

Case 7

50 year old female.

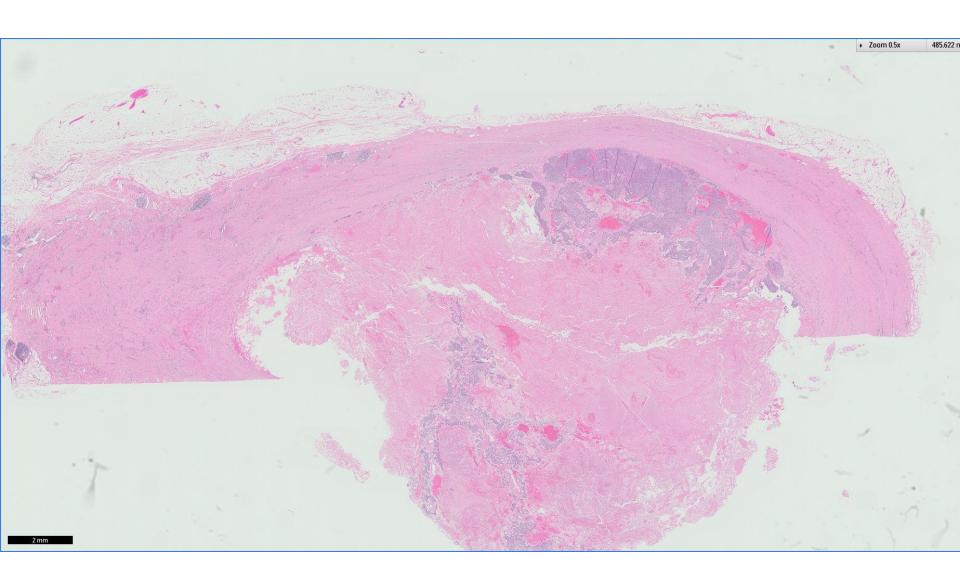
Section from a solid-cystic haemorrhagic retroareolar tumour, 8cm, in the central position of a left breast mastectomy.

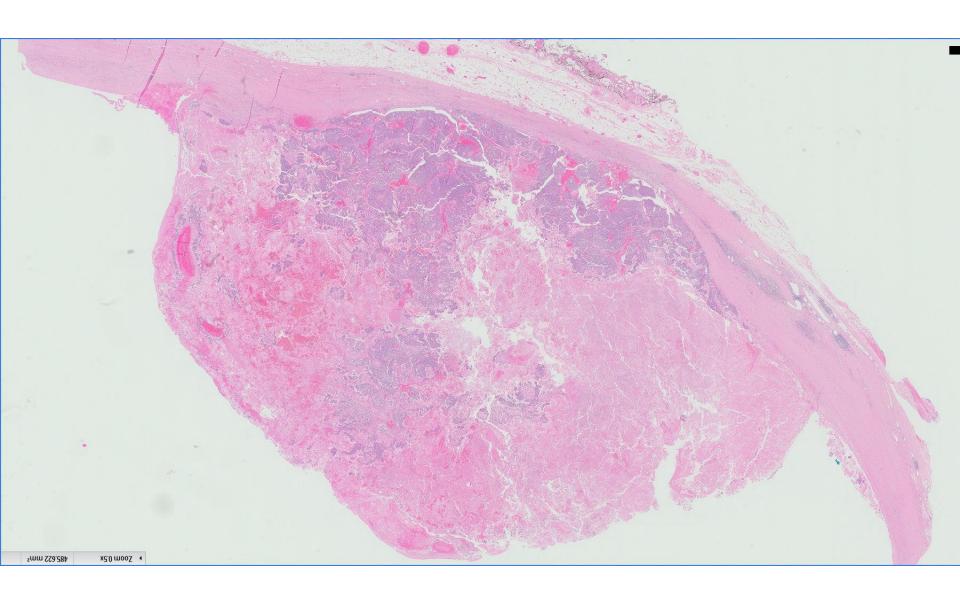


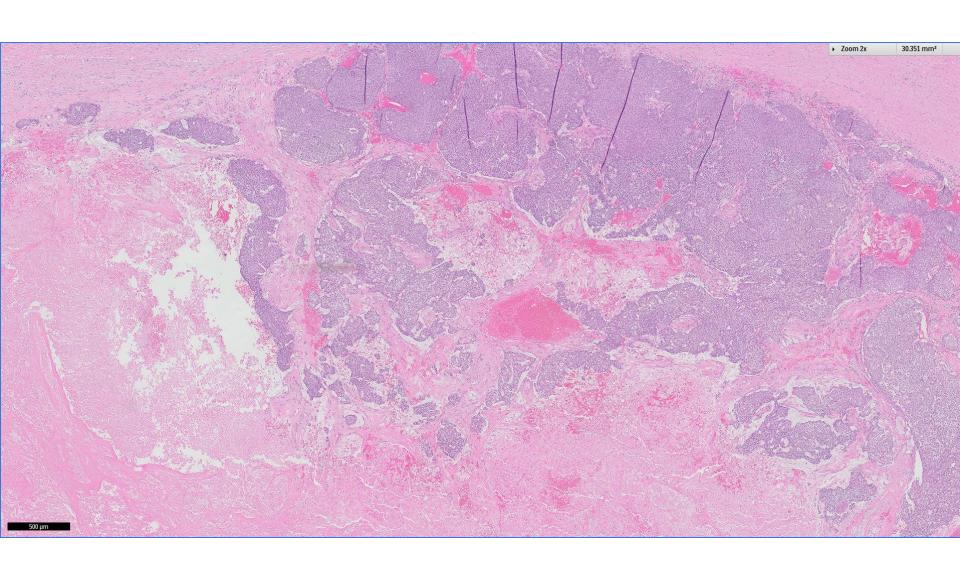


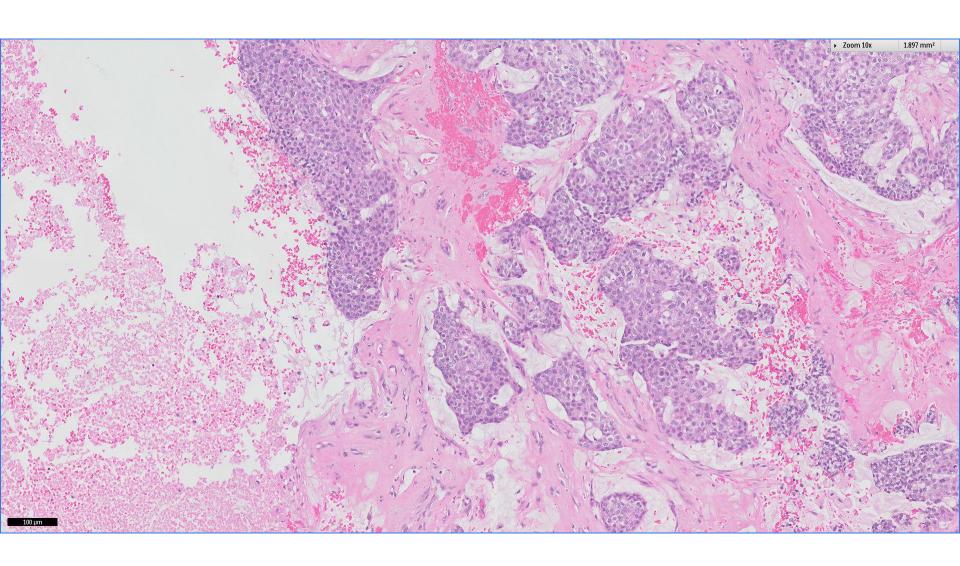


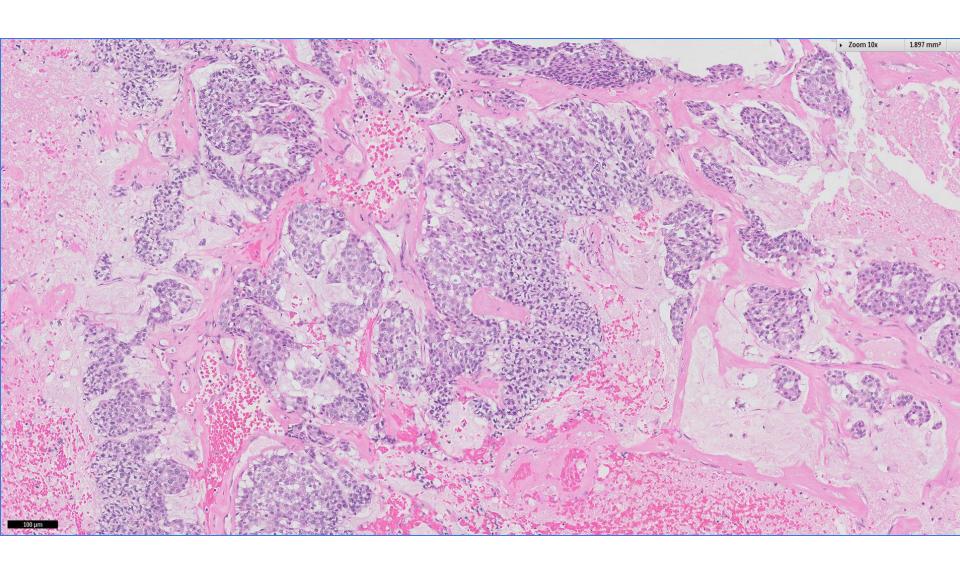


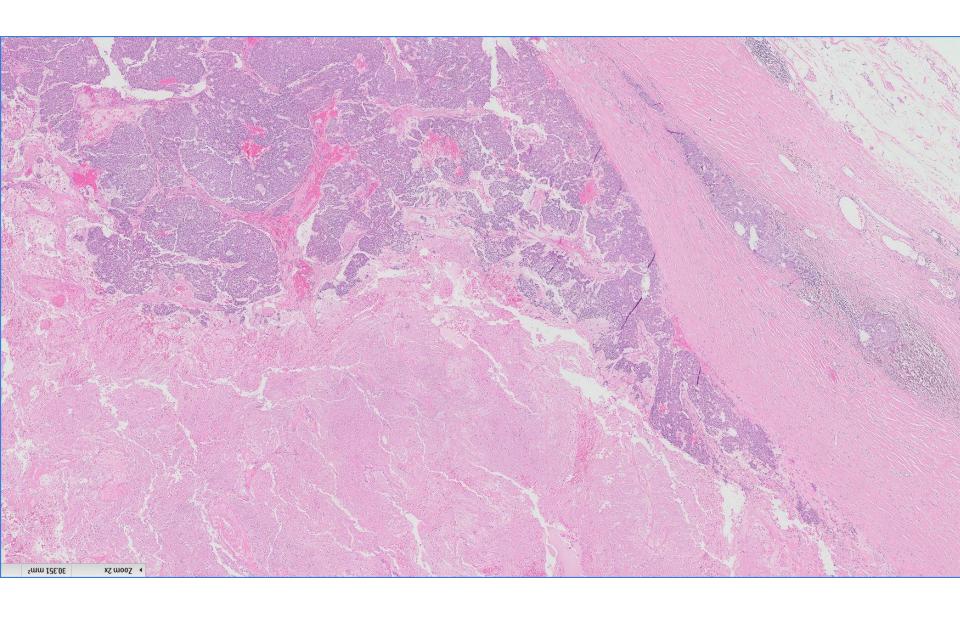


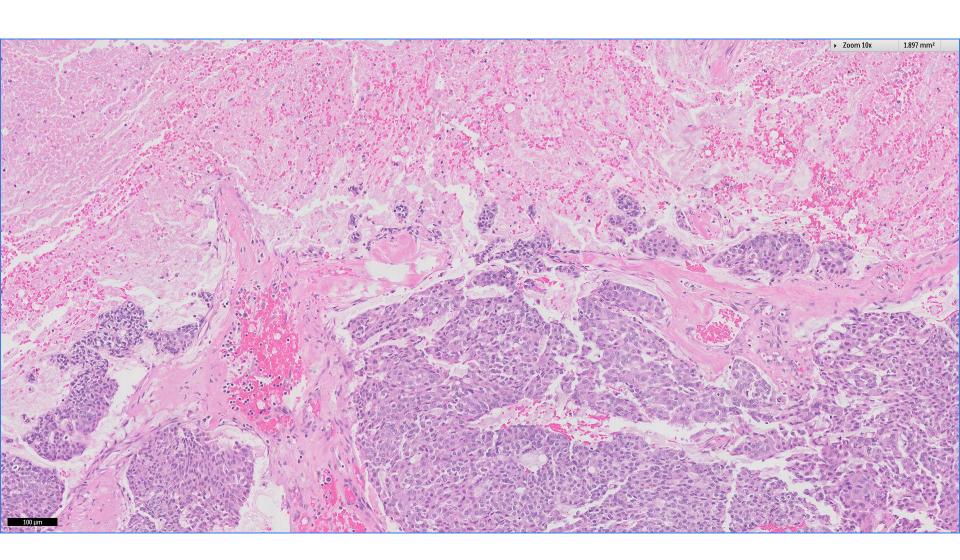


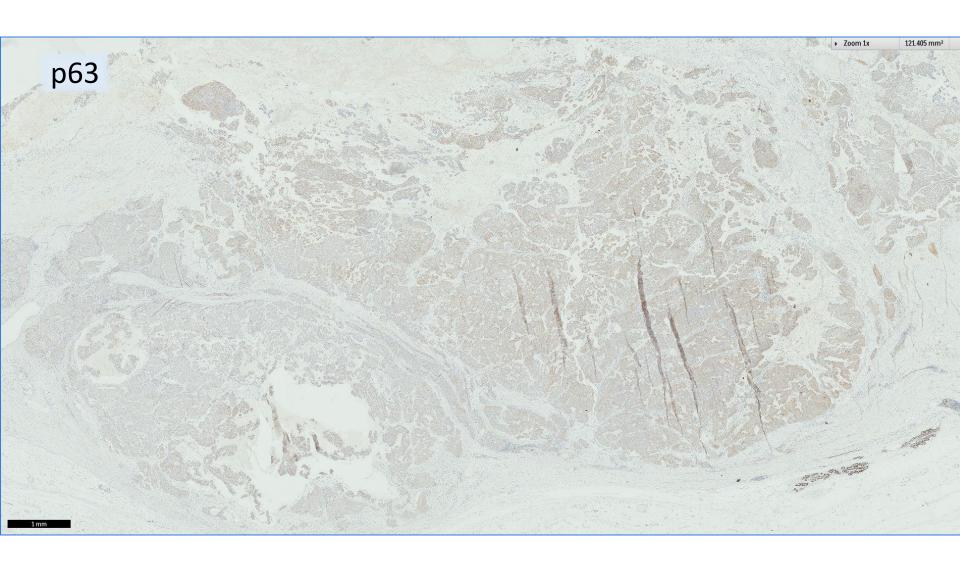


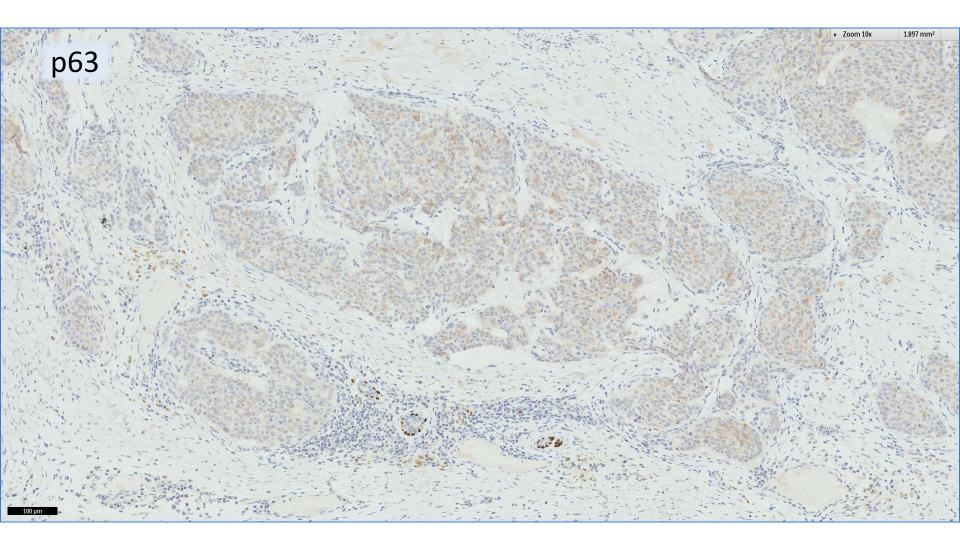


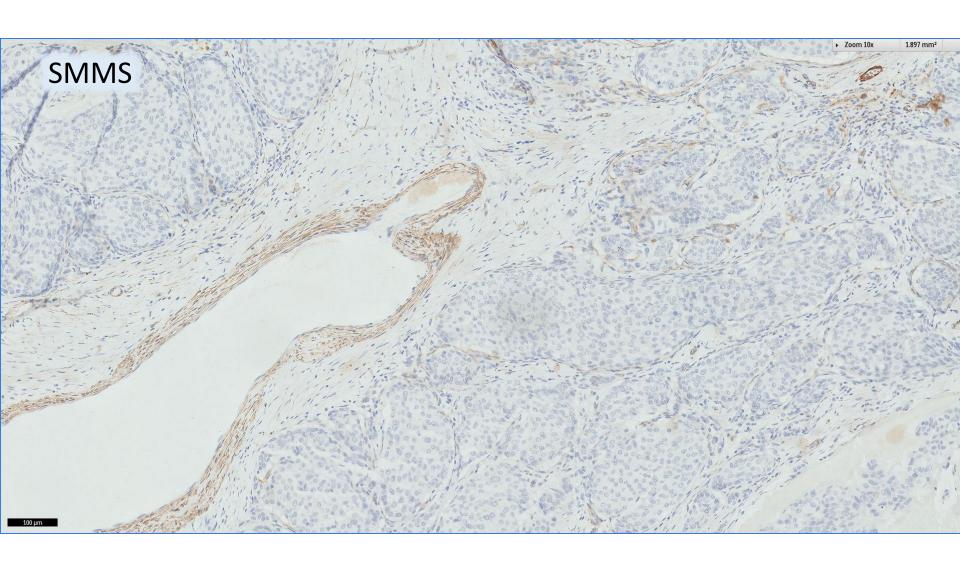


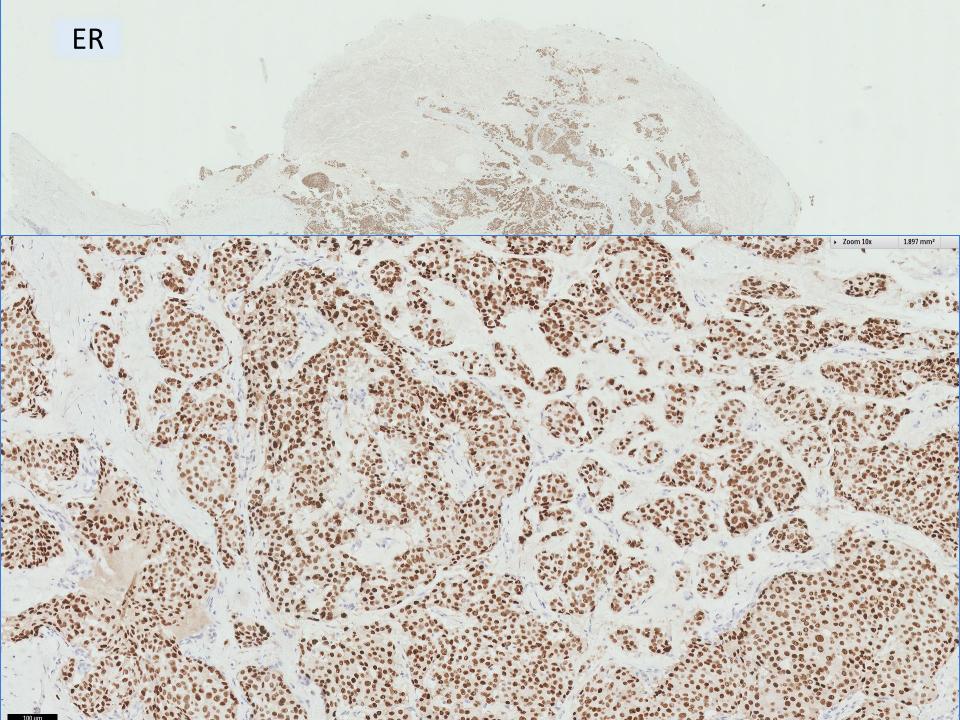


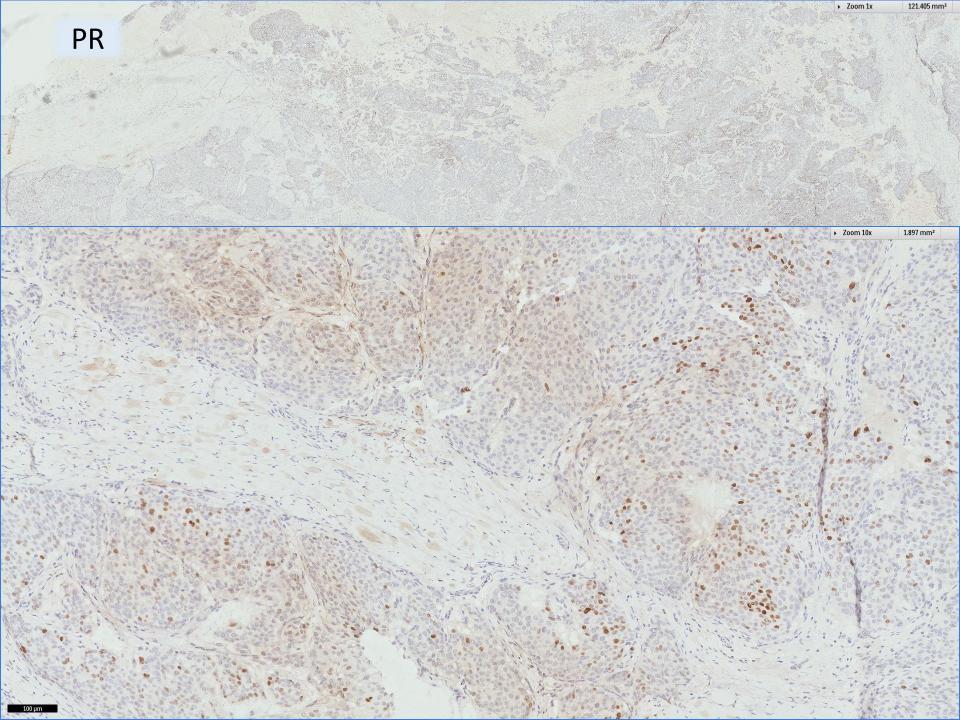




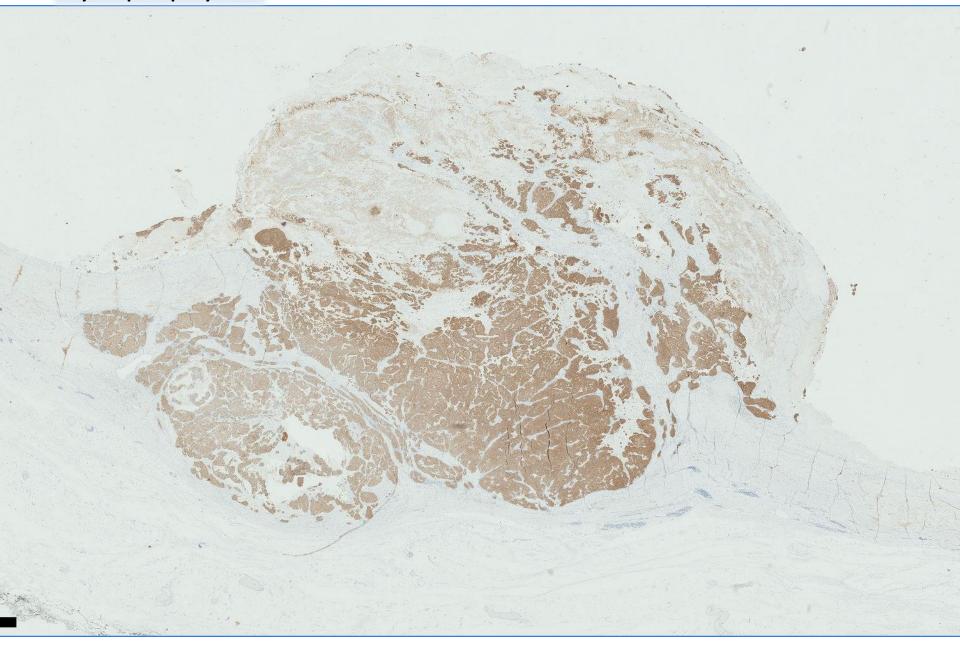




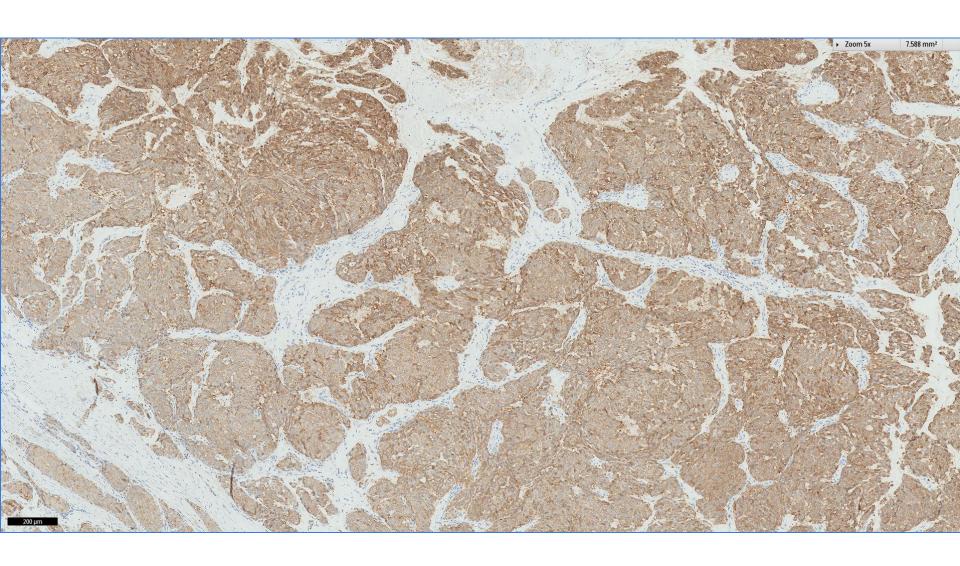


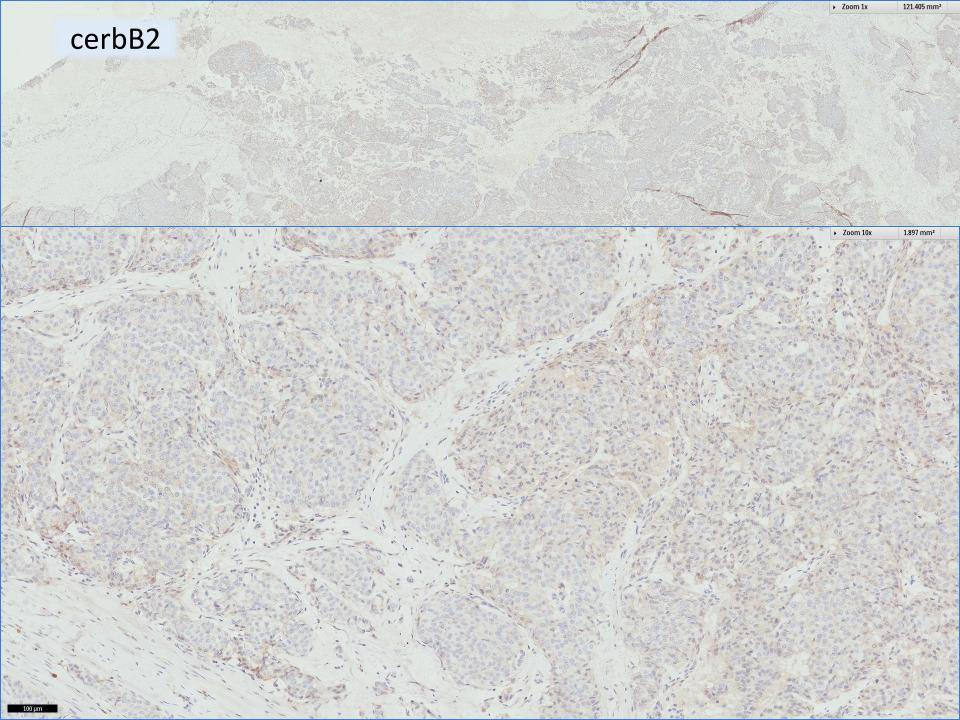


synaptophysin



synaptophysin





Diagnosis

Left breast retroareolar tumour ~

Extensively necrotic, invasive solid-papillary carcinoma with neuroendocrine features, grade 2.

ER positive, PR positive, cerbB2 negative.

Overall tumour size (inclusive of the cystic component) is 8cm.

Mural nodule is 2cm.

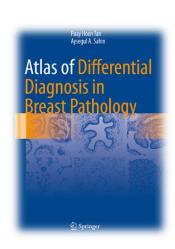


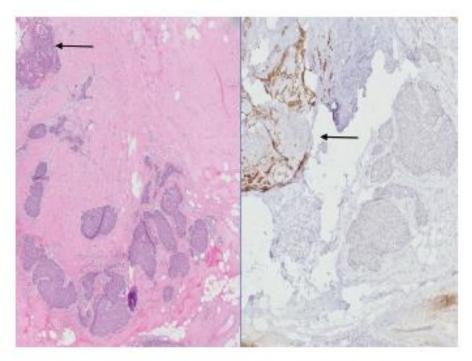




Invasive solid-papillary carcinoma

- Invasive carcinoma with solid-papillary pattern.
- Tumour islands are irregular in outlines and occur as jigsaw puzzle-like pieces within desmoplastic stroma.





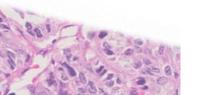


Fig. 4.68 Invasive solid papillary carcinoma. (a) Solid tumour islands with angulated and irregular outlines are seen within the fibrous stroma. The tumour nests have a jigsaw puzzle-like appearance. (b) Immunohistochemistry with CK 5/6 shows no myoepithelial rimming of the tumour islands, confirming absence of myoepithelial cells, and

corroborating the diagnosis of invasive disease. Absence of myoepithelial cells alone should not be regarded as diagnostic of invasion, as rounded islands of solid papillary carcinoma with smooth contours are considered in situ disease, even when myoepithelial cells are absent. An in situ solid papillary carcinoma component is present (arrows)

