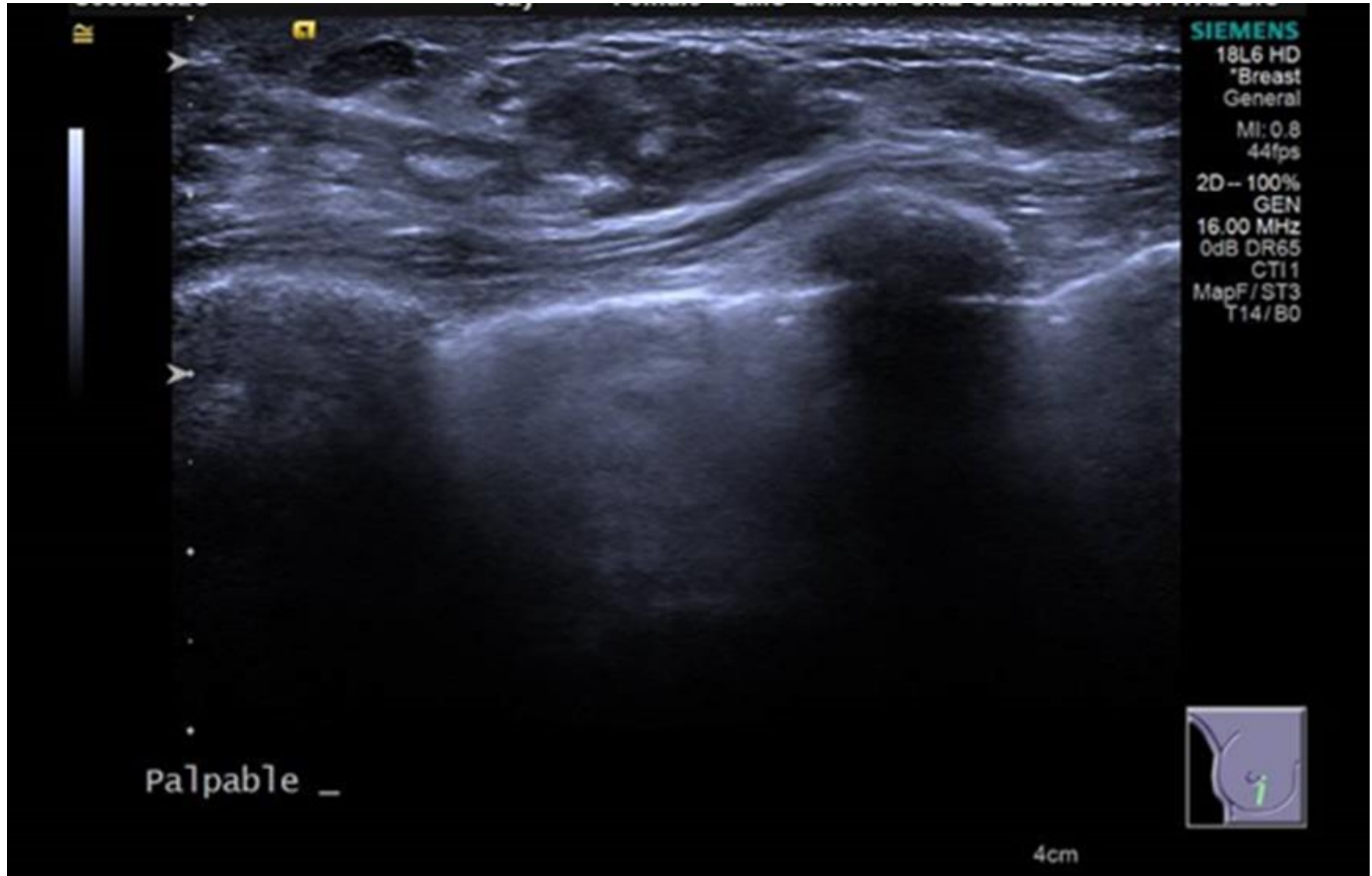
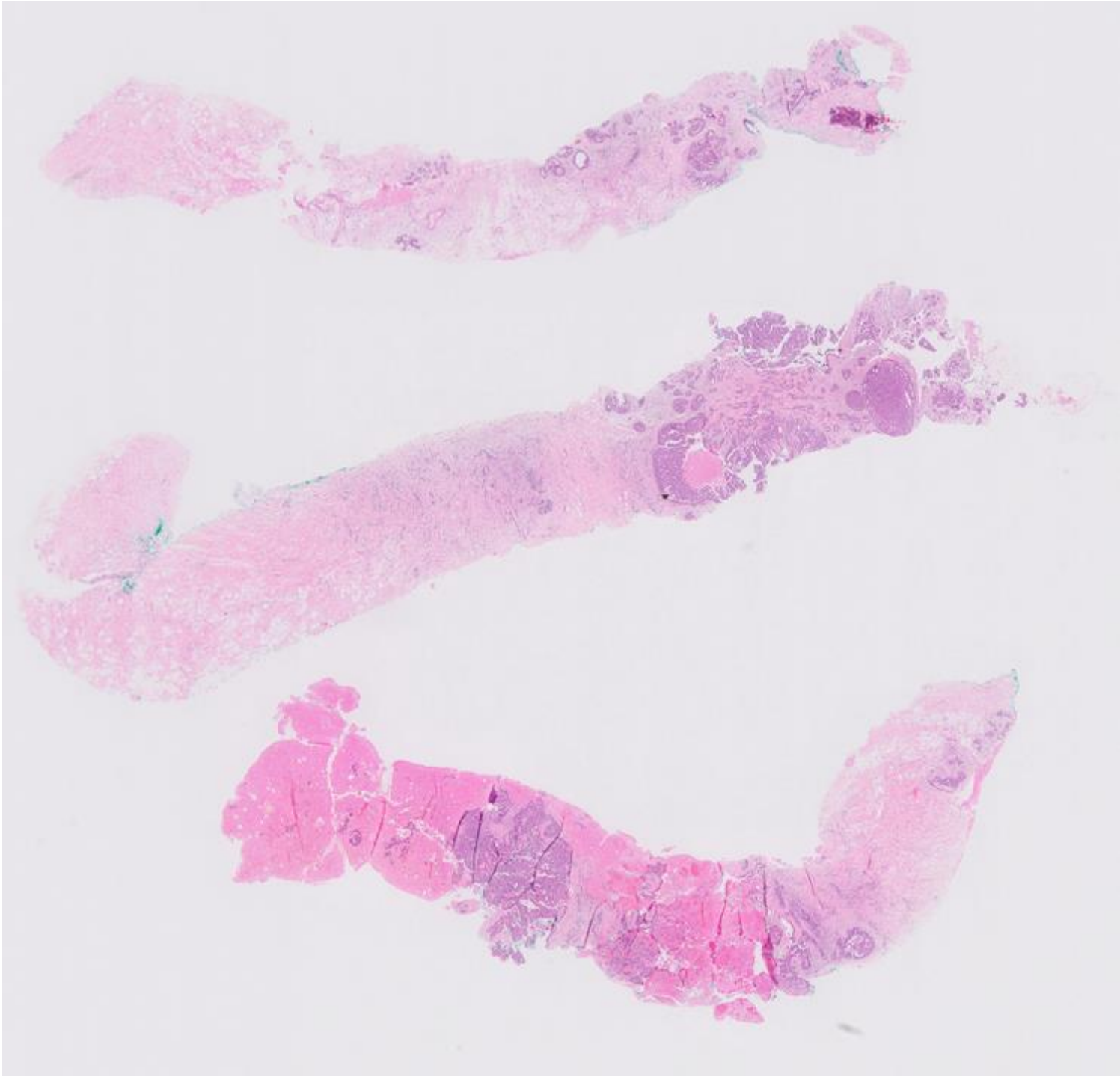
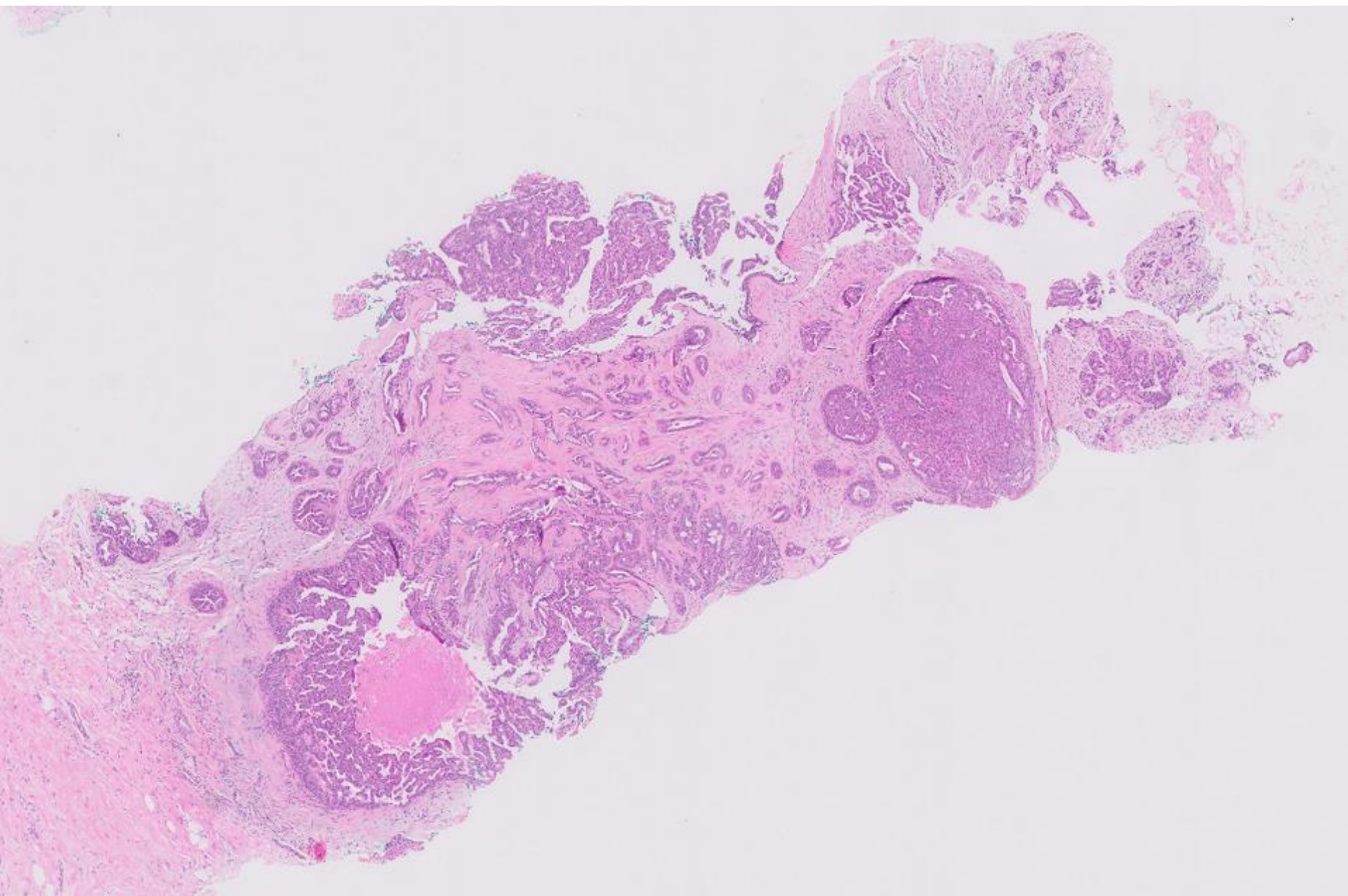


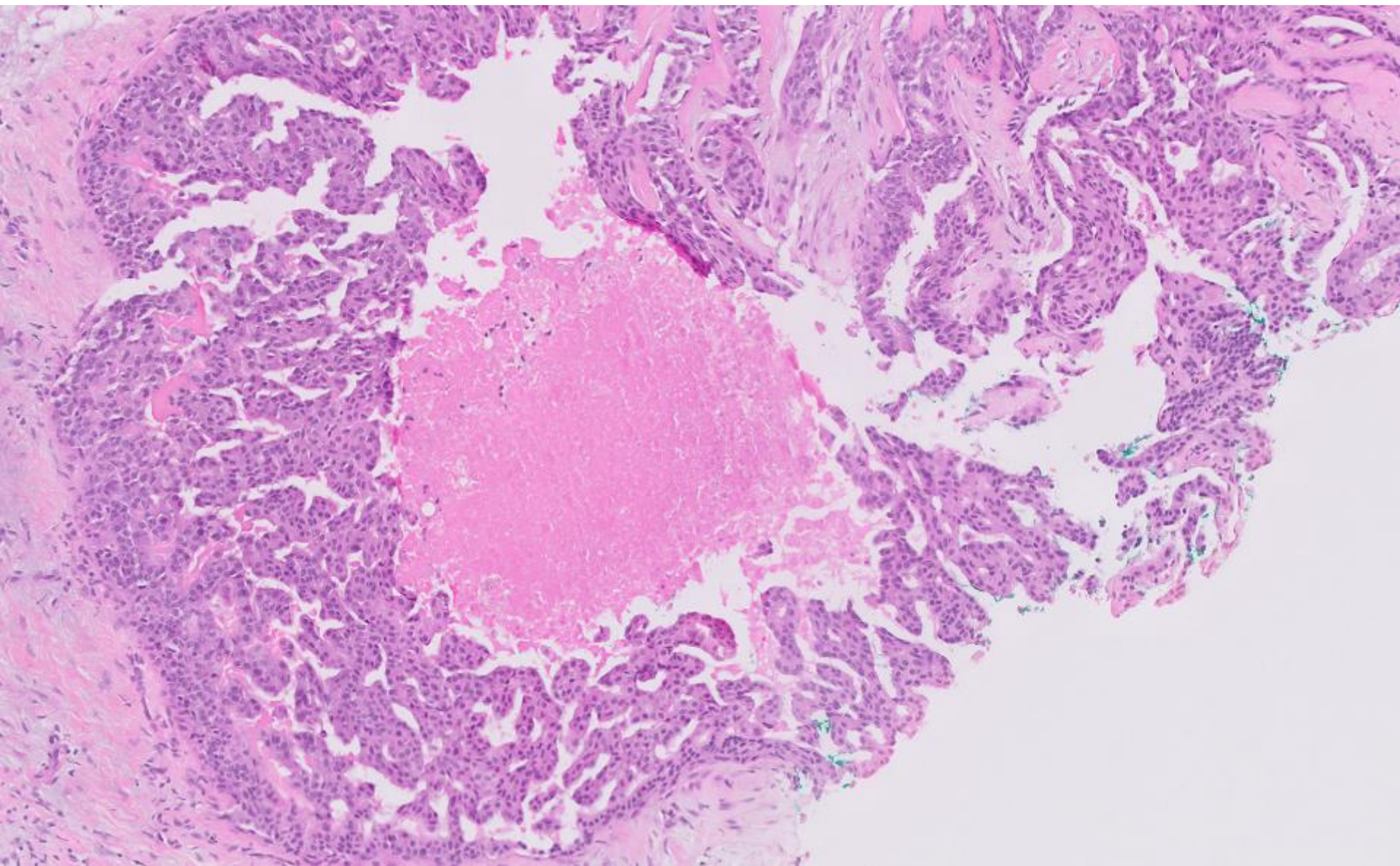
- 30 yo Female
- Presented with 2 week history of right nipple discharge
- Yellowish, non-bloody
- Associated with a palpable lump

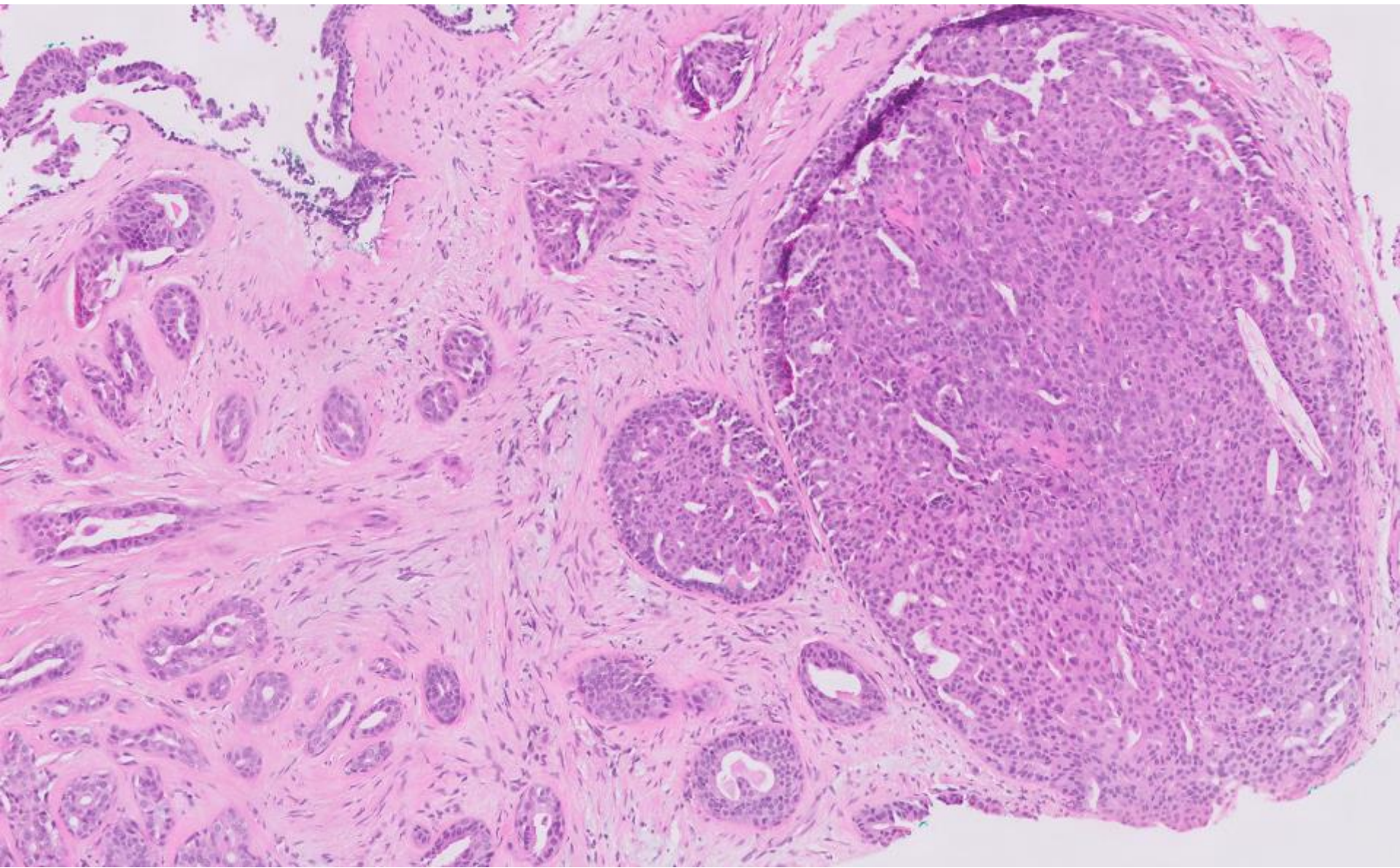
Right breast ultrasound shows a palpable, vascular lesion with ill-defined margins at the 5 o'clock position. BIRADS 4. There are two other benign-appearing nodules at the sub/peri-areolar at 3-4 o'clock position which are stable in size.

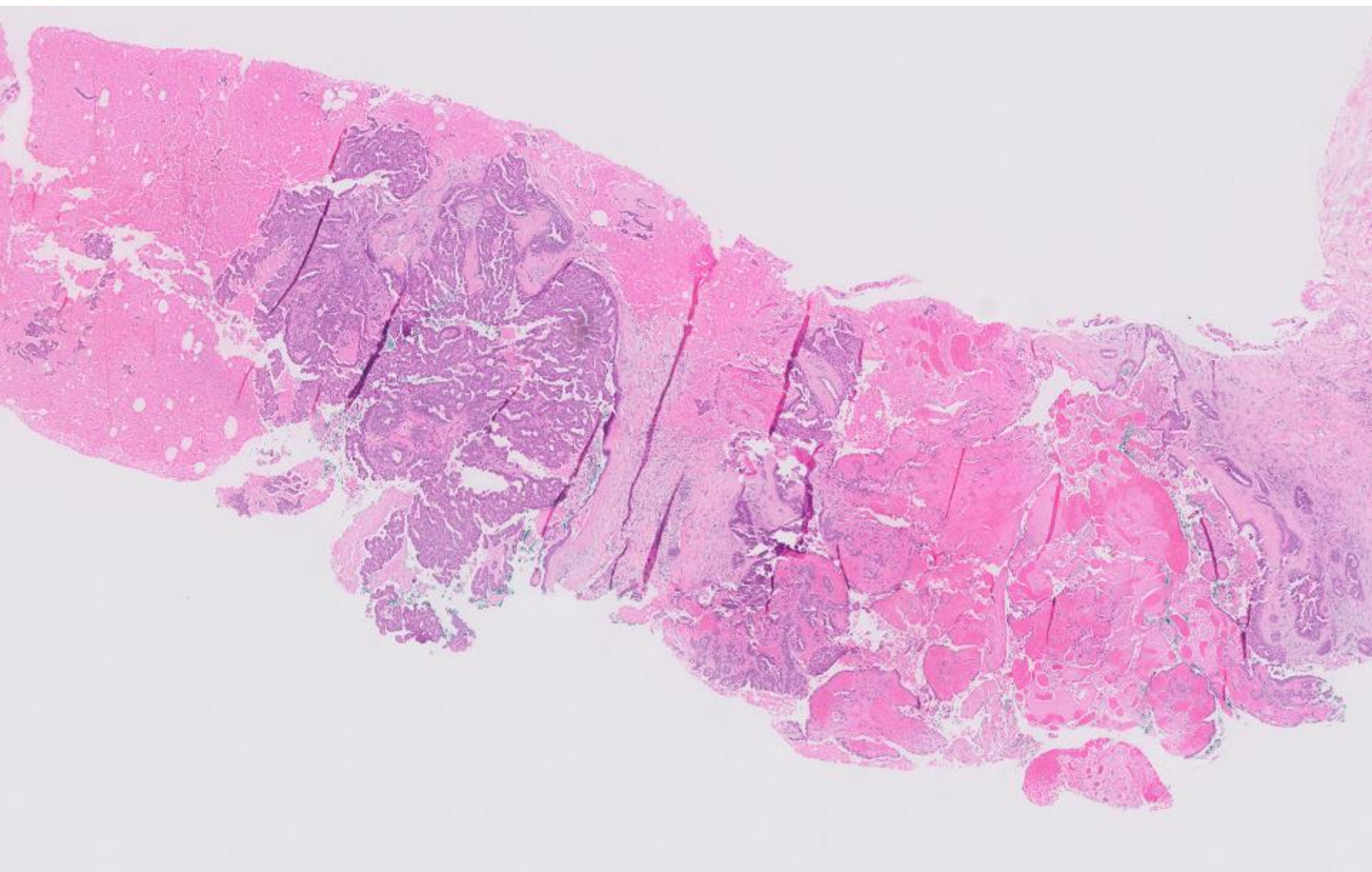


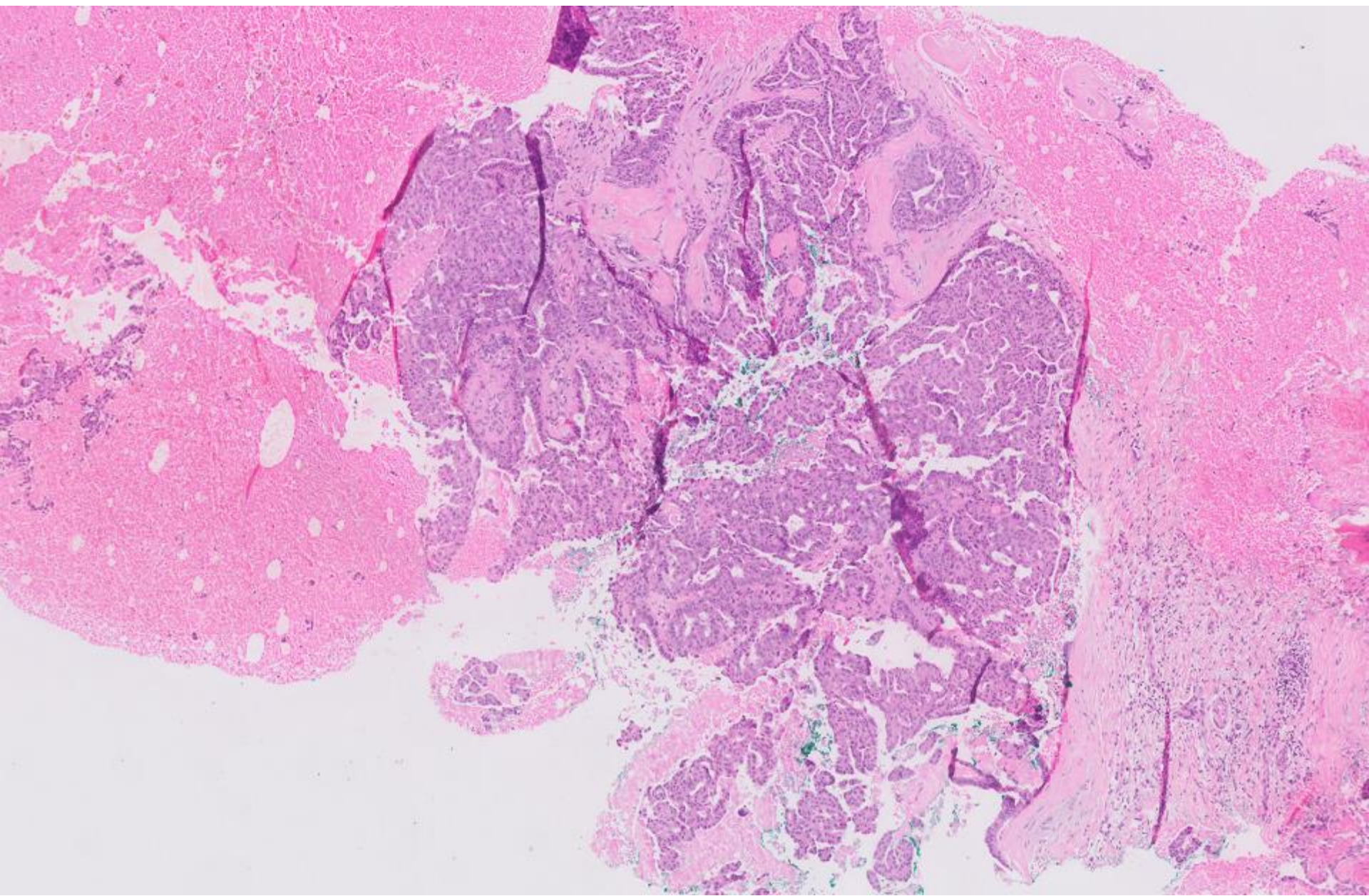


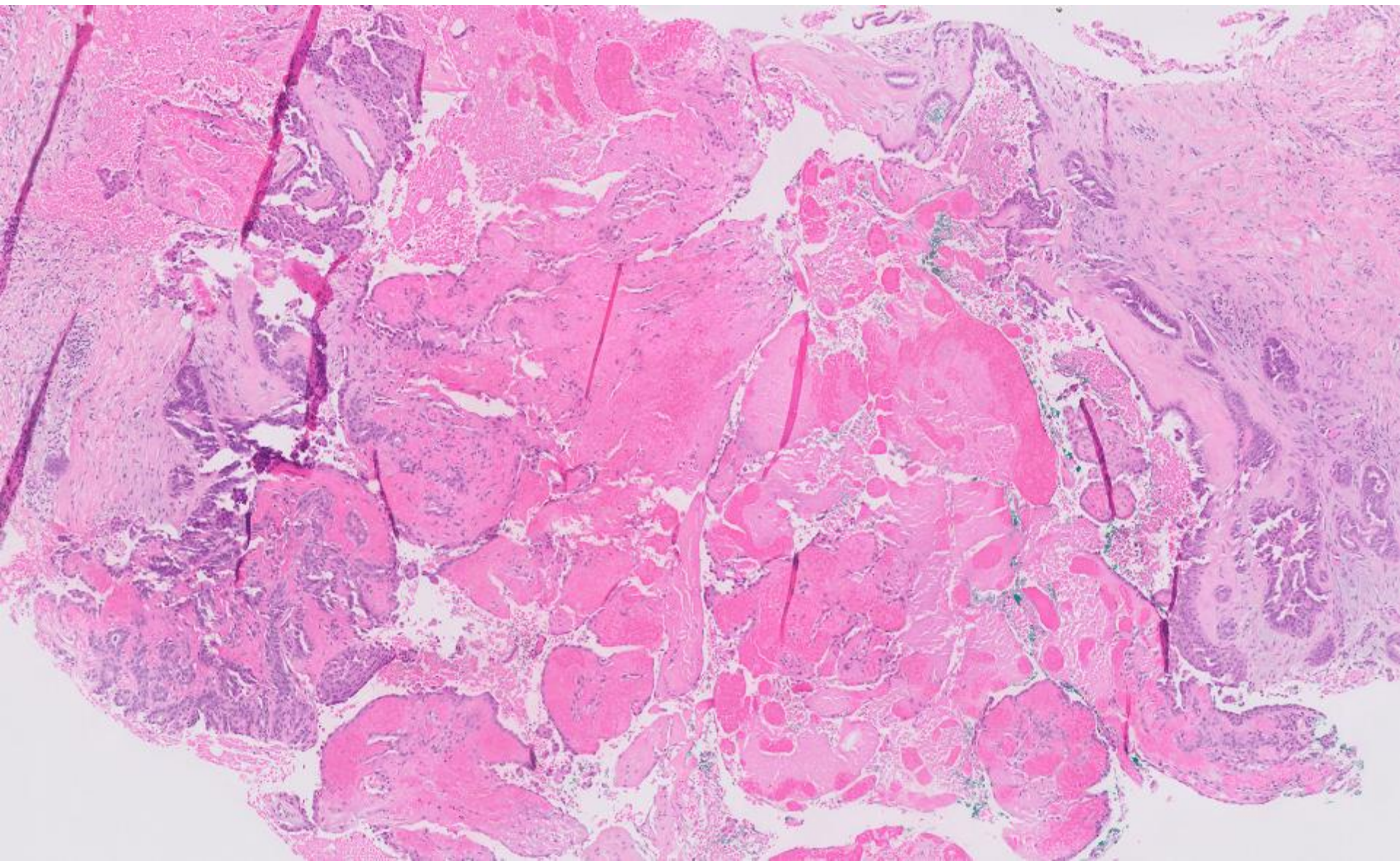












Question 10.1

What is your diagnosis?

- A. Benign intraductal papilloma
- B. Papilloma with DCIS
- C. Papillary DCIS
- D. Encapsulated papillary carcinoma
- E. Low grade adenosquamous carcinoma

Question 10.2

Would you recommend excision?

- A. Yes
- B. No

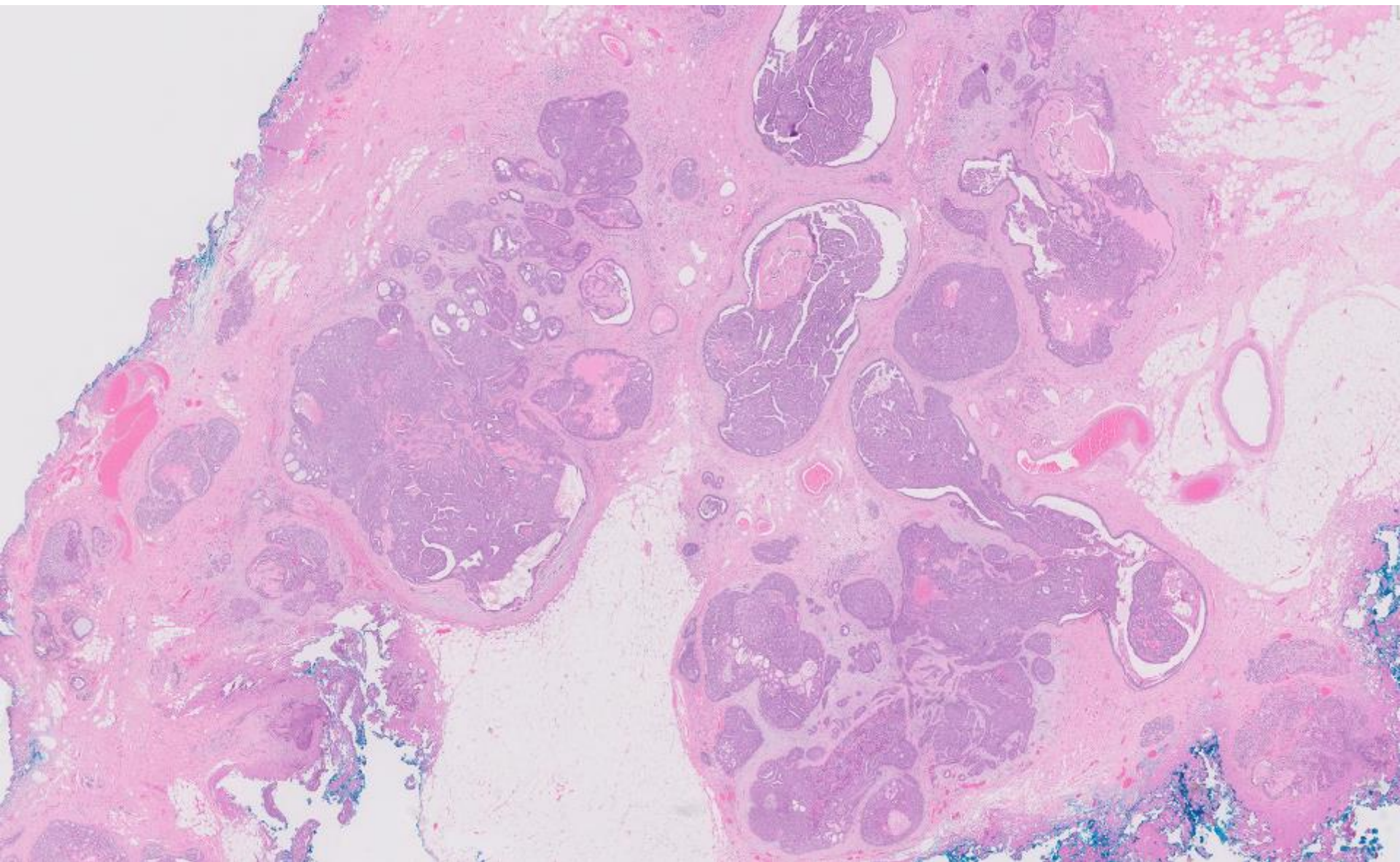
Diagnosis

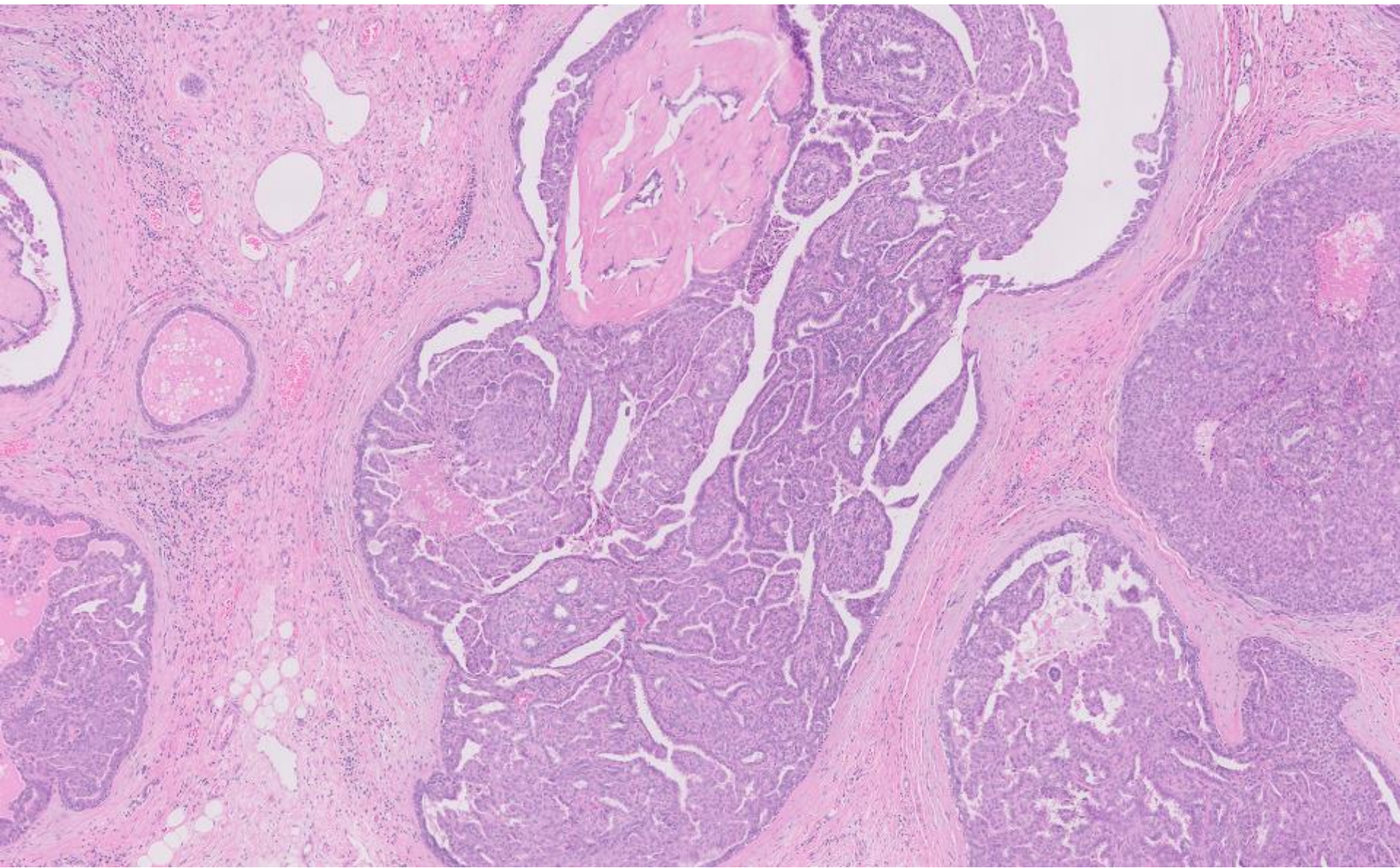
Right breast 4 o'clock mass biopsy:

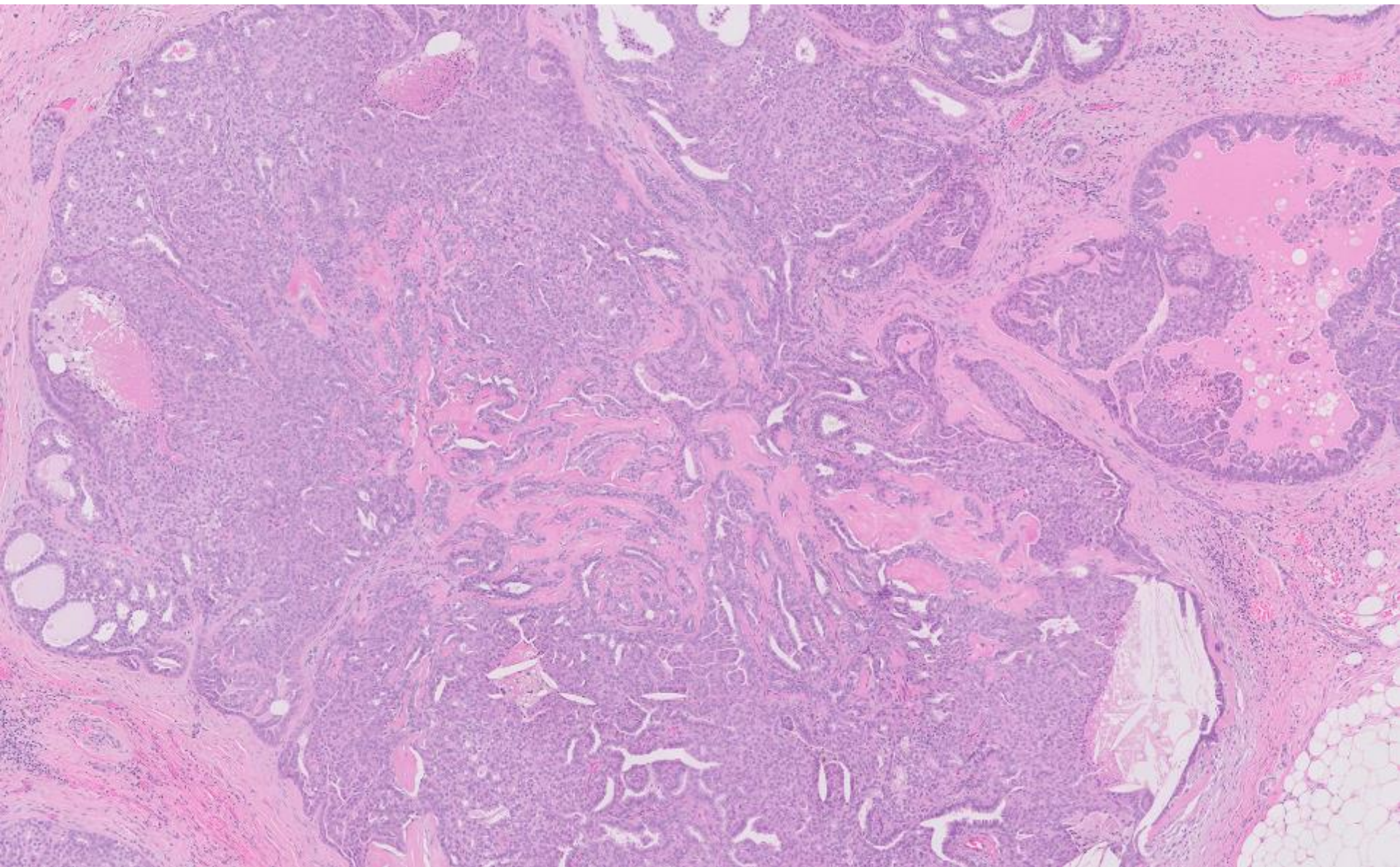
- Atypical papillary lesion (see comment).

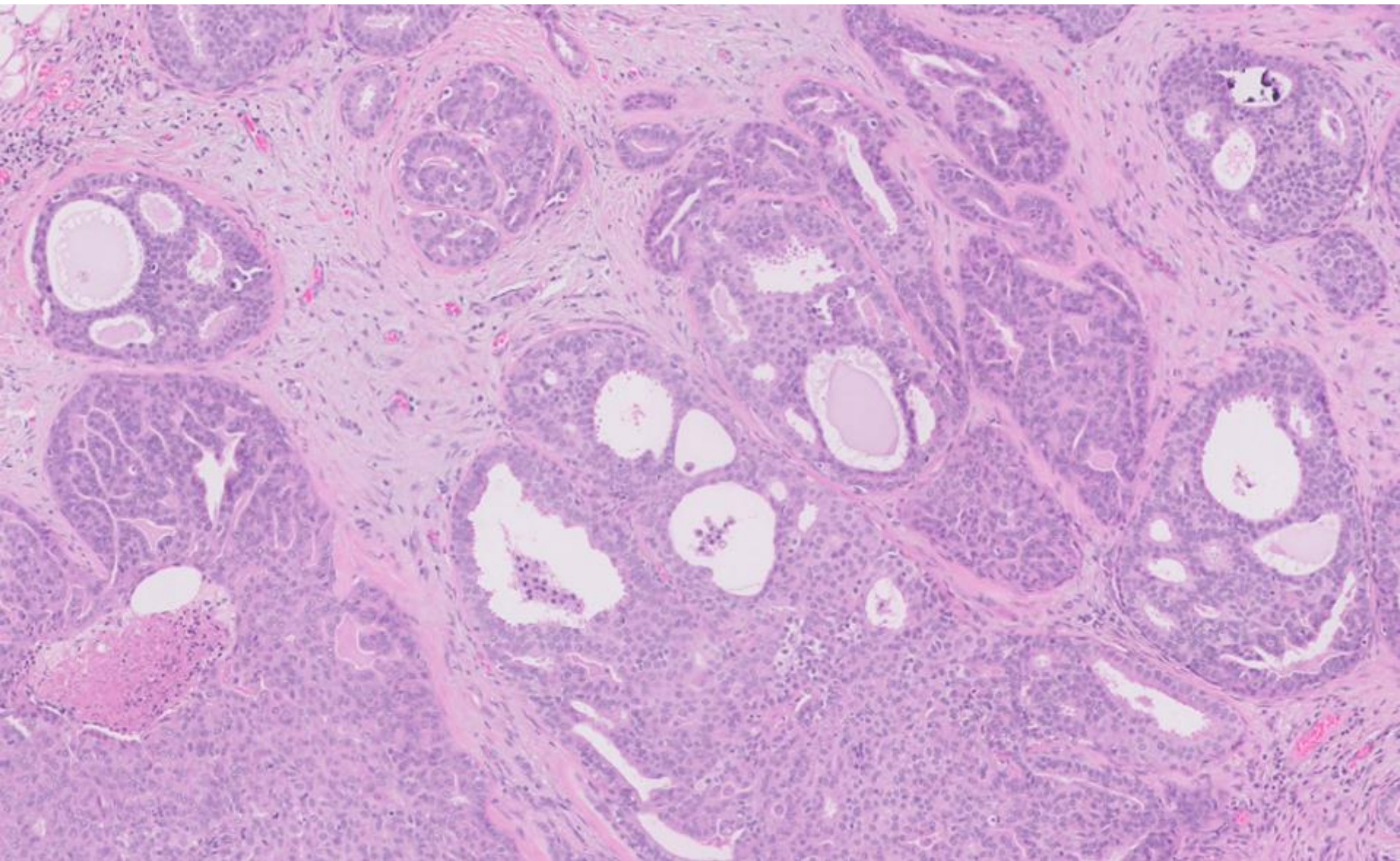
Comment: Please correlate with clinical and radiological findings. Sampling of the entire lesion is suggested for definitive diagnosis.

Excision performed

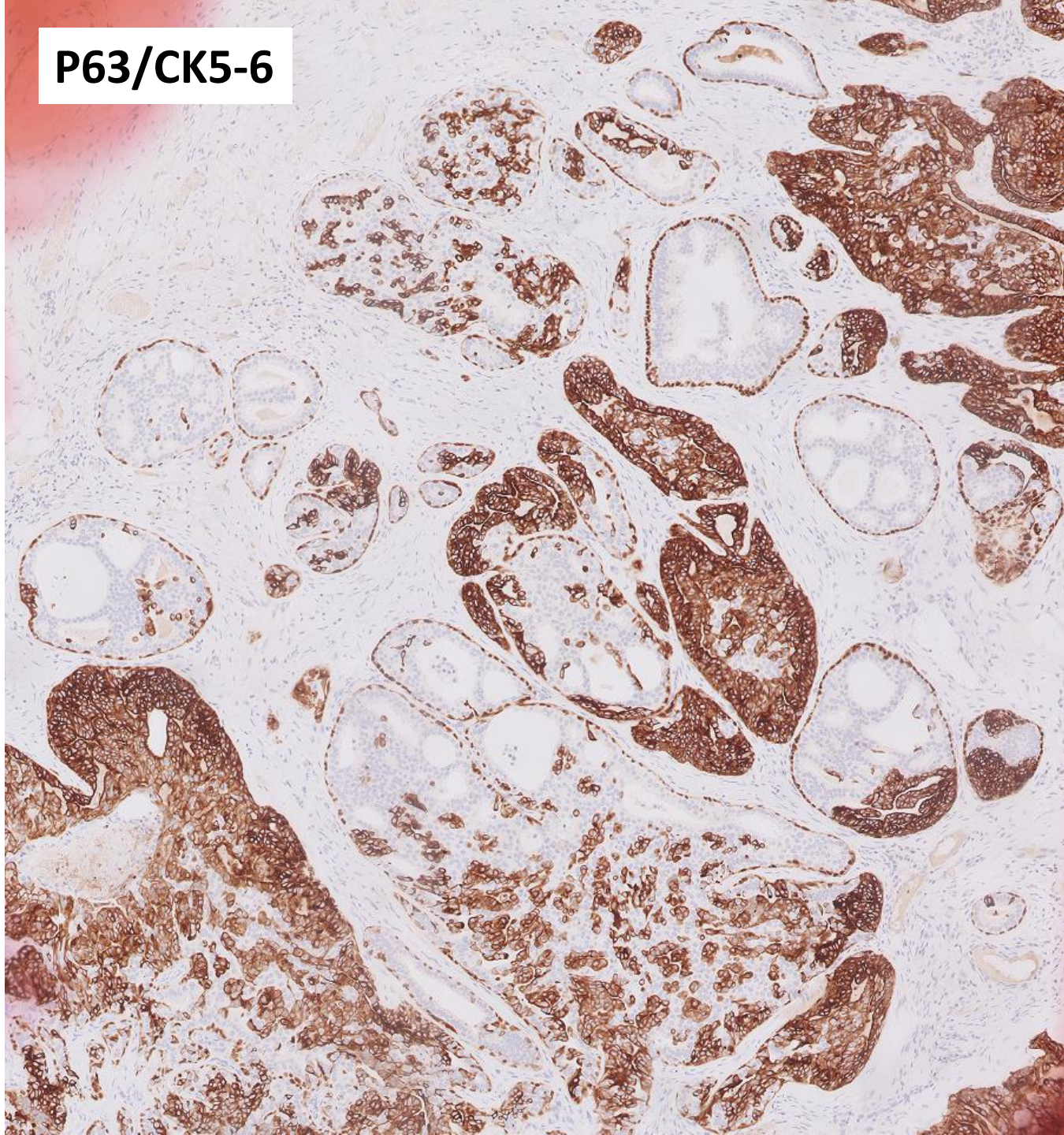




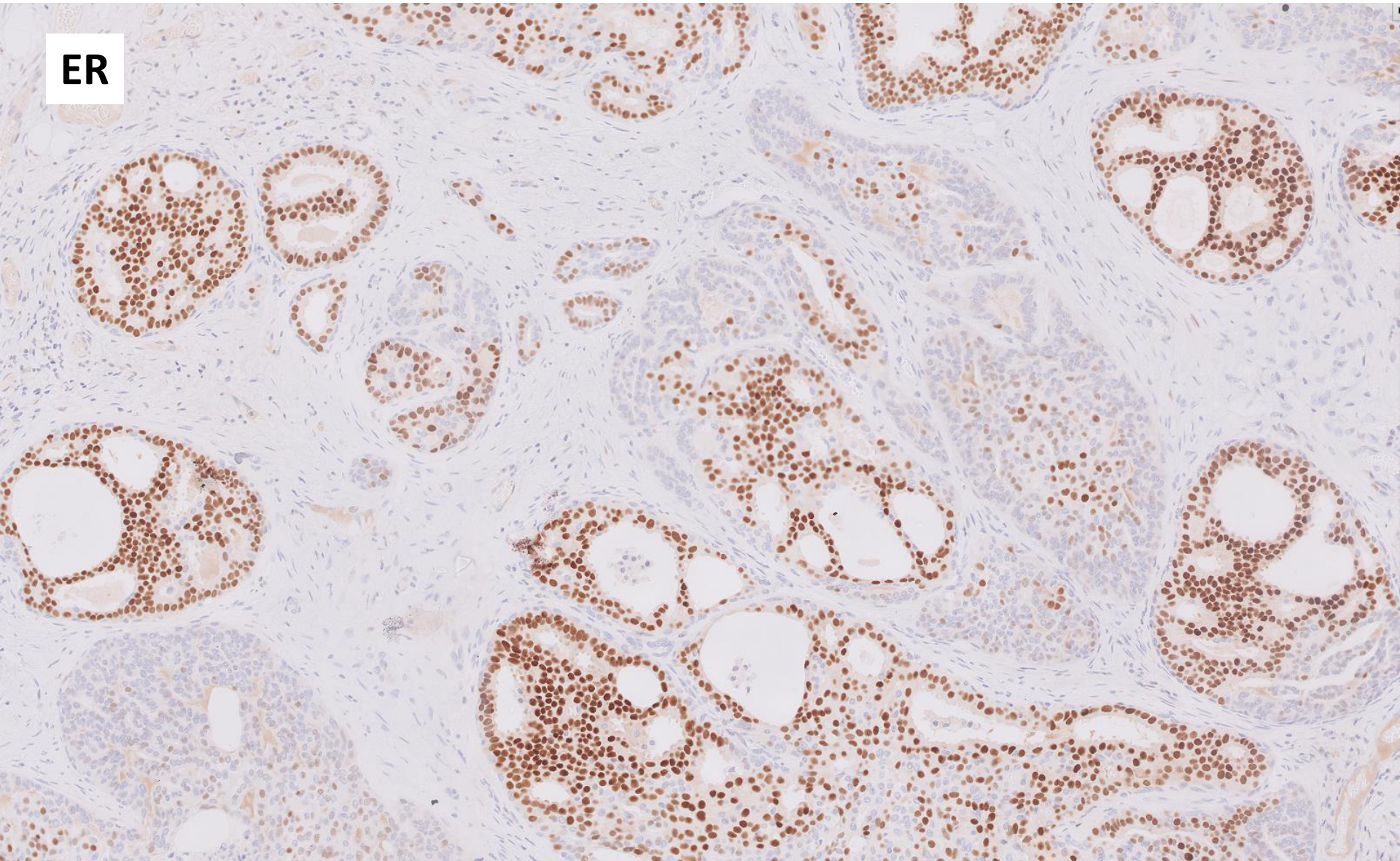




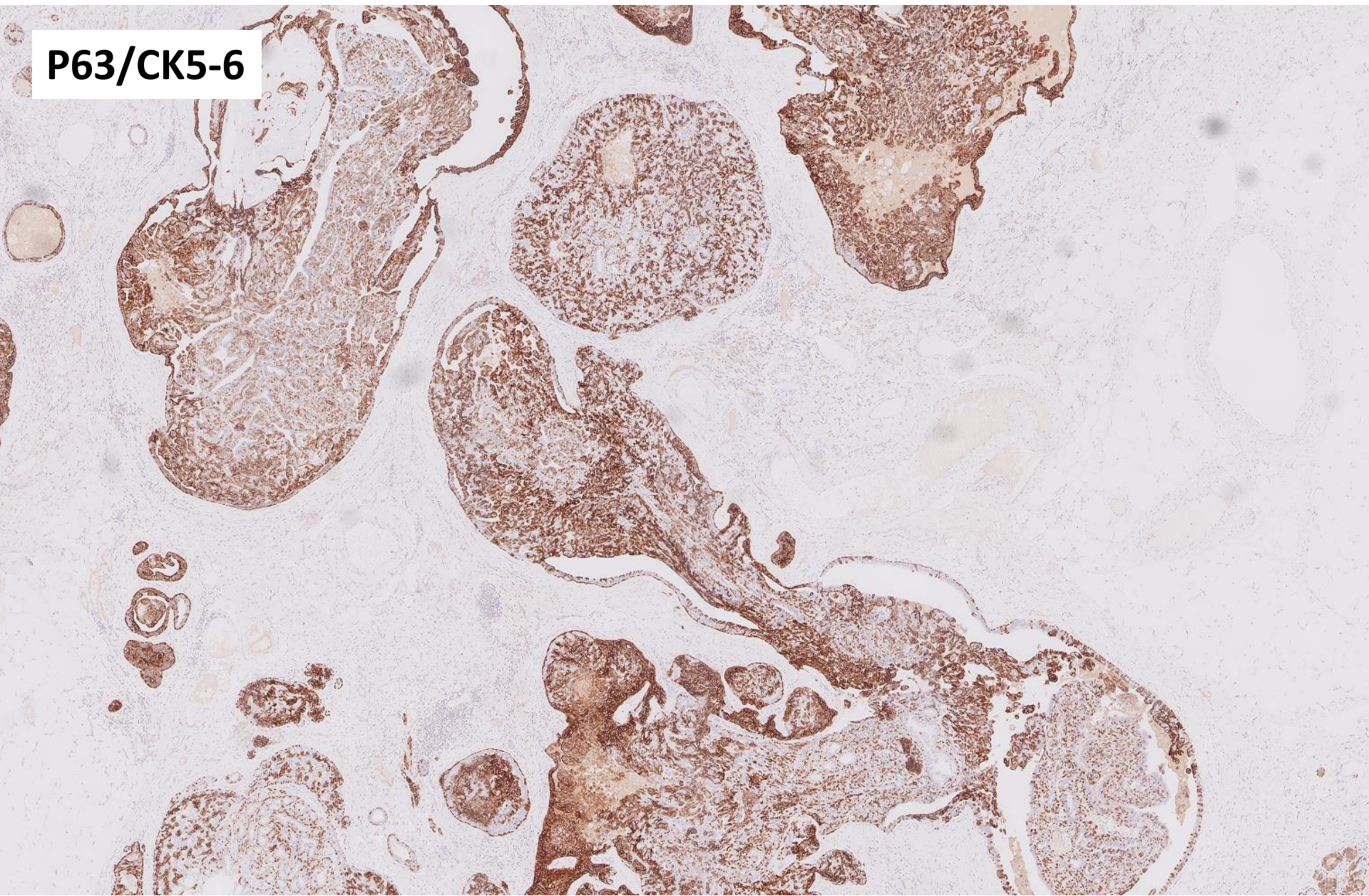
P63/CK5-6



ER



P63/CK5-6



Diagnosis

Right breast lump: excision biopsy:

- Low grade DCIS arising in background of intraductal papilloma (see comment)

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Intraductal papilloma with ADH

- ADH and DCIS can arise within a background of a histologically identifiable benign papilloma
- An atypical epithelial proliferation with high grade atypia should be classified as DCIS regardless of extent.
- Papillomas with ADH should be excised
- Important to evaluate the surrounding breast tissue for ADH or DCIS which appear to correlate closer with risk of local recurrence