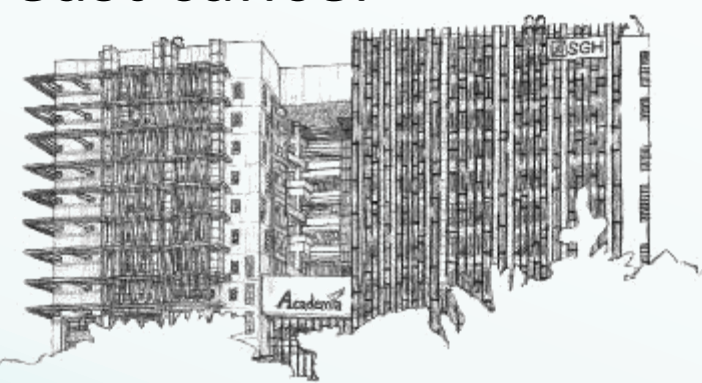
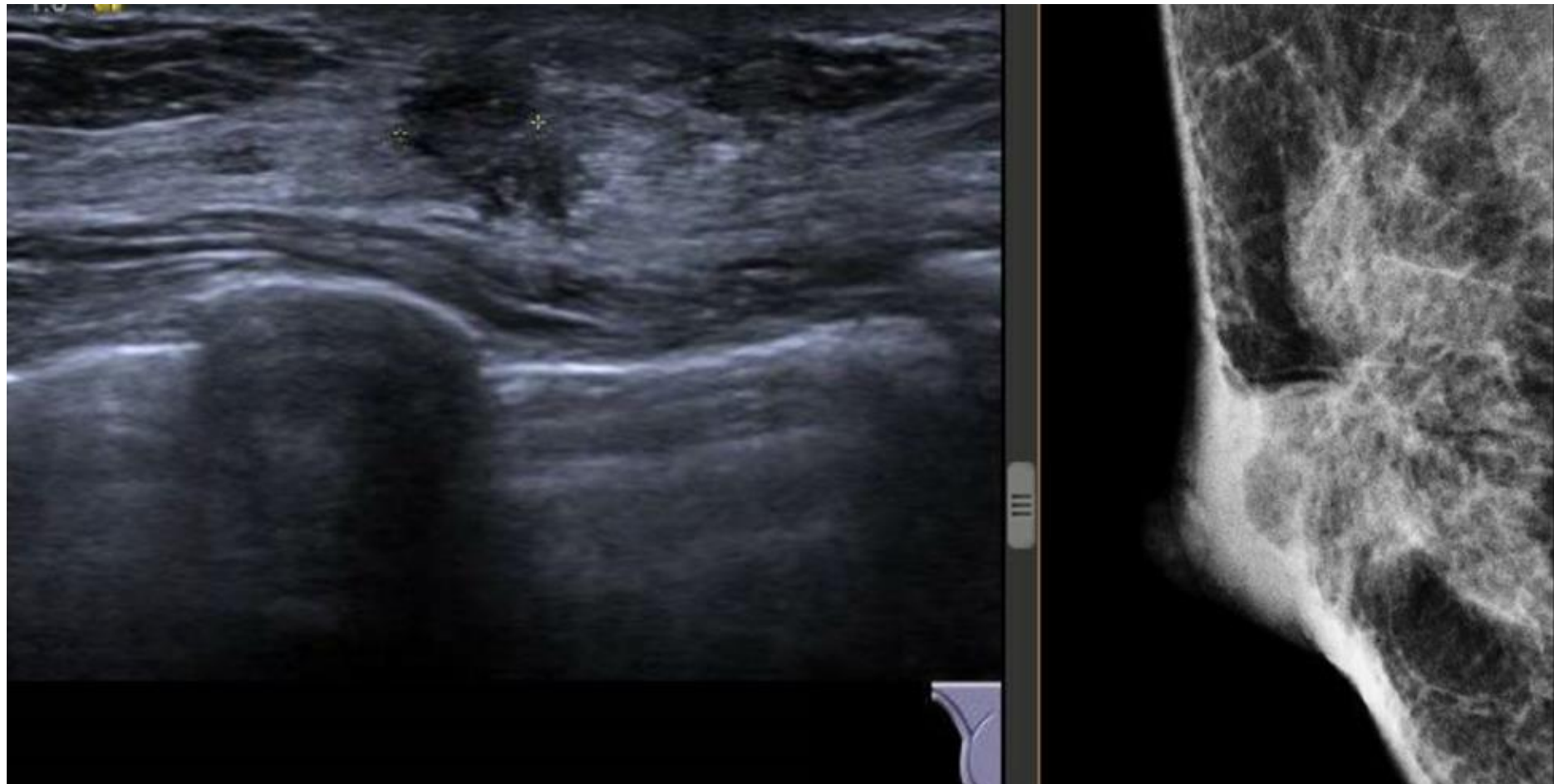


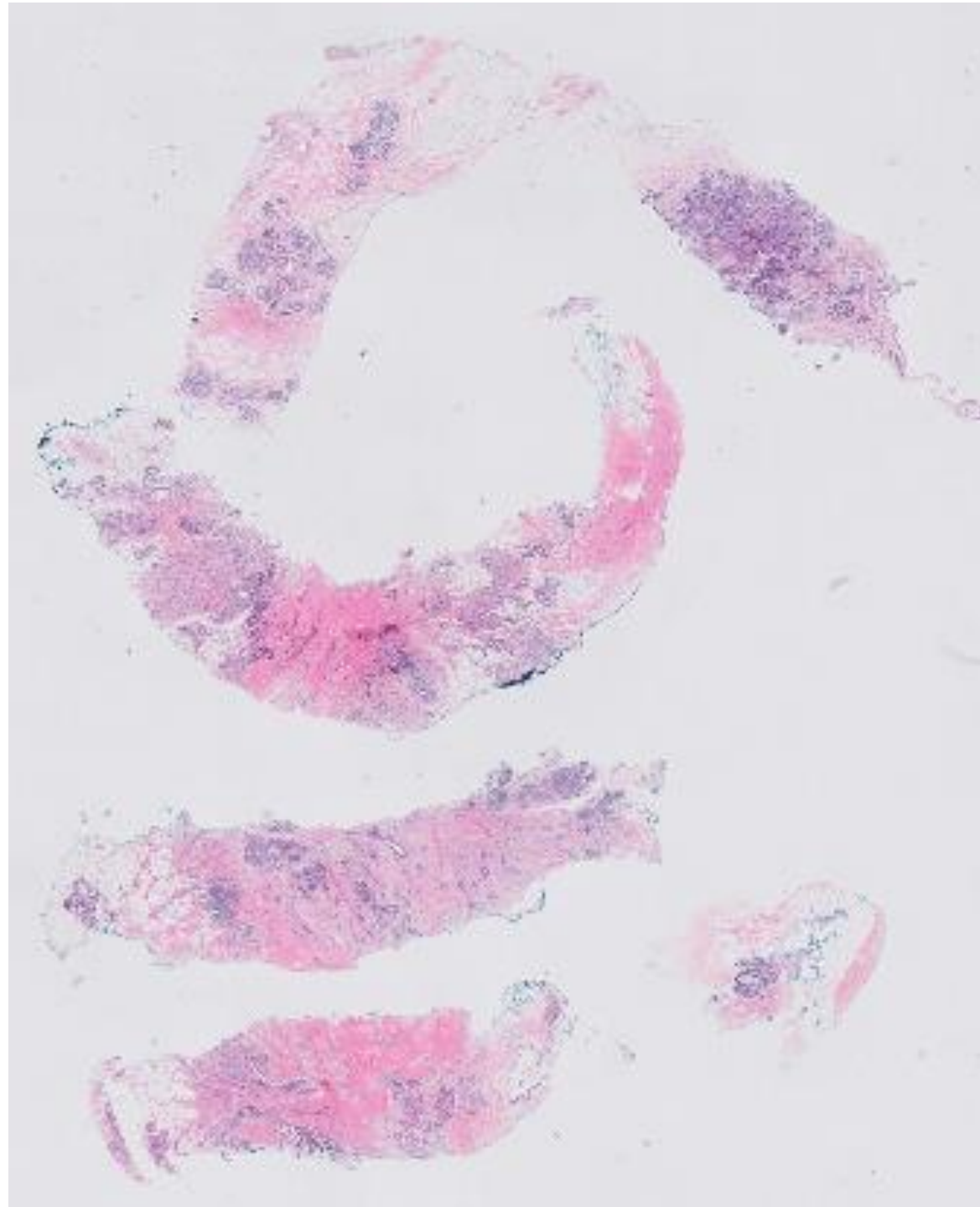
- 26yo Chinese Female
- US bilateral breasts done in private health screening revealed a right breast mass
- Pt is asymptomatic
- No nipple discharge
- No LOA, LOW
- Paternal aunt diagnosed with breast cancer at age 30.



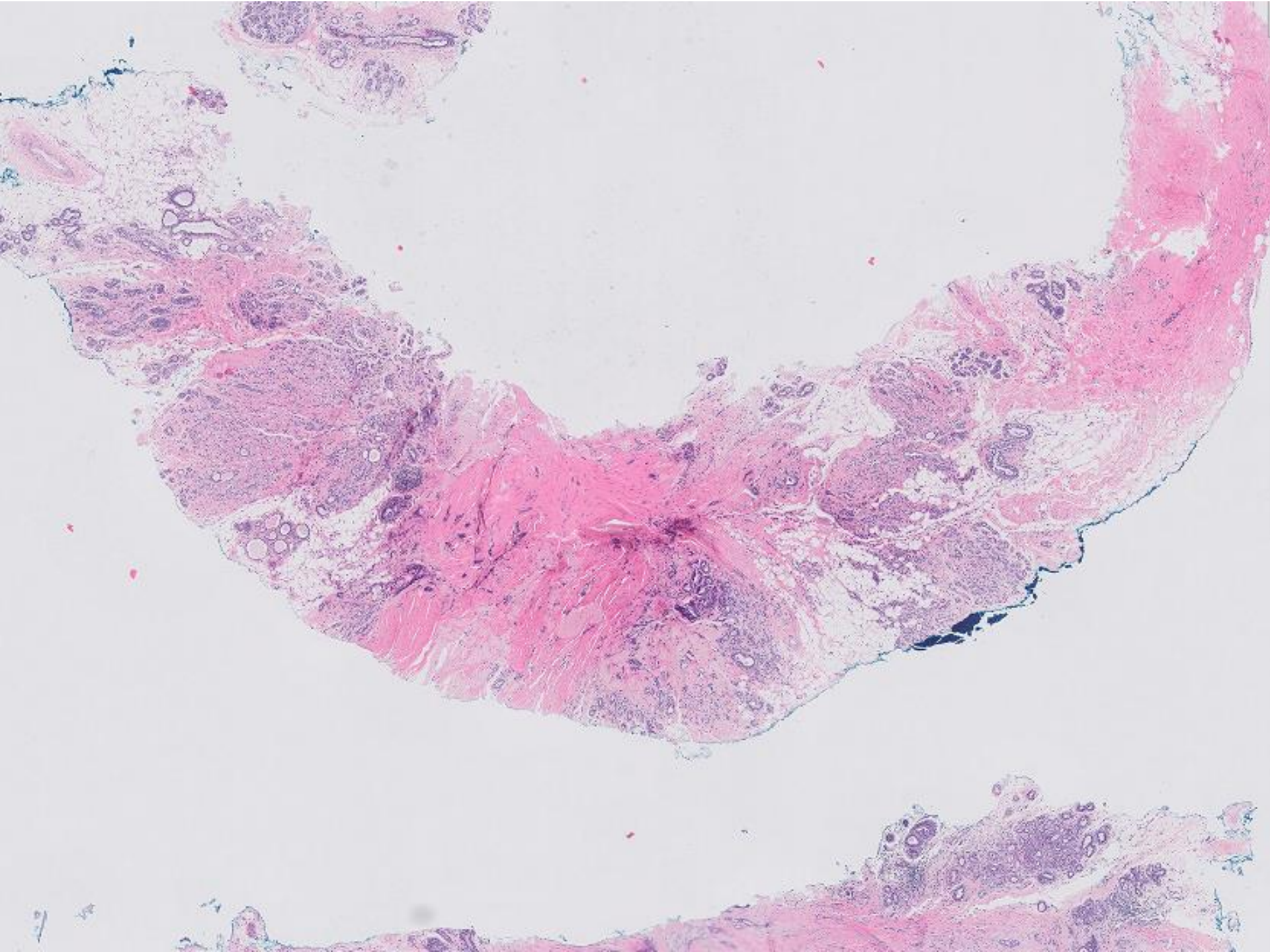
At the 1200 peri-areolar region, there is a solitary spiculated hypoechoic mass which is taller than wide measuring 10 x 5 x 6 mm. There are radiating spicules from the lesion associated with increased vascularity.

On mammogram the distortion measures at least 12 x 11 x 9 mm in the retroaerolar region. No suspicious microcalcifications or masses are noted in this breast.

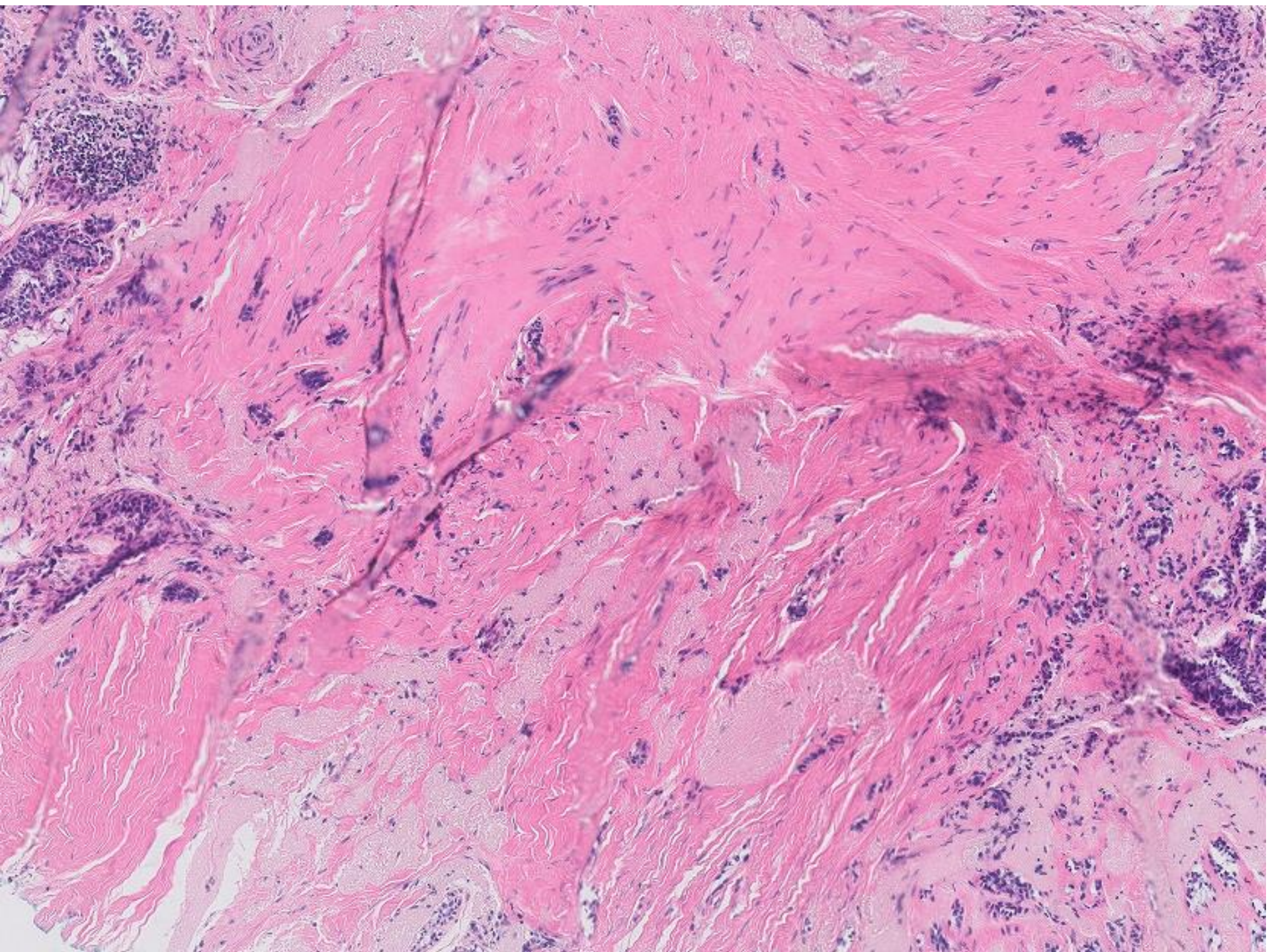




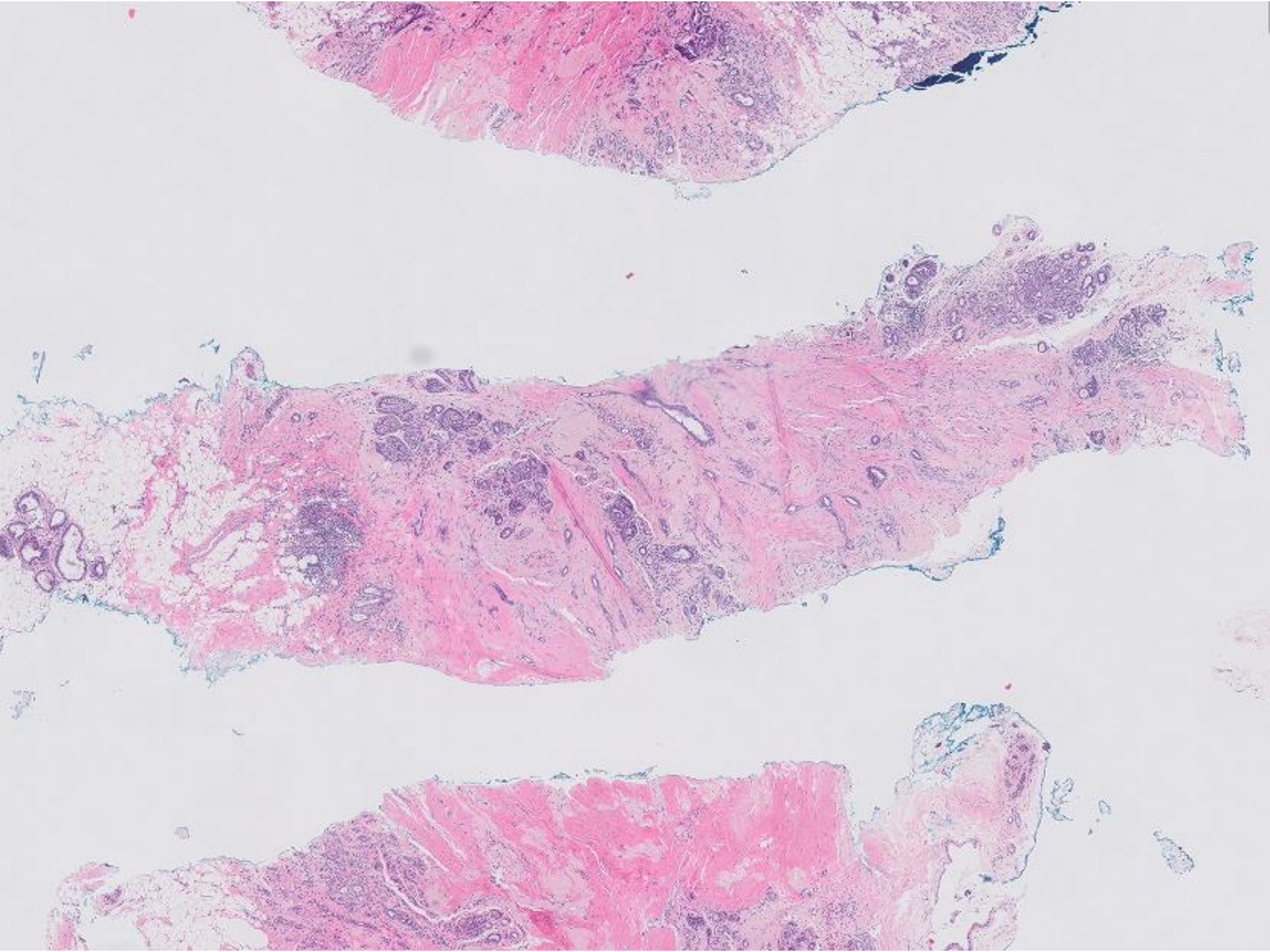




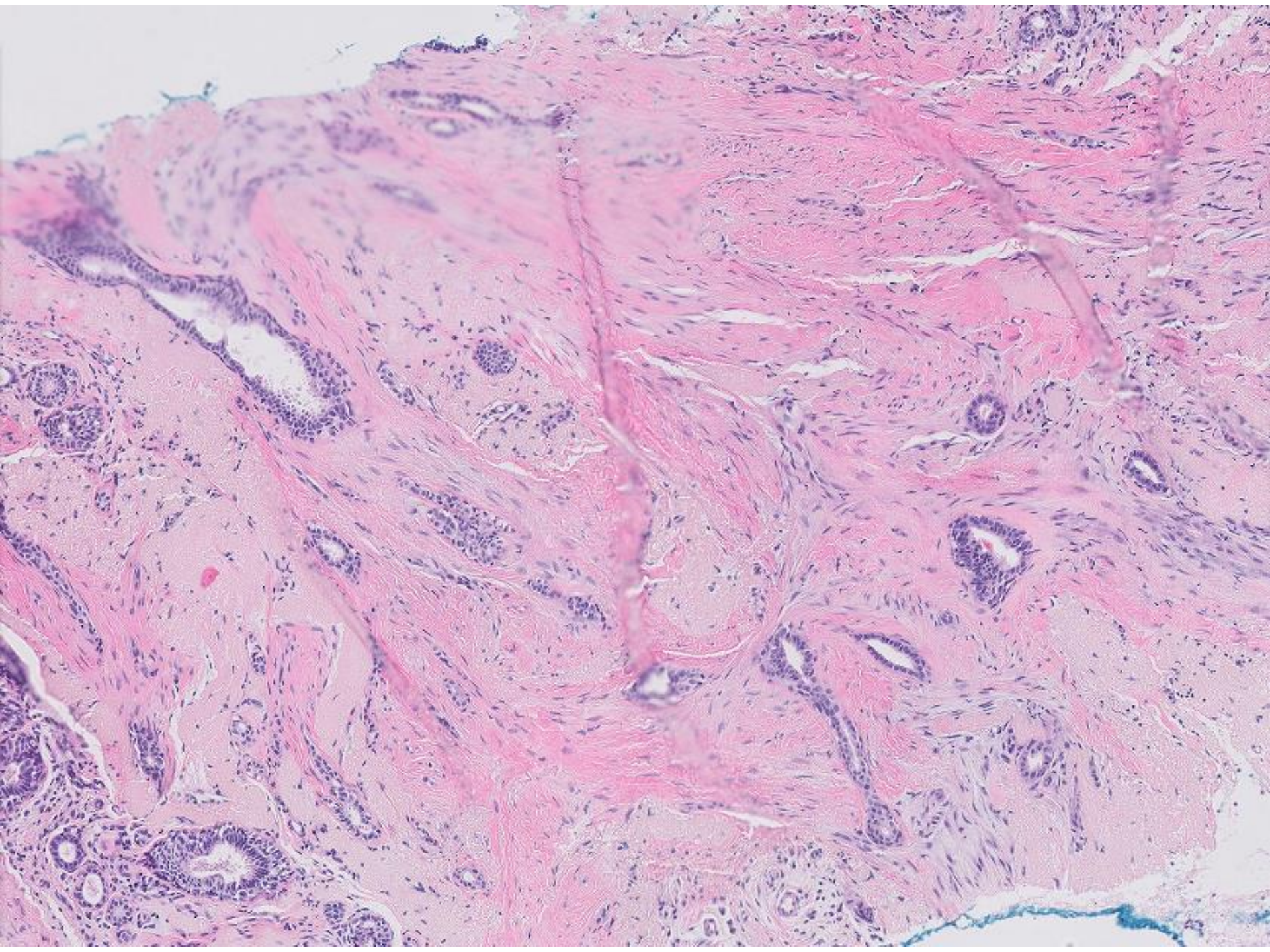






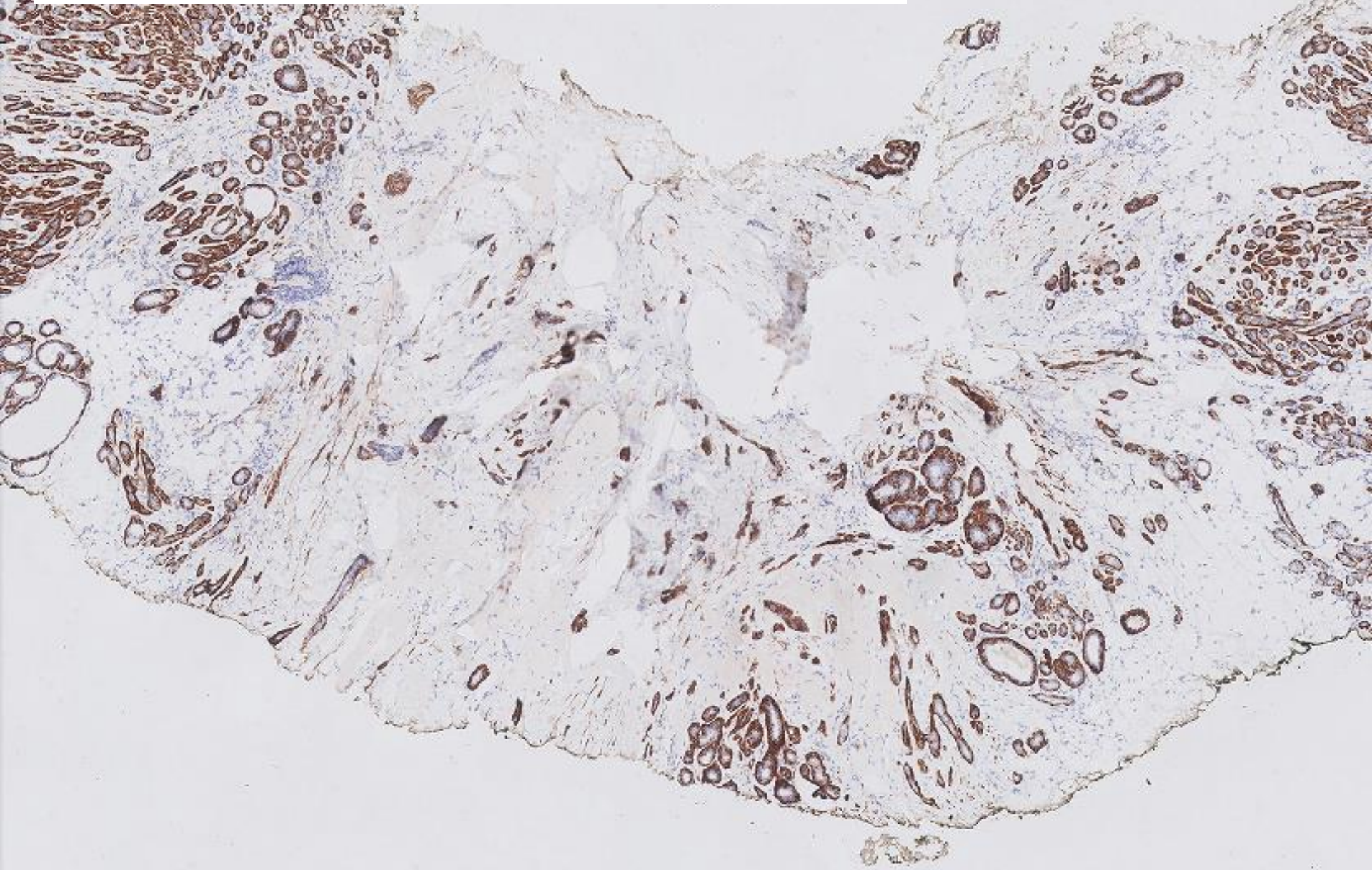






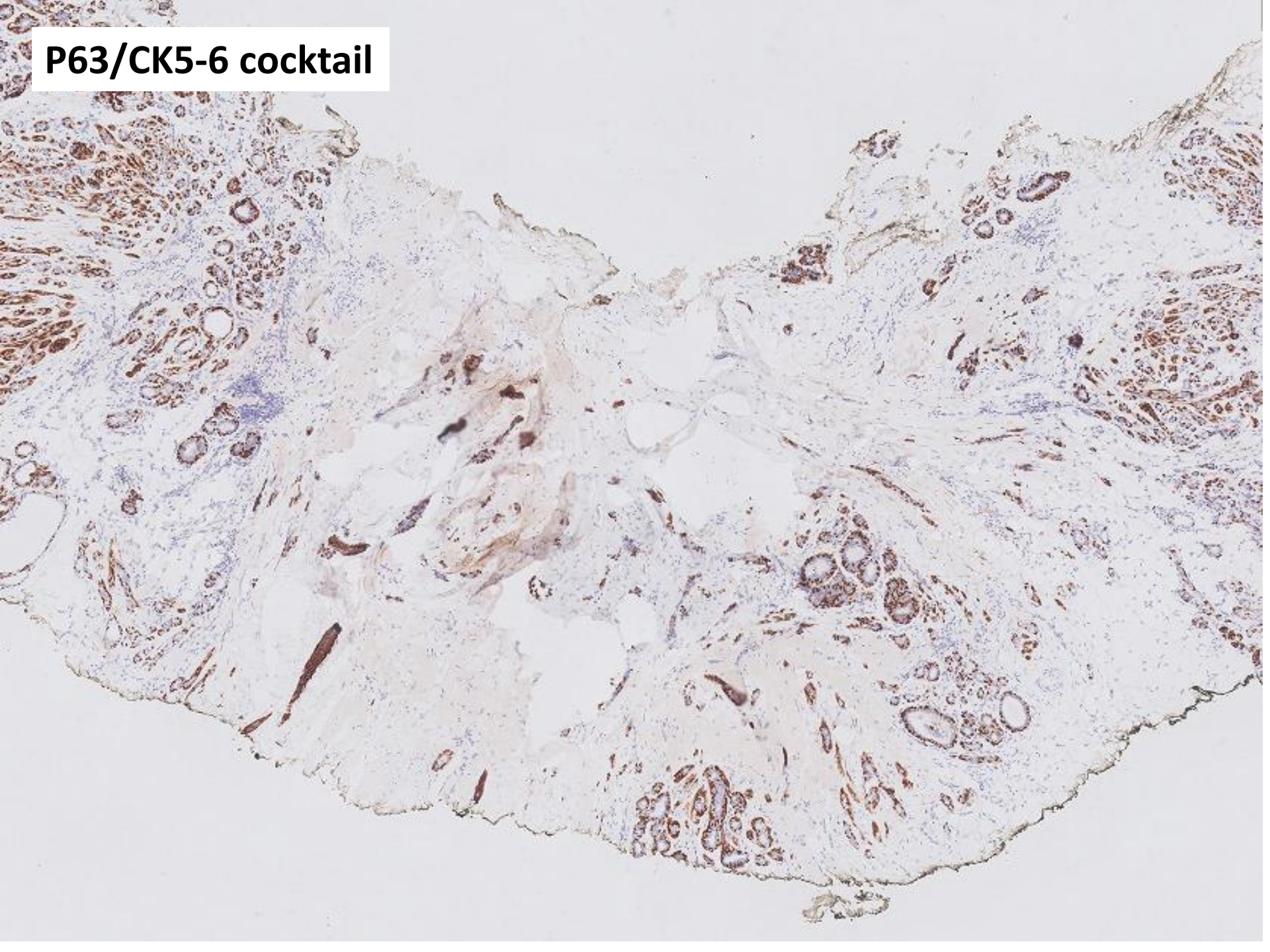


# Smooth muscle myosin heavy chain (SMMS)



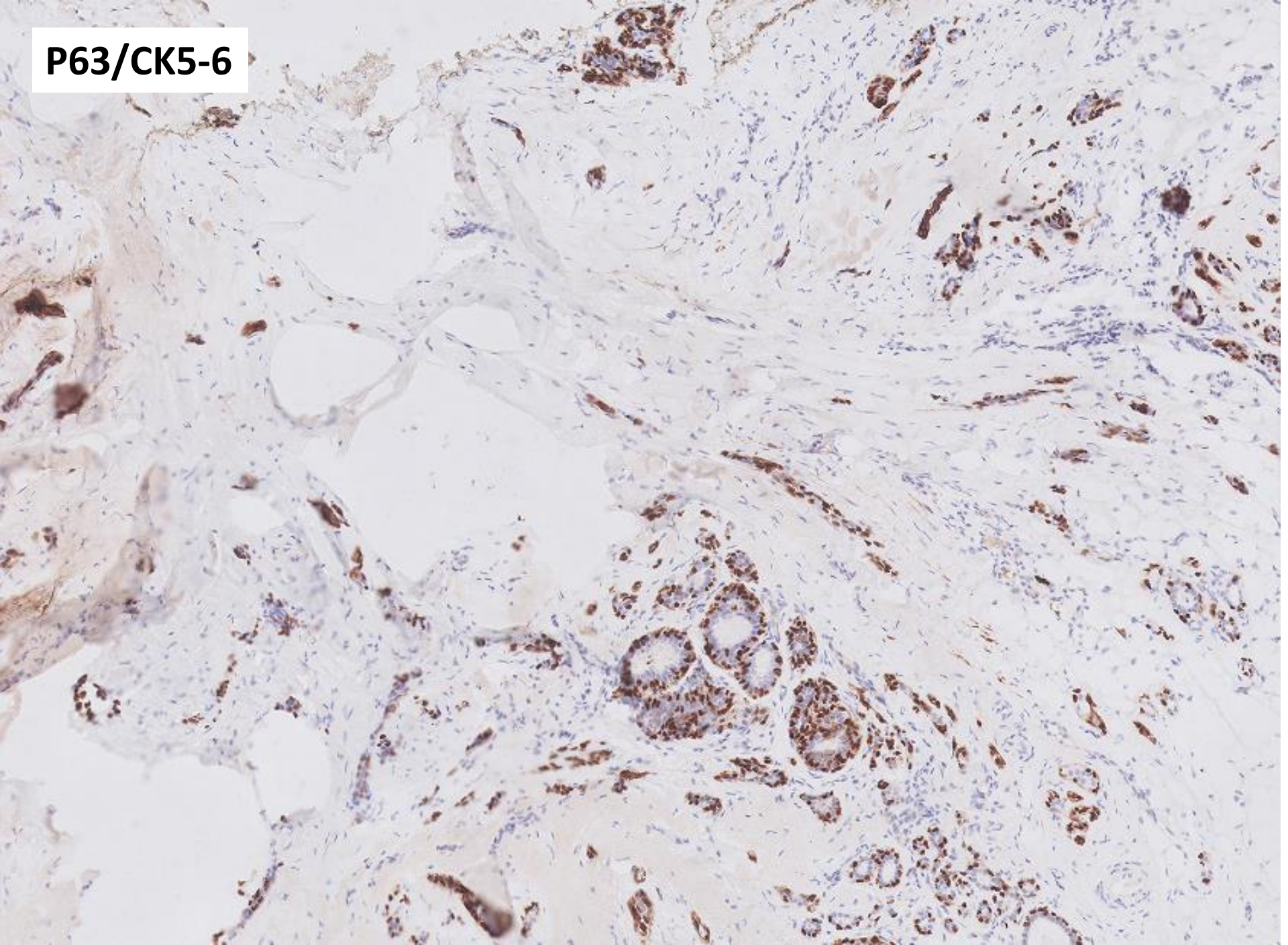


**P63/CK5-6 cocktail**



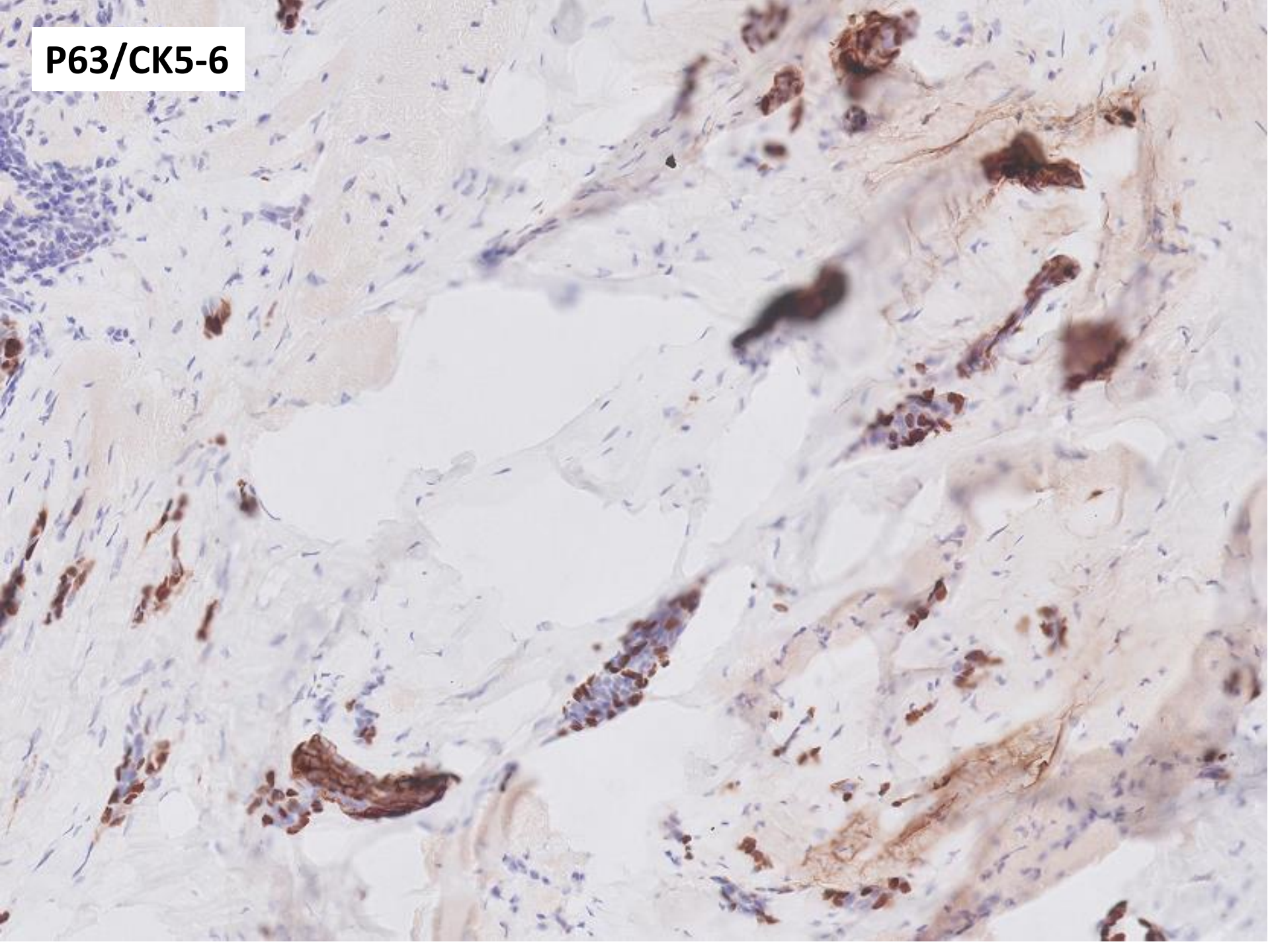


P63/CK5-6





**P63/CK5-6**





## Question 4.1

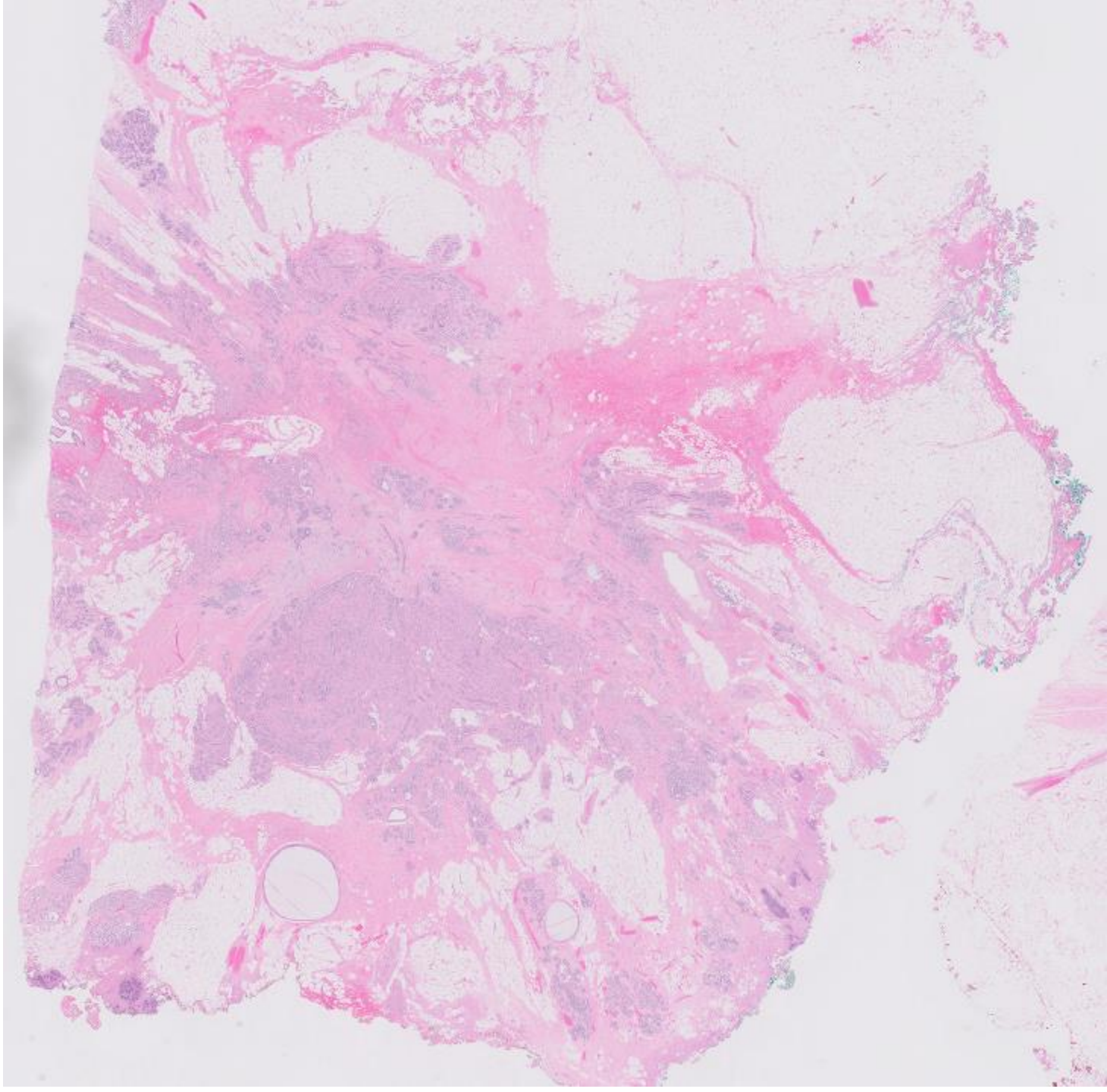
What is the diagnosis?

- A. Low grade adenosquamous carcinoma
- B. Radial sclerosing lesion
- C. Fibroepithelial lesion
- D. Fibromatosis
- E. Fibrous scar

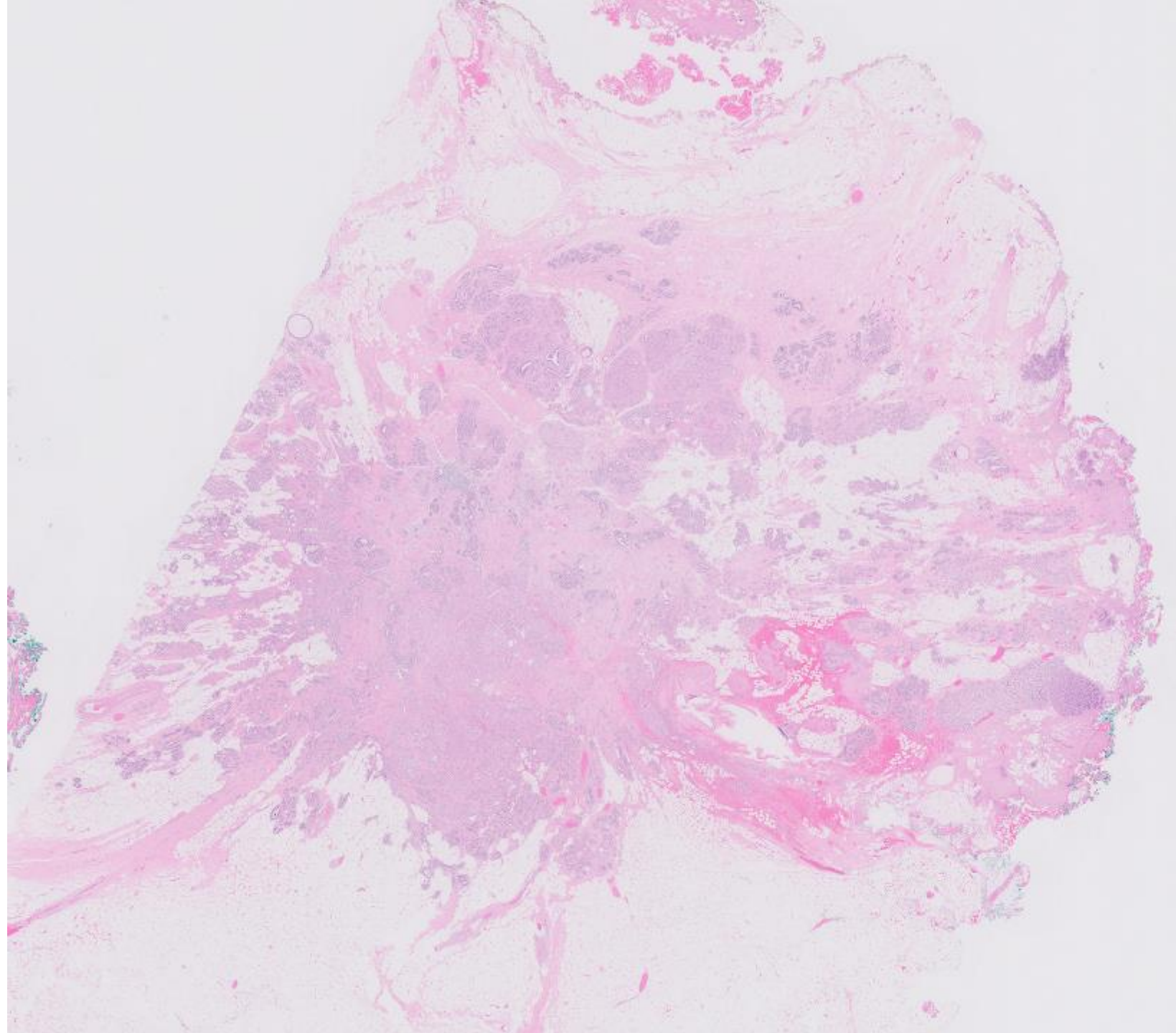


- Patient subsequently underwent a wide excision

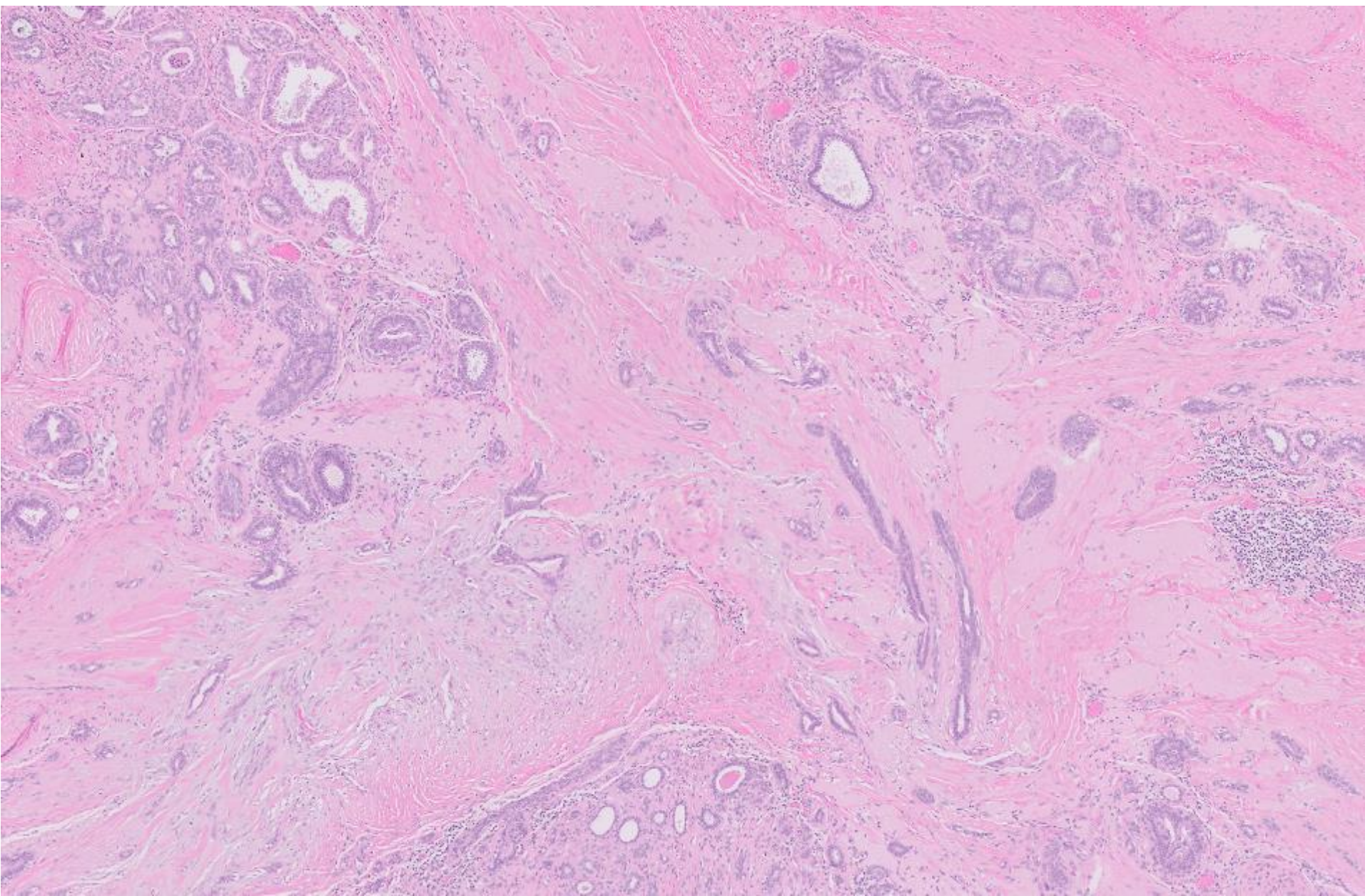






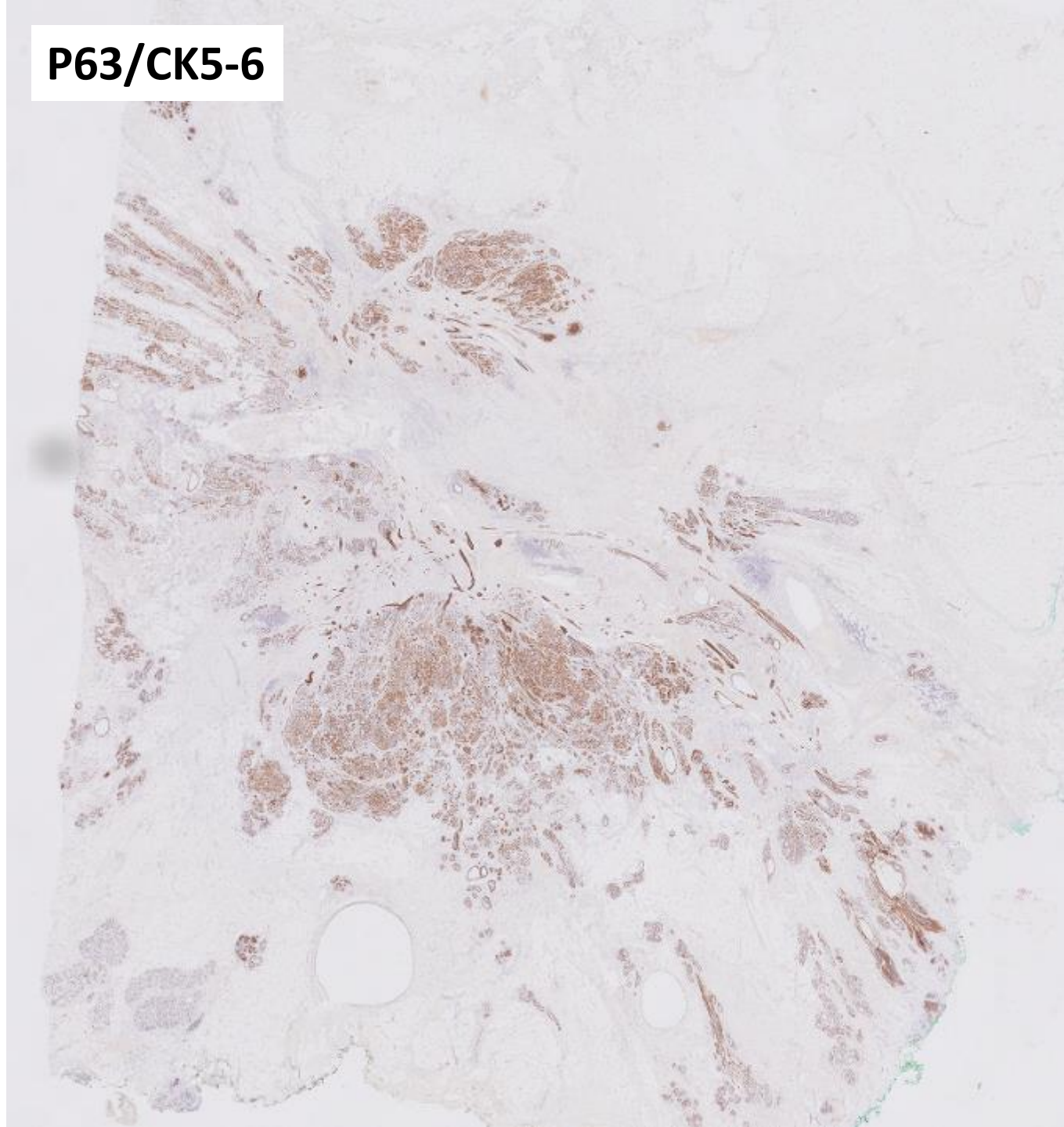






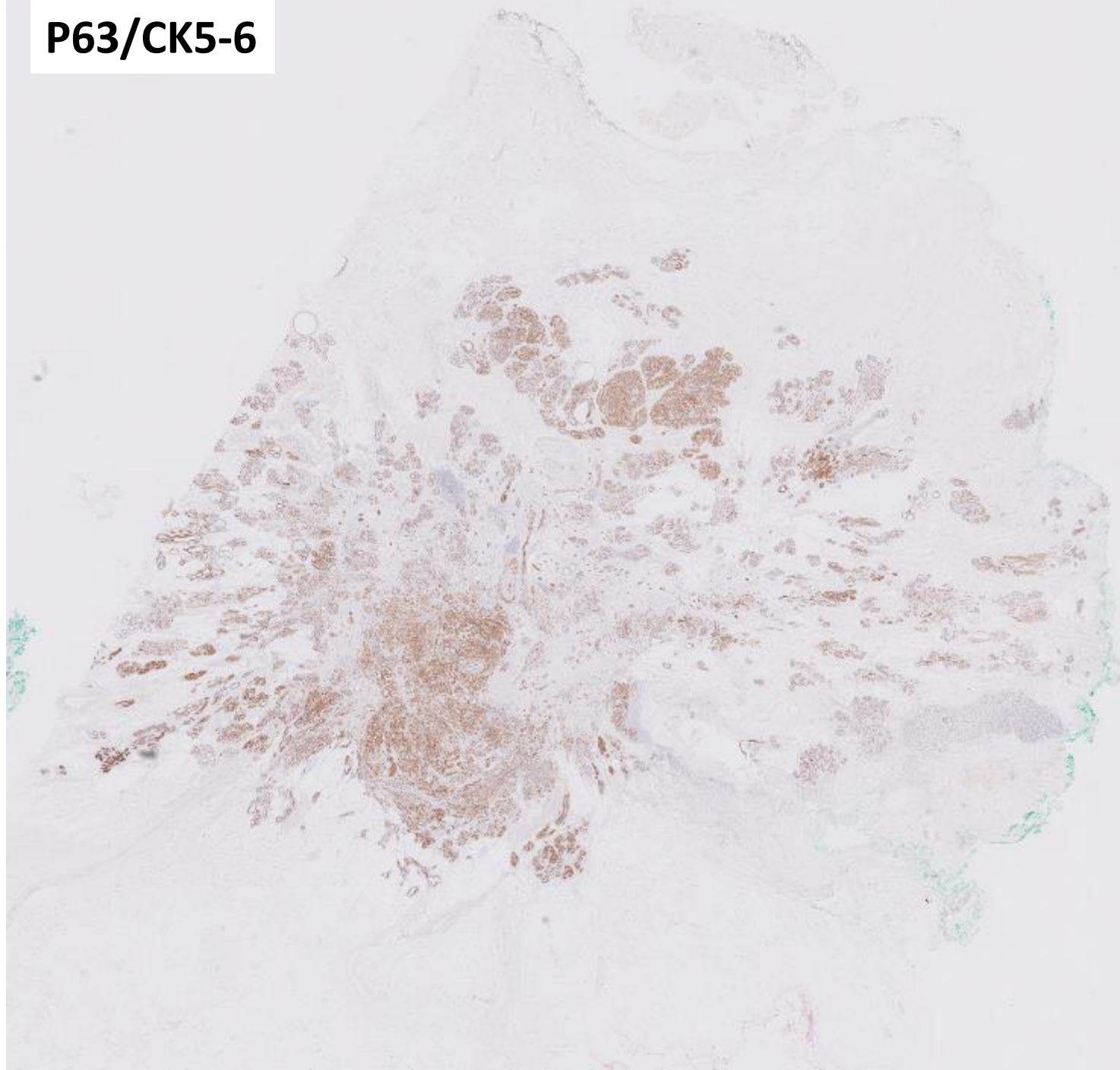


**P63/CK5-6**

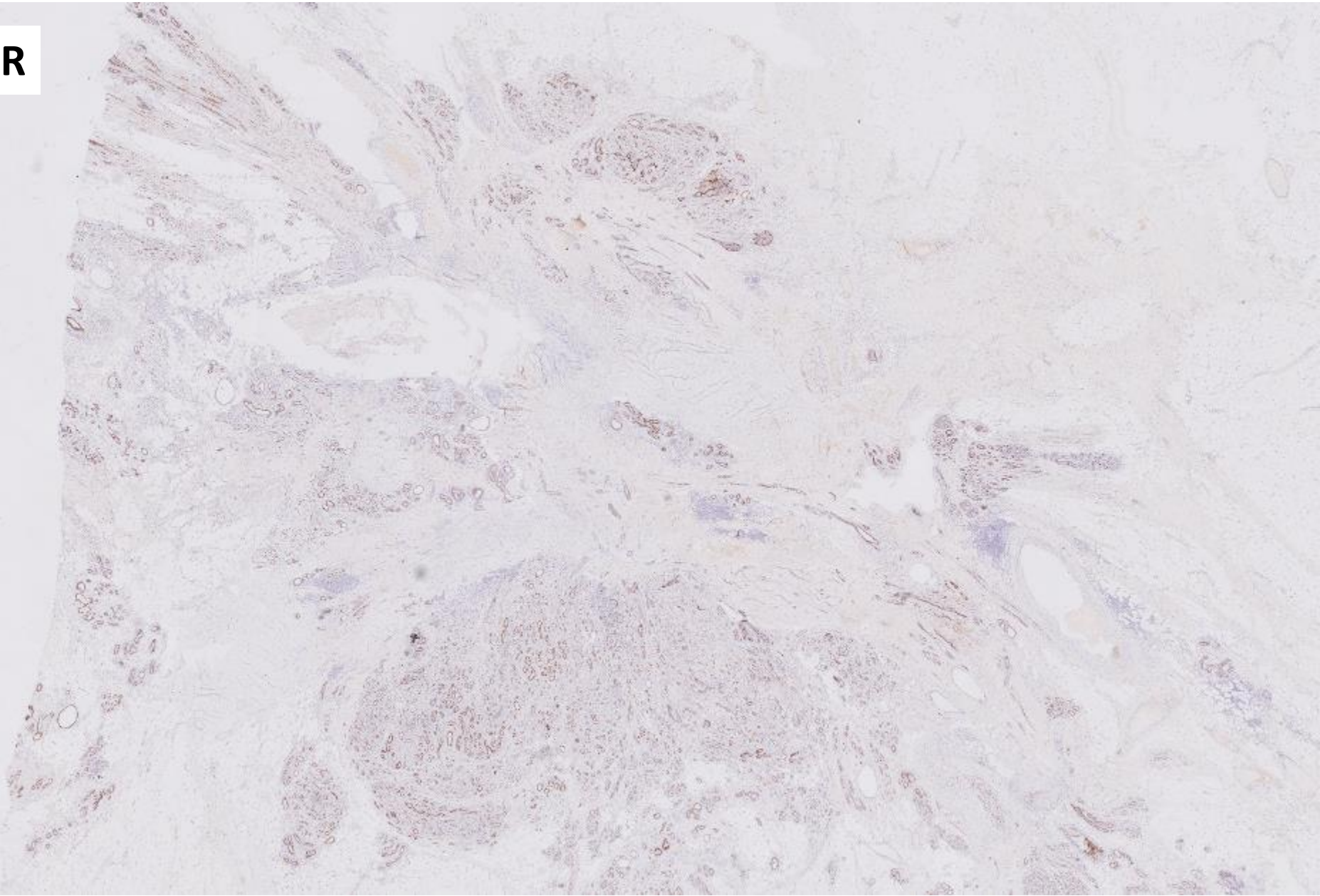




**P63/CK5-6**

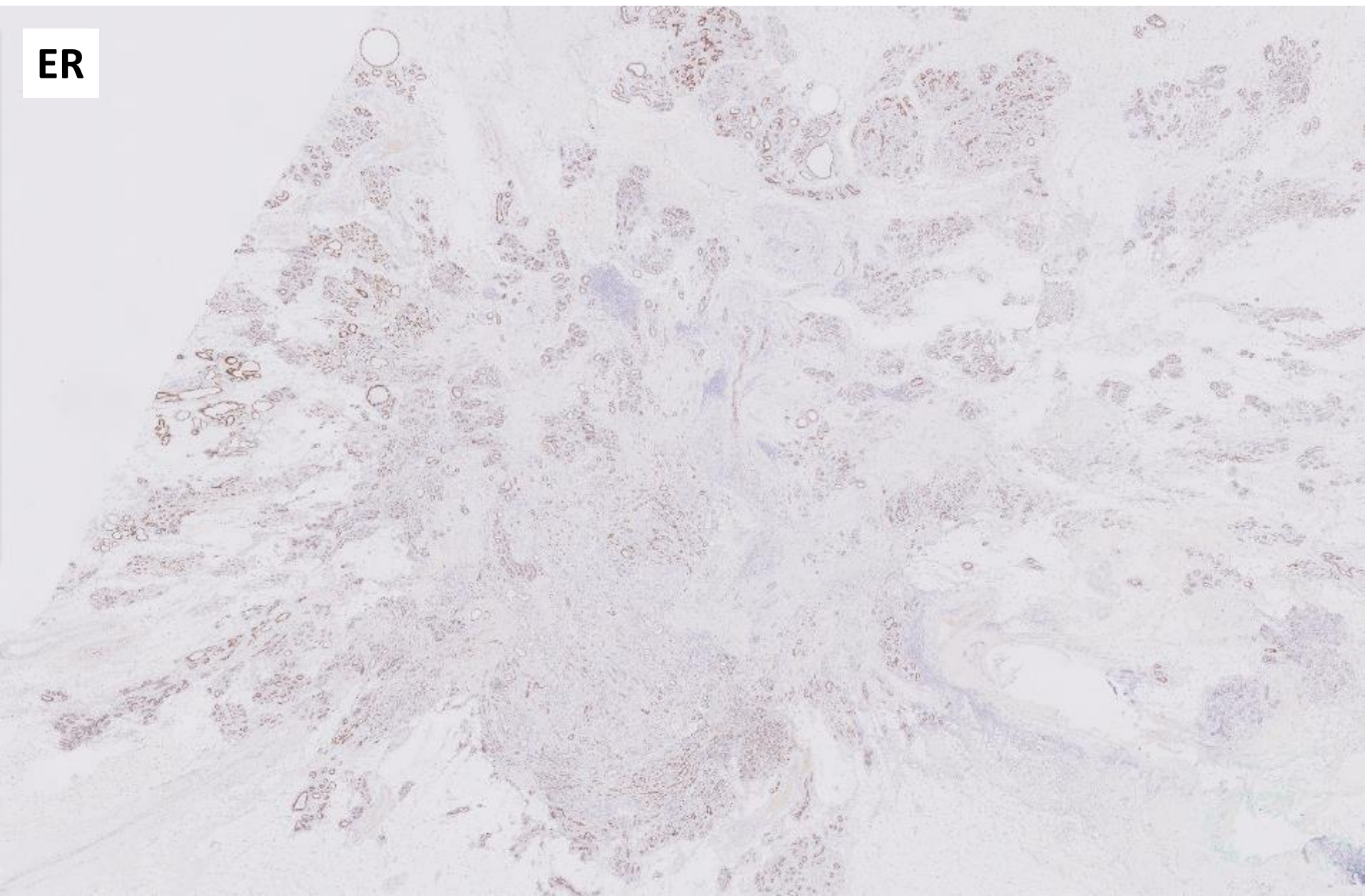


ER



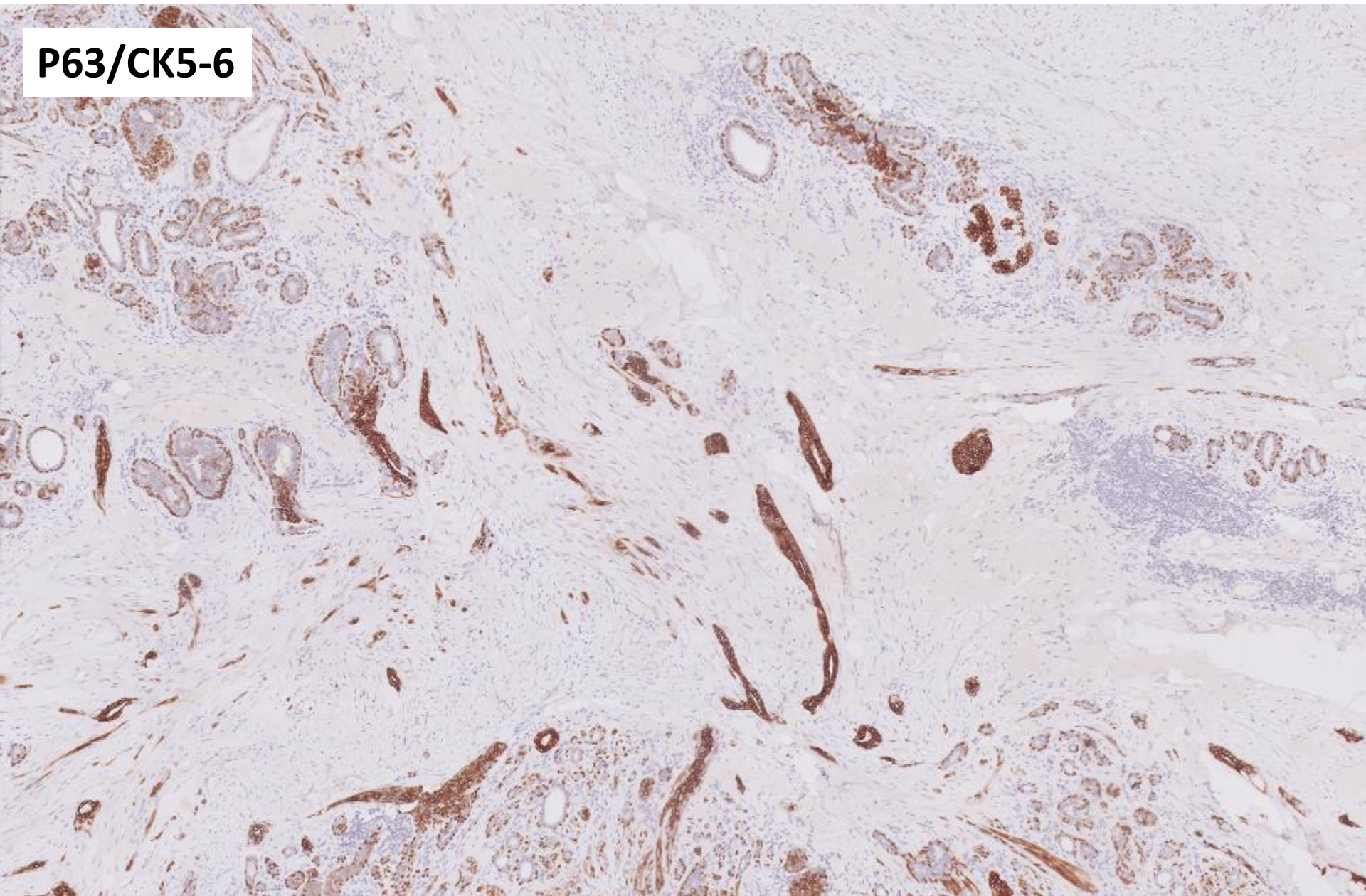


ER



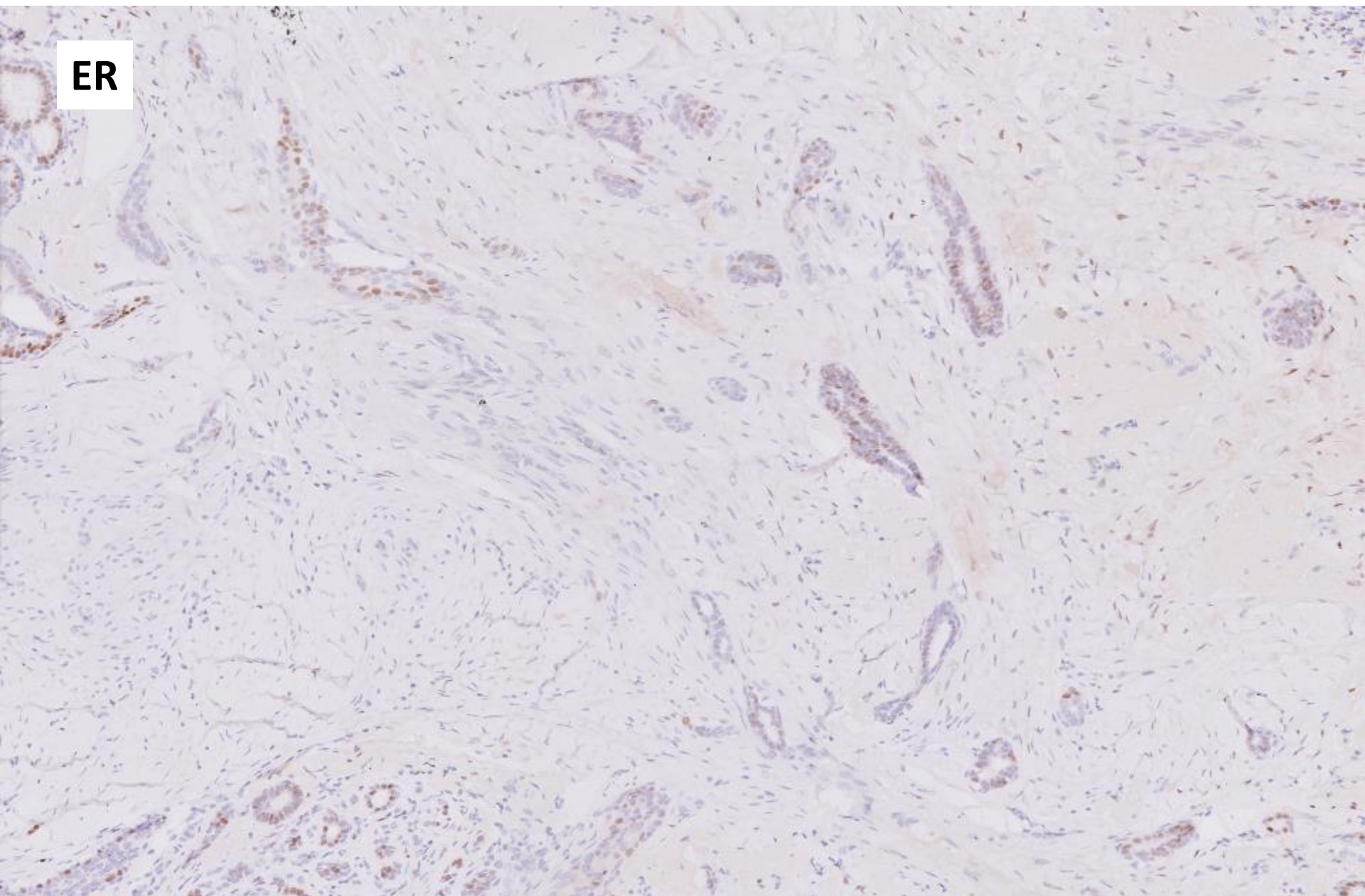


**P63/CK5-6**





ER



## Question 4.2

What is your diagnosis?

- A. Low grade adenosquamous carcinoma
- B. Radial scar/ sclerosing lesion
- C. Fibroepithelial lesion
- D. Fibromatosis
- E. Fibrous scar



# Diagnosis

- Right breast 12 o'clock periareolar nodule, hookwire localisation excision biopsy:
  - Radial scar, nodular adenosis

# Radial sclerosing lesions

- Characterized by central area of fibroelastotic stroma containing entrapped glands and surrounded by radiating ducts with UDH or cystic changes
- Management of radial sclerosing lesion on core biopsy debatable
- Traditionally, surgical excision is recommended
- Older studies that show upgrades to more sinister lesions may be confounded by small patient number and selection bias
- Close follow up *may* be a reasonable option for radiologically concordant radial sclerosing lesions without atypia
- Radial sclerosing lesions that represent the radiological target should be excised; incidental radial scars may possibly be followed-up if there is otherwise radiologic-pathologic concordance