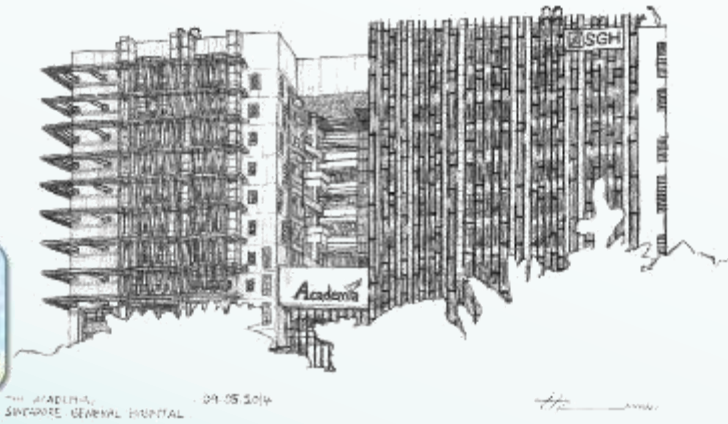
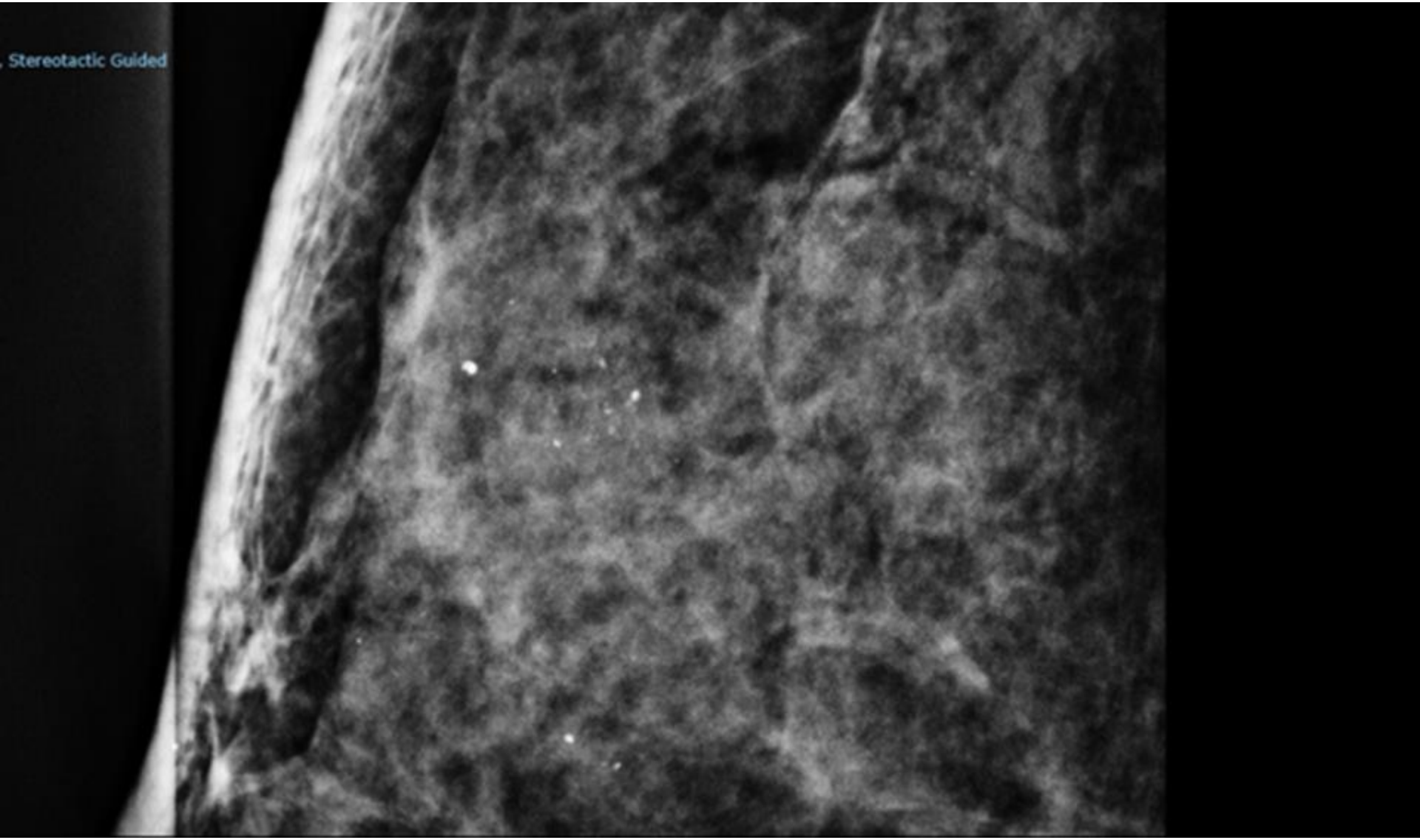
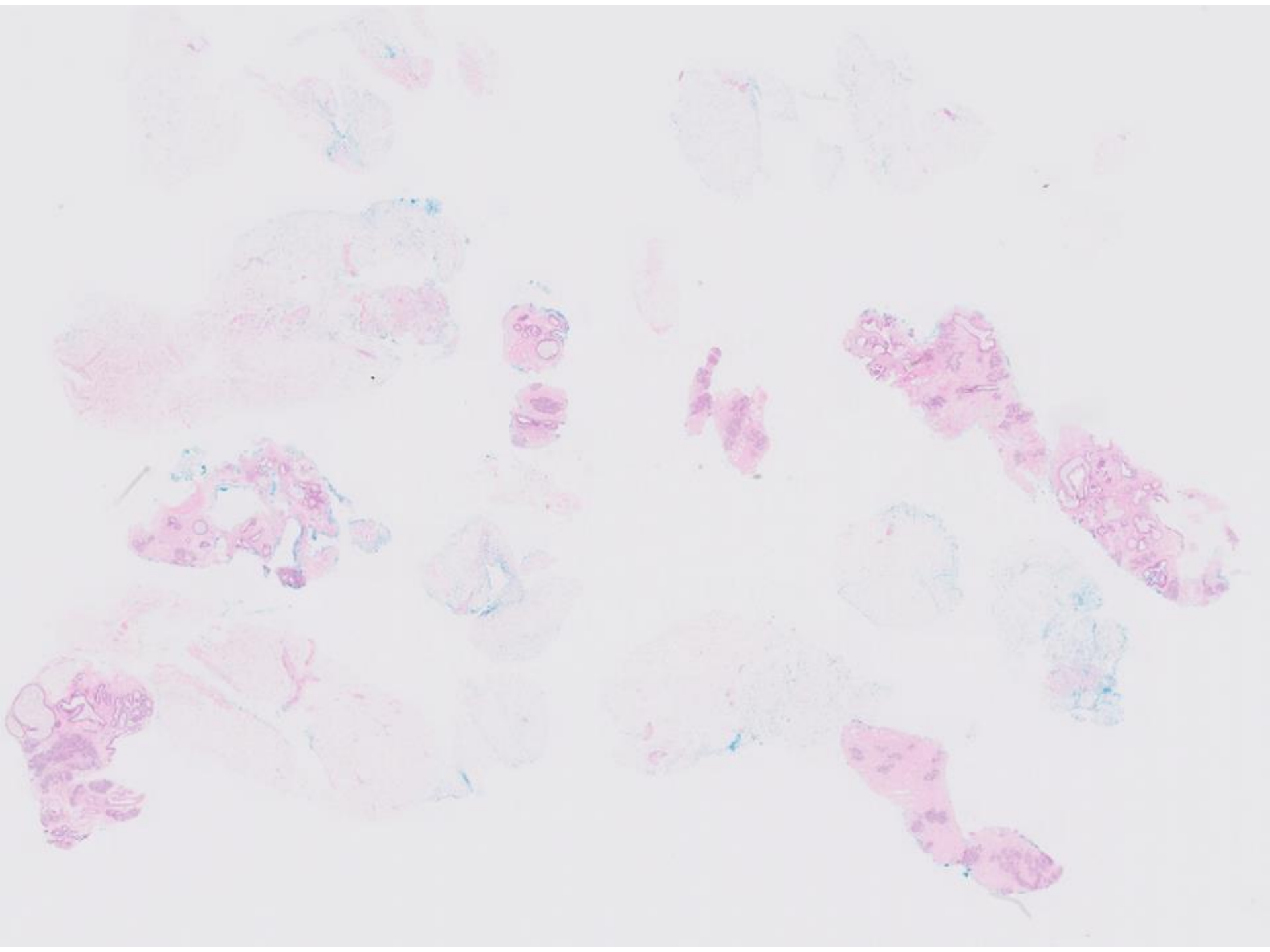
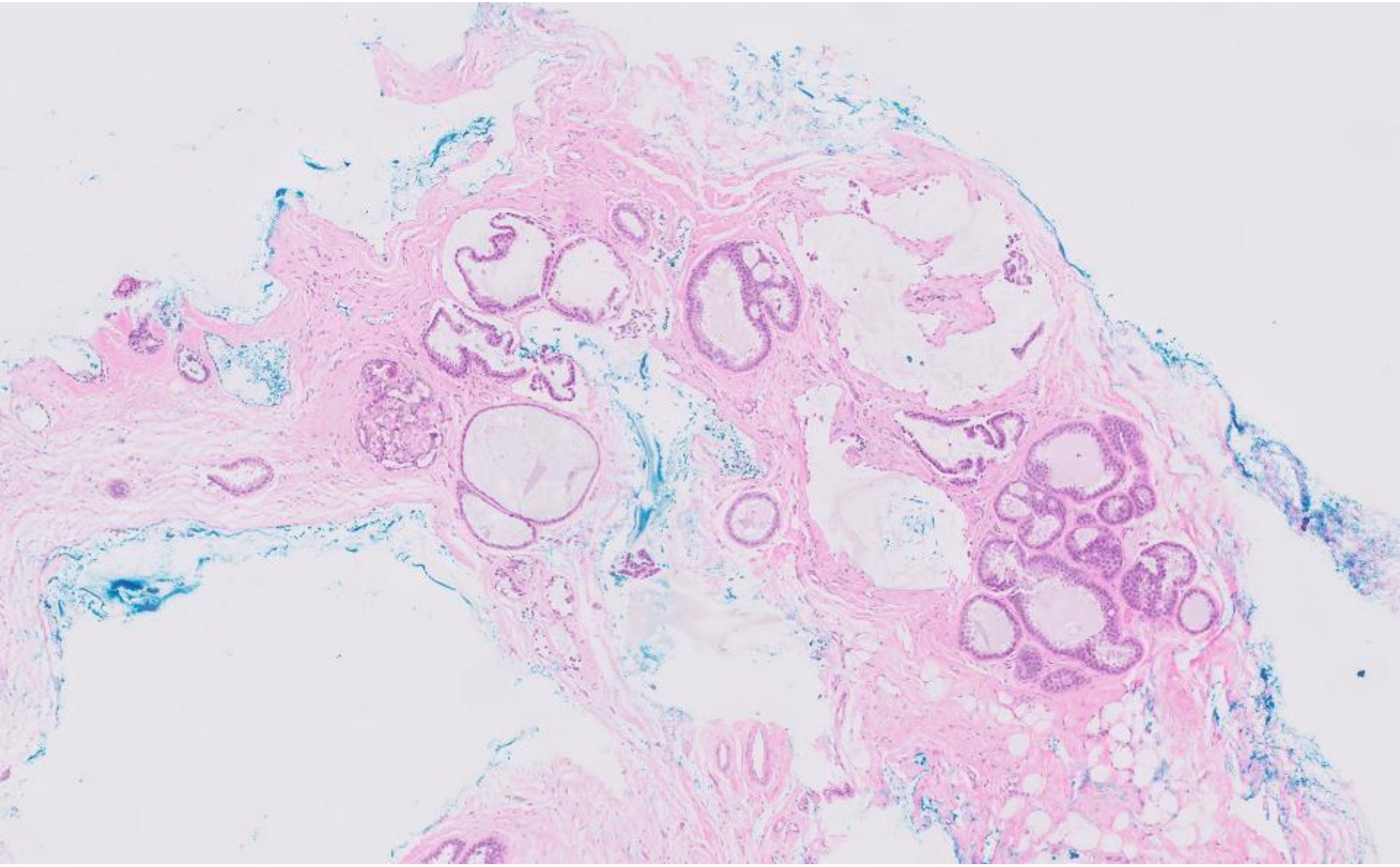
Breast Pathology Course 2019

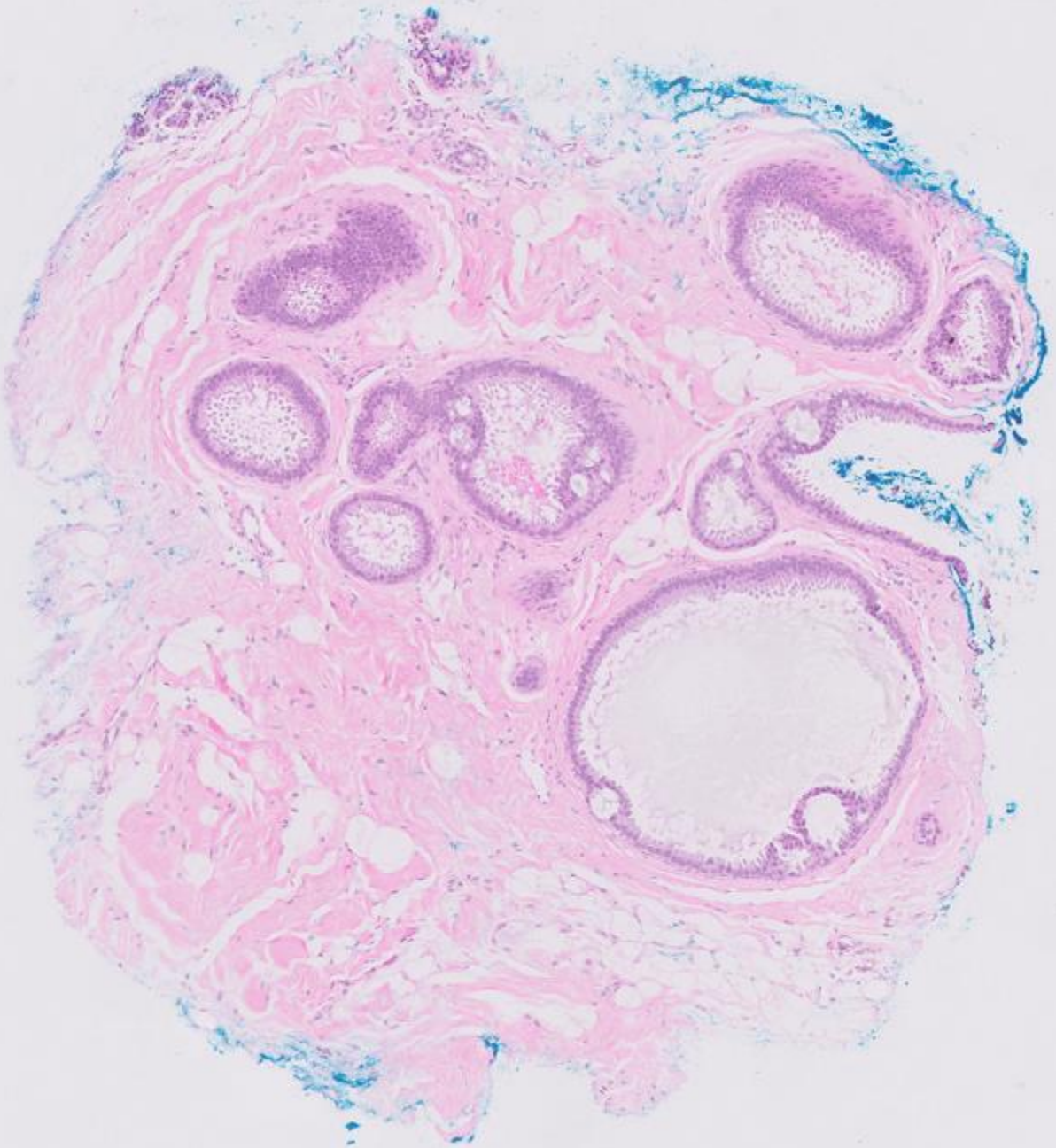
- 44 yo Chinese Female
- Found to have pleomorphic microcalcifications in the left breast on screening mammography, BIRADS 4

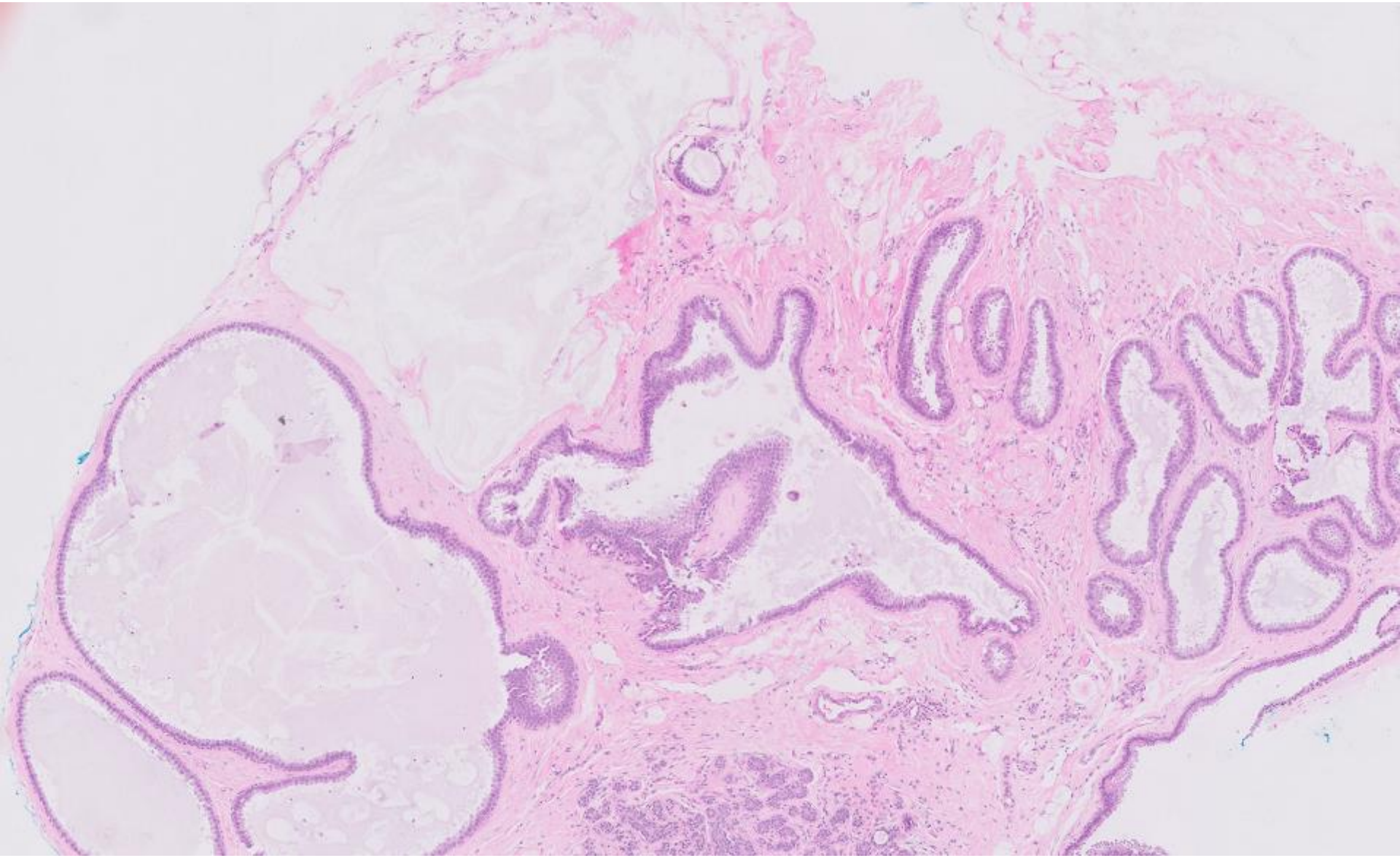


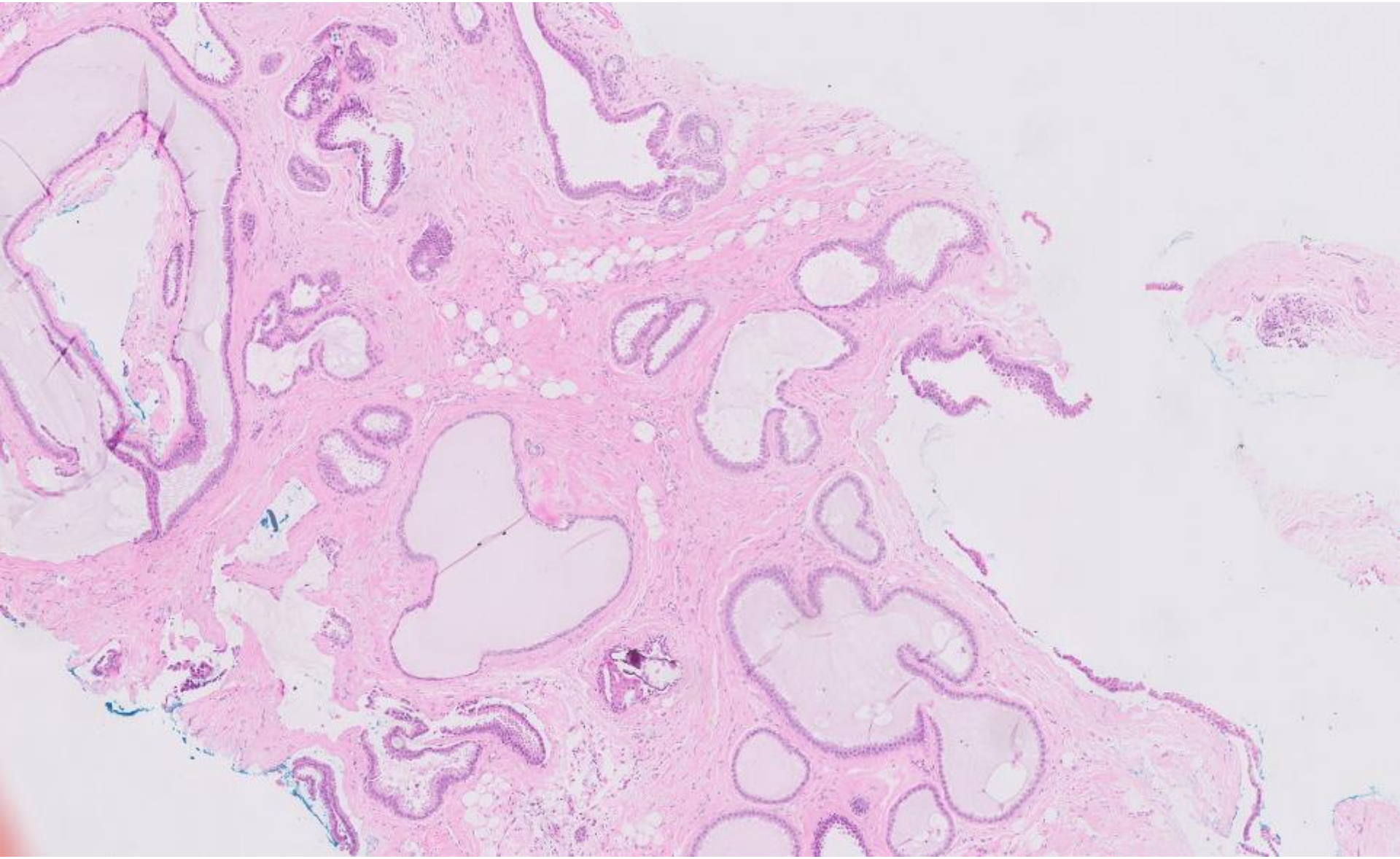

, Stereotactic Guided

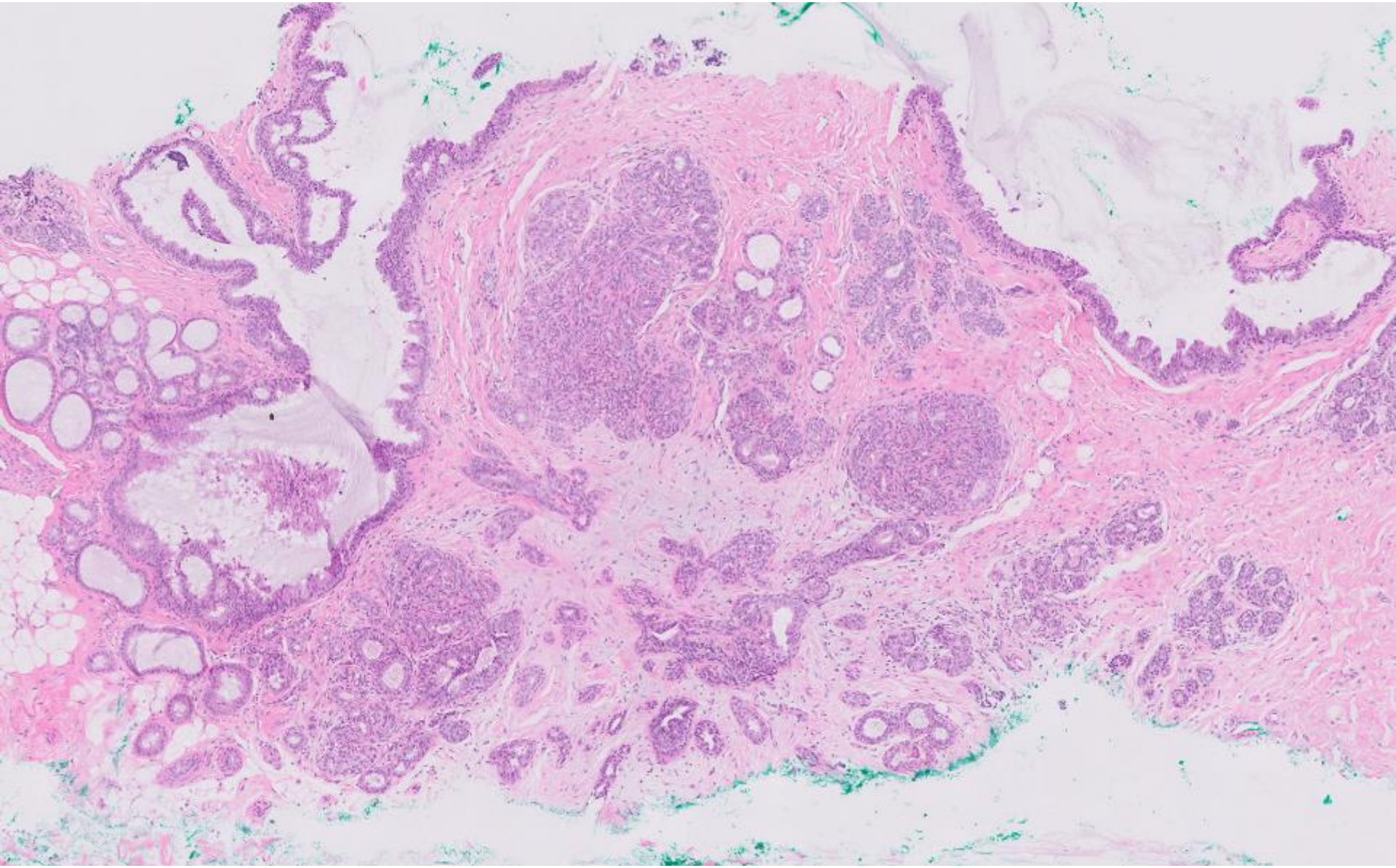




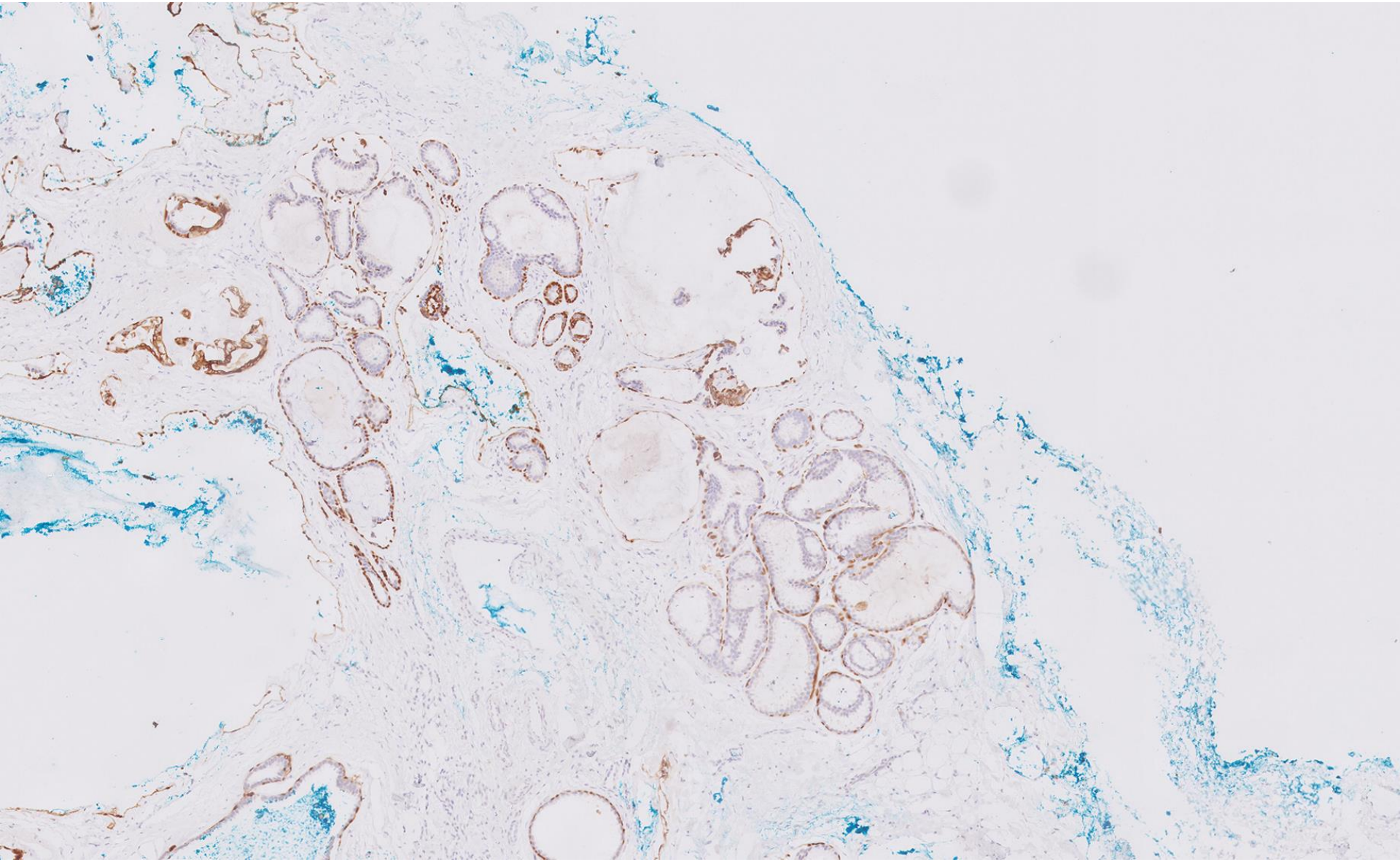








P63/CK5-6



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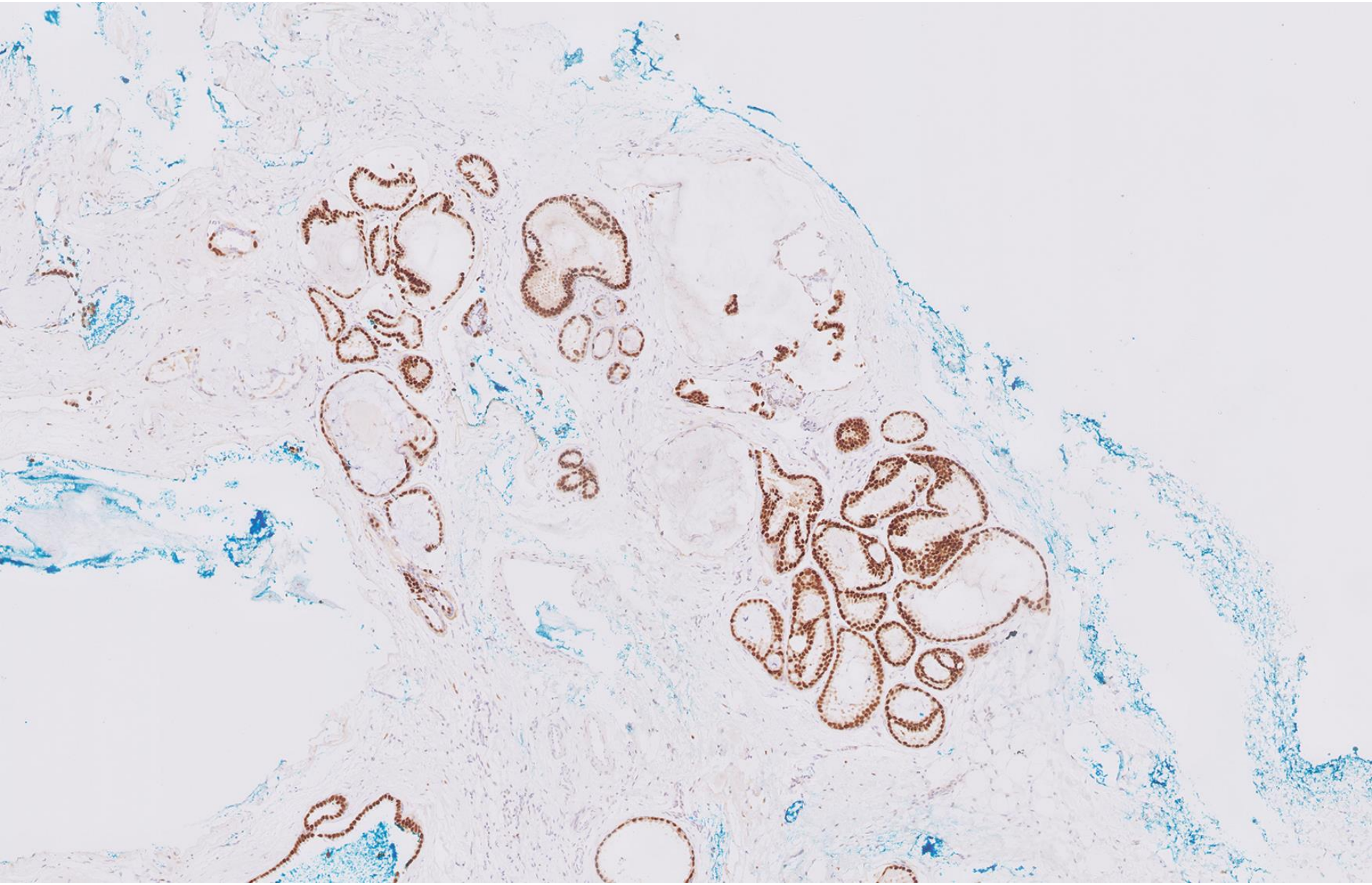

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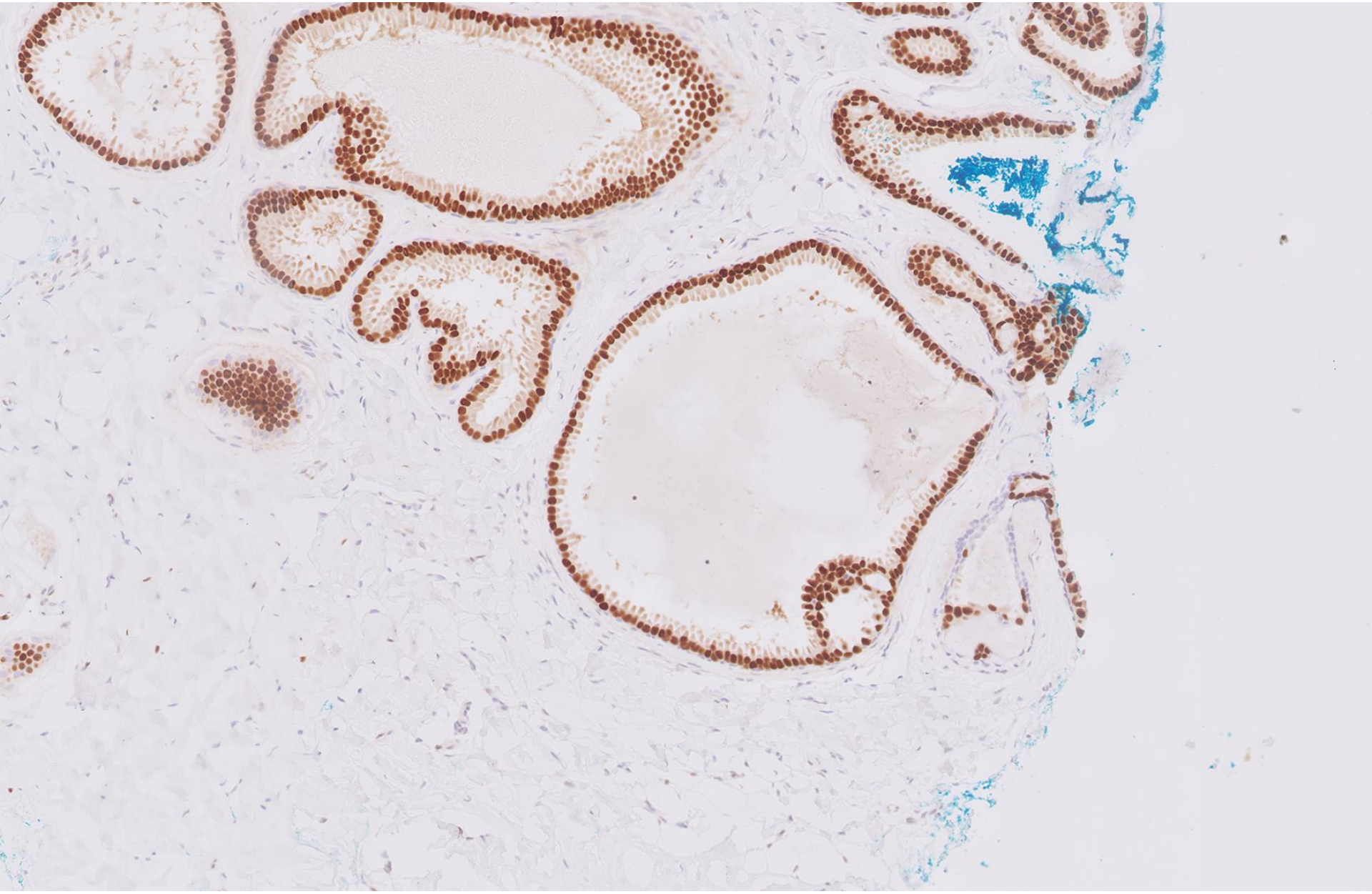

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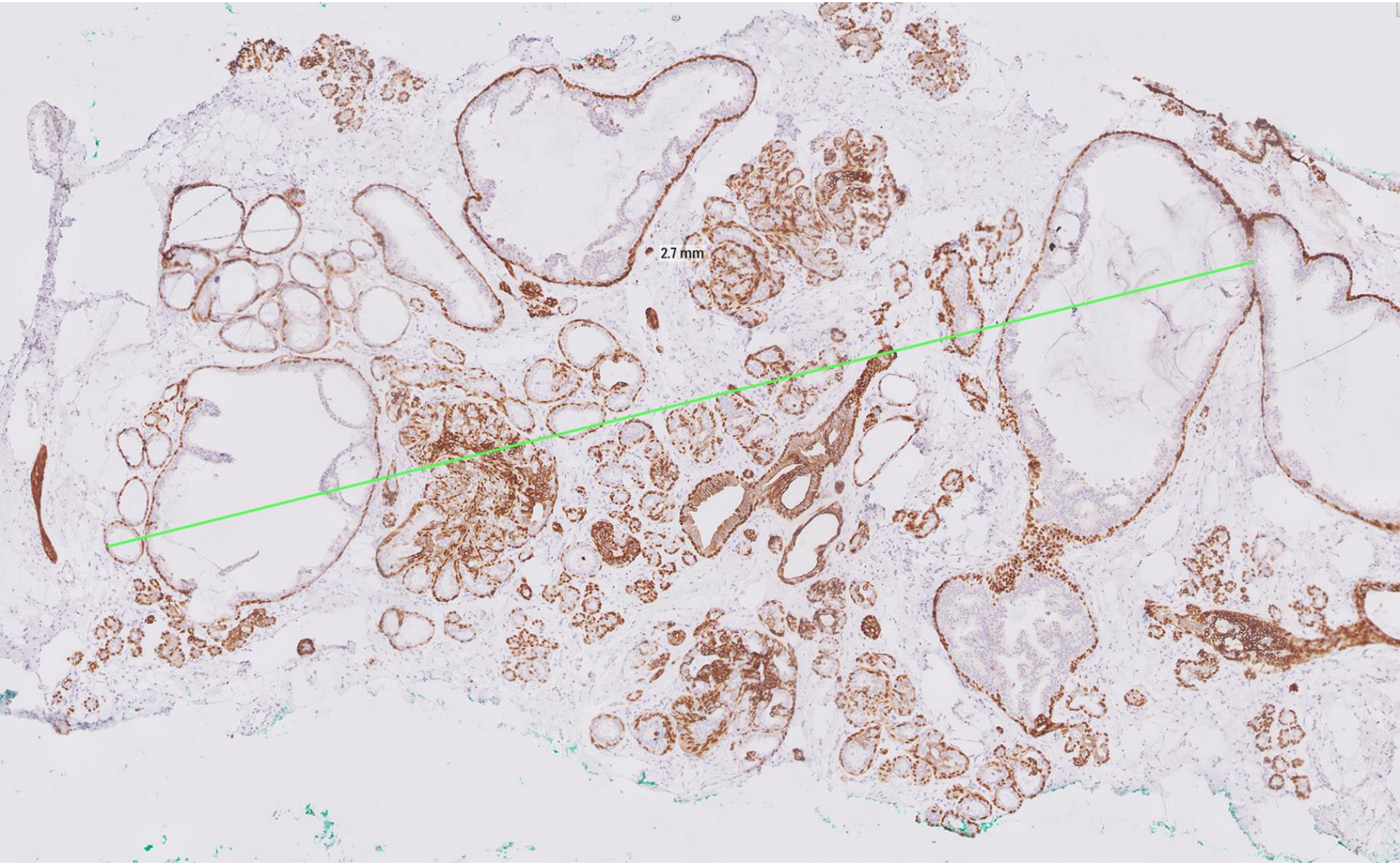

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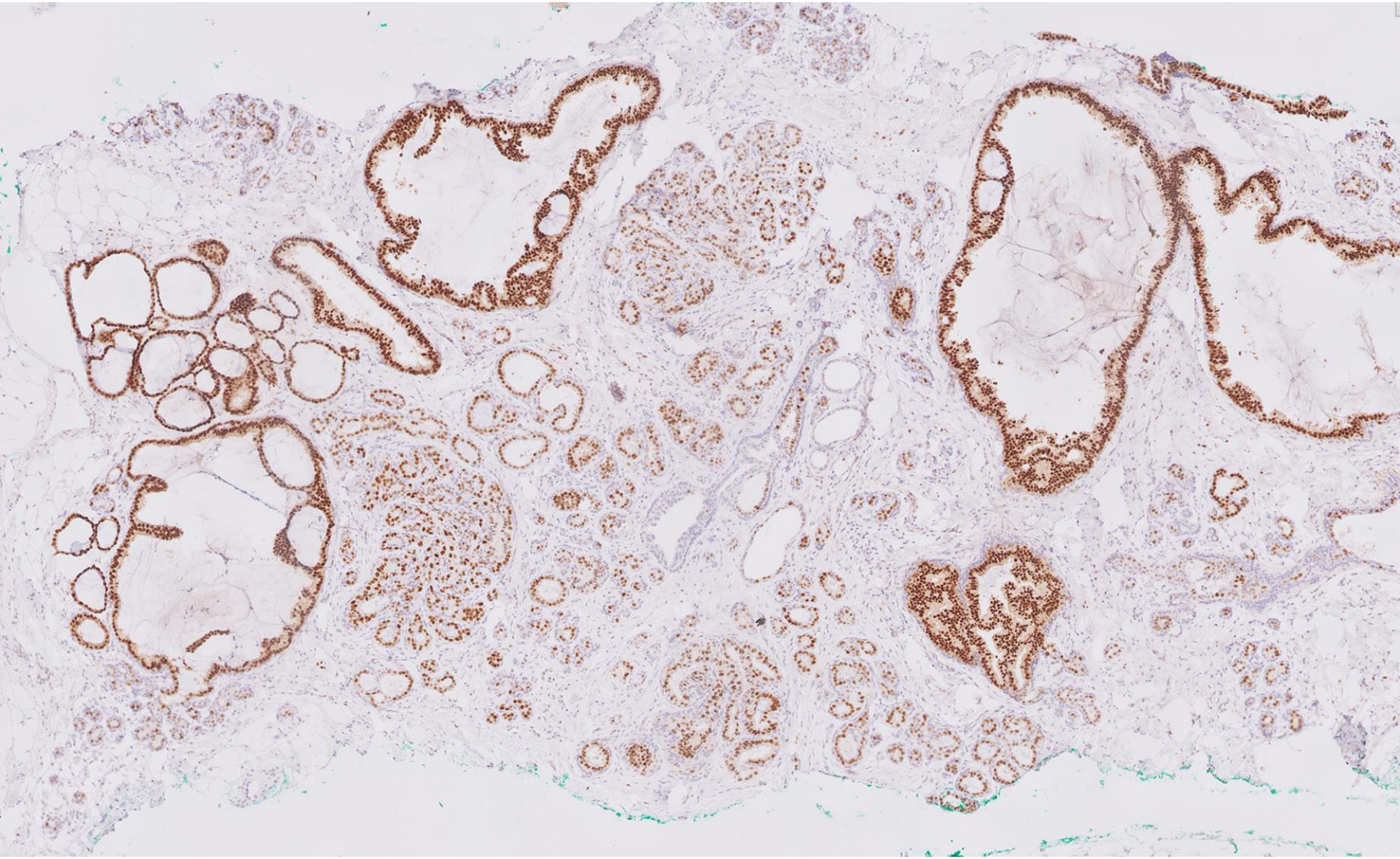

Question 6.1

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What is your diagnosis?

A. Columnar cell hyperplasia

B. Flat epithelial atypia

C. ADH

D. DCIS

E. Mucinous carcinoma

Sign out

Breast Pathology Course 2019

- Left breast upper outer quadrant; ST VAB:
- Atypical ductal hyperplasia (ADH)
- Focal mucin extravasation (mucocele-like lesion)
- Features suggestive of (small) radial sclerosing lesion

Comment: Clinical and radiological correlation is advised.

- Patient subsequently underwent hookwire localization excision biopsy which showed benign breast tissue with focal adenosis. No residual atypia or mucin was identified.

Atypical ductal hyperplasia

- A diagnosis of ADH is made when a lesion falls short of the criteria of low-grade DCIS in size or extent.
- For an intraductal proliferation that fully involves multiple duct spaces, some authors have proposed <2mm in extent or involvement of <2 duct spaces as the criteria for ADH.
- Key principle is to avoid overtreatment of patients with minimal or equivocal lesions on core needle biopsies.
- Genetic studies have found recurrent alterations including losses at 16q and 17p and gains at 1q, similar to low-grade DCIS, supporting the close relationship between the two.