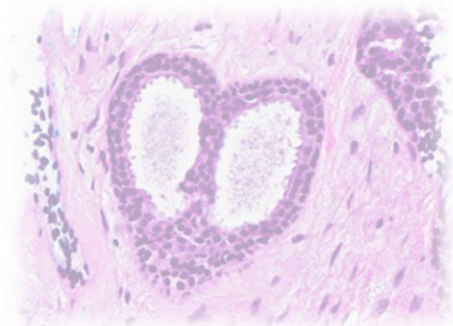
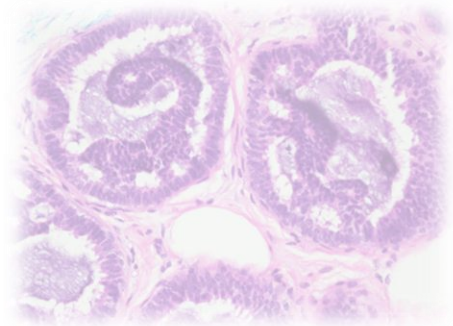
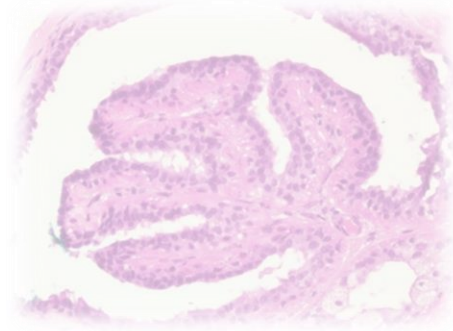
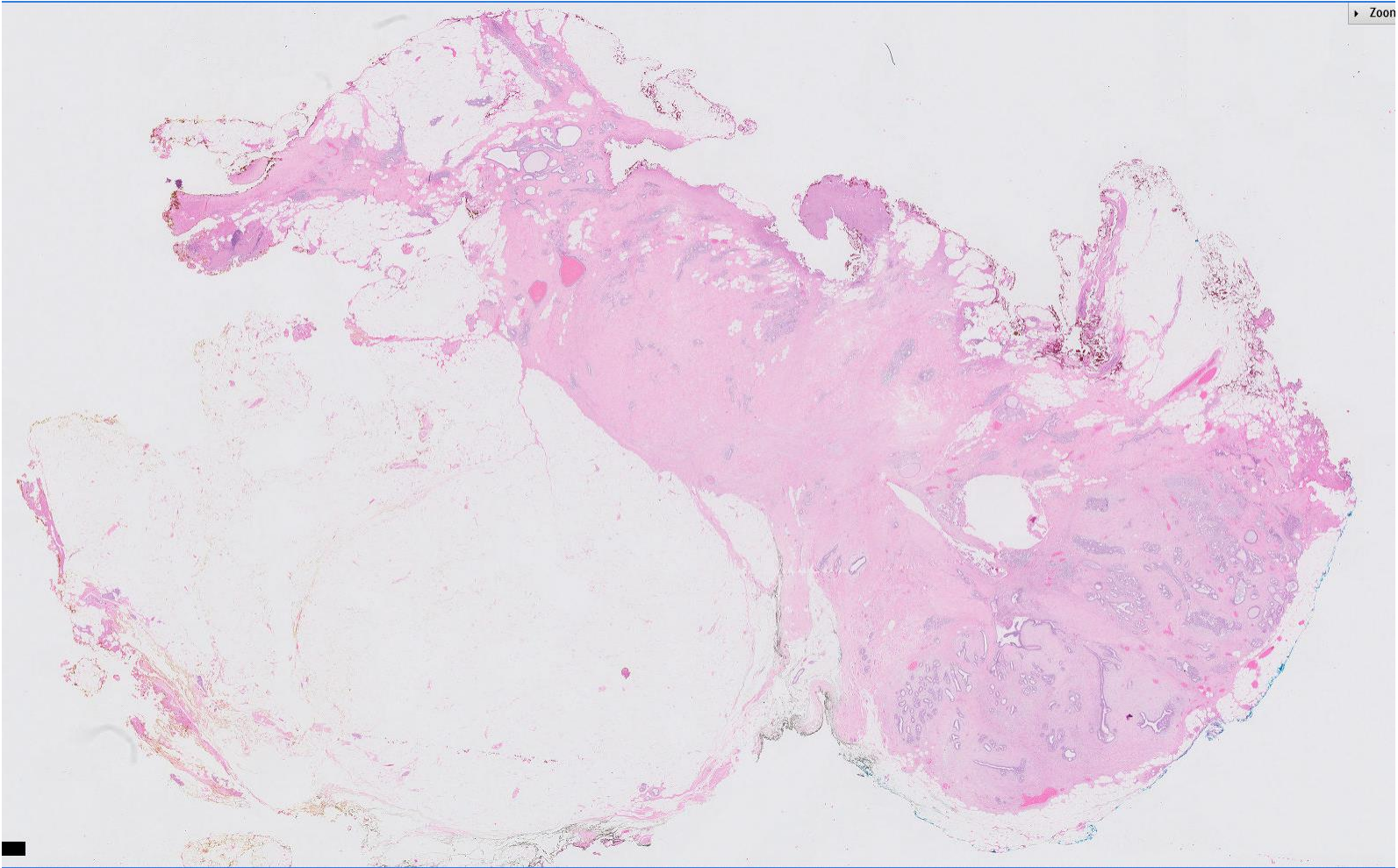


Case 15

53 year old Chinese female.
Right breast 12 o'clock nodule,
hookwire localisation excision biopsy.

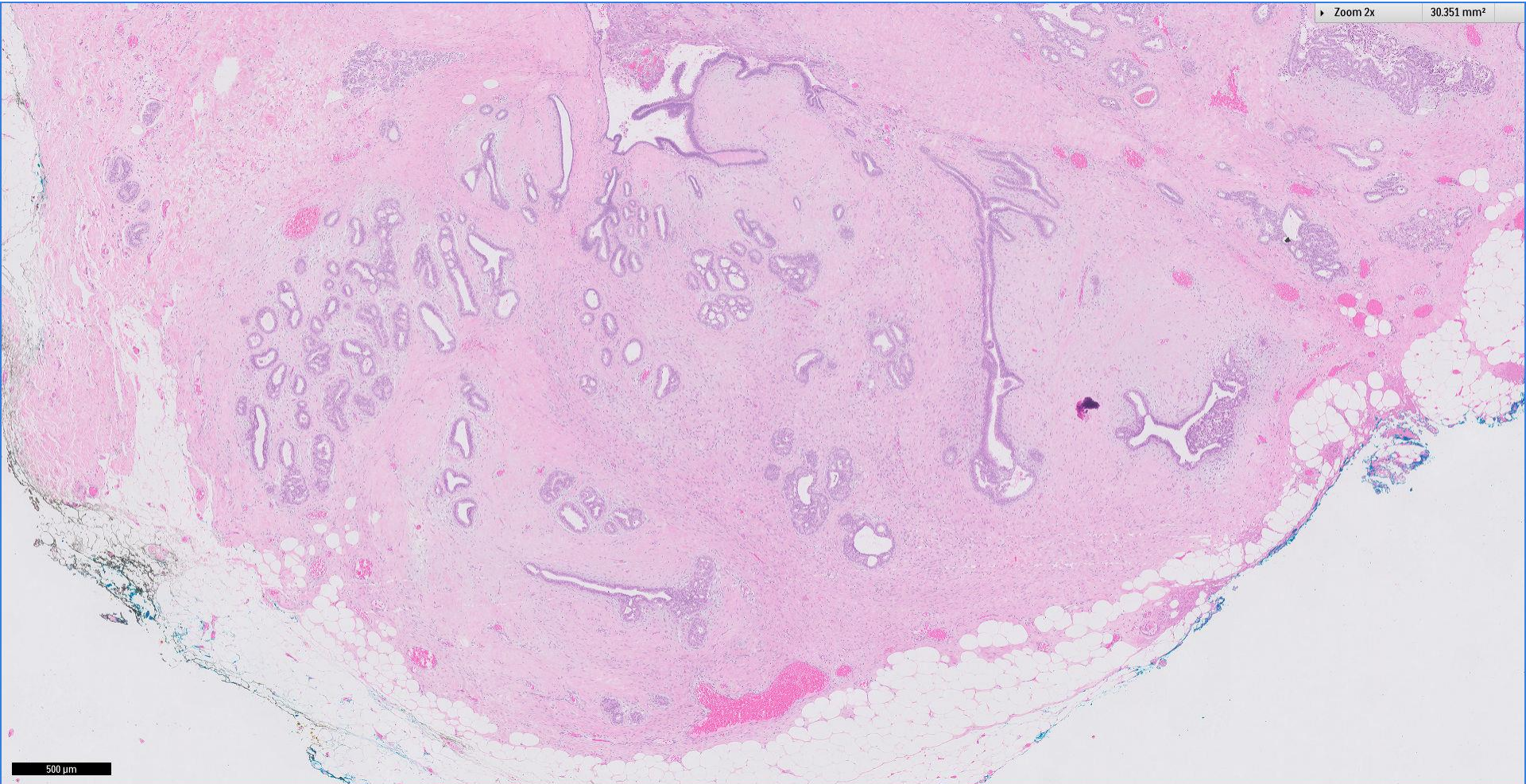


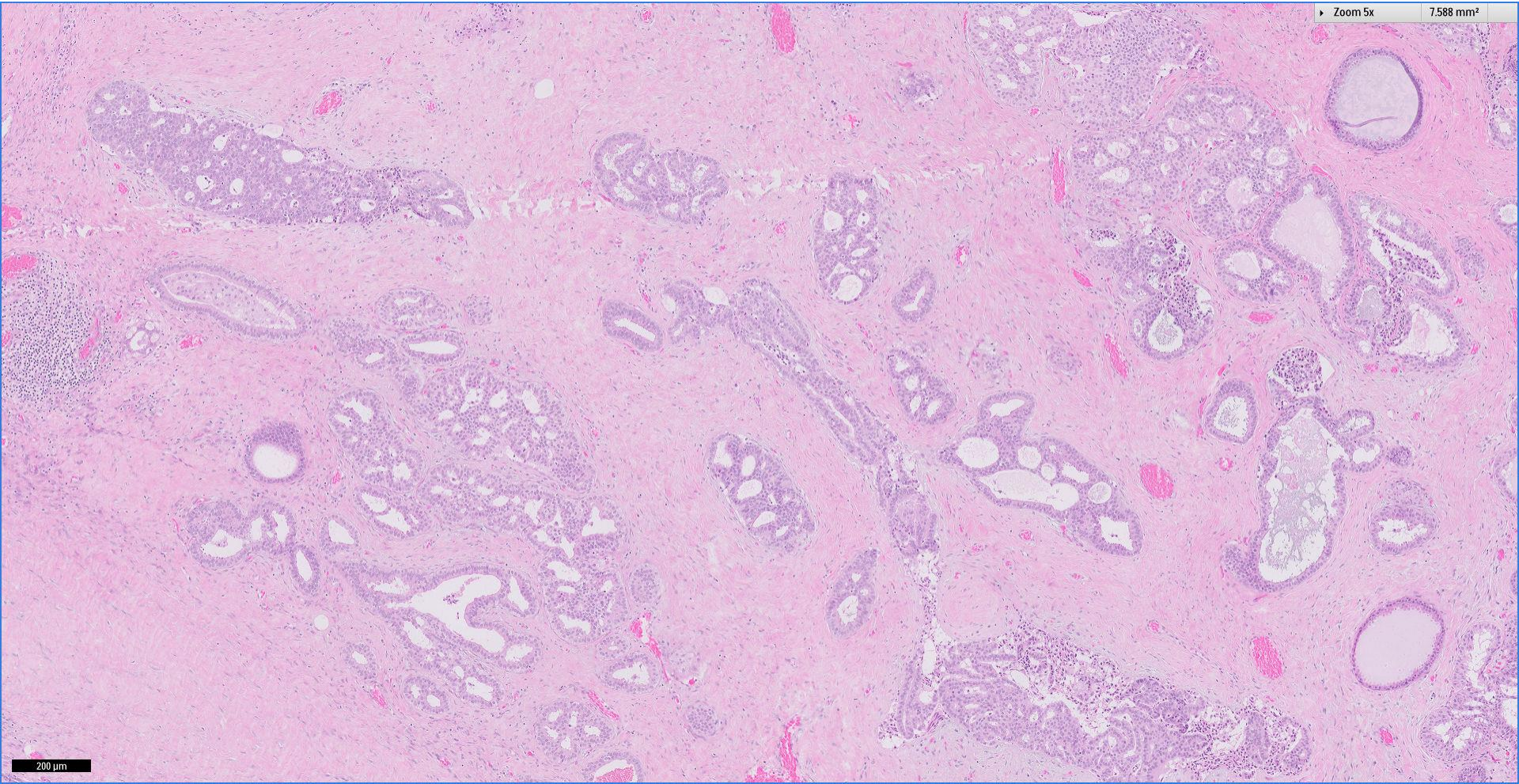


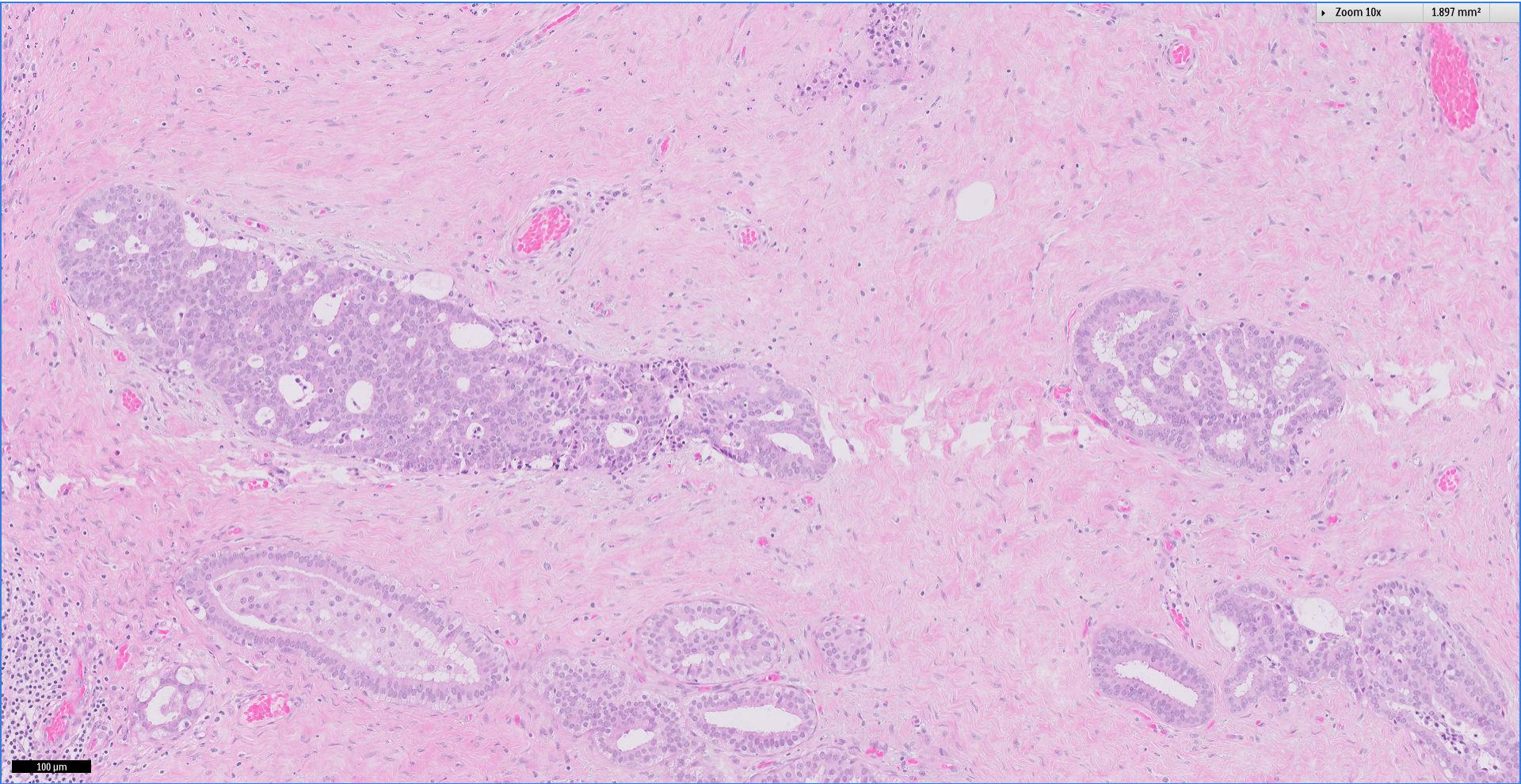
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Zoom 2x 30.351 mm²

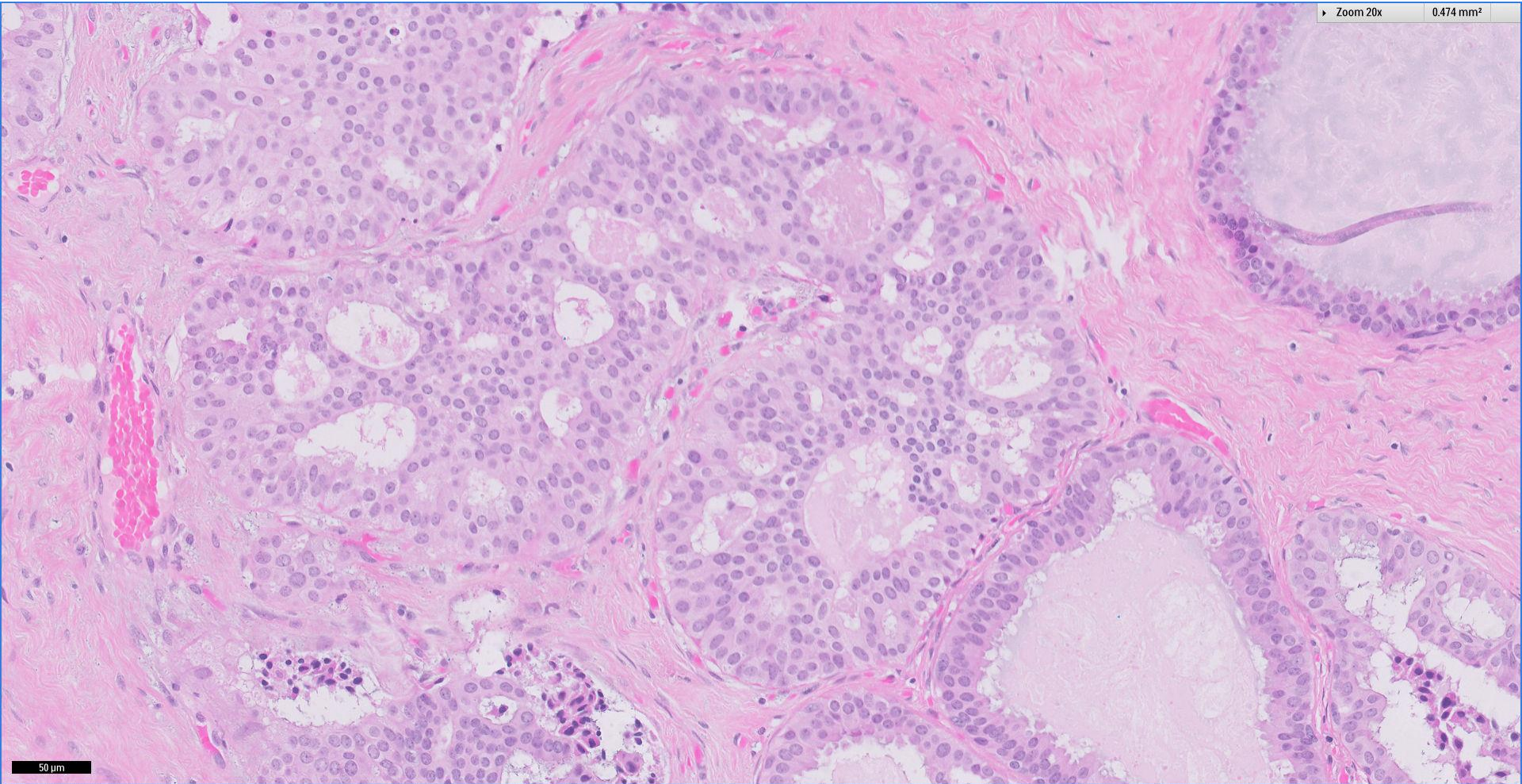






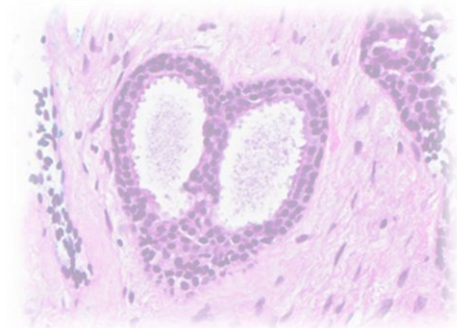
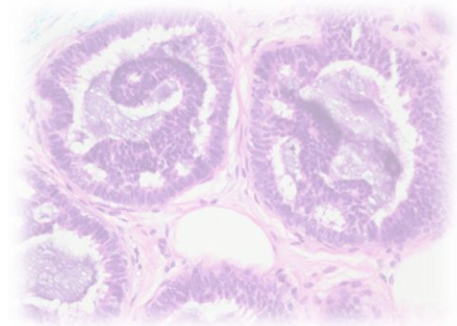
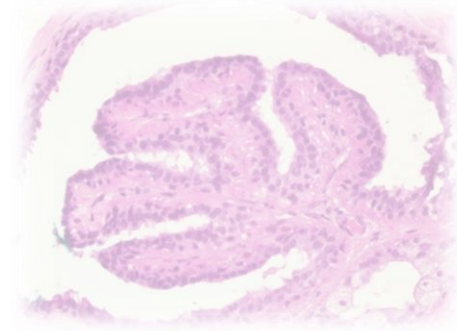
Division of Pathology
Singapore General Hospital





Division of Pathology
Singapore General Hospital

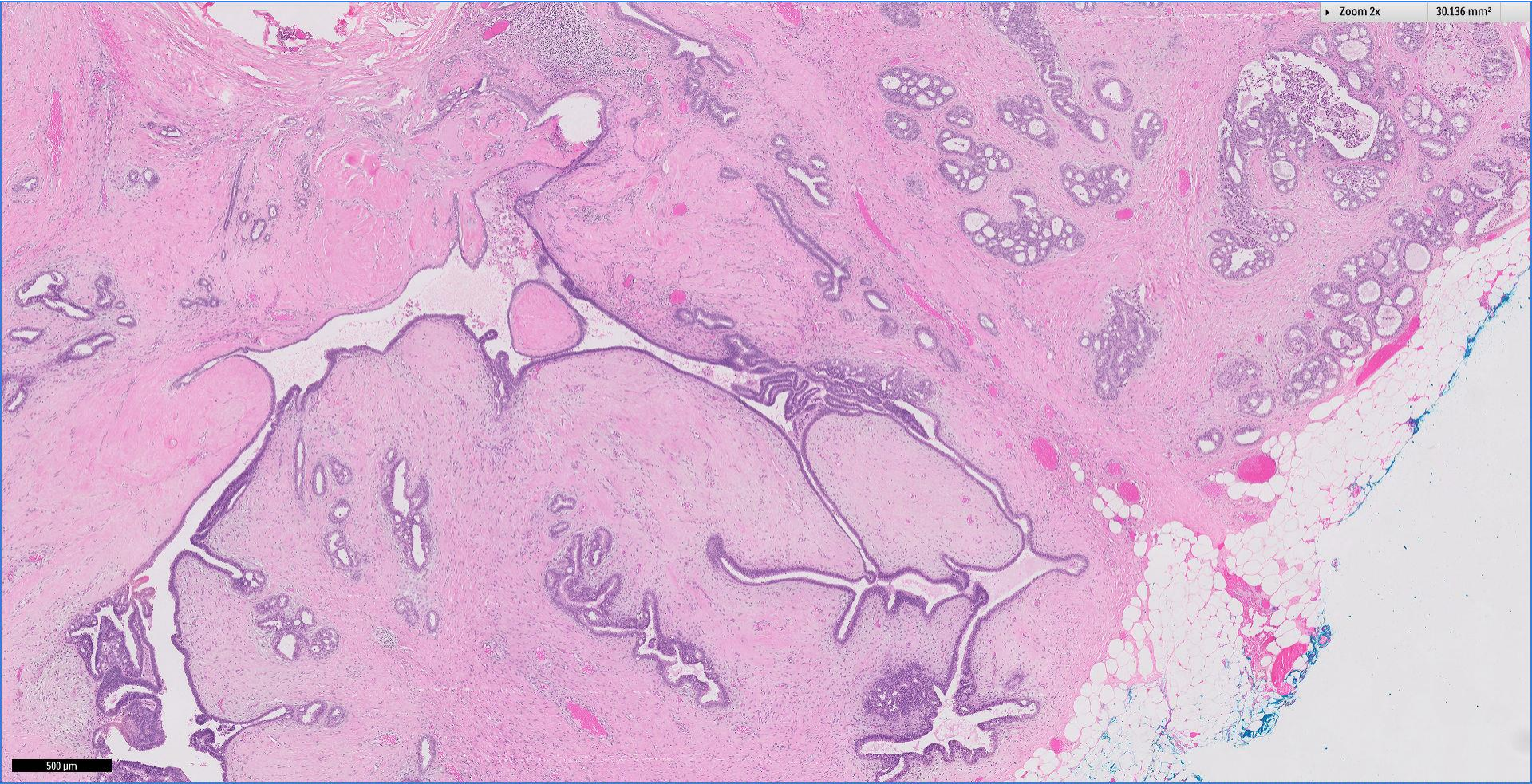




Additional pictures

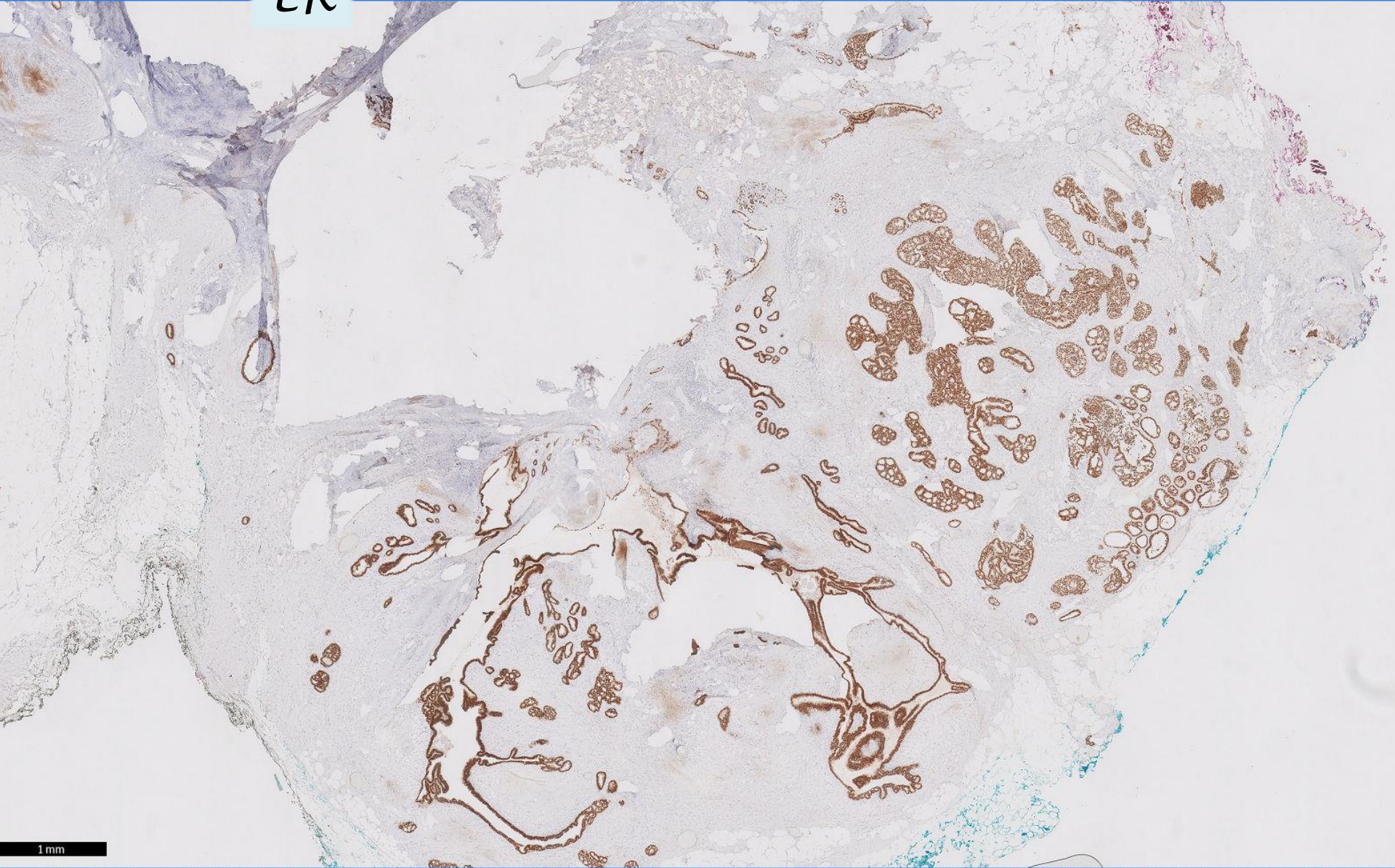
Zoom 2x

30.136 mm²



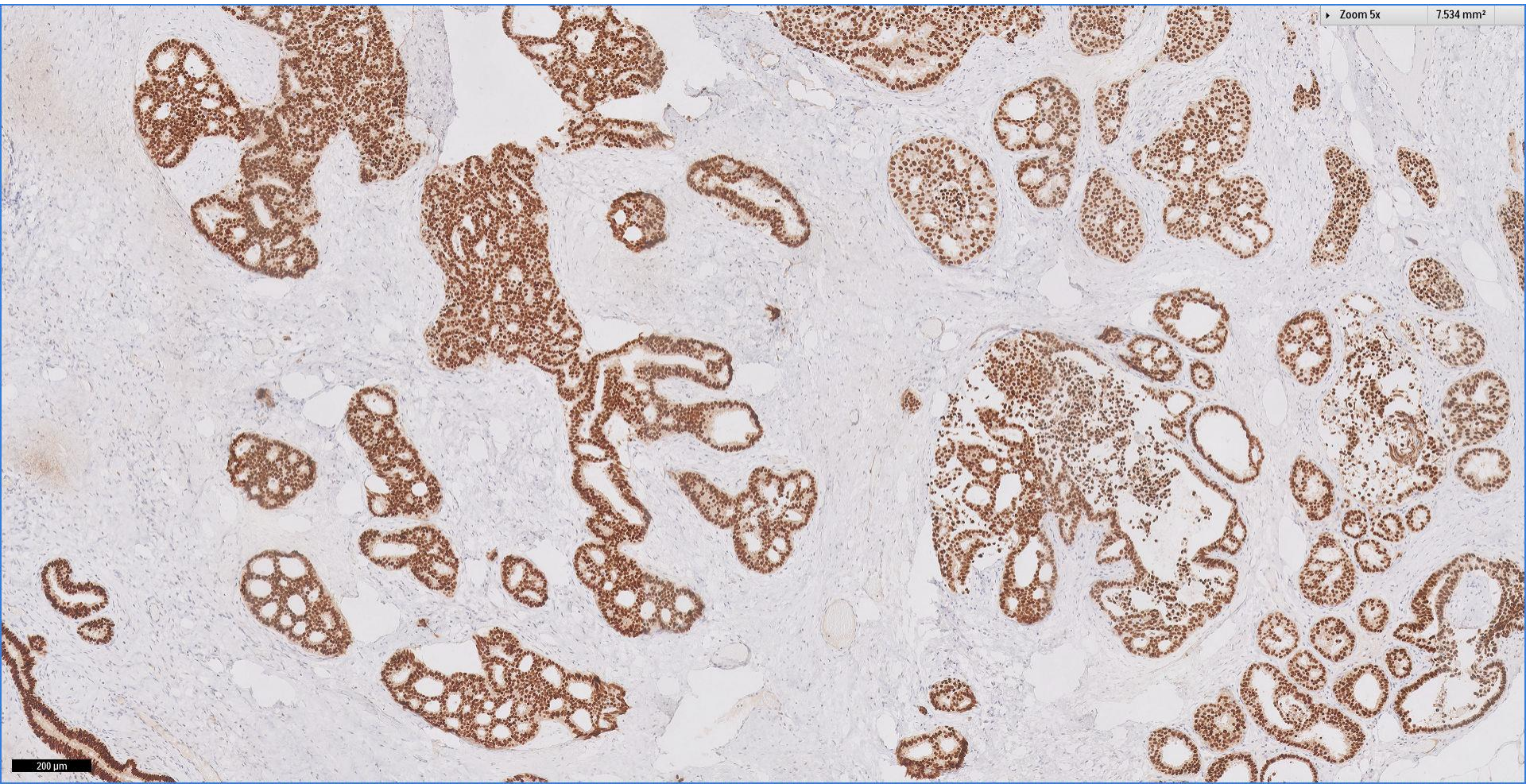
500 μ m

ER



1 mm

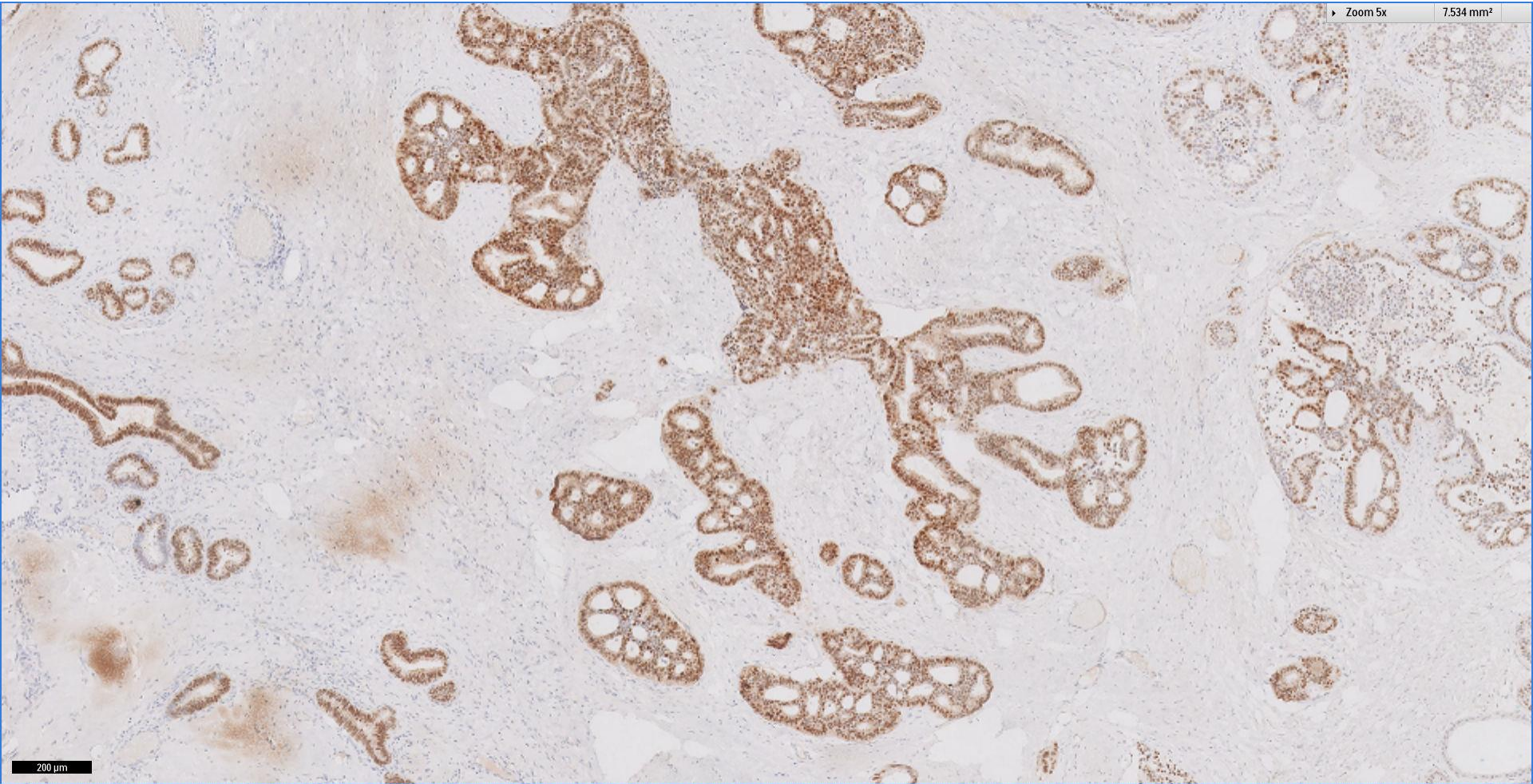
ER



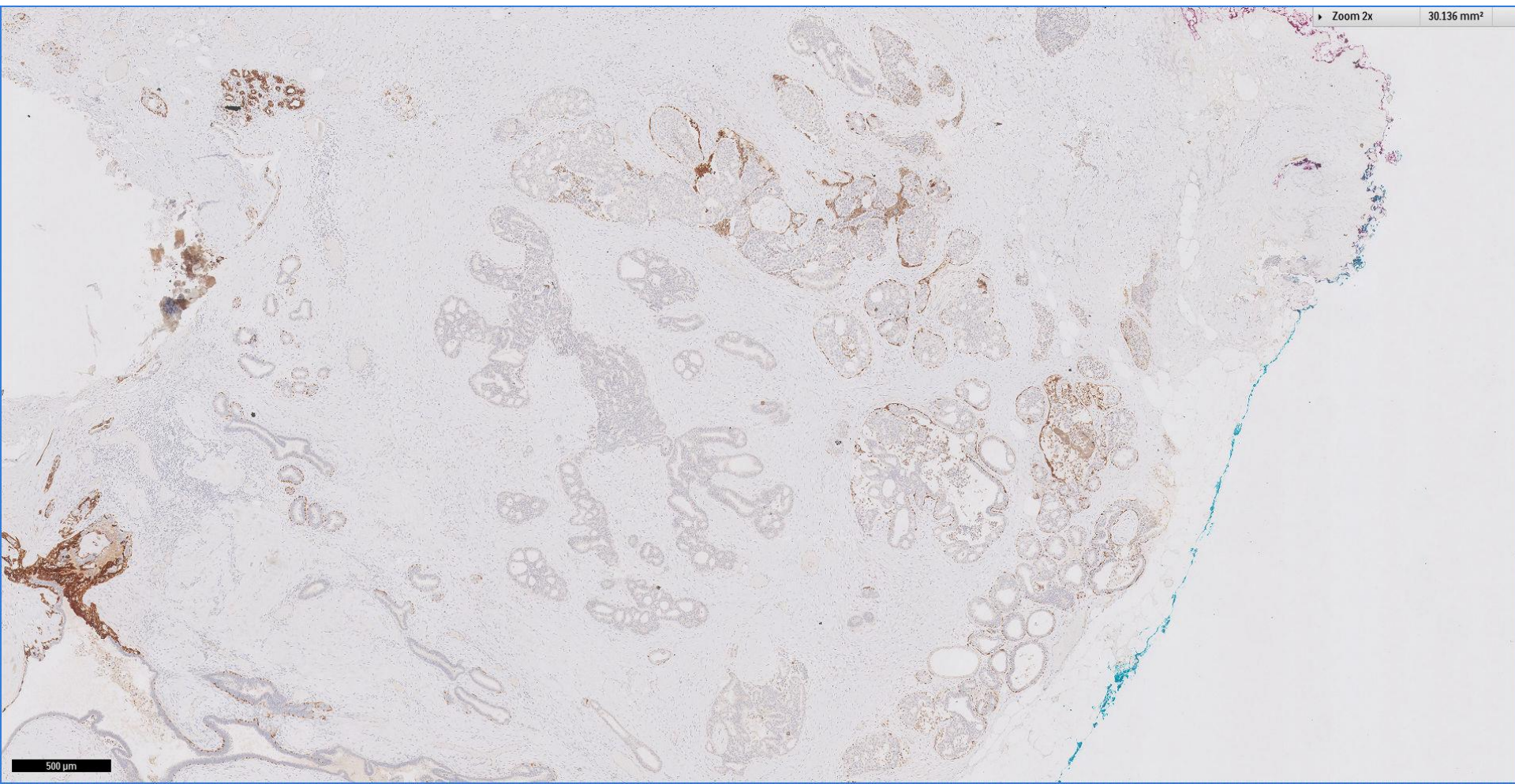
Zoom 5x 7.534 mm²

200 µm

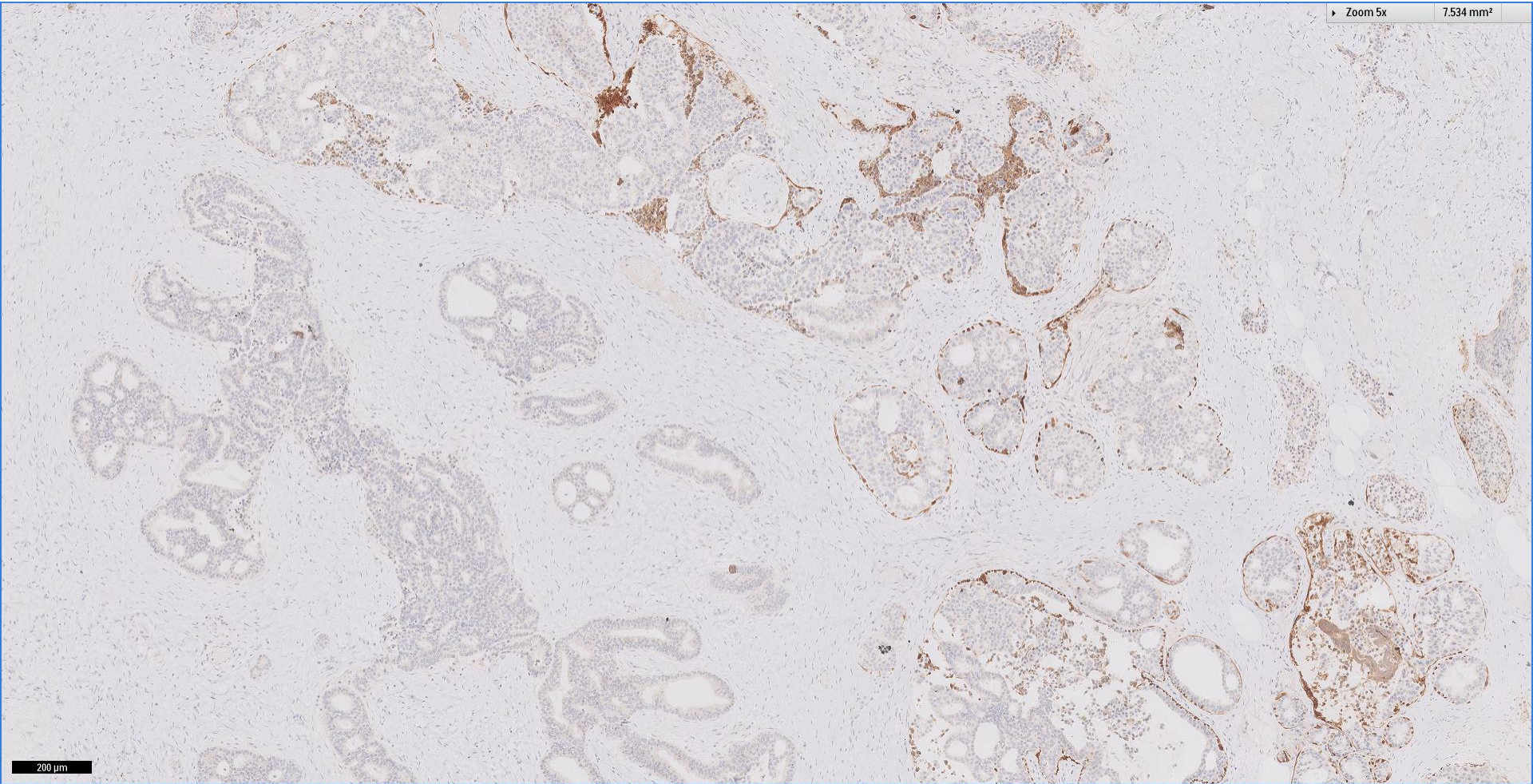
PR



p63/CK5,6



p63/CK5,6



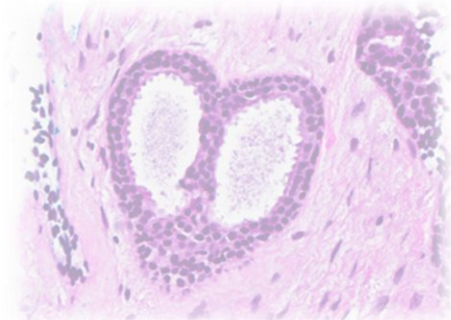
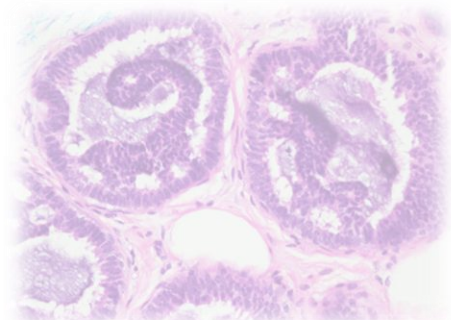
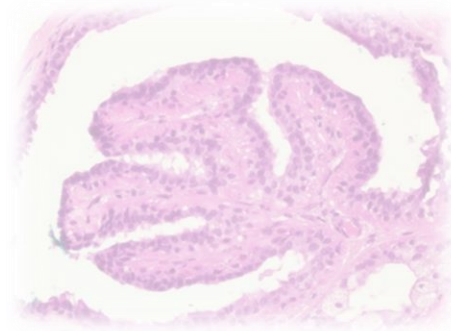
Diagnosis, case 15

- Right breast 12 o'clock nodule, hookwire localisation excision biopsy:

Ductal carcinoma in situ, low nuclear grade, cribriform and solid morphology without necrosis, 16mm.

ER+, PR+.

Background of a benign fibroepithelial lesion, favour benign phyllodes tumour.



Low nuclear grade DCIS

- Composed of small, monomorphic cells, typically growing in a cribriform, micropapillary, or (less often) solid pattern involving more than two complete spaces (or measuring > 2 mm; as compared to atypical ductal hyperplasia).
- May have microrosettes with small luminal spaces.
- Micropapillary and cribriform patterns are commonly admixed, but micropapillary DCIS in particular may be extensive.
- Epithelial nuclei are uniform in size and shape, with regular chromatin and inconspicuous nucleoli.
- Nuclei are 1.5–2 times the size of an erythrocyte.
- Mitotic figures are rare.
- Microcalcification is commonly seen in secretions within the luminal spaces and may be psammomatous.
- Necrosis is uncommonly present in low-grade DCIS, but it does not preclude the diagnosis.

Thank You