

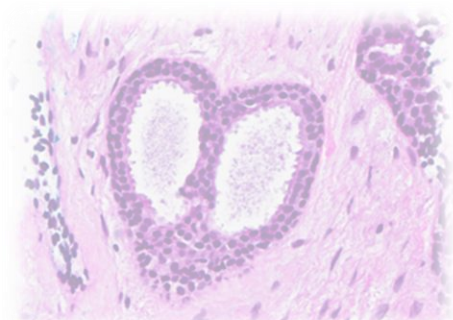
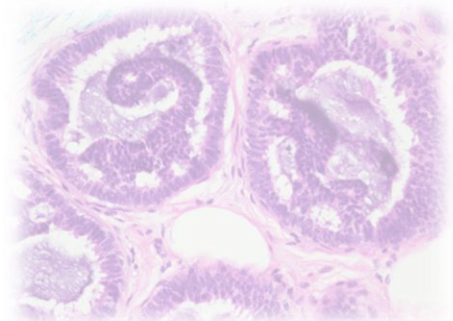
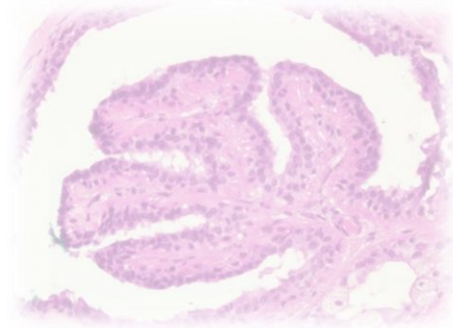
Case 11

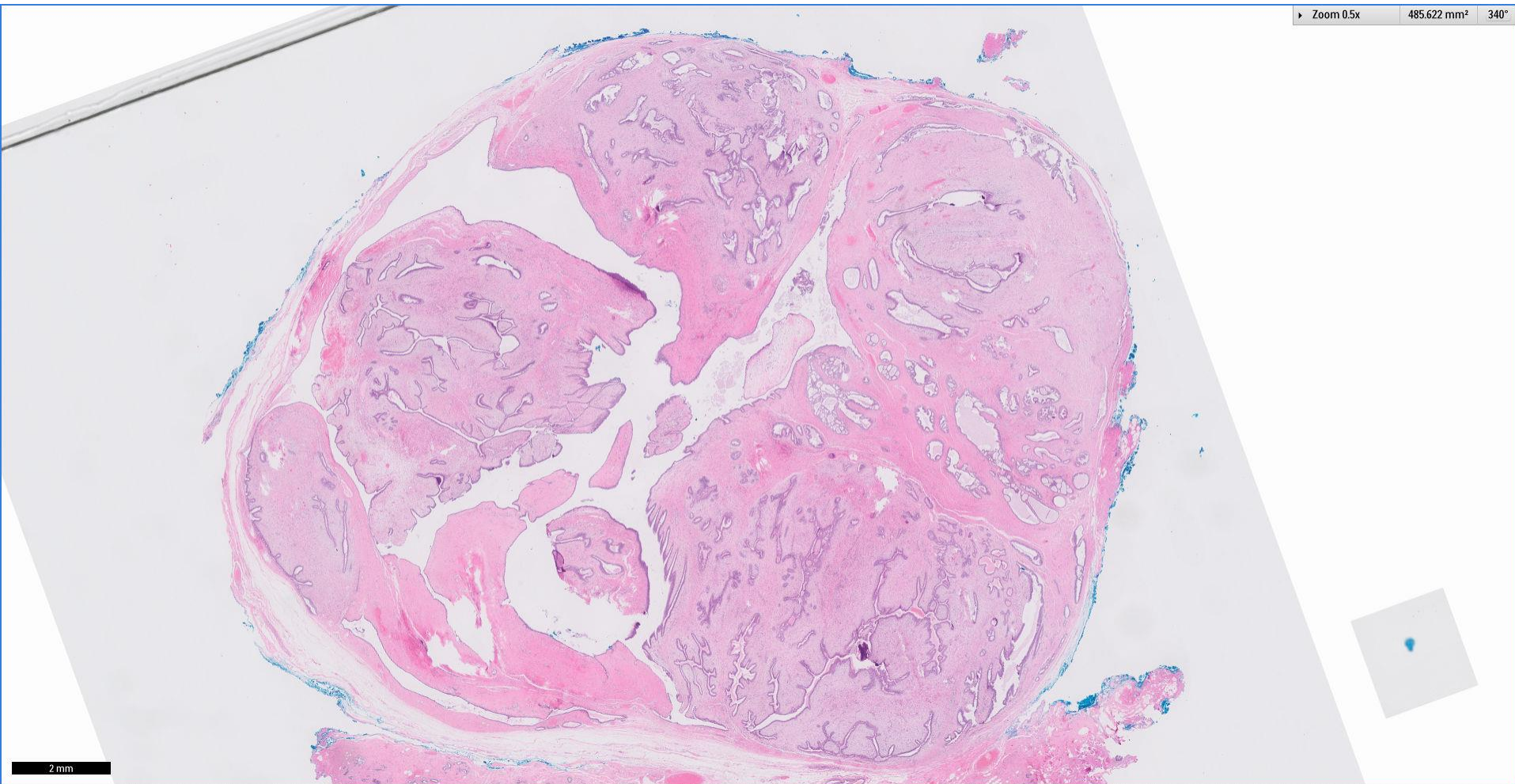
27 year old Chinese female.

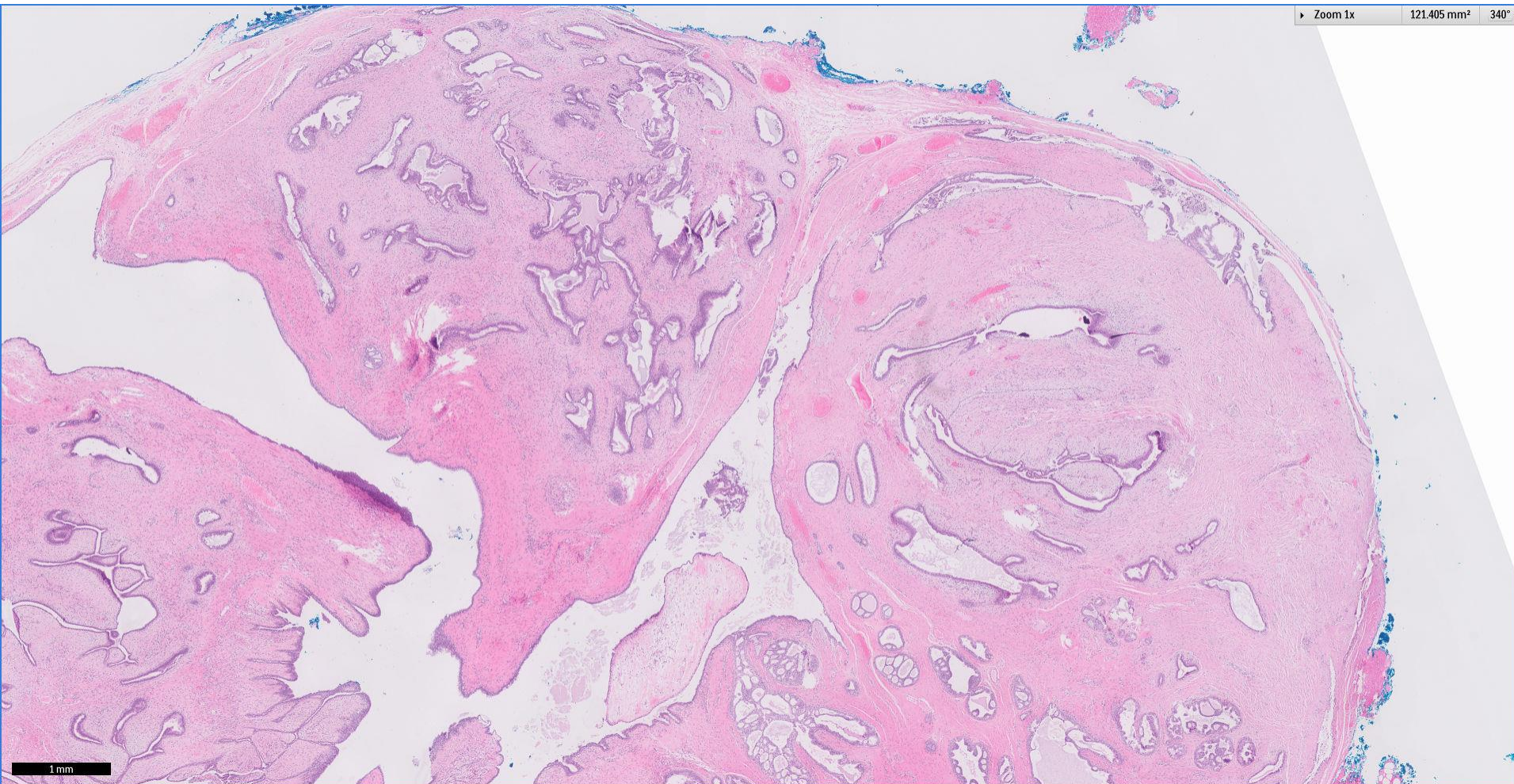
Left breast lumps at 1 o'clock and 5 o'clock.

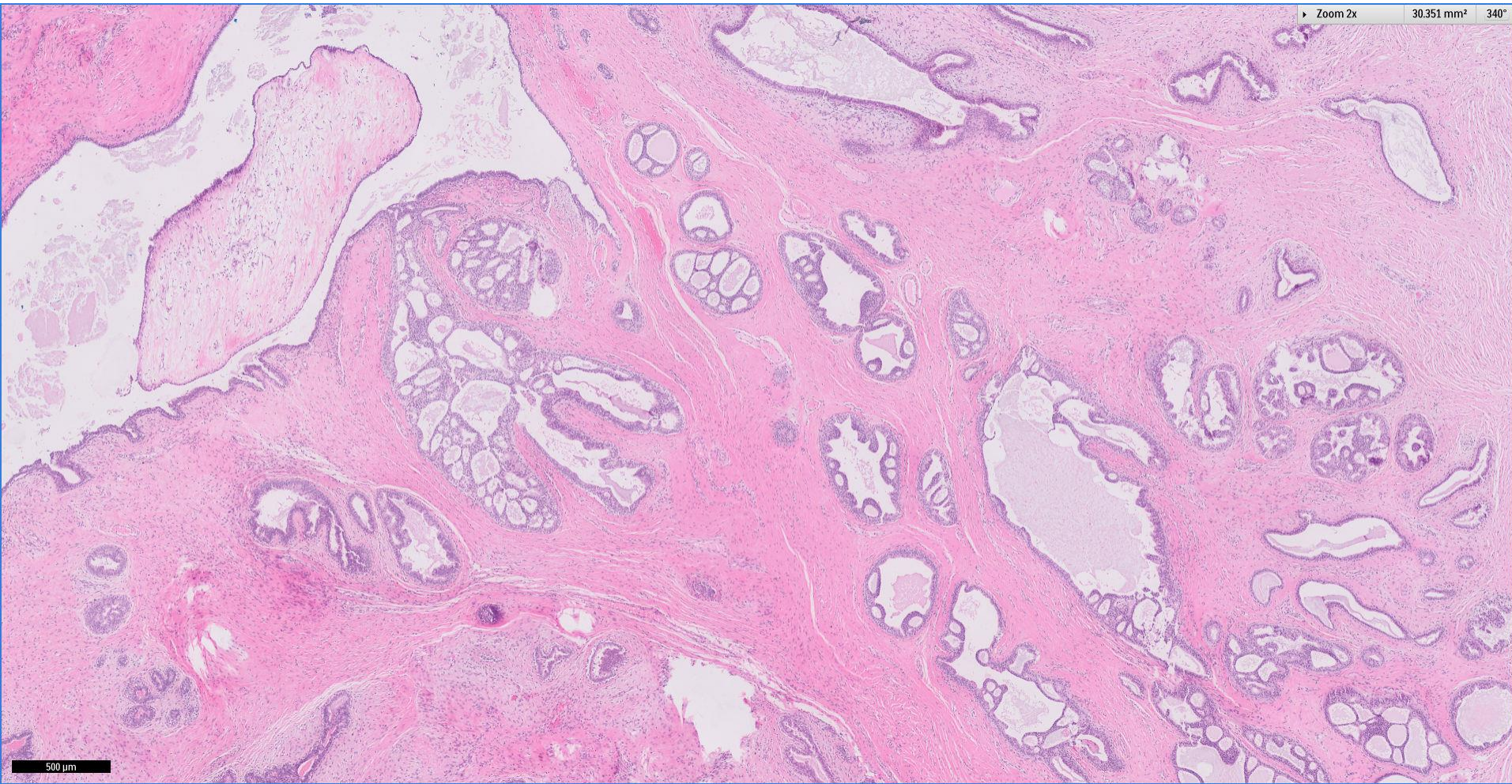
The 1 o'clock breast lump showed a fibroadenoma.

Section provided of the 5 o'clock lump.



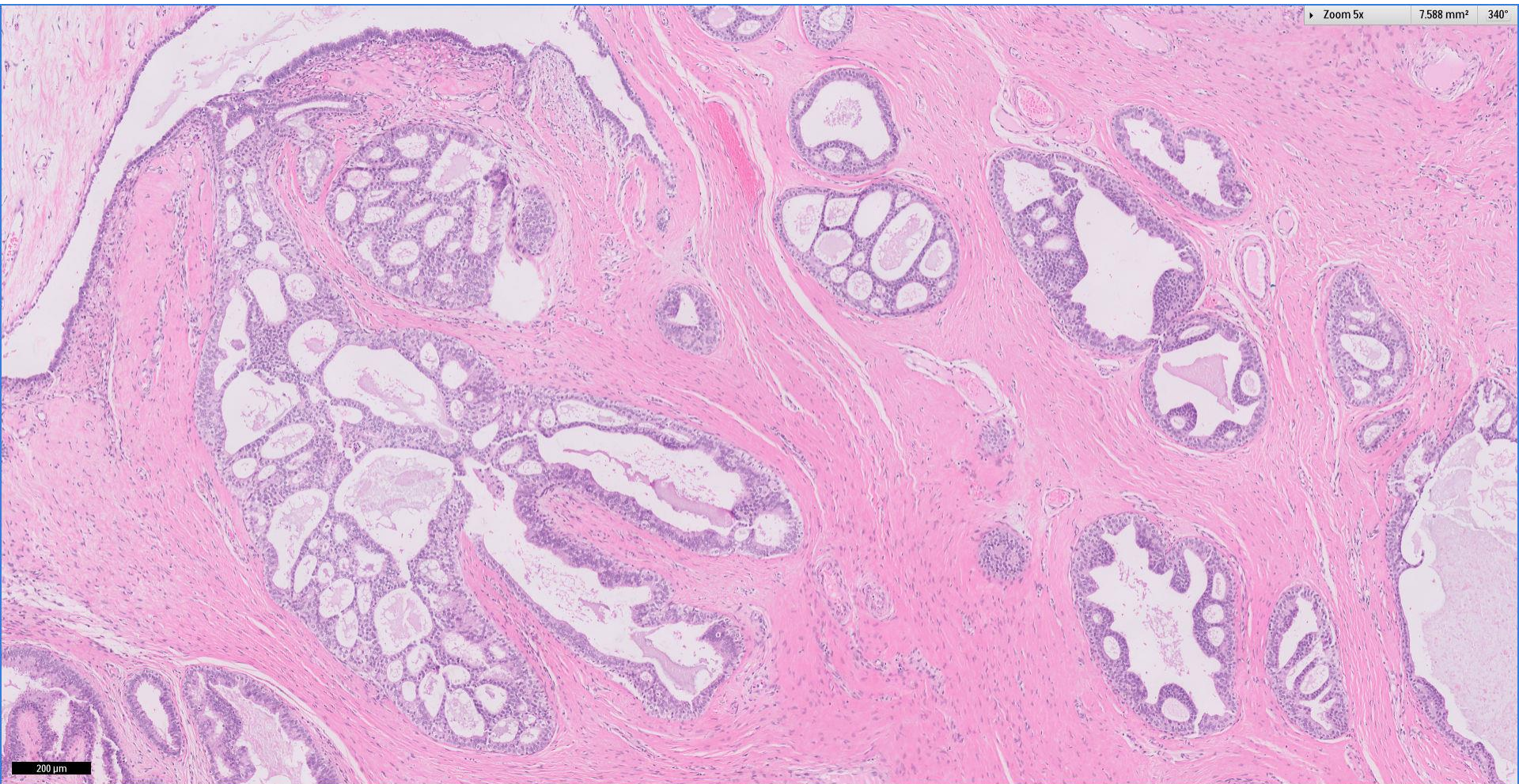


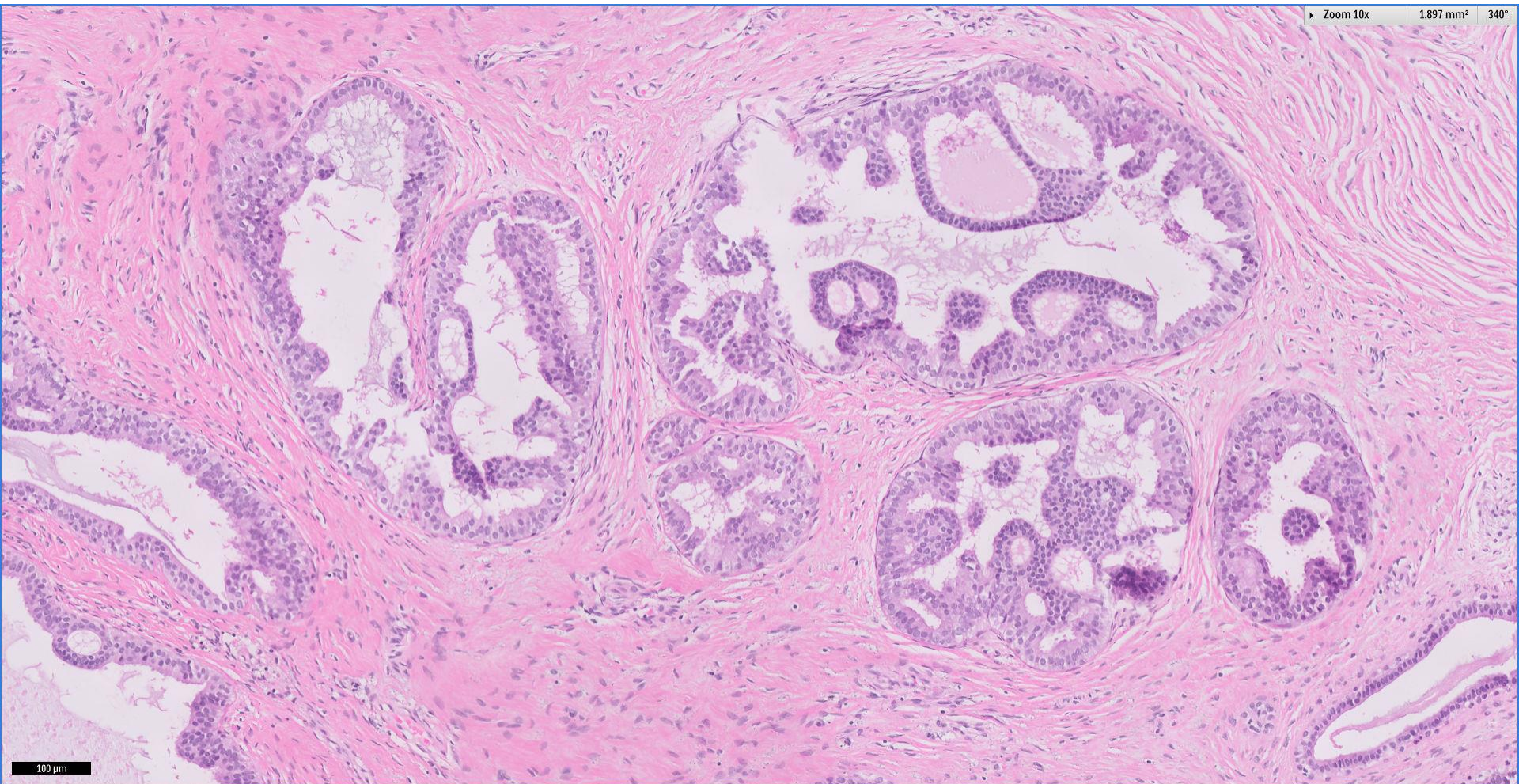


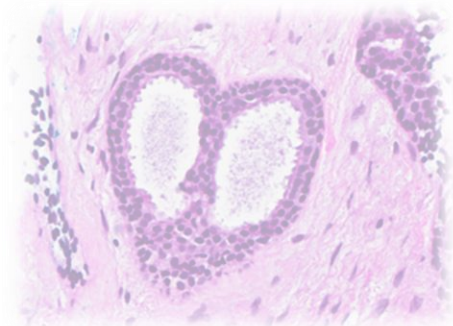
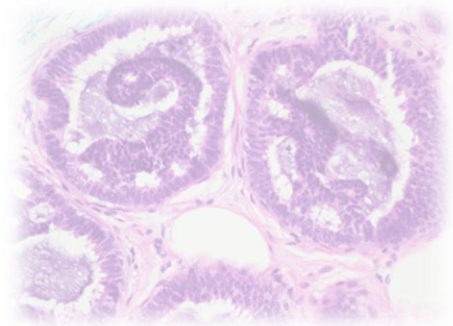
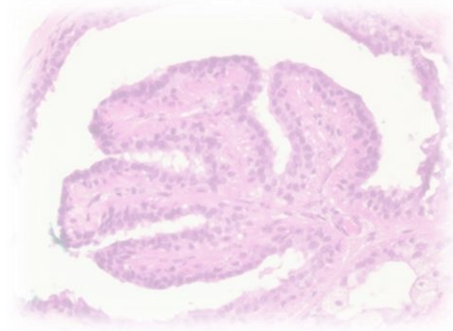


Division of Pathology
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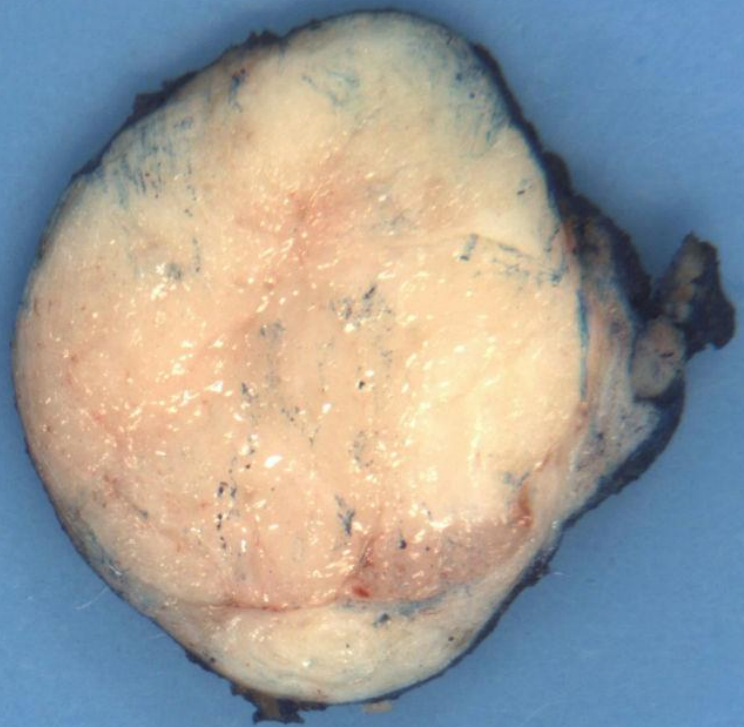
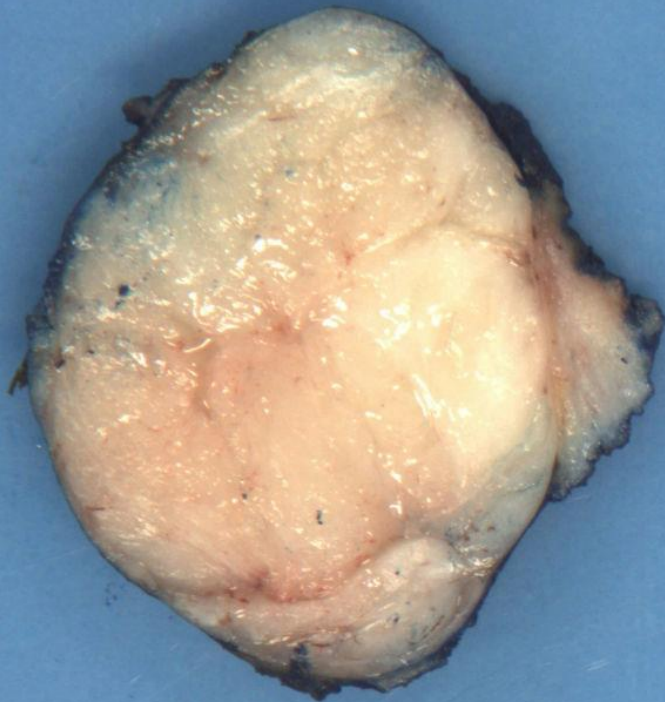


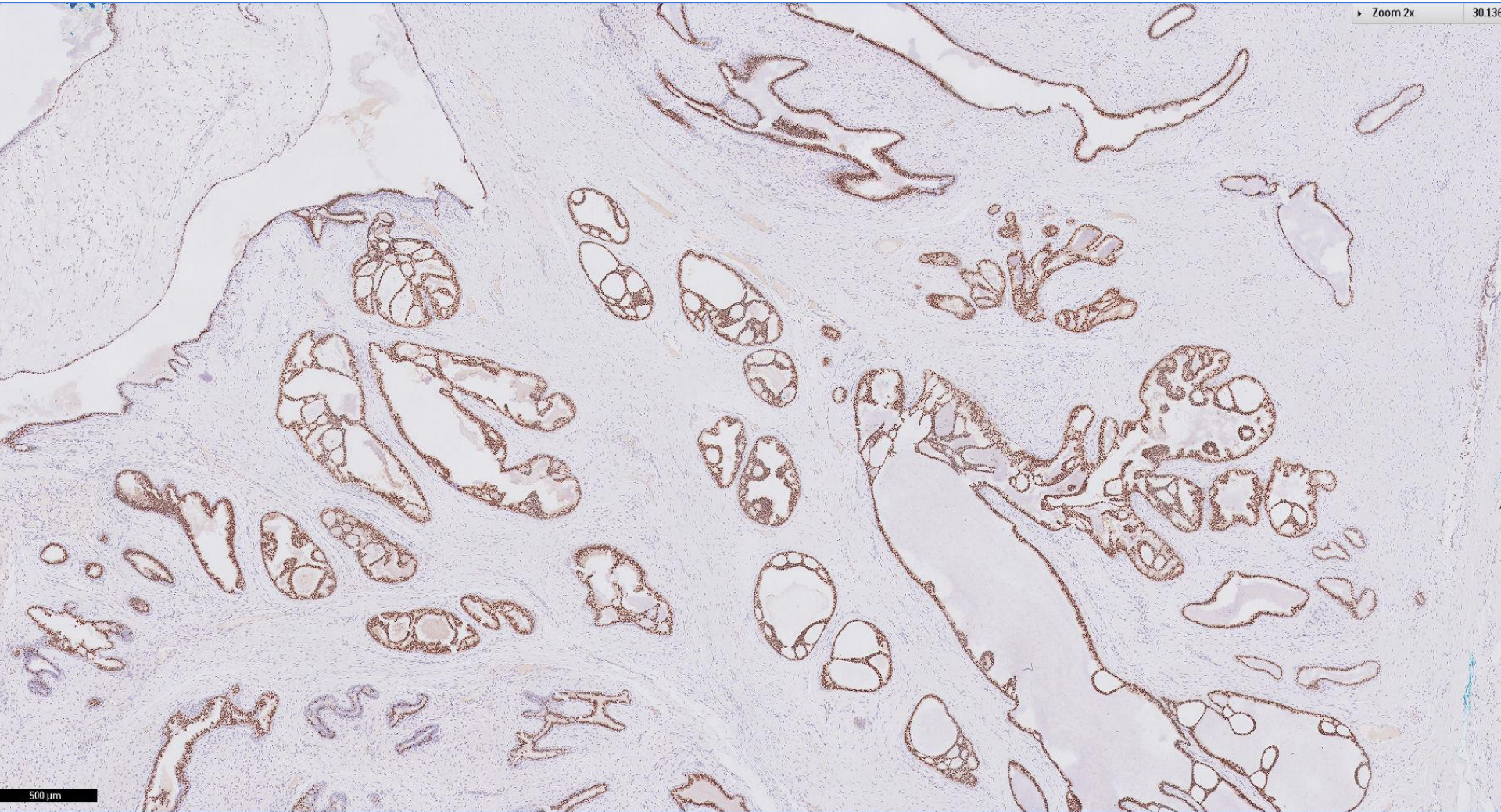




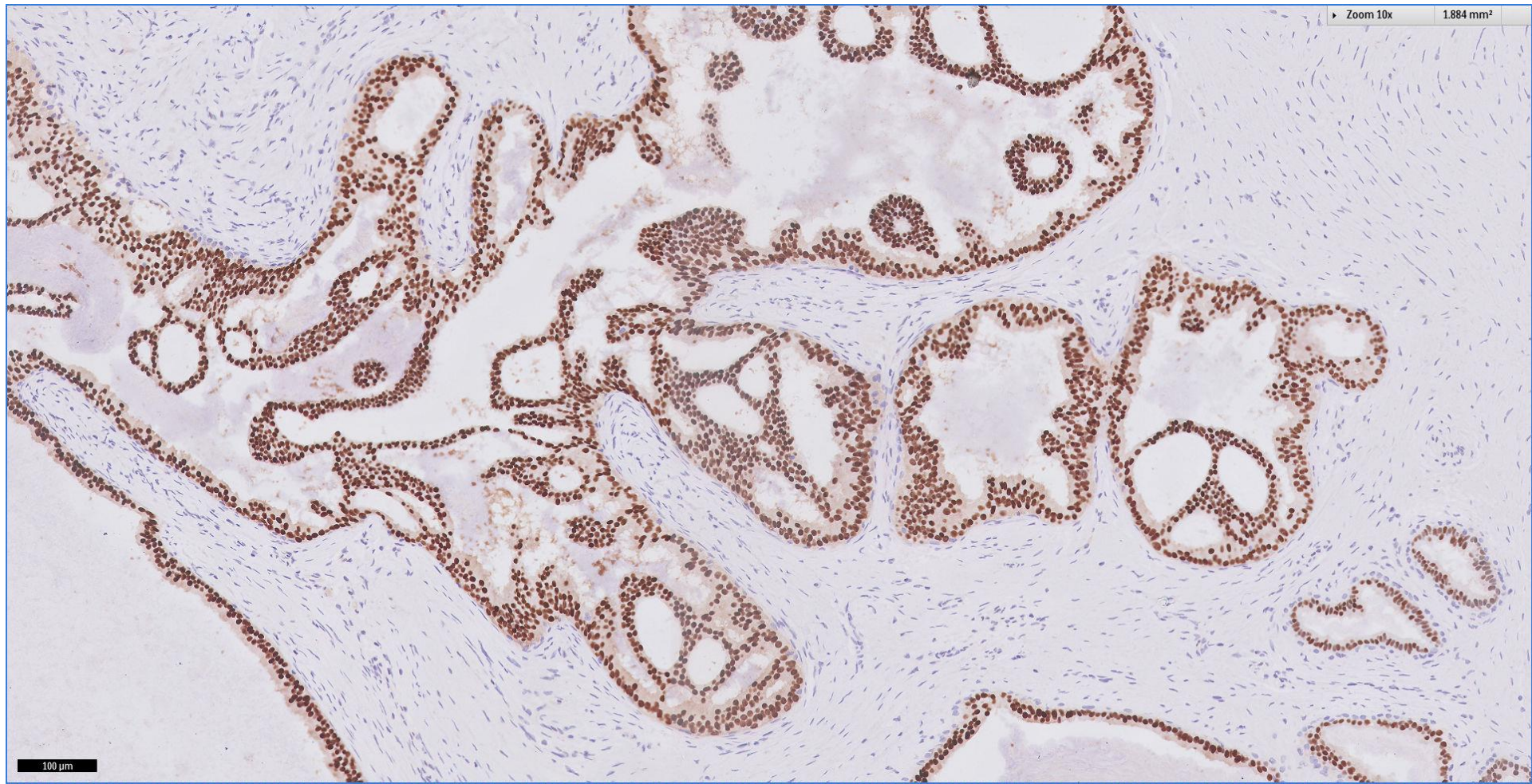
Additional pictures

3 x 2.5 x 2.5cm



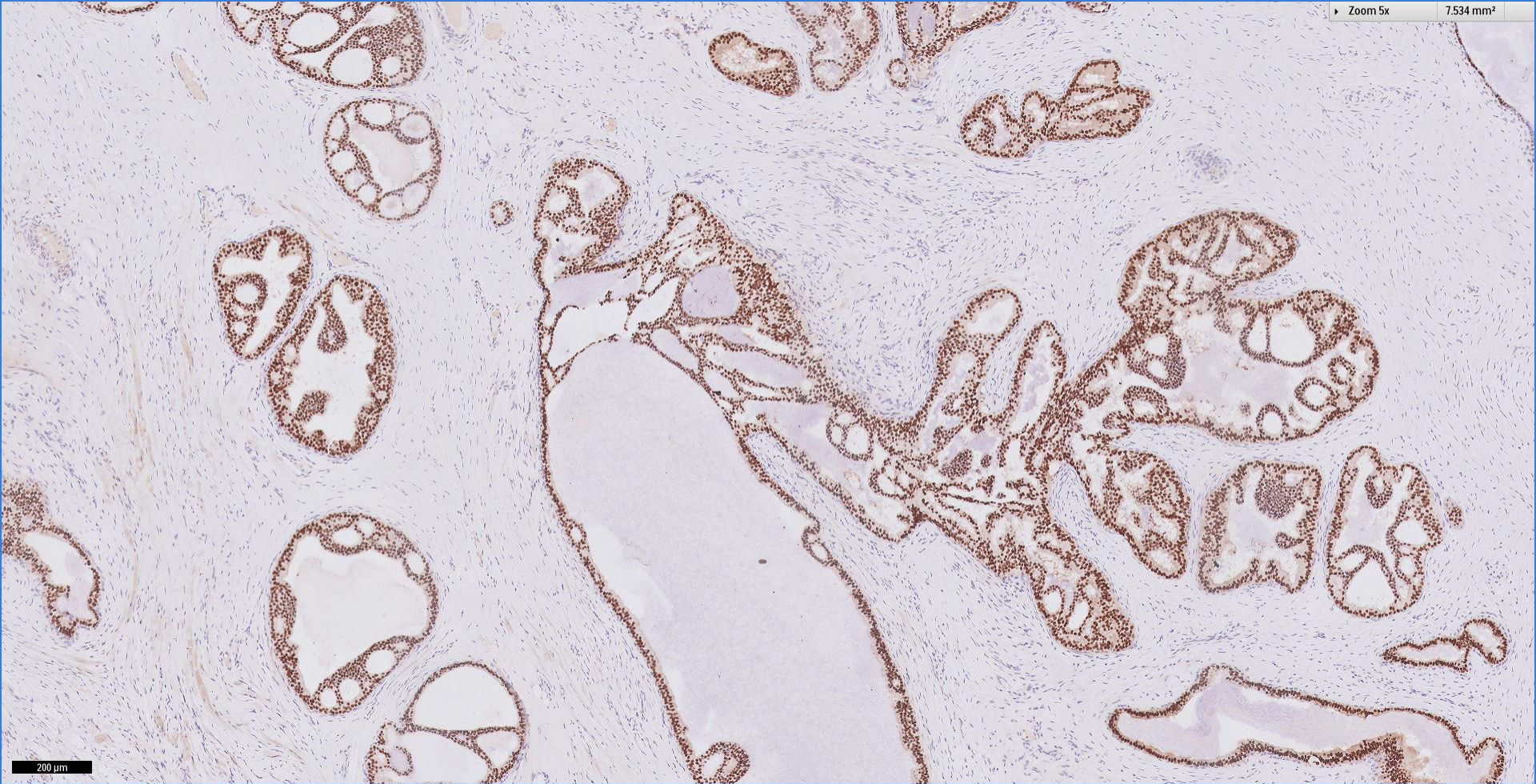


ER



PR

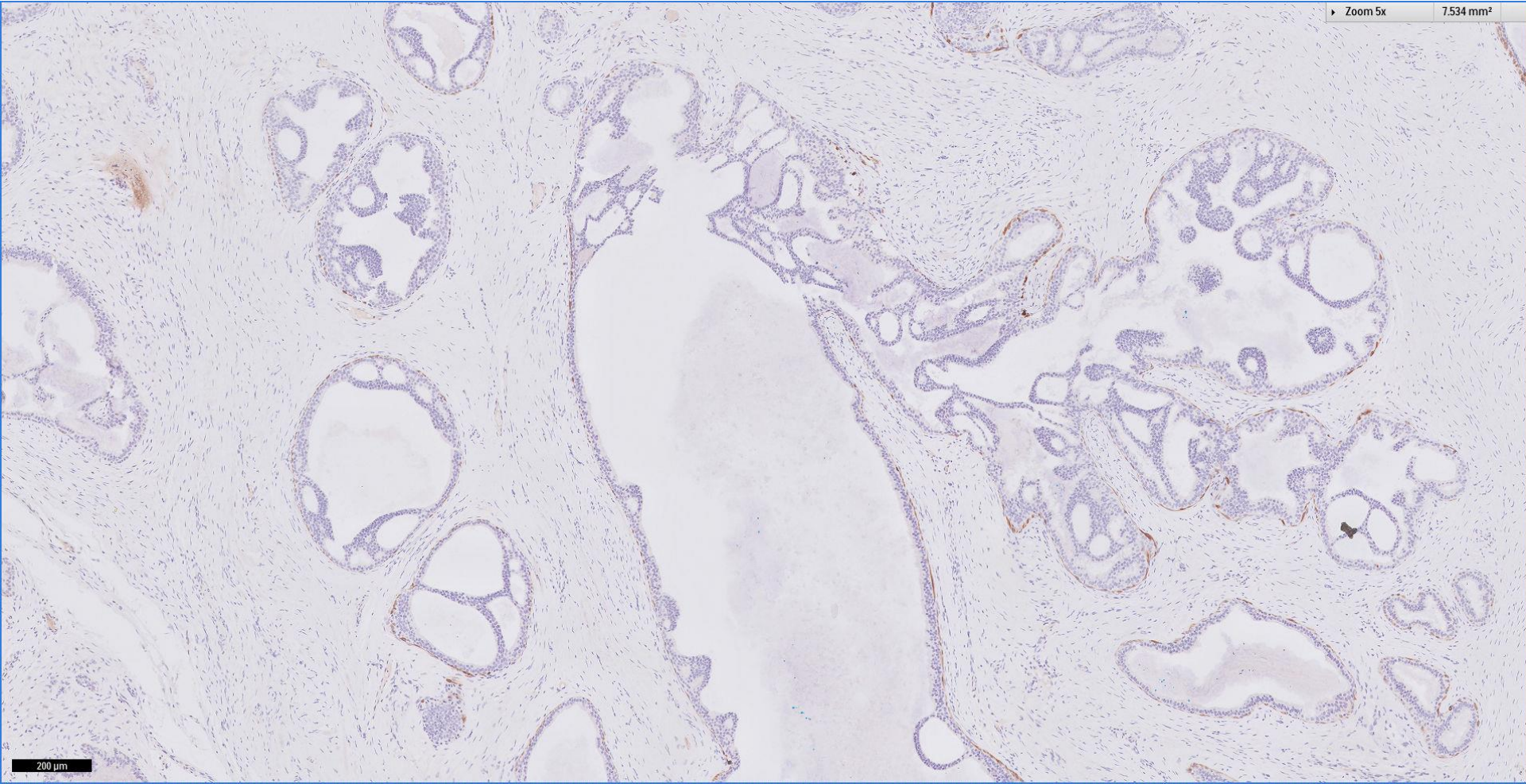
Zoom 5x 7.534 mm²



200 μ m

CK5/6

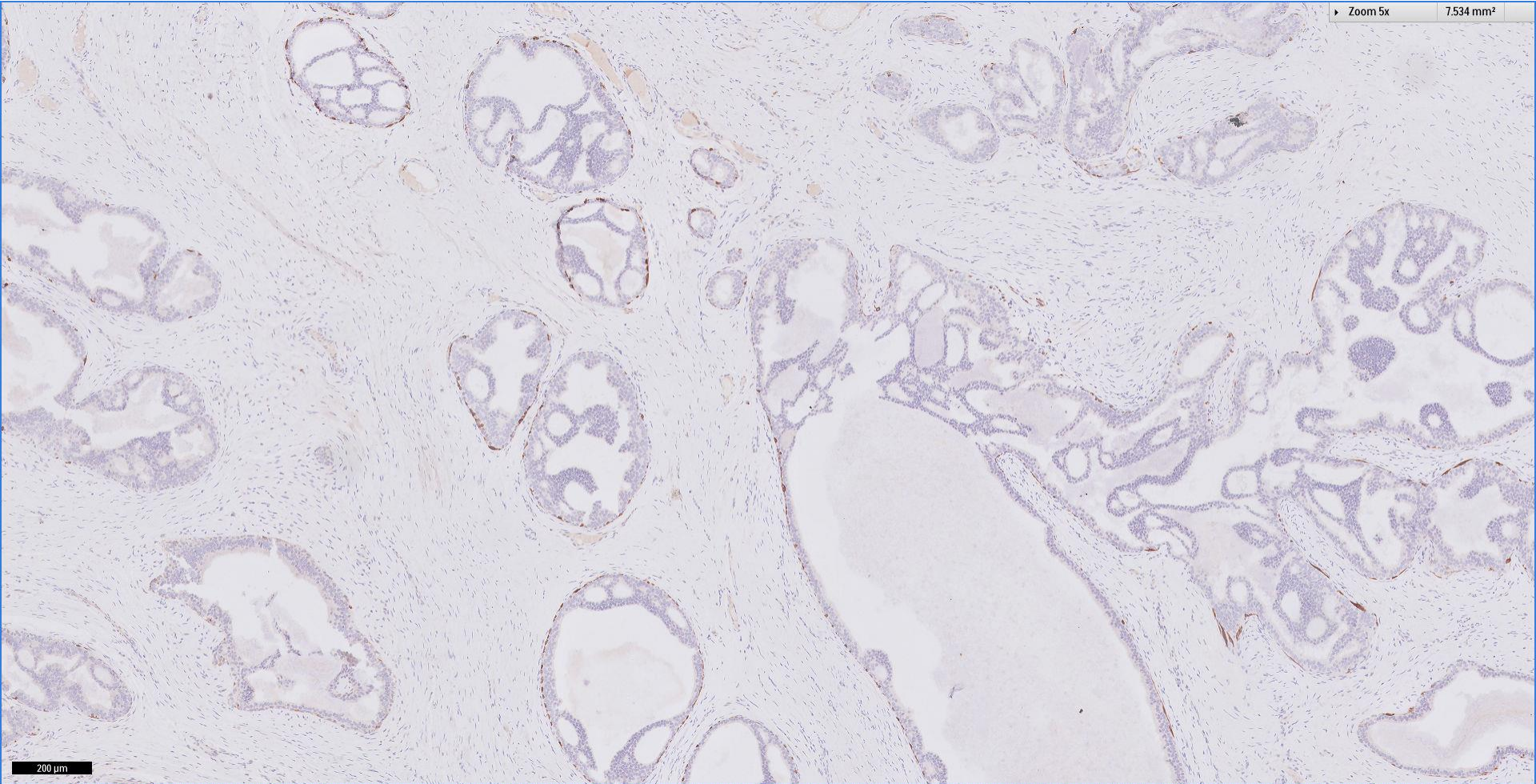
Zoom 5x 7.534 mm²



200 μm

CK14

Zoom 5x 7.534 mm²



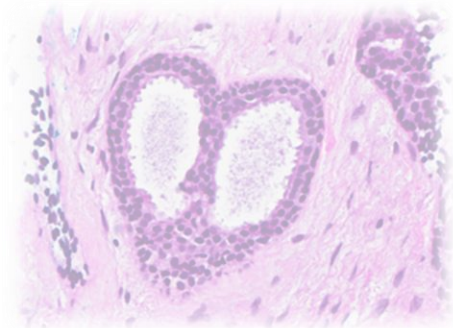
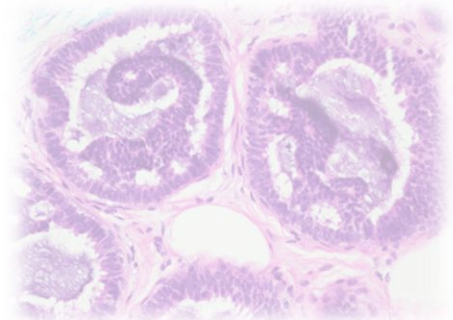
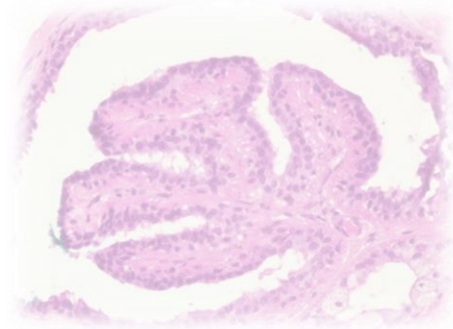
200 μ m

Diagnosis, case 11

- Left breast 5 o'clock lump:
Ductal carcinoma in situ, low nuclear grade, without necrosis, within a benign phyllodes tumour.

DCIS is 10mm in size, with ER and PR positivity.

(Abnormal epithelial cytoarchitectural changes observed in 5 tissue blocks)



J Clin Pathol. 2016 Apr;69(4):364-9. doi: 10.1136/jclinpath-2015-203475.

Breast carcinoma and phyllodes tumour: a case series.

Sin EI, Wong CY, Yong WS, Ong KW, Madhukumar P, Tan VK, Thike AA, Tan PH, Tan BK.

- Malignant transformation of the epithelial component of phyllodes tumours (PT) is rare and only reported in literature as sporadic cases of carcinoma associated with PTs.
- We report the clinicopathological characteristics of in situ and invasive carcinoma coexisting with PT in 10 patients treated in our institution over an 11-year period from 1992 to 2012.
- Ten patients with coexisting PT and in situ or invasive carcinoma were identified from our records.
- Six had carcinoma found within the PT.
- All were female with a median age of 47 (43-72) years.
- One patient had a history of PT in the same breast while another had a history of PT in the same breast as well as invasive ductal carcinoma in the contralateral breast.
- The rest did not have any risk factors of breast cancer.

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Breast carcinoma and phyllodes tumour: a case series.

Sin EI, Wong CY, Yong WS, Ong KW, Madhukumar P, Tan VK, Thike AA, Tan PH, Tan BK.

- Five patients had a preoperative core needle biopsy performed with the report of a fibroepithelial lesion.
- The rest of the patients had surgery upfront for their breast masses.
- Two patients who had ER/PR positive invasive carcinoma received adjuvant hormonal therapy.
- Patients were followed up for a mean of 3.6 years (9 months-10 years) and all patients were alive and recurrence free.
- PT associated with carcinoma is rare, and we present a series of cases that add to the limited current literature.
- It is often difficult to detect the presence of the carcinomatous component preoperatively.
- Hence, close examination of resected PT specimens must be carried out to allow prompt detection of any associated carcinomas, however rare, such that adequate treatment can be given.

Table 1 Characteristics of patients in our cohort

No.	Age	Clinical presentation	History	Radiological findings	Core biopsy	Histology on biopsy or initial surgery	PT type	Size of PT (mm)	Associated carcinoma	Surgery	Adjuvant therapy
<i>Carcinoma within the PT</i>											
1	43	Right breast lump of 1 month	Nil	Not available	Yes	Fibroepithelial lesion with epithelial hyperplasia	Borderline	50	DCIS with a small focus of IDC (4 mm in total)	Mastectomy and axillary clearance	Tamoxifen
2	45	Recurrent left breast lump of 1 month	Right breast IDC at age 32 Left BDPT at age 42	Well-defined and lobulated mass at previous scar	No	Recurrent BDPT with DCIS	Borderline	50	DCIS (5 mm)	Mastectomy, axillary sampling with breast reconstruction	None
3	46	Recurrent left breast lump at old scar for 1 year	Left breast BPT at age 39	Lobulated mass with increased vascularity at previous scar	No	Recurrent BDPT with IDC, DCIS and LCIS	Borderline	70	Multiple foci of IDC (largest 3 mm) Multiple foci of DCIS and LCIS (figure 3)	Mastectomy and sentinel lymph node biopsy	Tamoxifen
4	44	Left breast lump of 1 month	Nil	Ill-defined opacity with spiculated posterior margin	Yes	Fibroepithelial lesion favouring a fibroadenoma	Borderline	30	LCIS and ADH	Excision biopsy*	None
5	45	Increase in size of a left breast lump of 23 years	Nil	Not available	No	–	Malignant	120	DCIS (6 mm)	Mastectomy	None
6	48	Left breast lump of 3 months	Nil	Well defined nodule with increased vascularity	No	MPT with LCIS	Malignant	50	LCIS	Wide excision	None
<i>Carcinoma and PT coexisting as separate lesions</i>											
7	63	Right breast lump of 1 month	Nil	Well-margined heterogeneous mass with calcifications Two incidental irregular solid masses with ill-defined margins	Yes	Fibroepithelial lesion favouring BPT DCIS	Benign	30	DCIS (30 mm)	Mastectomy and sentinel lymph node biopsy	None
8	53	Left breast lump of 2 months	Nil	Two nodular masses and a separate cluster of micro-calcifications (figures 1 and 2)	Yes	Fibroepithelial lesion and lobular neoplasia	Benign	23	Pleomorphic LCIS (figure 4)	Mastectomy and sentinel lymph node biopsy	None
9	72	Right: Increase in size of a lump of 10 years Left: bloody nipple discharge	Nil	Right: large ill-defined mass occupying entire breast with dystrophic calcification Left: Small spiculated nodules	Yes	Right: breast tissue with cellular stroma Left: IDC	Borderline	100	ILC (1 mm) associated with a FA; LCIS (3 mm) Left: IDC (15 mm)	Bilateral mastectomy and sentinel lymph node biopsy	None
10	65	Left breast lump of 2 months	Nil	Macrolobulated and heterogeneous mass with ill-defined margins; enlarged axillary lymph nodes	Yes	Breast: Fibroepithelial lesion Axilla: Atypical apocrine cells	Borderline	50	Axillary apocrine carcinoma	Breast wide excision axillary clearance	None

*Patient declined further surgery.

ADH, atypical ductal hyperplasia; BDPT, borderline phyllodes tumour; BPT, benign phyllodes tumour; DCIS, ductal carcinoma in situ; FA, fibroadenoma; IDC, invasive ductal carcinoma; ILC, invasive lobular carcinoma; LCIS, lobular carcinoma in situ; MPT, malignant phyllodes tumour; PT, phyllodes tumour.



Thank You