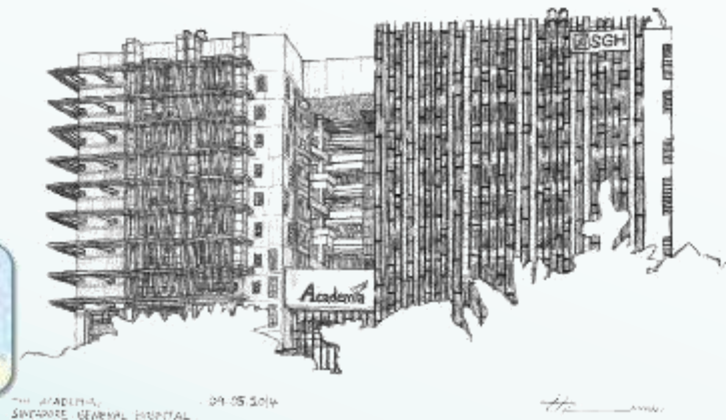
Breast Pathology Course 2019

- 45 yo Female
- 2012: Right breast 5 o'clock nodule; Excision biopsy:
  - Lobular carcinoma-in-situBenign intraductal papilloma



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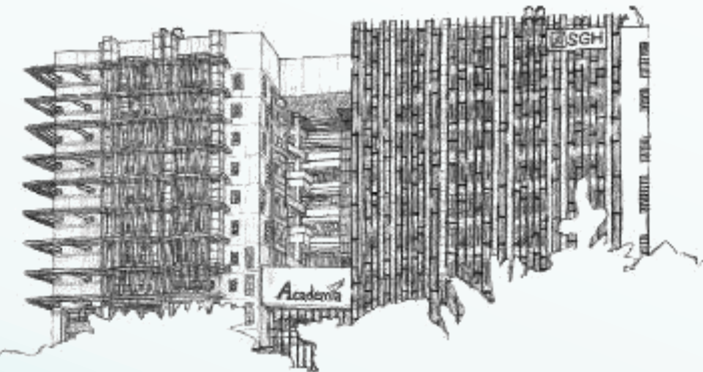
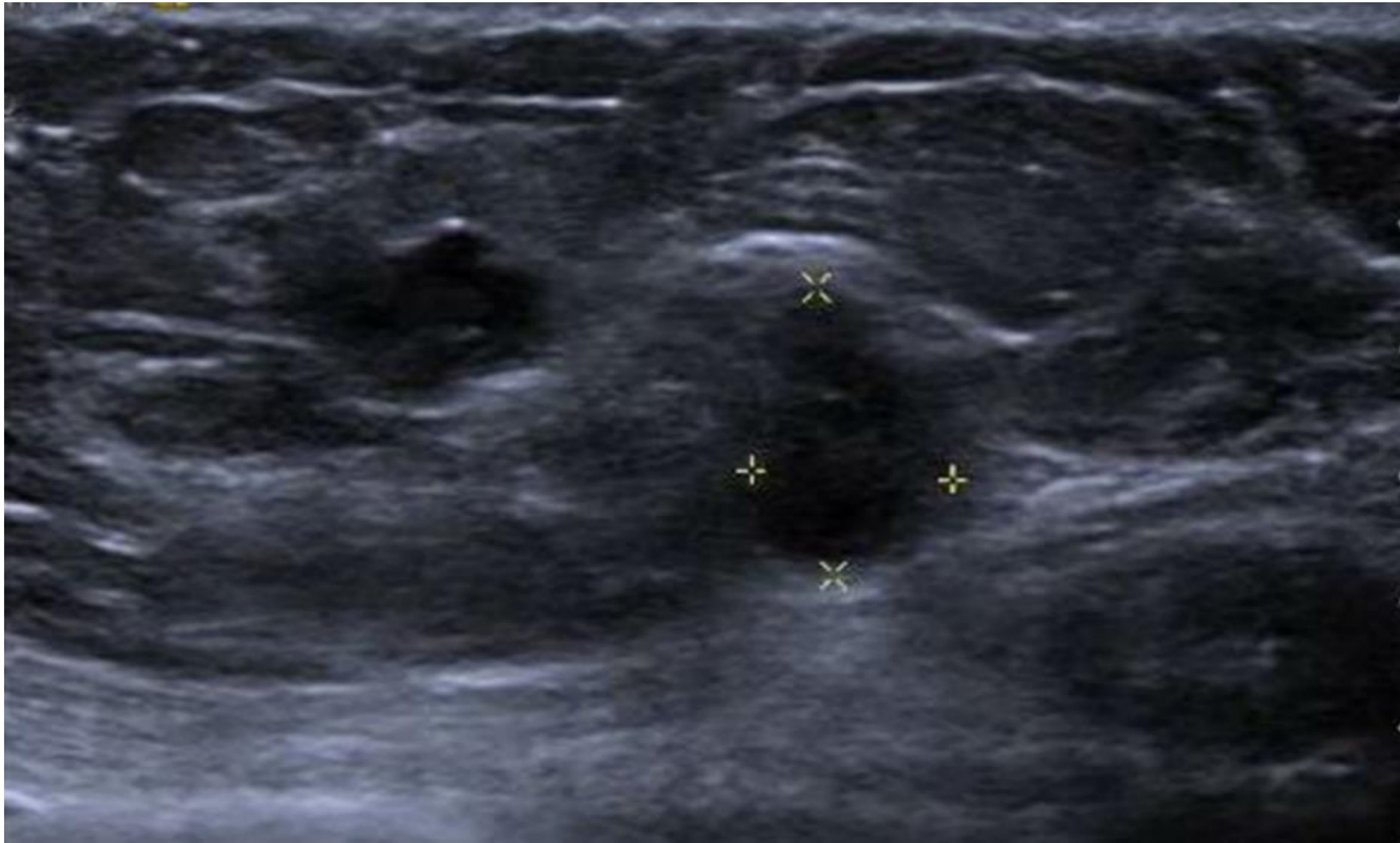
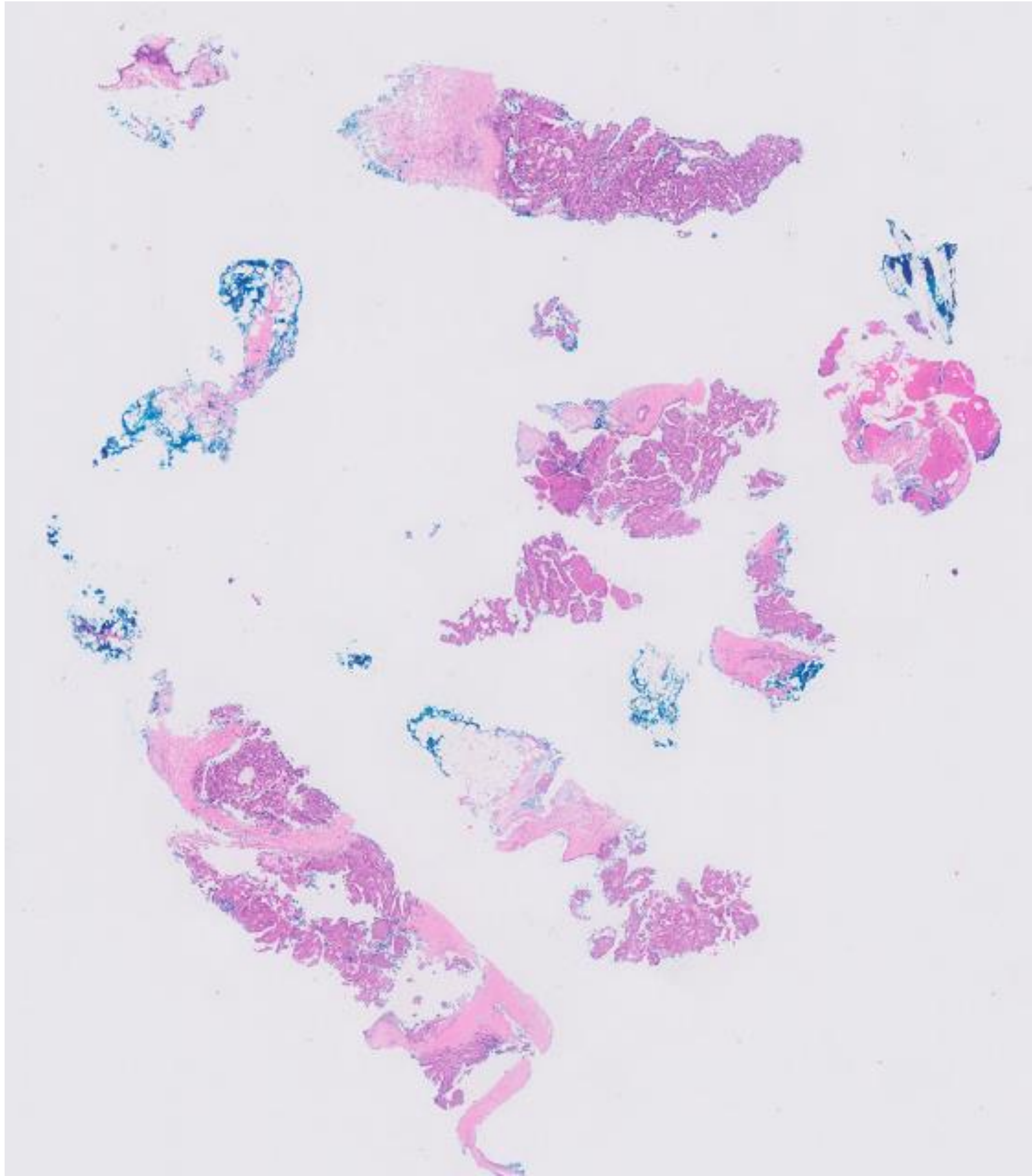
- Now on follow up imaging, 2 new nodules at 0400 to 0430 position
- O/E:
  - no palpable breast lumps
  - 5OC scar
- US guided core biopsy of 2 right breast nodules (4-430) done

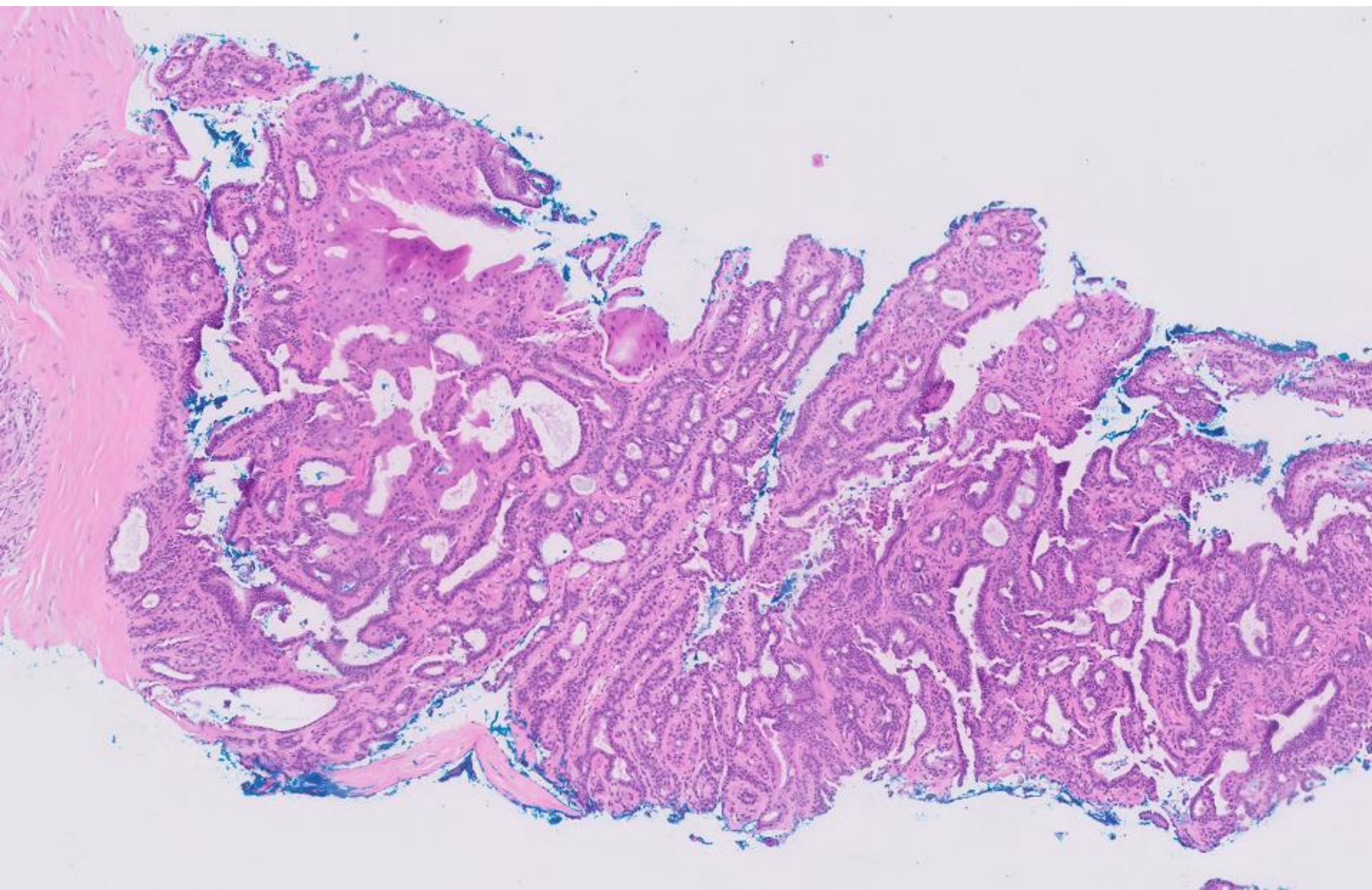


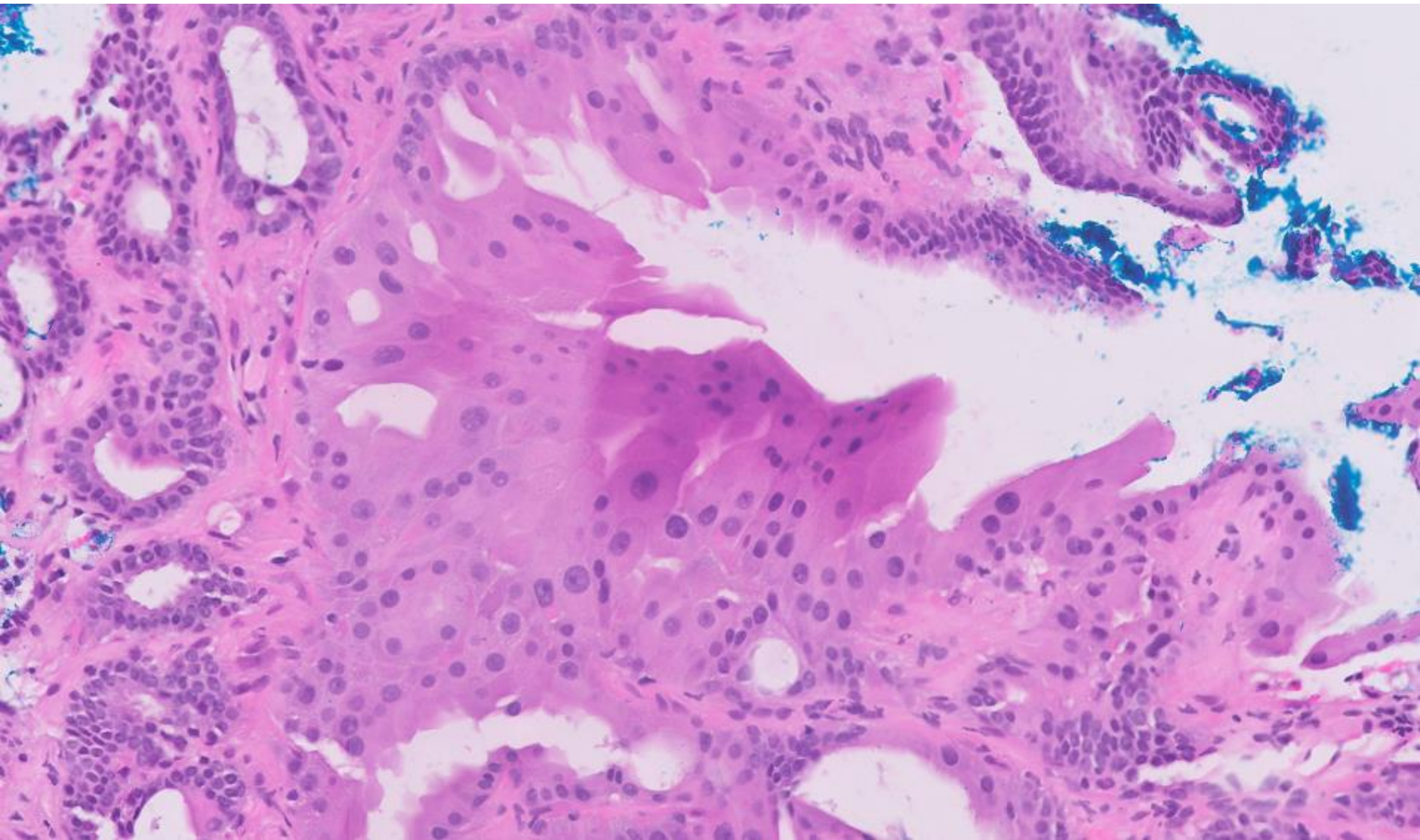
Two interval new poorly defined nodules are noted slightly lateral to the scar, at
about 4 to 4'30 o'clock, measuring 13 x 8 x 10 mm and 8 x 11 x 10 mm. These two nodules are hard on elastography.



Right breast 4 o'clock nodule







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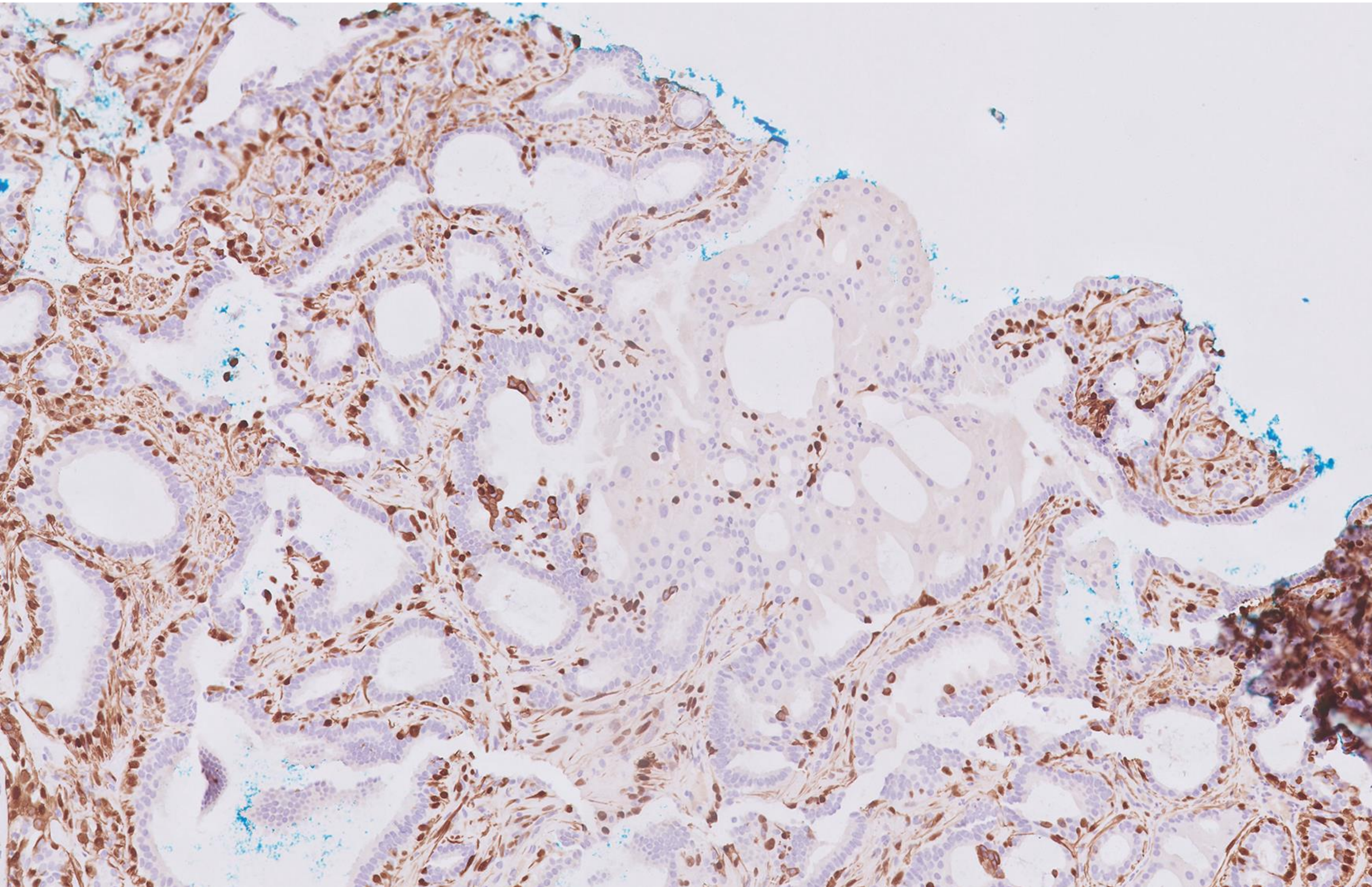

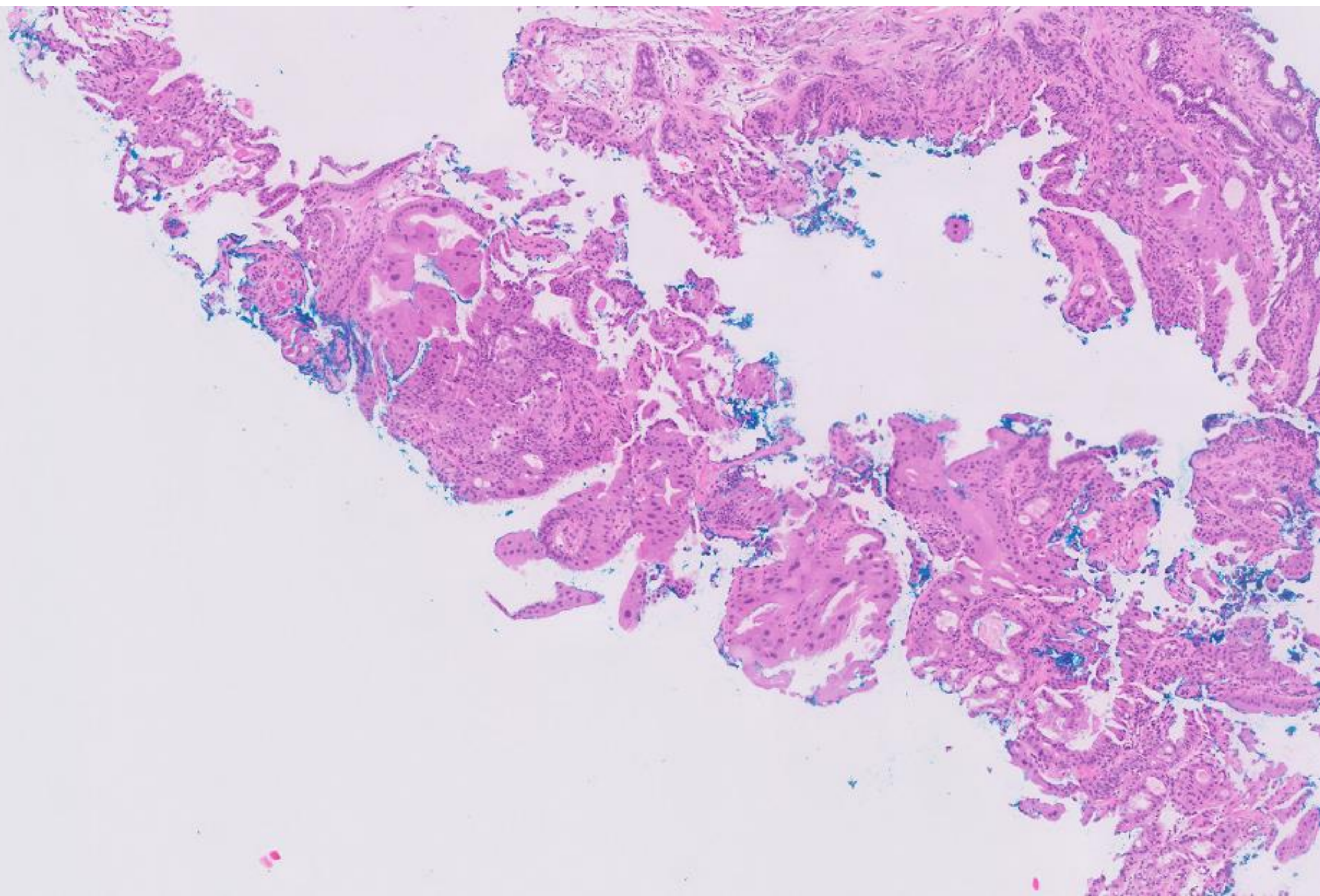

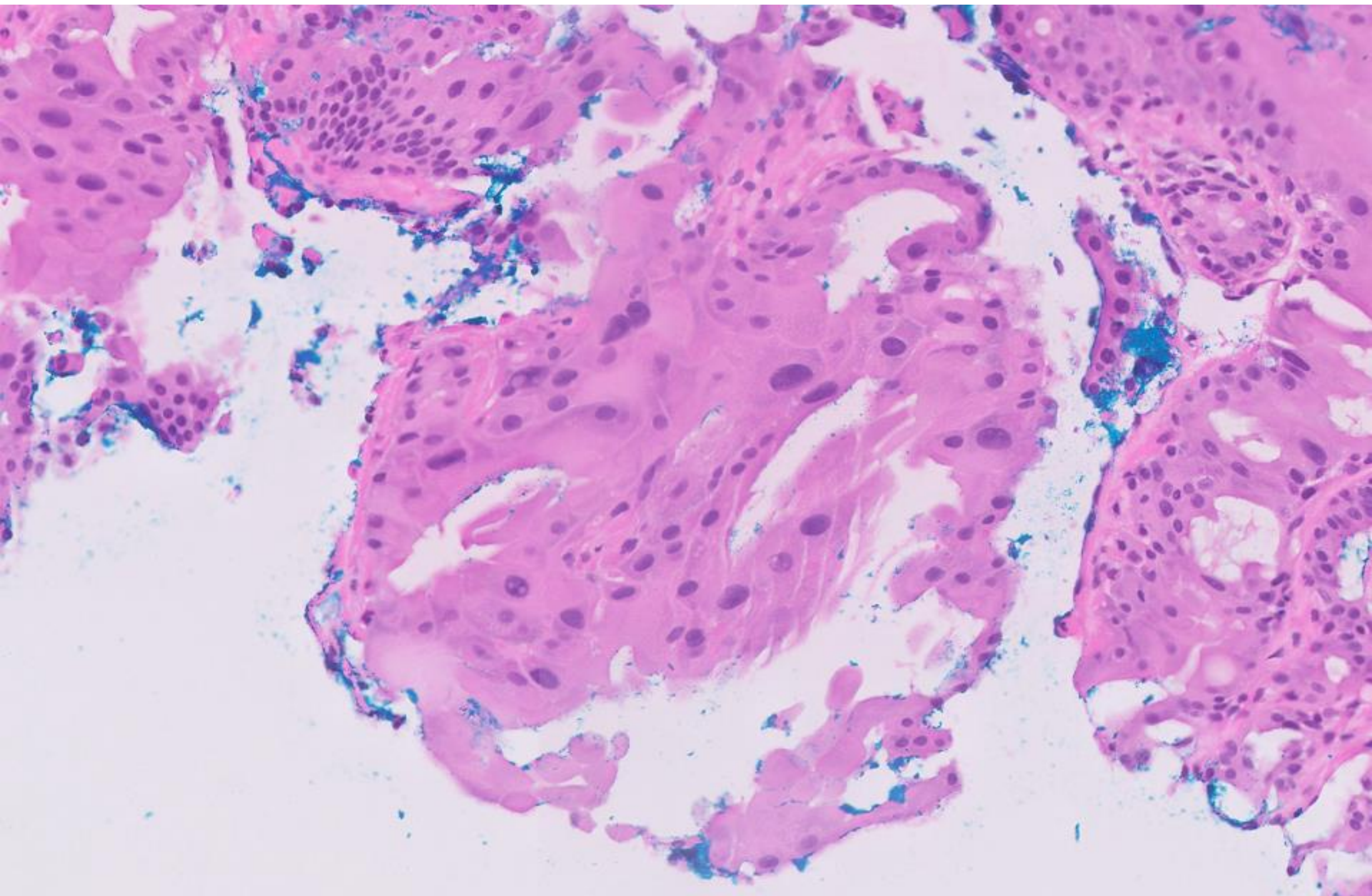

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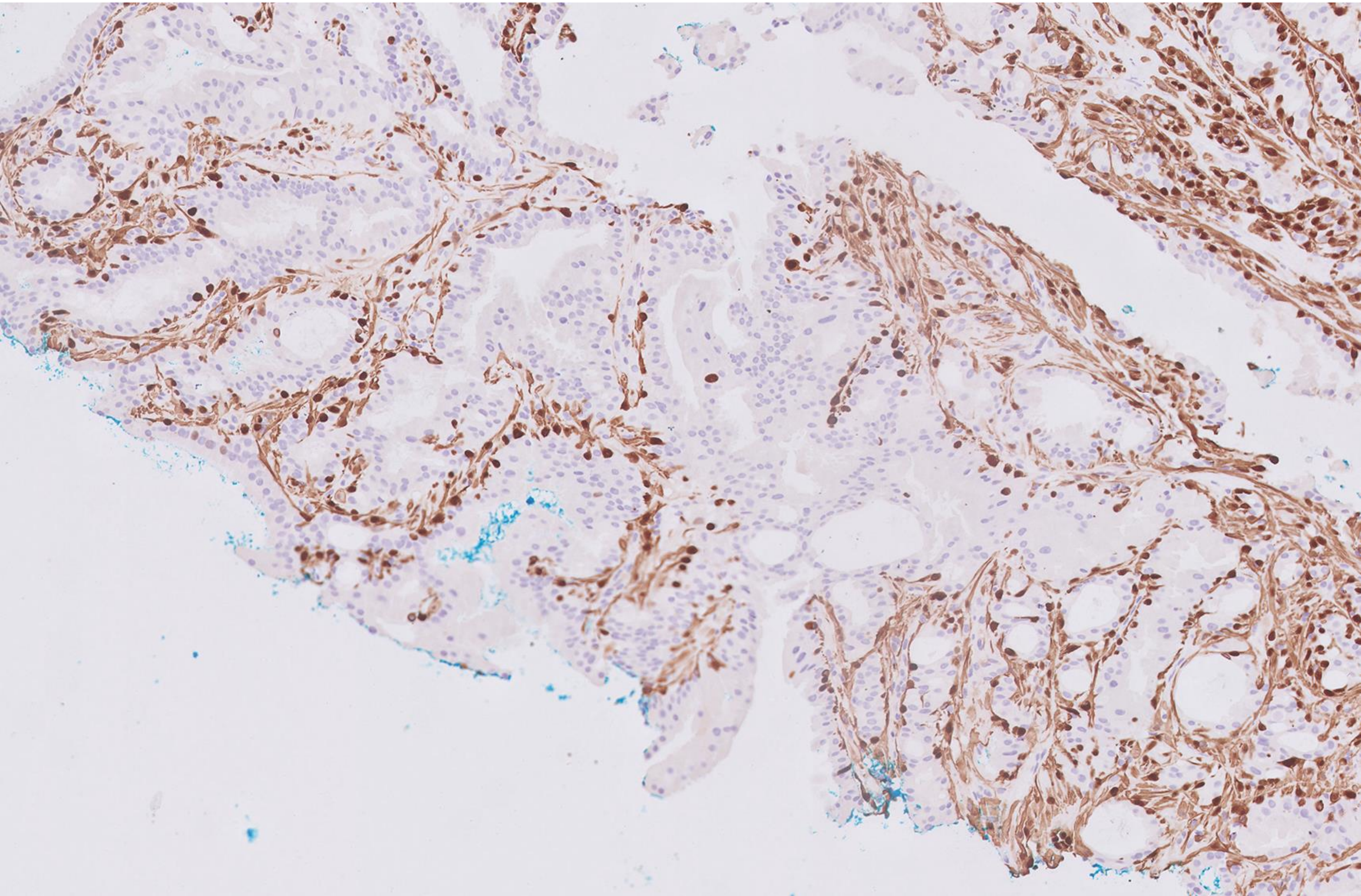
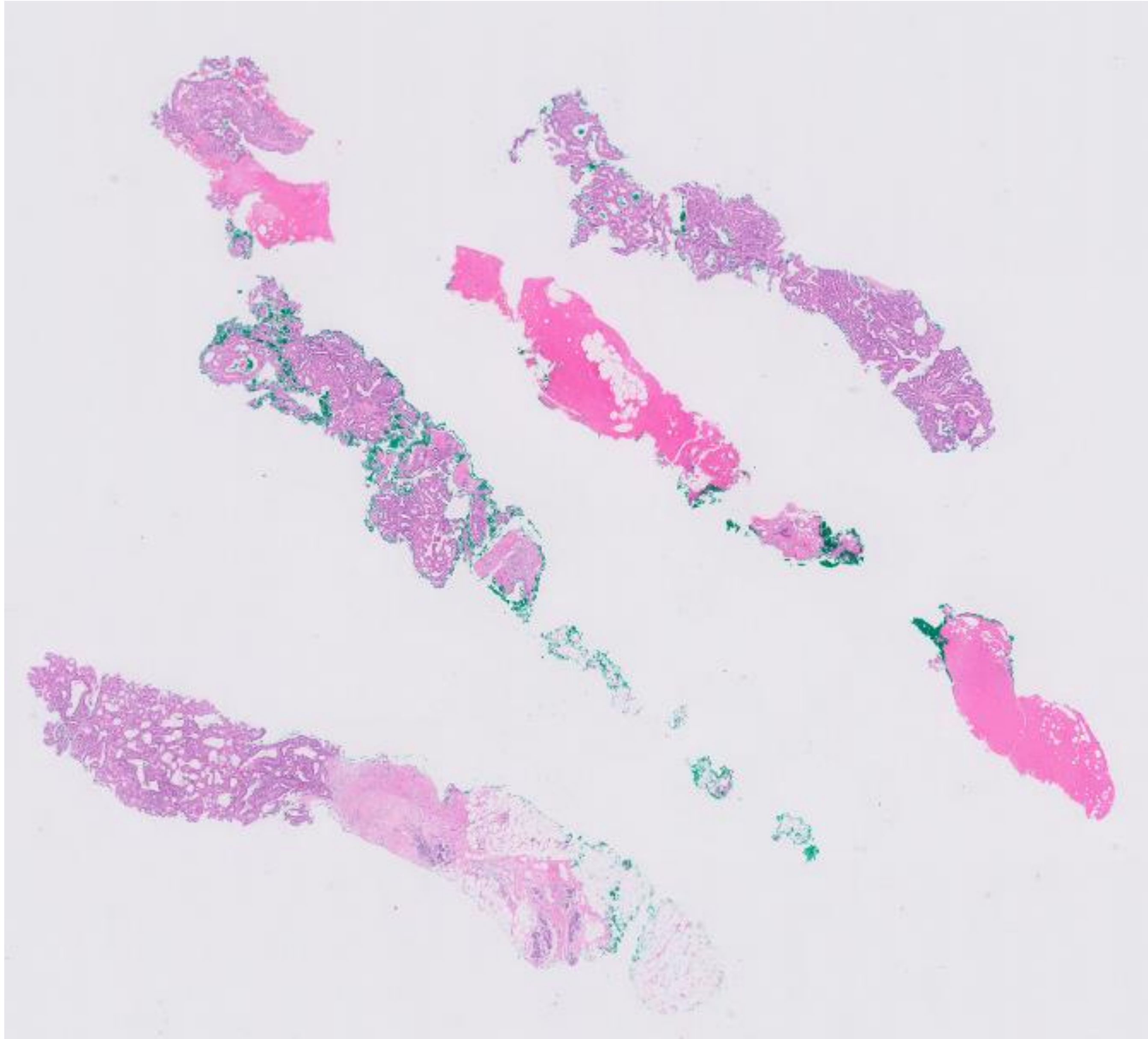
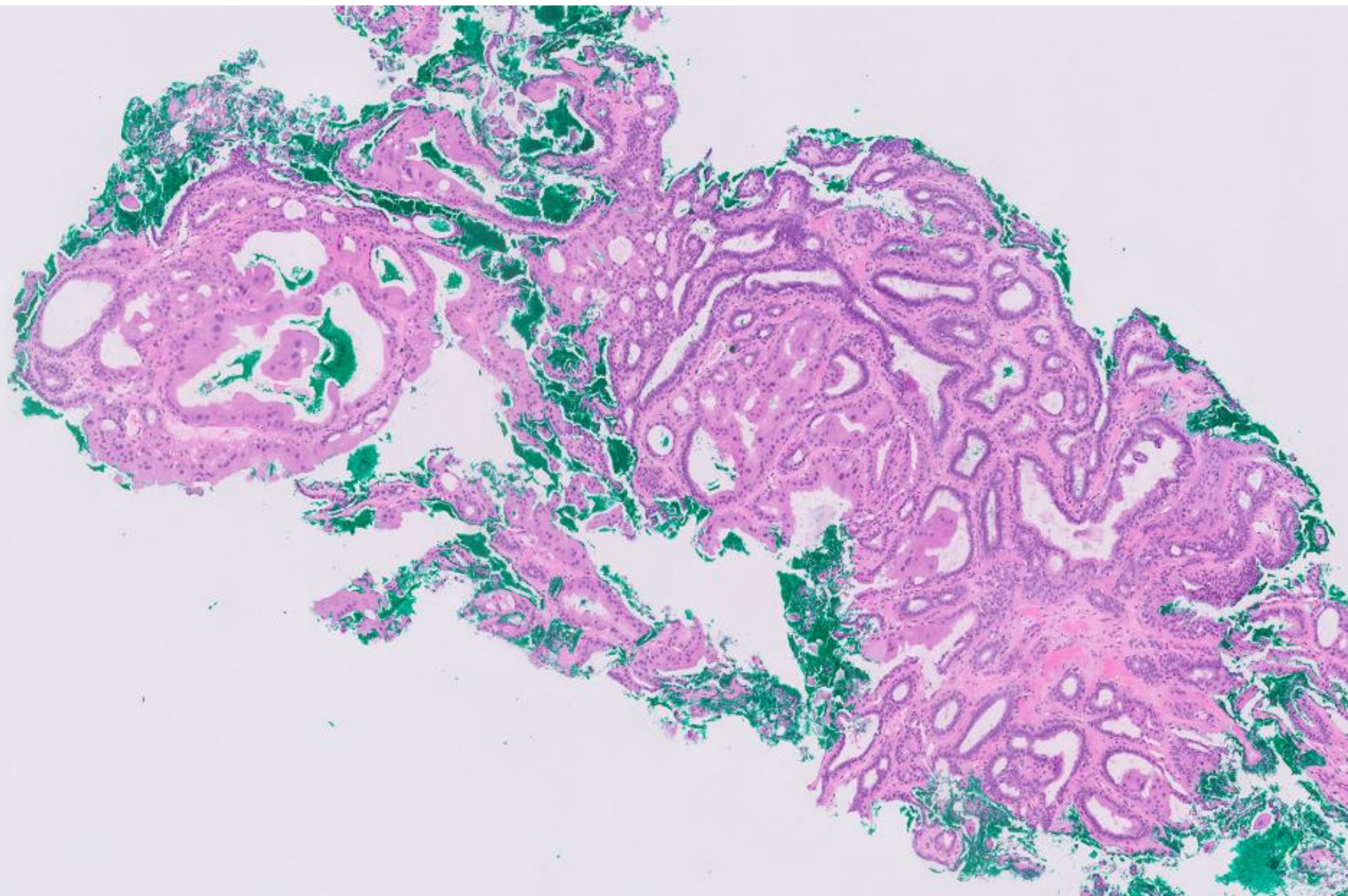
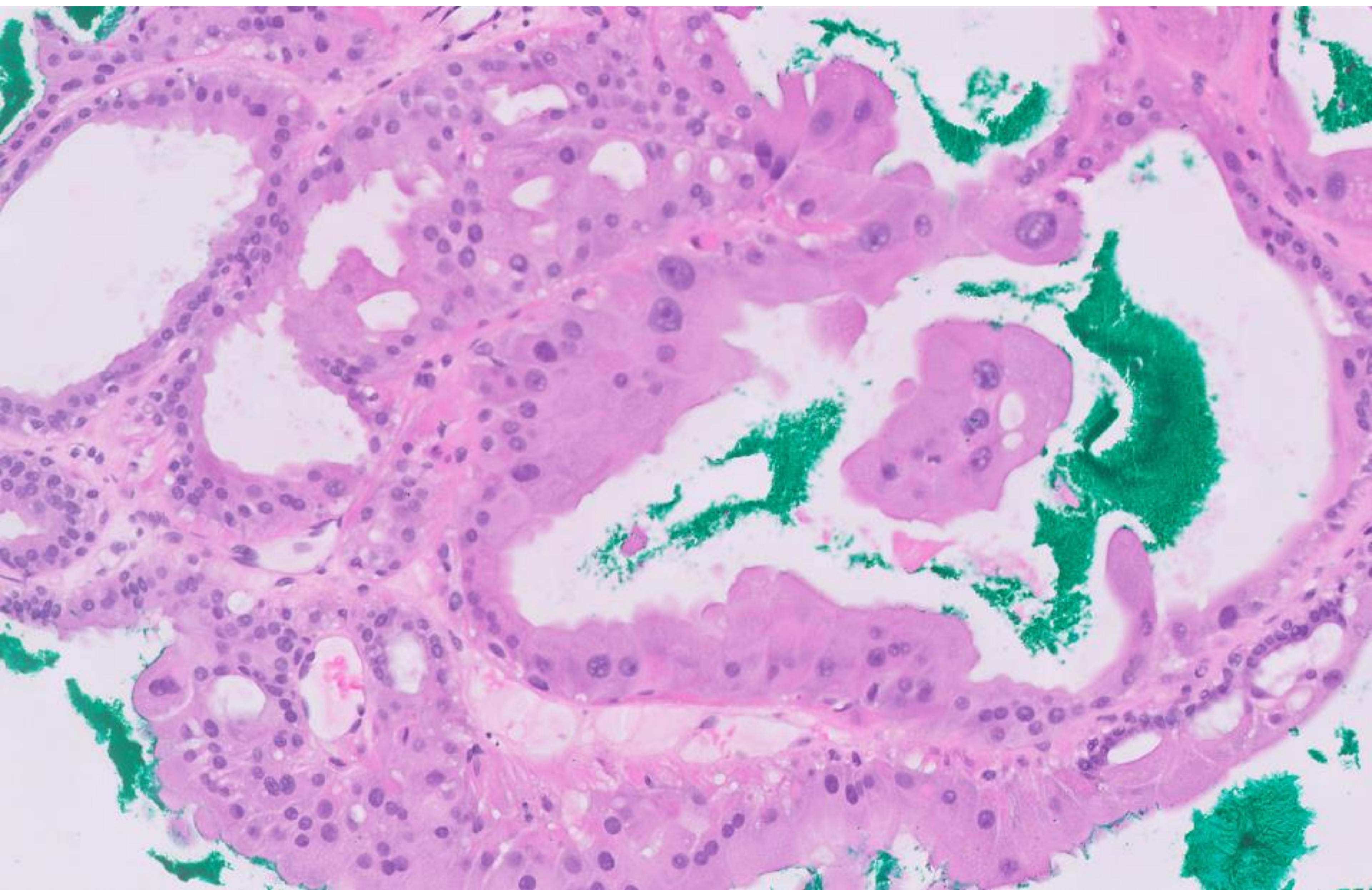
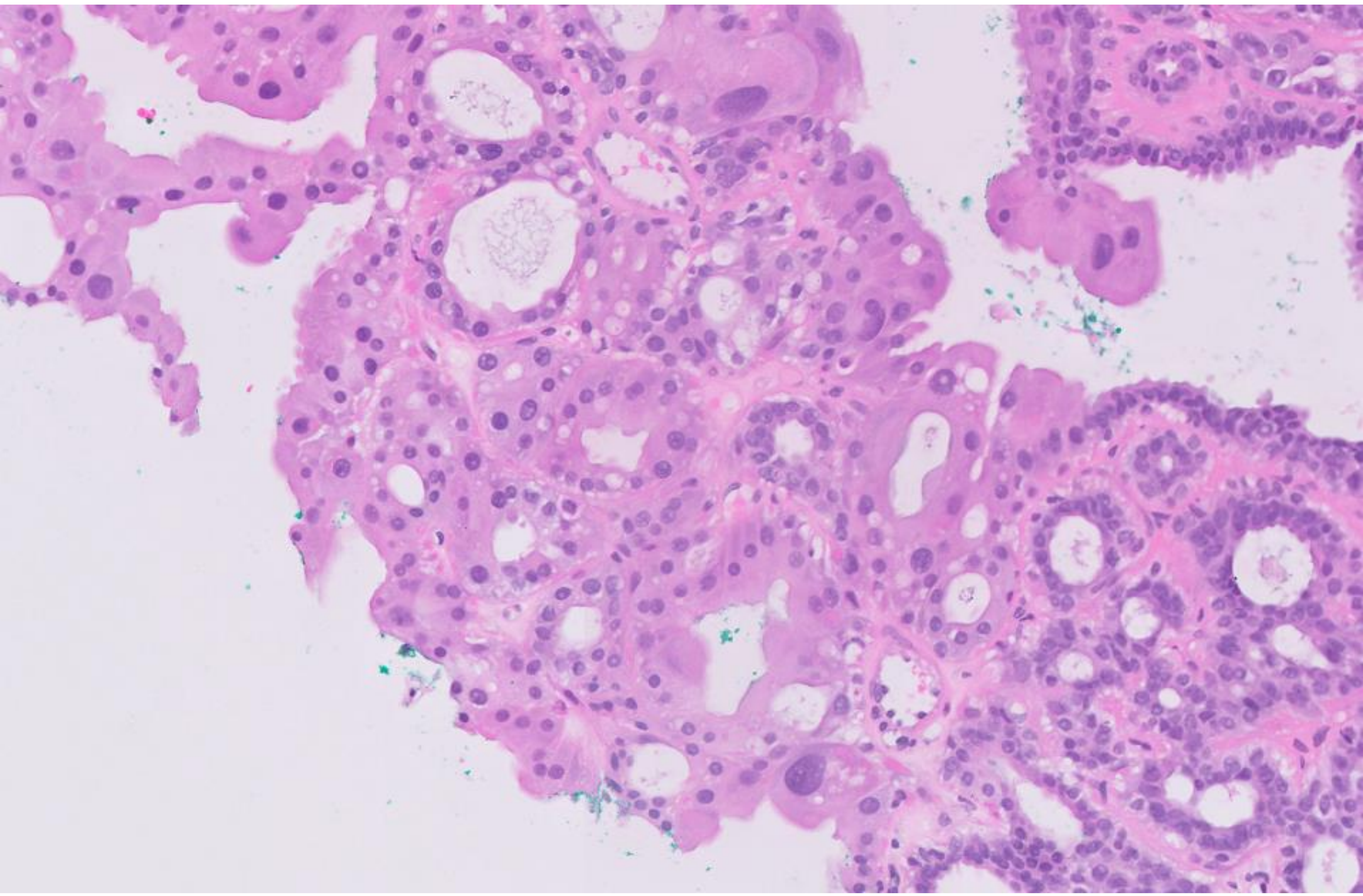


Right breast 4.30 o'clock nodule









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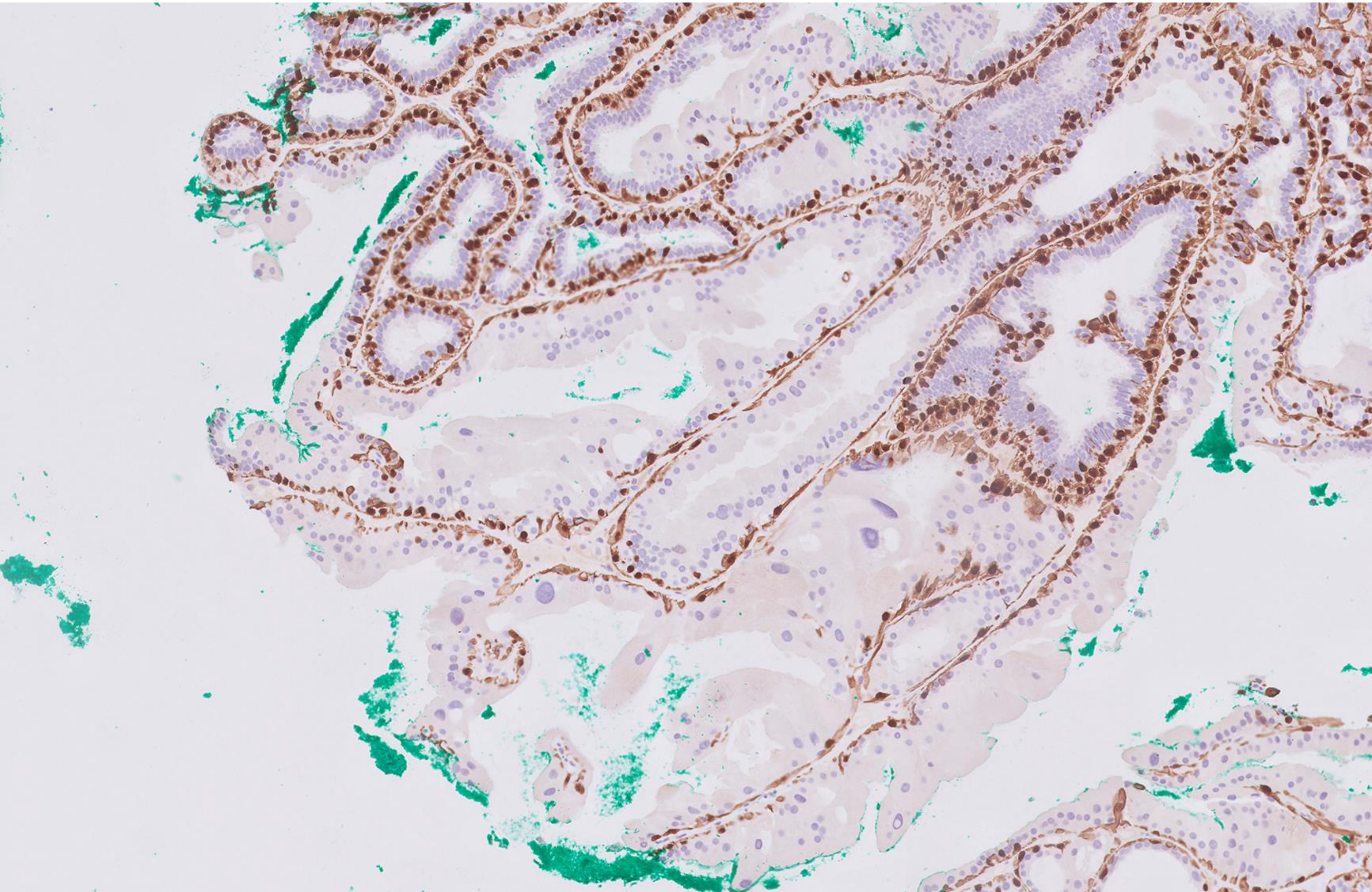

Question 12.1

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What is your diagnosis?

A. Intraductal papilloma with apocrine metaplasia
B. Intraductal papilloma with atypical apocrine proliferation
C. Intraductal papilloma with apocrine ADH
D. Intraductal papilloma with apocrine DCIS

Diagnosis

A) "Right breast 4 o'clock nodule“

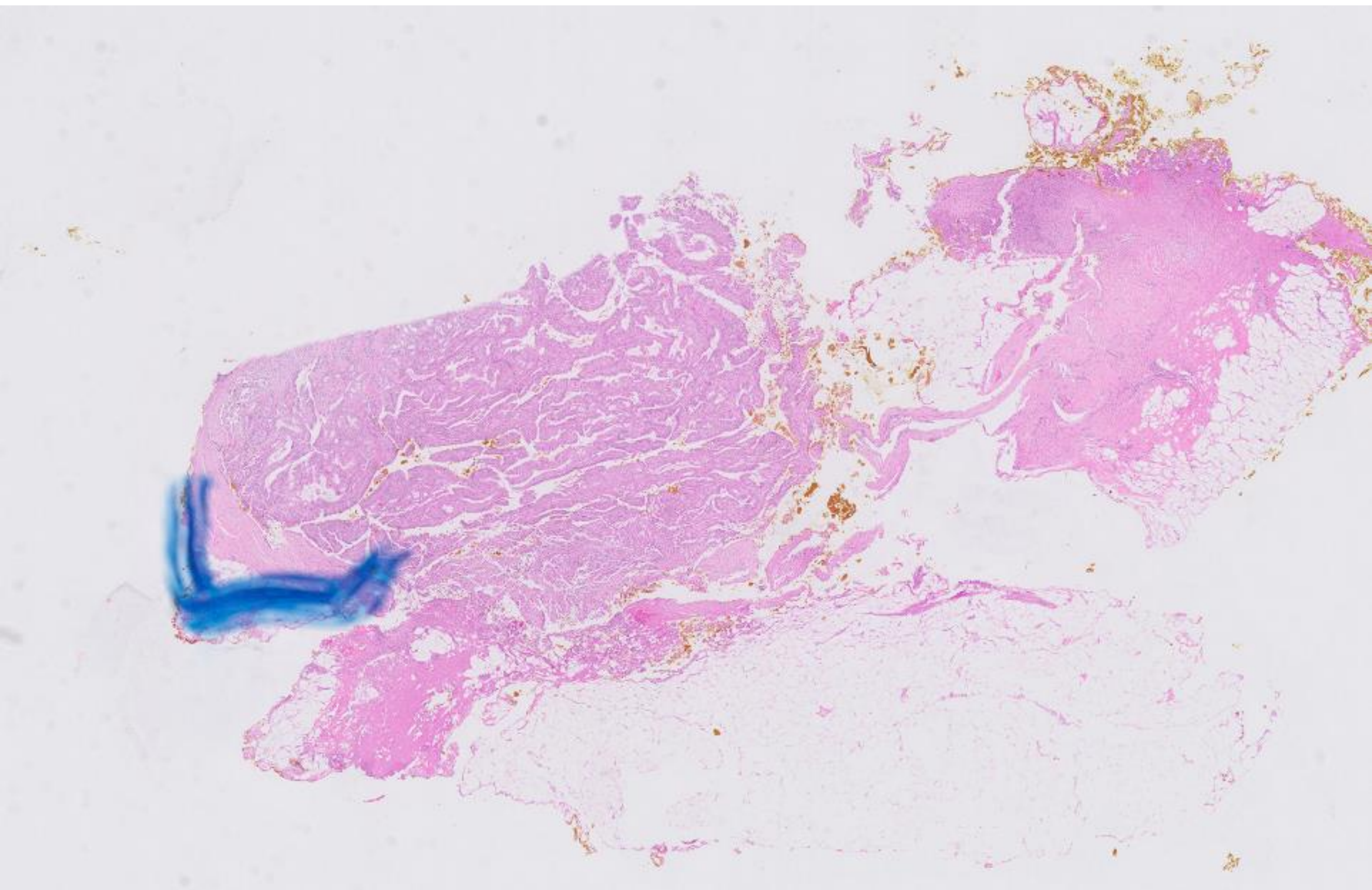
- Portions of papillary lesion in keeping with intraductal papilloma, containing apocrine metaplasia with atypia (see comment).

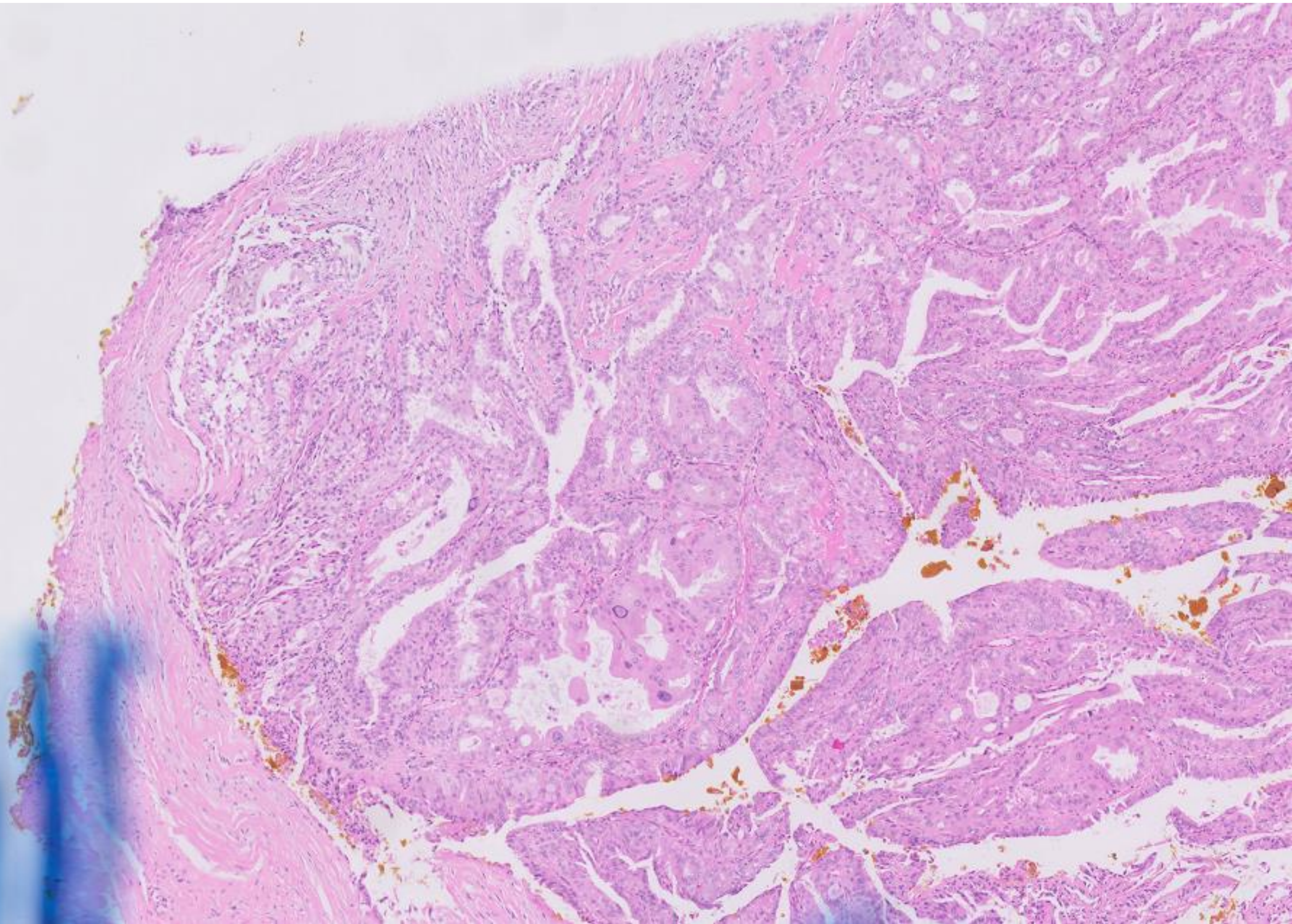
B) "Right breast 4:30 o'clock nodule“

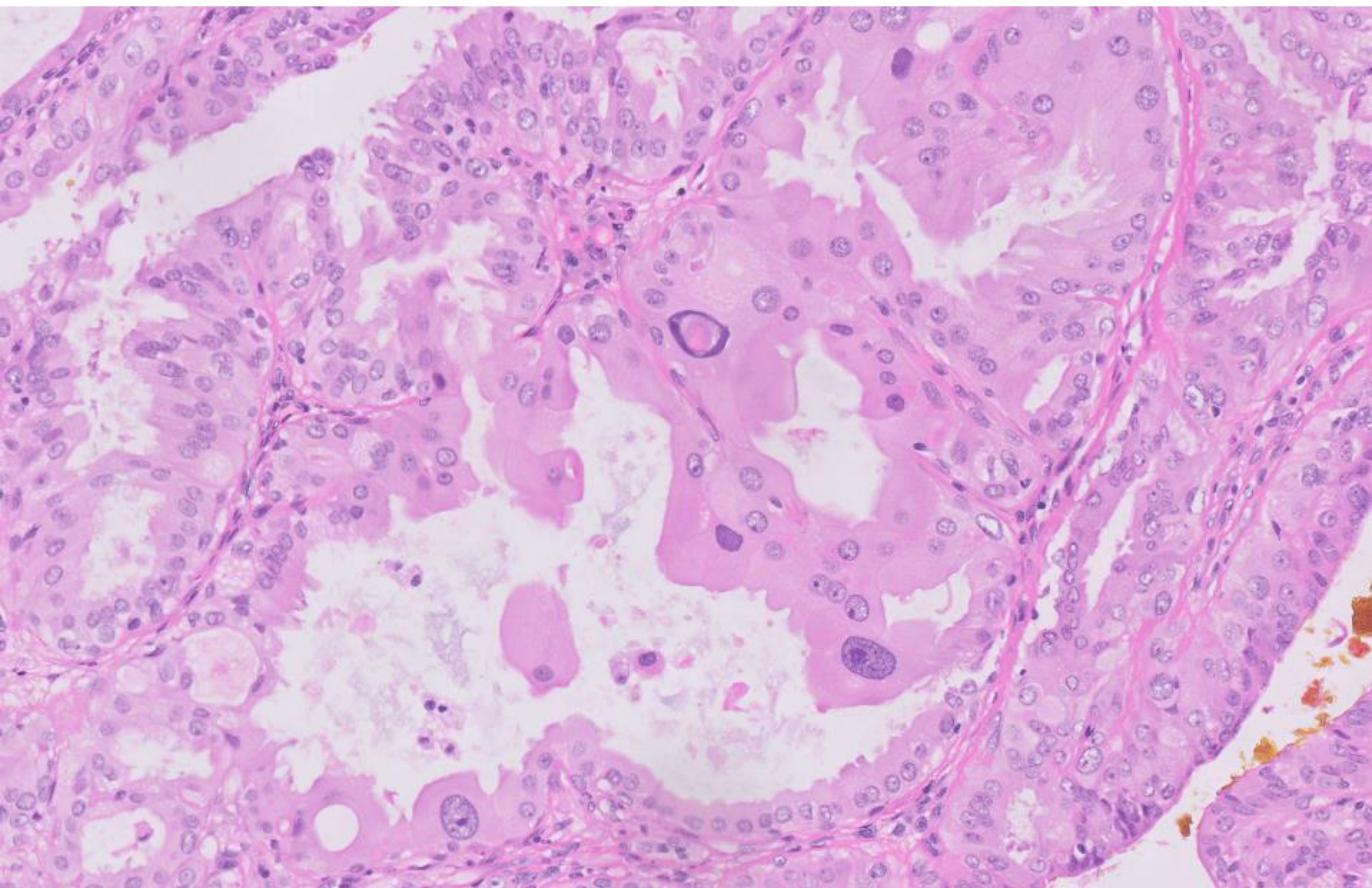
- Portions of papillary lesion in keeping with intraductal papilloma, containing apocrine metaplasia with atypia (see comment).

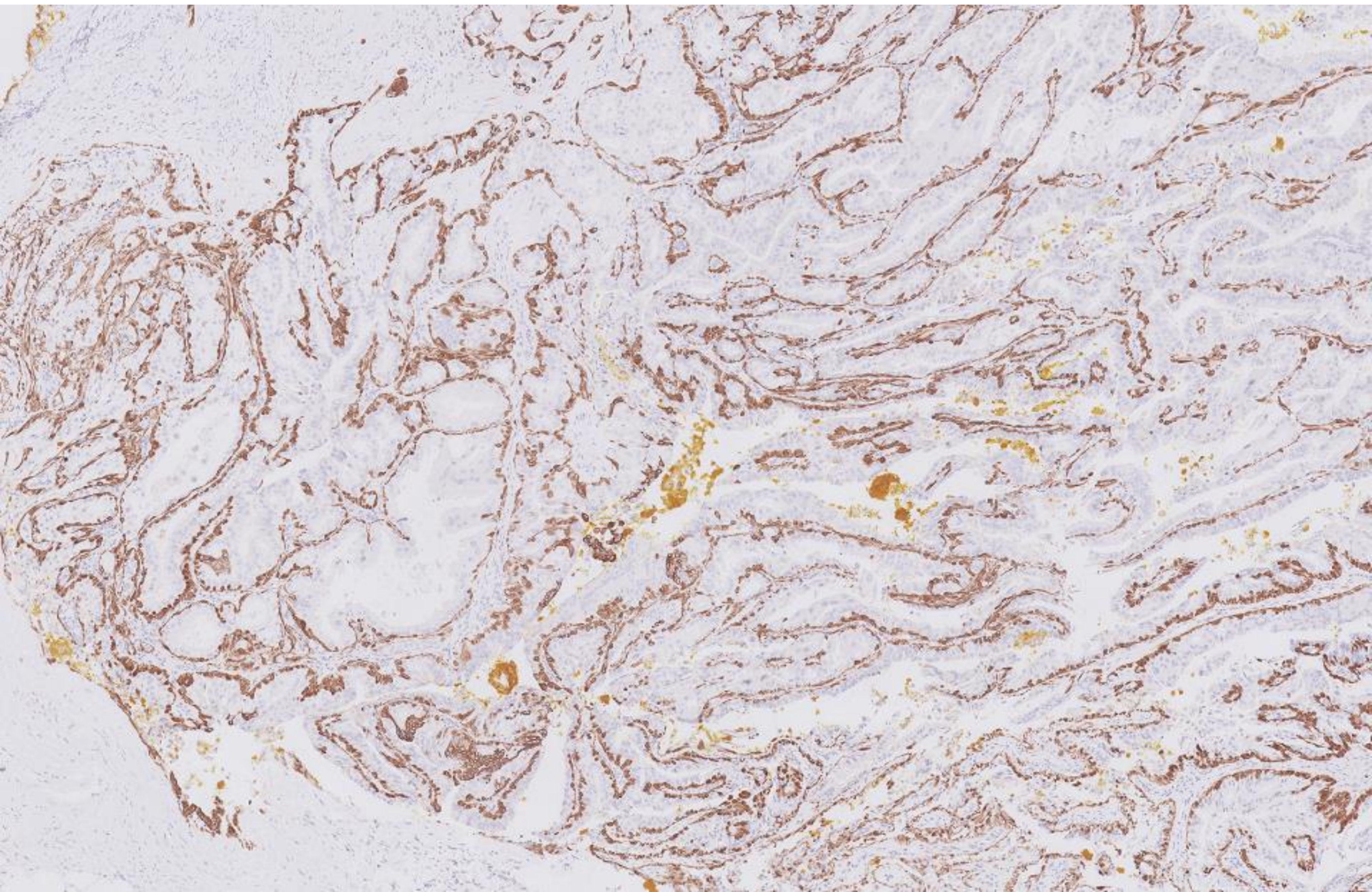
Comment: Suggest complete excision for further characterisation.

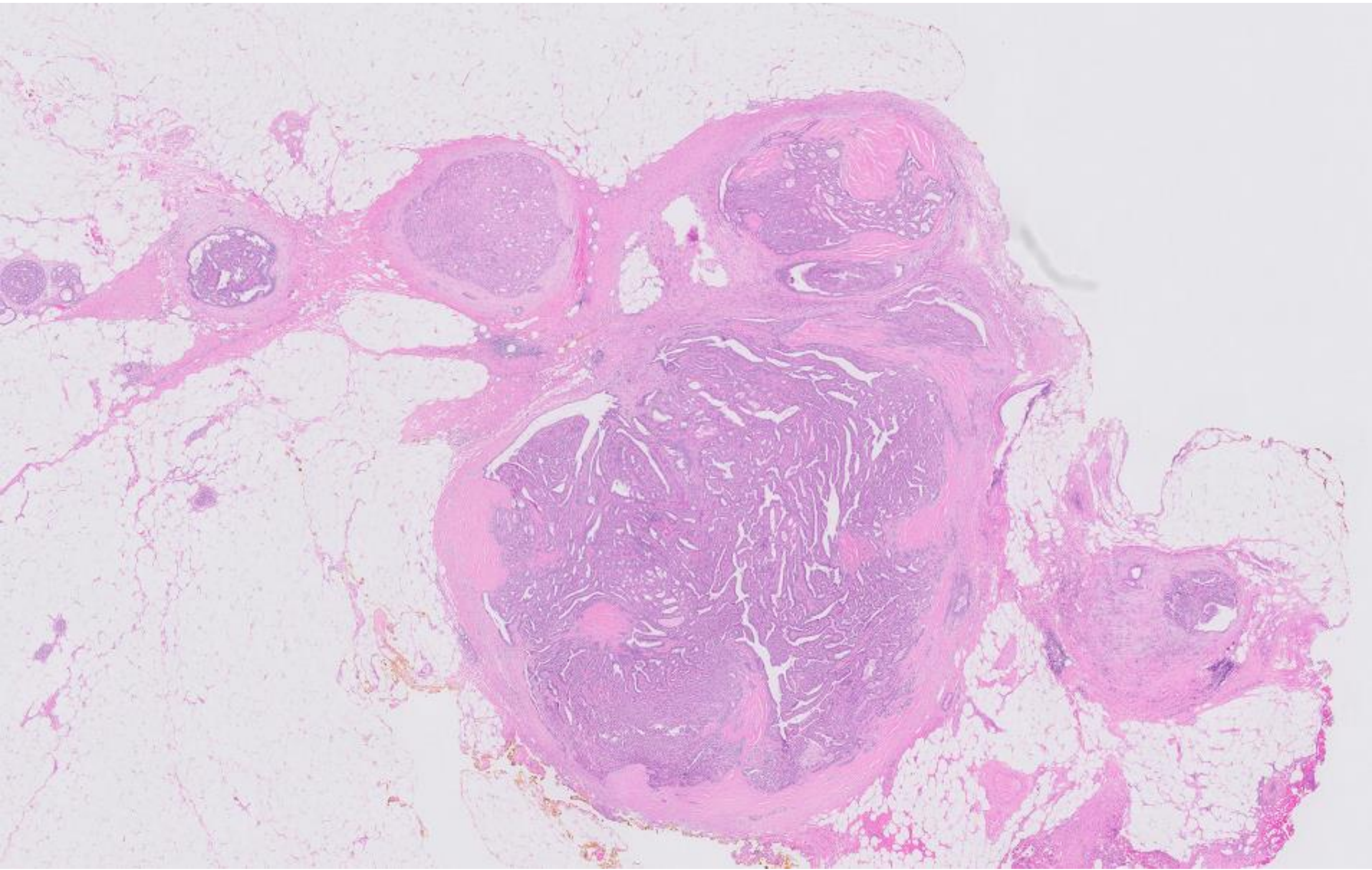
- Patient underwent excision biopsy 2 months later

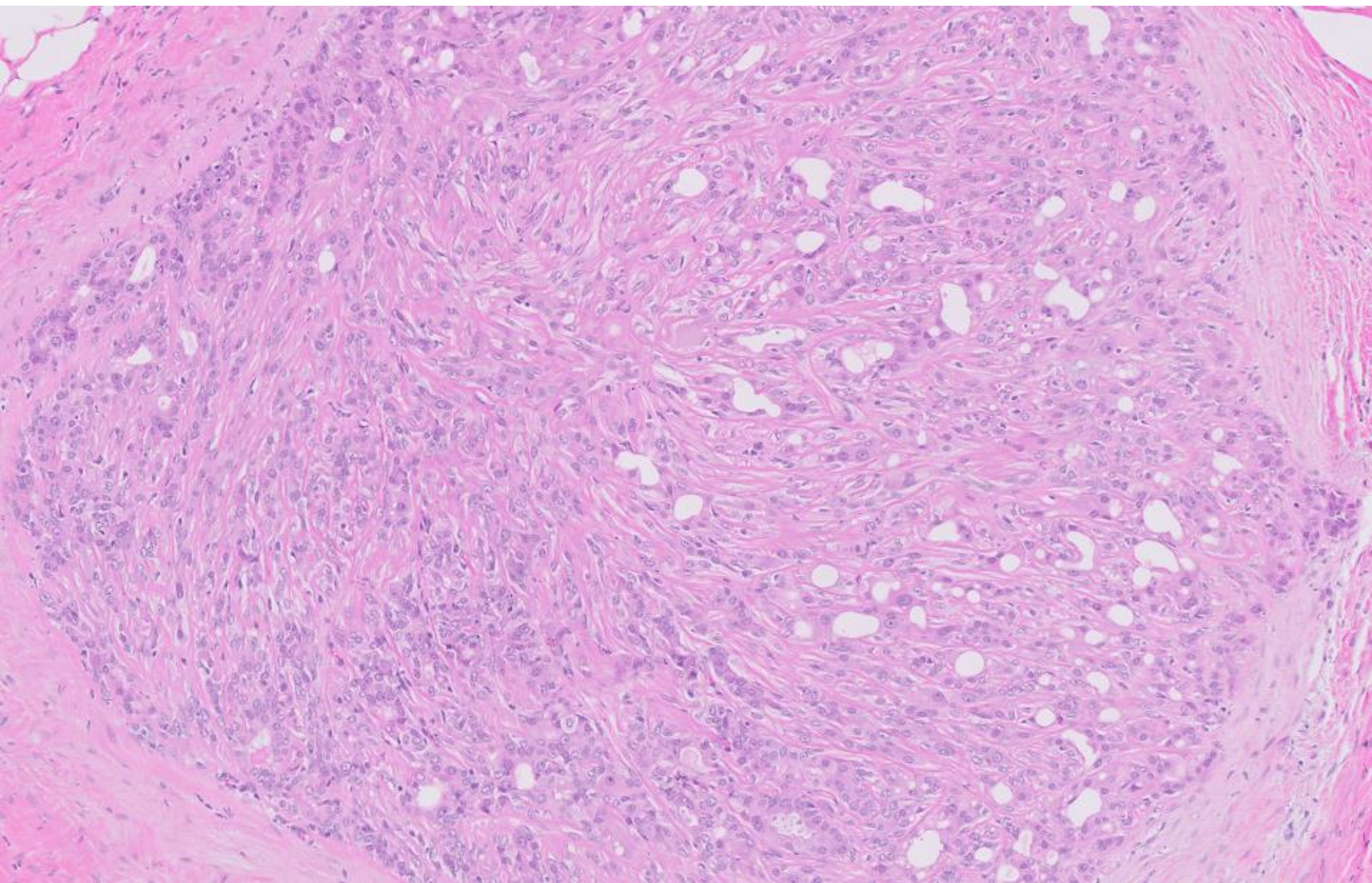












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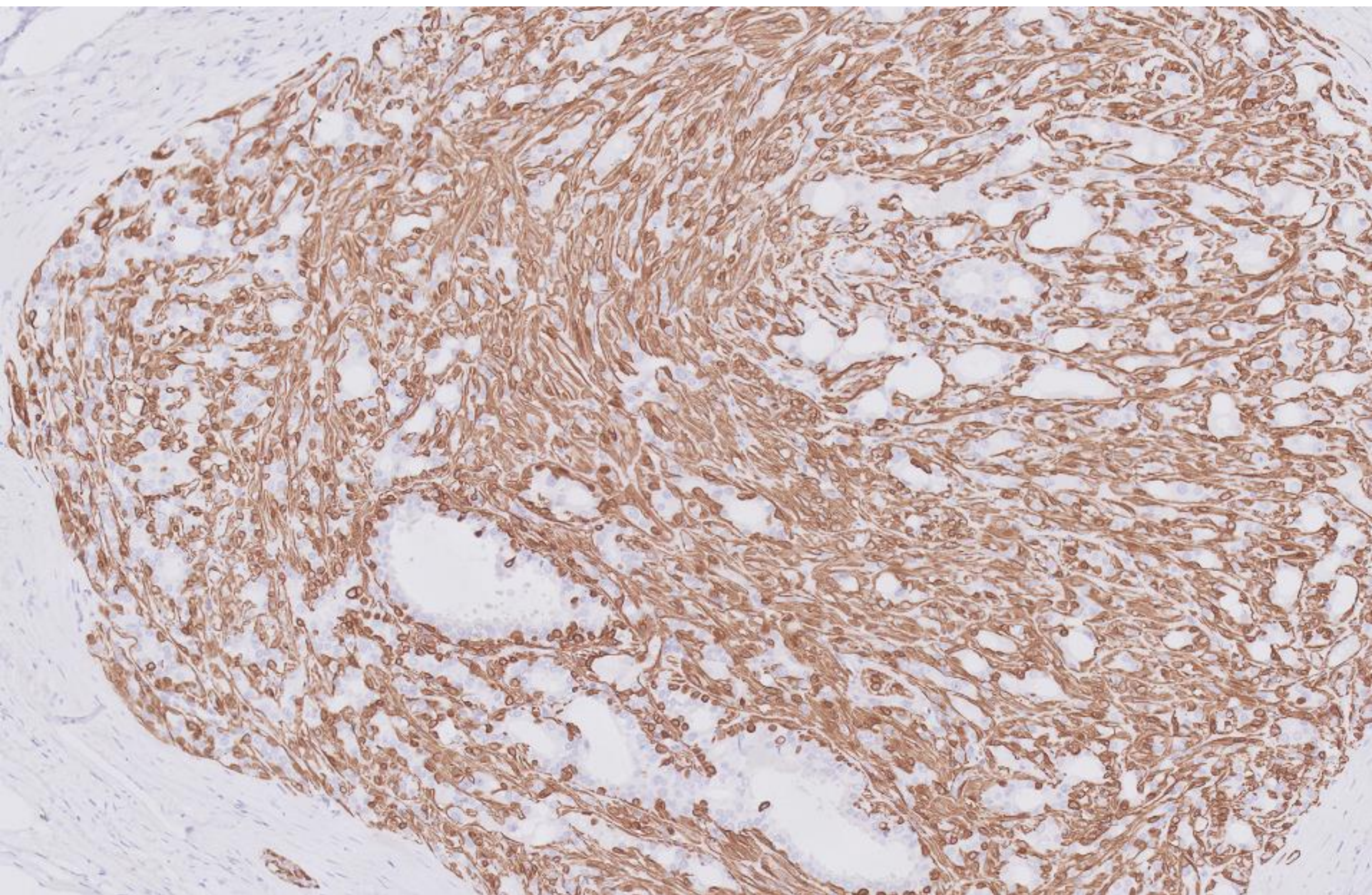

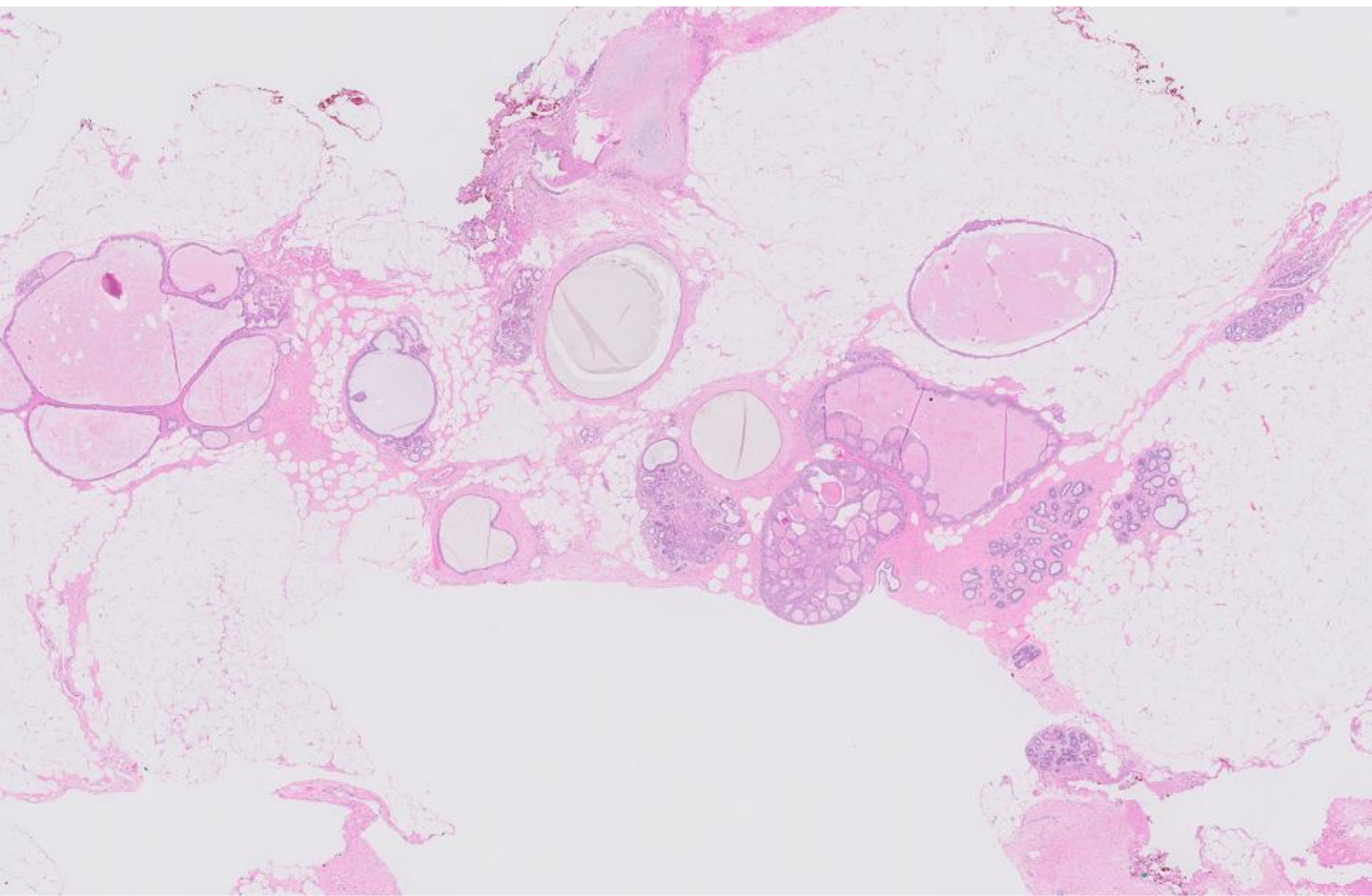

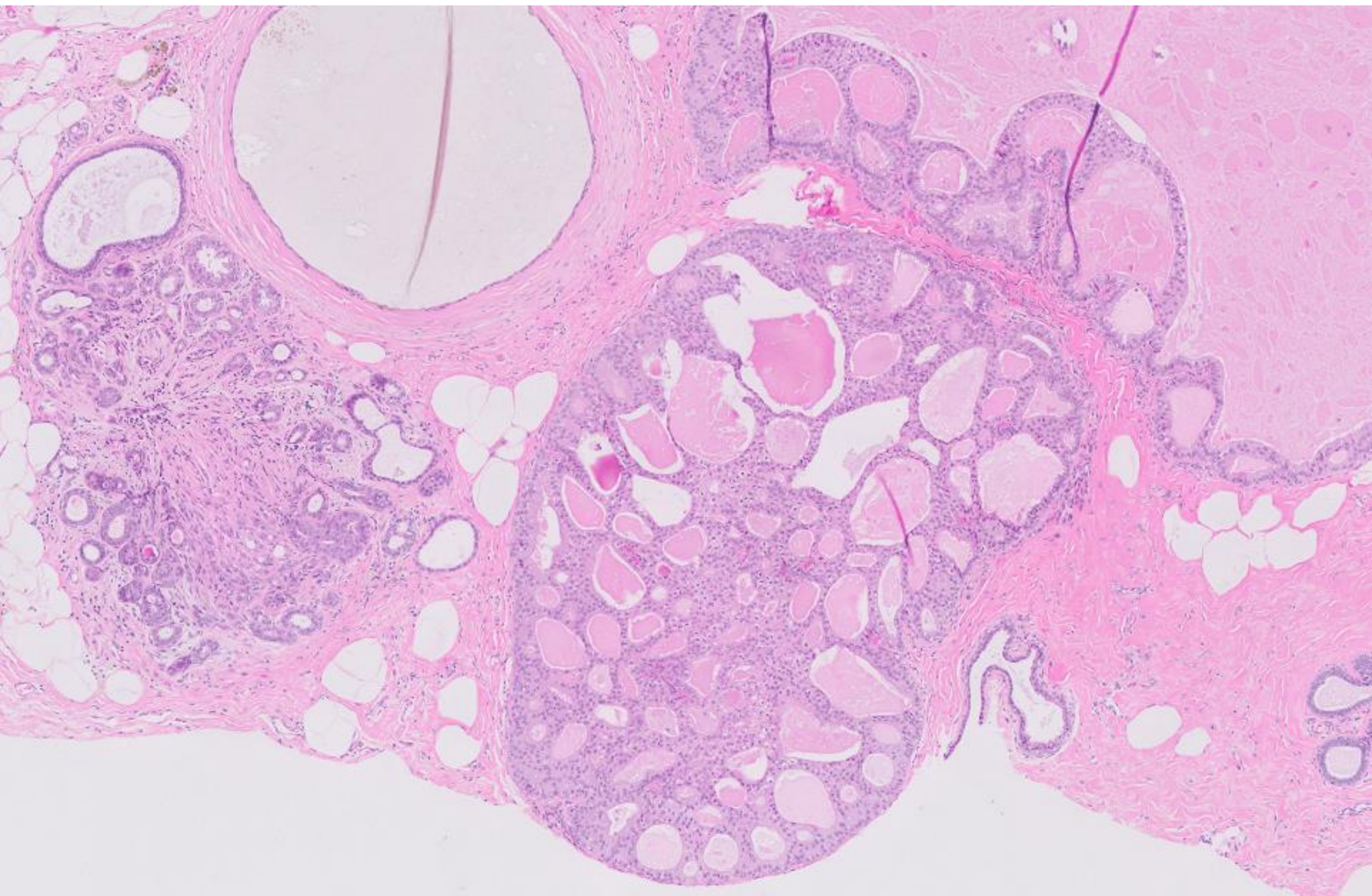

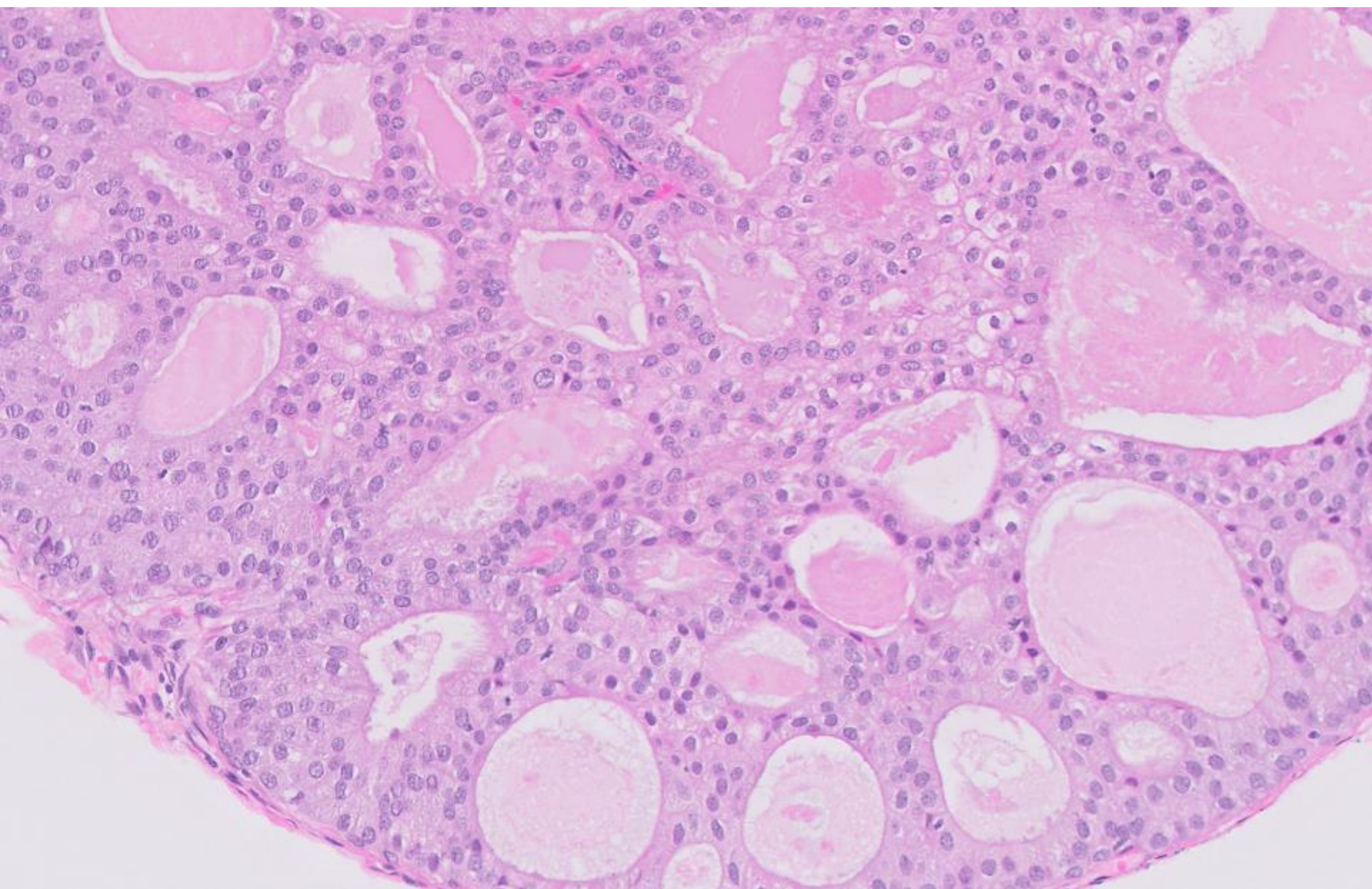

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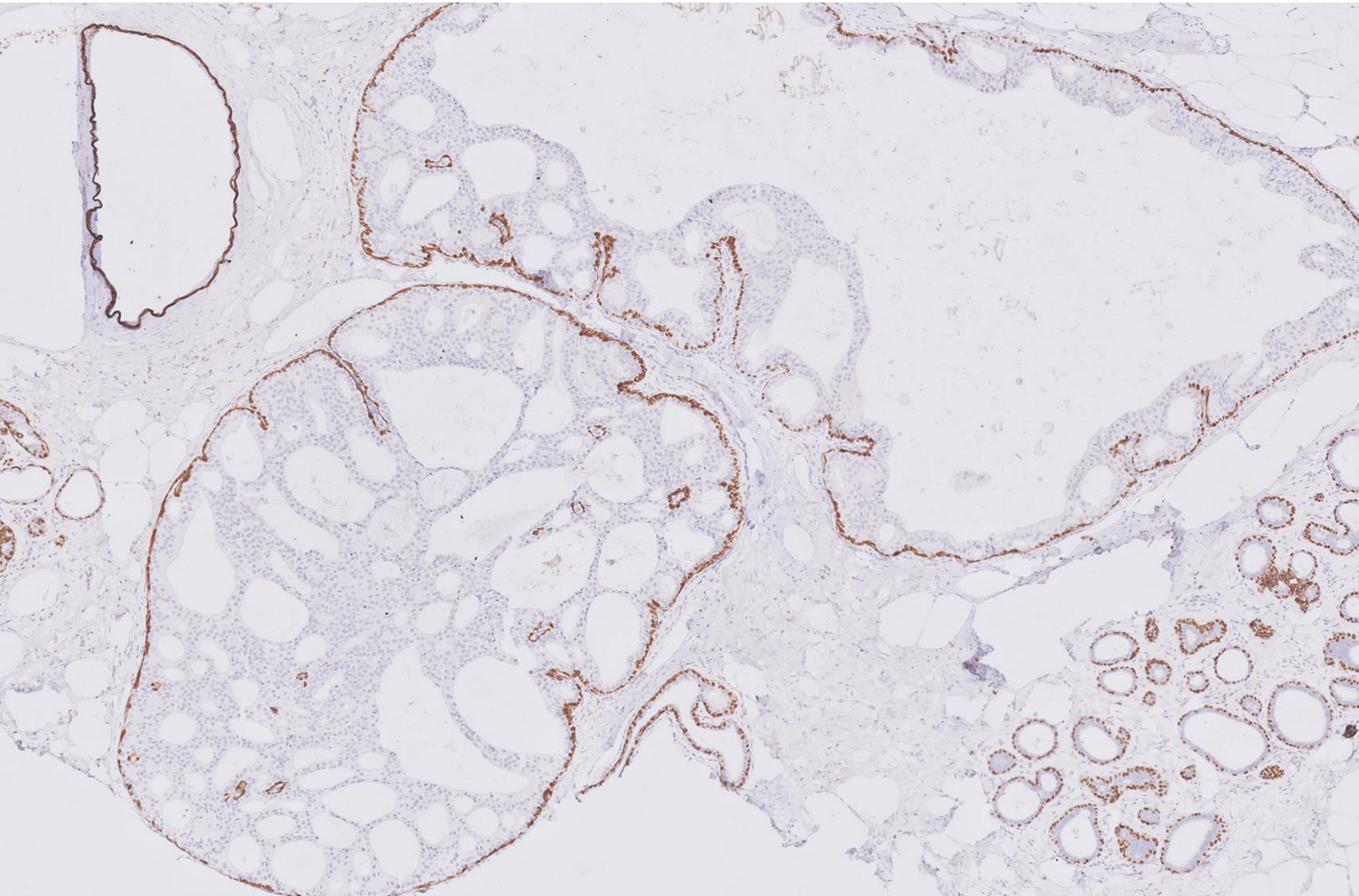

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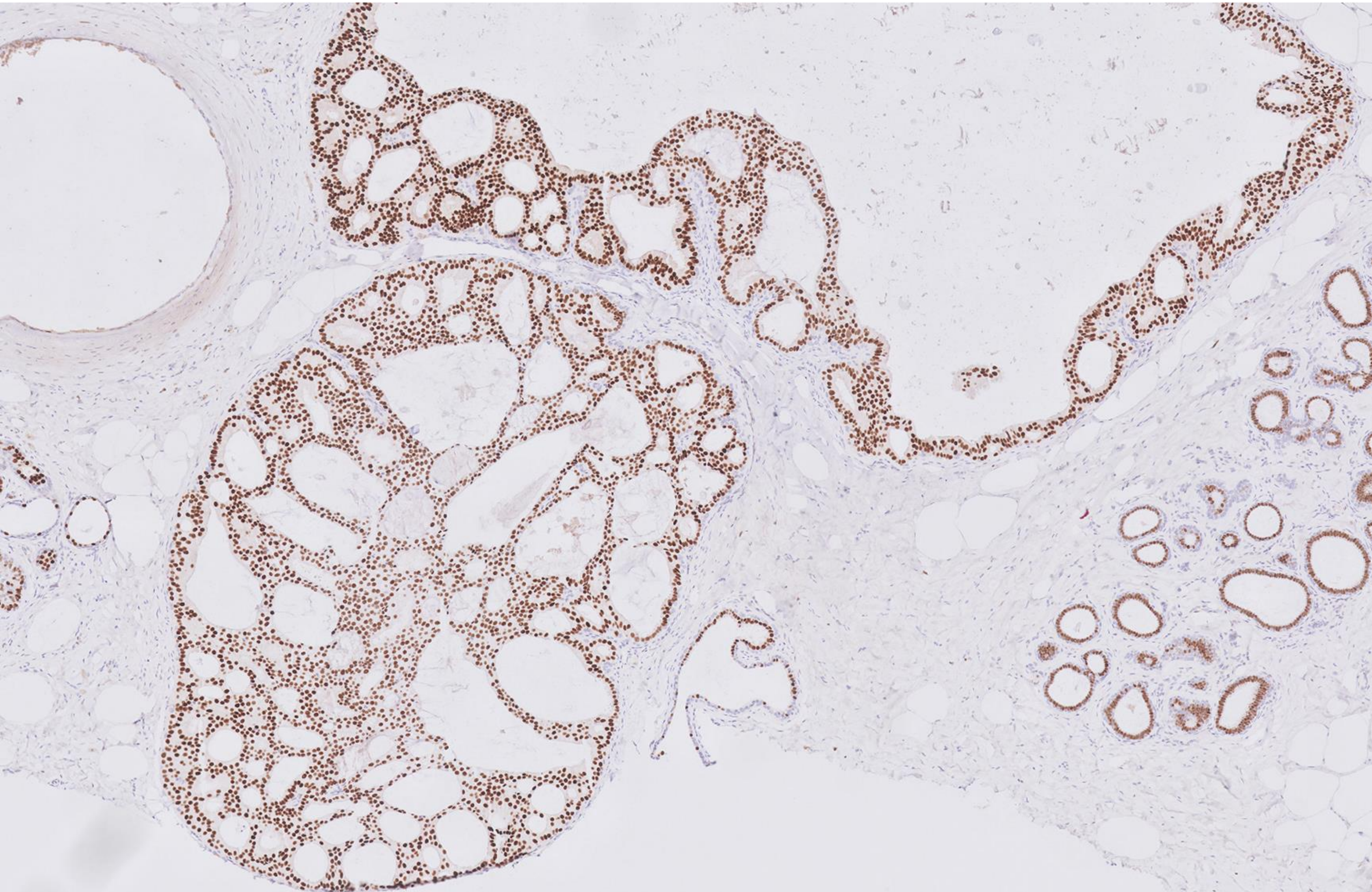

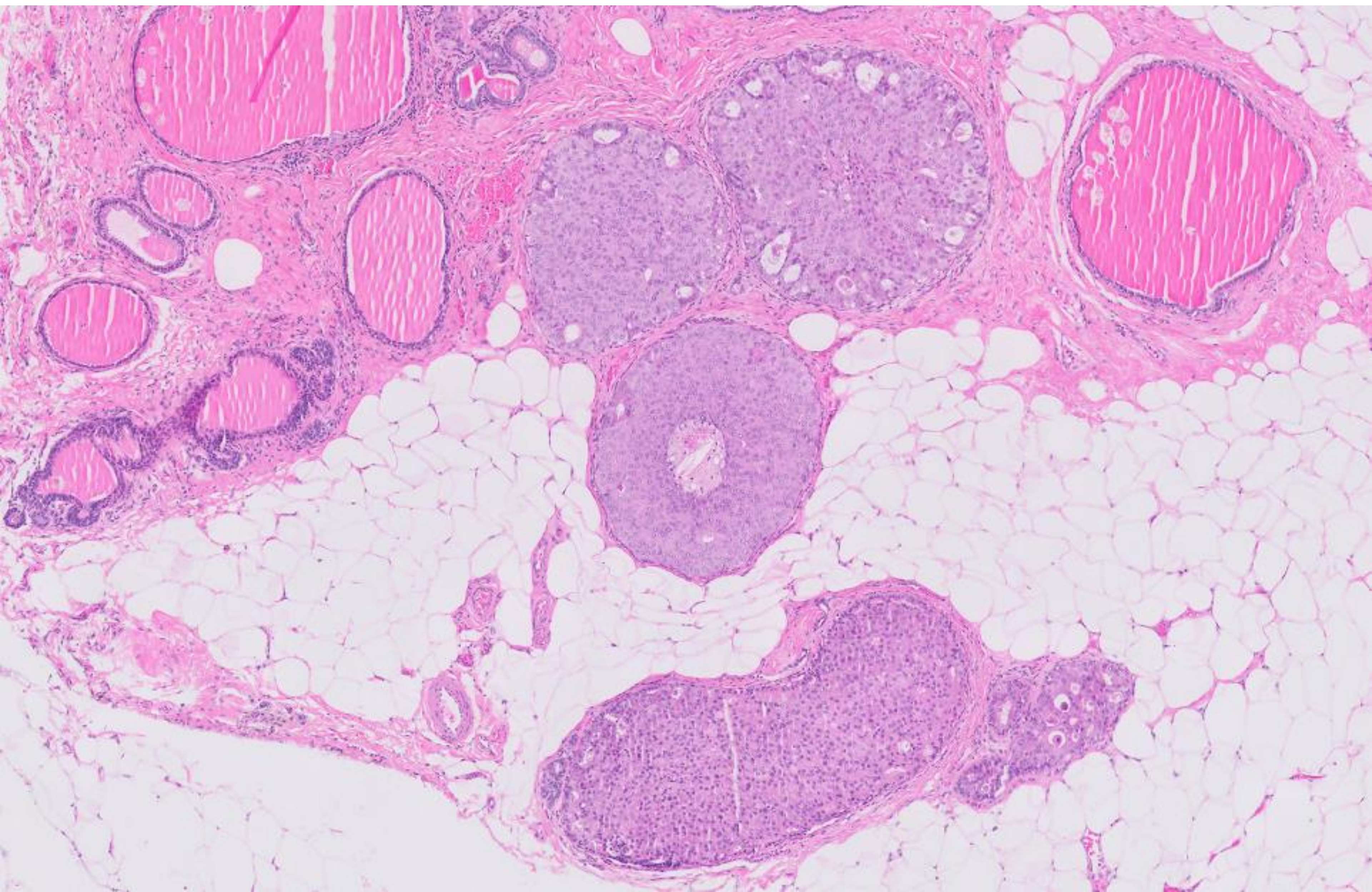

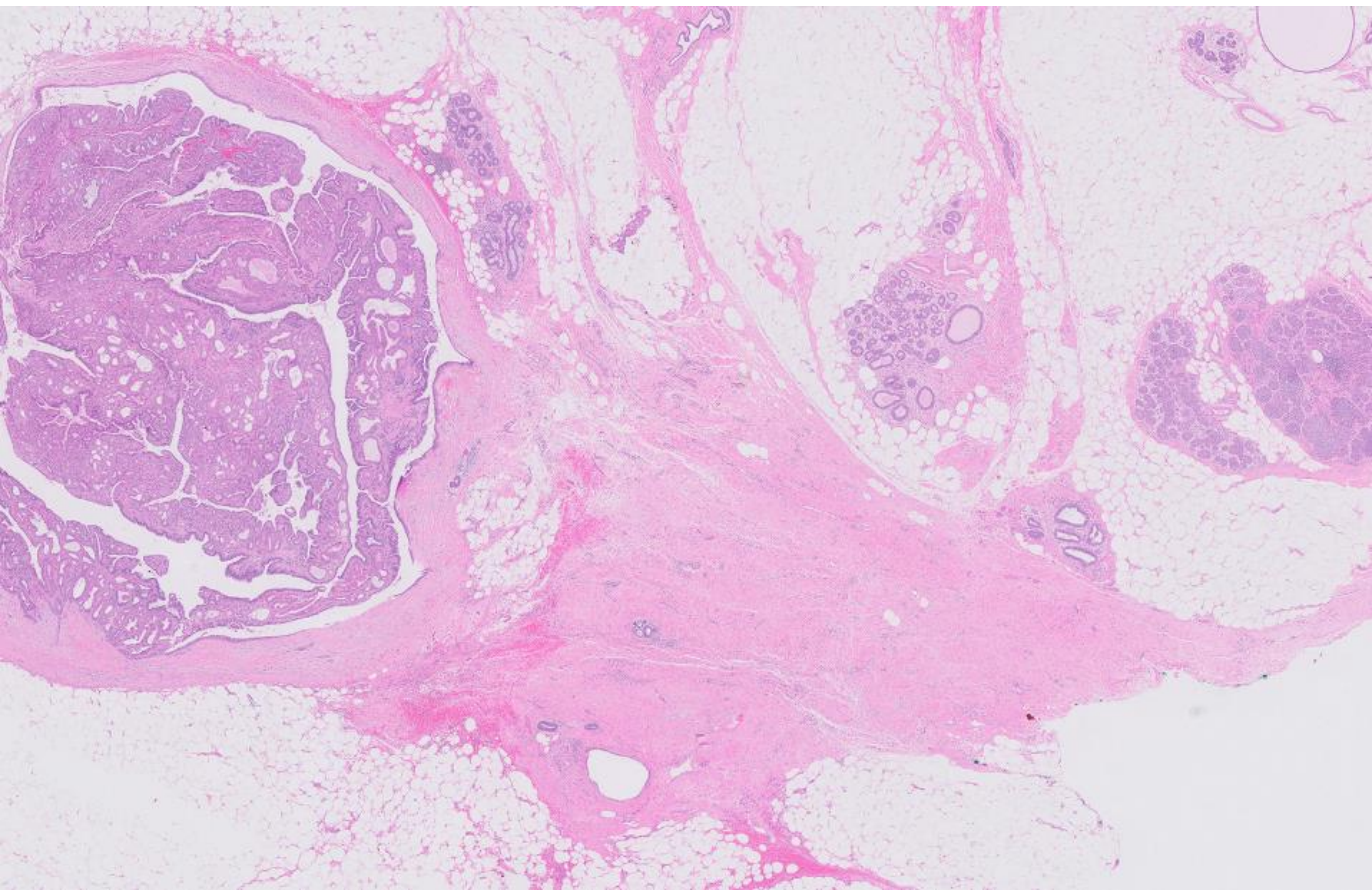

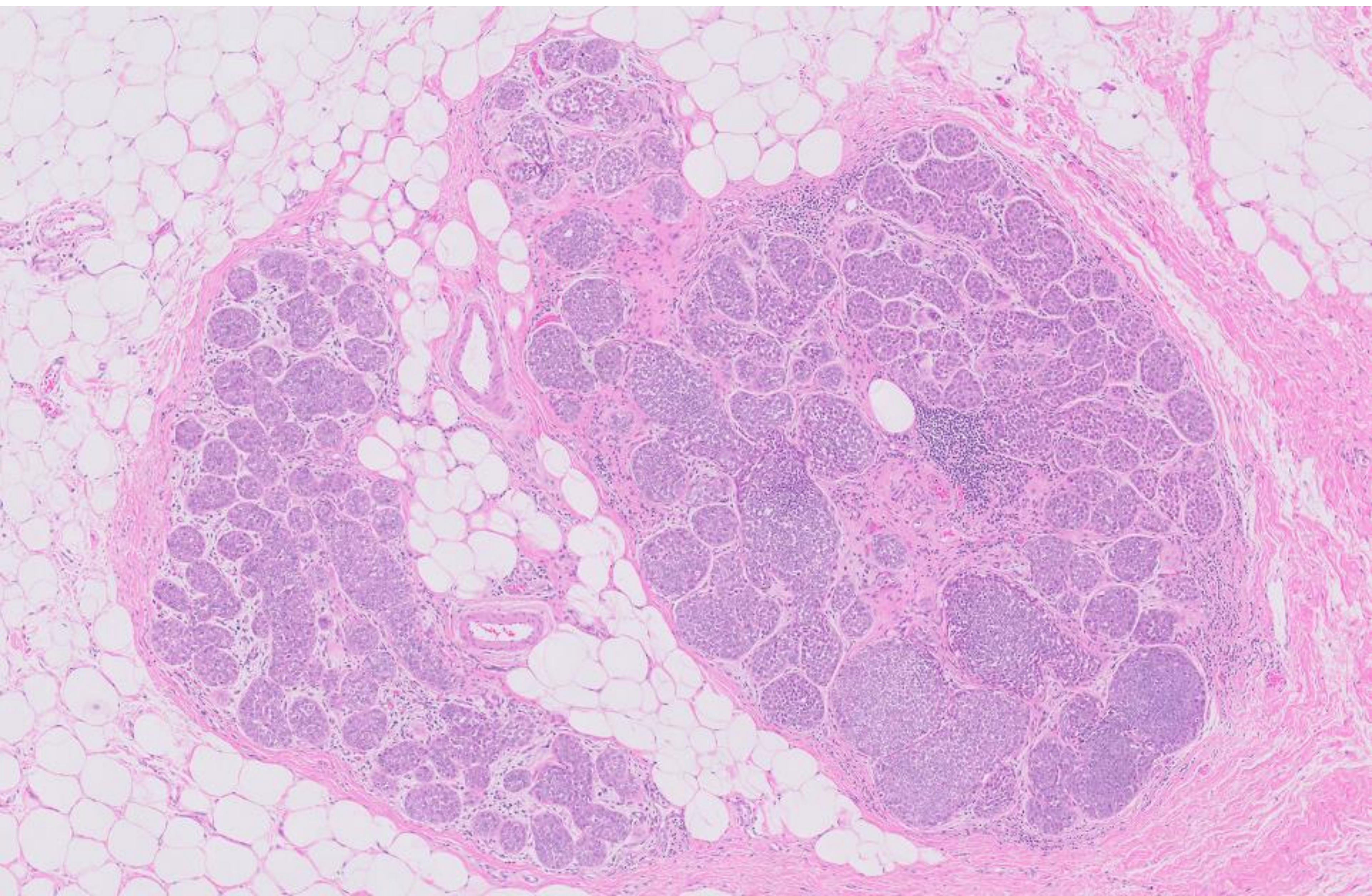

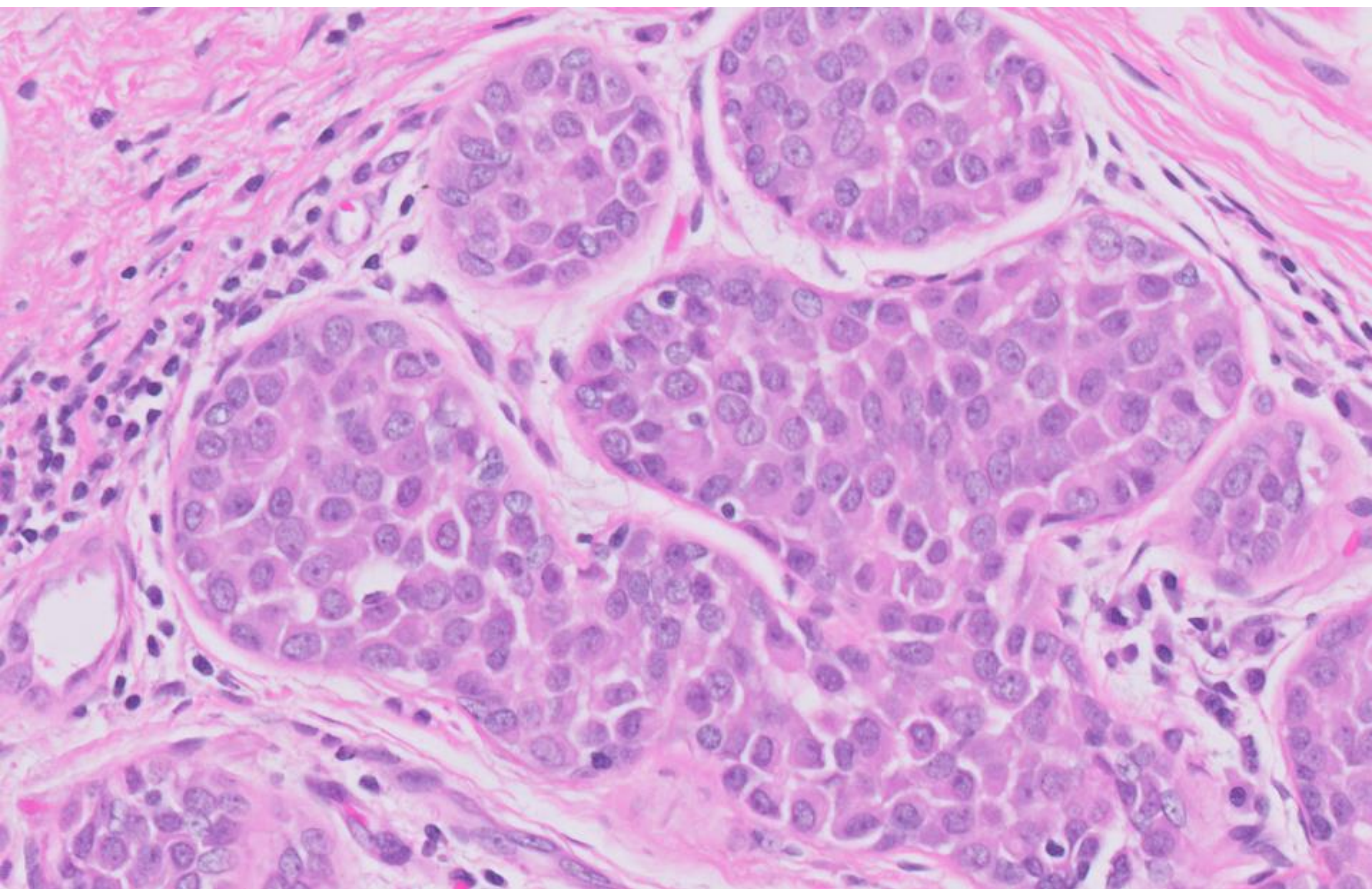

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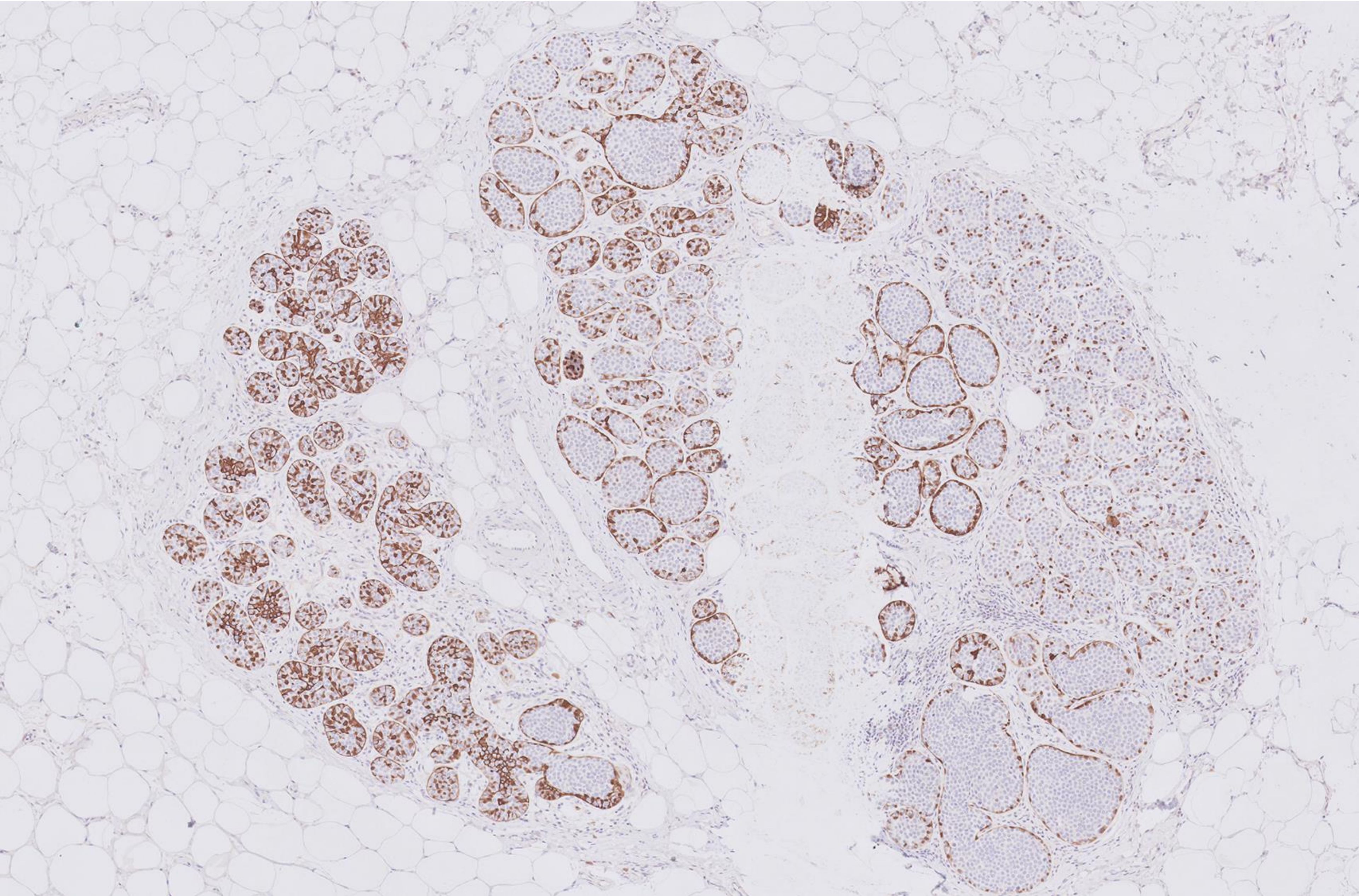

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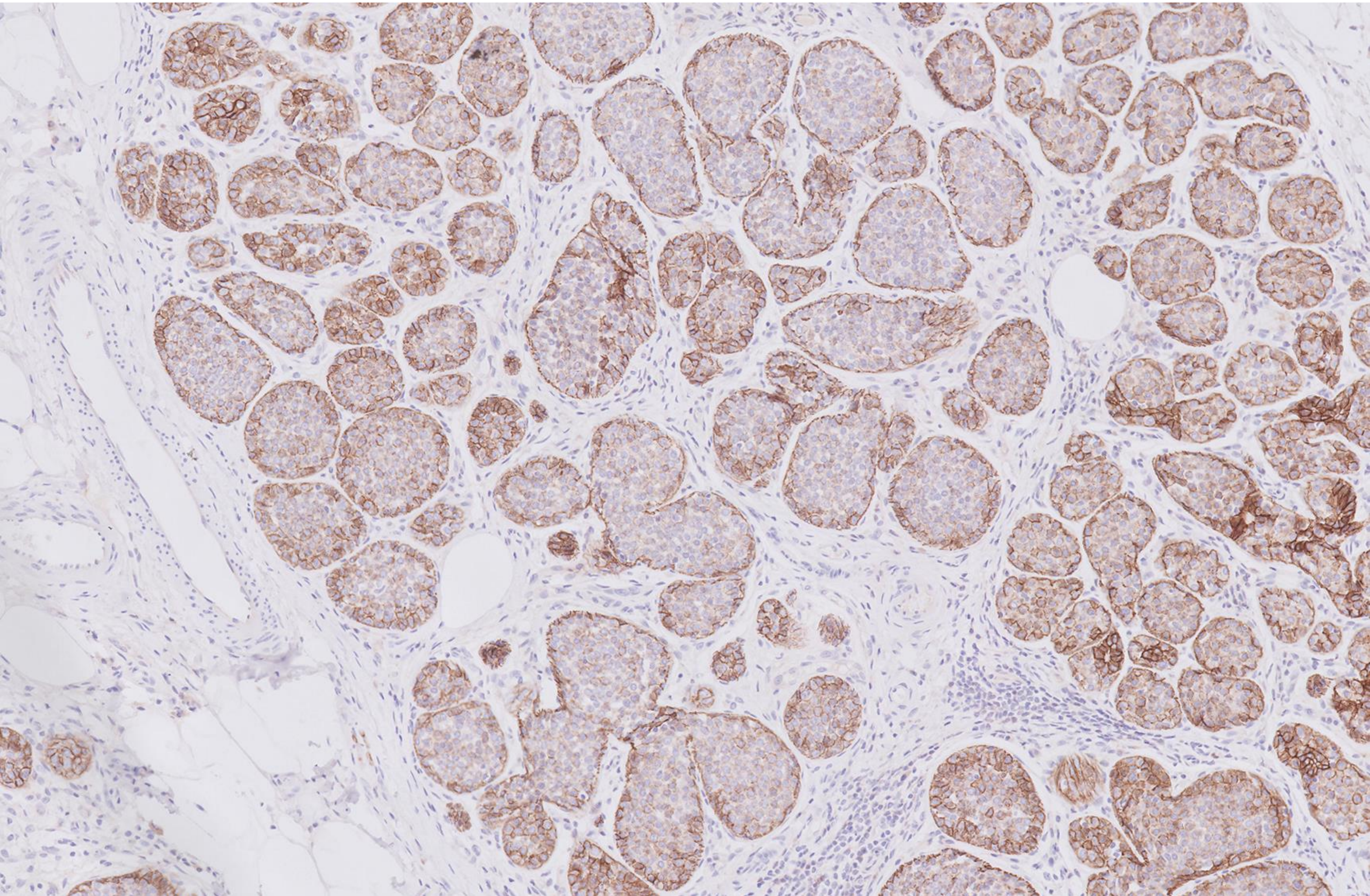

Diagnosis

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Right breast tissue, hookwire localisation :

- Two foci of low grade ductal carcinoma in situ (with apocrine features)
- Lobular carcinoma in situ
- Intraductal papillomatosis

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Apocrine lesions

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- Apocrine cells can show cytologic atypia
- Diagnosis of apocrine DCIS rests on the presence of fully developed architectural features of one or more of the recognized subtypes of DCIS
- Necrosis is commonly seen in high grade apocrine DCIS.
- Apocrine DCIS extending into areas of sclerosing adenosis can mimic invasive carcinoma. Immunostains for myoepithelial cells can help distinguish the two.