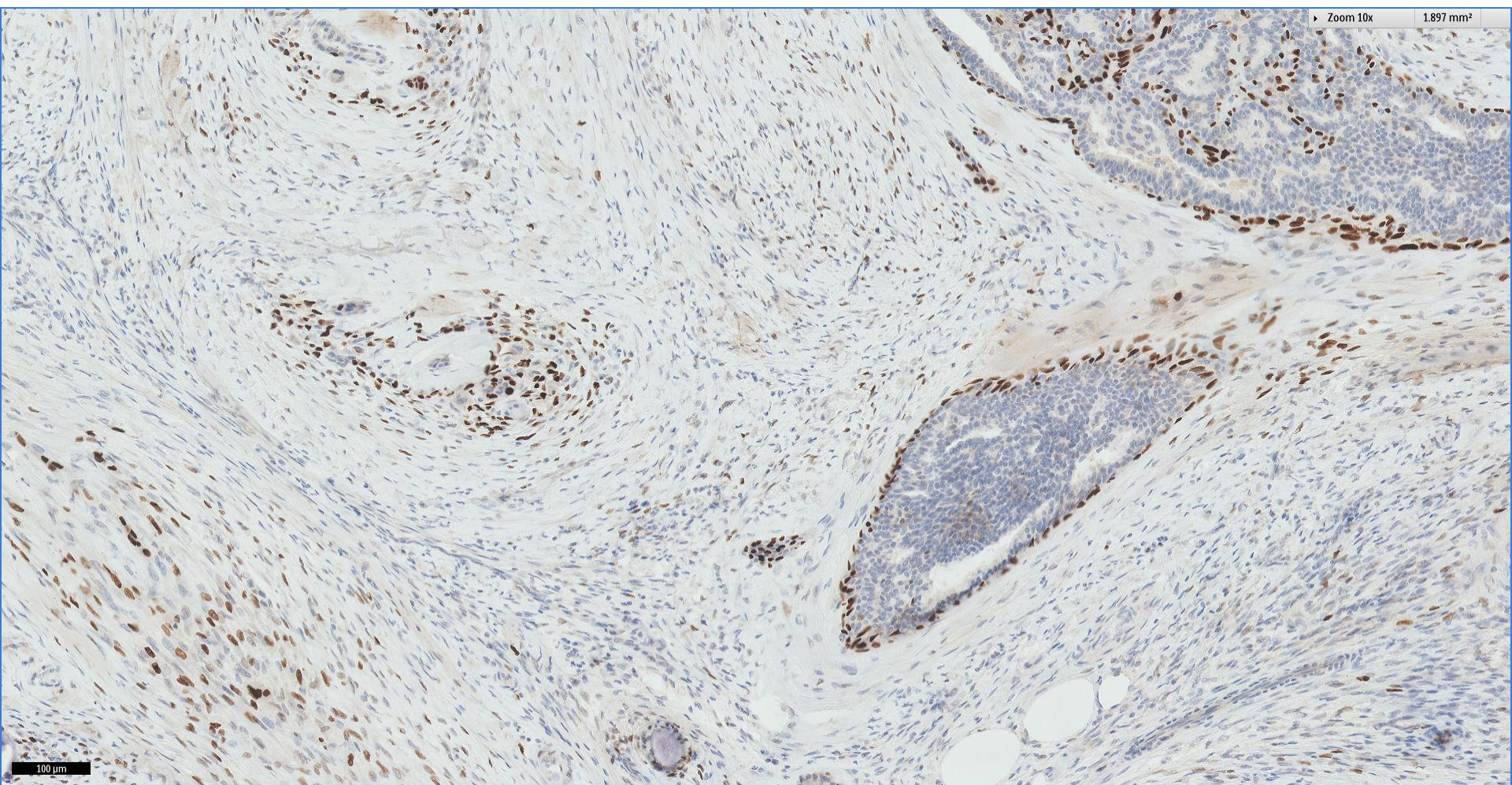
p63

Zoom 5x 7.588 mm<sup>2</sup>



200 μm

p63



# Diagnosis:

Cellular fibroepithelial neoplasm, with features of a periductal stromal tumour/phyllodes tumour of borderline grade, with osseous metaplasia



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# Clinical follow-up

Well, without disease, after one year.

*(acknowledgment to Dr Karen Yap for follow-up information)*



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# Periductal stromal tumour

- Previously referred to as periductal stromal sarcoma, the WHO classification of breast tumours in 2012 revised the terminology to a more “neutral” term, periductal stromal “tumour”, avoiding the connotation of malignancy with “sarcoma”, as the biological behaviour of this rarely diagnosed lesion remains uncertain.
- Instead of well-formed stromal fronds capped by benign epithelium, the periductal stromal tumour consists of hypercellular collections of spindle cells present around pre-existing ducts and terminal ductal lobular units.
- Some progress to conventional phyllodes tumours, and they are therefore currently classified under the rubric of phyllodal neoplasms.



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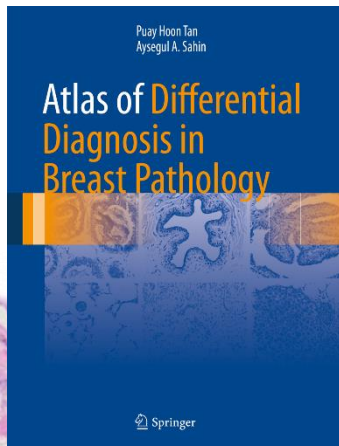
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# p63 may be expressed in the stromal cells of phyllodes tumours

**Table 3.4** Distinguishing Features of Sarcomatous Stromal Overgrowth in Malignant Phyllodes Tumour, Spindle Cell Metaplastic Carcinoma, and Primary Breast Sarcoma

Feature	Malignant phyllodes tumour (stromal overgrowth)	Spindle cell metaplastic carcinoma	Primary breast sarcoma
Leaf-like fronds	Present (but may be hard to identify)	Absent	Absent
Peri-epithelial stromal accentuation	Present	Absent	Absent
Carcinoma (in situ and invasive)	Absent	May be present	Absent
Keratins (IHC)	Usually absent, may be focal reactivity	Present, but may be focal	Usually absent
High-molecular-weight keratins	Usually absent, may be focal reactivity	Present, but may be focal	Usually absent
p63, p40	Absent or present	Present, but may be focal	Usually absent

*IHC immunohistochemistry*



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