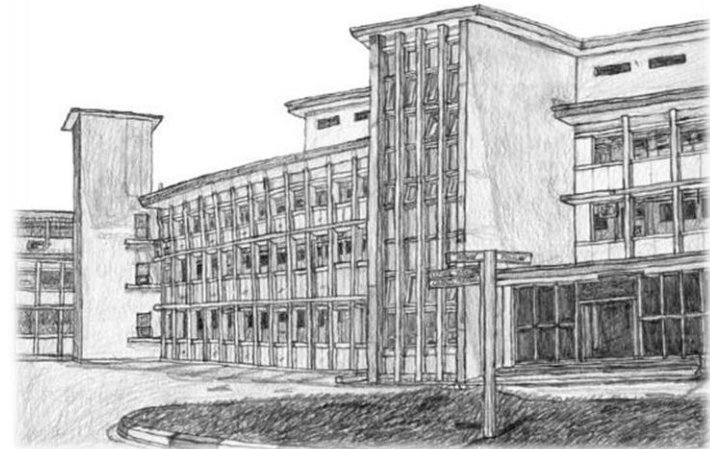
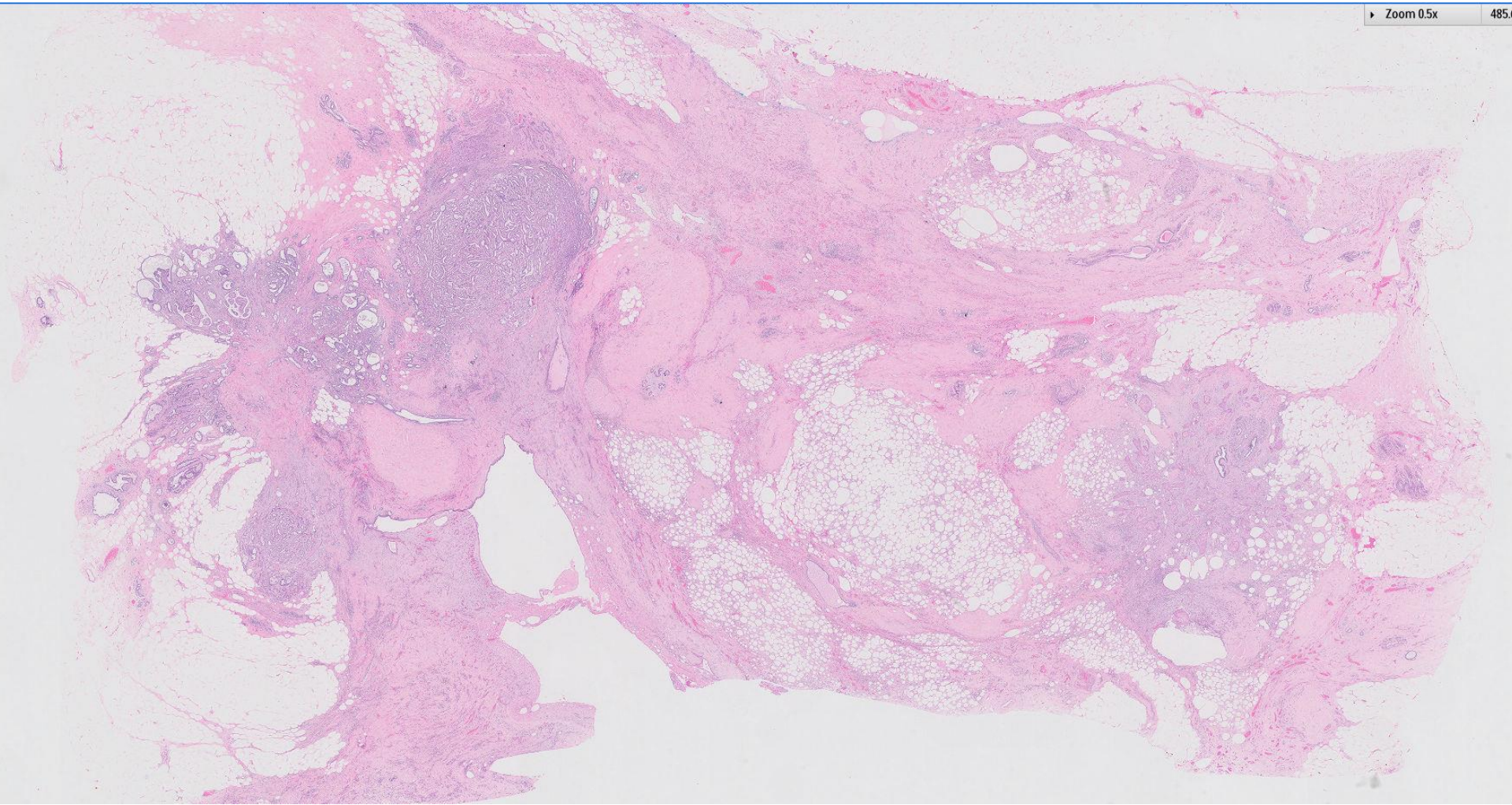


Case 15

48 year old female.

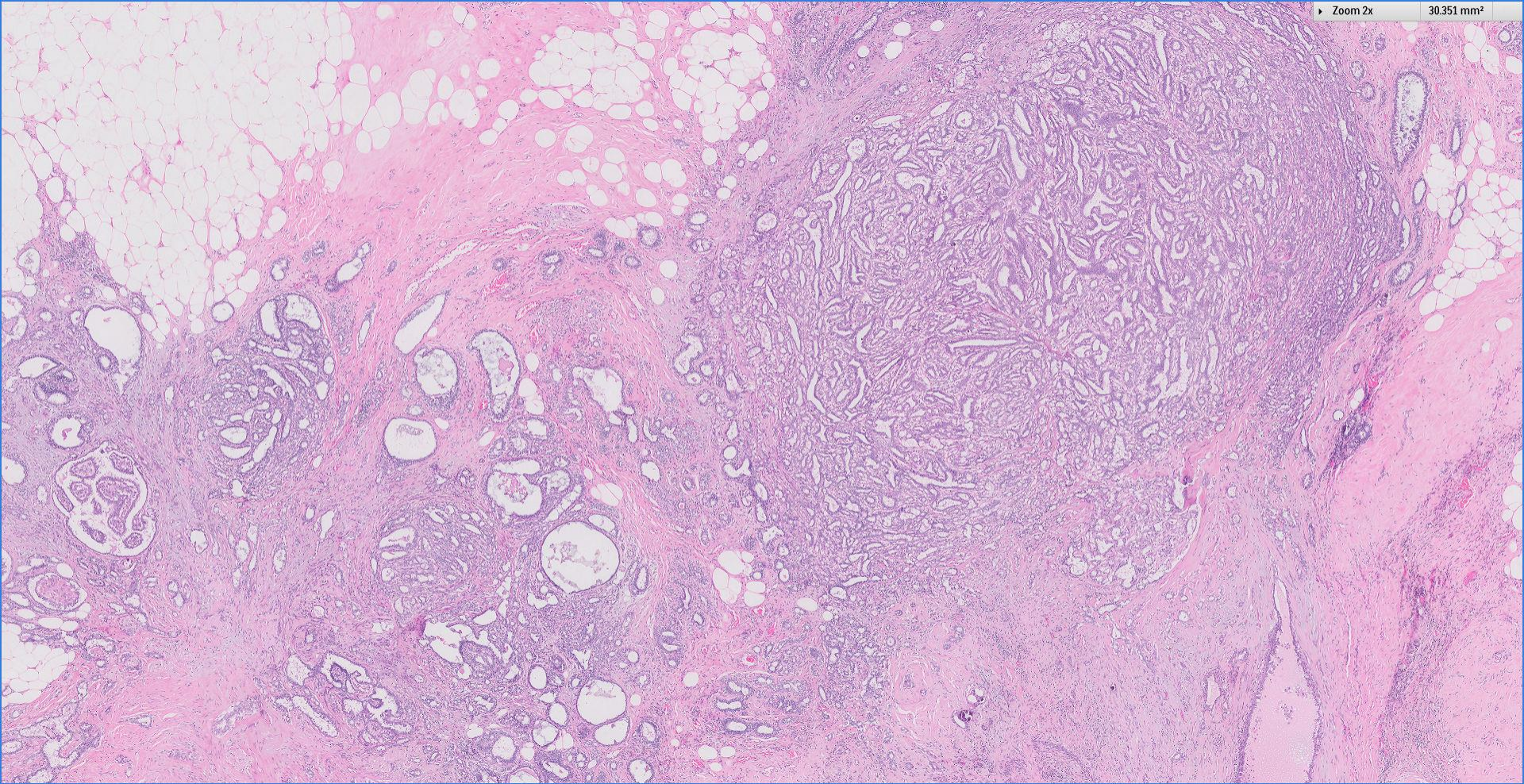
Right nipple sparing mastectomy performed for ductal carcinoma in situ diagnosed in a previous excision specimen.





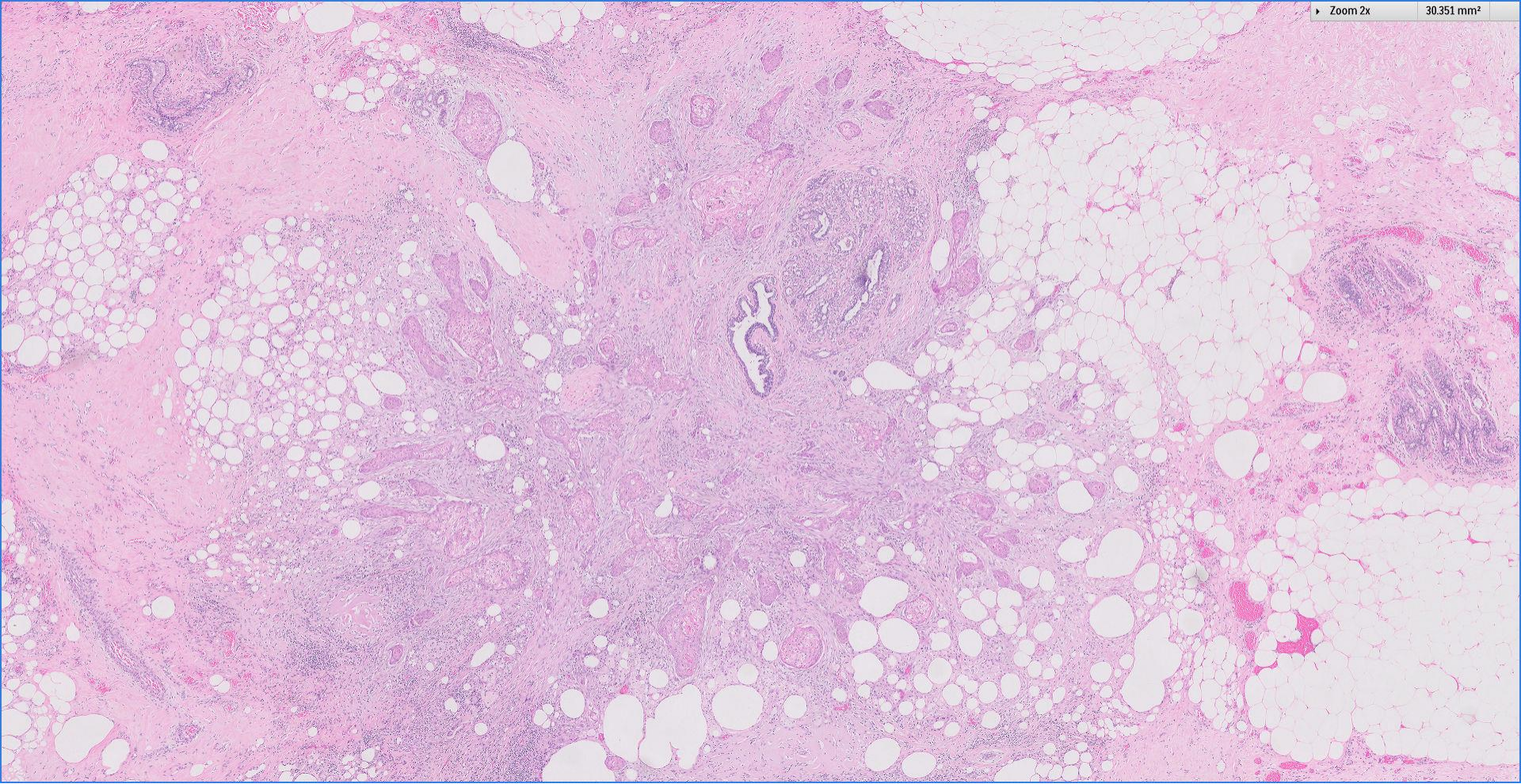
Zoom 2x

30.351 mm²



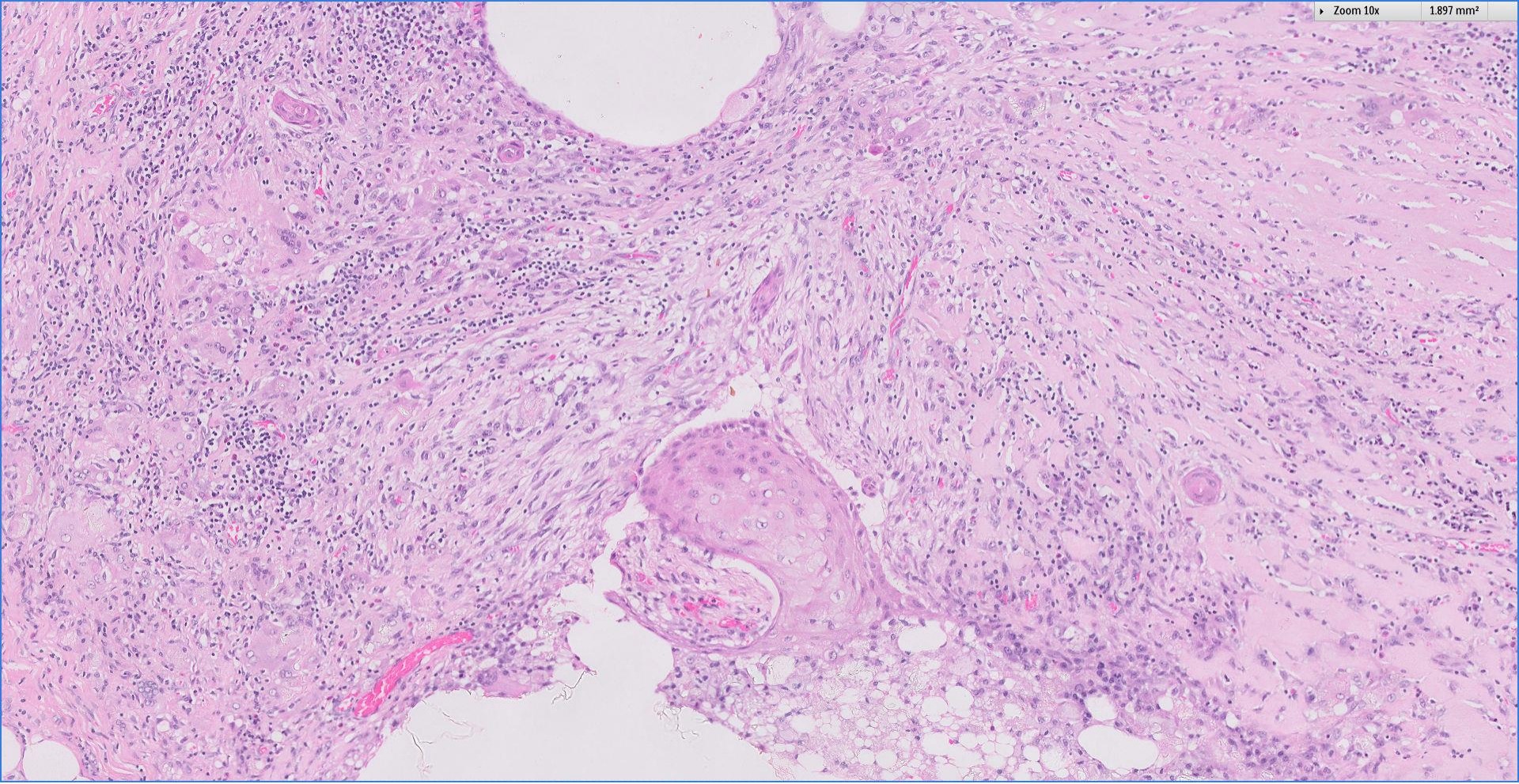
Zoom 2x

30.351 mm²



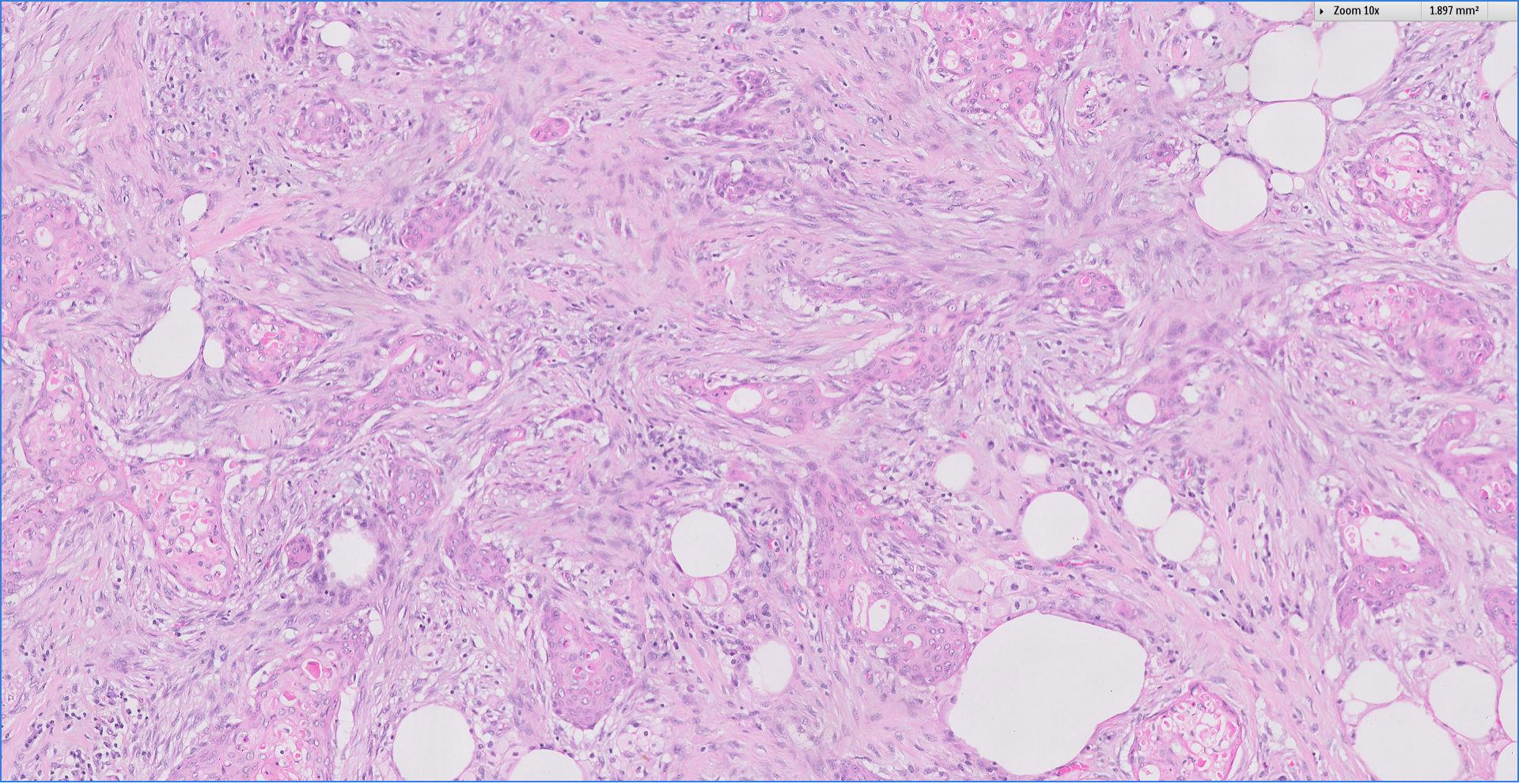
Zoom 10x

1.897 mm²

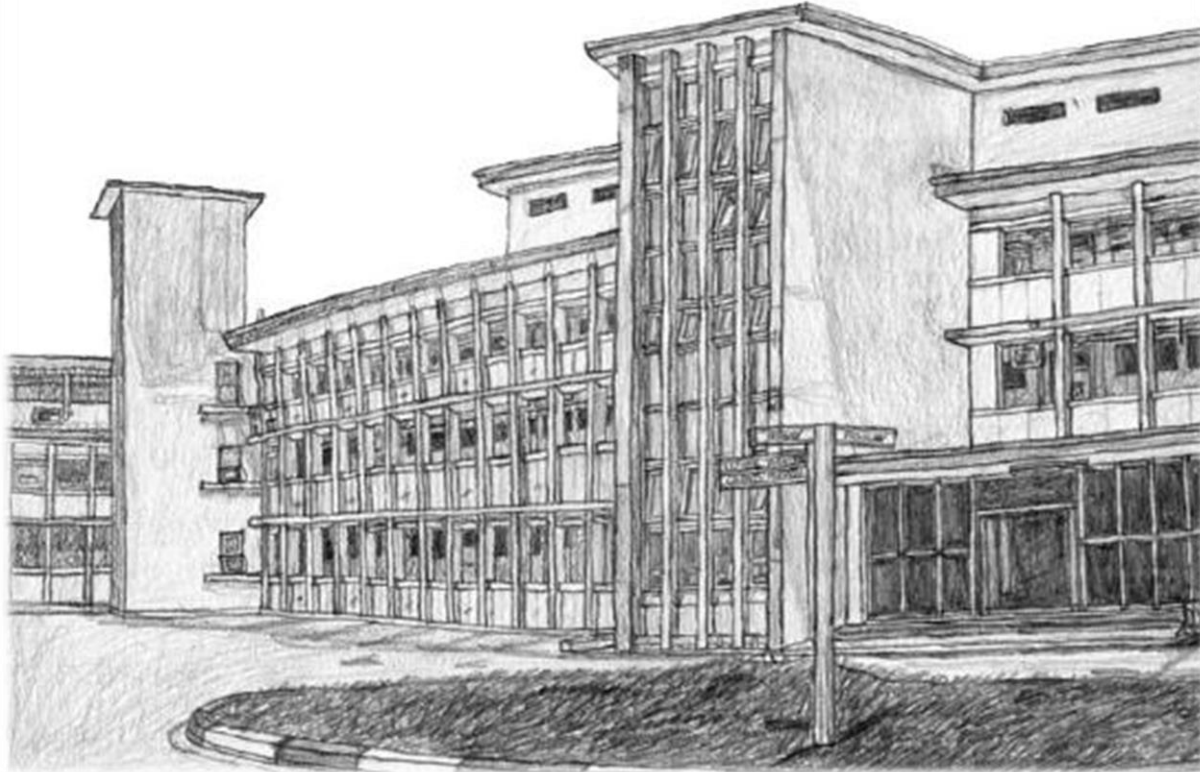


Zoom 10x

1.897 mm²



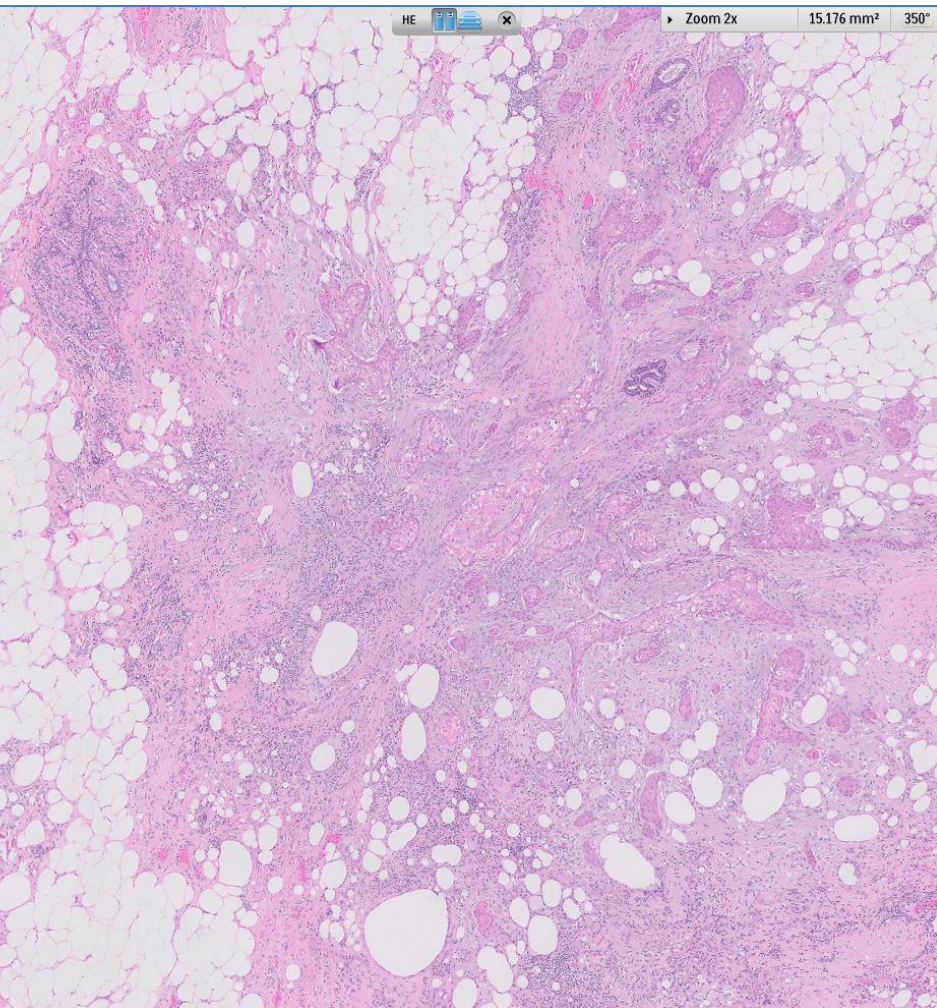
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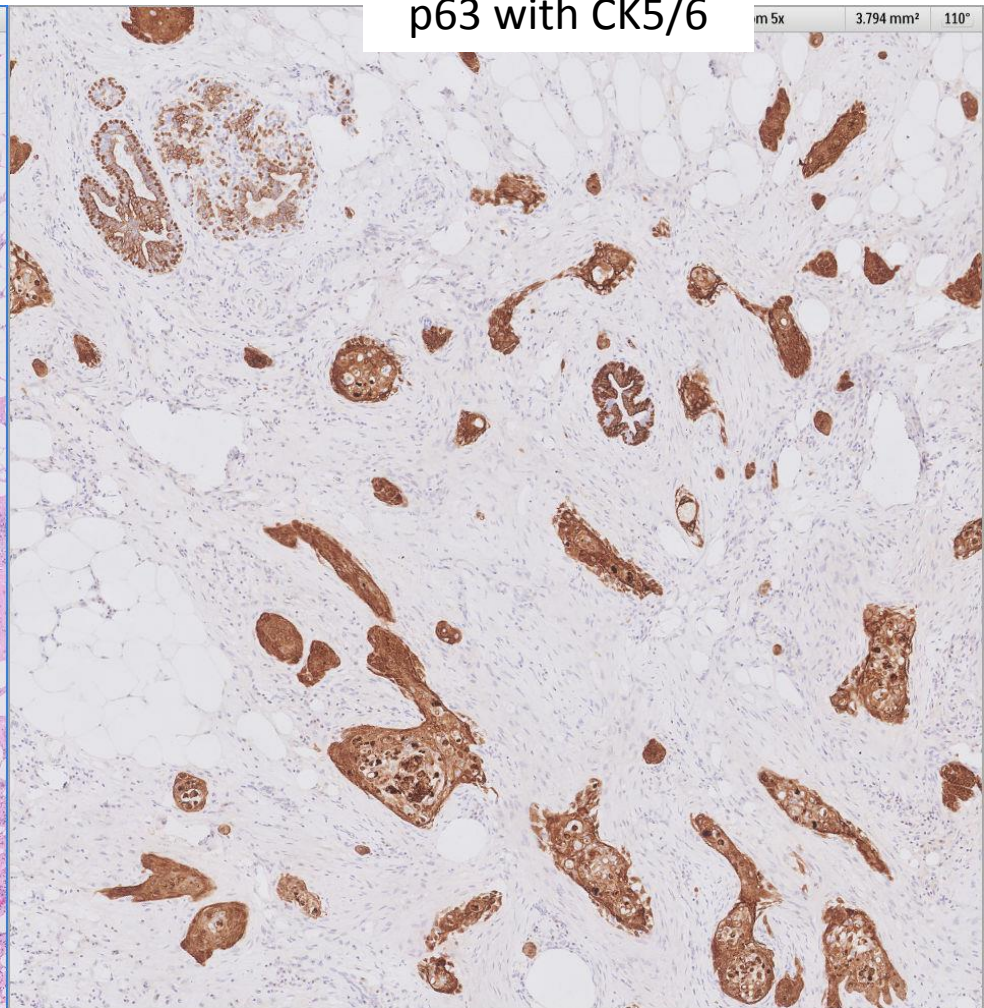
Singapore
General Hospital
SingHealth
Division of Pathology


SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE
PATHOLOGY

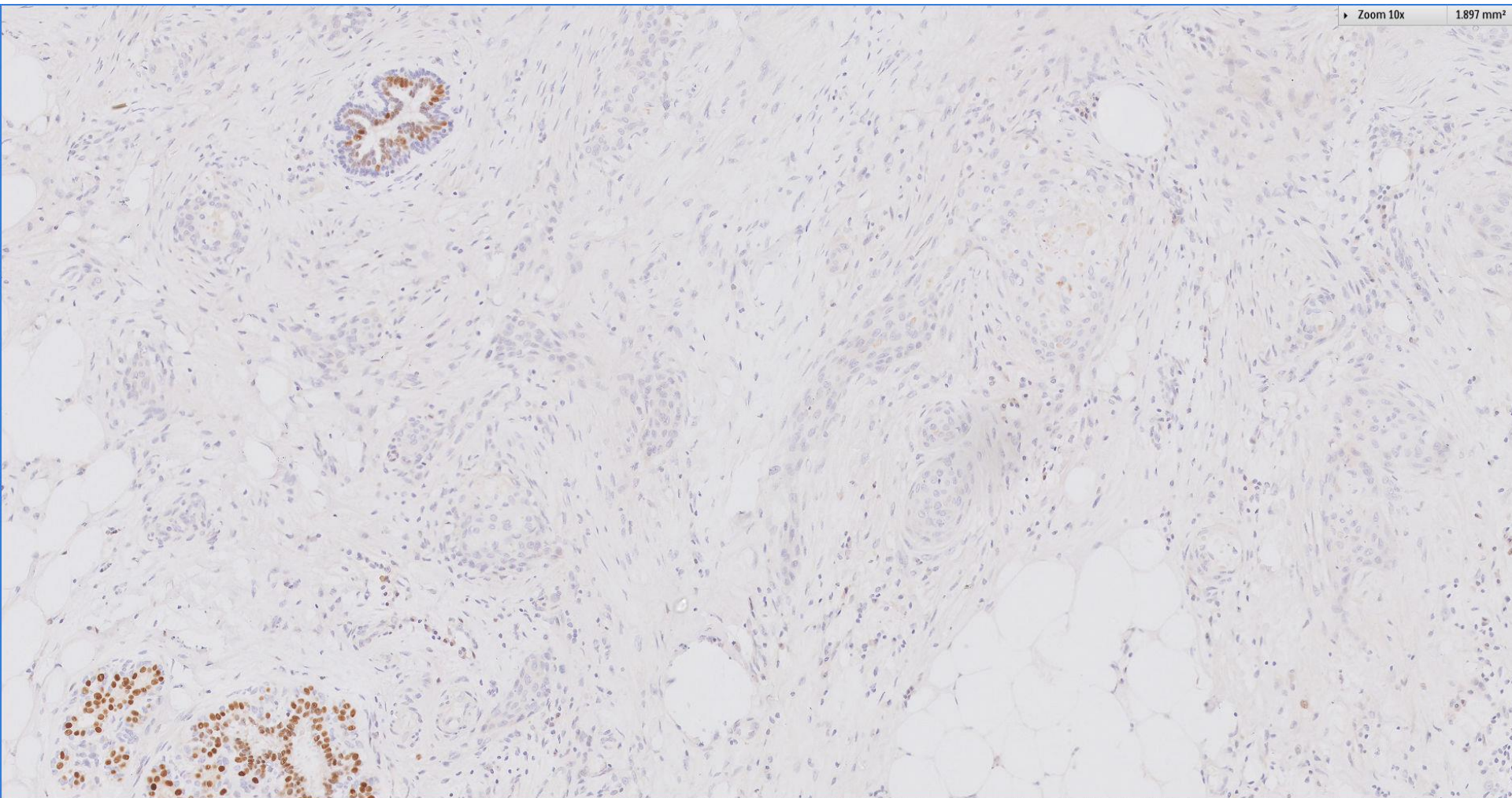




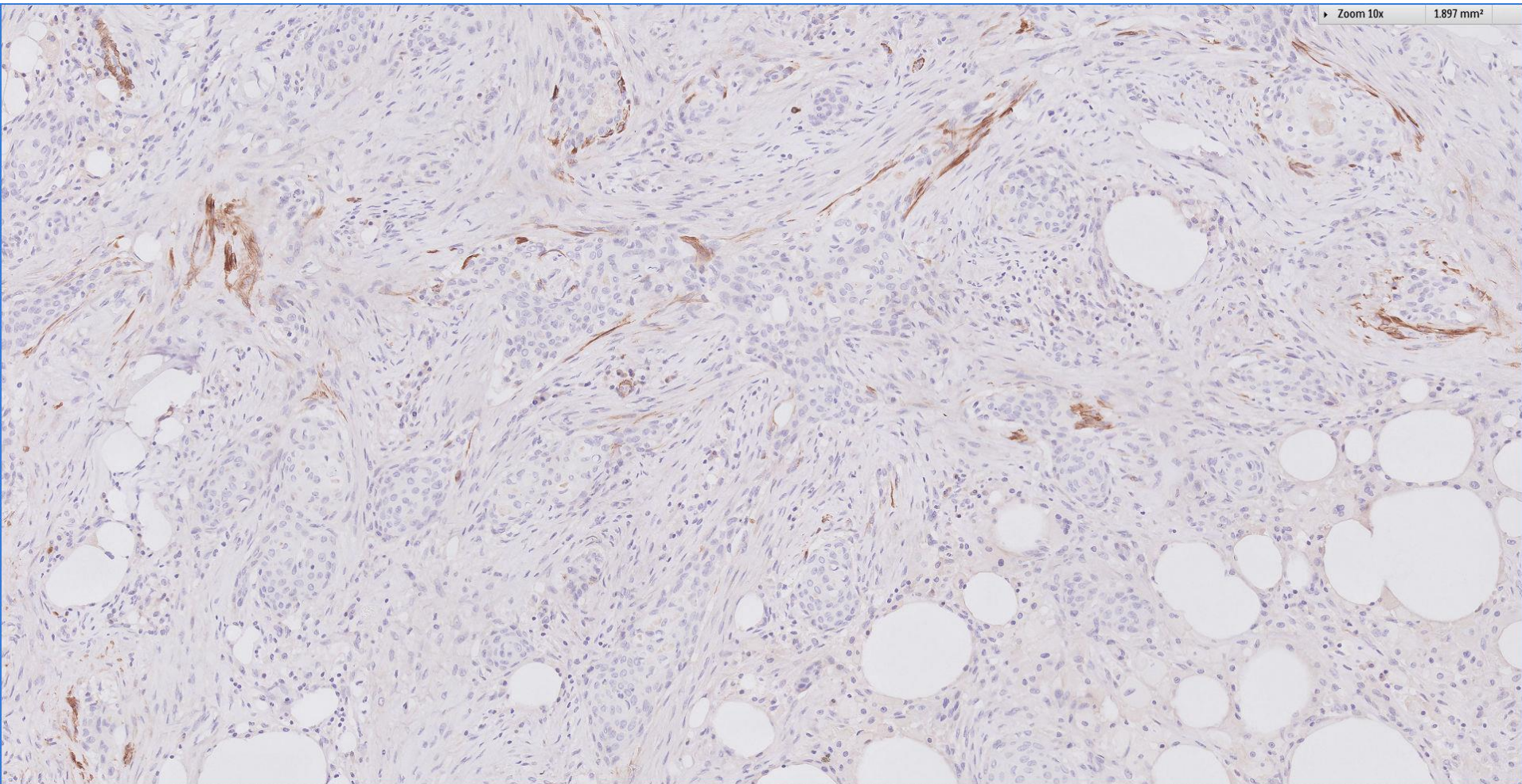
p63 with CK5/6



ER



SMMS

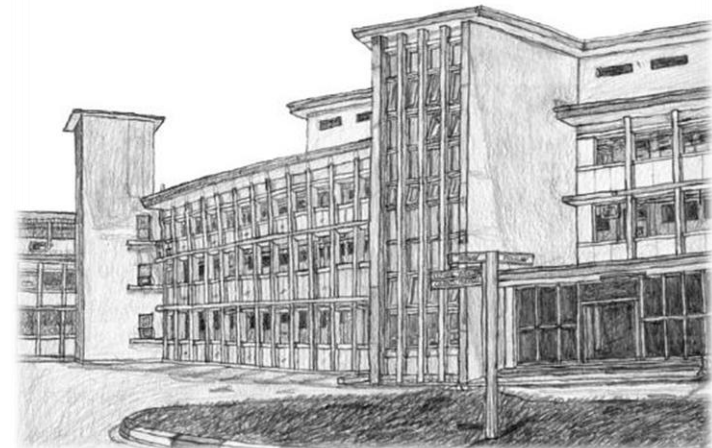


Diagnosis

Right nipple sparing mastectomy

Multiple intraductal papillomas with sclerosing adenosis.

Squamous metaplasia, favouring reactive squamous changes of displaced epithelium in biopsy cavity.



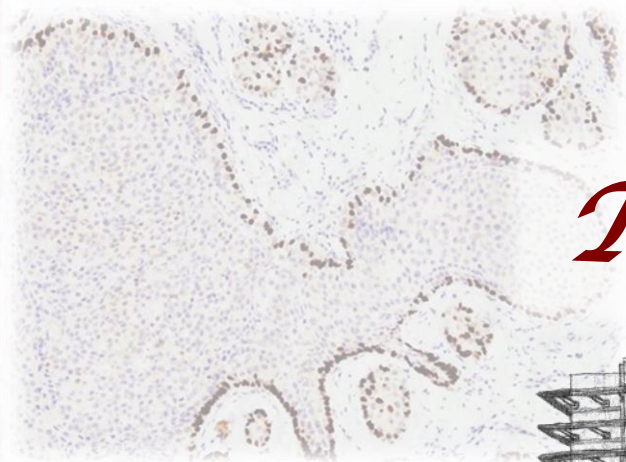
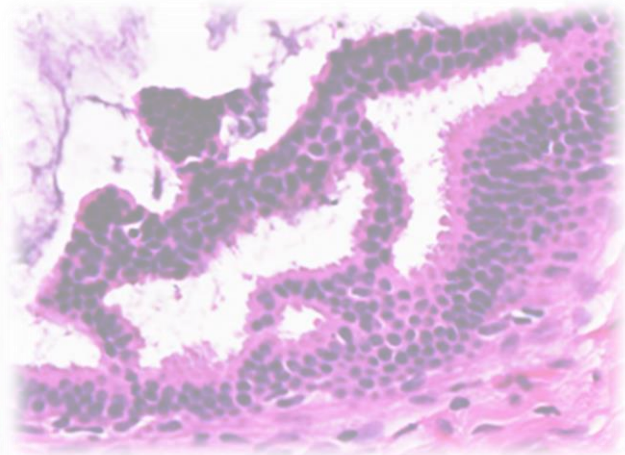
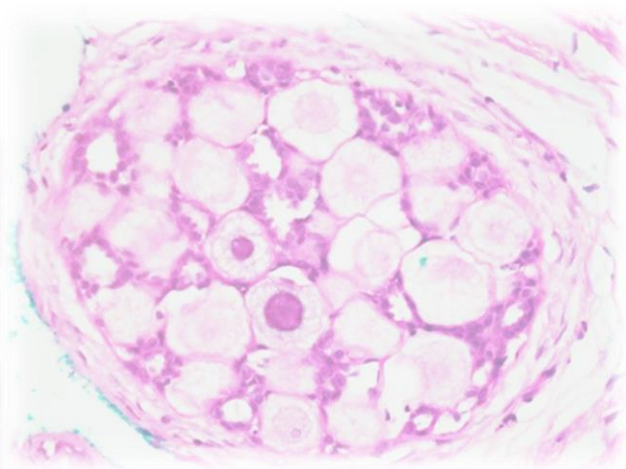
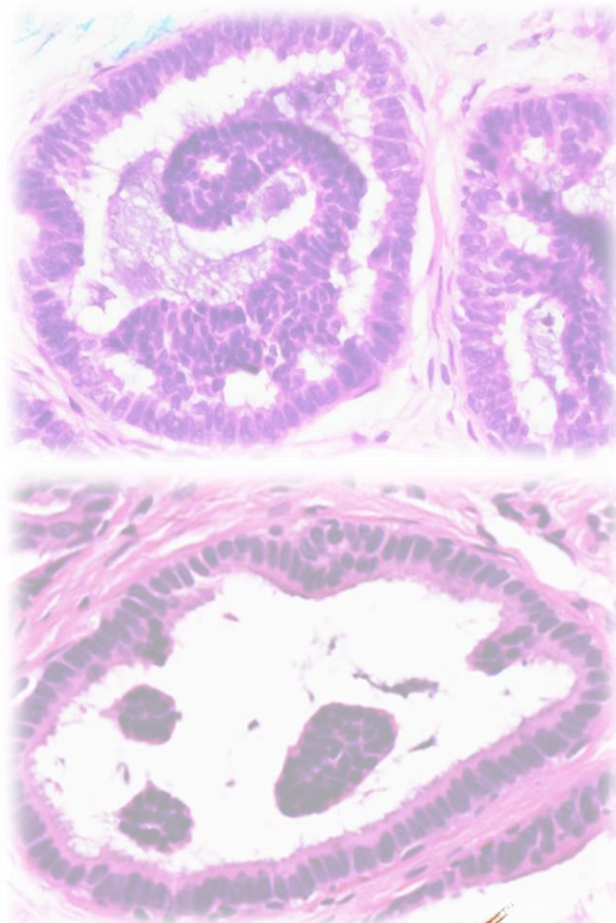
Epithelial displacement post-instrumentation

- Encountered relatively often.
- Mimics invasive cancer.
- Clues to their displaced benign/non-invasive nature ~
 - Location within biopsy tract or cavity.
 - Background of inflammation and granulation.
 - Haemorrhage, haemosiderin deposits.
 - ‘Dislocated’ appearance of epithelial nests.
- Florid squamous metaplasia of displaced epithelium less frequently encountered, though squamoid changes of benign epithelium in zones of repair can be observed.

In this case ~

- No invasive cancer or squamous metaplasia seen in previous excision specimen, which showed pure DCIS.
- Focus of squamous islands is limited, and resides within inflamed granulation.
- Prudent to render a measured diagnosis ~ while favouring displaced epithelium with reactive squamous metaplasia, it is useful to convey the diagnostic challenge and recommend close follow-up.

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Thank you!

