

Case 31

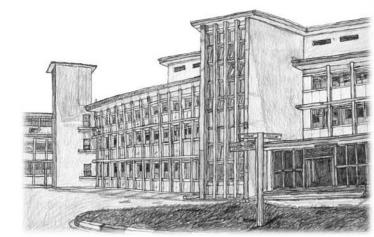
41 year old female.

Right breast 11 o'clock lesion. Ultrasound guided VAB (A), followed by hookwire localization excision (B).

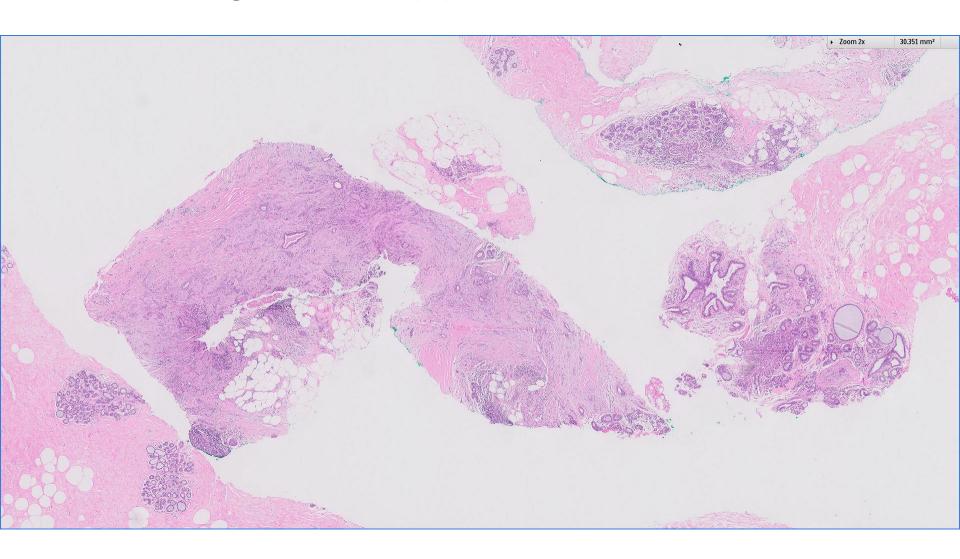


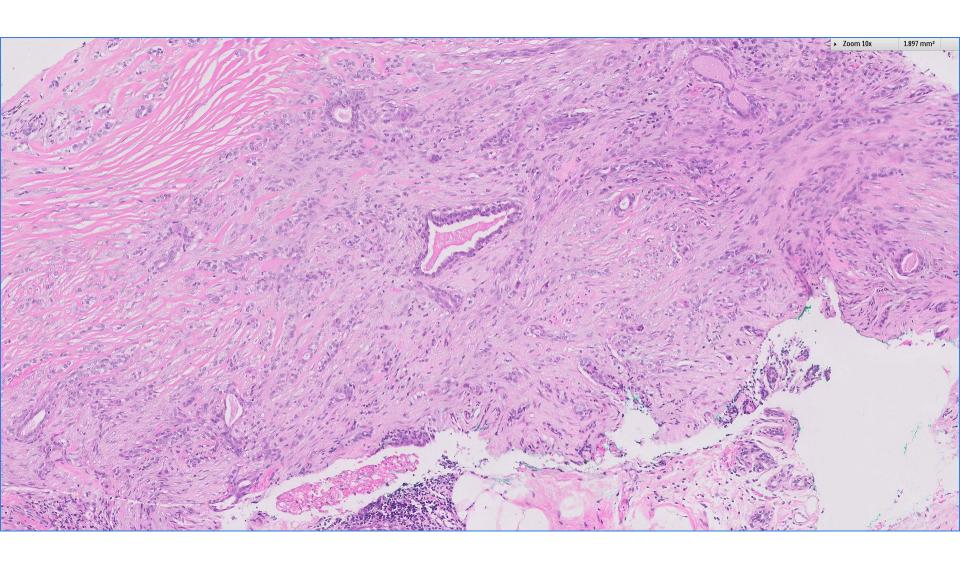


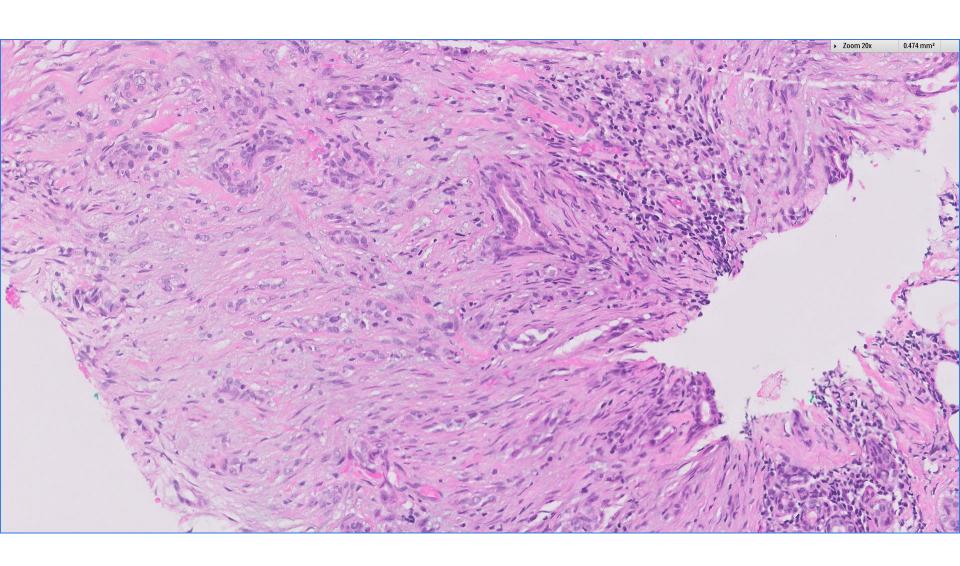




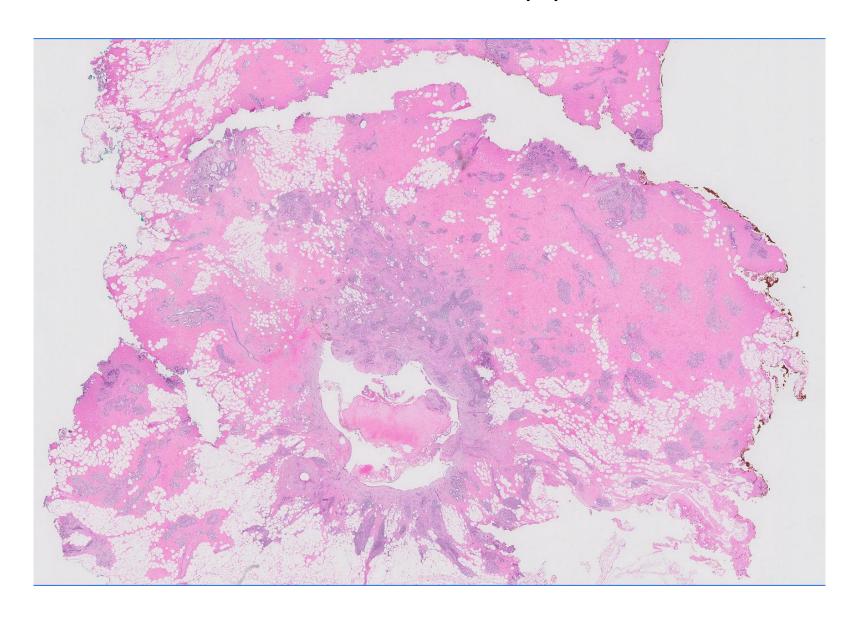
Ultrasound guided VAB (A)

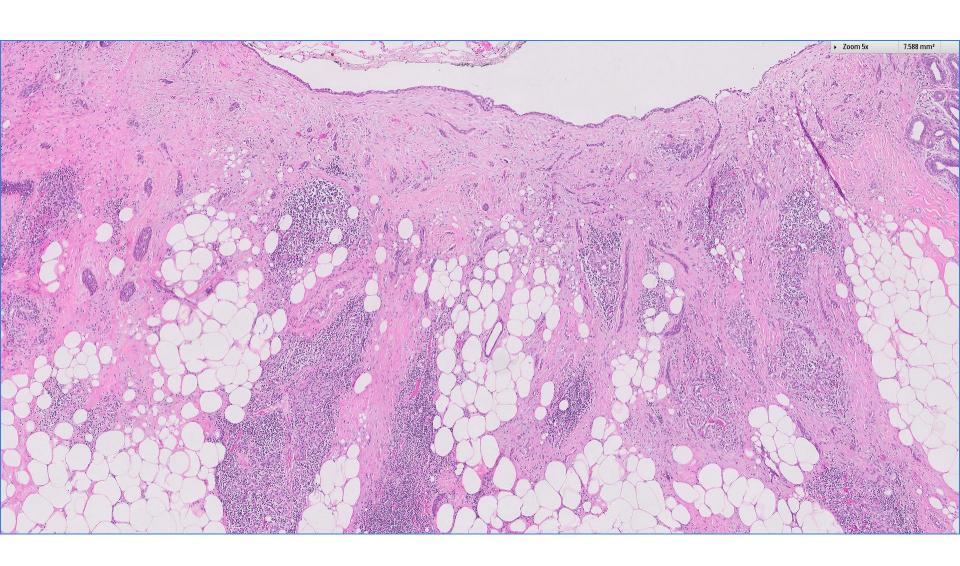


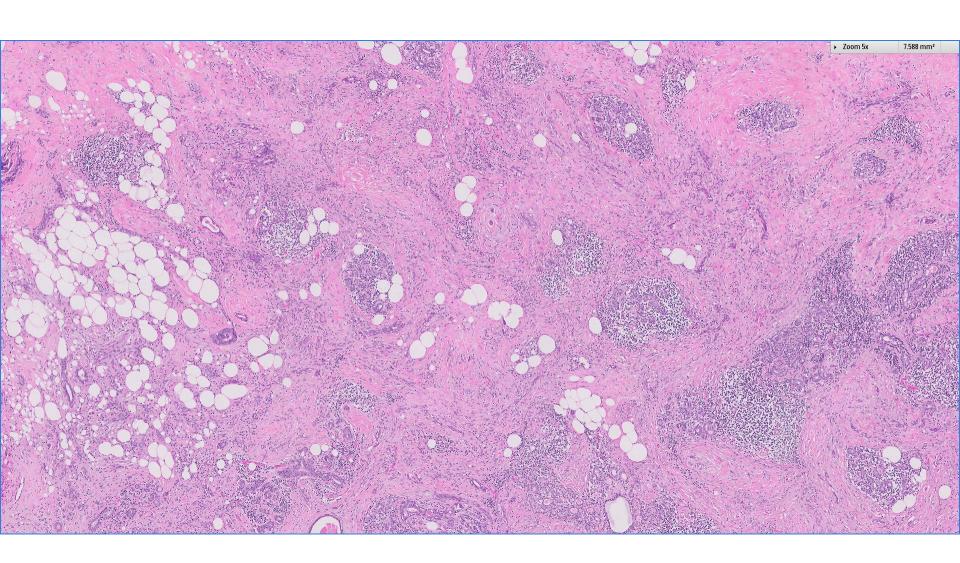


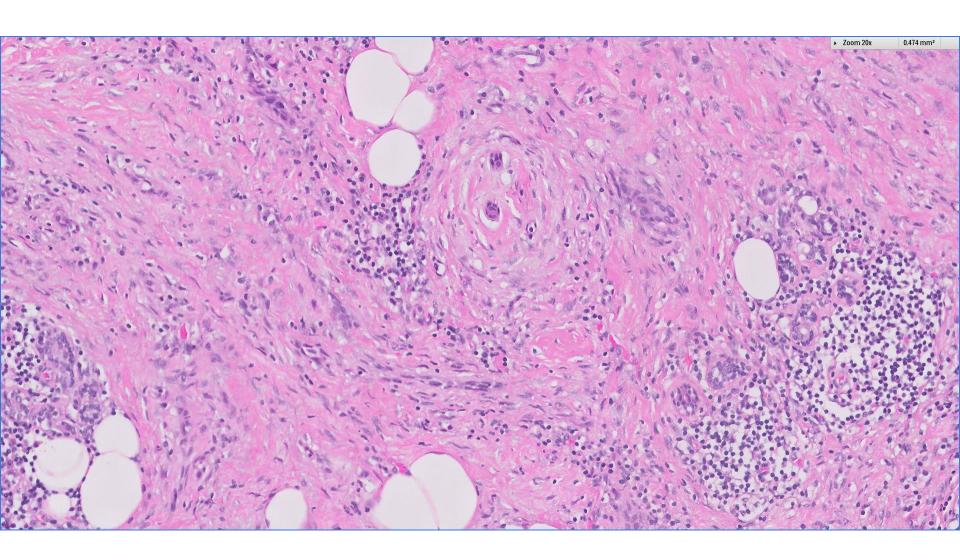


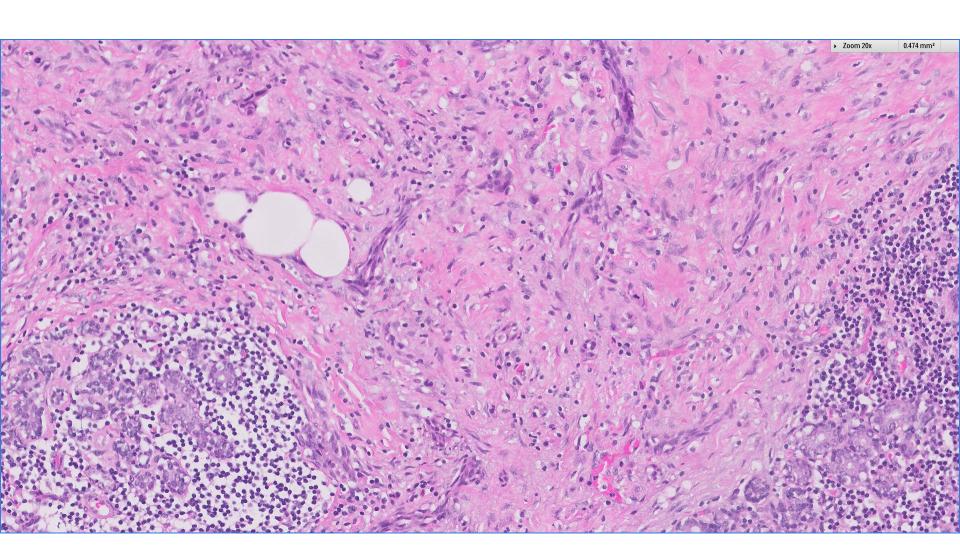
Hookwire localization excision (B)

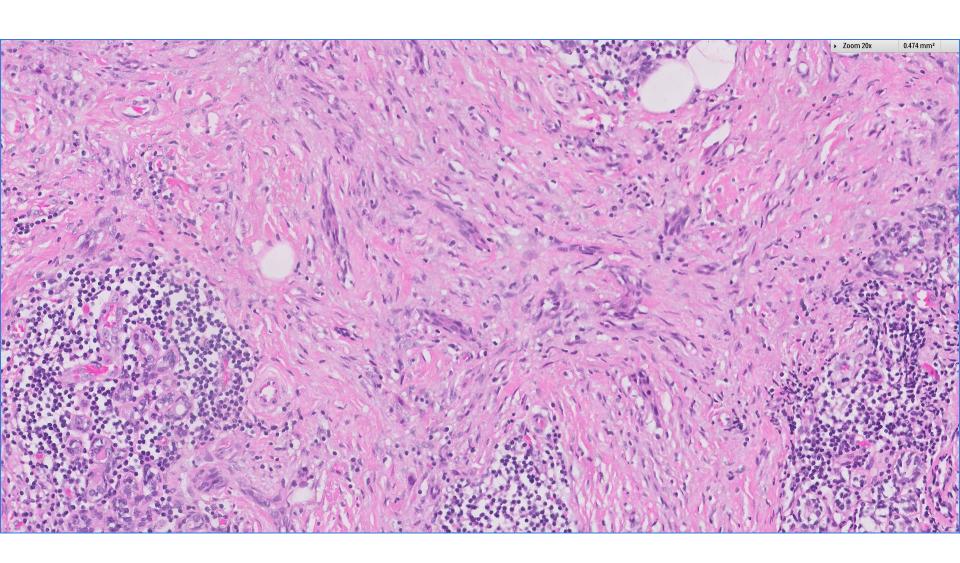


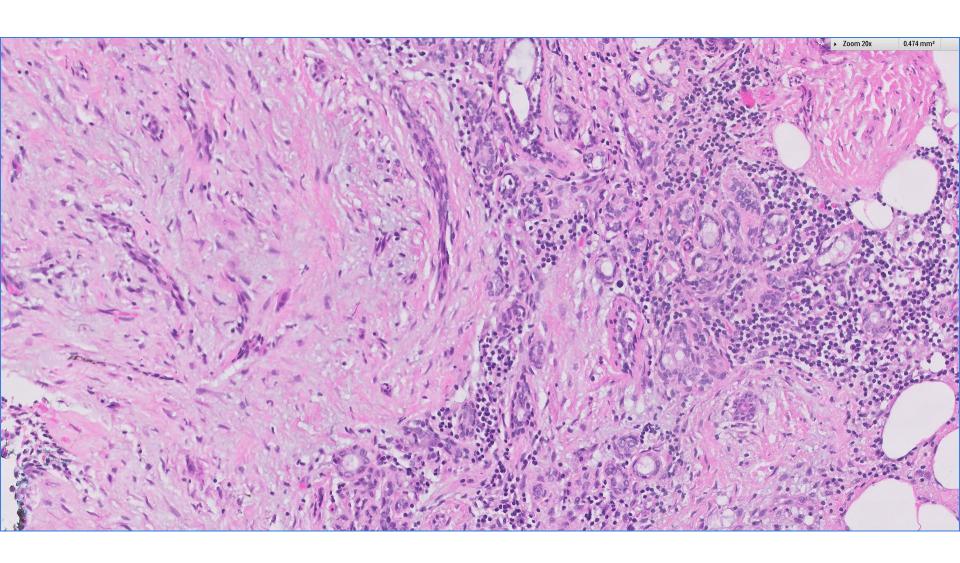




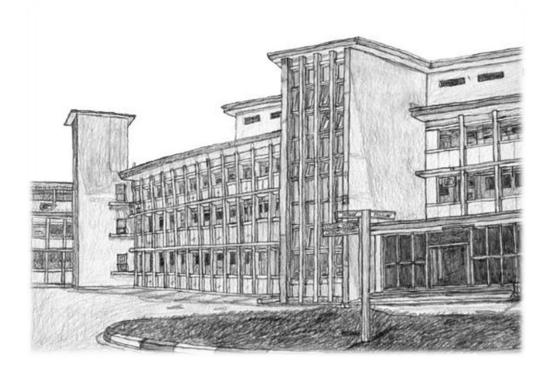








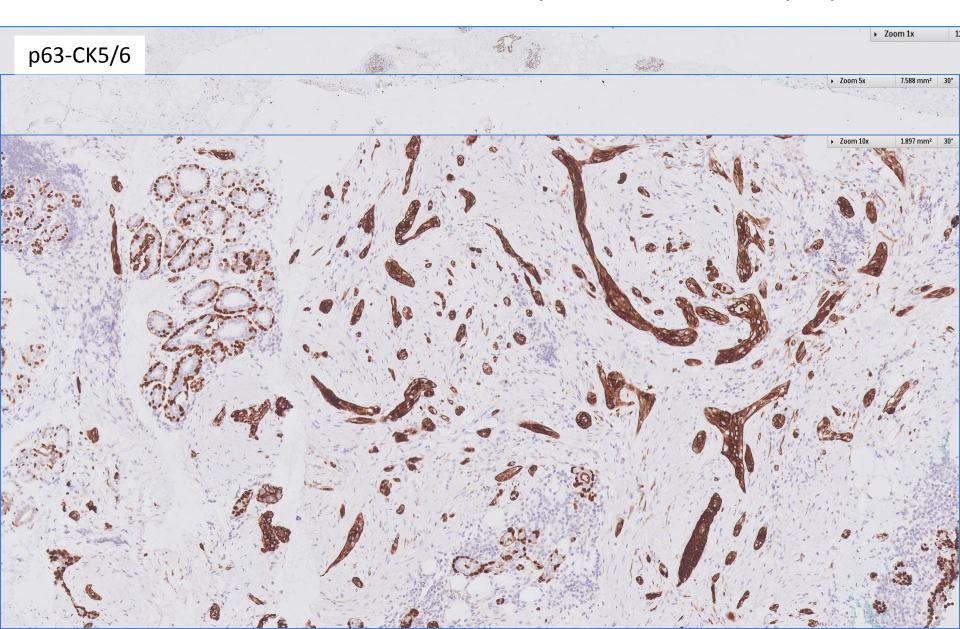


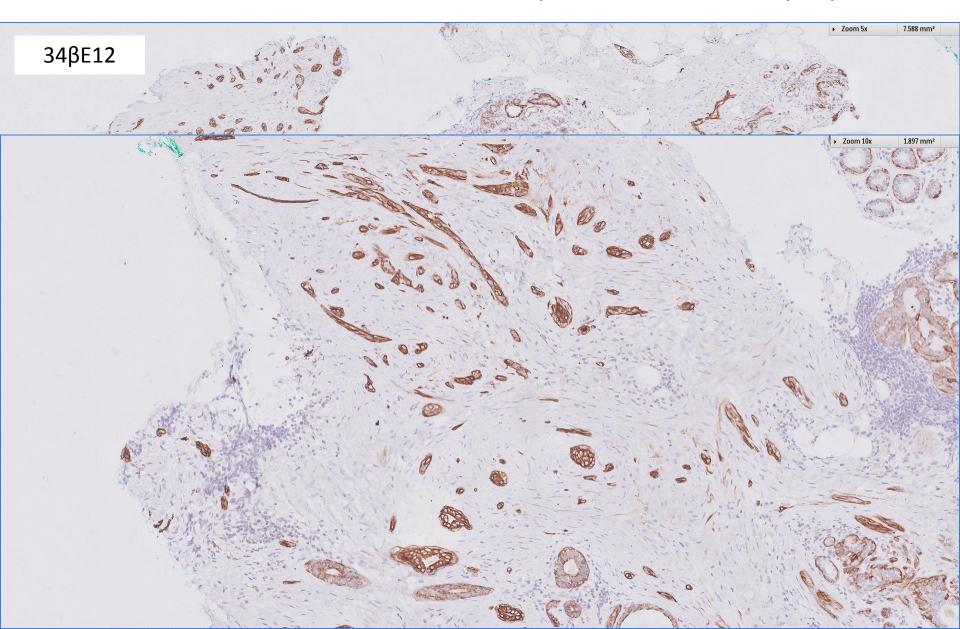


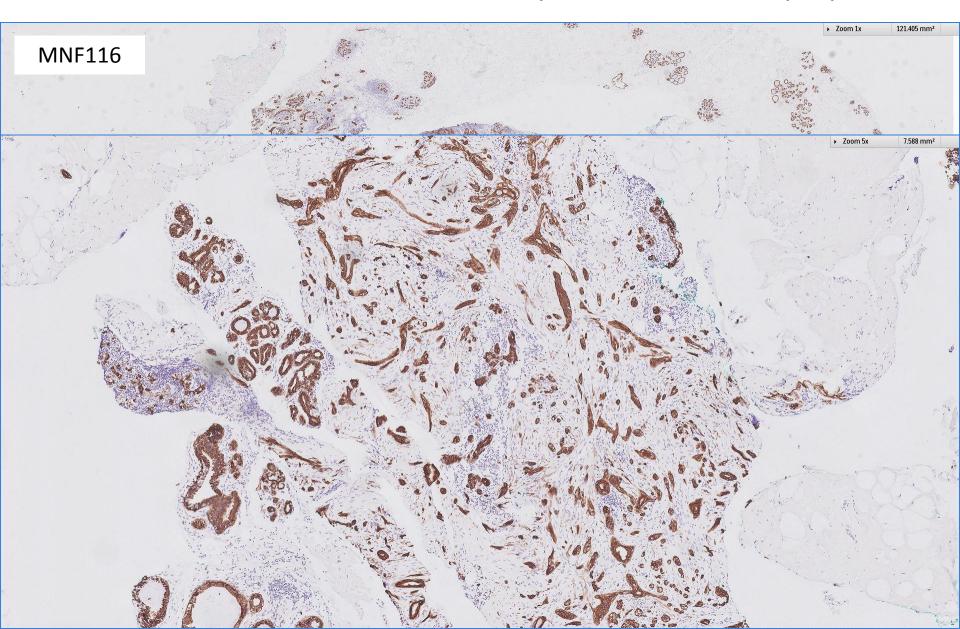


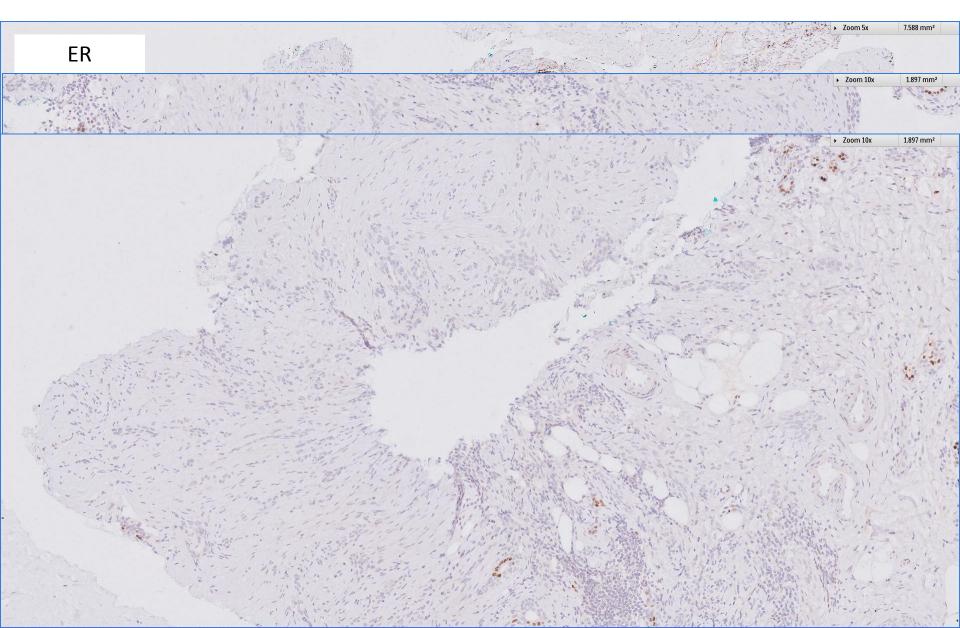


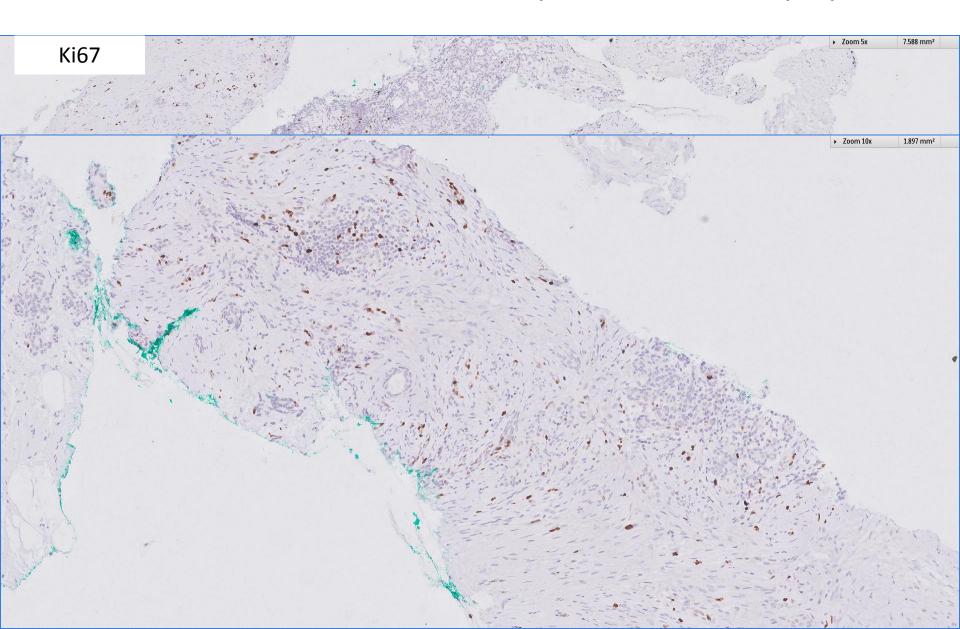














Diagnosis

Right breast 11 o'clock lesion:

Ultrasound guided VAB (A) ~

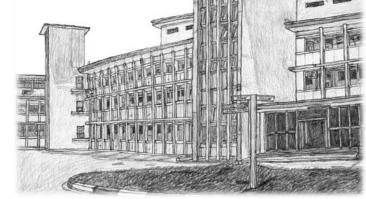
Atypical sclerosing lesion, need to rule out a low-grade adenosquamous carcinoma.

Hookwire localization excision (B) ~











- Composed of small, solid nests and irregular, angulated epithelial tubules associated with squamous differentiation.
- Squamous changes may be subtle, appearing as squamous whorls formed by polygonal cells with hardened eosinophilic cytoplasm, or may appear as more obvious squamous islands with keratinisation.
- Epithelial islands permeate the stroma between breast lobules and may merge with abnormal spindle cells.
- A lymphocytic infiltrate is often found at the tumour periphery.









- Immunohistochemistry shows positive reactivity of tumour cells for p63 and high molecular-weight keratins.
- Hormone receptors and c-erbB-2 are usually negative.
- Associated with radial sclerosing lesions, papilloma, and adenomyoepithelioma.









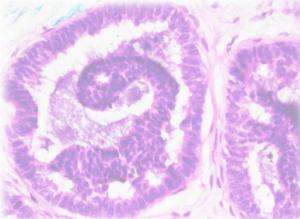
- Diagnosis on core biopsy is exceptionally challenging.
- Differential diagnosis ~
 - Sclerosing adenosis
 - Radial sclerosing lesion
 - Invasive tubular carcinoma
- Important for awareness, in order not to overlook this lesion on core biopsy.
- Difficult to be definitive on limited core biopsy material, and prudent to defer to excision.

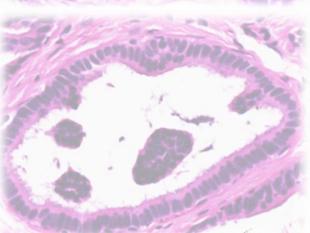


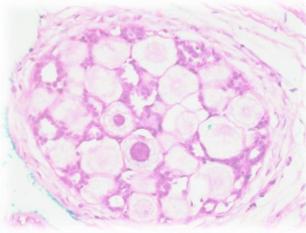


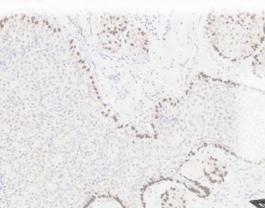


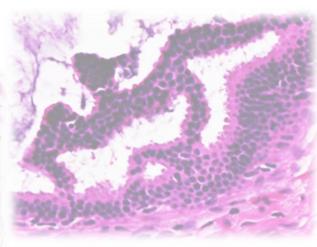




















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