

Case 9

36 year old Malay female.

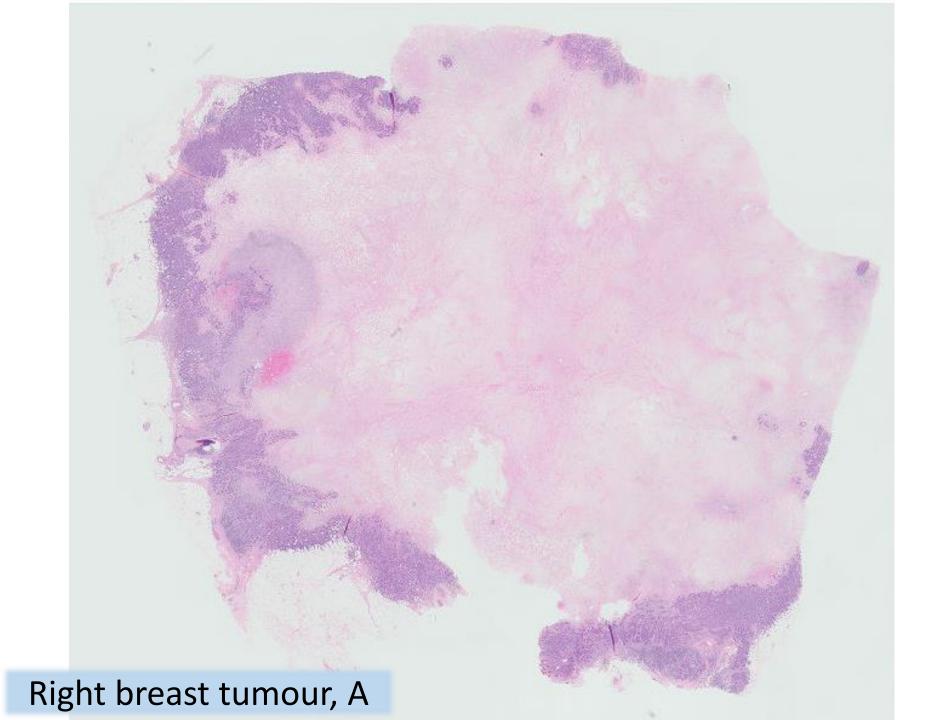
Tumour from right breast (A).

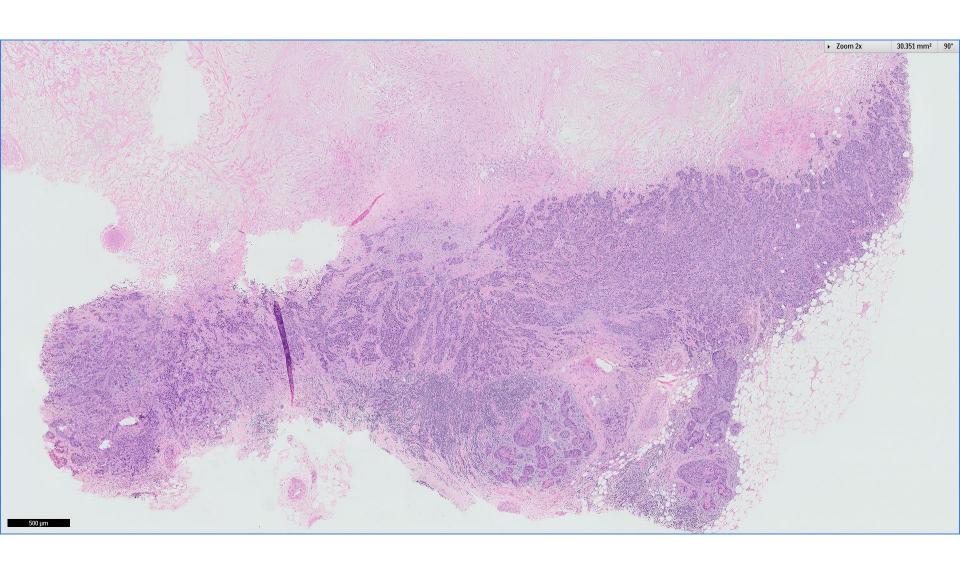
Skin tumour over the left elbow 20 months later (B).

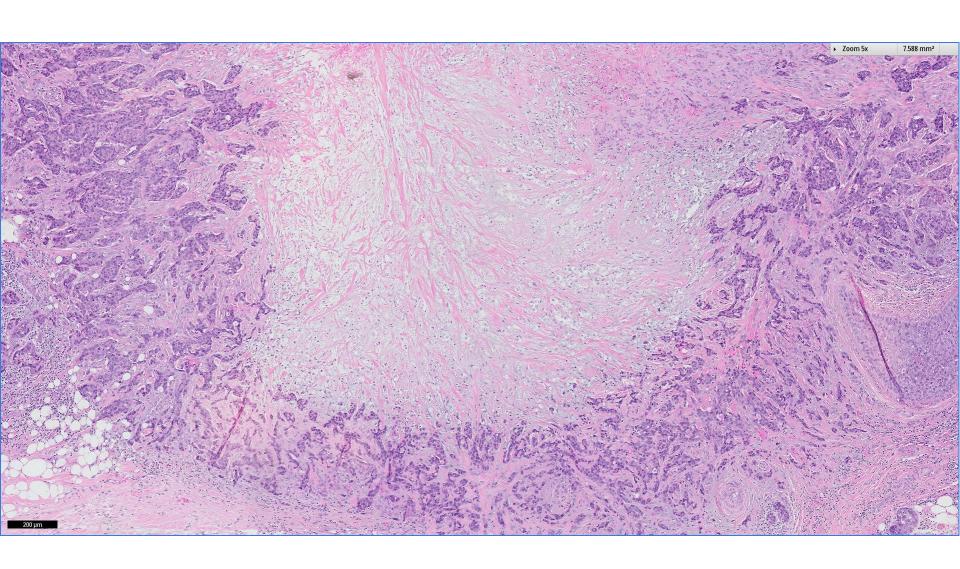


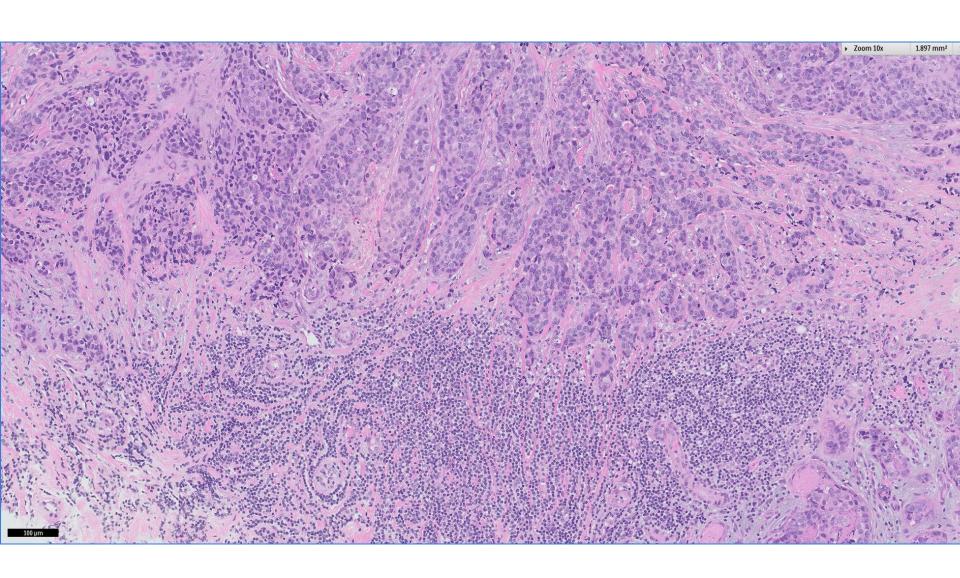


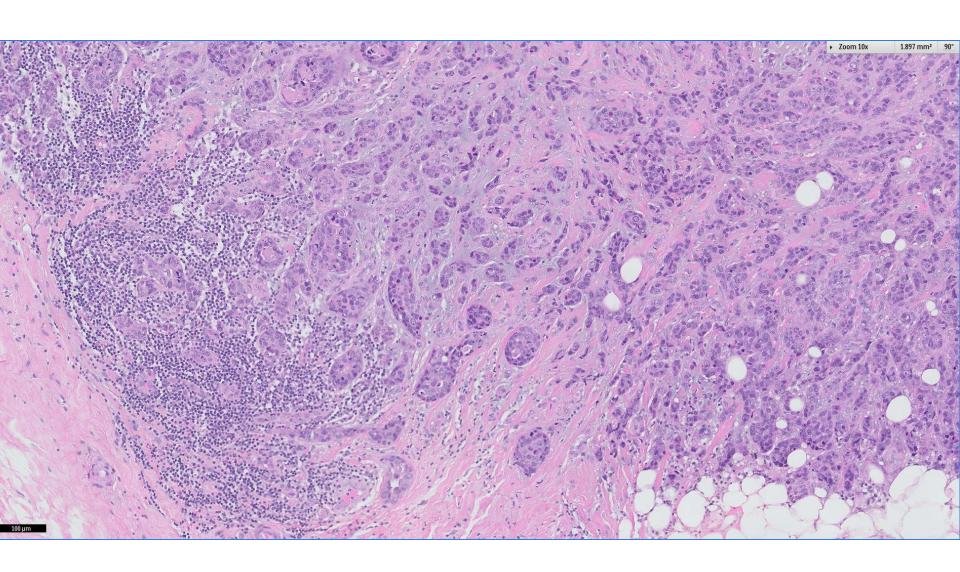


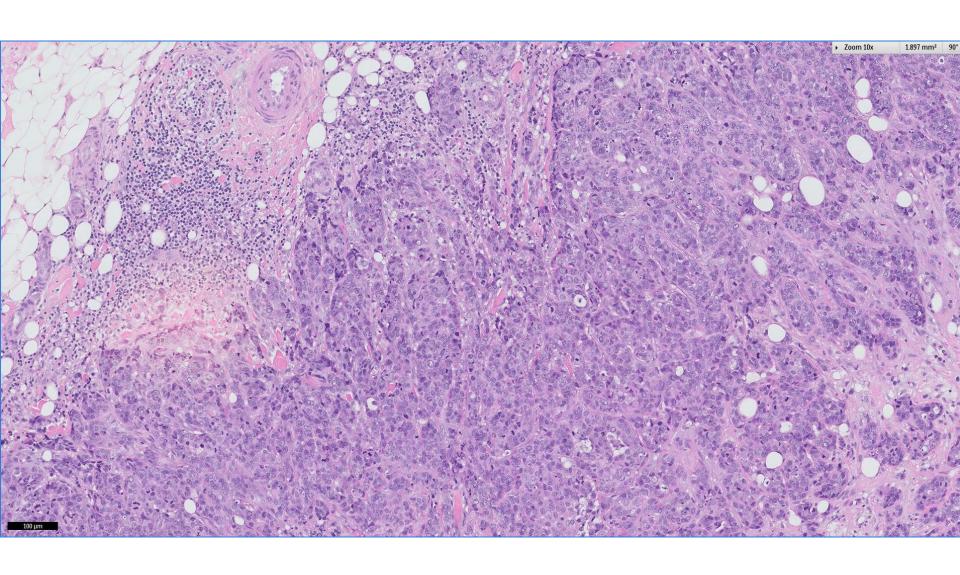


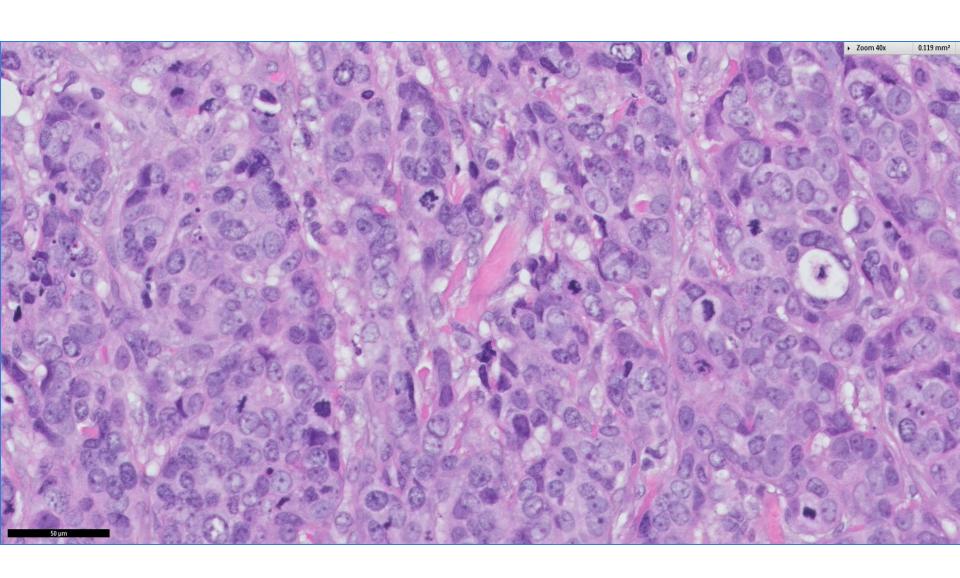




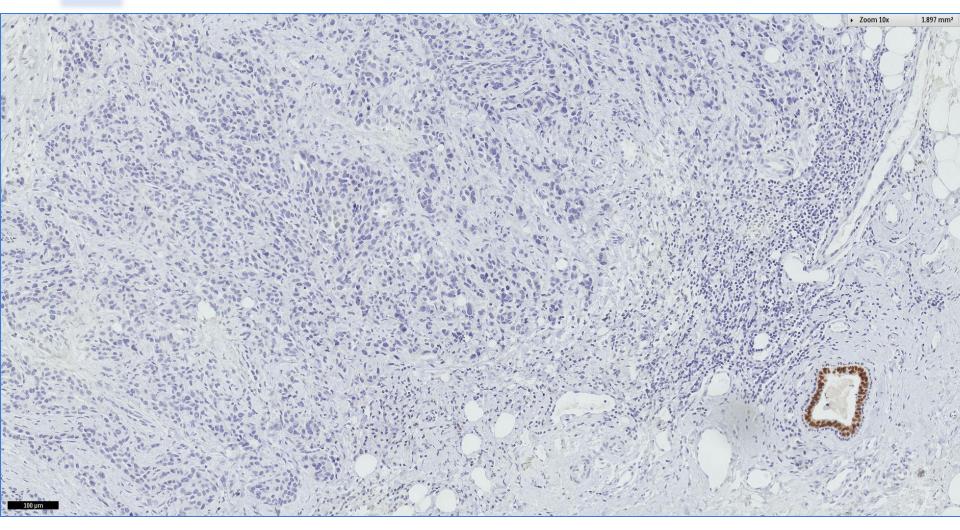




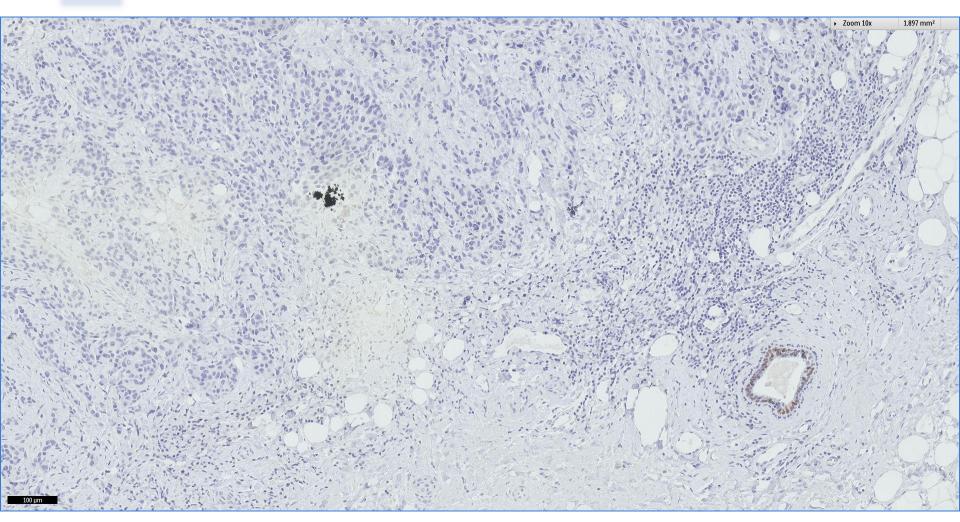




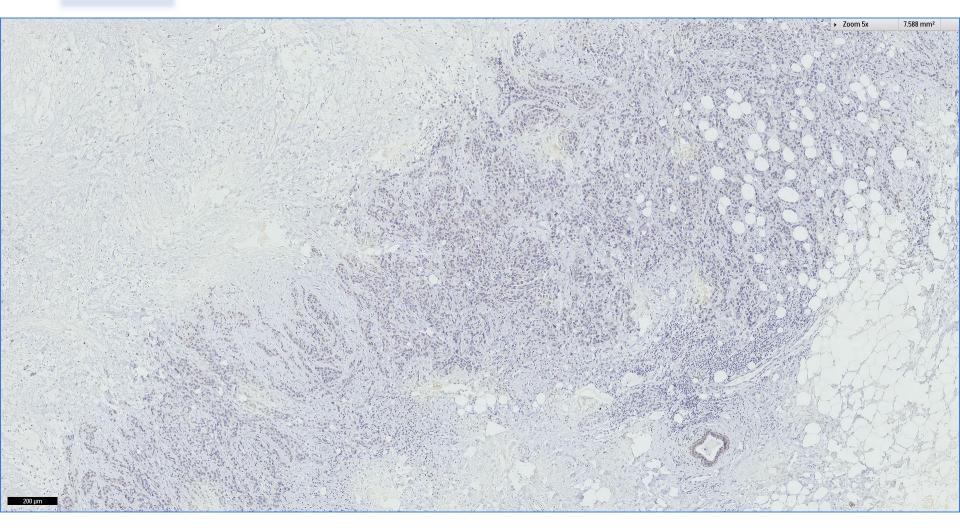
ER

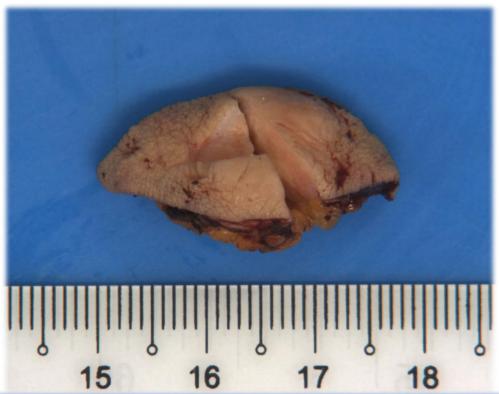


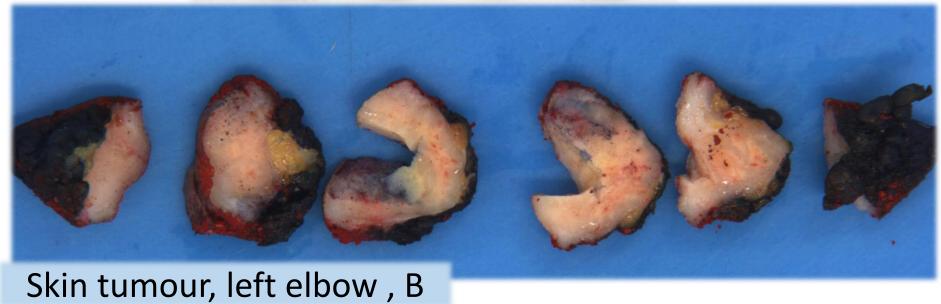
PR

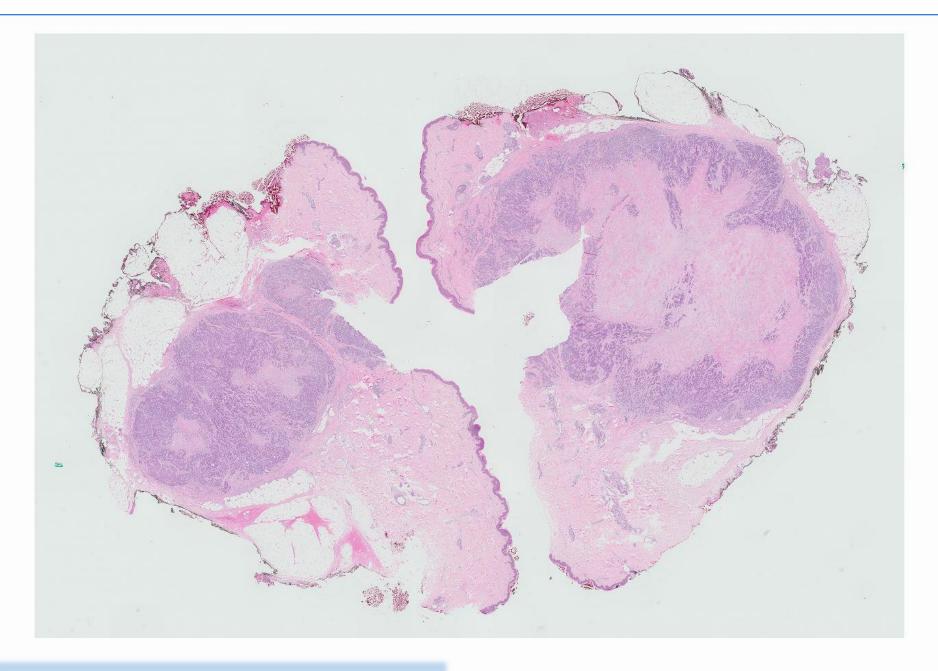


cerbB2

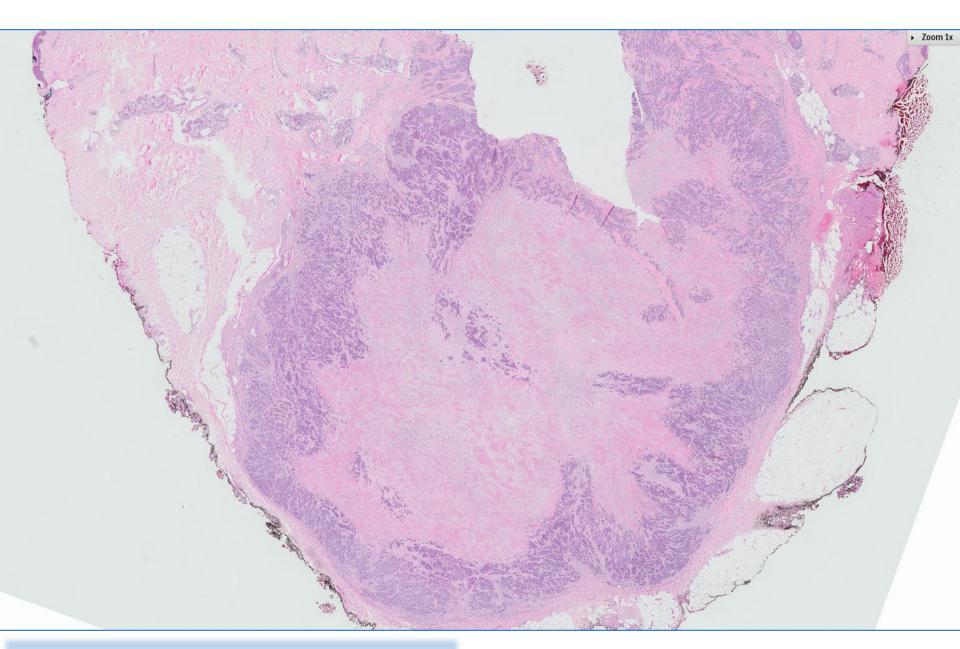


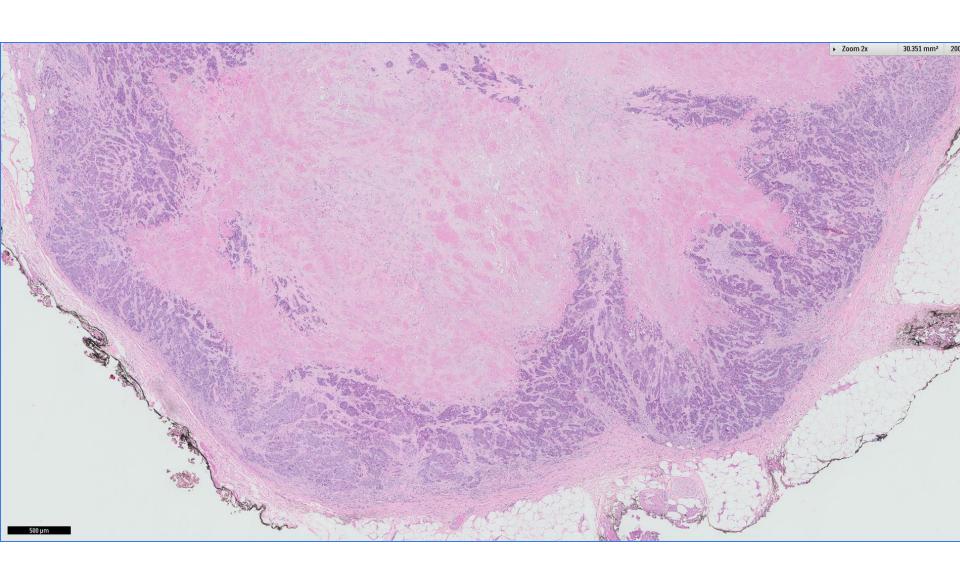


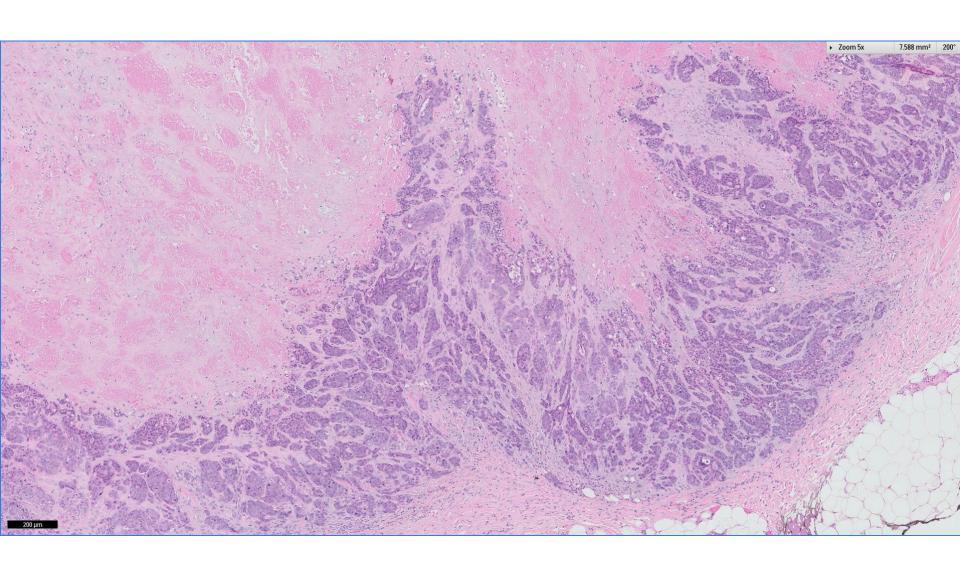


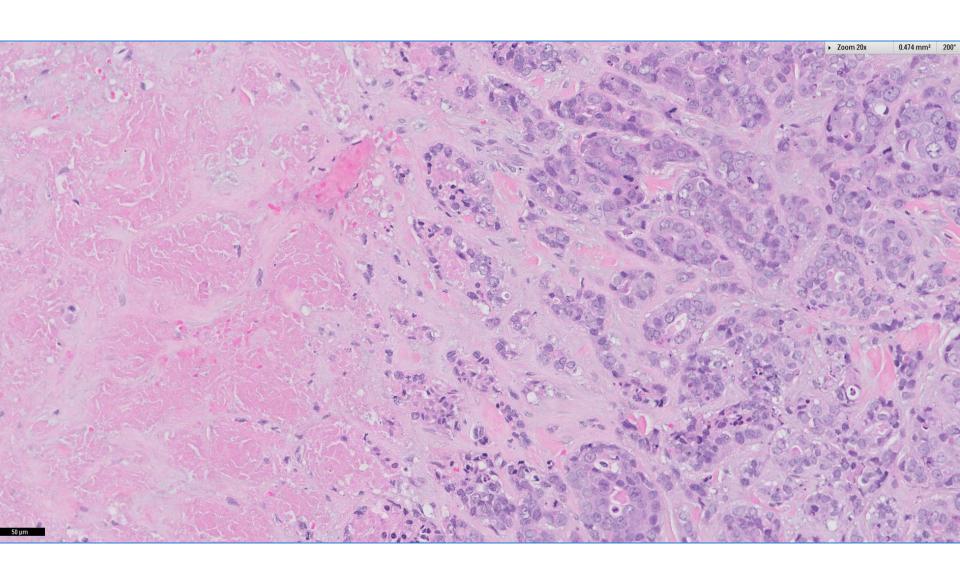


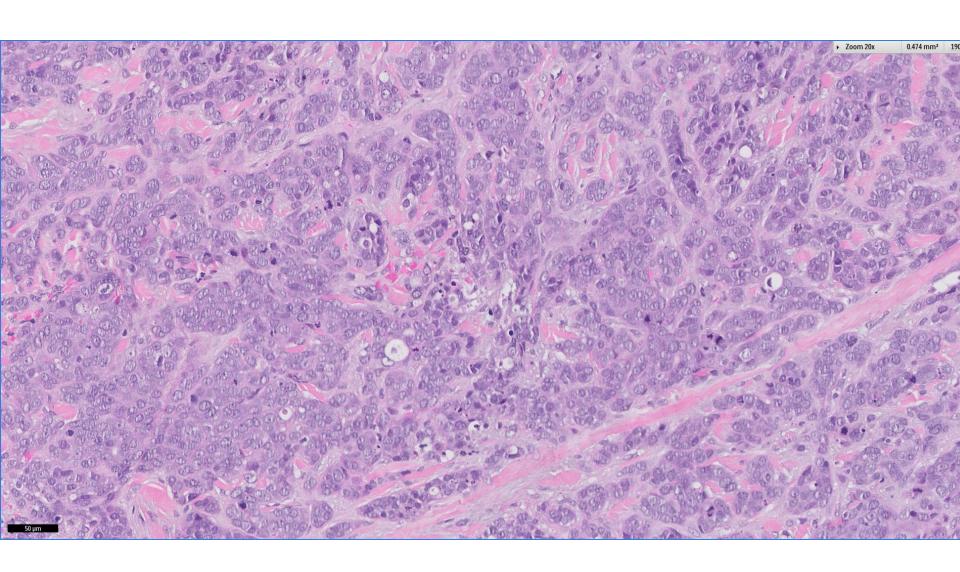
Skin tumour, left elbow, B

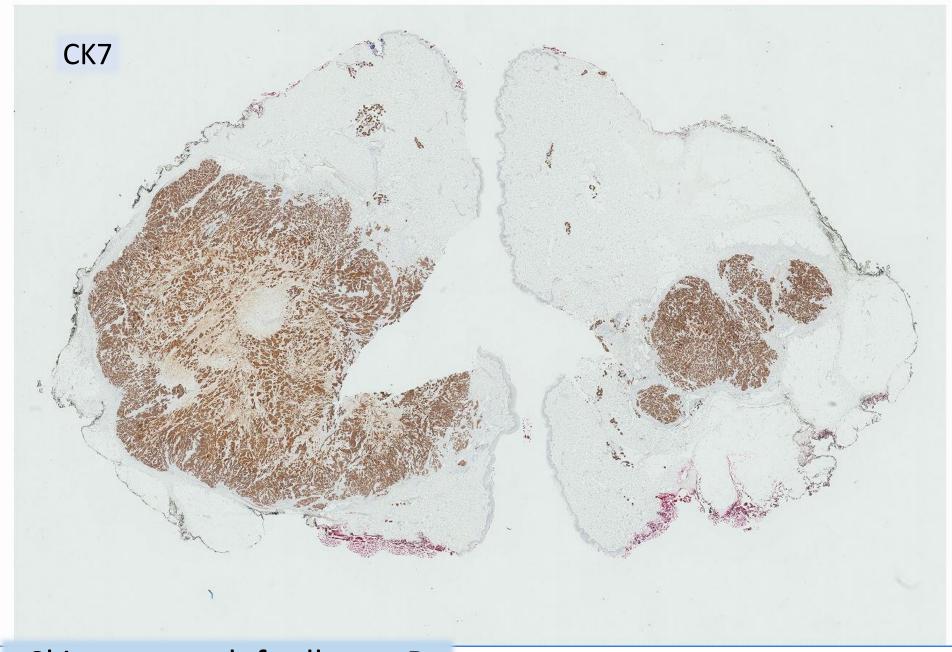


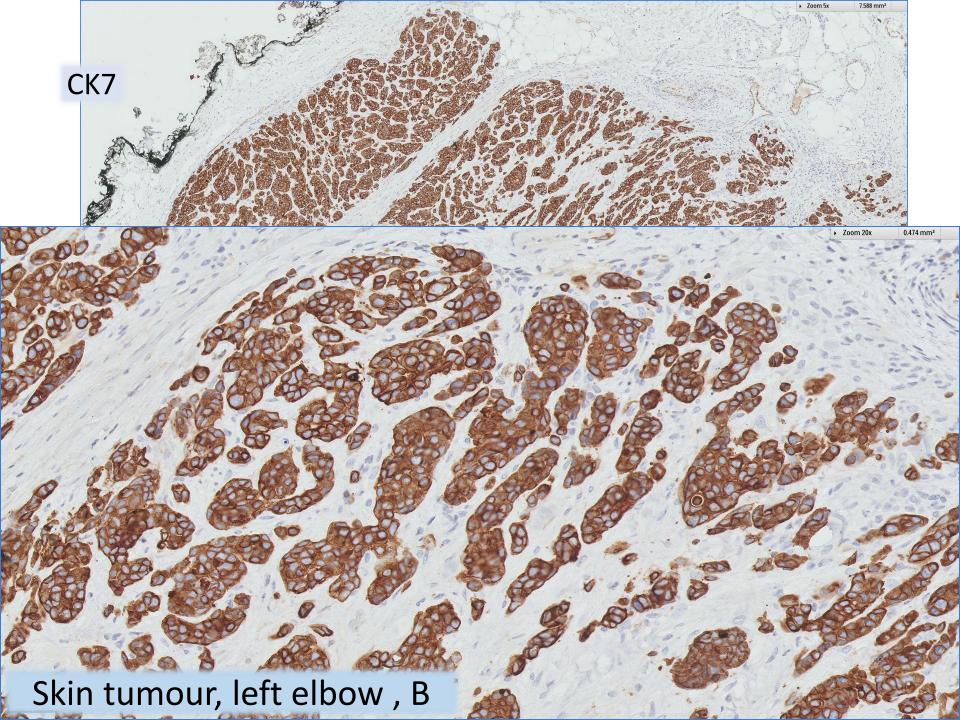




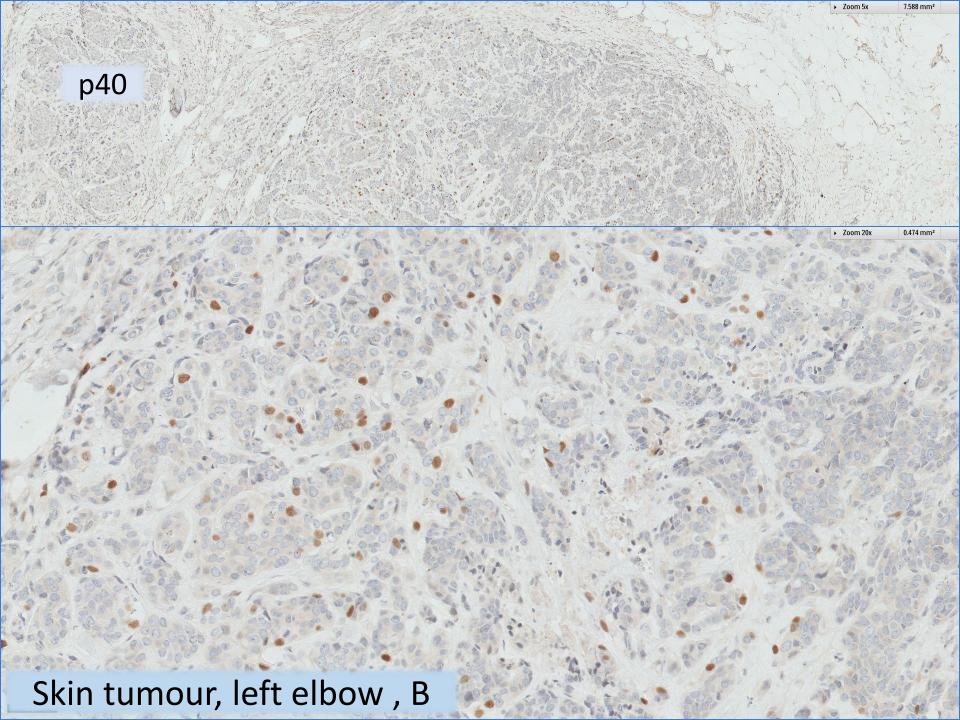












Diagnosis:

(A) Right breast tumour ~

Invasive ductal carcinoma with central infarction, grade 3, 3.3cm.

Triple negative (ER negative, PR negative, cerbB2 negative).

(B) Skin tumour, left elbow ~

Metastatic carcinoma consistent with metastasis of triple negative breast carcinoma.







Invasive breast carcinoma with central necrosis/infarction

Centrally necrotizing carcinoma of the breast: clinicopathological analysis of 33 cases indicating its basal-like phenotype and poor prognosis.

Yu et al. Histopathology. 2010 Aug;57(2):193-201.

Myoepithelial differentiation in high-grade invasive ductal carcinomas with large central acellular zones.

Tsuda et al. Hum Pathol. 1999 Oct;30(10):1134-9.







Invasive breast carcinoma with central necrosis/infarction

Yu et al. Histopathology. 2010 Aug;57(2):193-201.

- 33 cases of high grade invasive ductal carcinoma with central, necrotic or acellular zone surrounded by a ring-like area of viable tumour cells.
- Central zone with 3 morphological types:
- ~ predominance of coagulative necrosis (21 cases)
- ~ predominance of fibrosis and scar tissue (9 cases)
- ~ and infarction (3 cases).
- Basal-like subtype in 63.6% of cases.
- Median progression free survival of 15.5 months.
- Conclusion ~ Centrally necrotic carcinoma has distinctive morphological features, which mostly exhibit a basal-like immunophenotype and poor prognosis.

Singapore
General Hospital
SingHealth
Division of Pathology

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Invasive breast carcinoma with central necrosis/infarction

Tsuda et al. Hum Pathol. 1999 Oct;30(10):1134-9.

- 18 cases of high grade invasive ductal carcinoma with large central acellular zones.
- Immunohistochemical expression of S100, detected with a polyclonal antibody, S100-alpha, S100-beta, alpha-SMA, GFAP, and keratin 14, was observed in 61%, 83%, 39%, 33%, 28%, and 39% of the IDCs with large central acellular zones.
- Conclusions ~
 - IDCs with large central acellular zones frequently contain carcinomas showing myoepithelial differentiation.
 - Such histological and immunohistochemical features in IDCs would be expected to be clinicopathologically significant.







