

Case 8

58 year old Chinese female.
Right breast tumour.



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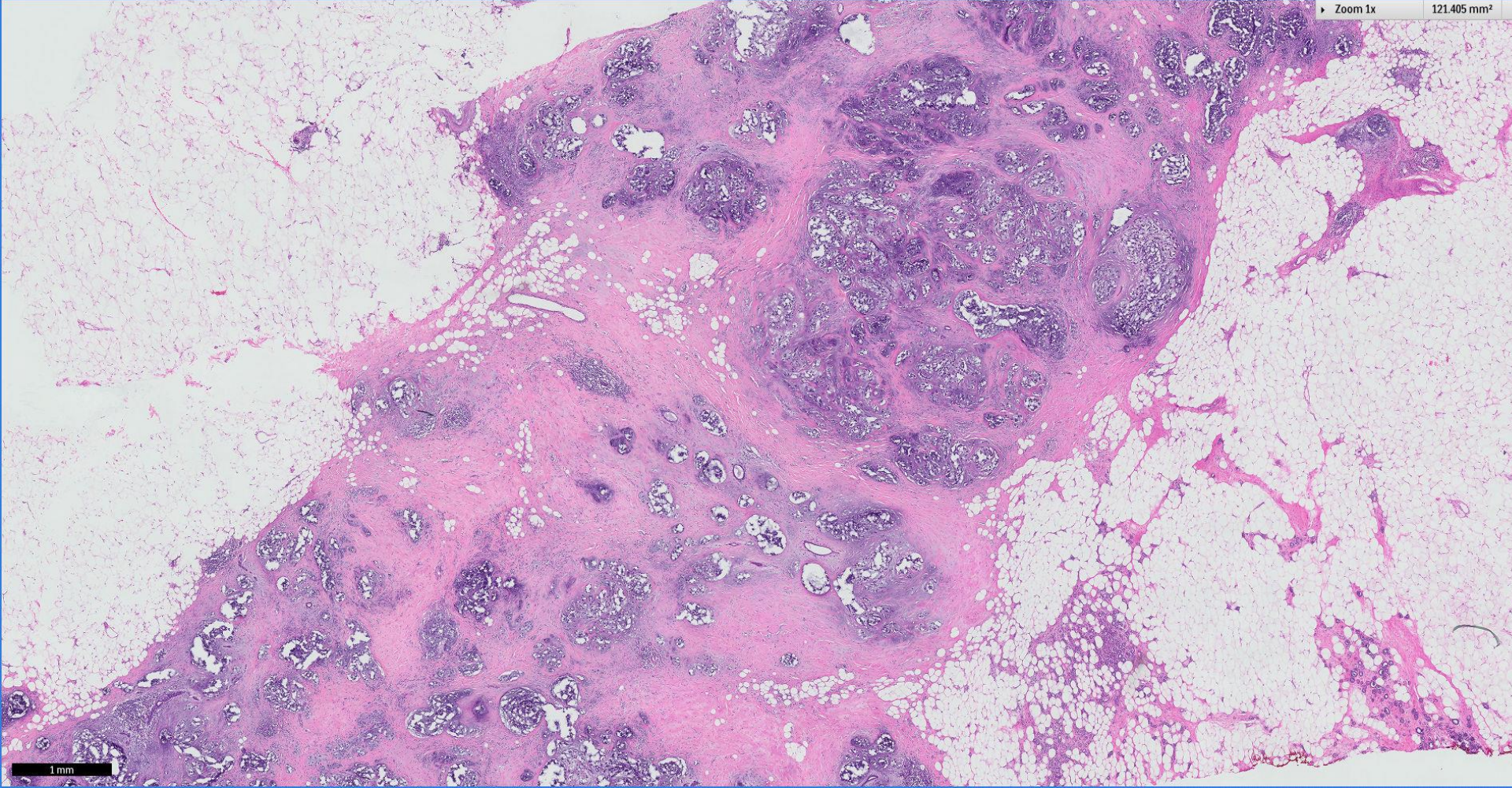


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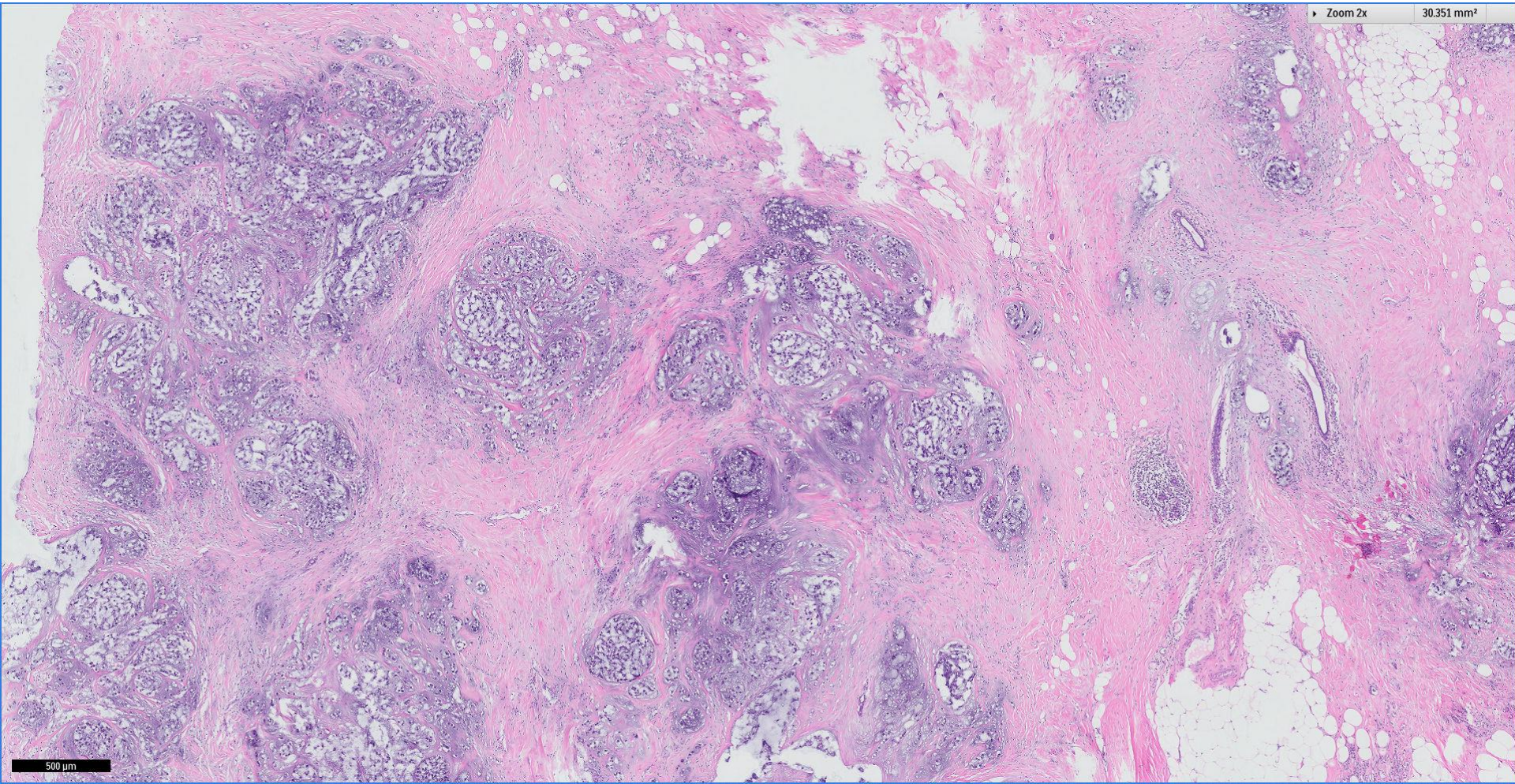




1 mm

Zoom 2x

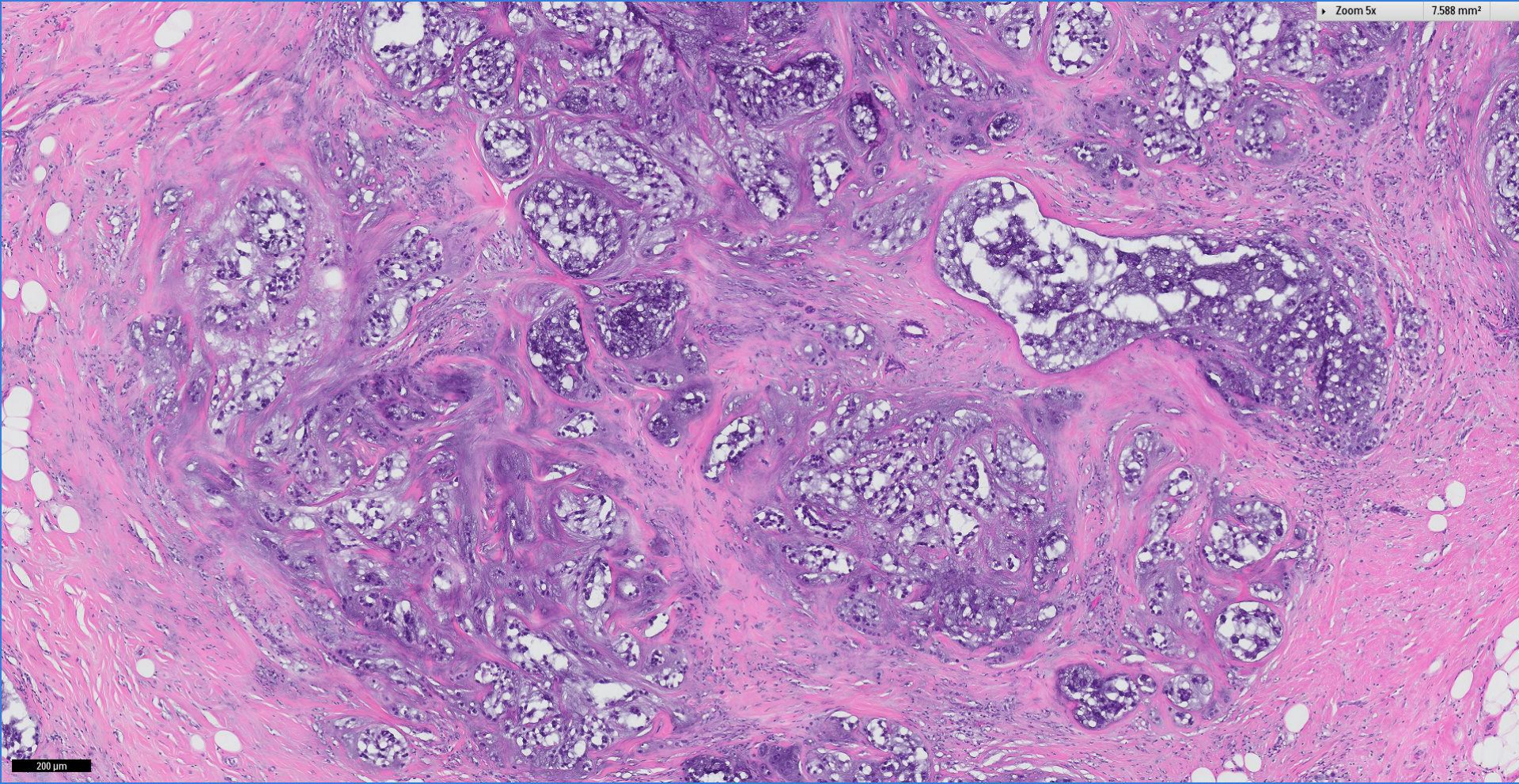
30.351 mm²



500 μ m

Zoom 5x

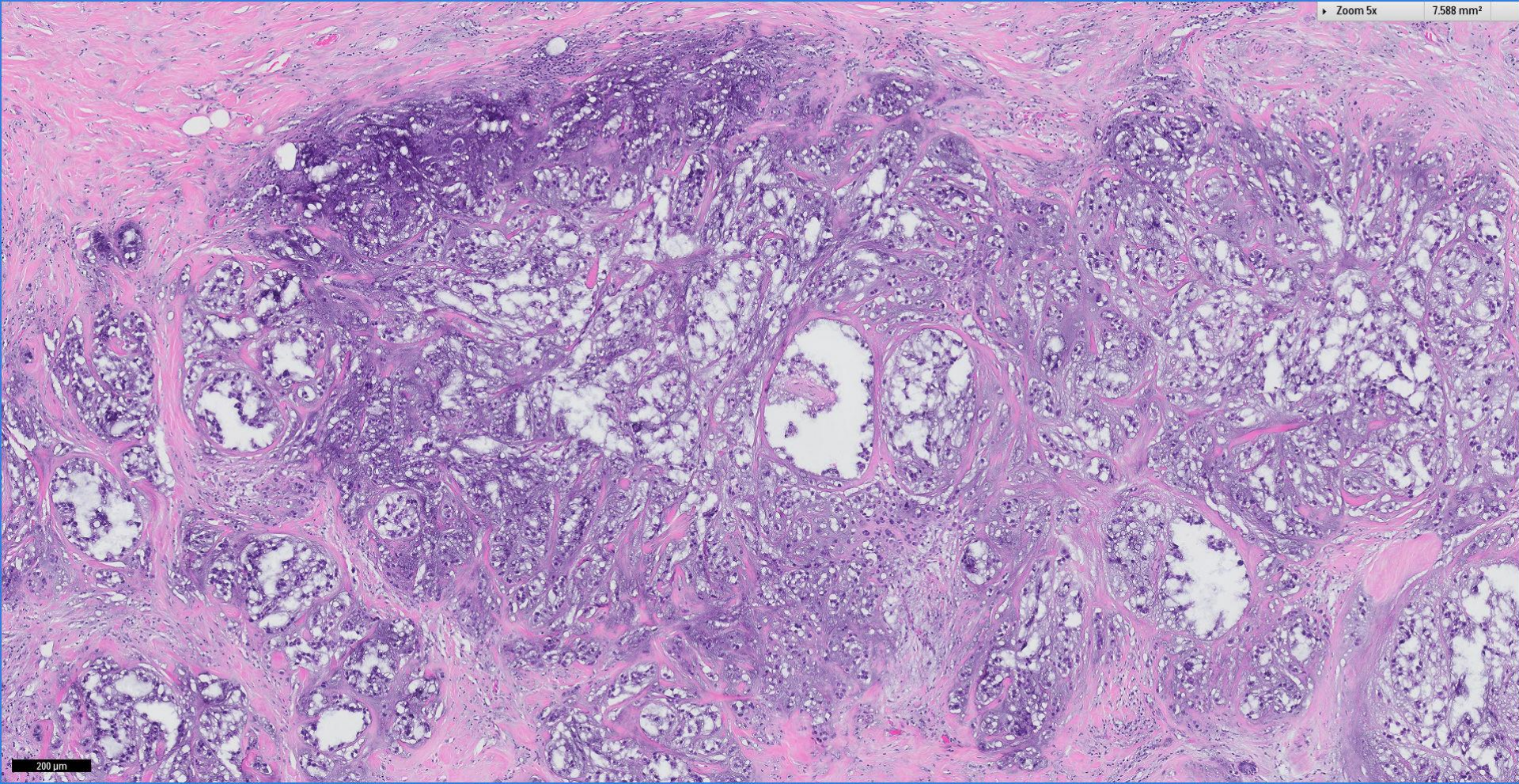
7.588 mm²



200 μ m

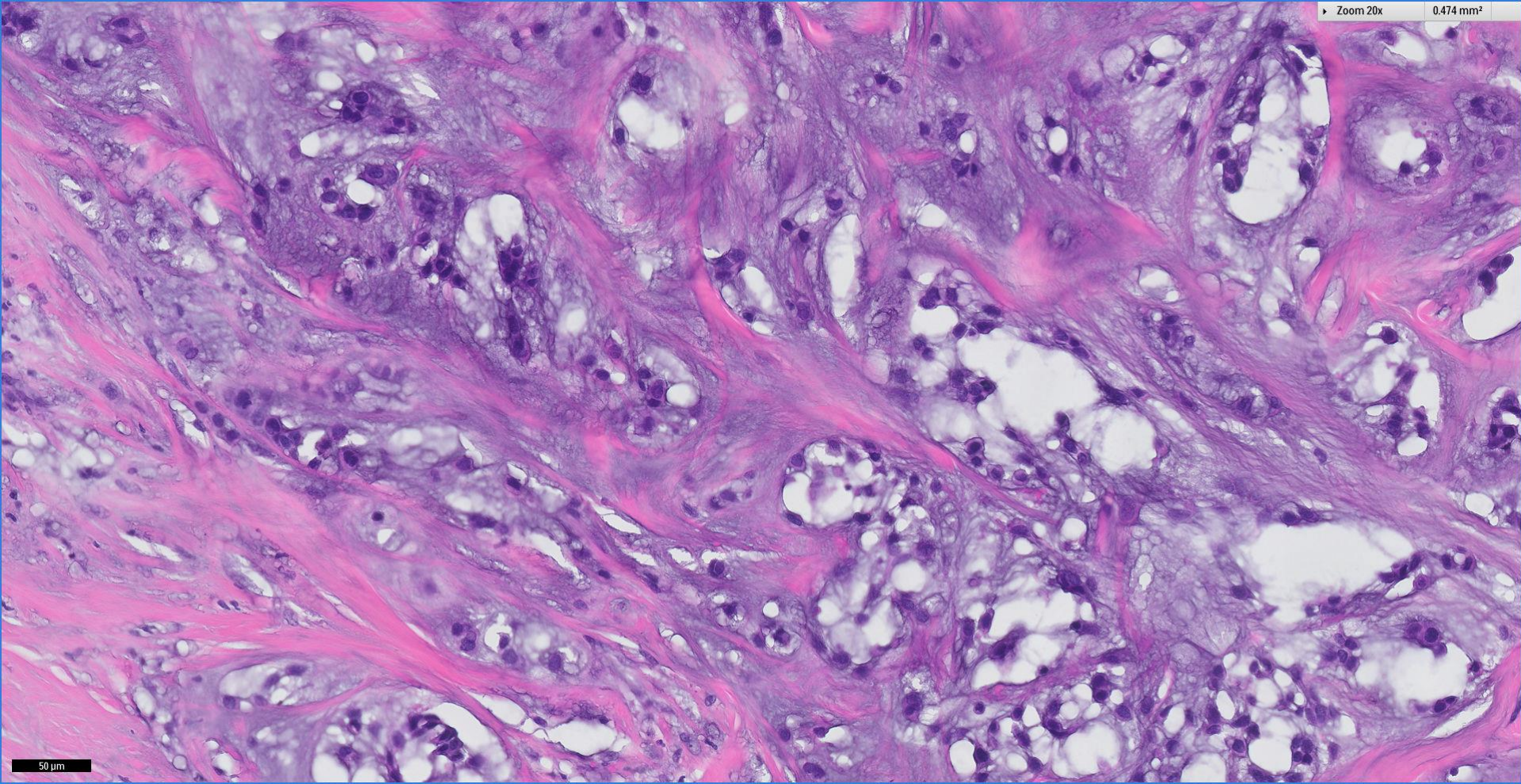
Zoom 5x

7.588 mm²

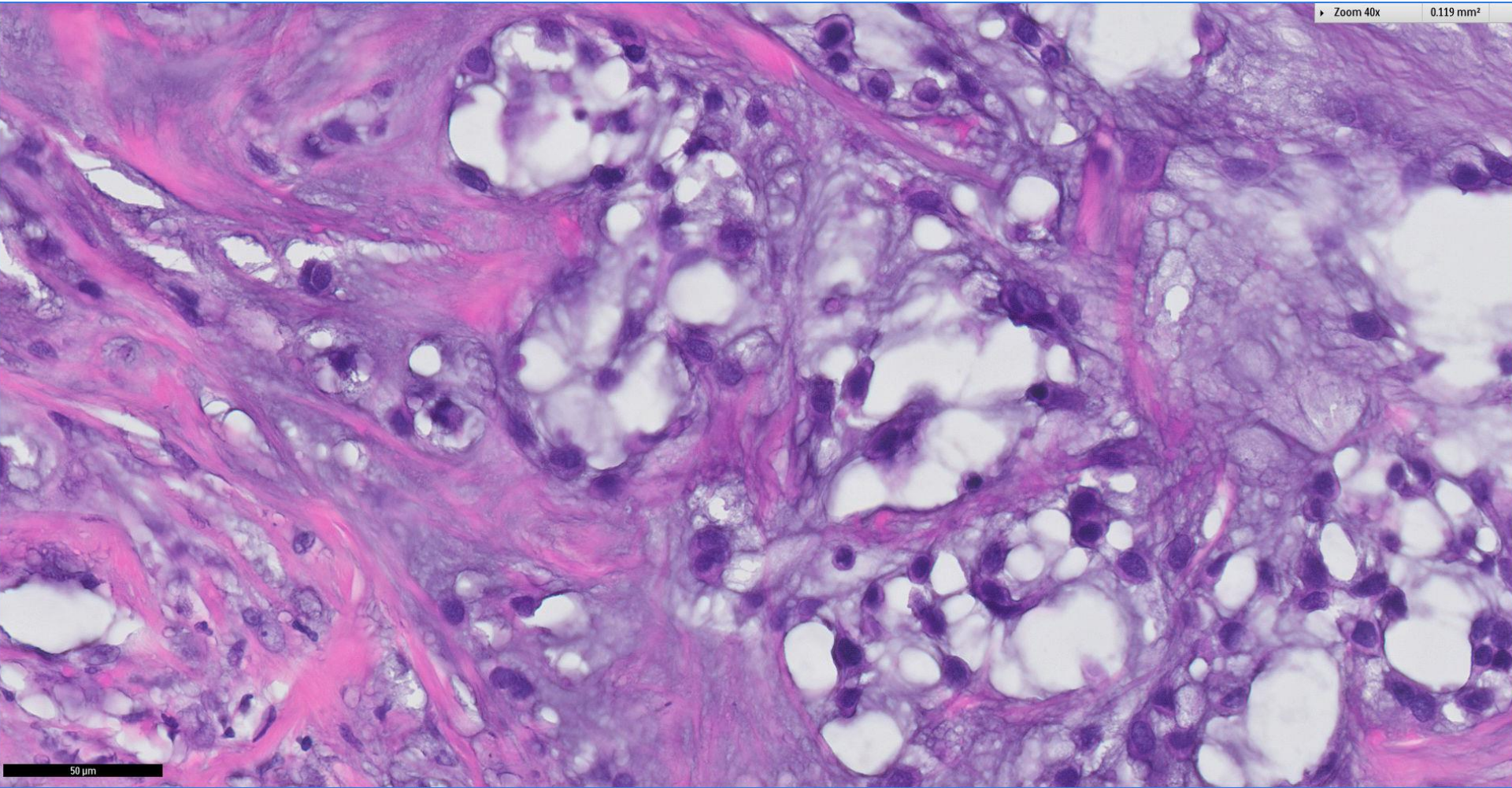


200 μm

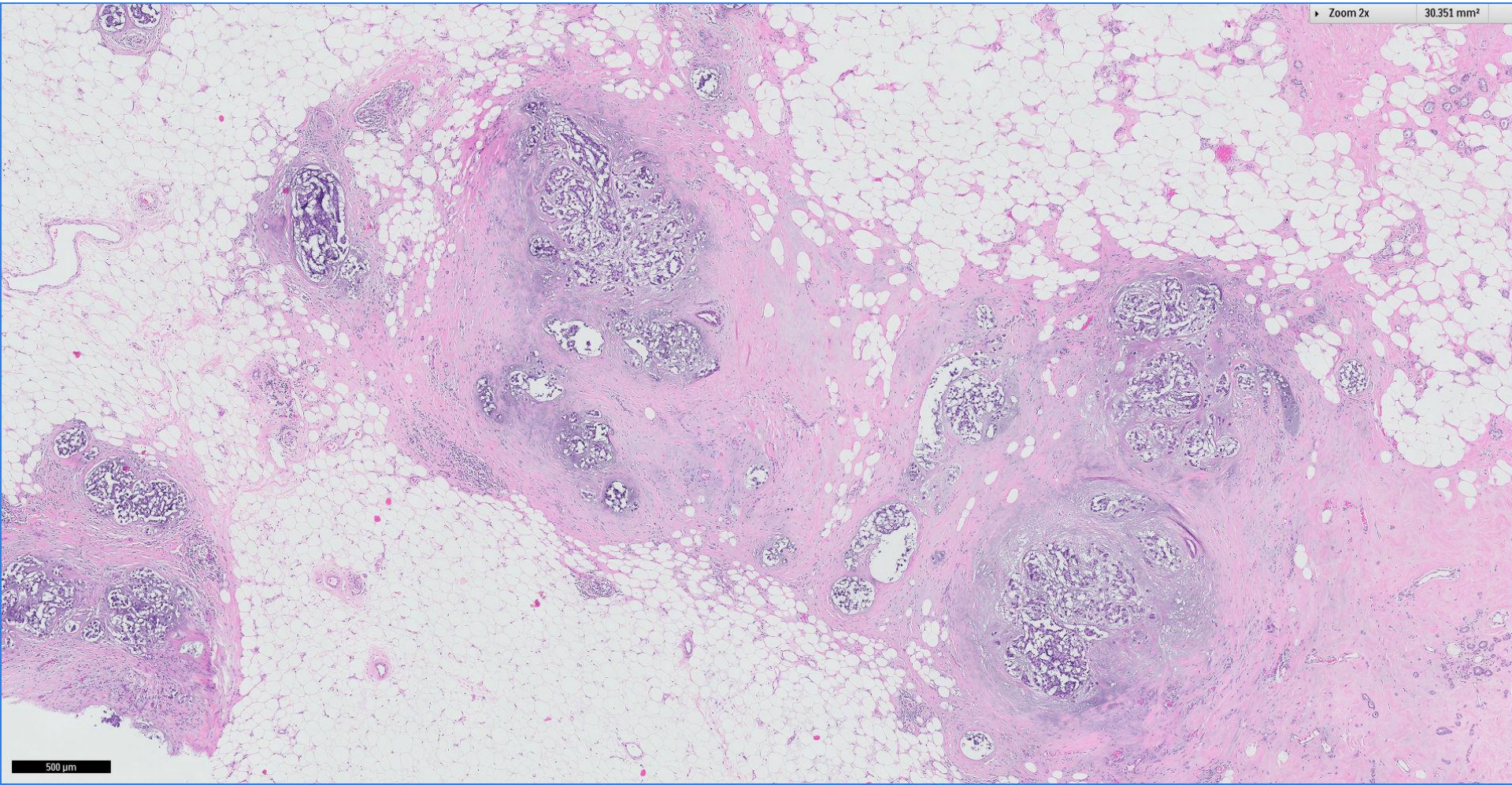
Zoom 20x 0.474 mm²



50 μ m

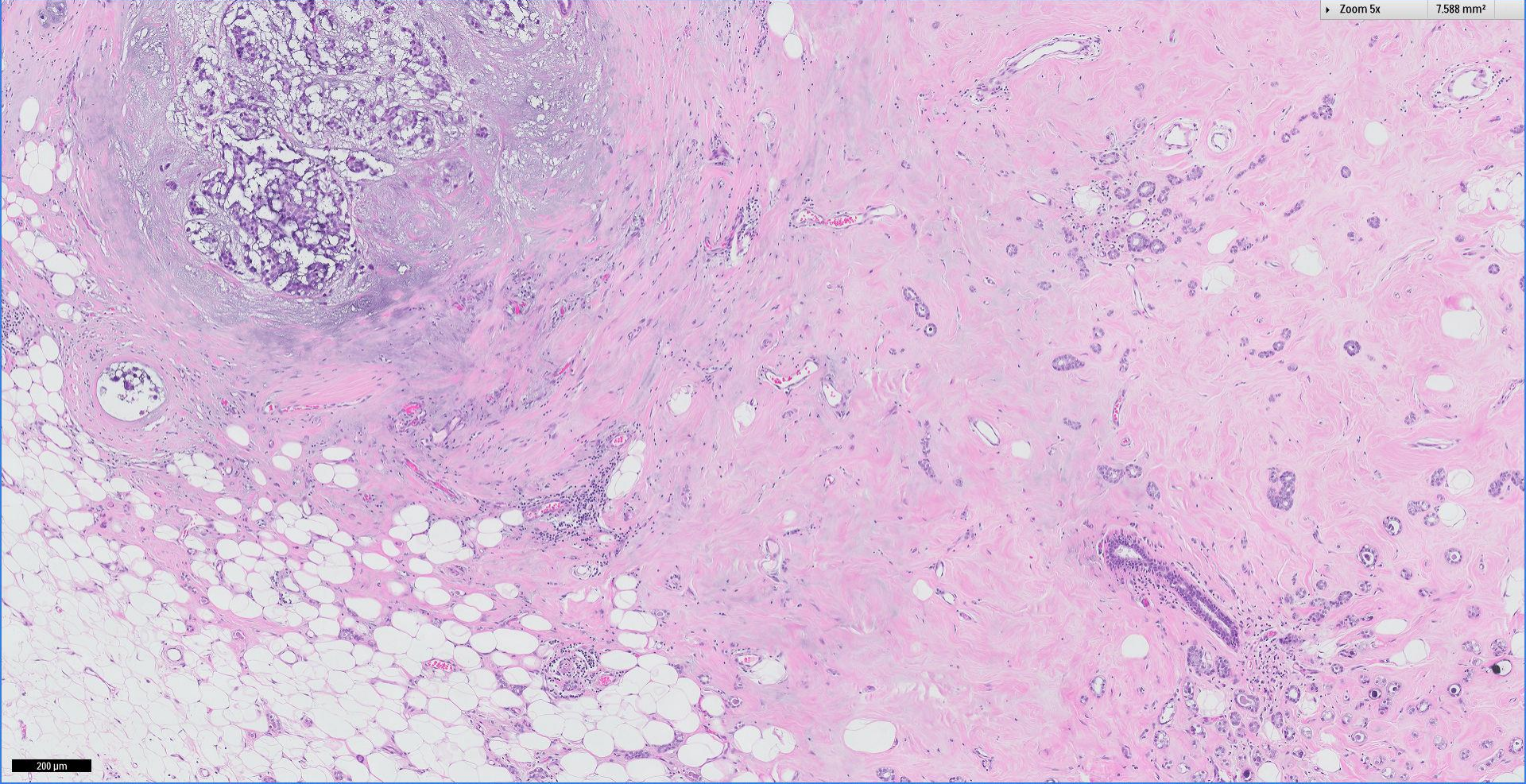


50 μm

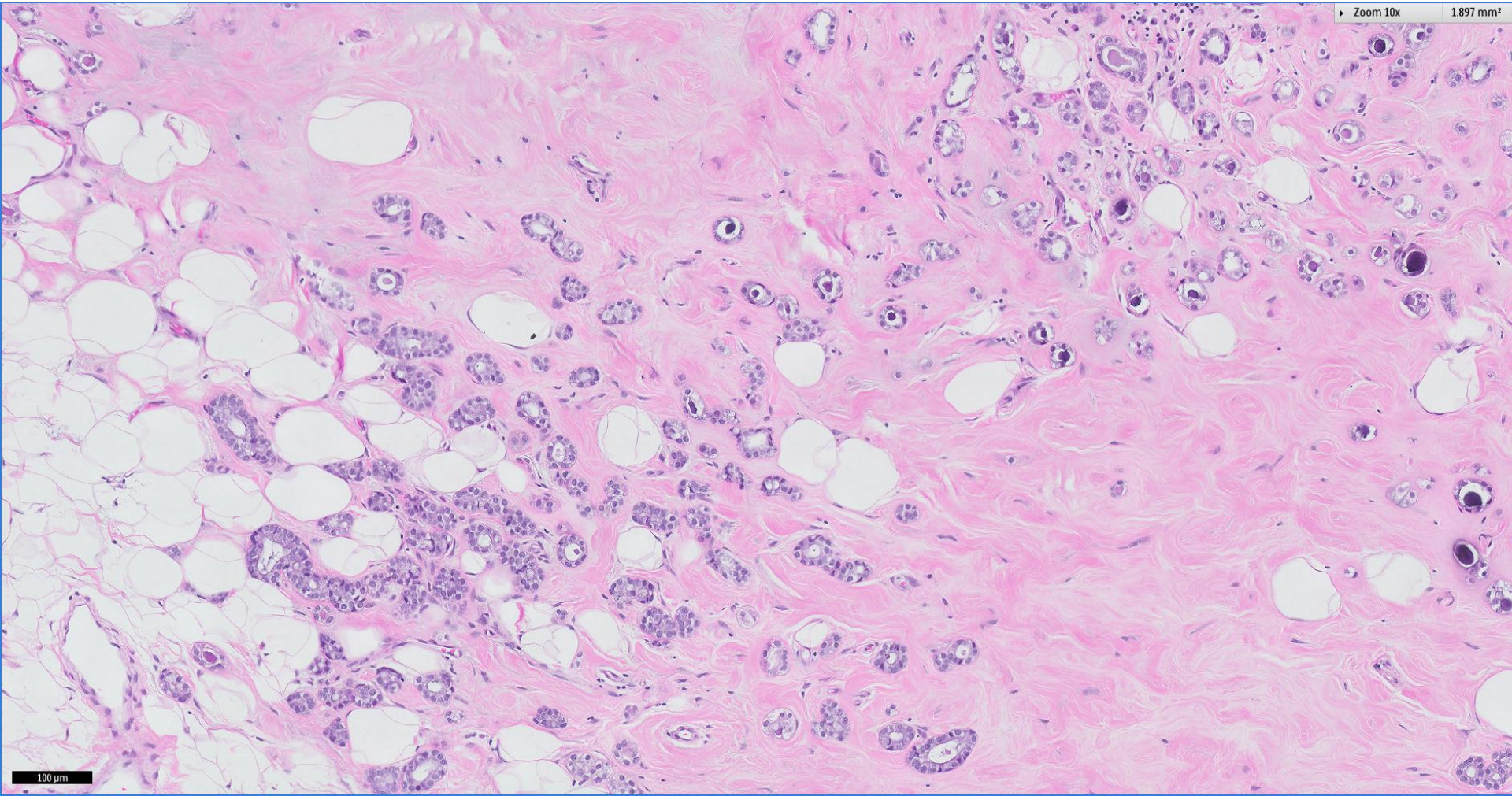


Zoom 5x

7.588 mm²

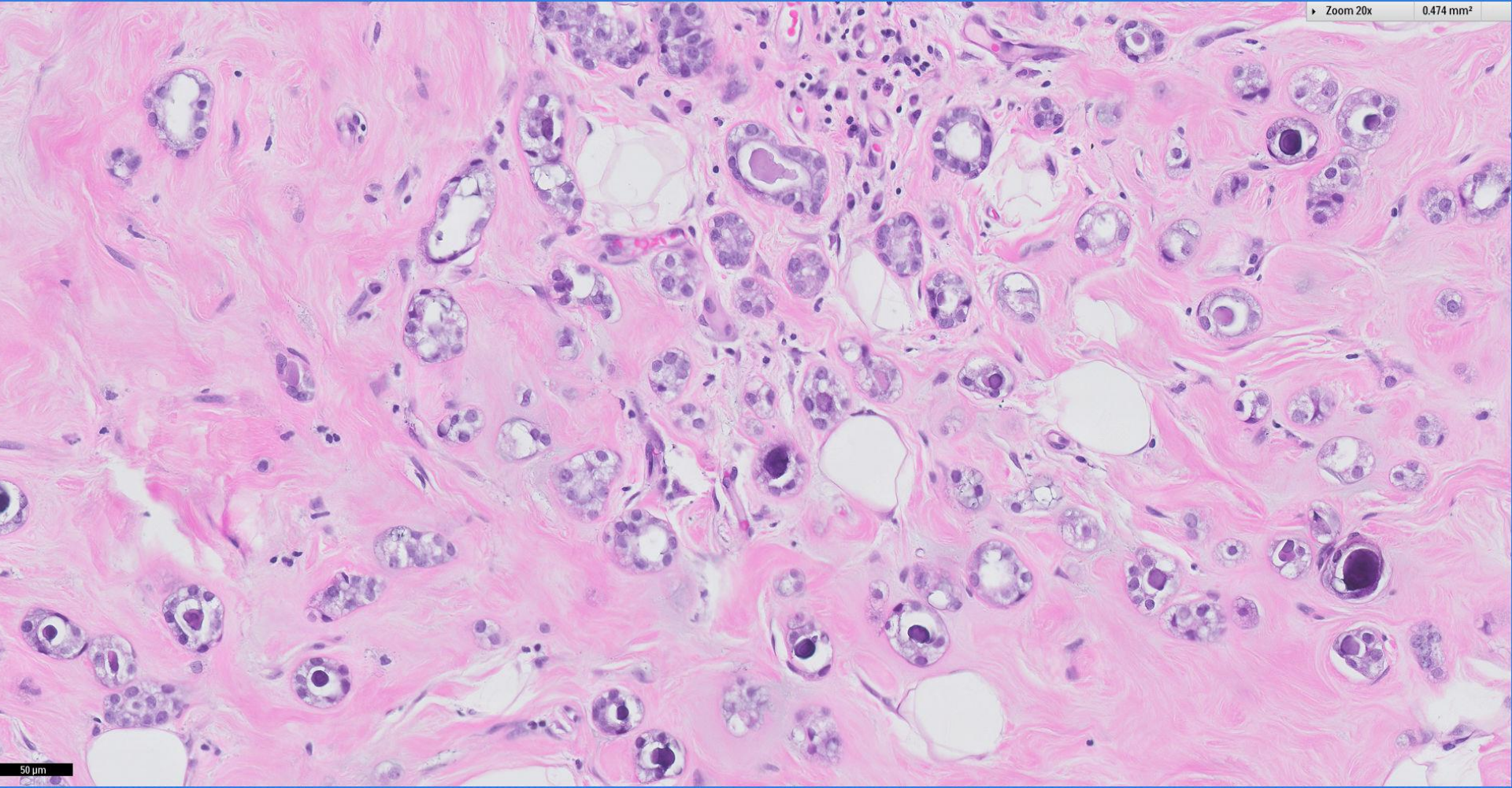


200 μm

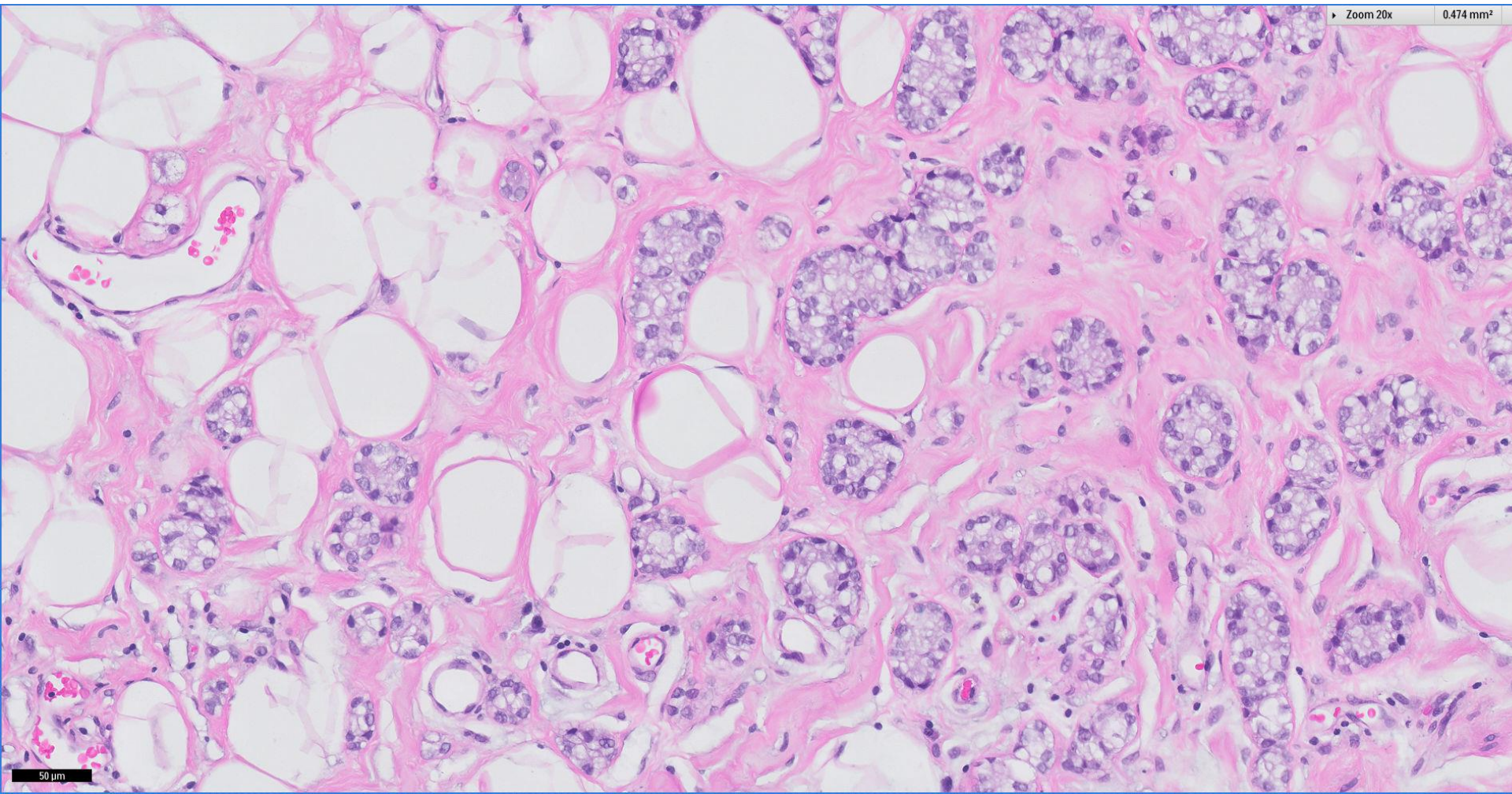


Zoom 20x

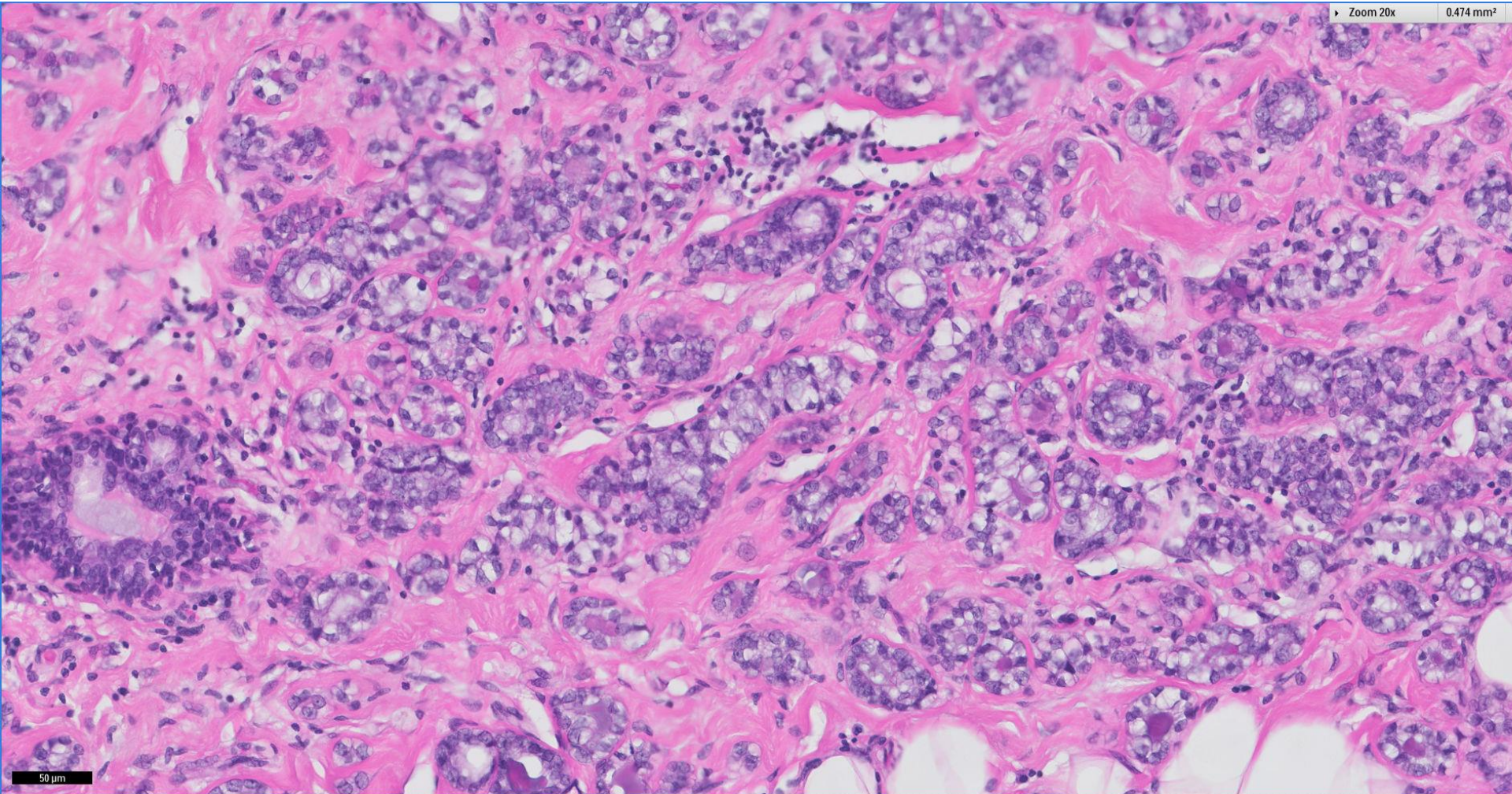
0.474 mm²



50 μm

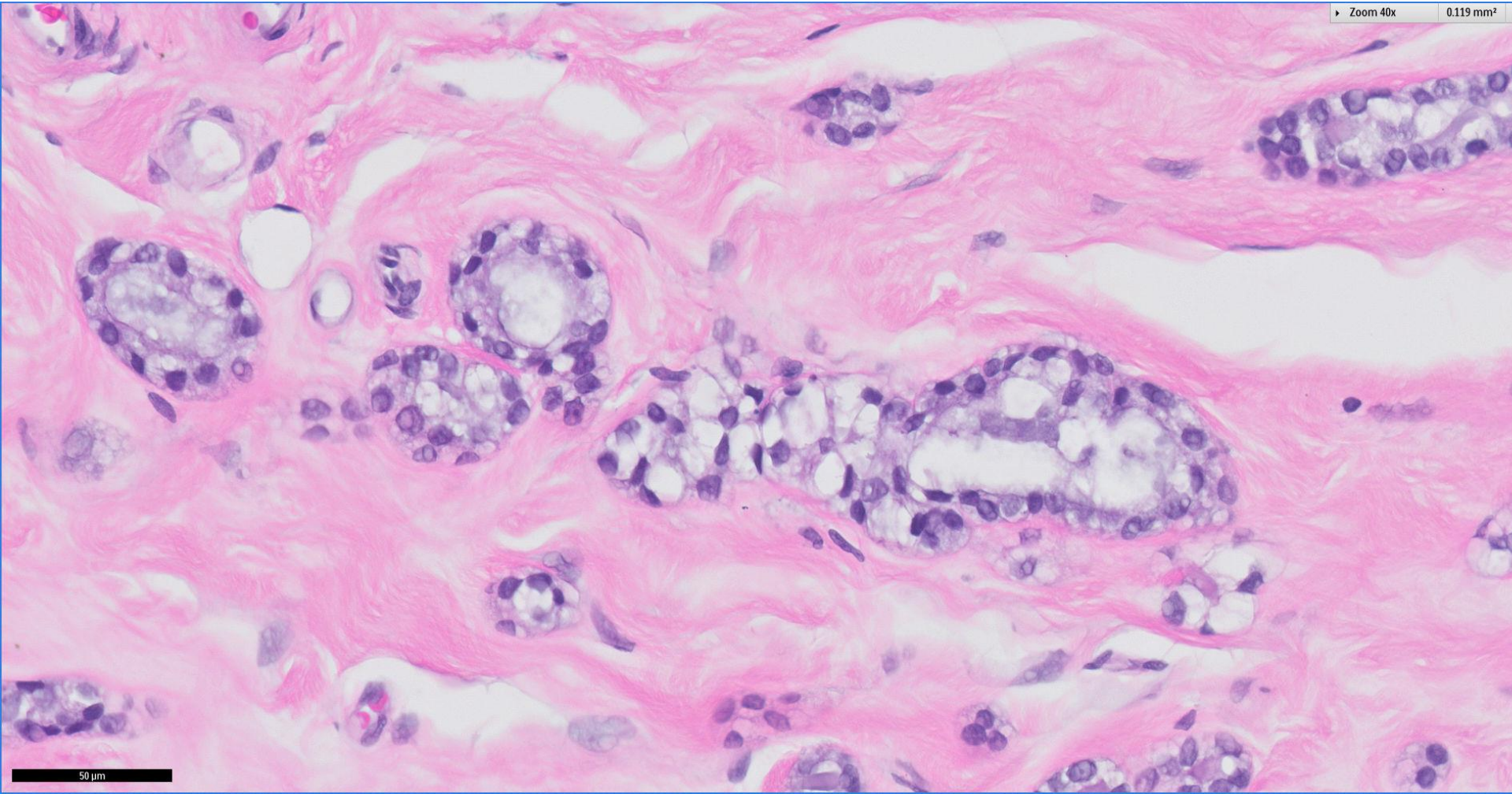


50 μm

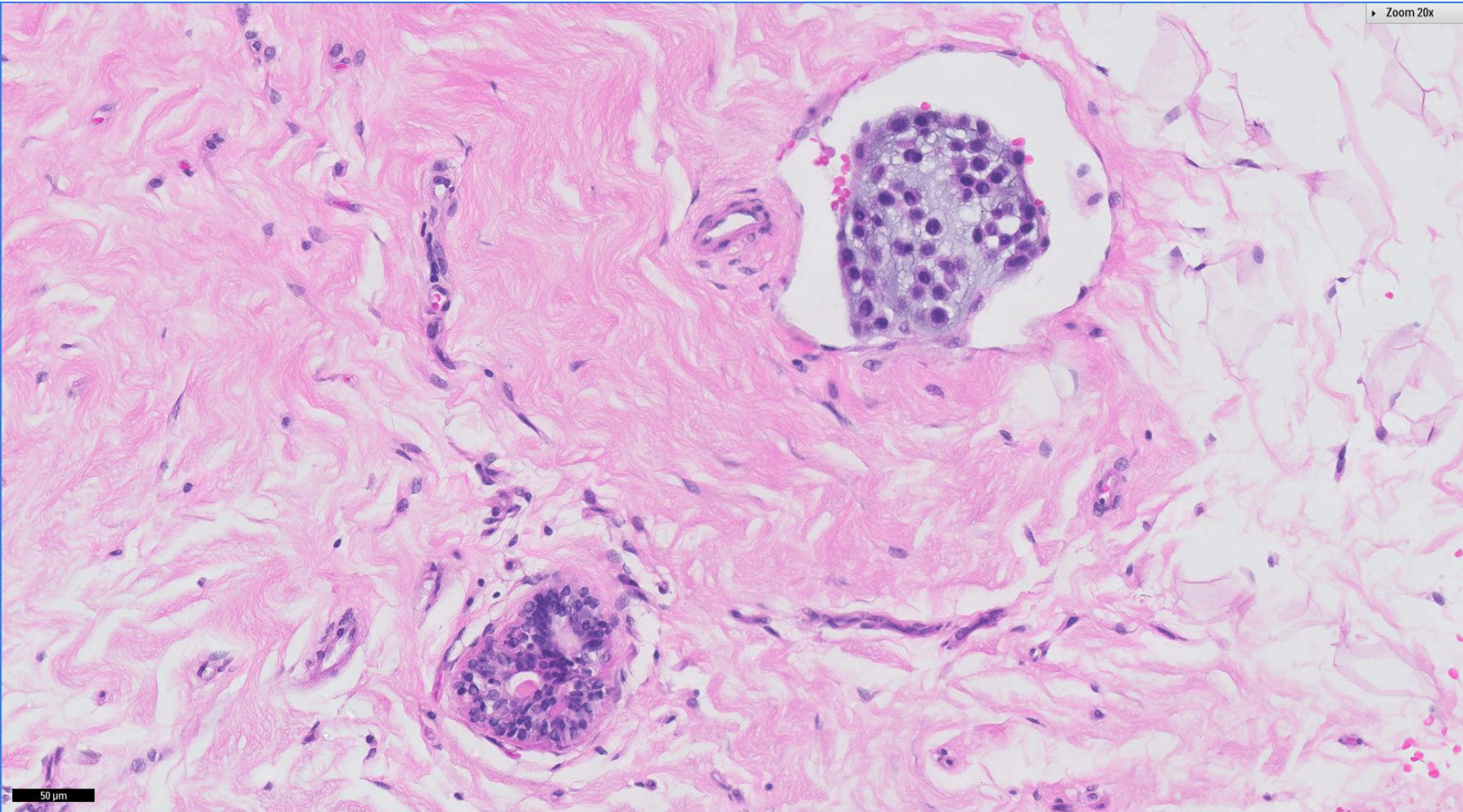


50 μm

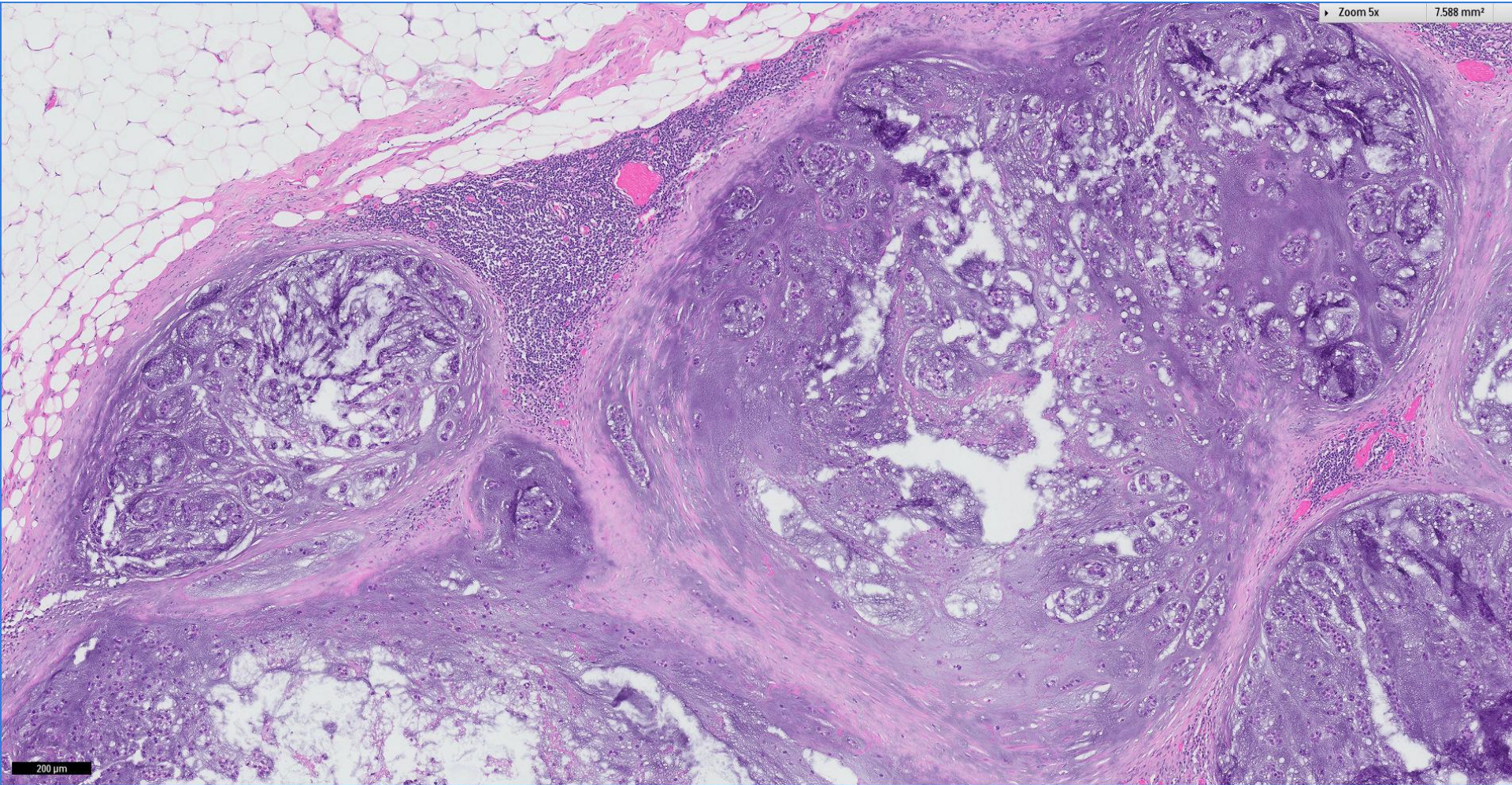
Zoom 40x 0.119 mm²



50 μ m



Axillary lymph node



Diagnosis:

Metaplastic (matrix producing) carcinoma.

Triple negative (ER, PR, cerbB2 negative).

Background microglandular and atypical microglandular adenosis.

Lymphovascular invasion.

6 of 26 axillary lymph nodes show metastatic carcinoma.



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Matrix producing carcinoma

- Classified under metaplastic carcinoma with mesenchymal differentiation.
- Metaplastic carcinoma is characterised by differentiation of neoplastic epithelial elements into squamous, mesenchymal, or mesenchymal-looking components.
- Several terms have been used to describe metaplastic carcinomas ~
 - *Sarcomatoid carcinoma*
 - *Carcinosarcoma*
 - *Carcinoma with pseudosarcomatous stroma*
 - *Matrix-producing breast carcinoma.*



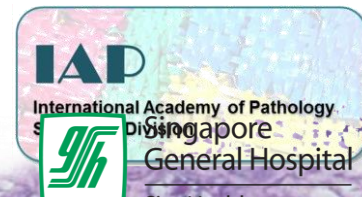
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Microglandular adenosis

- Non-lobulocentric, haphazard proliferation of small round glands with open lumens.
- Glands are lined by a single layer of flat to cuboidal epithelial cells with luminal eosinophilic secretions.
- A basement membrane sheath may be observed around the tubules.
- Epithelial cells are cytologically bland with amphophilic, clear or slightly granular cytoplasm.
- Oncocytic differentiation and chondroid metaplasia can be seen.

WHO 2012



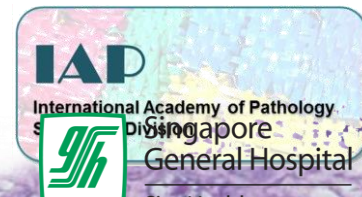
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Atypical microglandular adenosis

- Glandular growth pattern is retained but the epithelial cells show nuclear and architectural atypia and mitoses.
- Since MGA lacks myoepithelial cells, it is difficult to differentiate in situ from *invasive carcinoma arising in MGA*, except in those examples associated with metaplastic and adenoid cystic carcinoma.
- Presence of coalescent and expanded glandular structures with solid epithelial growth and high nuclear grade is more consistent with the diagnosis of invasive carcinoma.

WHO 2012



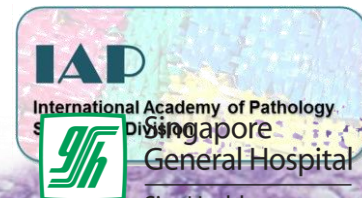
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