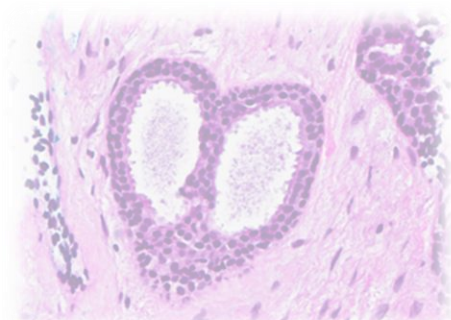
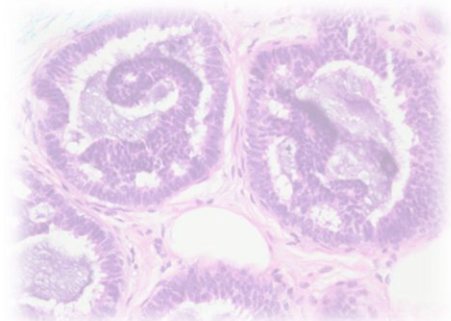
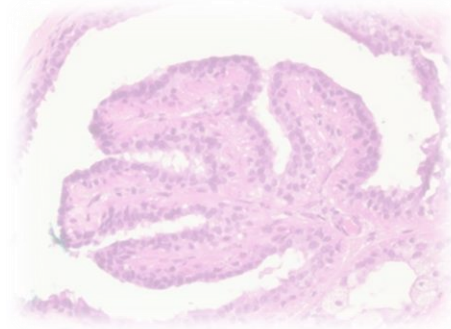


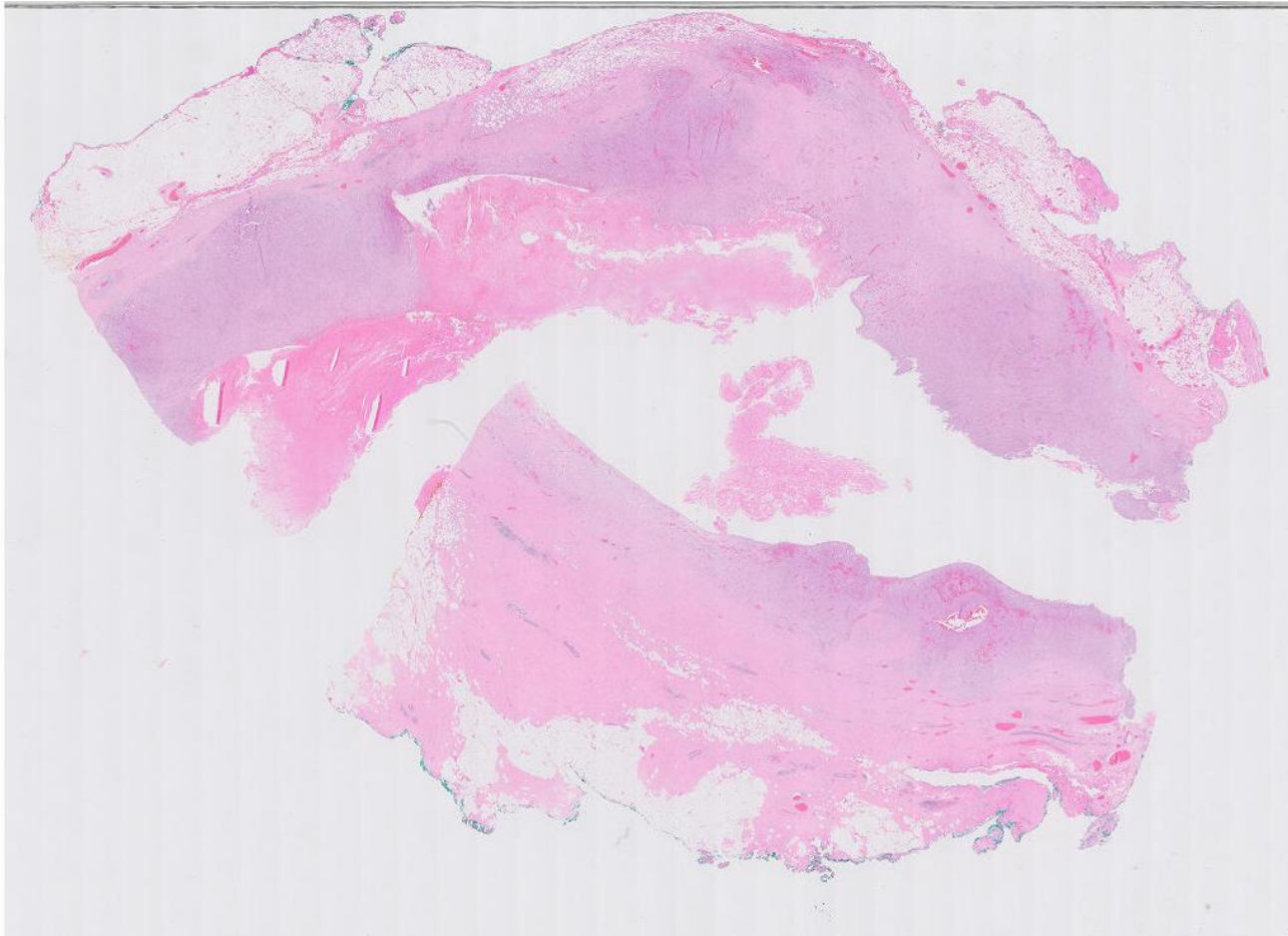
Case 23

Adult female.

Left breast 2 o'clock 4cm solid-cystic mass; ultrasound guided core biopsy was reported as 'florid foreign body type multinucleated giant cell reaction with haemorrhage and necrosis'.

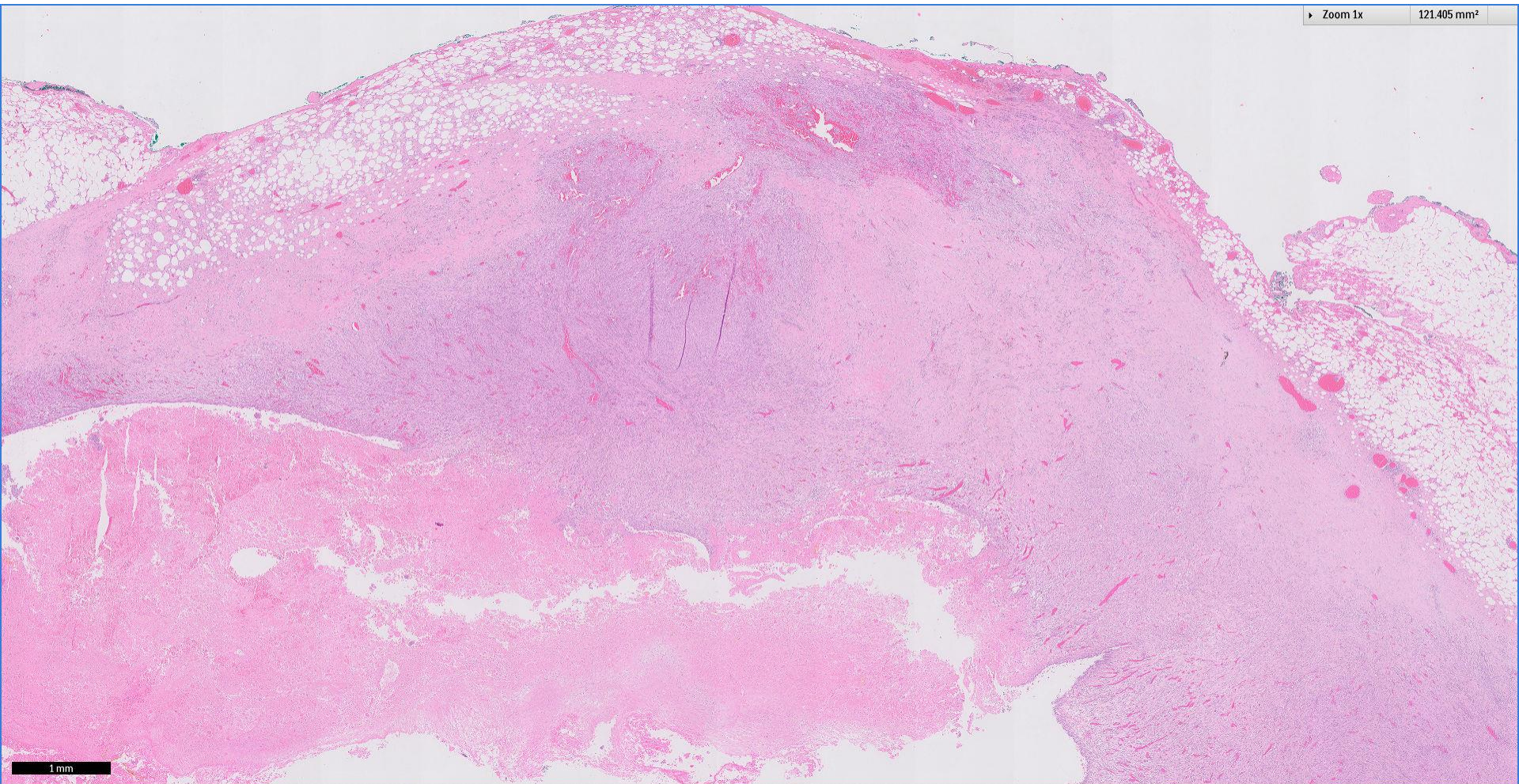
Subsequent excision biopsy done, section provided.

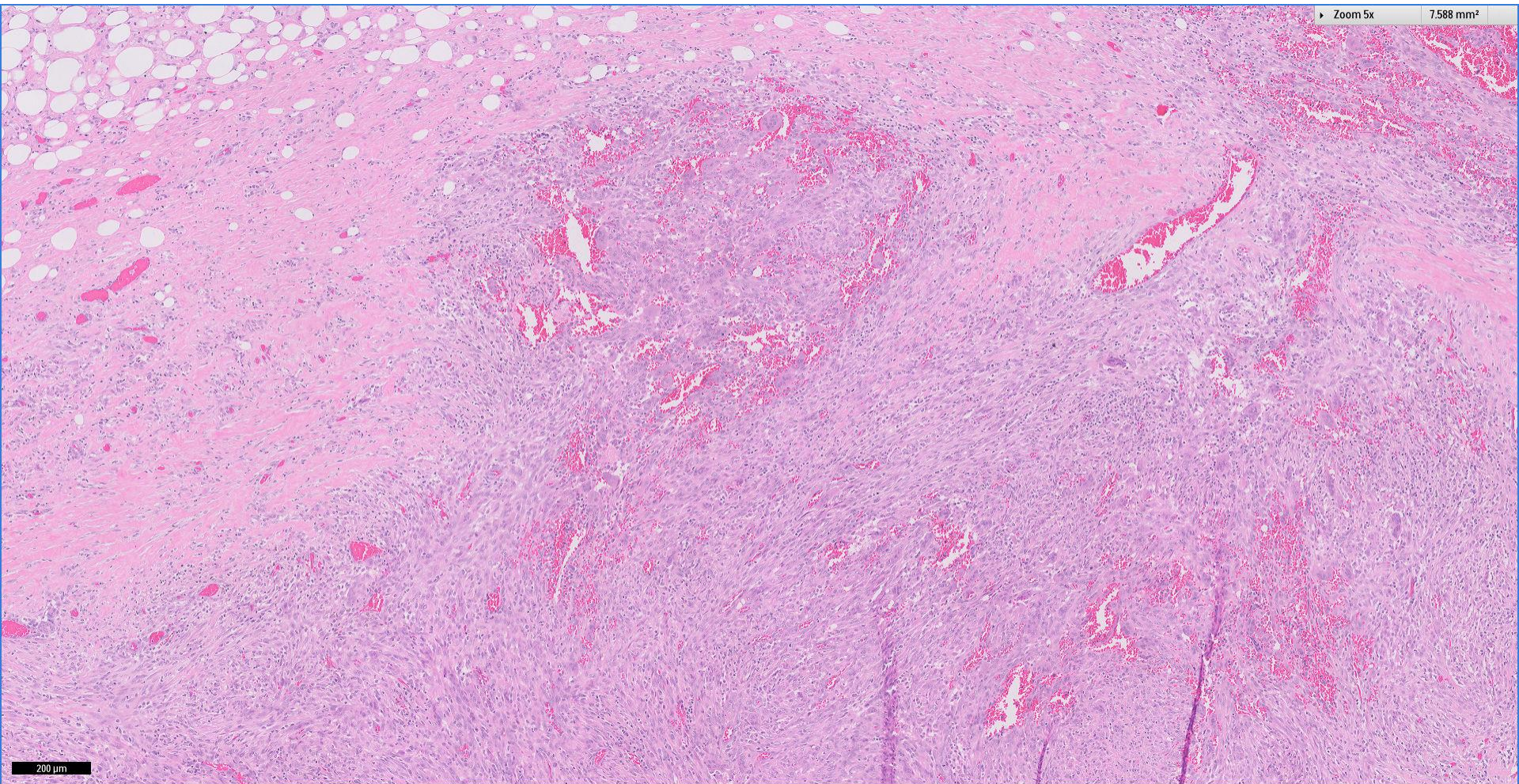




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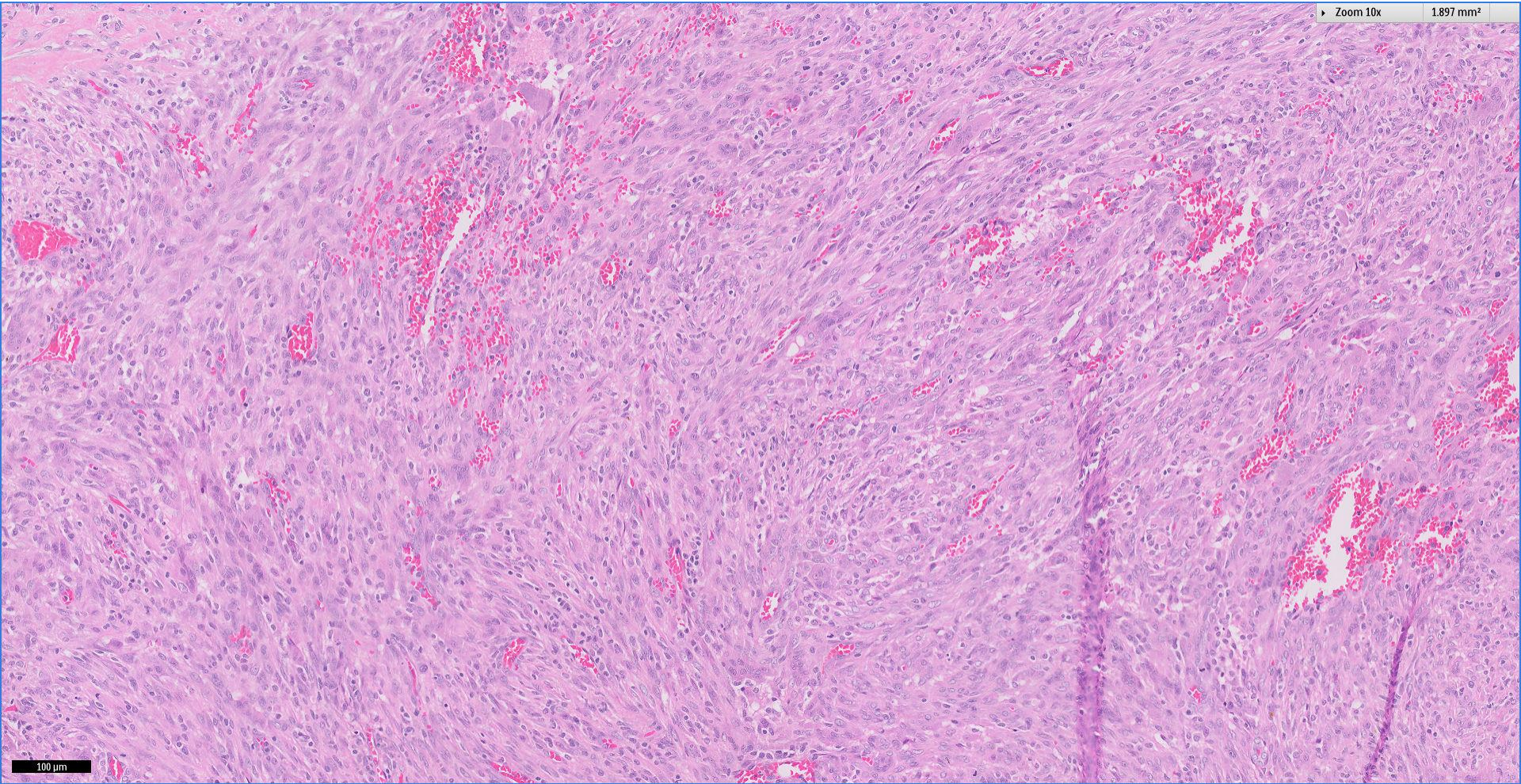






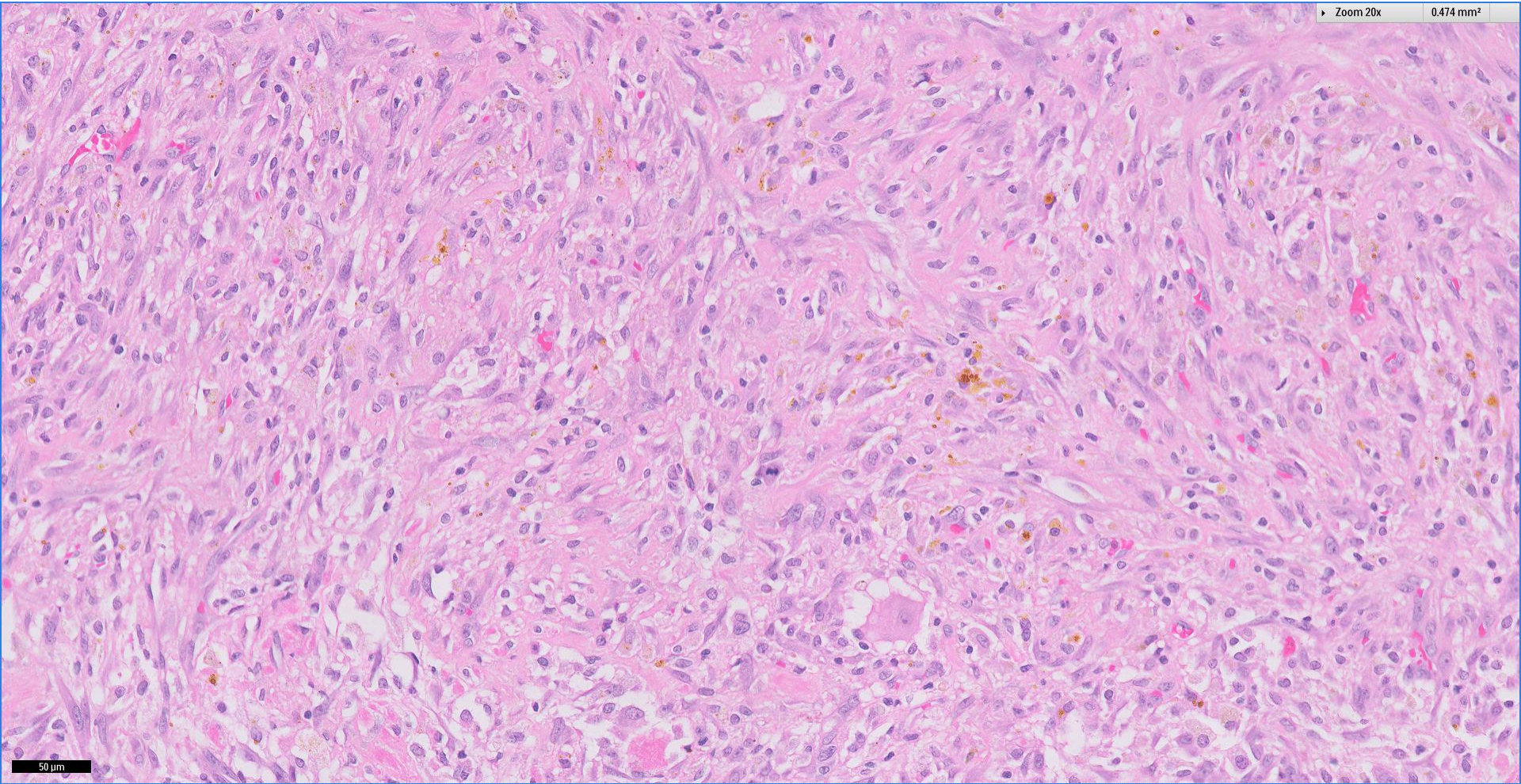
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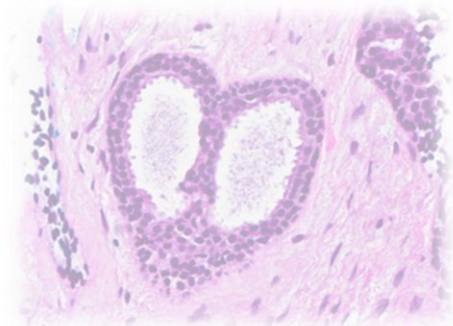
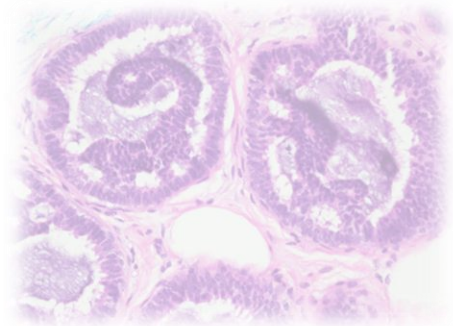
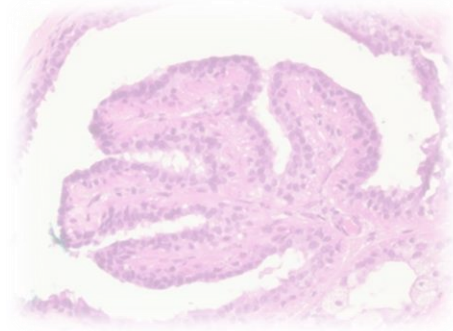


50 µm



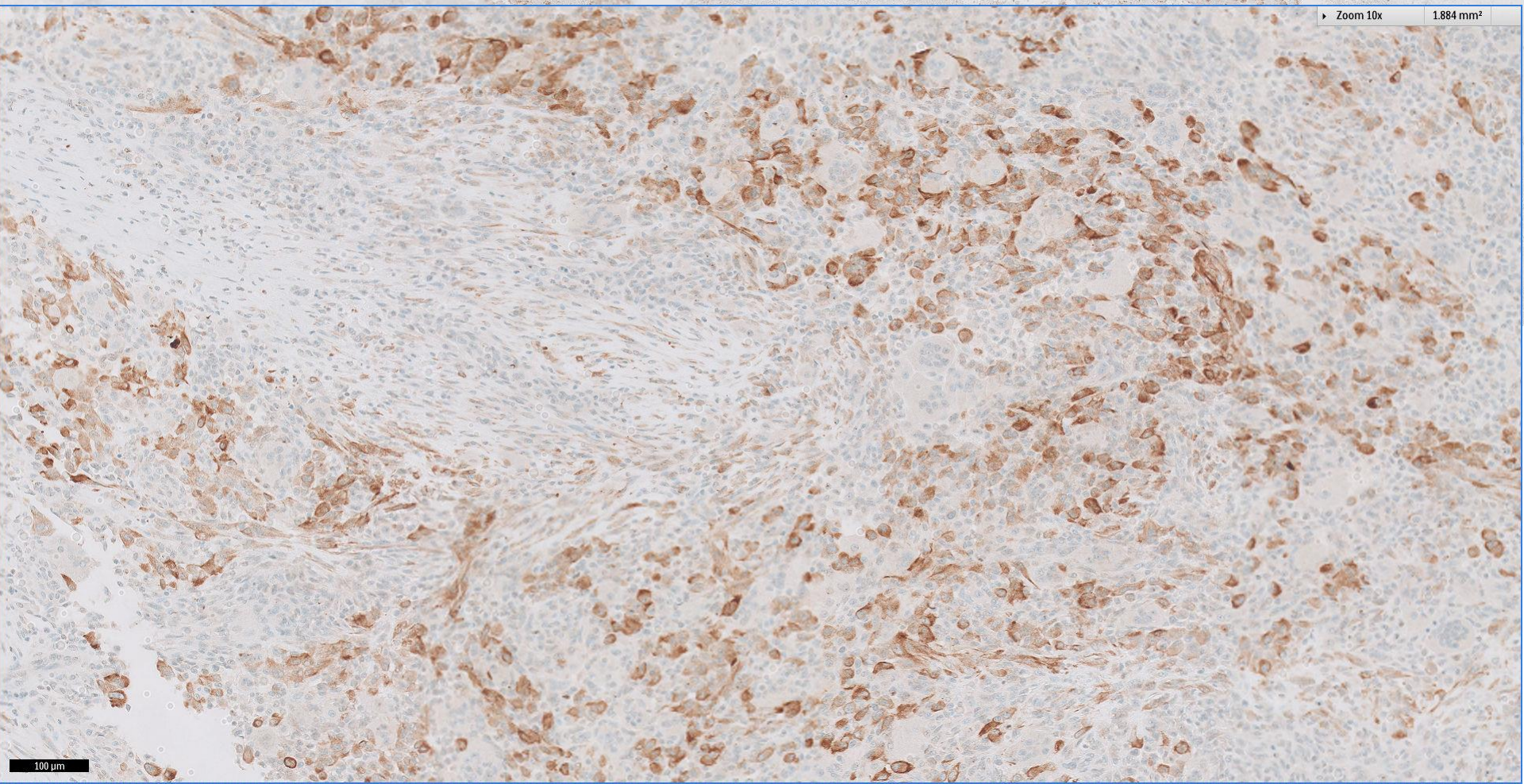
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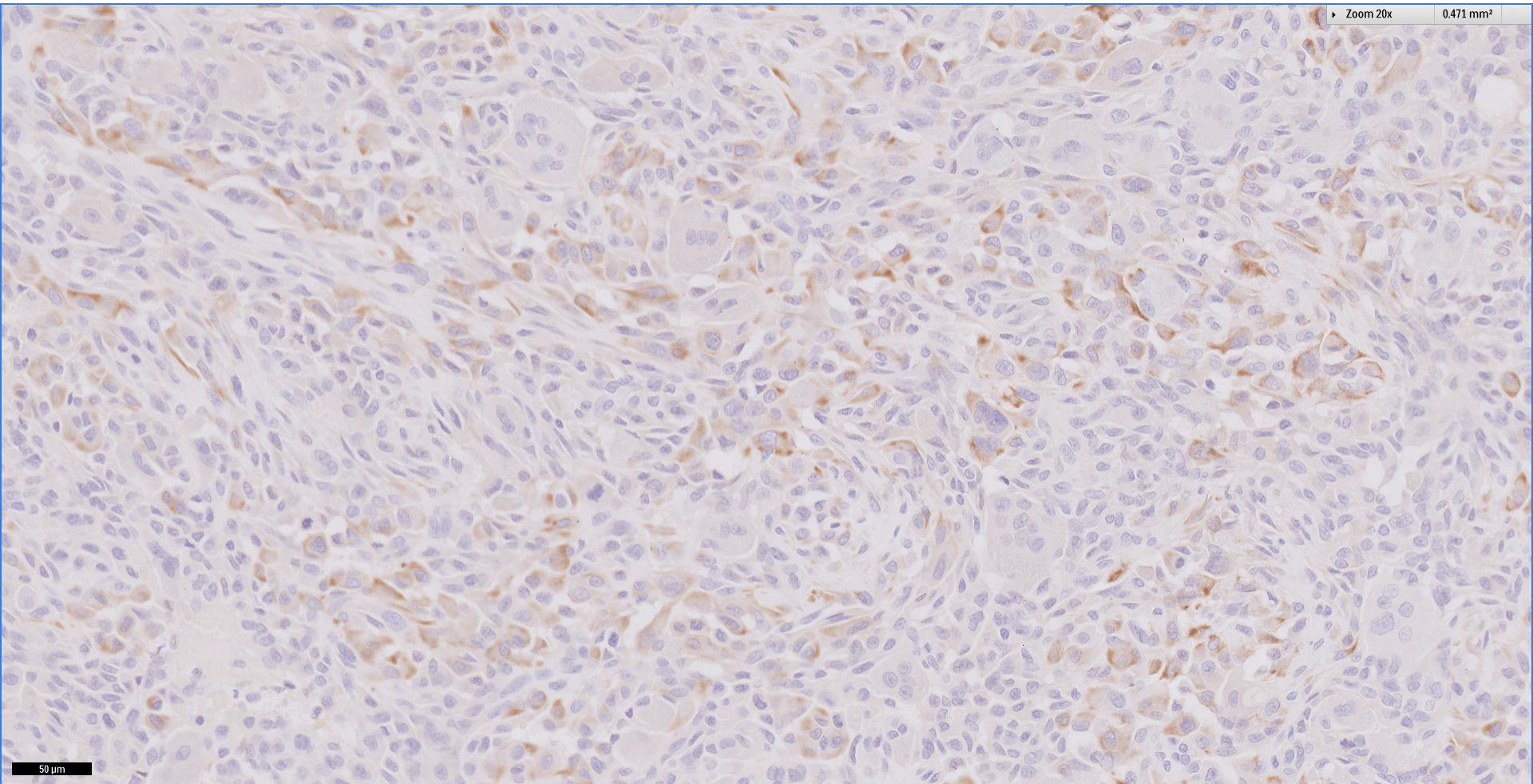


Additional pictures

CK5/6



34BE12



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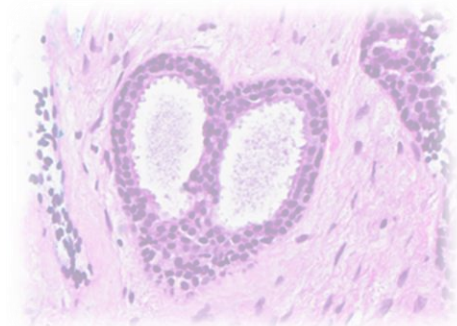
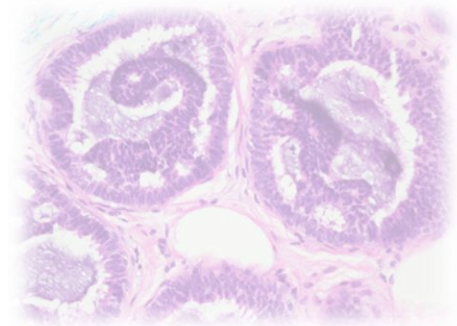
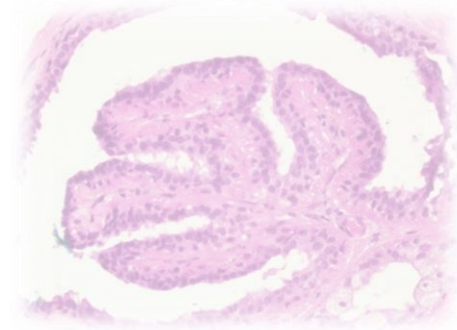


Immunohistochemistry

- Patchy positive staining for p40, p63, CK5/6, GATA3.
- Negative staining for MNF116, CD34, SMMS, SOX10, CD31.
- Ki67 proliferation fraction is approximately 30-40%.
- ER, PR, cerbB2 negative.

Diagnosis, case 23

- Left breast 2 o'clock mass, excision biopsy:
Metaplastic spindle cell carcinoma with osteoclastic giant cells.



Spindle cell carcinoma

- Characterized by atypical spindle cells arranged in a multitude of architectural patterns, ranging from long fascicles in herringbone or interwoven patterns to short fascicles in a storiform (cartwheel) pattern.
- Most often, a mixture of different patterns is observed.
- The cytoplasm ranges from elongated to plump spindle.
- Nuclear pleomorphism is usually moderate to high.
- Inflammatory infiltrate is found in a proportion of cases, often with lymphocytes and dendritic cells percolating through the tumour bulk.
- Areas in which the neoplastic cells form small clusters with more-epithelioid morphology or squamous differentiation can be found.

Spindle cell carcinoma

- This group of tumours includes lesions that are likely to constitute the end of the spectrum of spindle squamous cell carcinomas on one hand and malignant myoepithelioma / myoepithelial carcinoma on the other.
- At present, there are no definitive criteria to differentiate these two lesions, nor are there data to suggest that these lesions display distinct clinical behaviour.
- Metaplastic spindle cell carcinoma should always be considered as a main differential diagnosis of atypical/malignant-looking spindle cell proliferations of the breast.
- A diagnosis of metaplastic spindle cell carcinoma can be rendered based on the presence of any evidence of epithelial differentiation by histopathological and/or immunohistochemical analysis.

Thank You