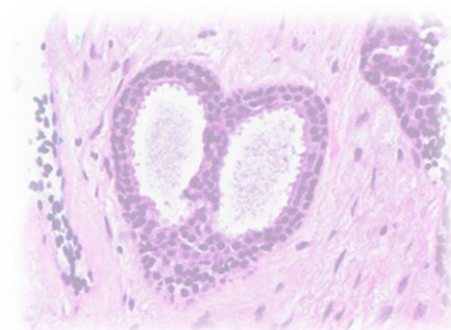
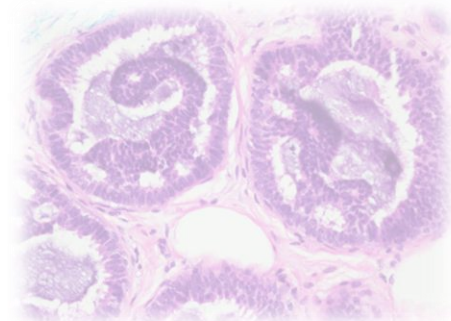
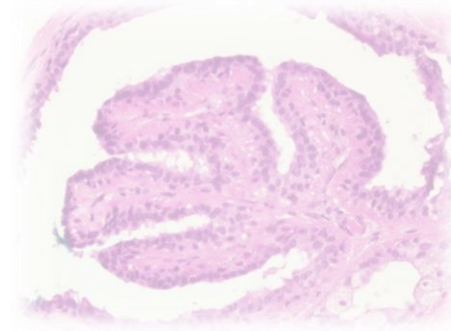
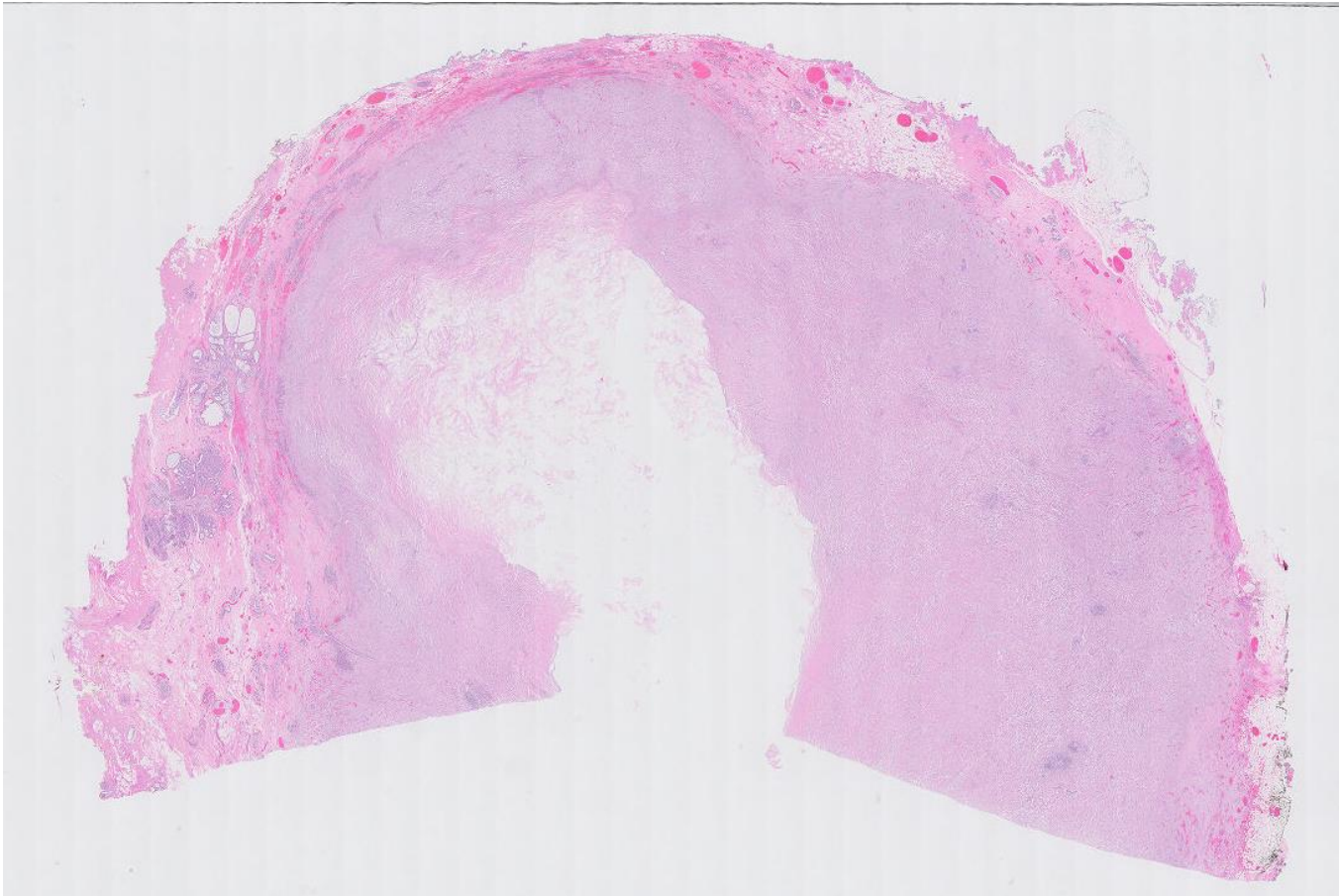


## Case 28

49 year old Indian female.  
Excision biopsy of a right breast 3  
o'clock lump.

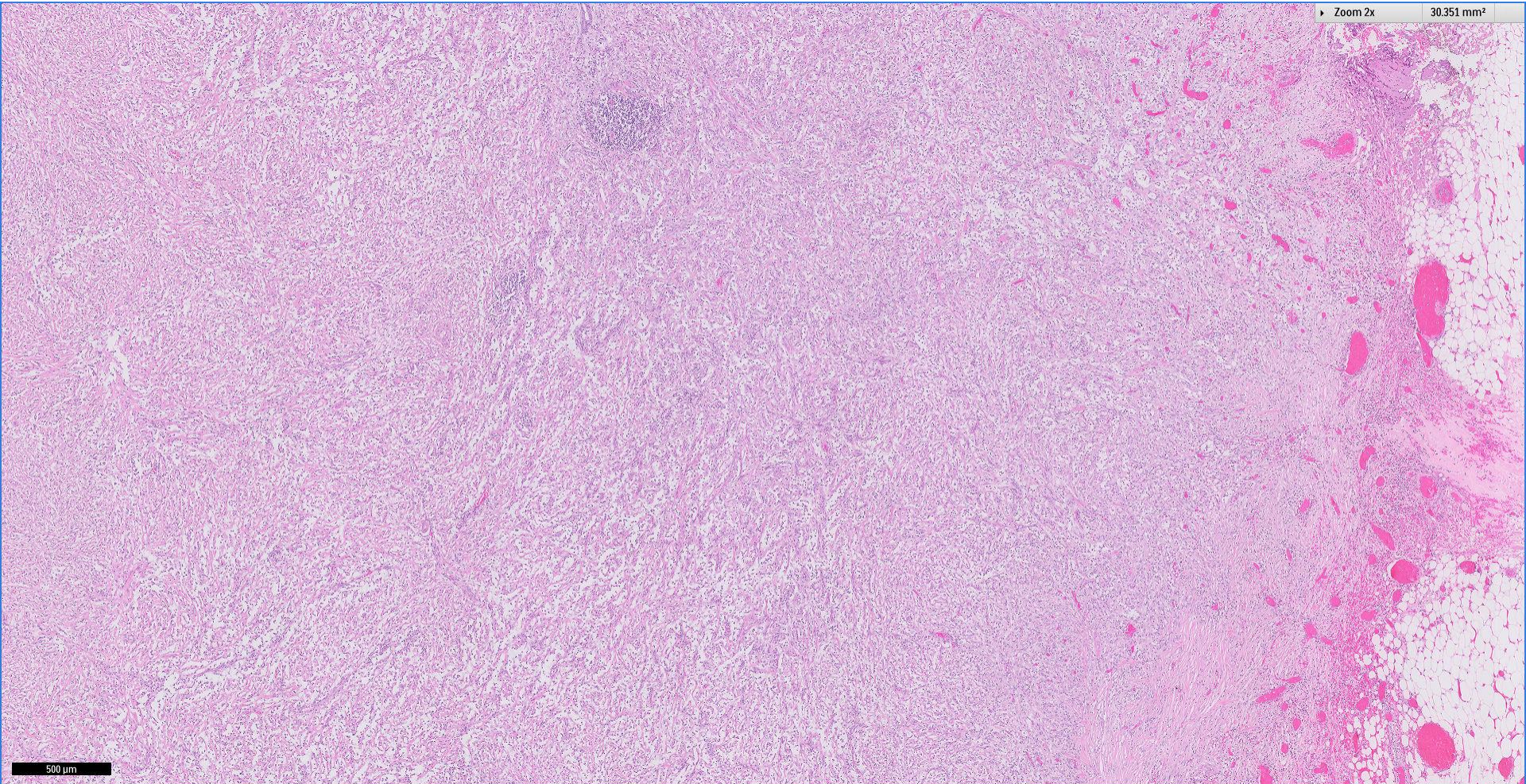




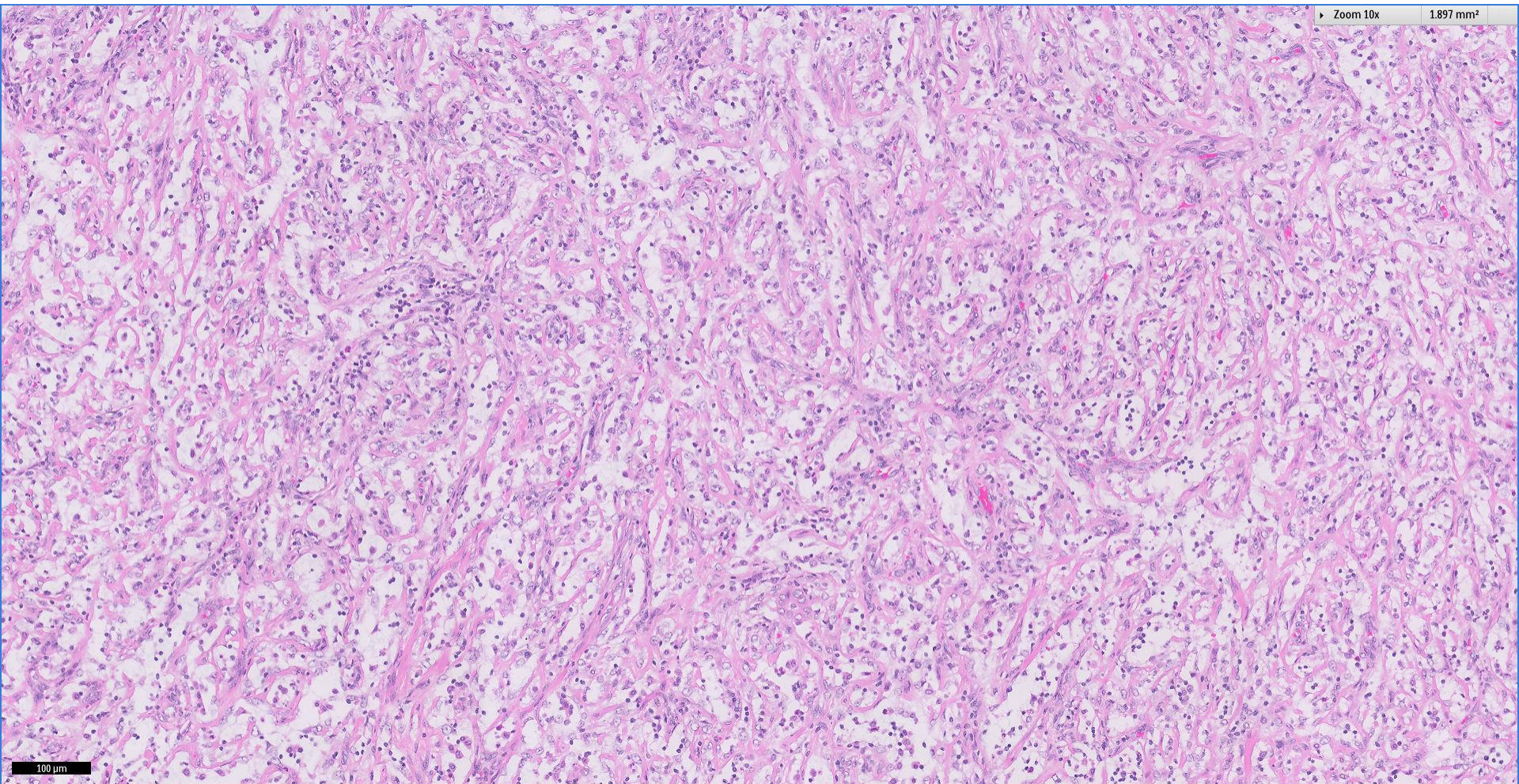
Division of Pathology  
Singapore General Hospital



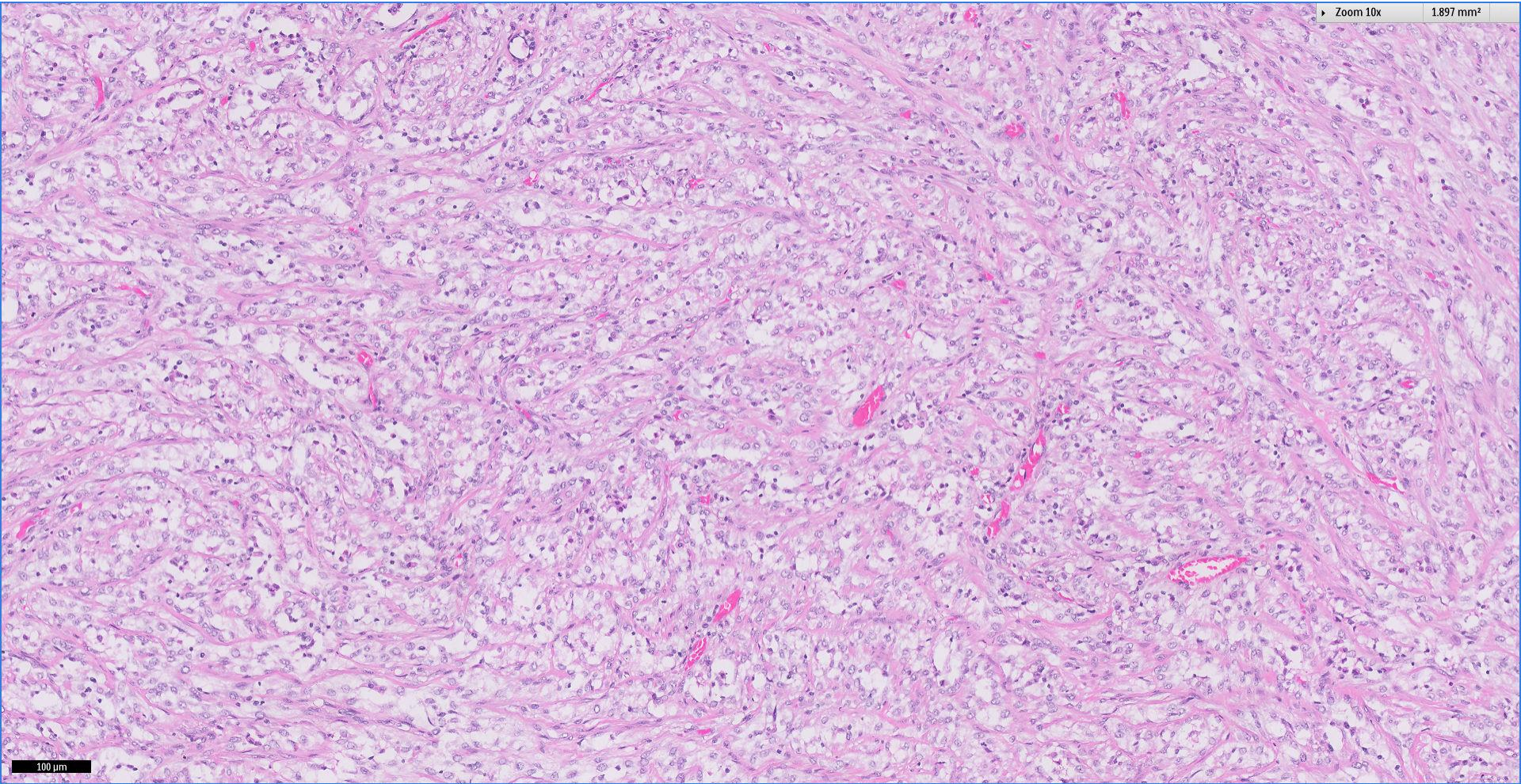












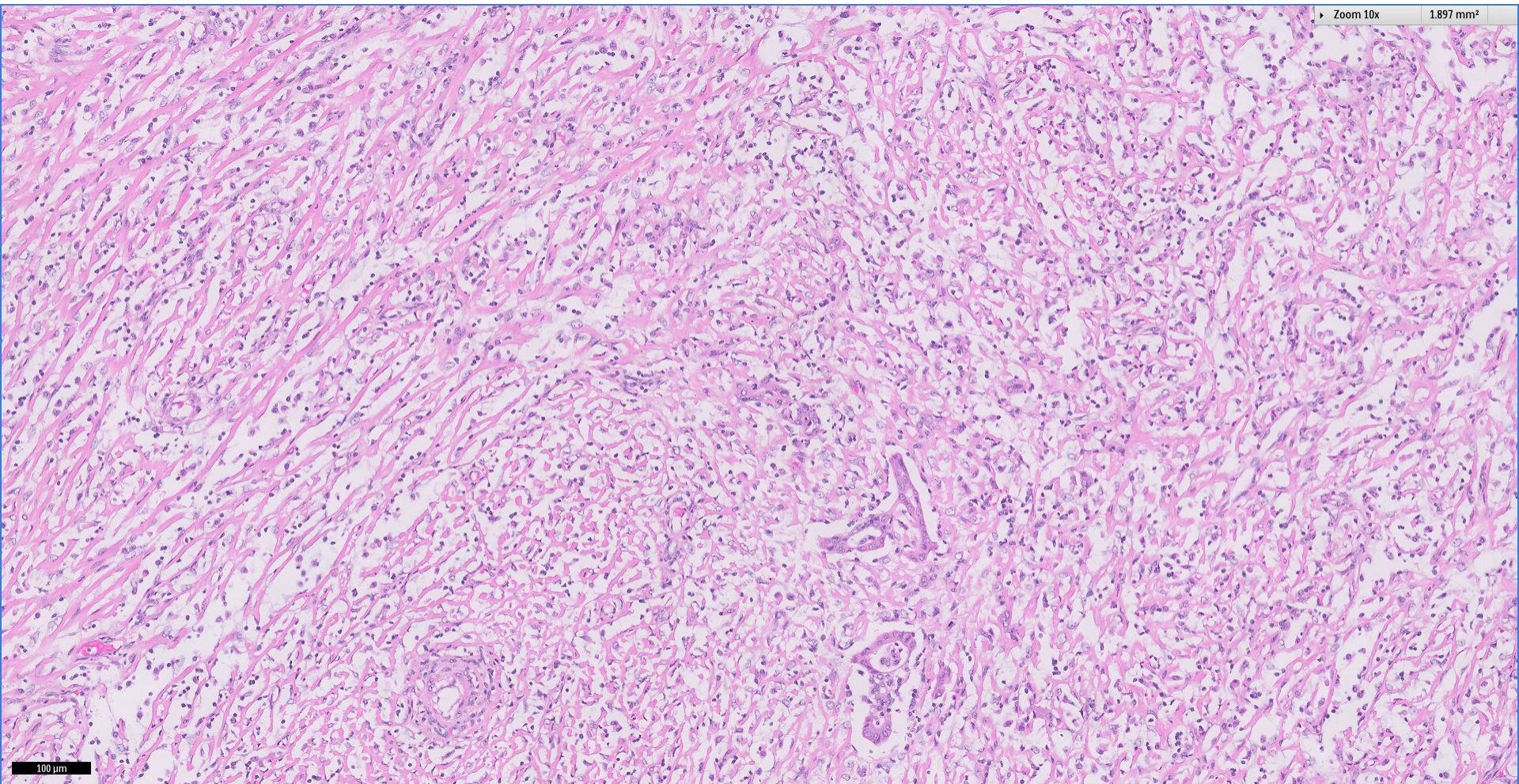
100 µm



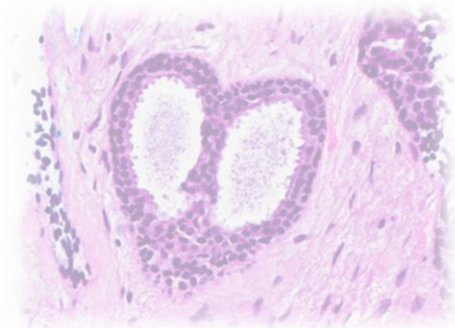
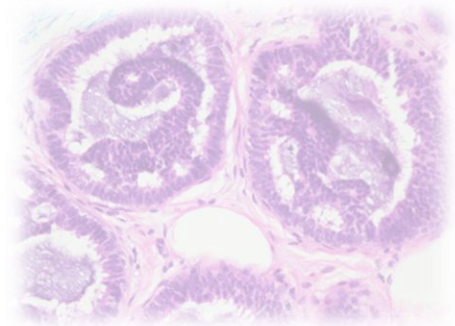
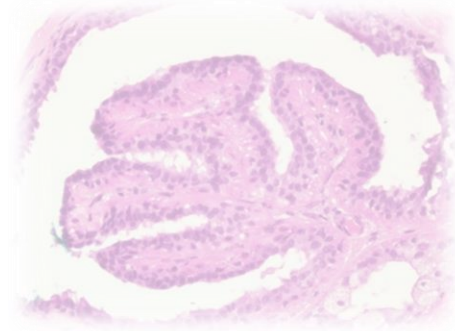
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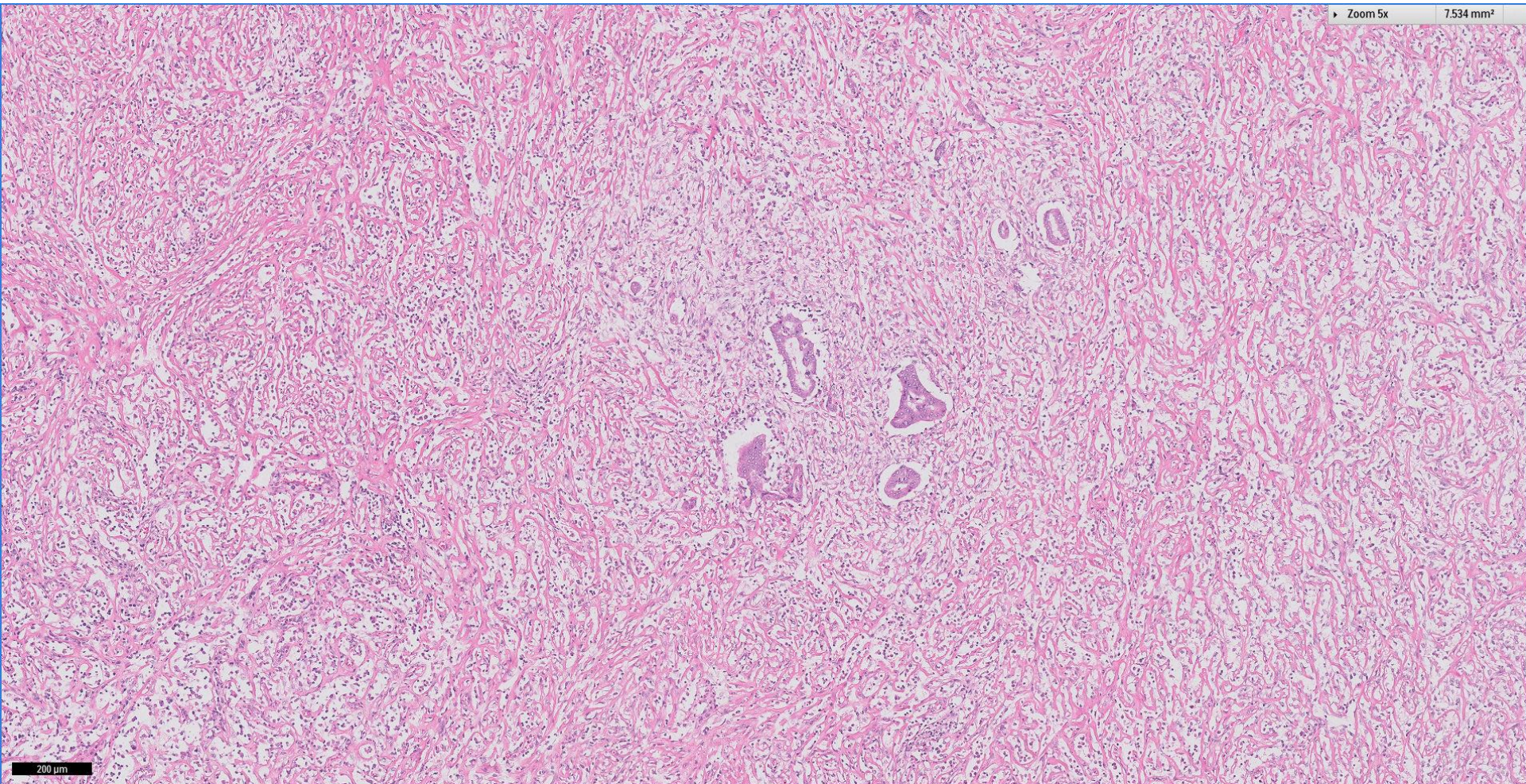






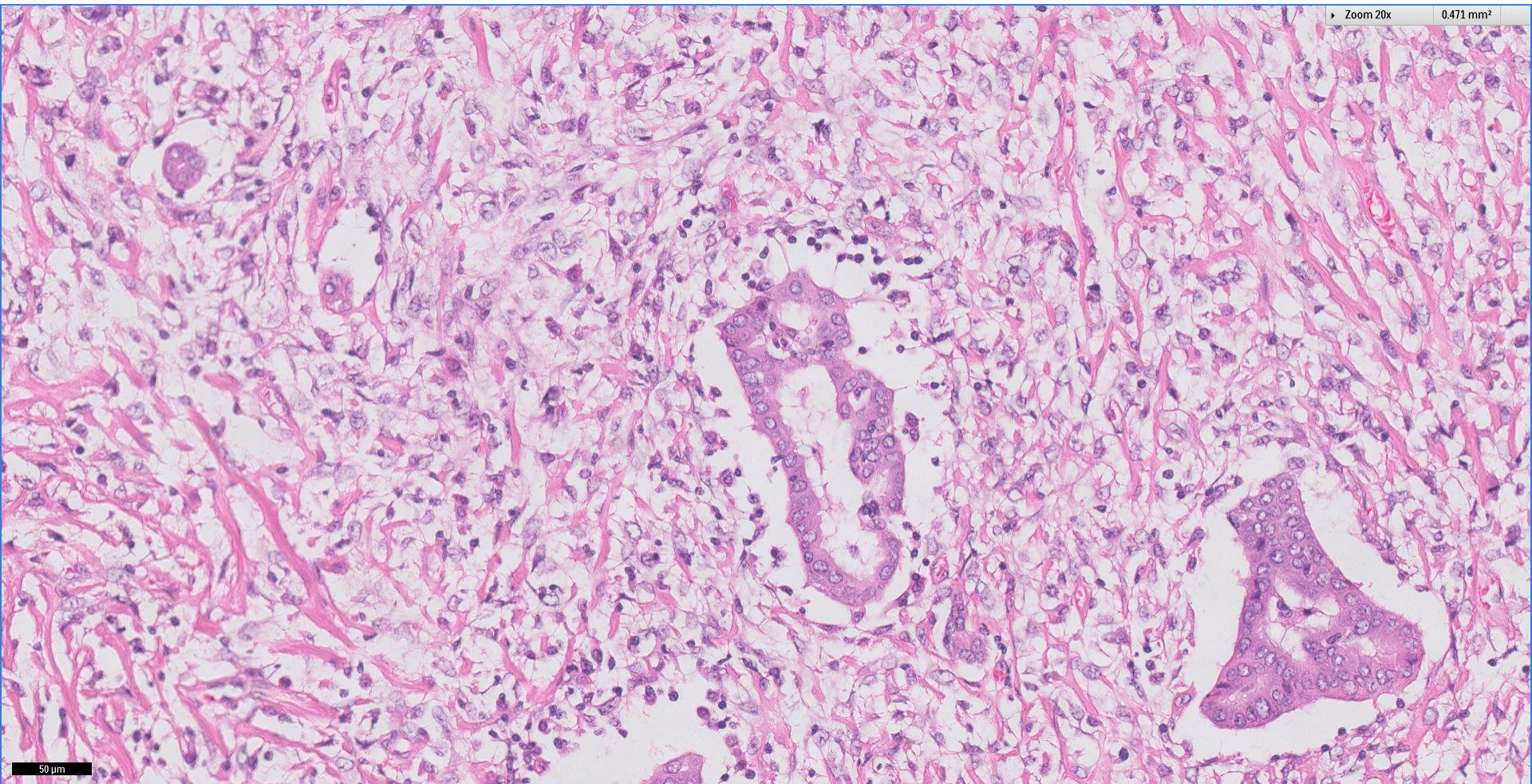
# *Additional pictures*





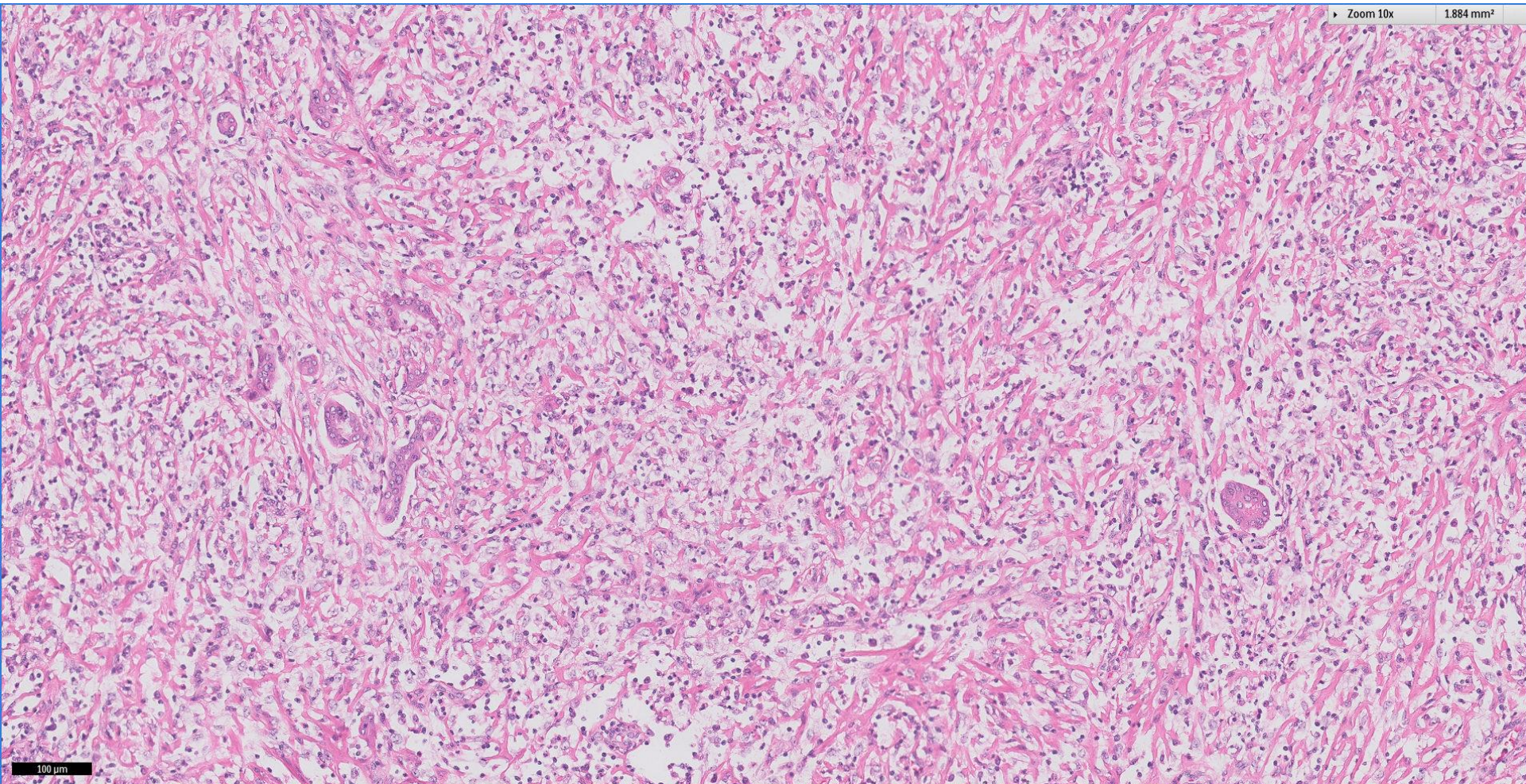
200 µm





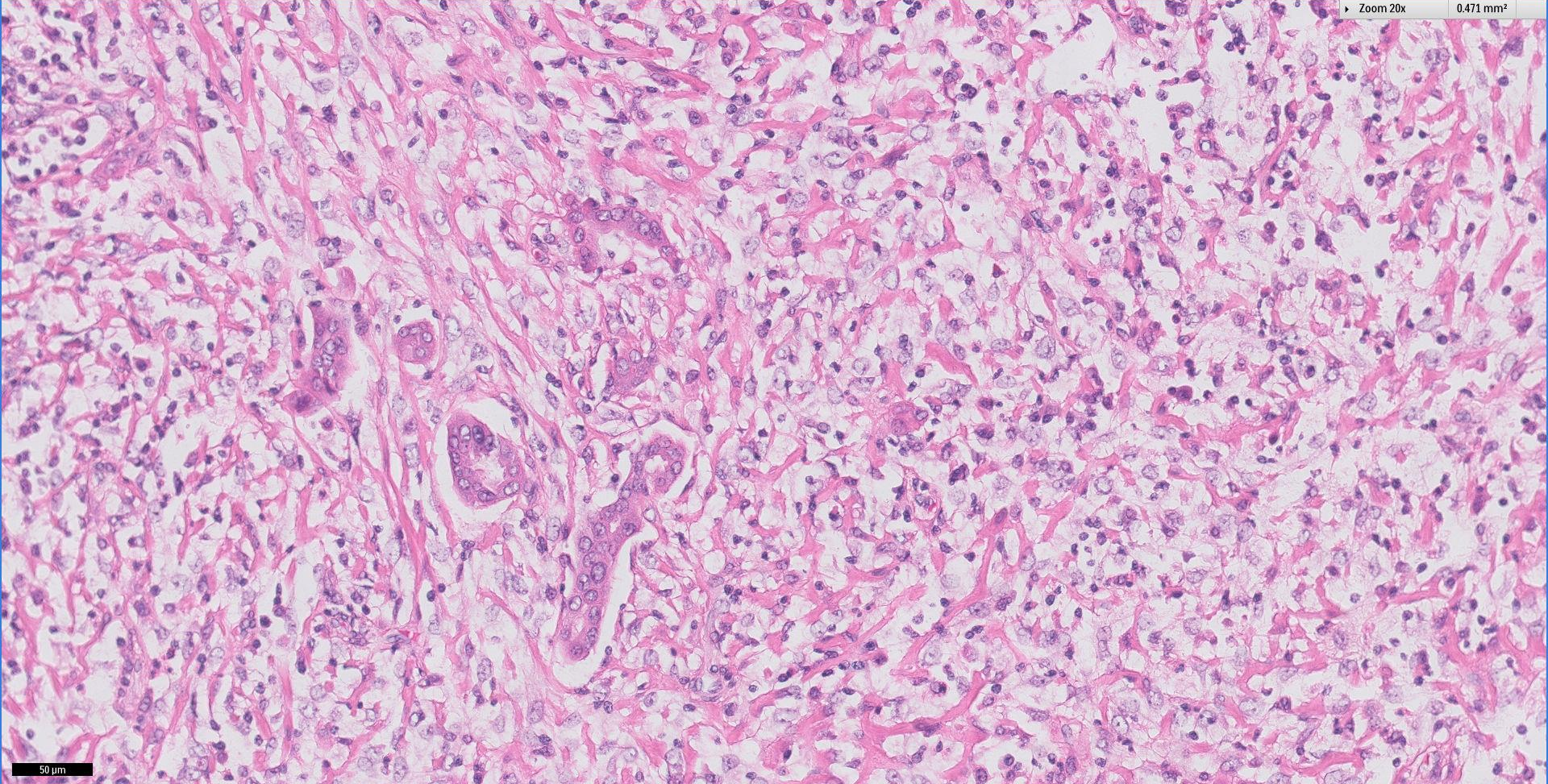
50 μm





100 µm





50 µm



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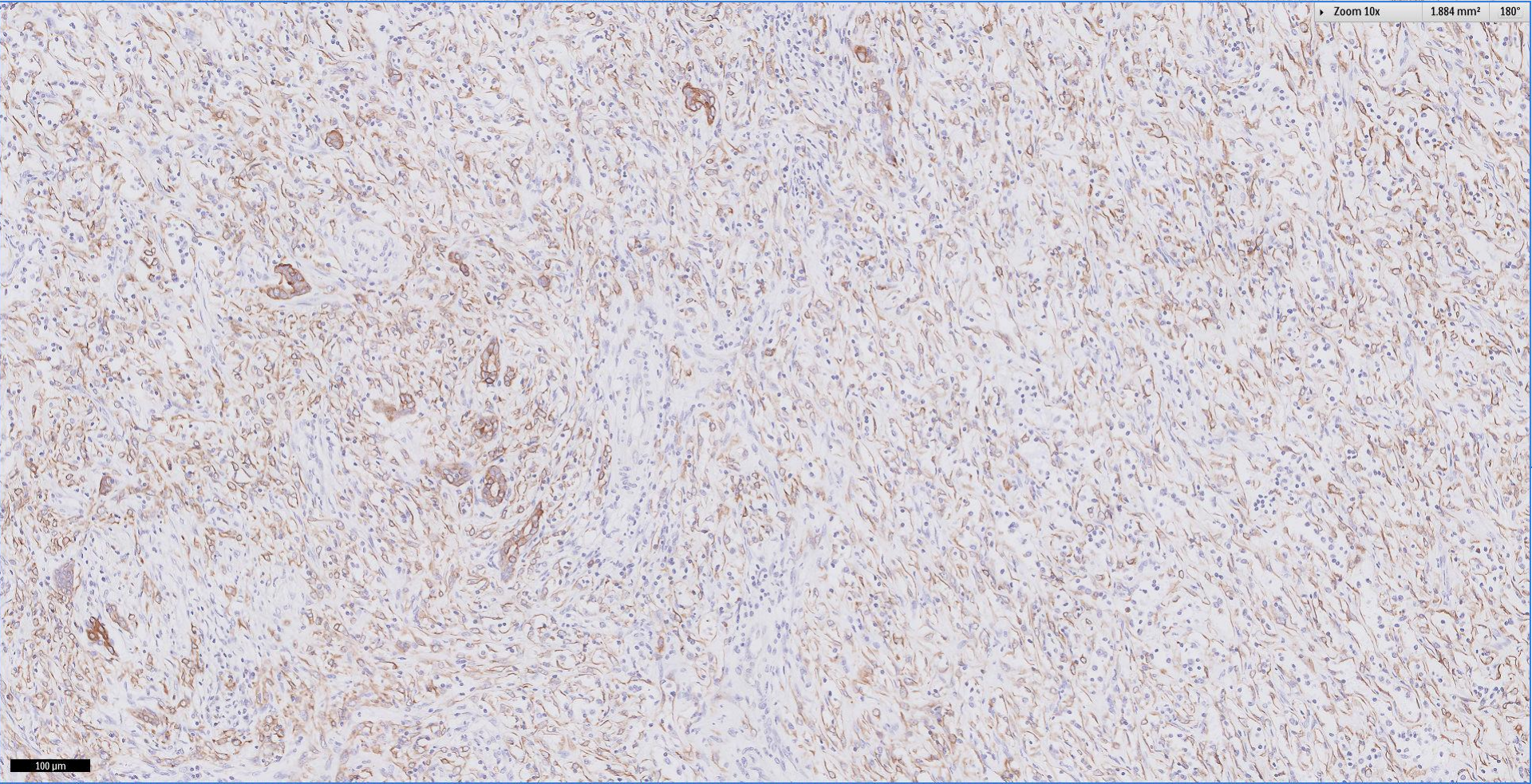




MNF116

Zoom 0.5x 482.181 mm<sup>2</sup>

Zoom 10x 1.884 mm<sup>2</sup> 180°



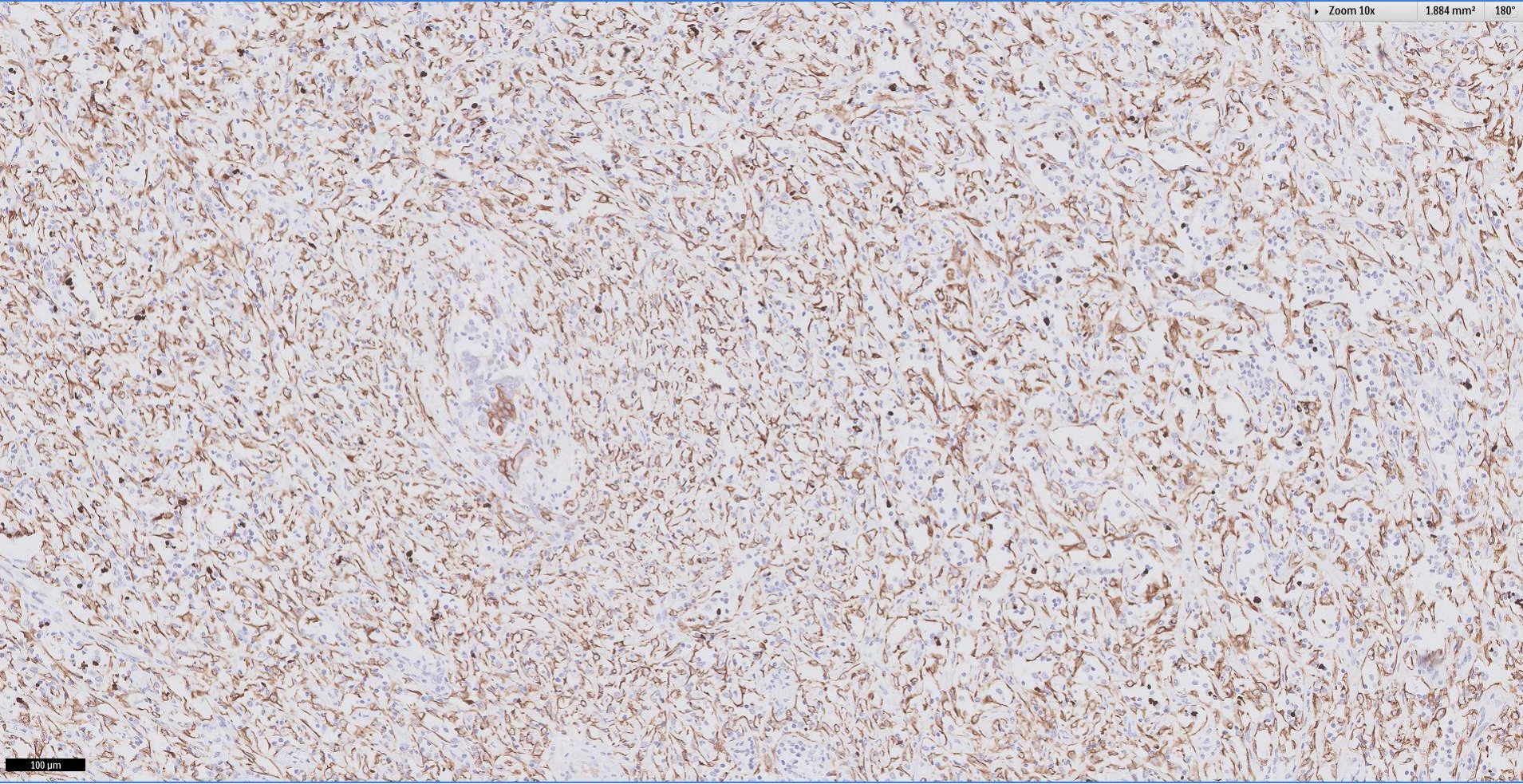
100 μm



CK5/6

Zoom 0.5x 482.181 mm<sup>2</sup> 180°

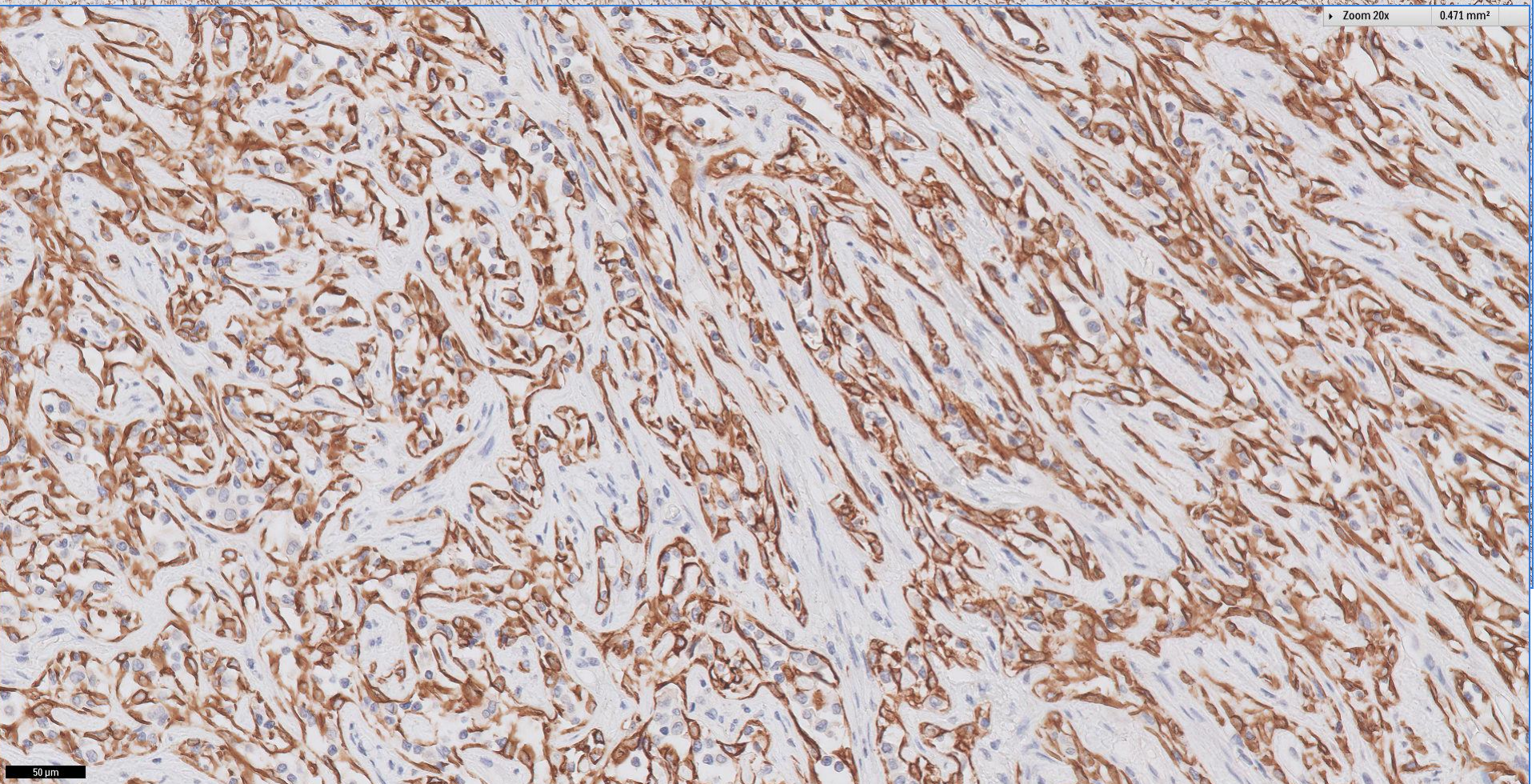
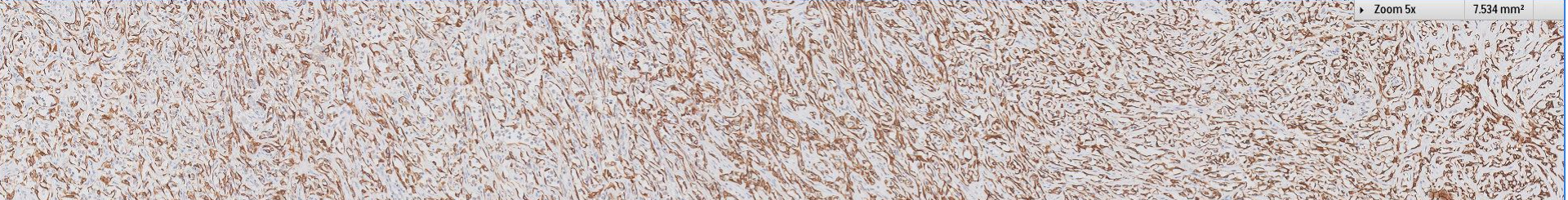
Zoom 10x 1.884 mm<sup>2</sup> 180°



100 μm

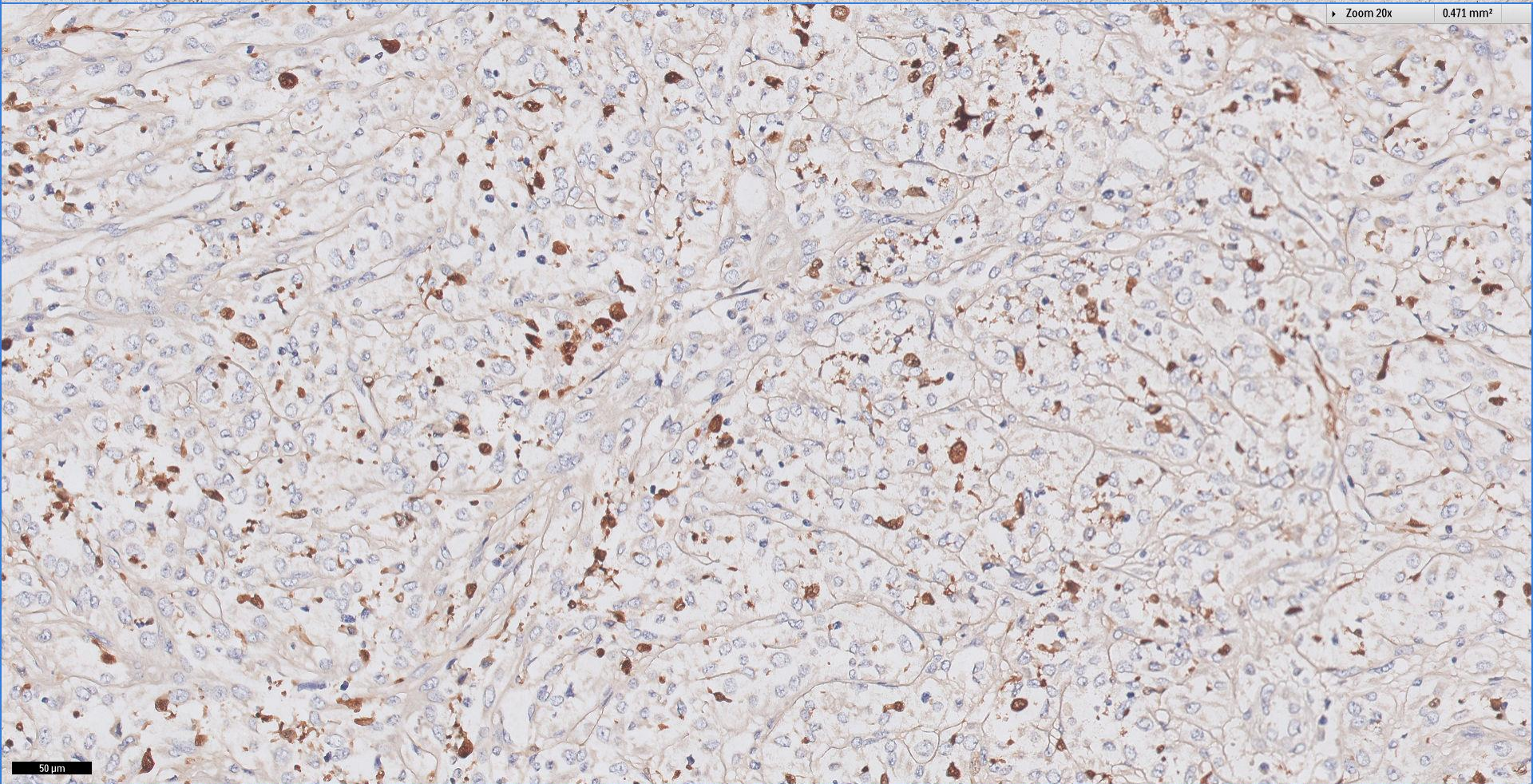


# CK14





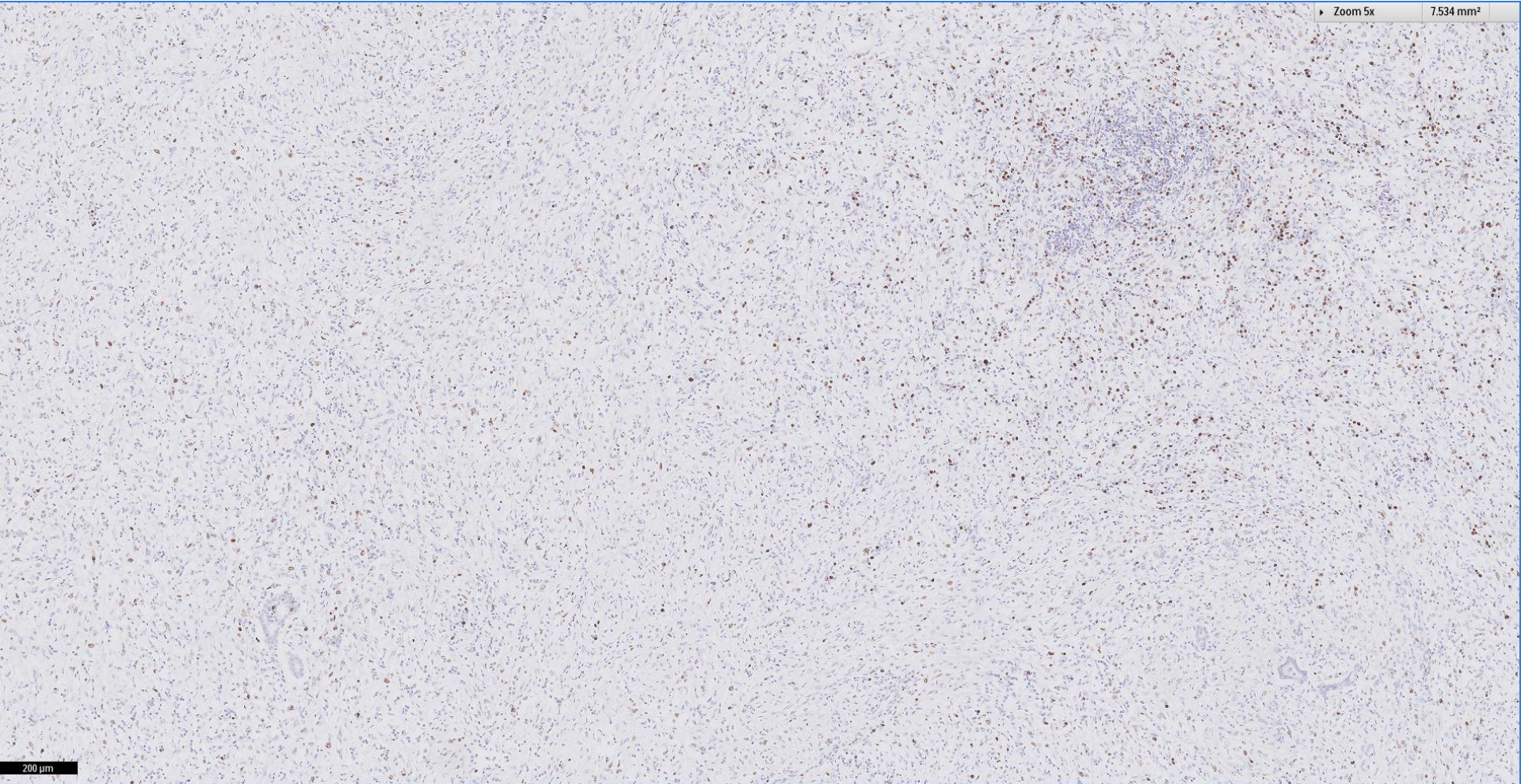
S100





# Ki67

Zoom 5x 7.534 mm<sup>2</sup>



200 μm



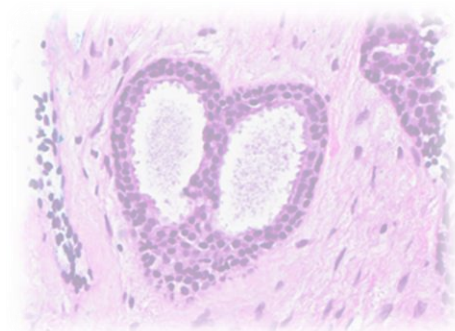
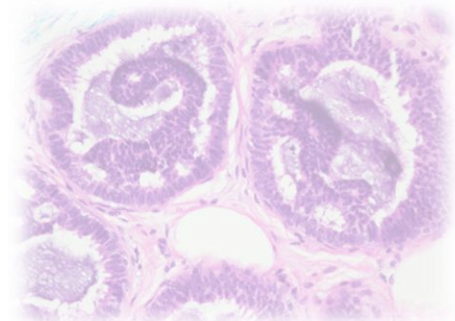
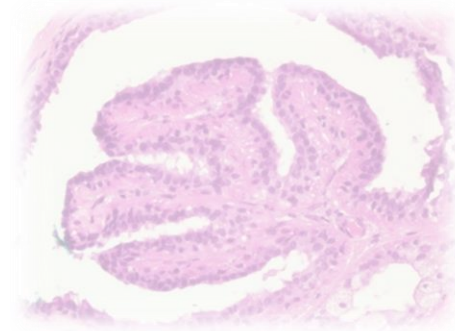
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# Diagnosis, case 28

- Right breast 3 o'clock lump, excision biopsy:  
Spindle cell metaplastic carcinoma, grade 2.  
ER-, PR-, cerbB2-.





# *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*

- 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*