

Case 6

78 year old Chinese female.

Section from a 5cm tumour in the right breast mastectomy (A).

Section from a left breast subareolar nodule (B).









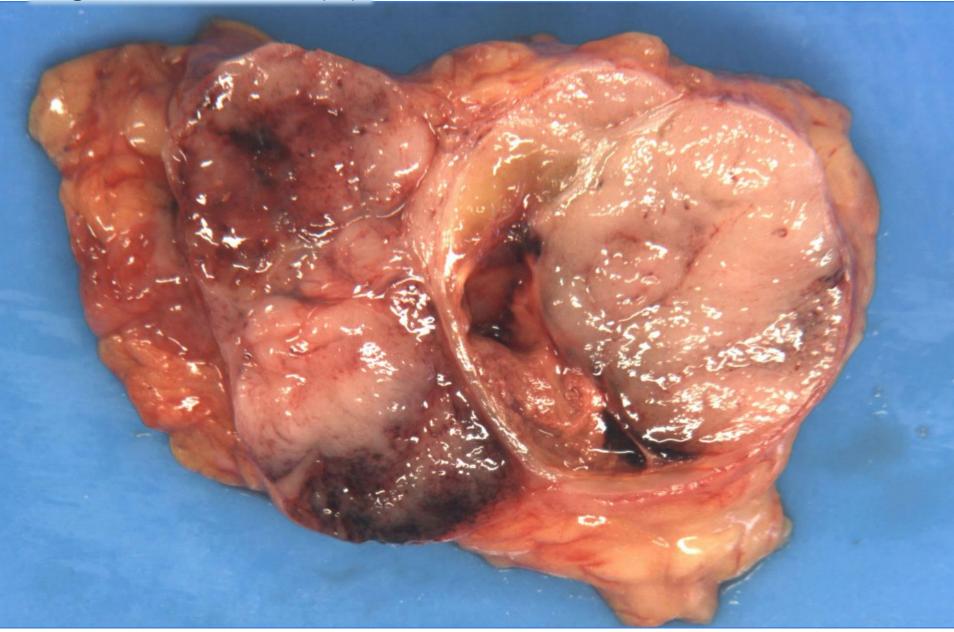
Section from a 5cm tumour in the right breast mastectomy (A).

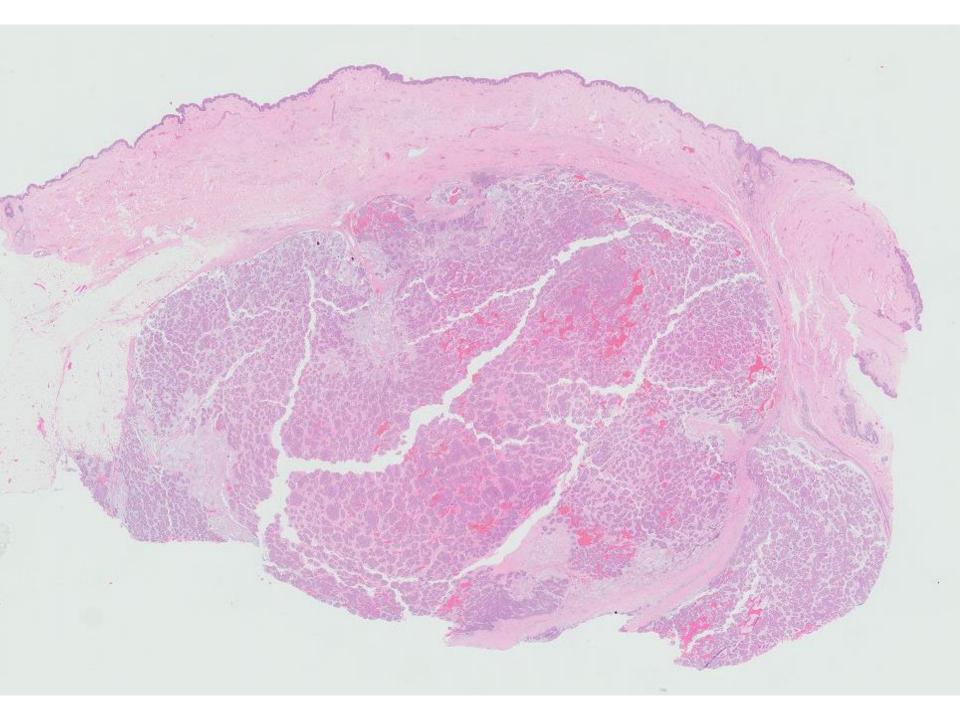


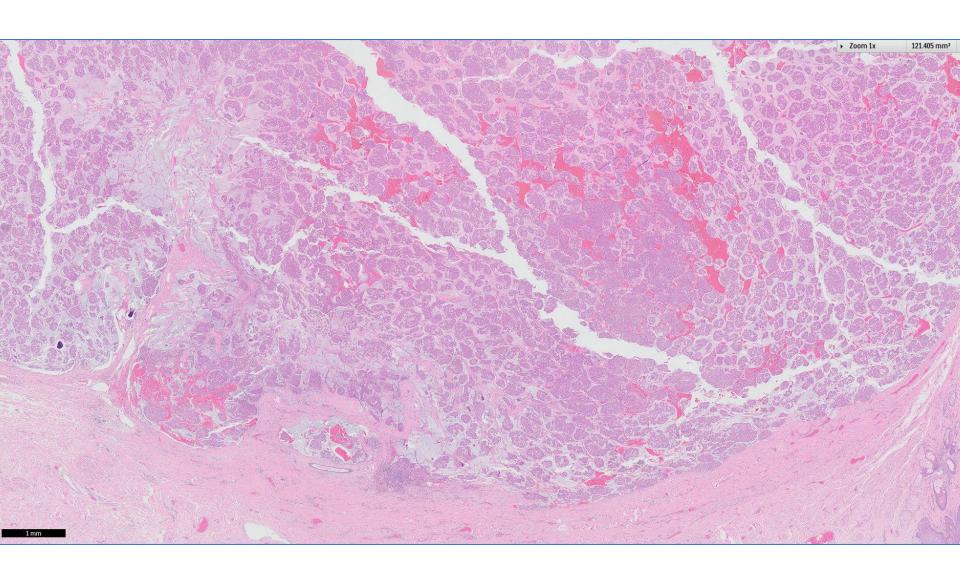


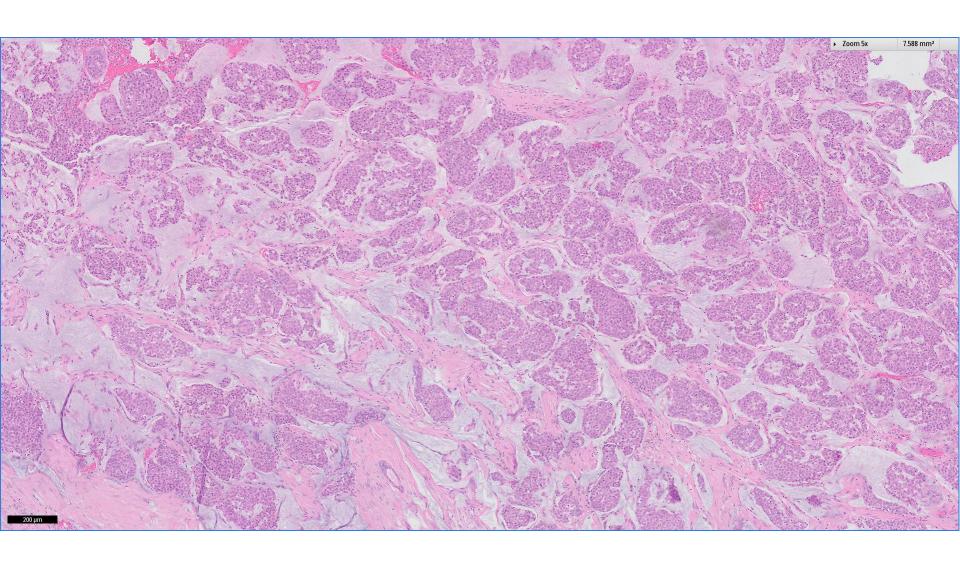


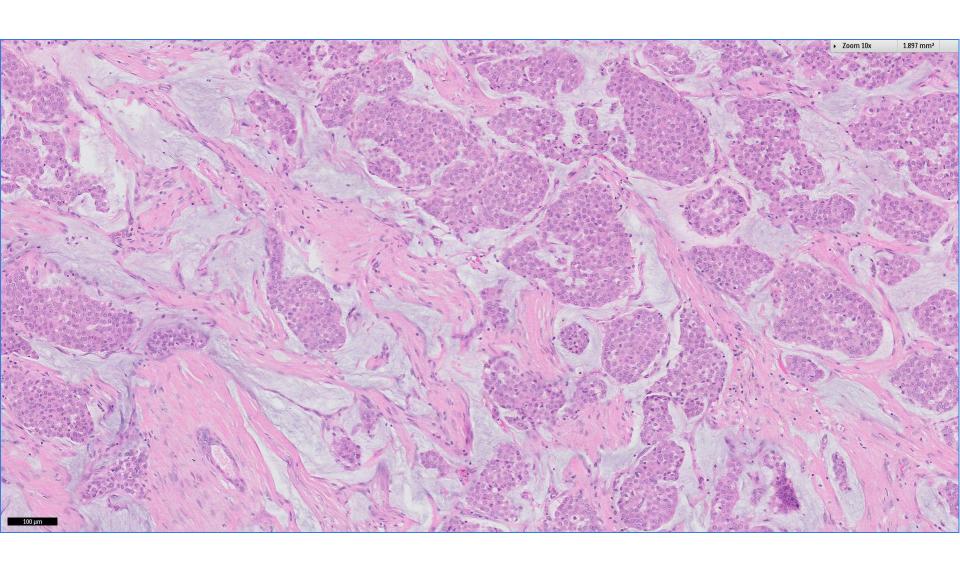
Right breast mass (A)

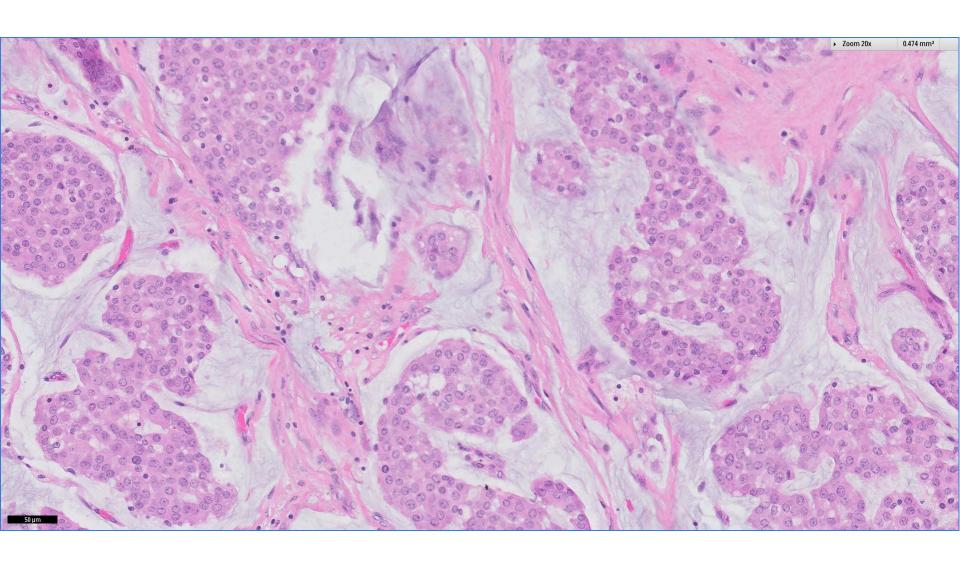


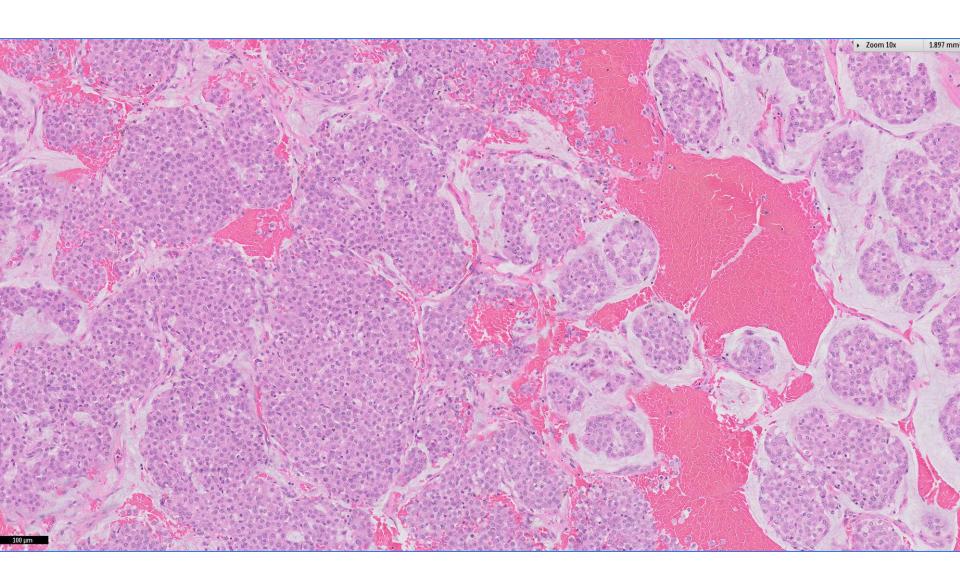


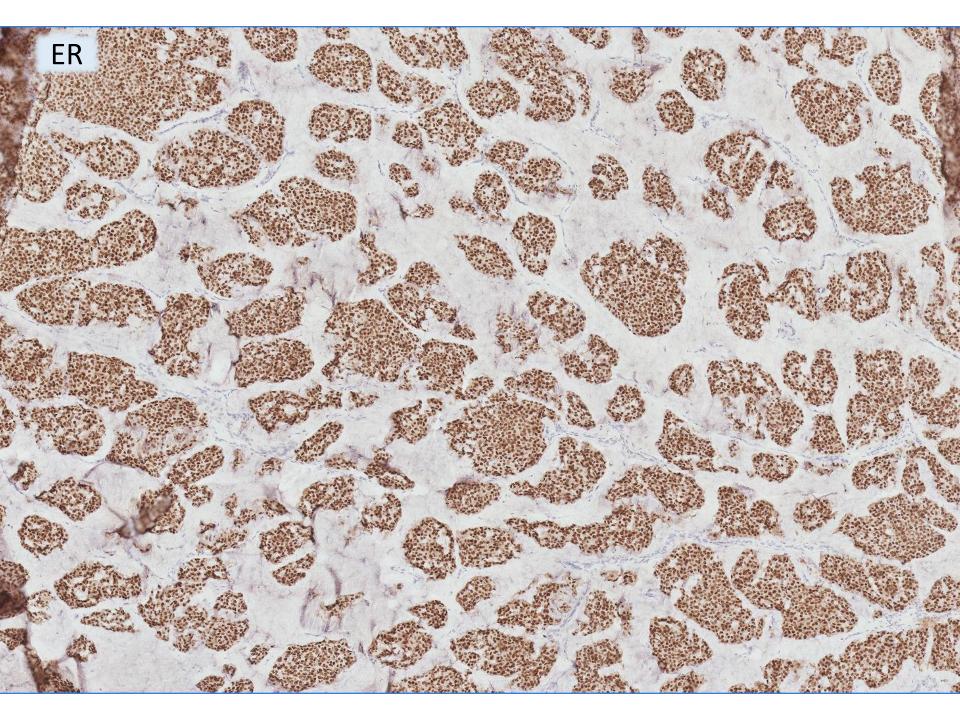


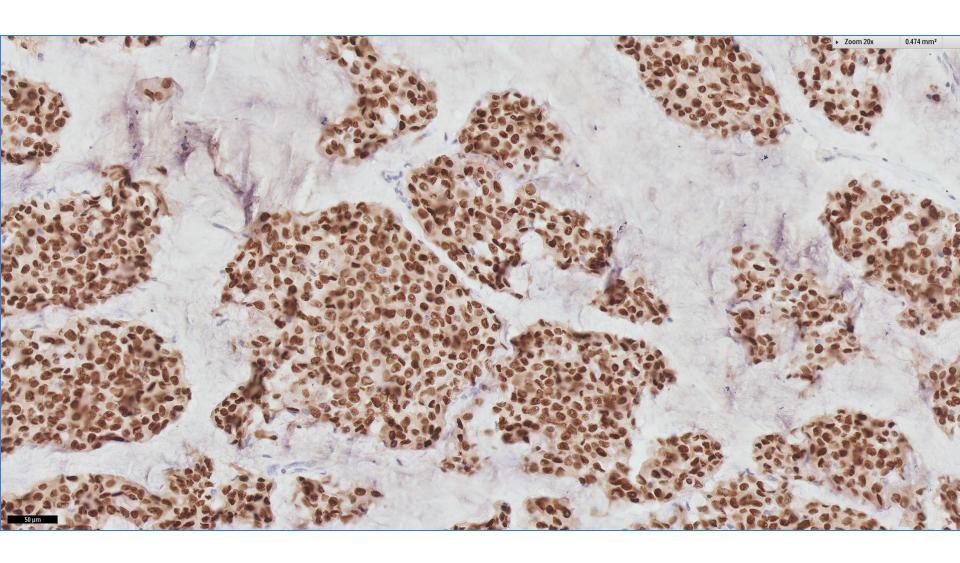


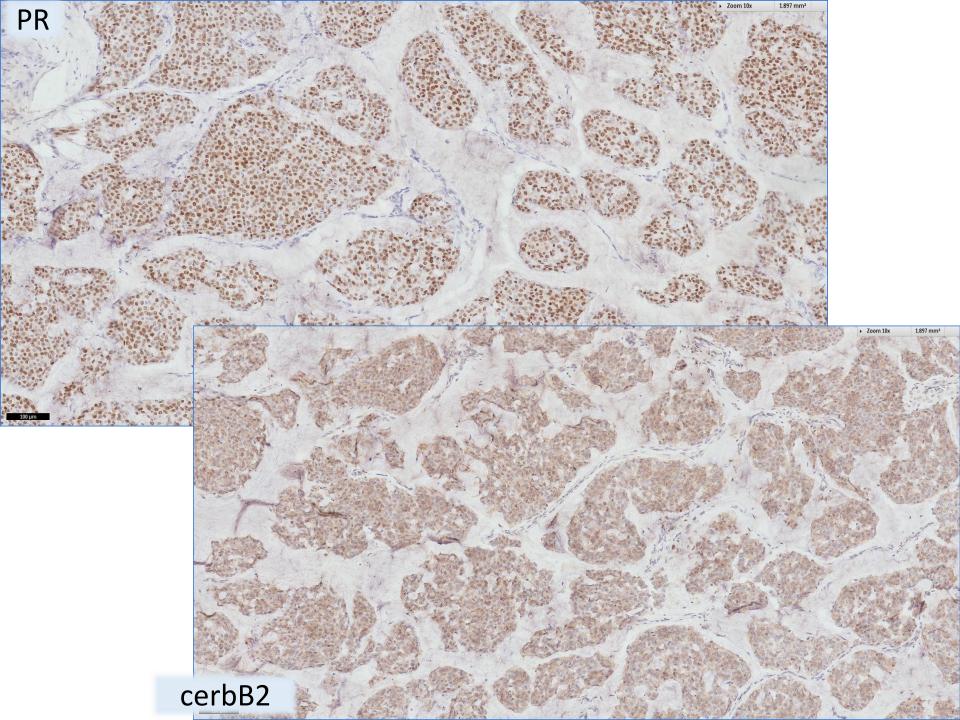




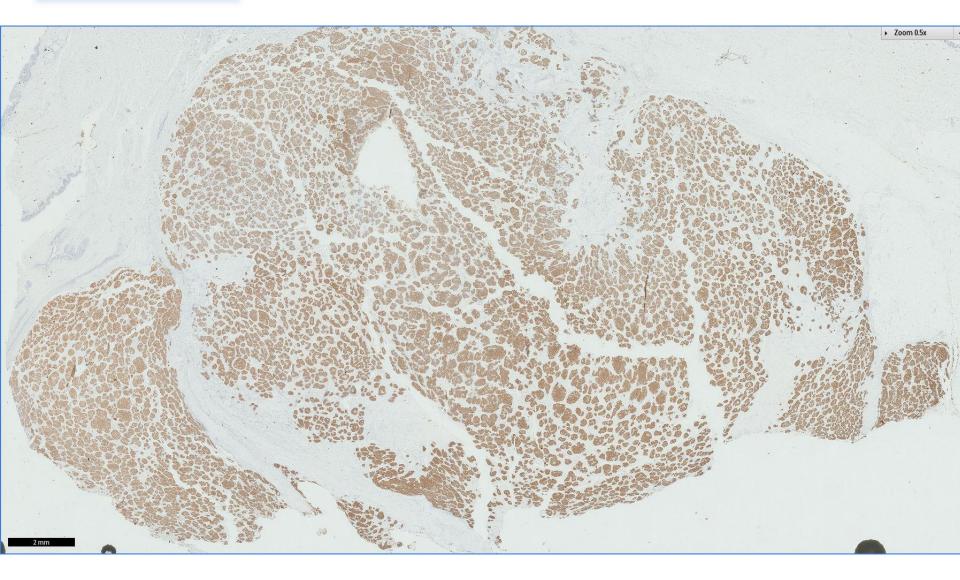




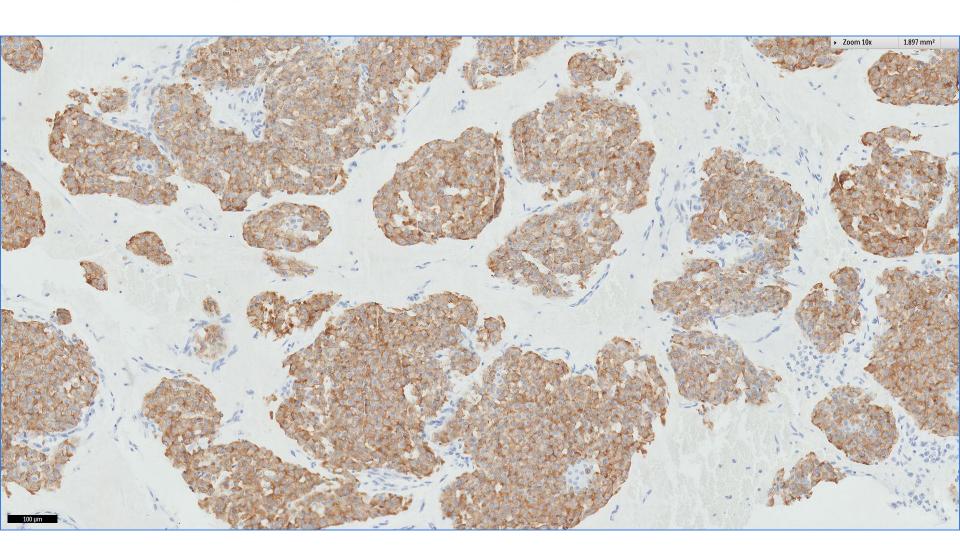


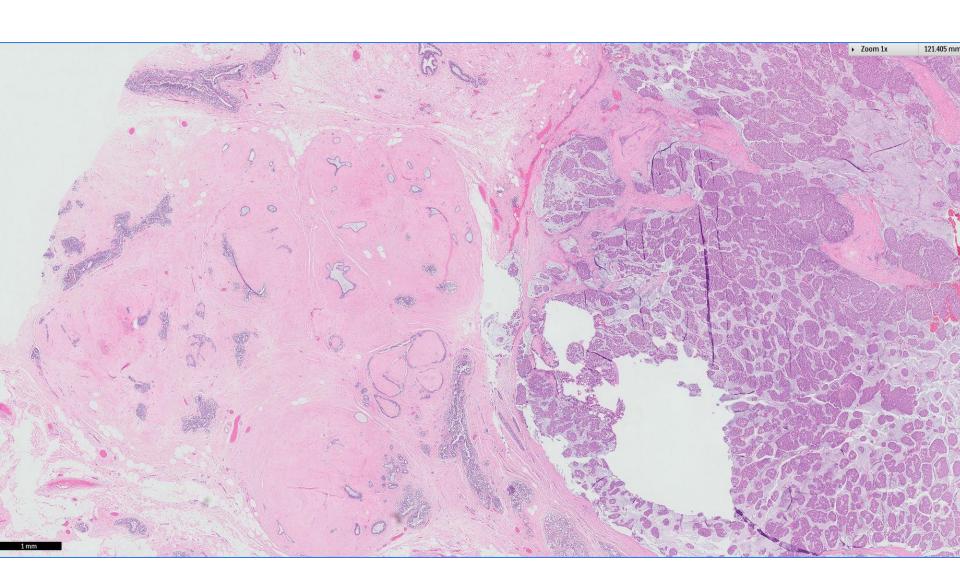


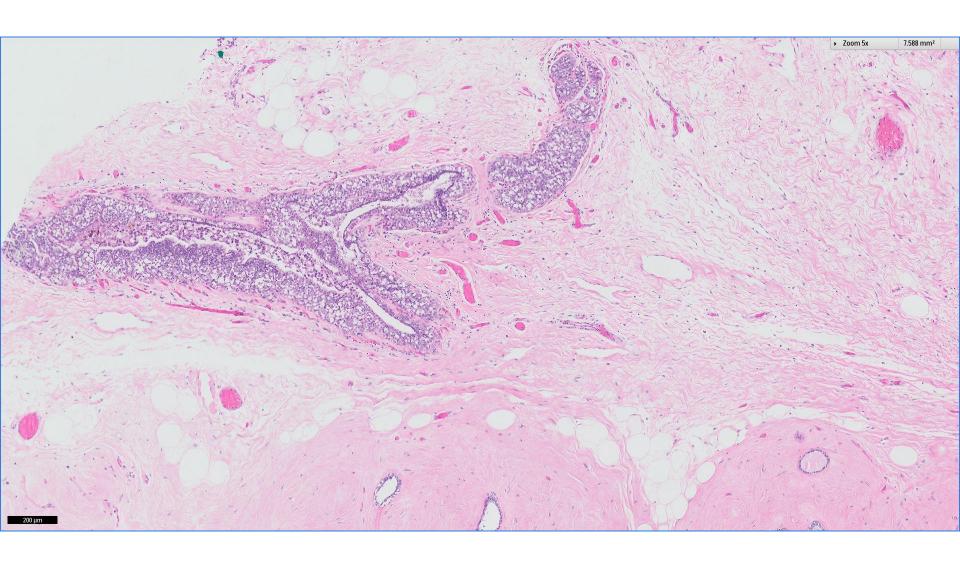
synaptophysin

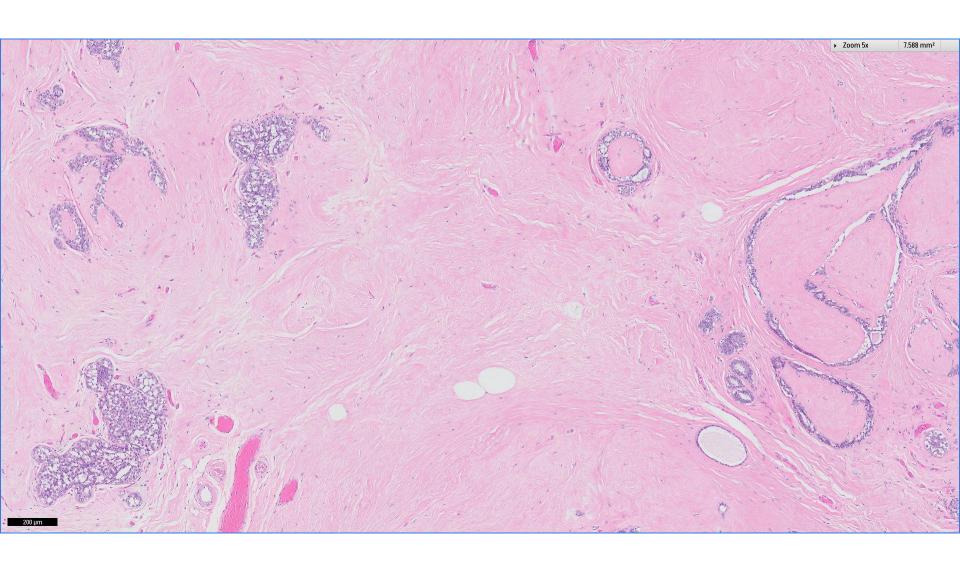


synaptophysin

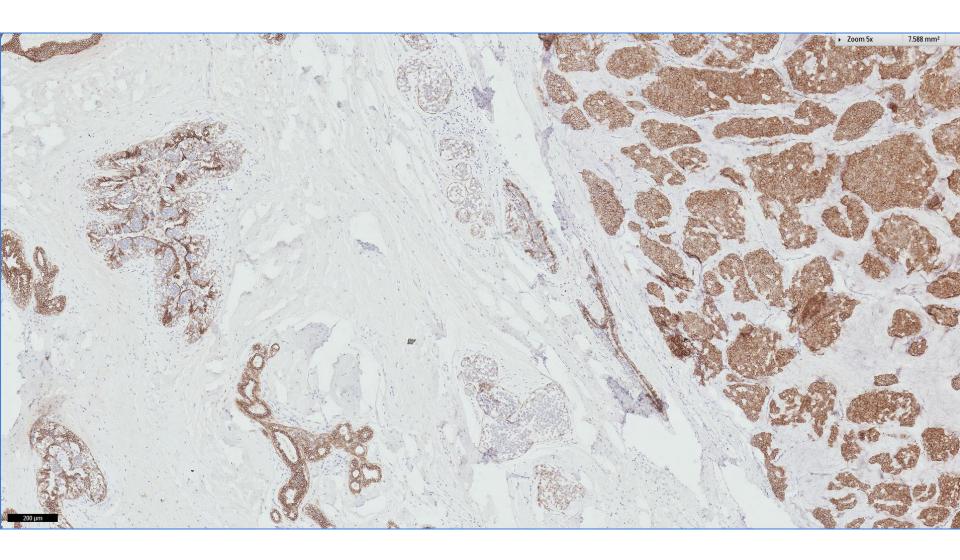




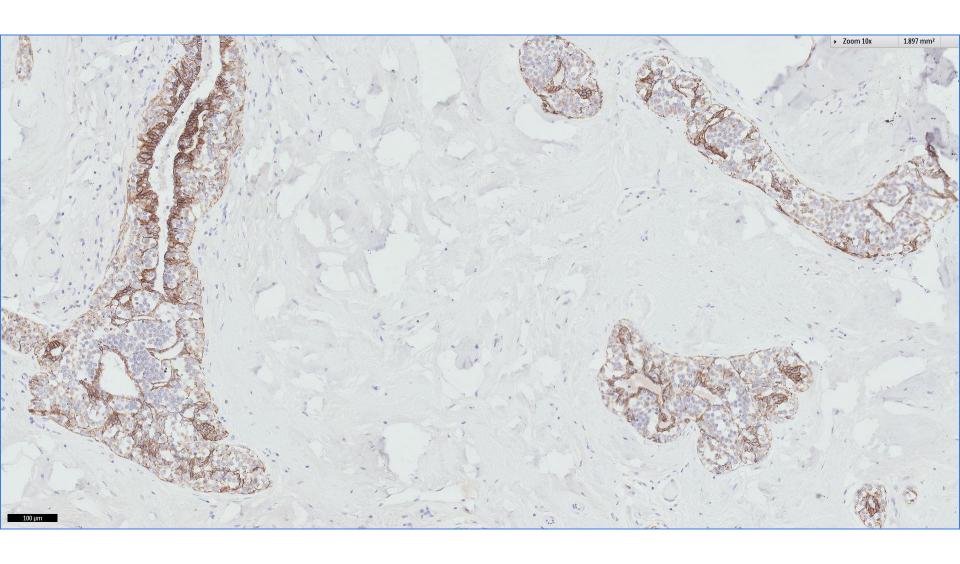




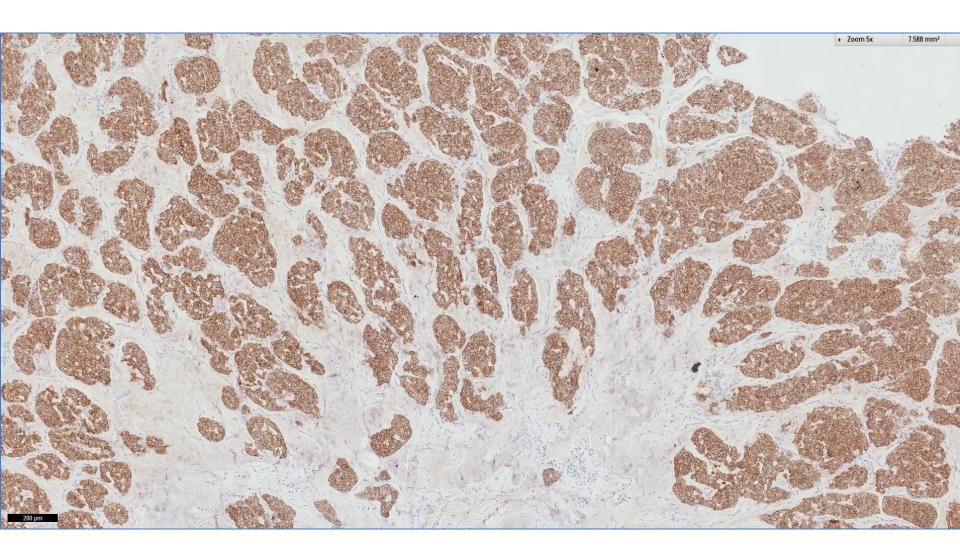
E-cadherin



E-cadherin



E-cadherin





Diagnosis, right breast tumour (A) ~

Mucinous carcinoma, grade 2, 5cm.

ER positive, PR positive, cerbB2 negative.

(hypercellular Capella B with neuroendocrine differentiation)

Lobular neoplasia in adjacent fibroadenoma.







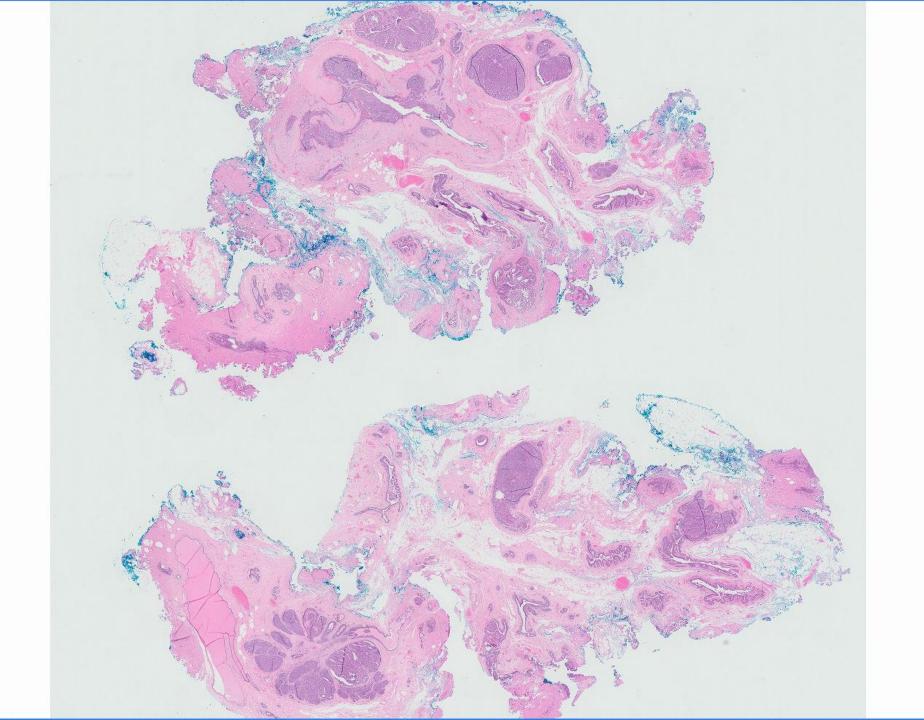


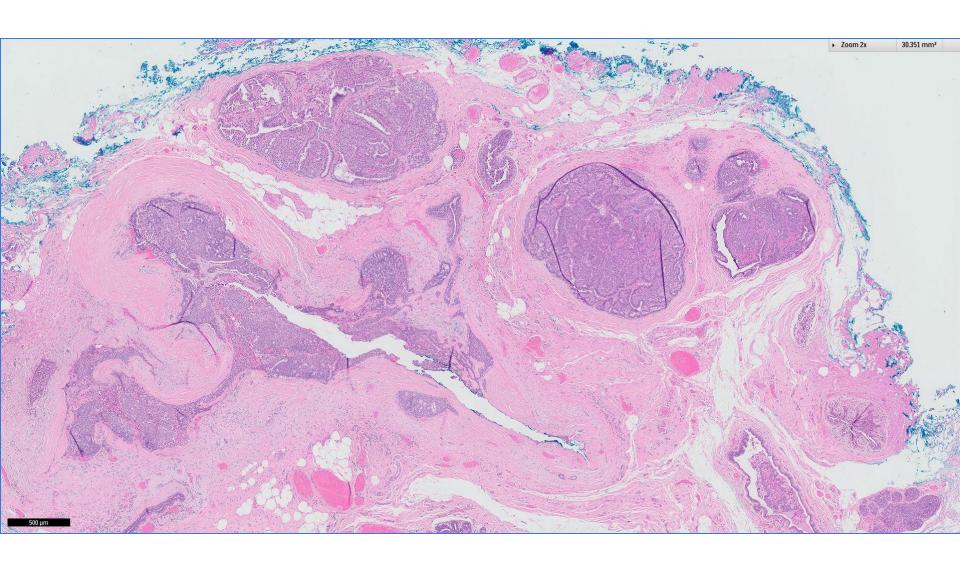
Section from a left breast subareolar nodule (B).

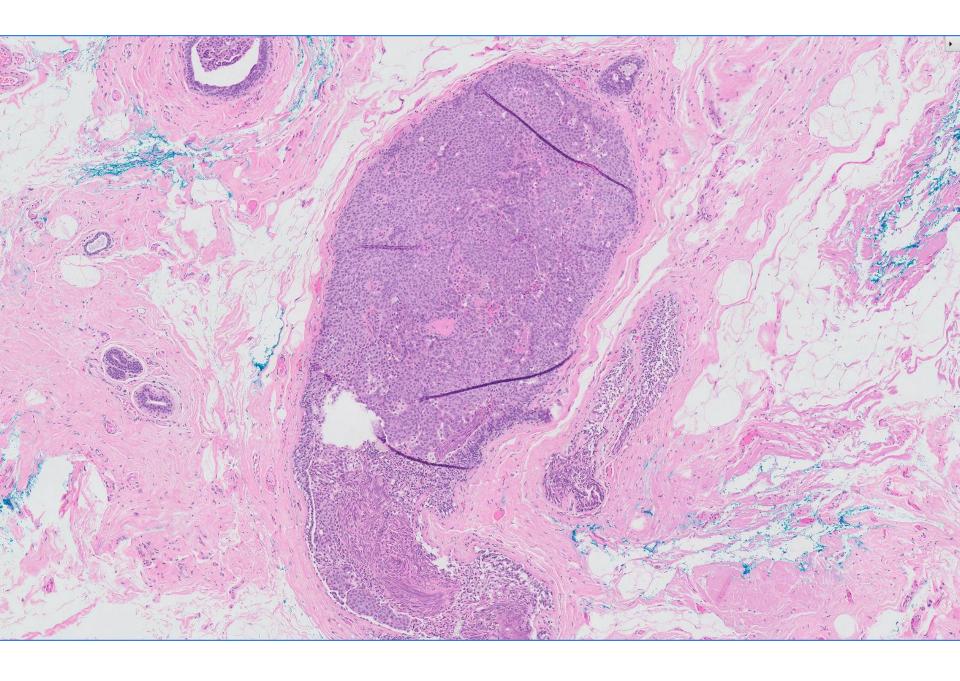


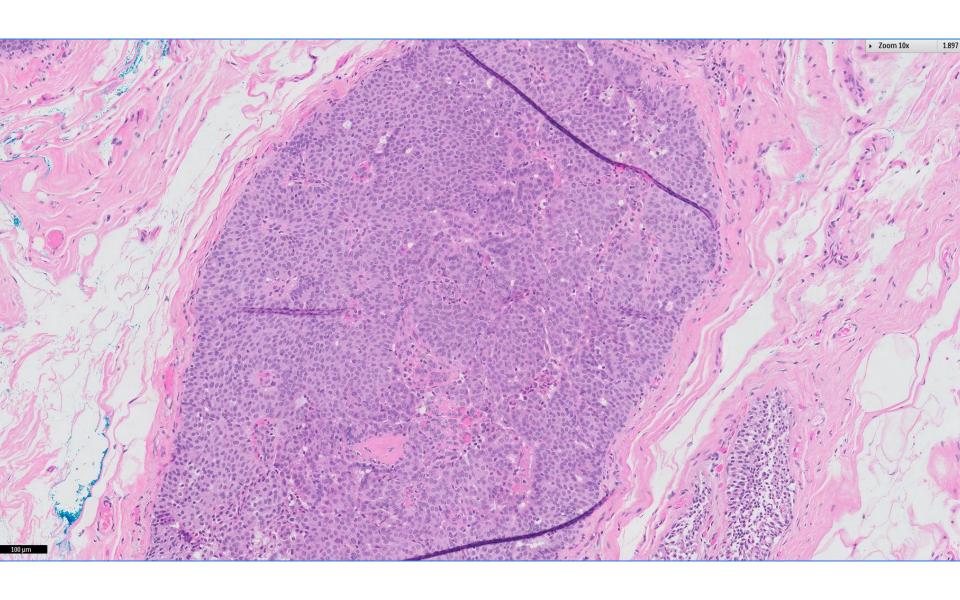


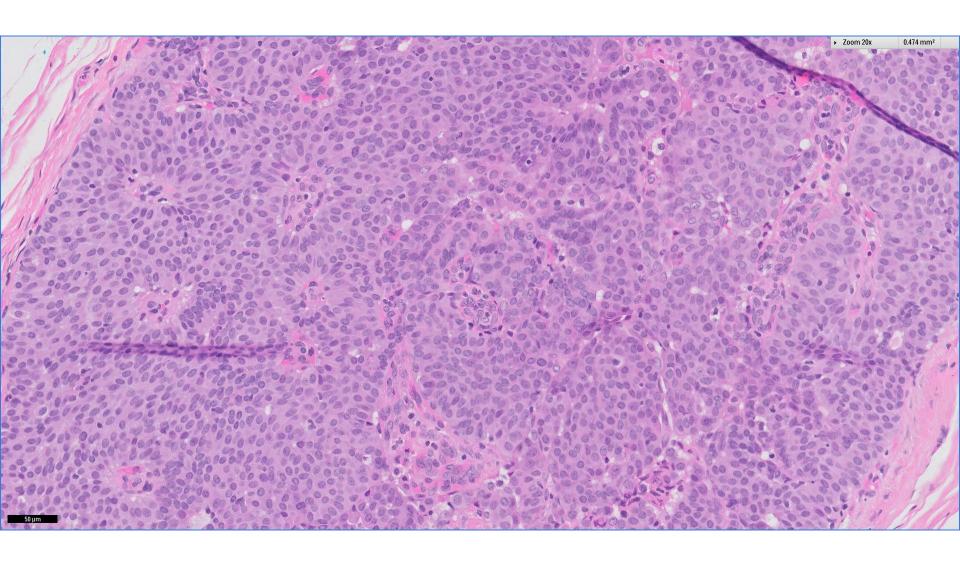


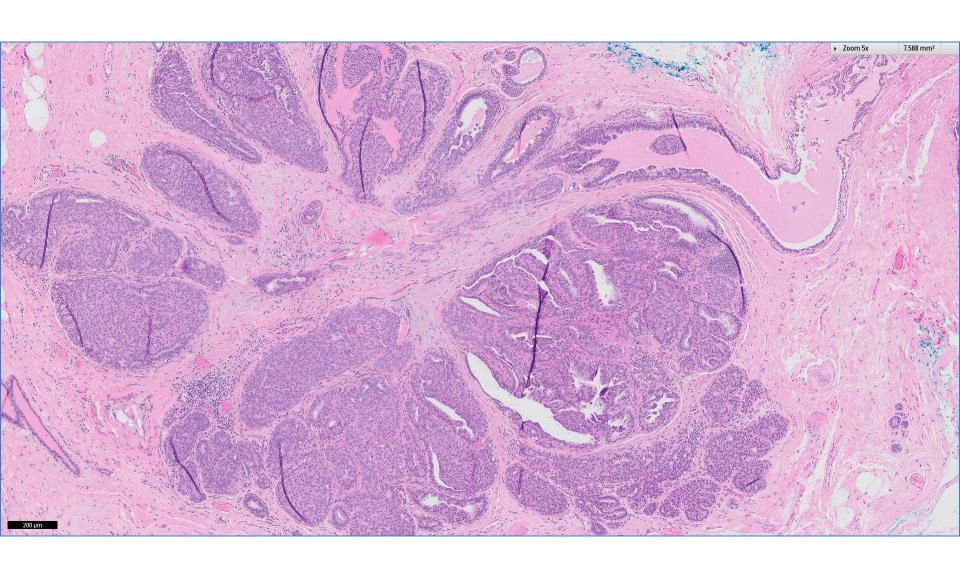


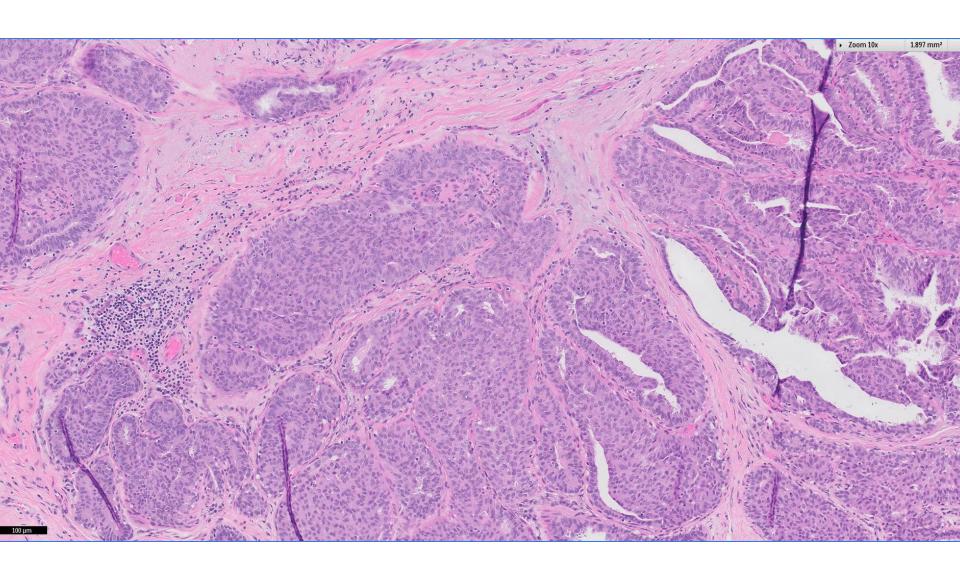


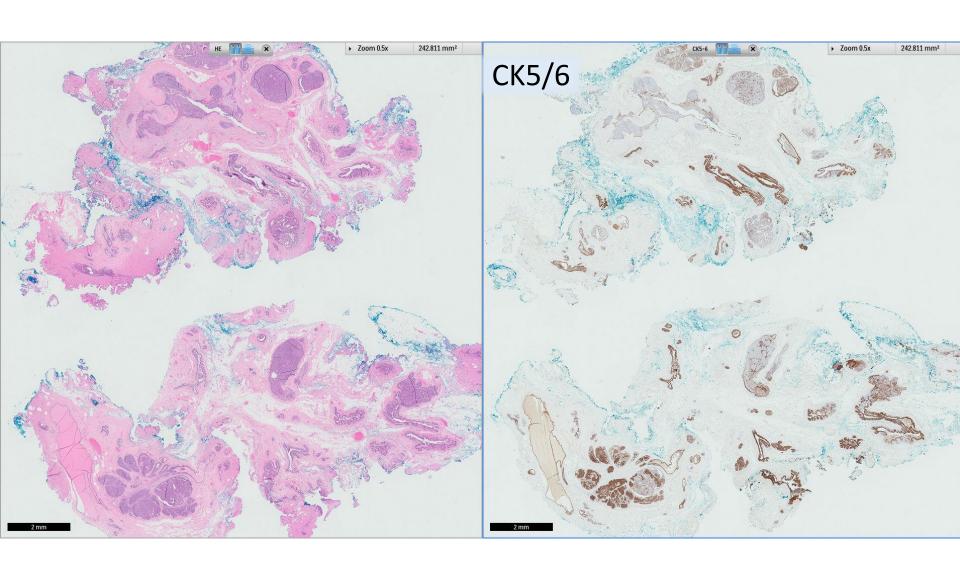


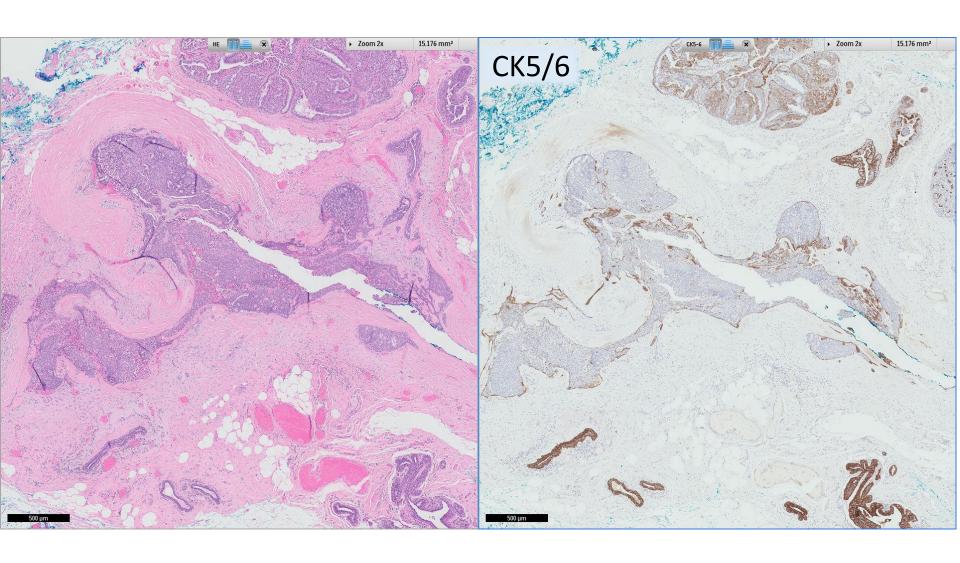


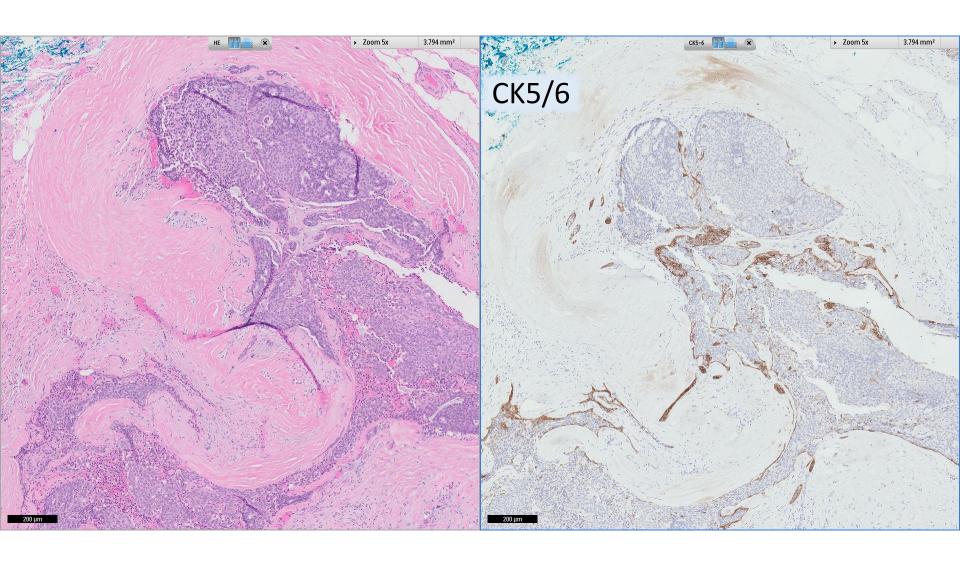


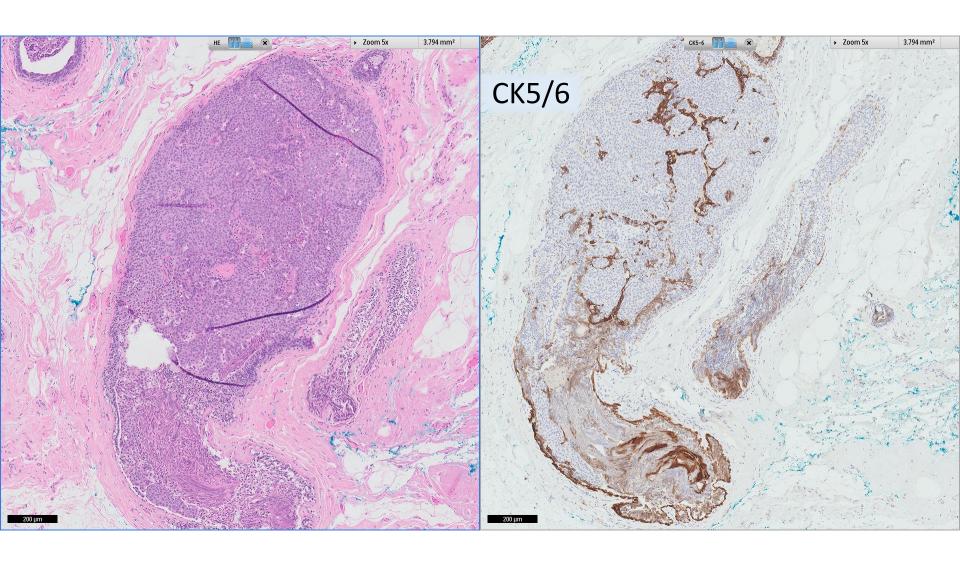


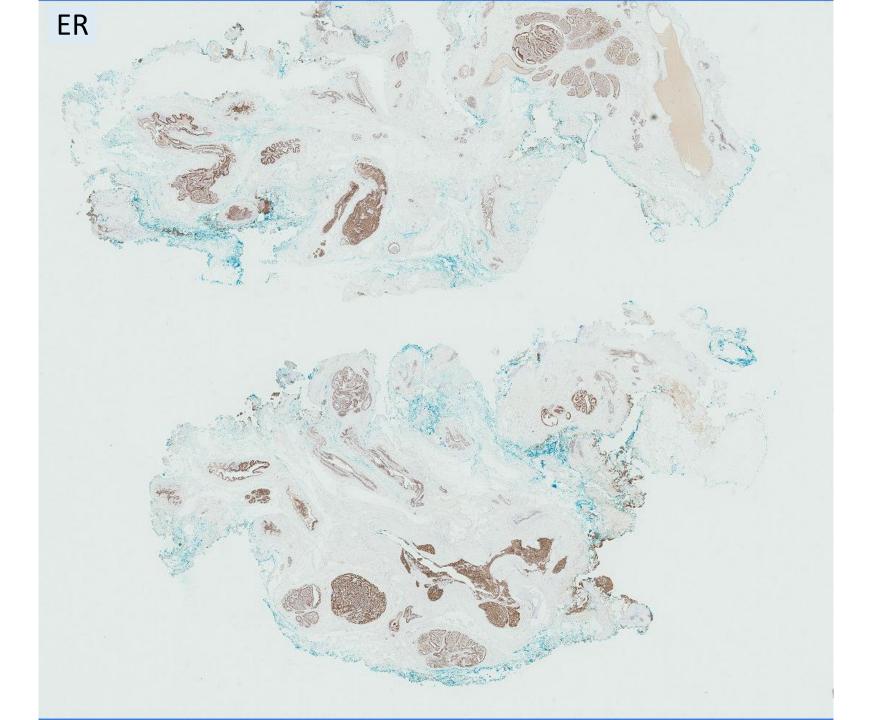


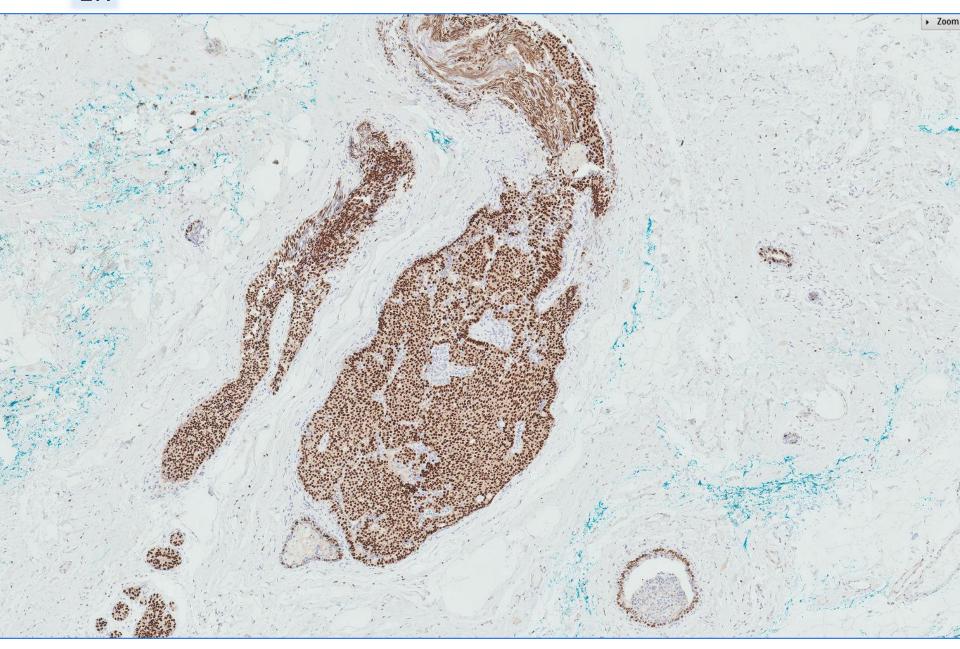


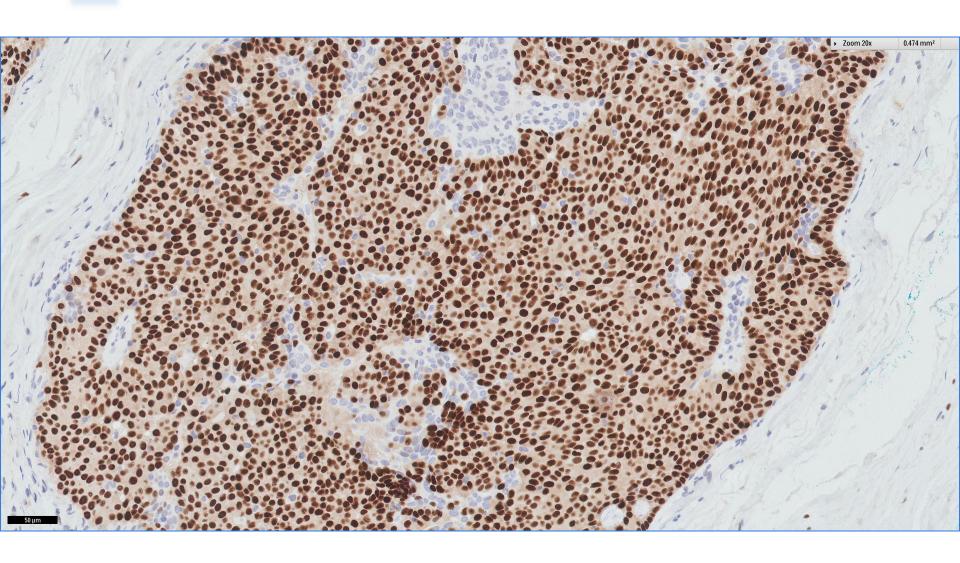


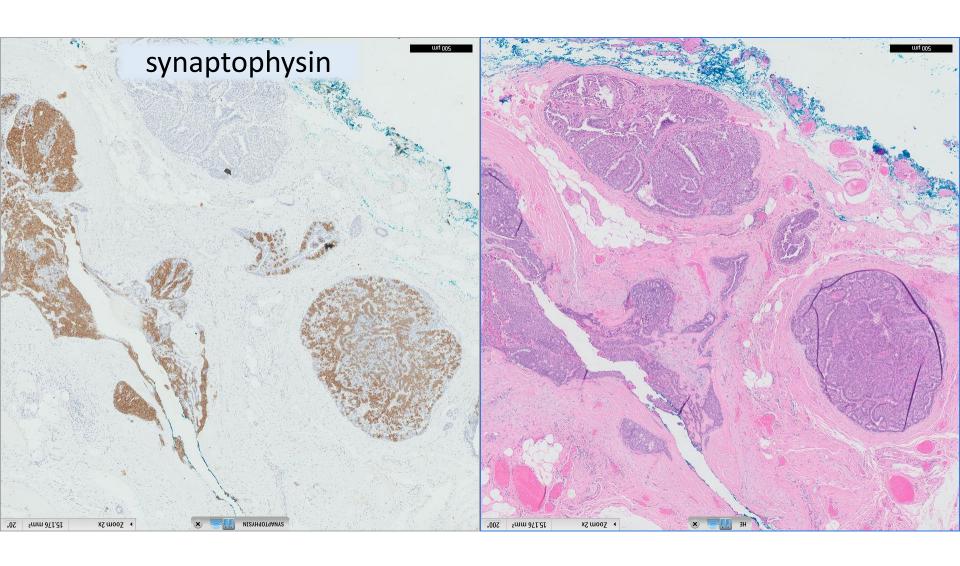


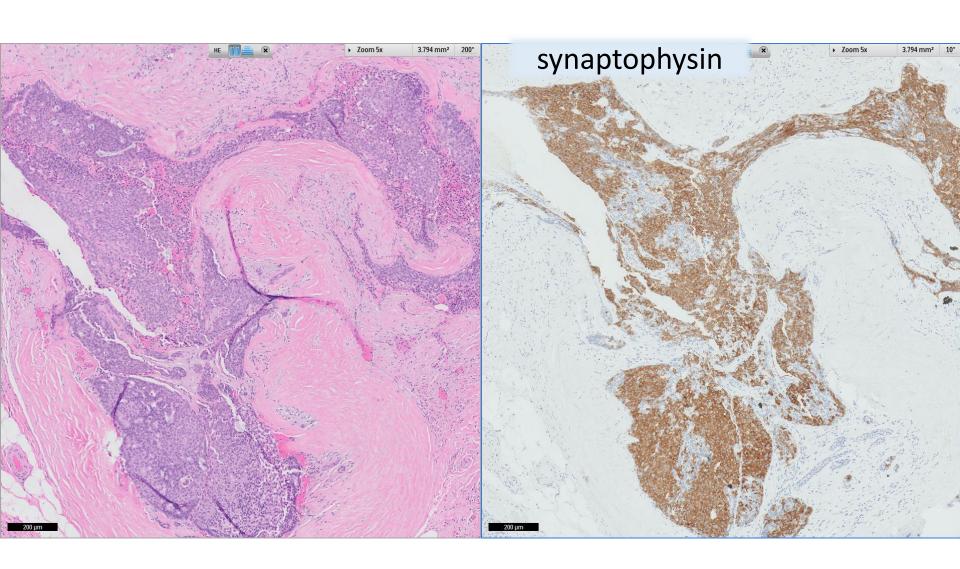


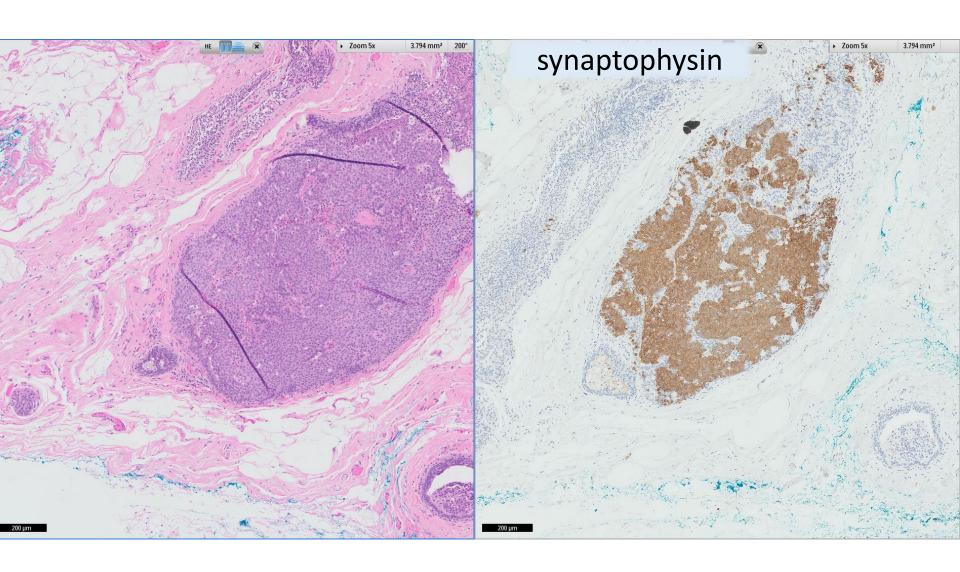


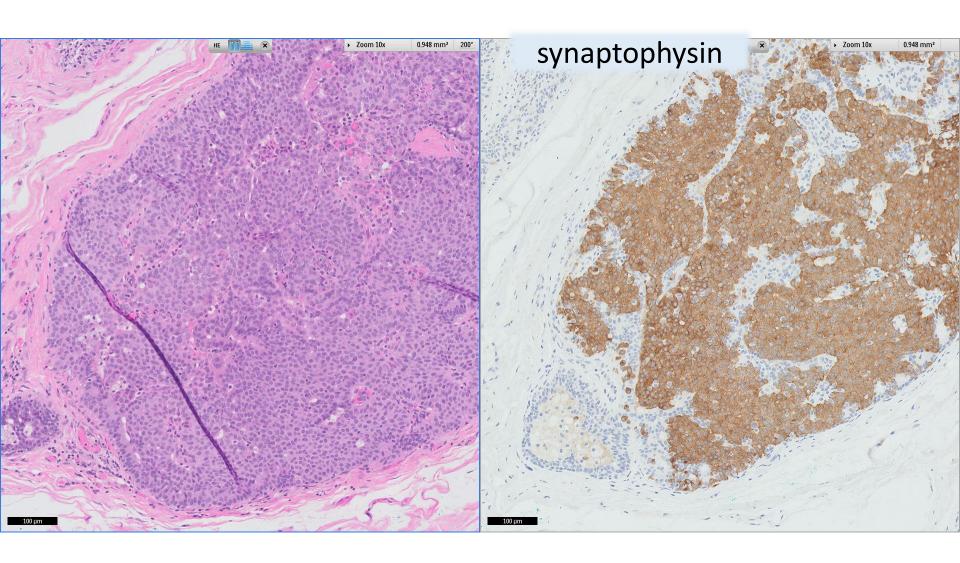














Diagnosis, left breast subareolar nodule (B) ~

Ductal carcinoma in situ with neuroendocrine and solid-papillary features, involving an intraductal papilloma.







Mucinous carcinoma

- Also known as mucoid, colloid or gelatinous carcinoma.
- Consists of malignant epithelial nests floating within extracellular mucin.
- Malignant epithelial nests, usually with low or intermediate nuclear grade, are seen within mucin pools.
- Both paucicellular (Capella type A) and hypercellular (Capella type B) tumours are described.
- Mucinous carcinoma is usually hormone receptor positive and human epidermal growth factor receptor 2 (HER2) negative.
- Hypercellular mucinous carcinoma often demonstrates neuroendocrine differentiation.



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PATHOLOGY



DCIS with neuroendocrine and solidpapillary features

- Solid-papillary carcinoma usually consists of multinodular, expansile solid epithelial masses whose underlying papillary architecture is subtly reflected by fine delicate vessels coursing through the cellular islands.
- Myoepithelial cells may be present, attenuated, or completely absent around the nodular masses.
- Neuroendocrine differentiation and mucin production are frequent.
- Solid papillary carcinoma should be qualified as either in situ (majority of cases) or invasive.

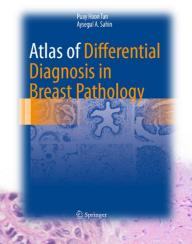






DCIS with neuroendocrine and solidpapillary features

Neuroendocrine
DCIS may 'colonise'
an intraductal
papilloma.



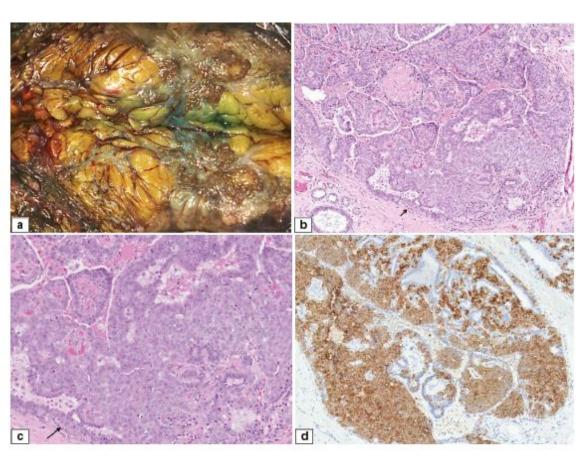


Fig. 4.28 Intraductal papilloma colonized by neuroendocrine DCIS.

(a) In this sliced open mastectomy specimen, a lobulated brownish grey mass is seen, partially rimmed by whitish fibrous tissue. Histologically, this showed an intraductal papilloma with neuroendocrine DCIS. (b) In this intraductal papilloma in which the underlying papillary architecture is preserved, there is a population of relatively monotonous cells with amphophilic cytoplasm expanding papillary fronds and located

deep to the luminal epithelium, focally giving a pagetoid appearance (arrow) of insinuation in between luminal and myoepithelial cells. (c) Higher magnification shows the monomorphic cells containing vesicular rounded nuclei with small inconspicuous nucleoli and pink to amphophilic cytoplasm. A focal pagetoid appearance is seen (arrow). (d) Immunohistochemistry for synaptophysin shows positive staining of the neuroendocrine cells within the intraductal papilloma

