

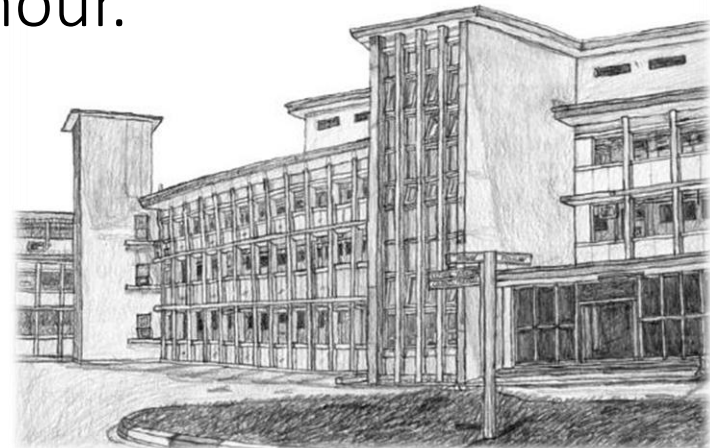
Case 9

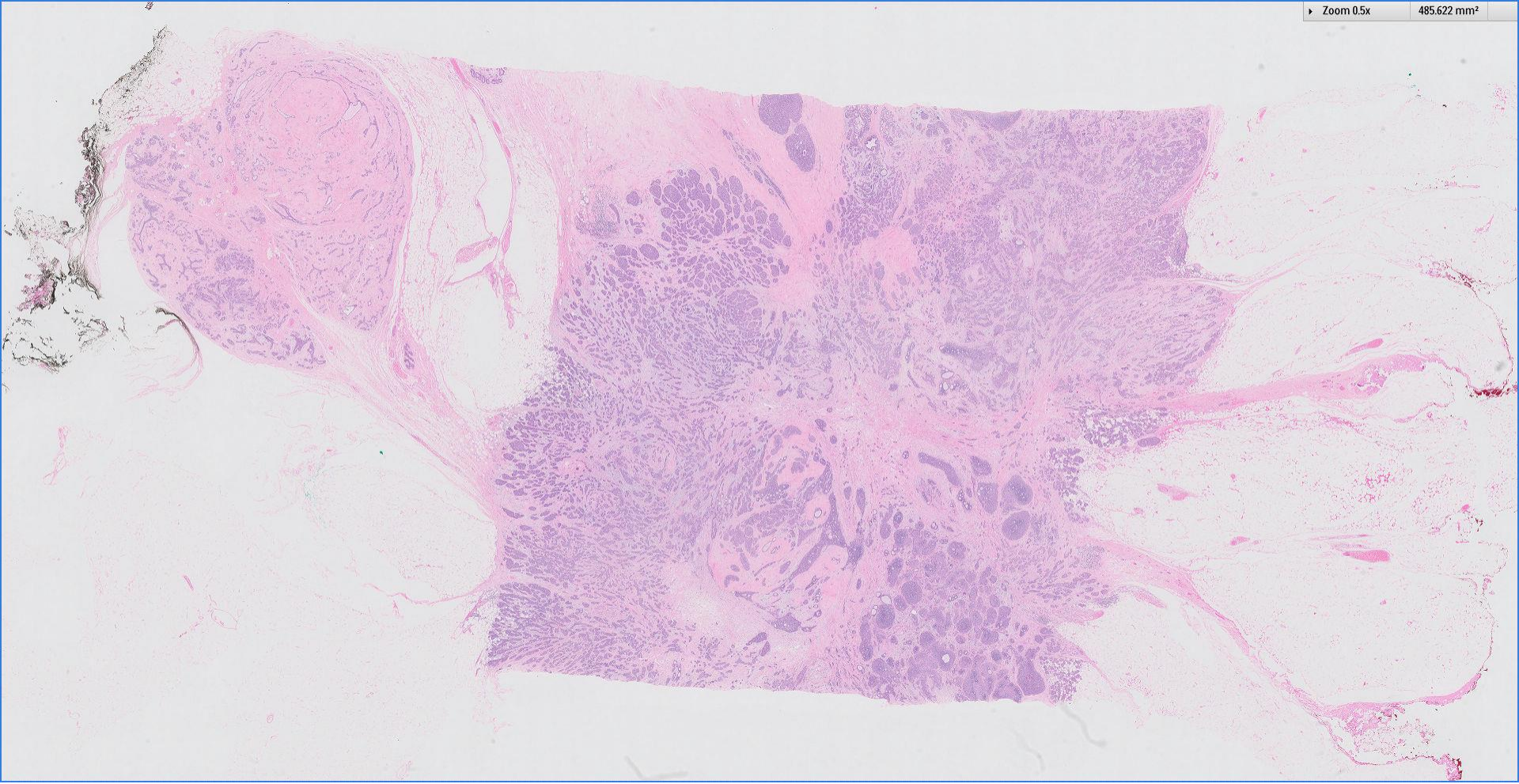
48 year old female.

Ultrasound guided trucut biopsy of a left breast 6 o'clock nodule yielded an invasive carcinoma.

Left breast wide excision performed, which contained a 2.5cm tumour.

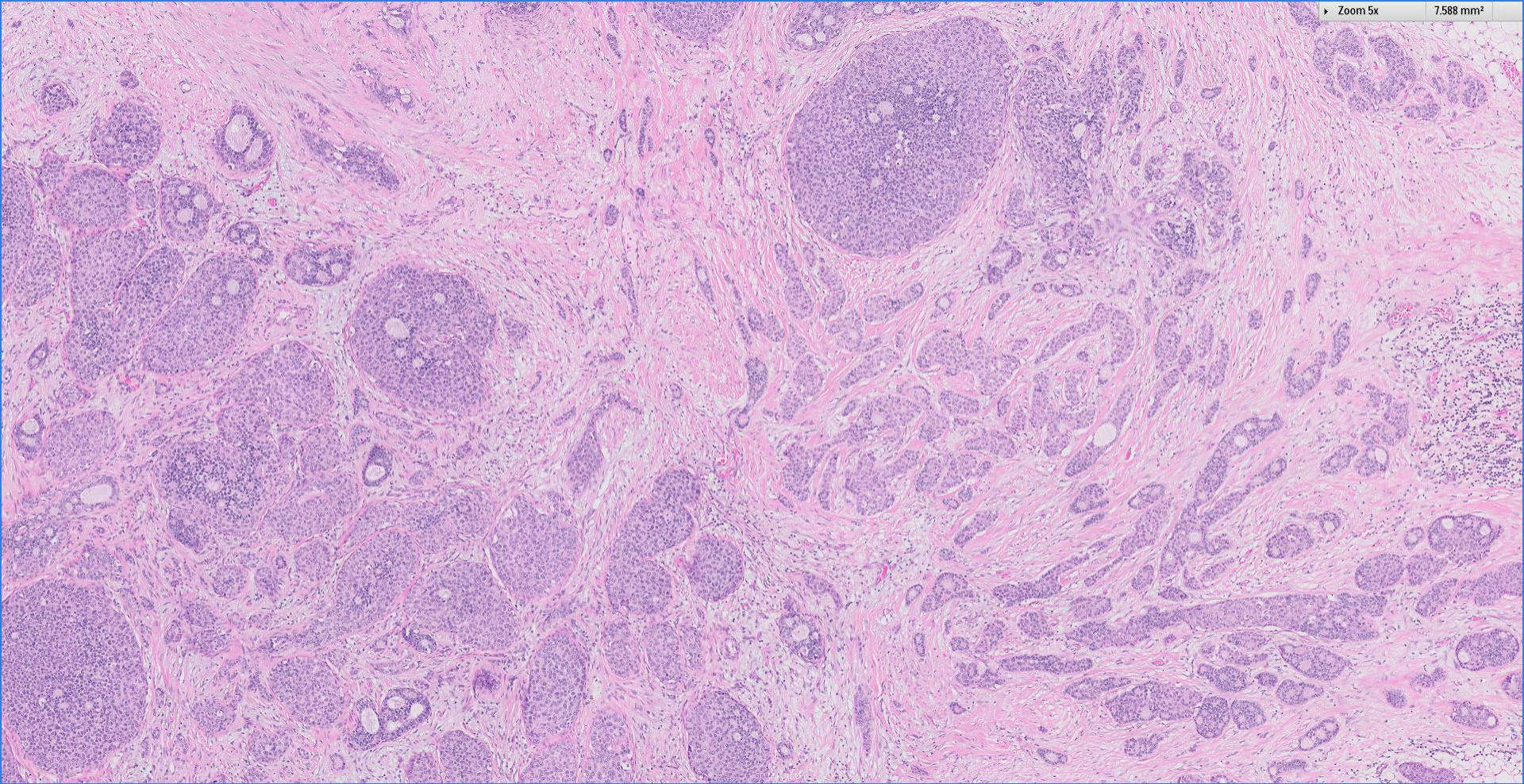
Section from the tumour.





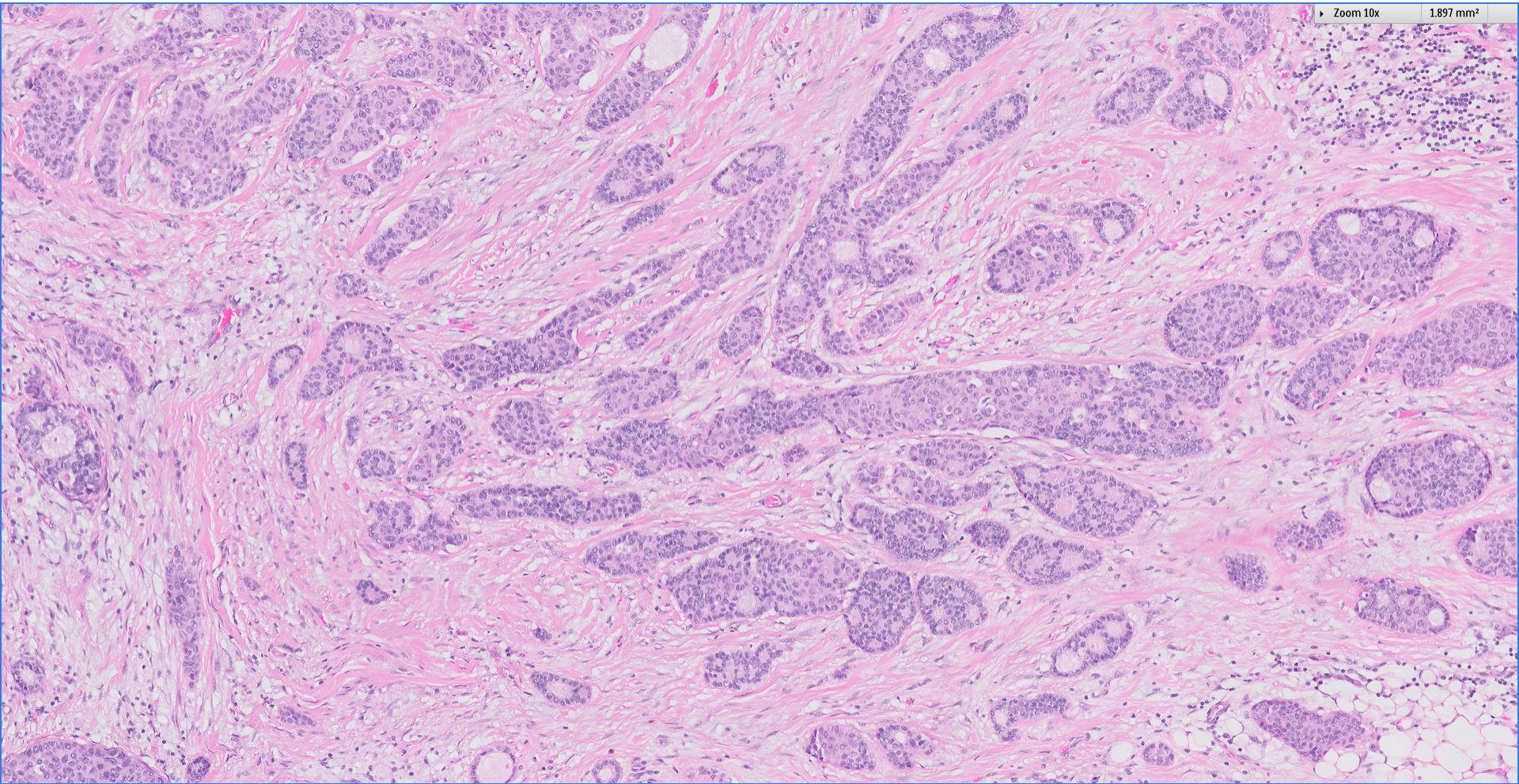
Zoom 5x

7.588 mm²



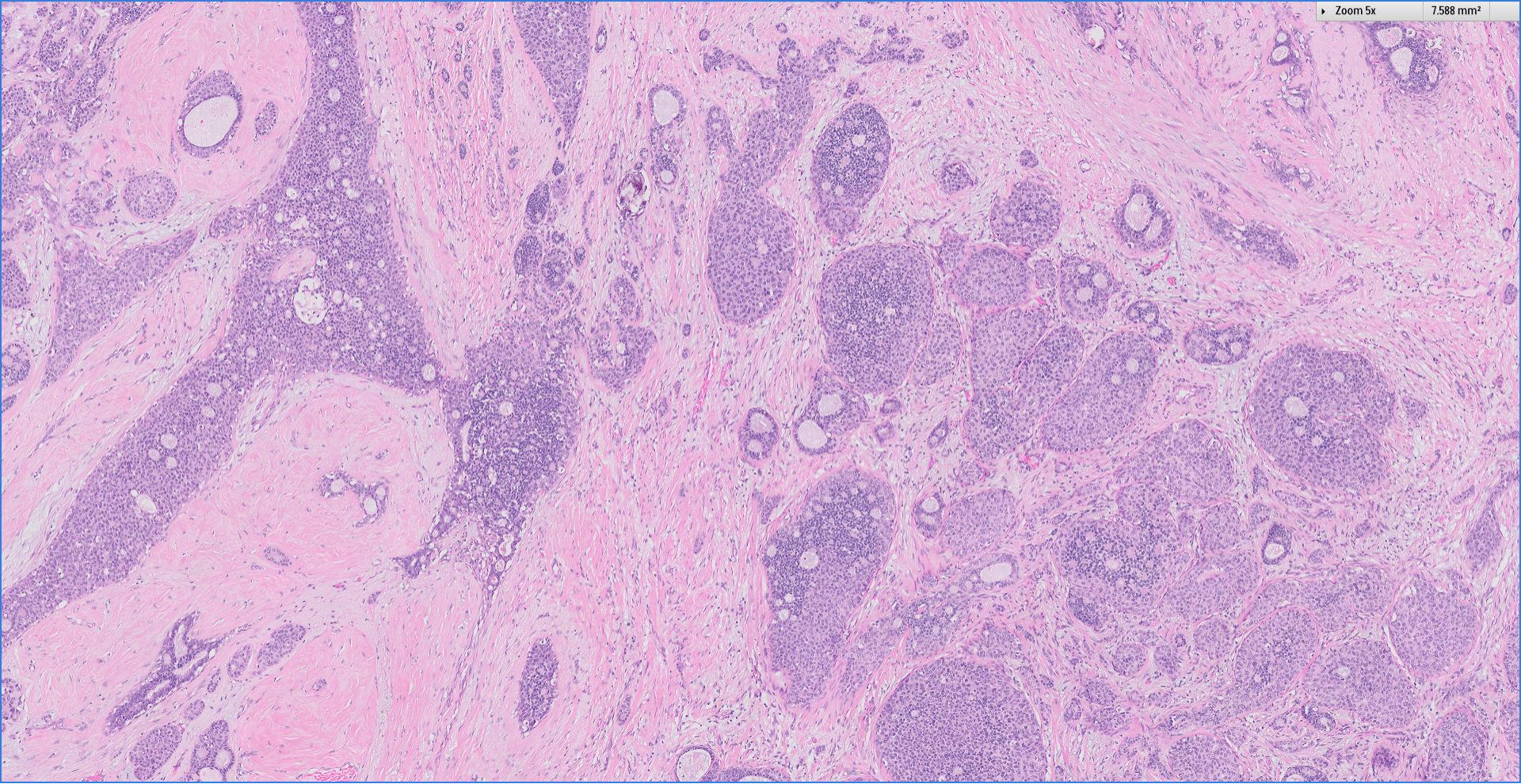
Zoom 10x

1.897 mm²



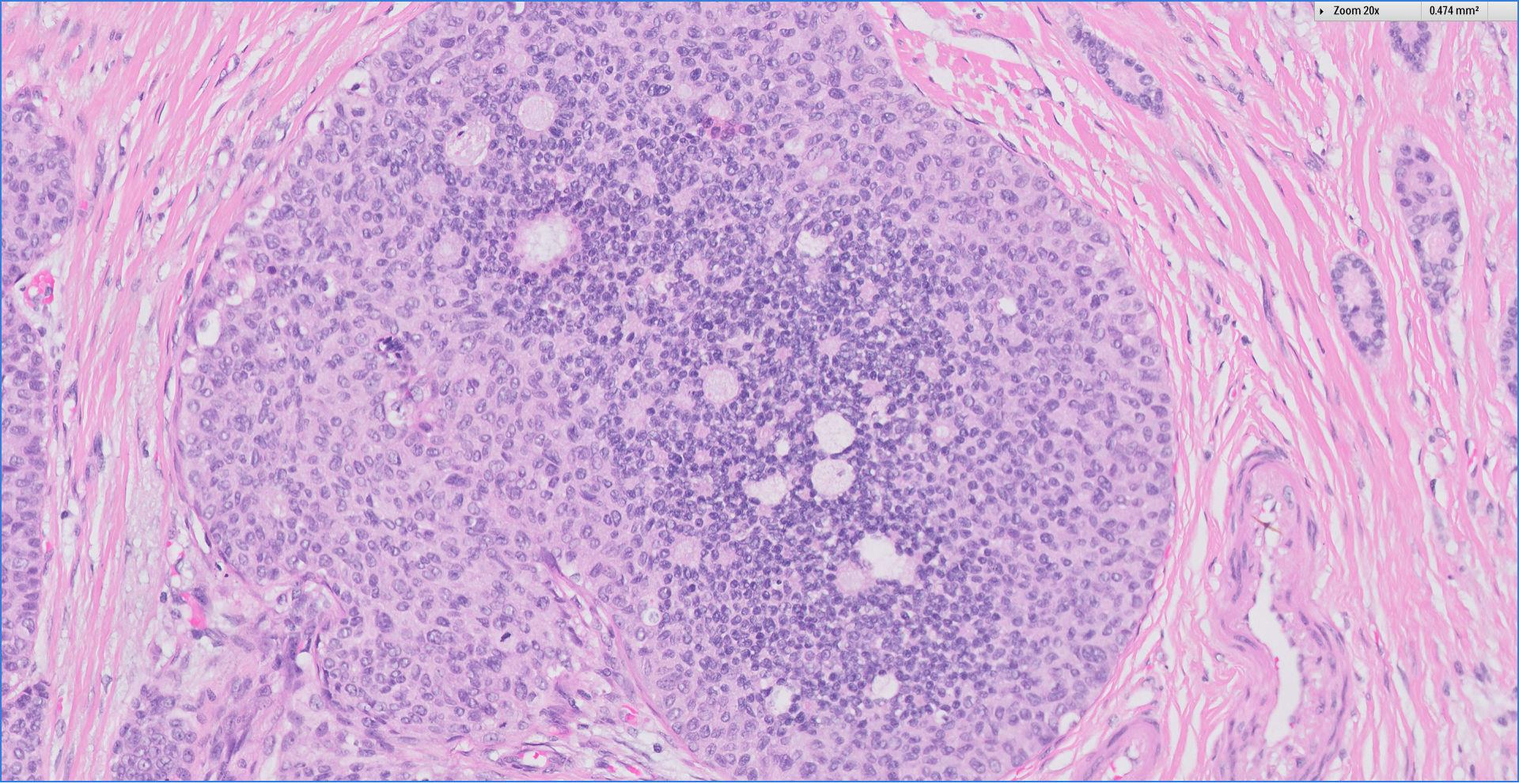
Zoom 5x

7.588 mm²

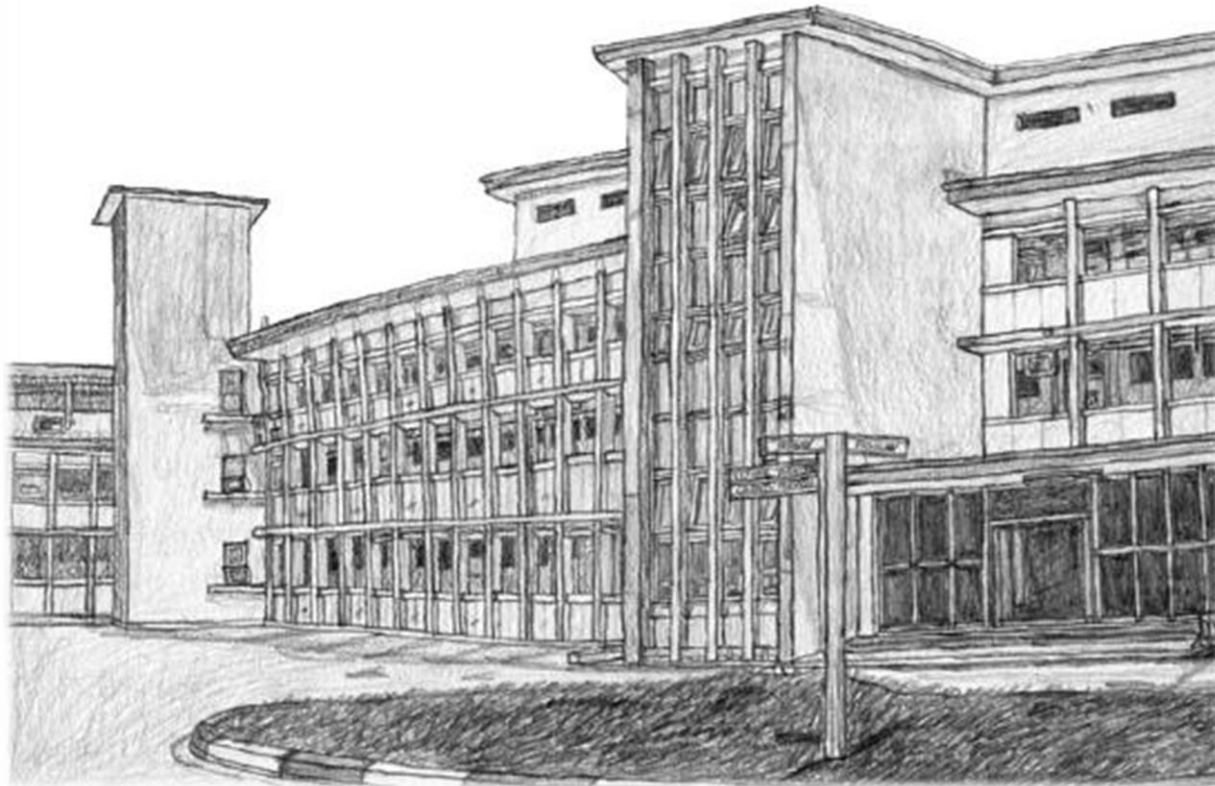


Zoom 20x

0.474 mm²



 Breast
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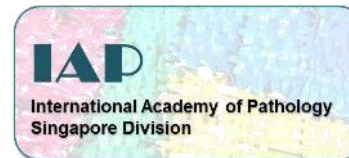


Singapore
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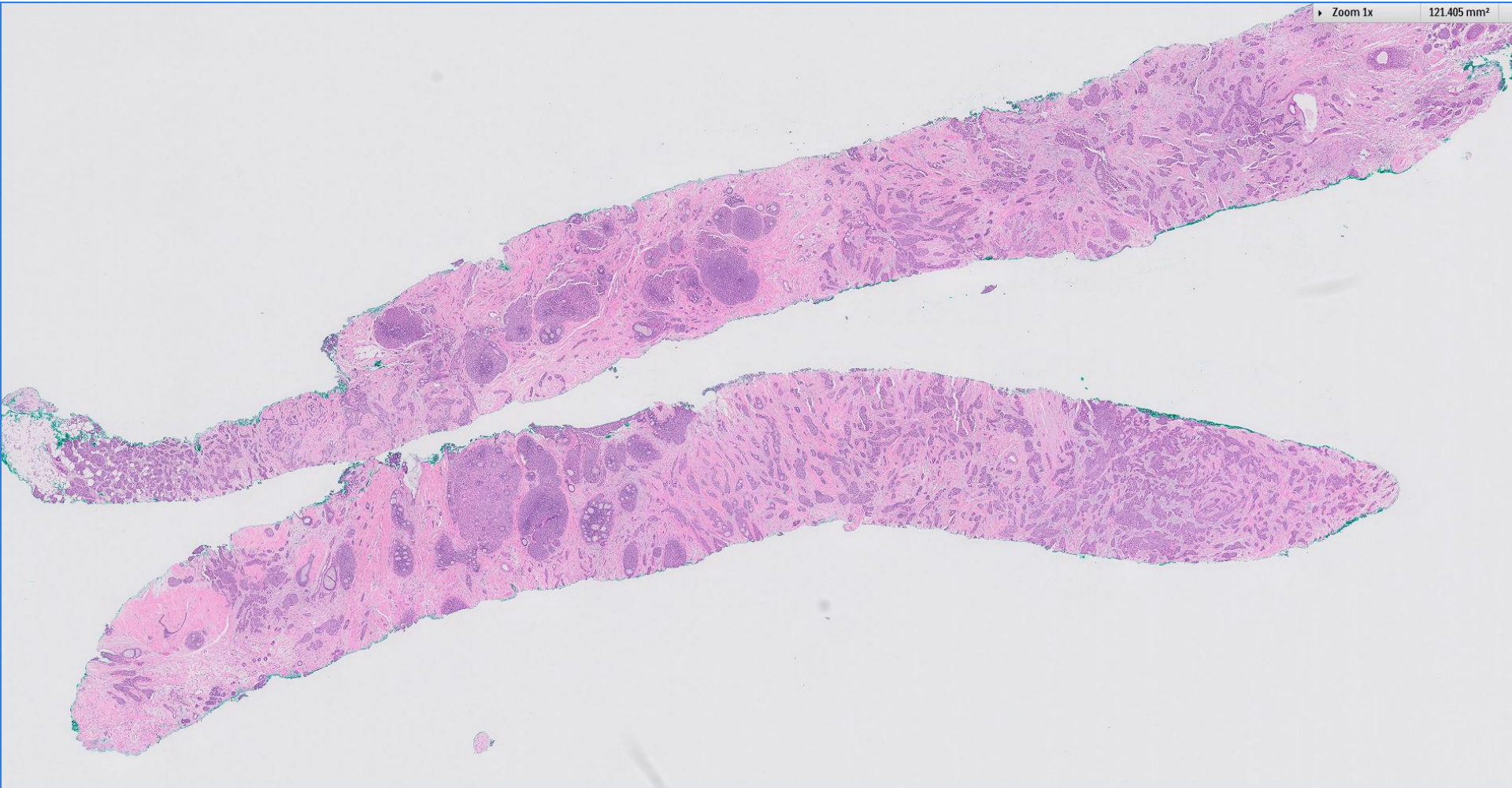
SingHealth
Division of Pathology


SingHealth DukeNUS
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PATHOLOGY

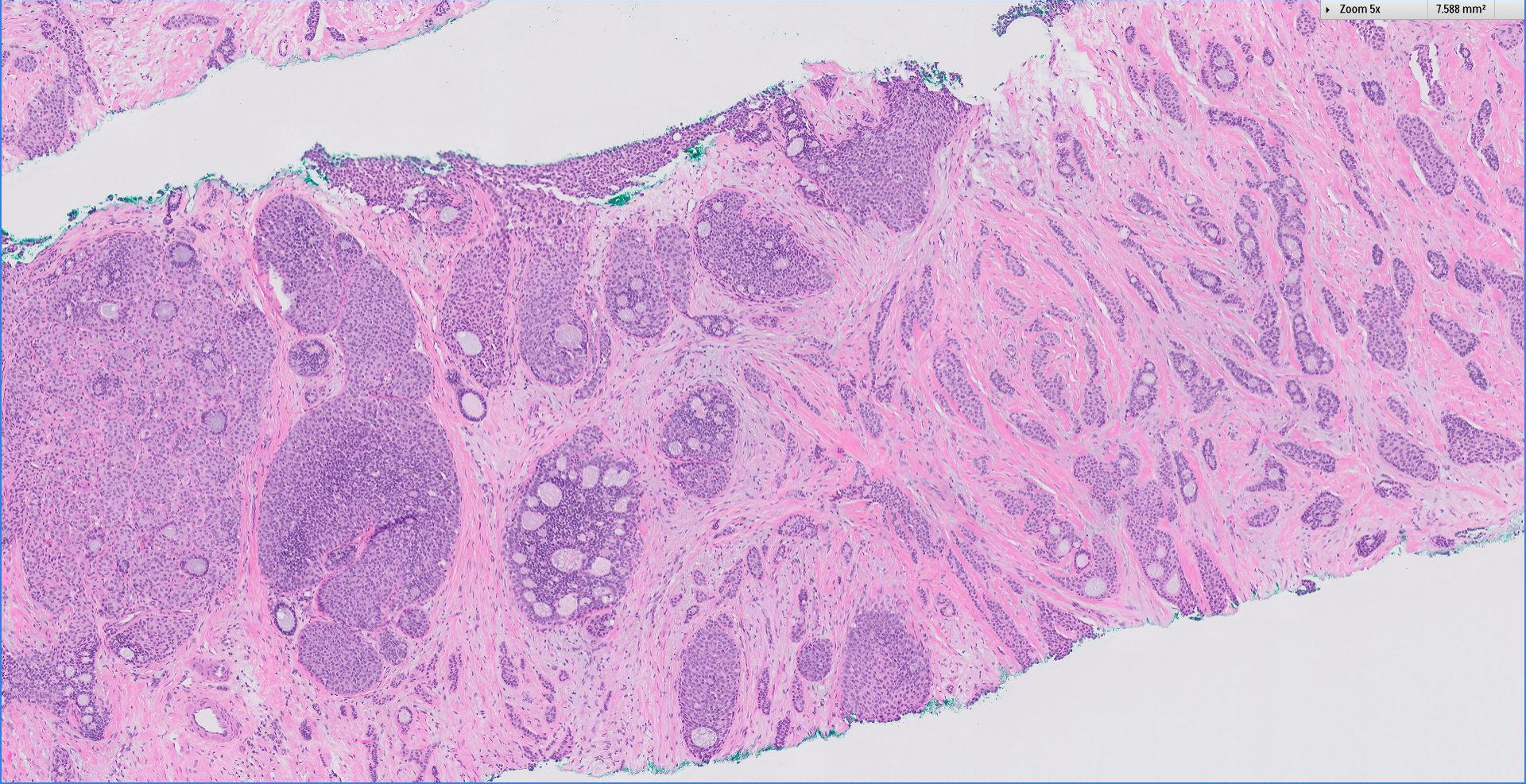


Previous core biopsy

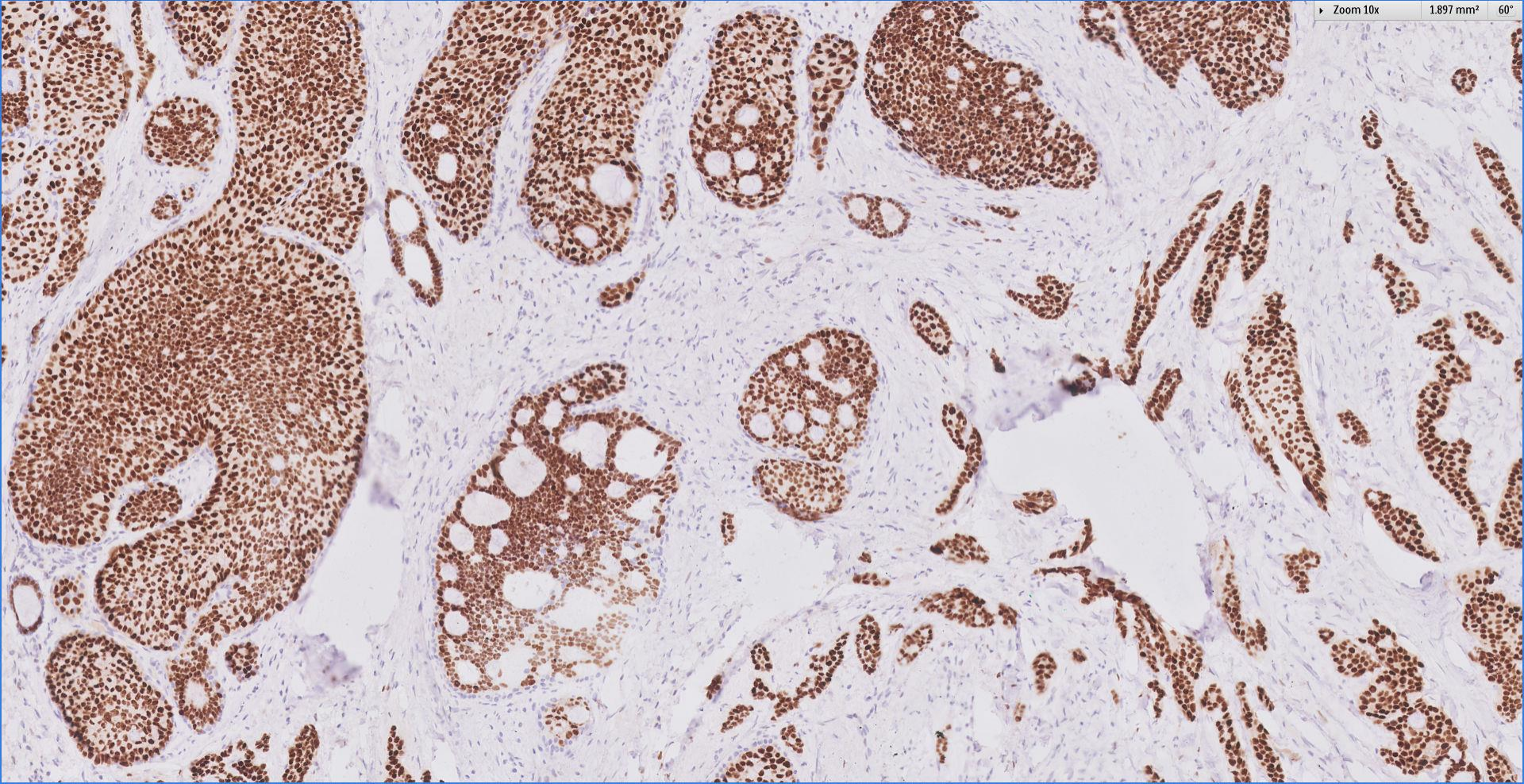
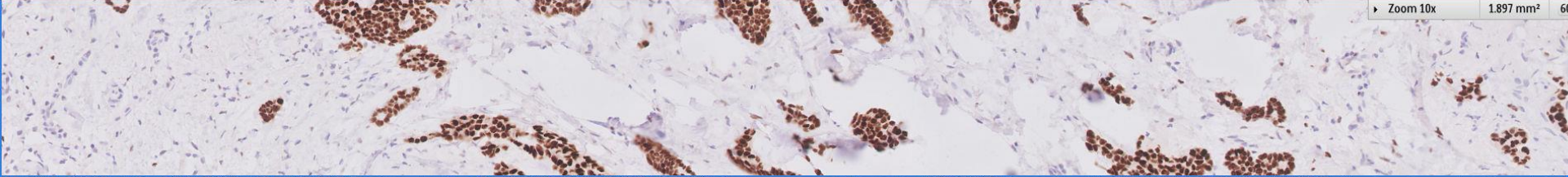
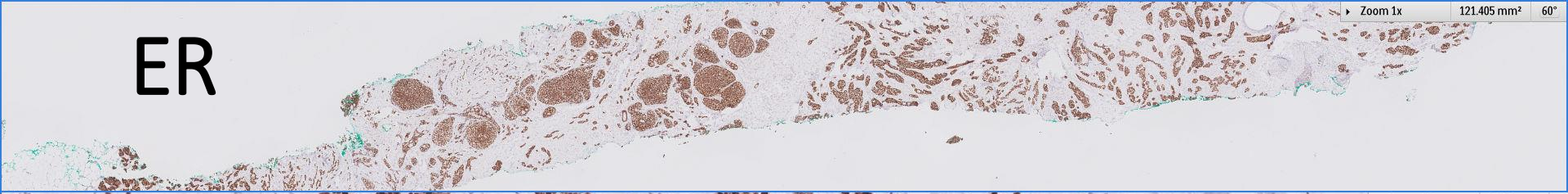


Zoom 5x

7.588 mm²

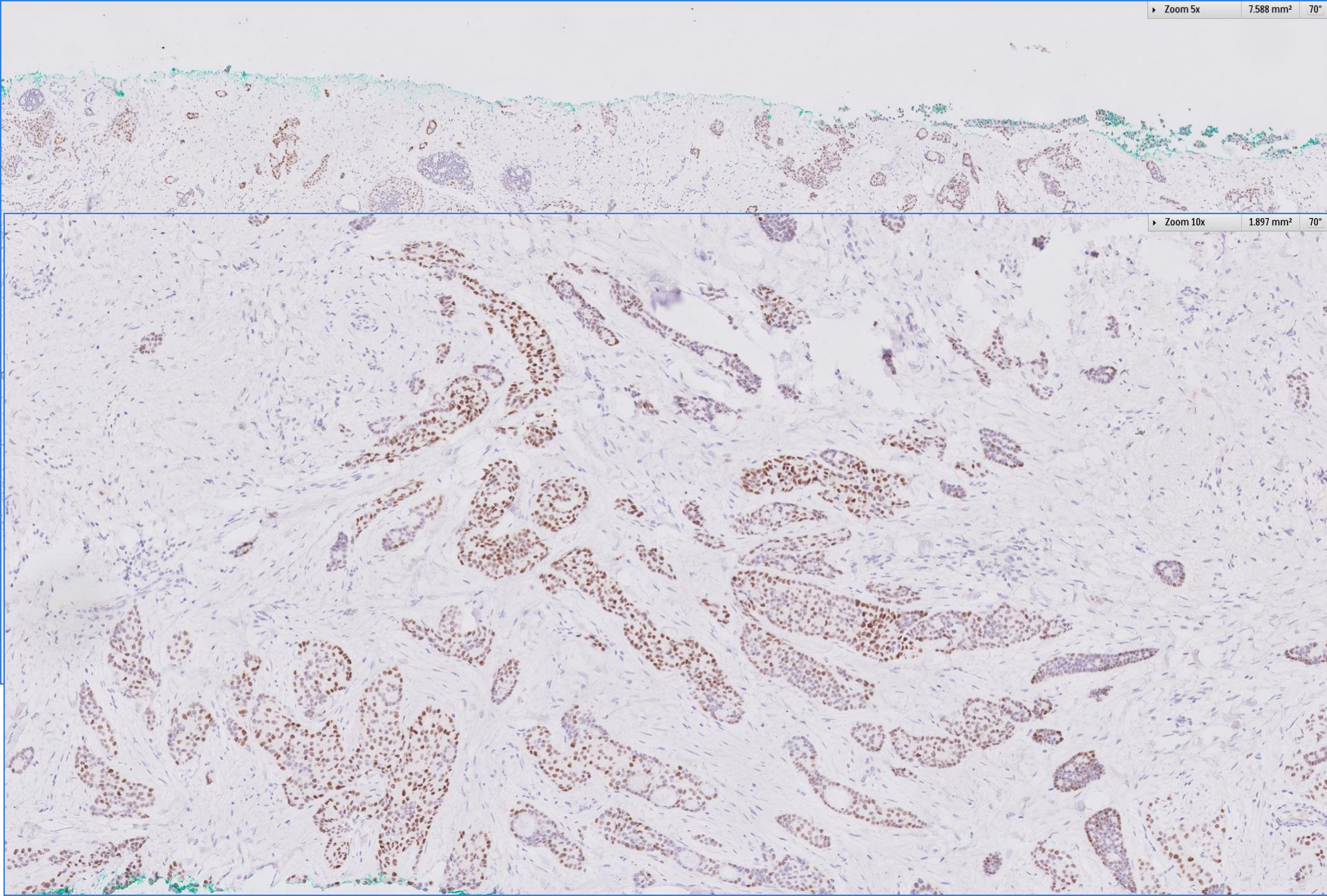


ER



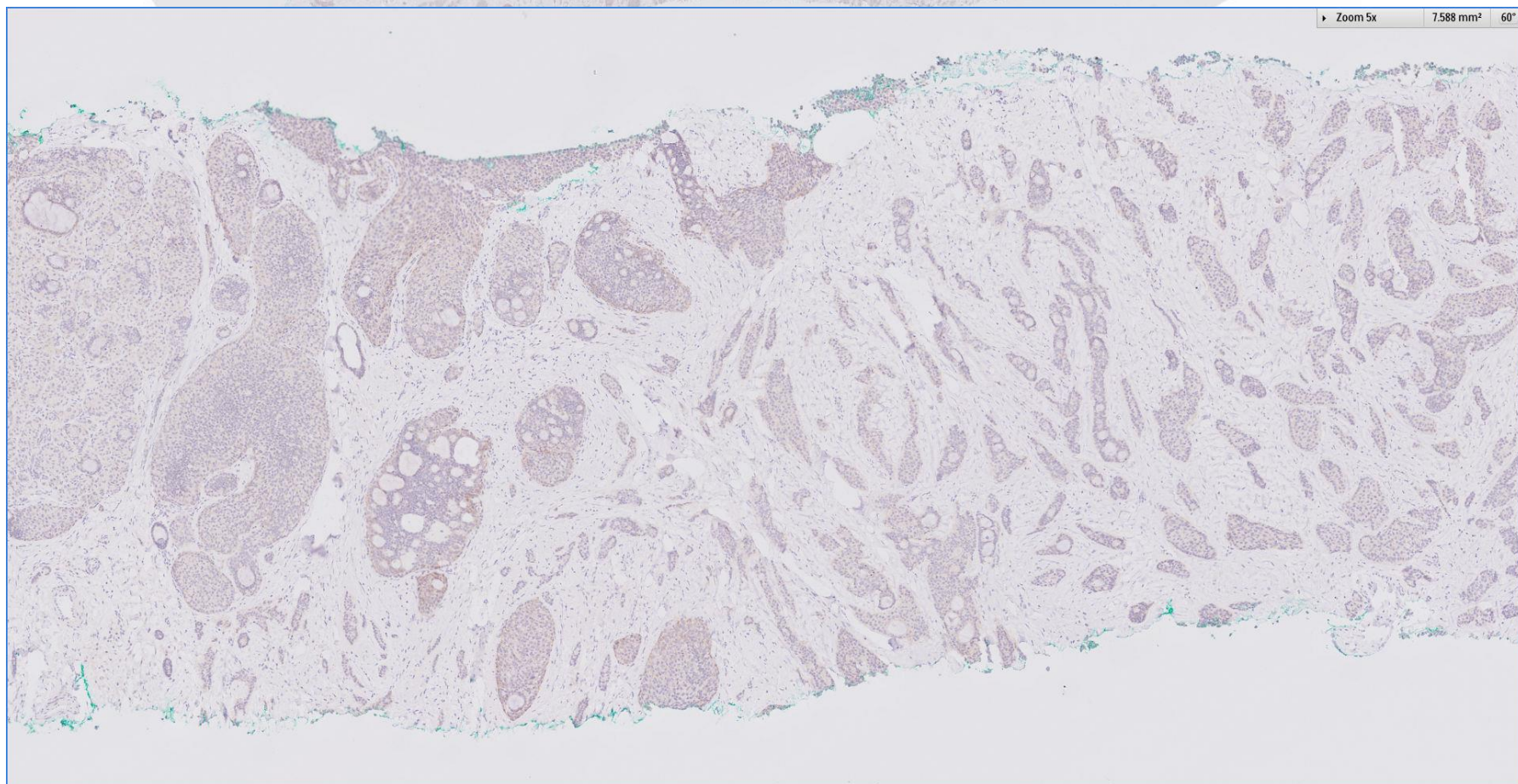
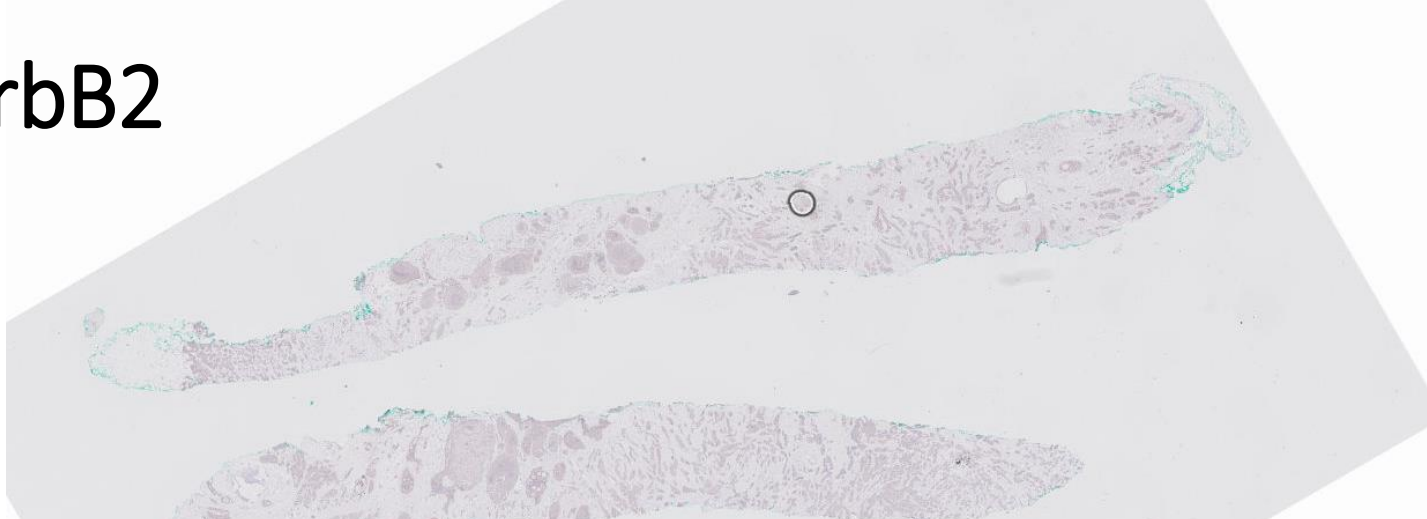
PR

Zoom 5x 7.588 mm² 70°

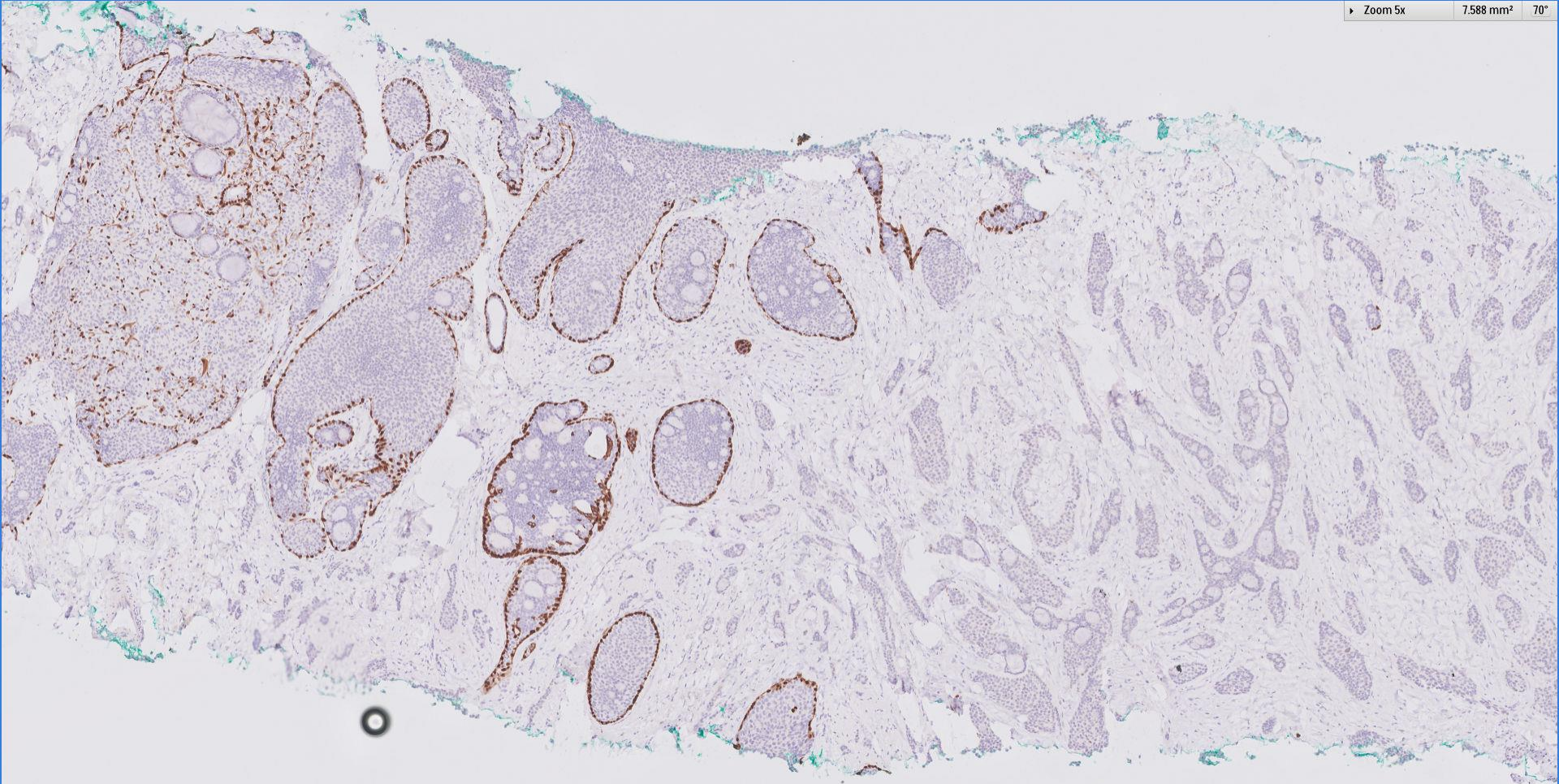
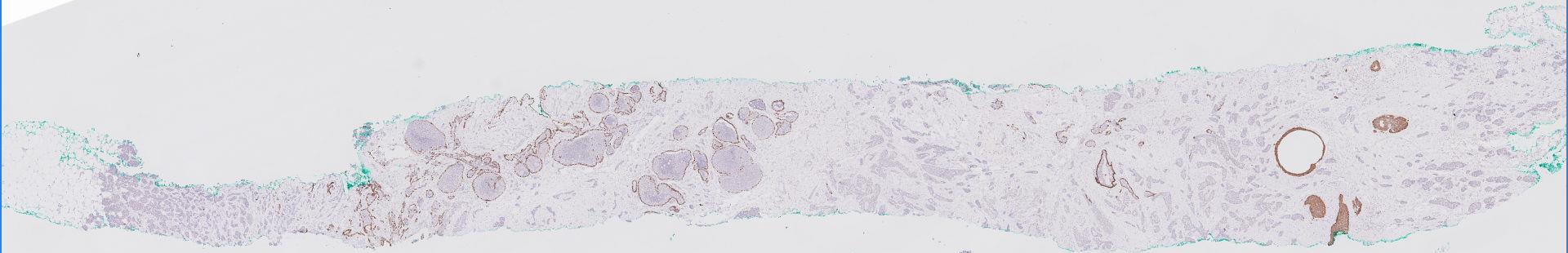


Zoom 10x 1.897 mm² 70°

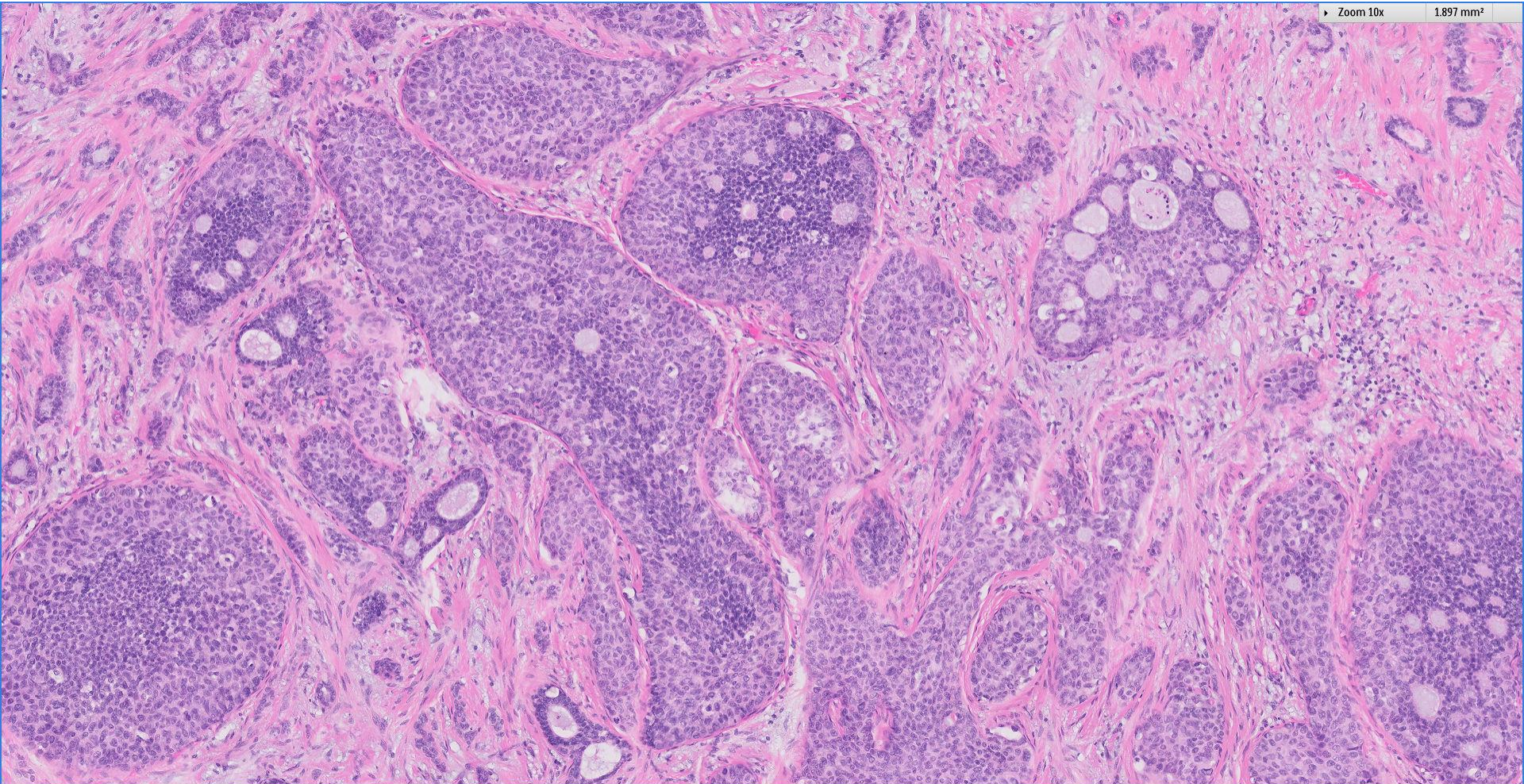
cerbB2



p63/CK14

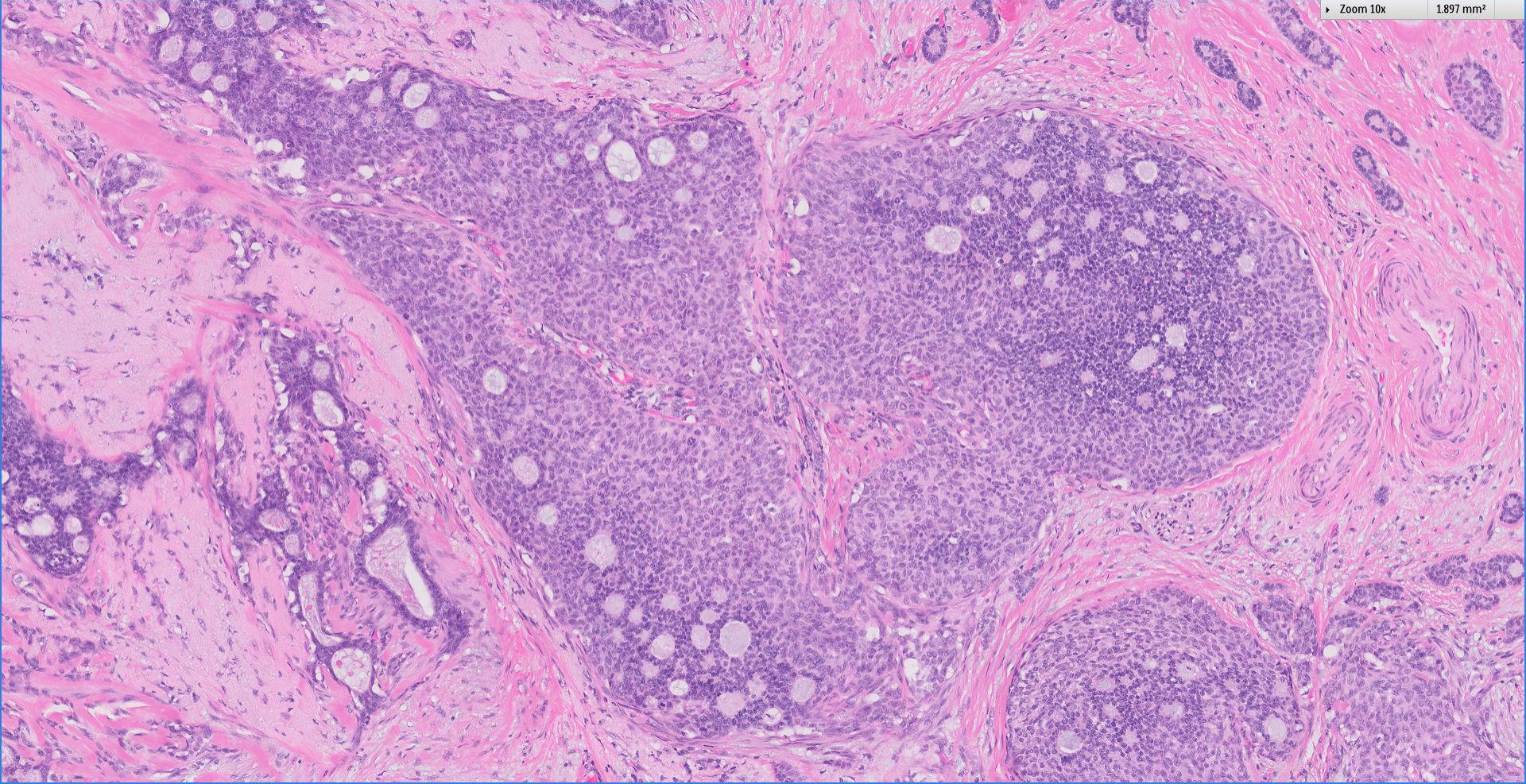


Wide excision



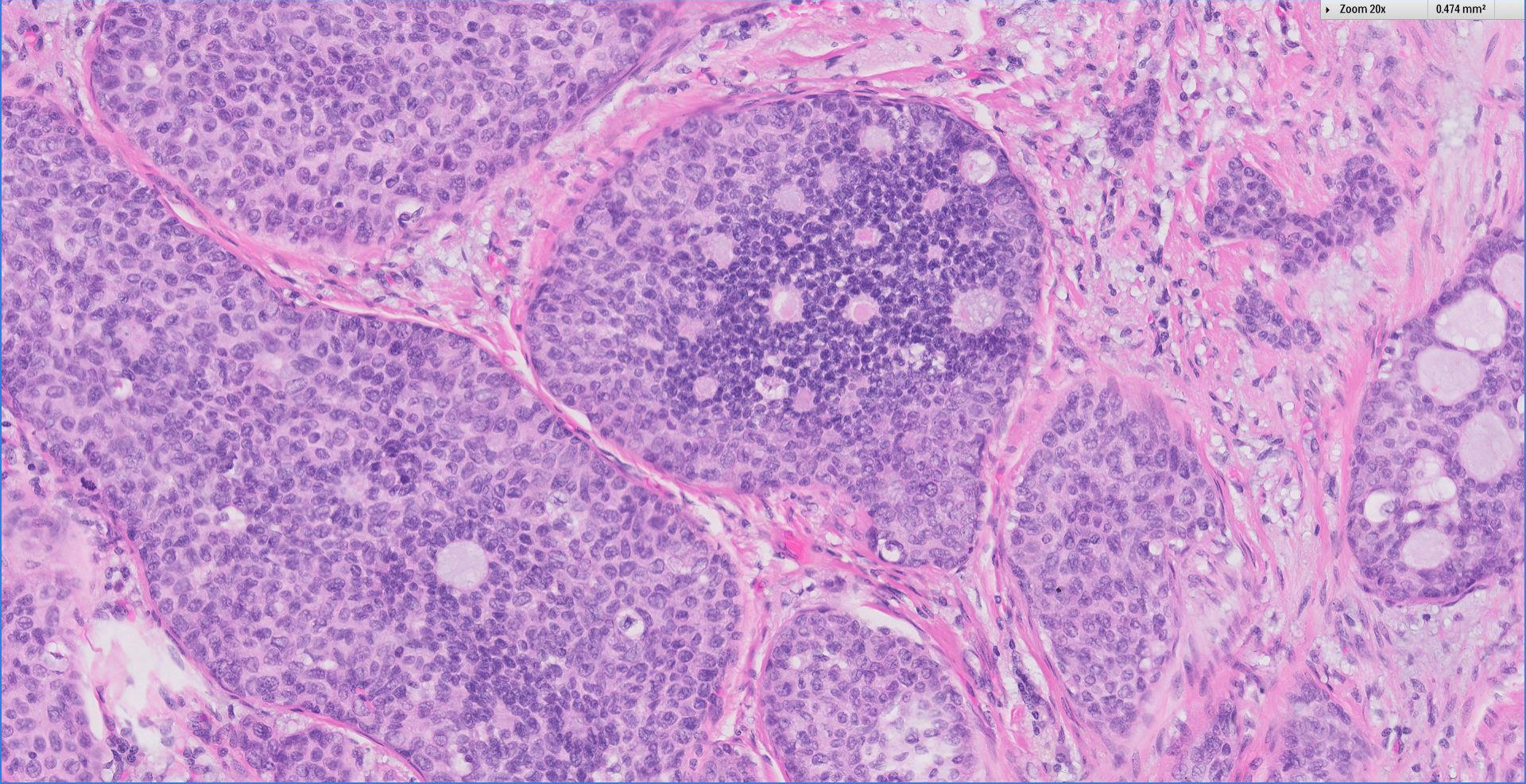
Zoom 10x

1.897 mm²



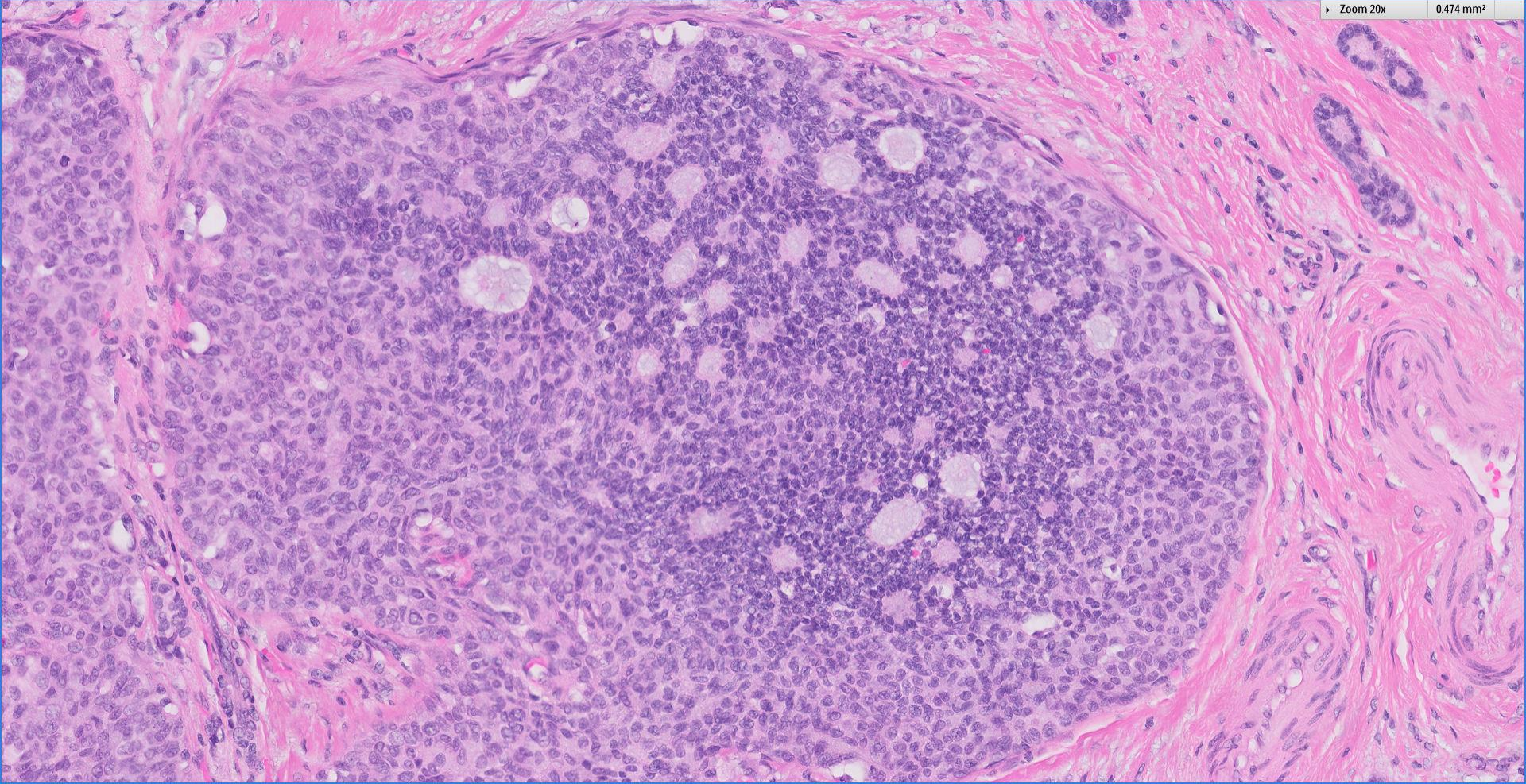
Zoom 20x

0.474 mm²



Zoom 20x

0.474 mm²

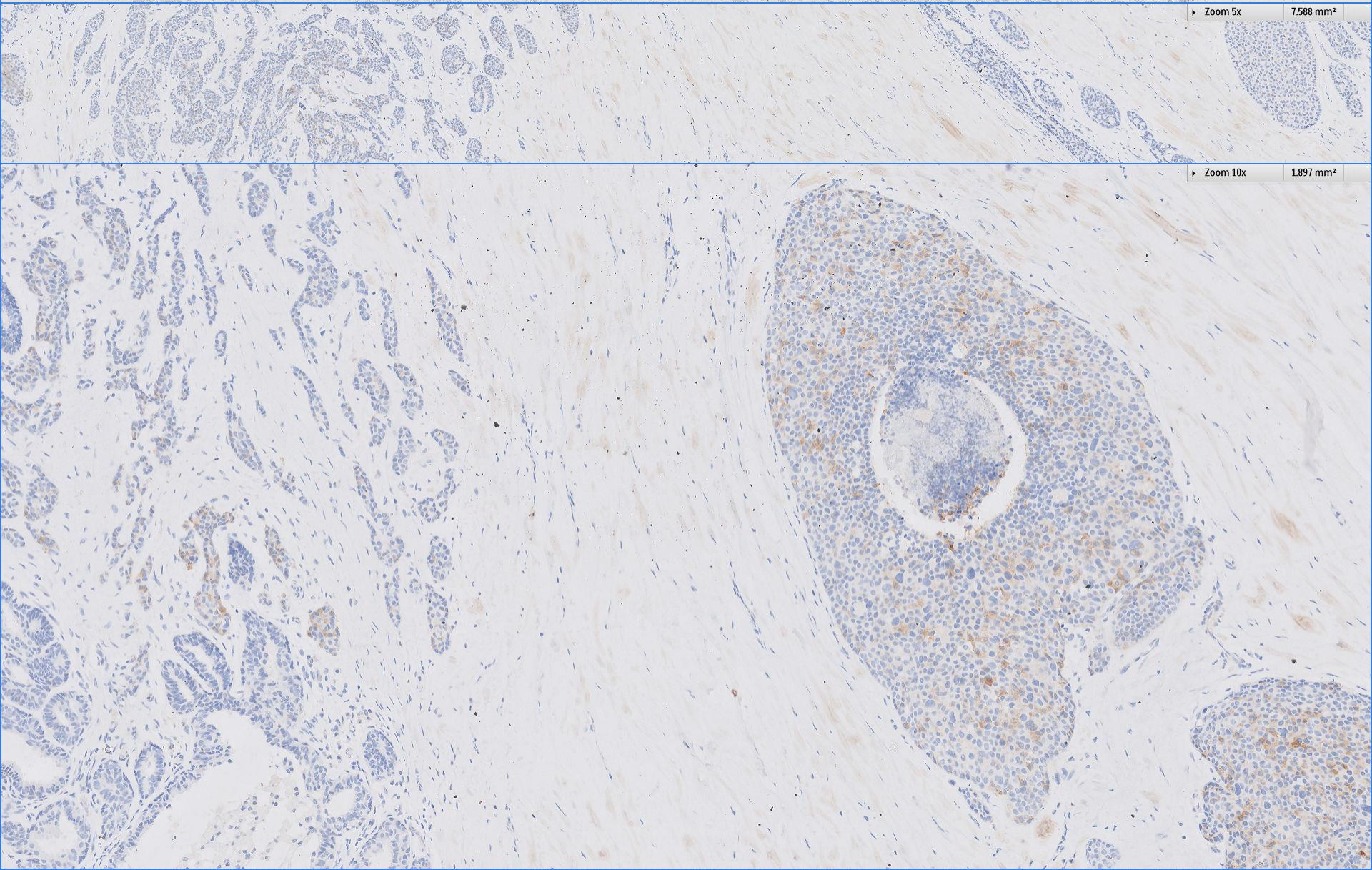


Synaptophysin

▶ Zoom 1x 121.405 mm²

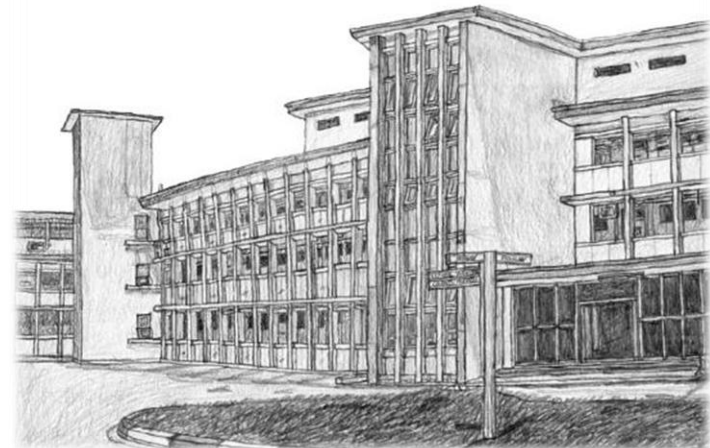
▶ Zoom 5x 7.588 mm²

▶ Zoom 10x 1.897 mm²



Diagnosis

Left breast wide excision:
Invasive ductal carcinoma, grade 1, 25mm.
Extensive low to intermediate grade DCIS.



DCIS with a dimorphic pattern

- Two morphological epithelial cell populations in ducts affected by DCIS.
- Originally described in intraductal papillary carcinoma, where a dimorphic population of cells resembling myoepithelial cells (globoid cells) can be observed in up to 25% of cases.

Lefkowitz M, et al. Hum Pathol. 1994;25(8):802–809.

Wei S. Arch Pathol Lab Med. 2016;140:628–643.

Ueno N, et al. Human Pathology: Case Reports 10 (2017) 92–95.

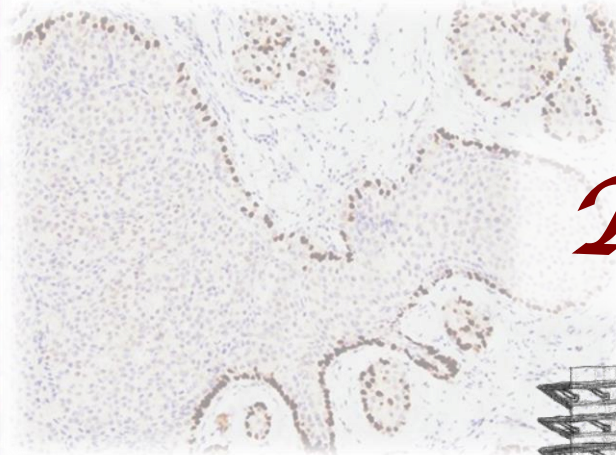
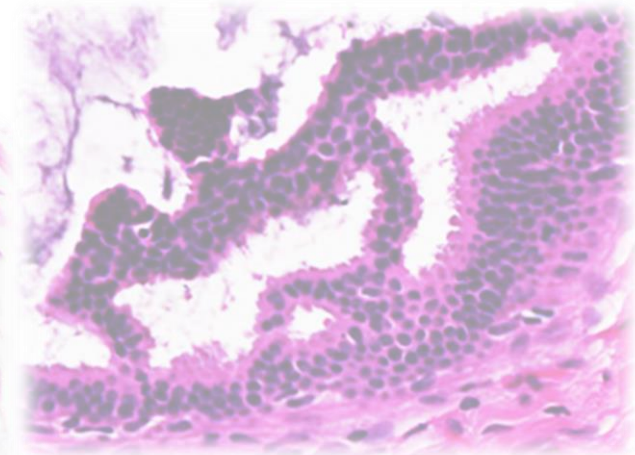
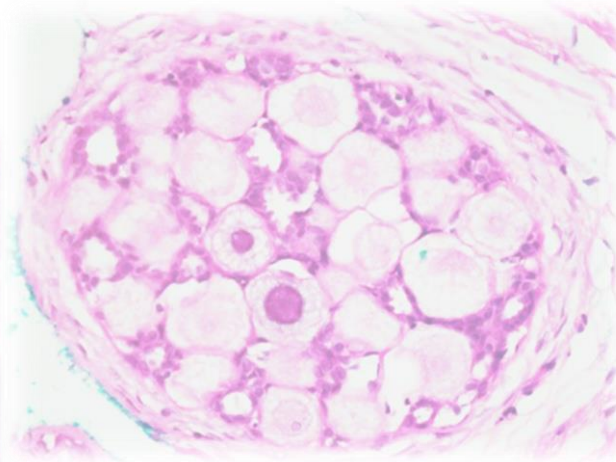
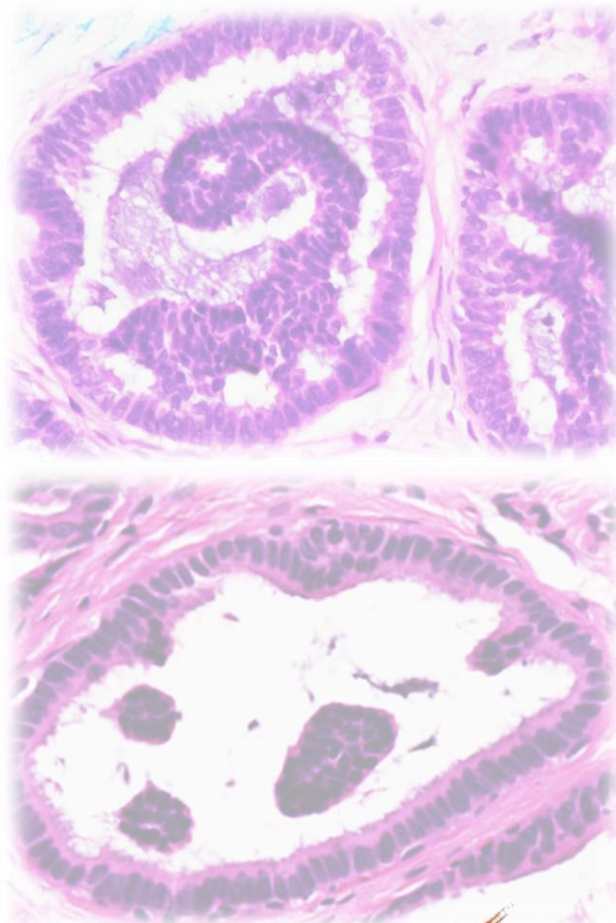
DCIS with a dimorphic pattern

- May mimic benign florid usual ductal hyperplasia.
- Clues to correct diagnosis ~
 - Presence of other patterns of DCIS.
 - Adjunctive immunohistochemistry.

Invasive and in situ carcinoma with neuroendocrine differentiation

- Focal neuroendocrine differentiation with patchy synaptophysin positivity is seen in both in situ and invasive ductal components in this case.
- Classification is based on the morphological appearance.
- Currently no specific prognostic value in determining neuroendocrine differentiation in conventional invasive breast carcinomas, other than recognising its frequent occurrence in certain special subtypes, whereby its presence may be of diagnostic utility, such as in solid papillary carcinoma.

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Thank you!

 Singapore
General Hospital
SingHealth
Division of Pathology

 SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE
PATHOLOGY

 IAP
International Academy of Pathology
Singapore Division



THE ACADEMIA,
SINGAPORE GENERAL HOSPITAL

09.05.2014

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