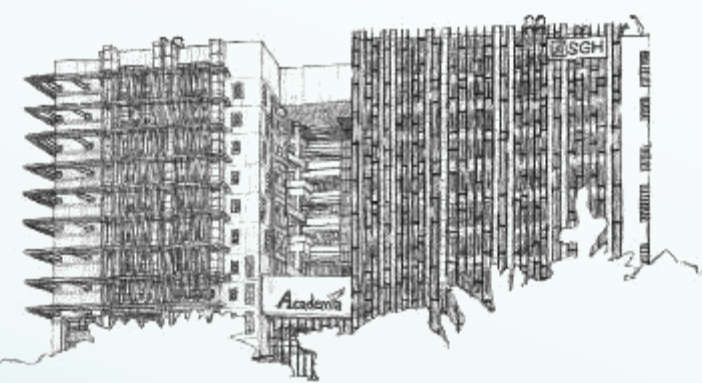
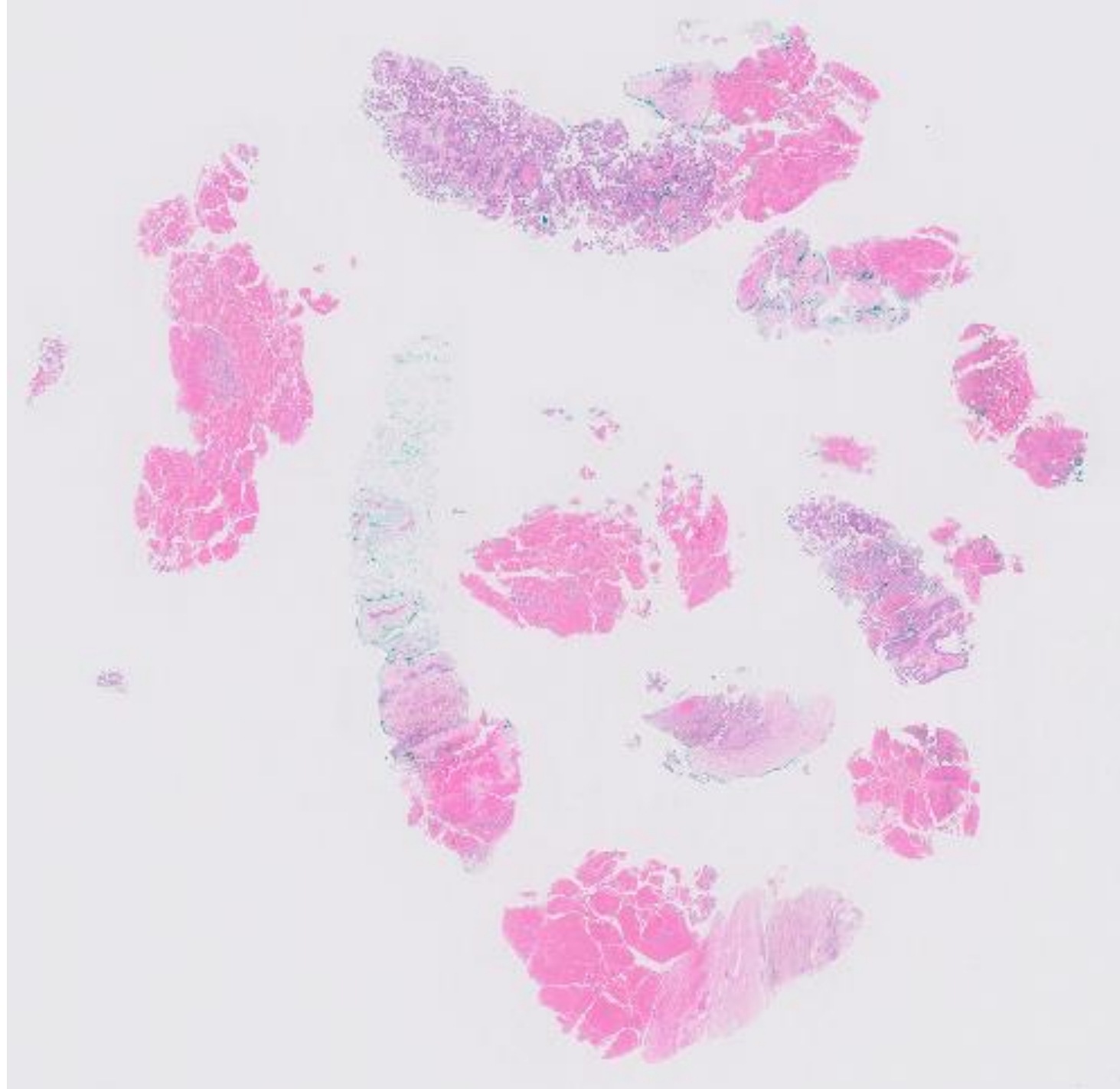


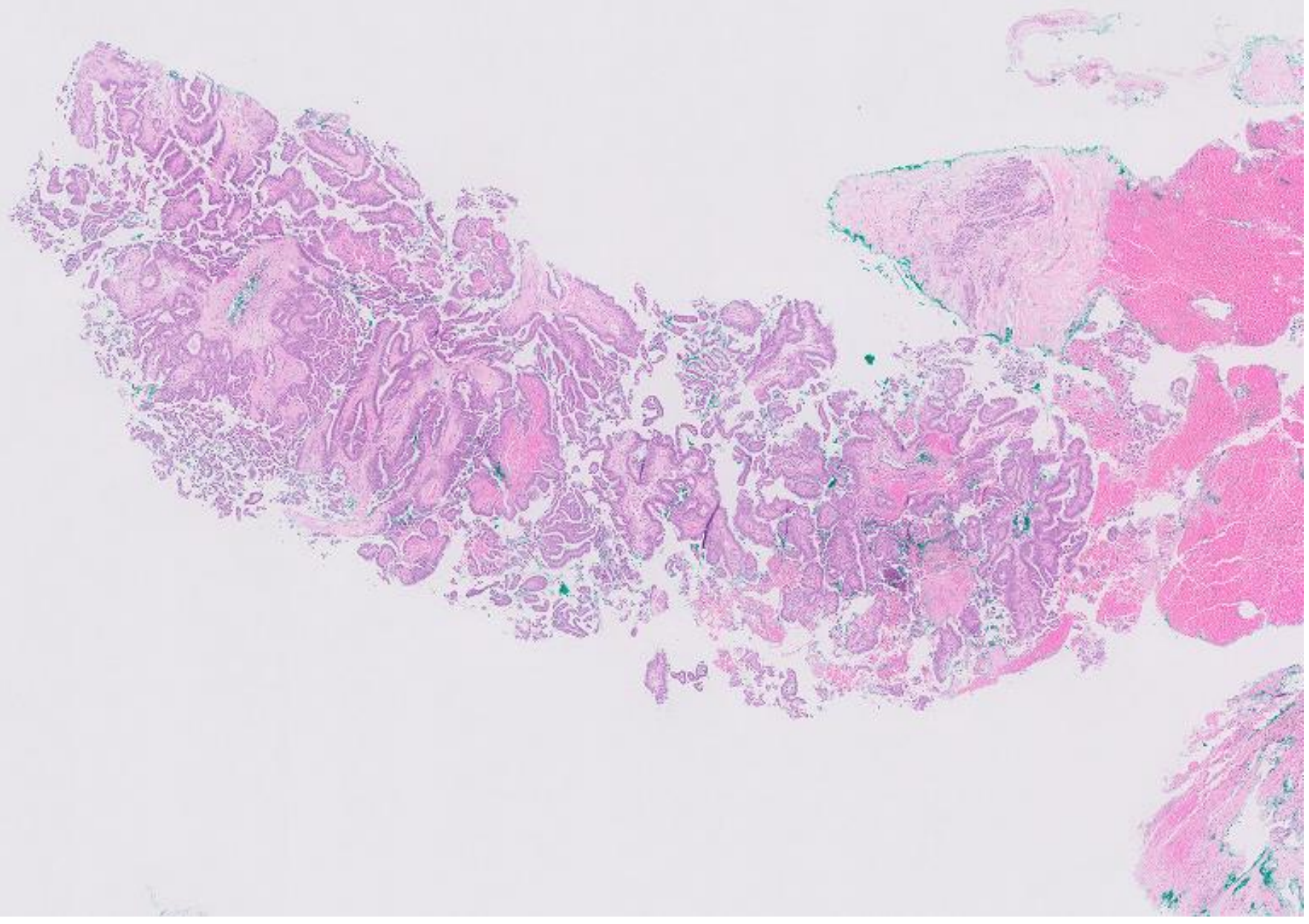
- 79 yo Female
- Right breast lump x 2 years, slowly increasing in size
- Associated with pain
- No nipple discharge
- O/E: Right breast peri-areolar 5 x 4cm lump, mobile

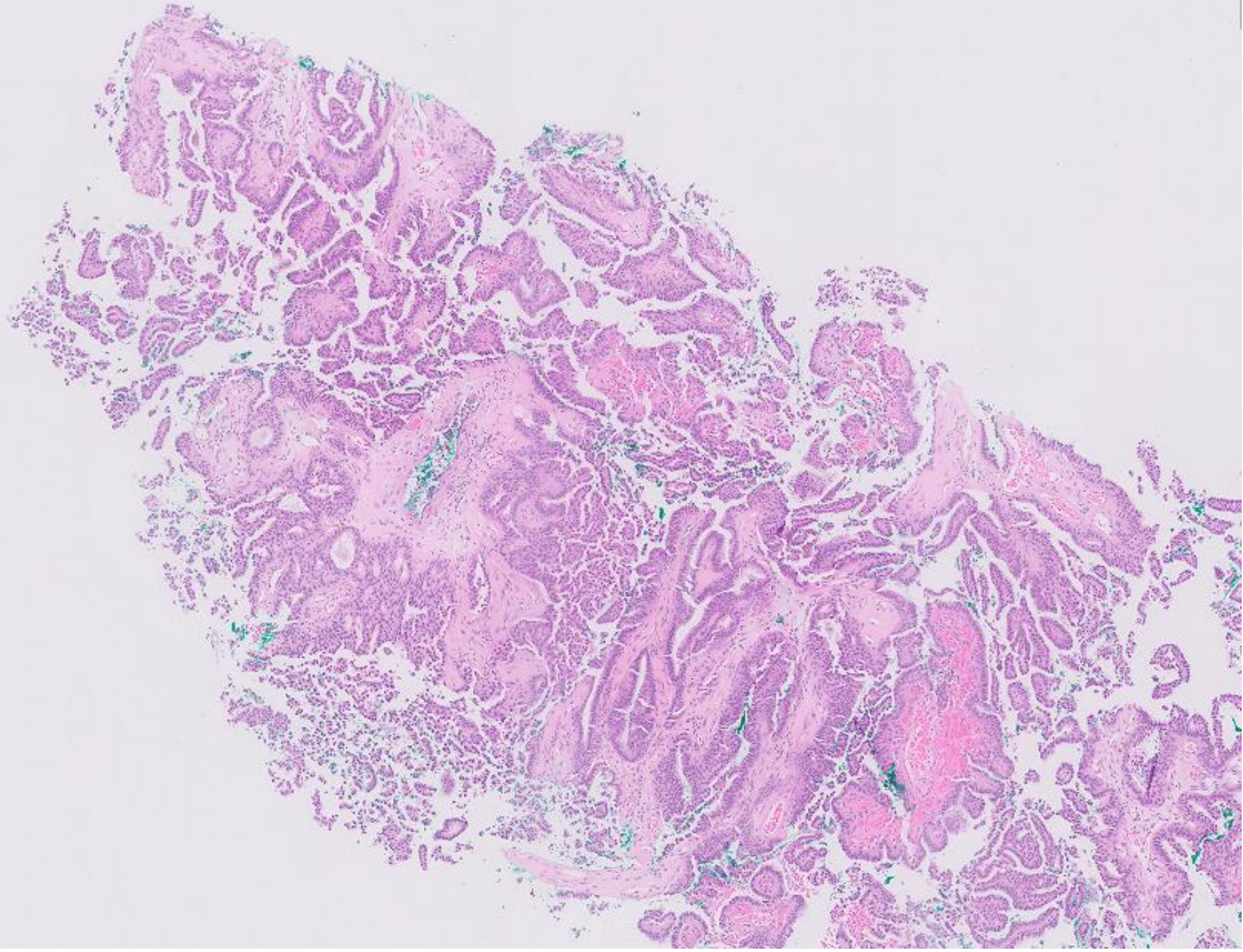


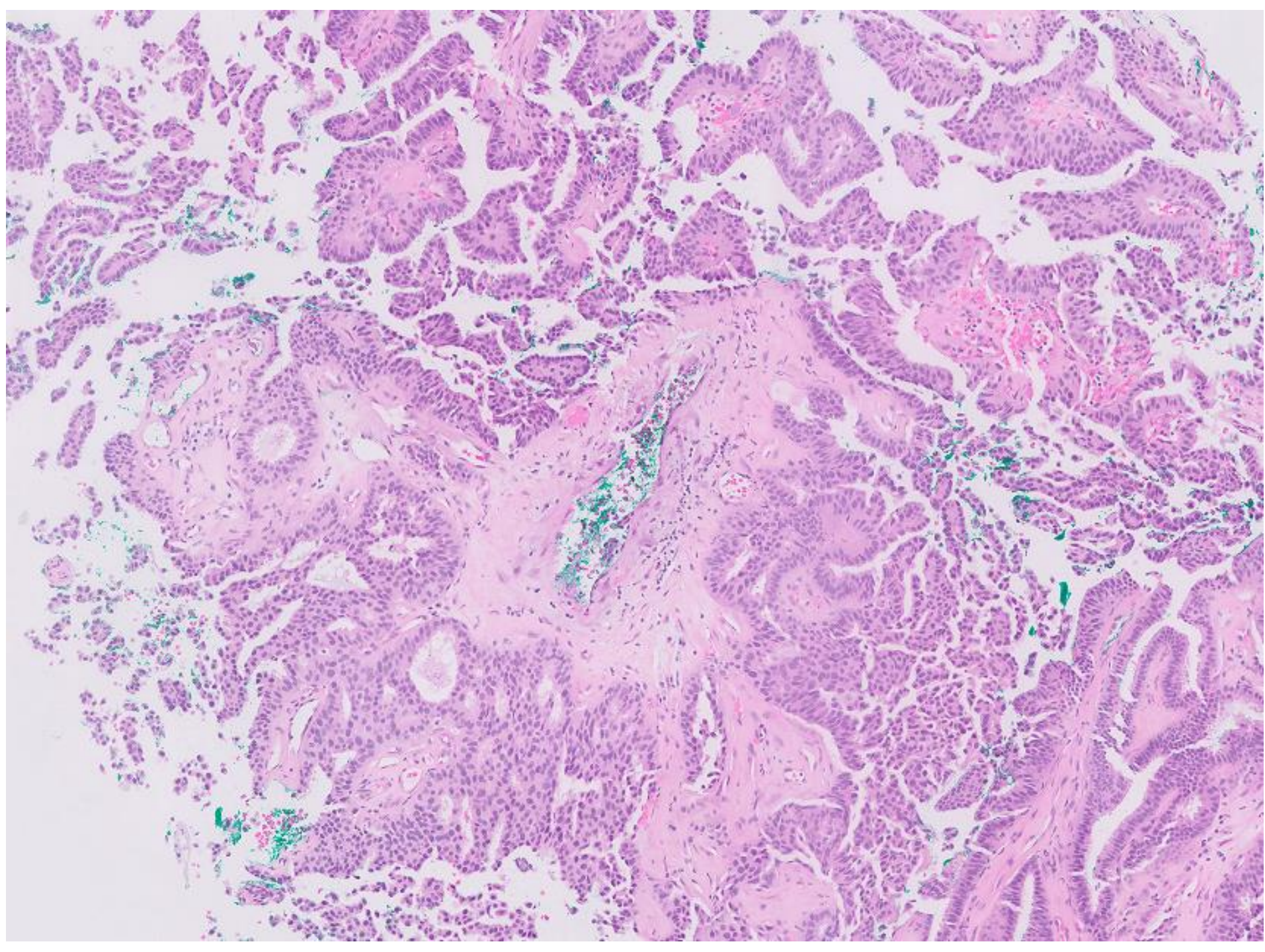
US: In the right breast, there is a lobulated, predominantly solid mass at the periareolar 12 o'clock position that measures 51 x 22 x 29 mm. There are several prominent cystic spaces within the mass. There is an associated dilated duct with solid echoes extending to the base of the nipple.

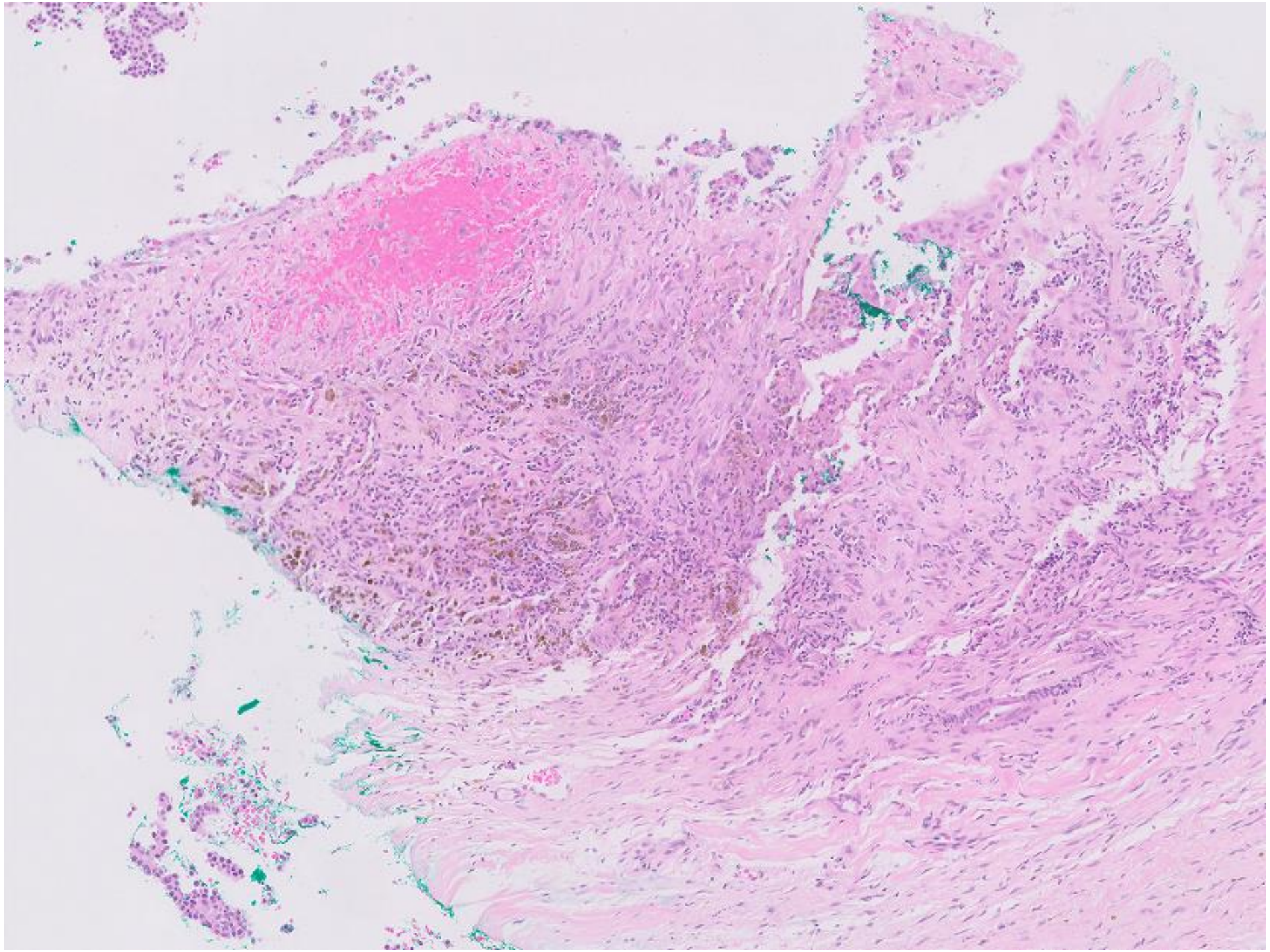










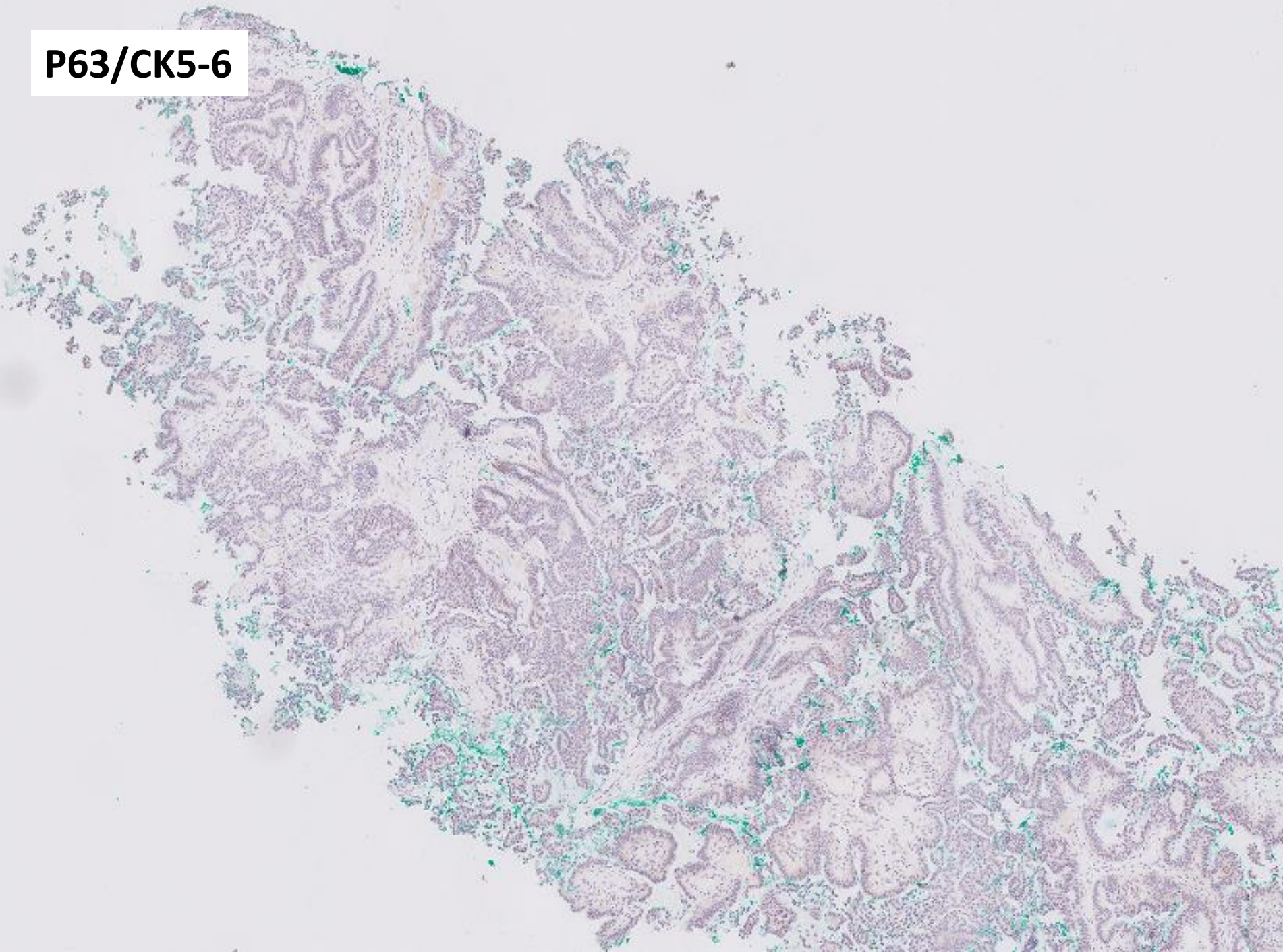


Question 13.1

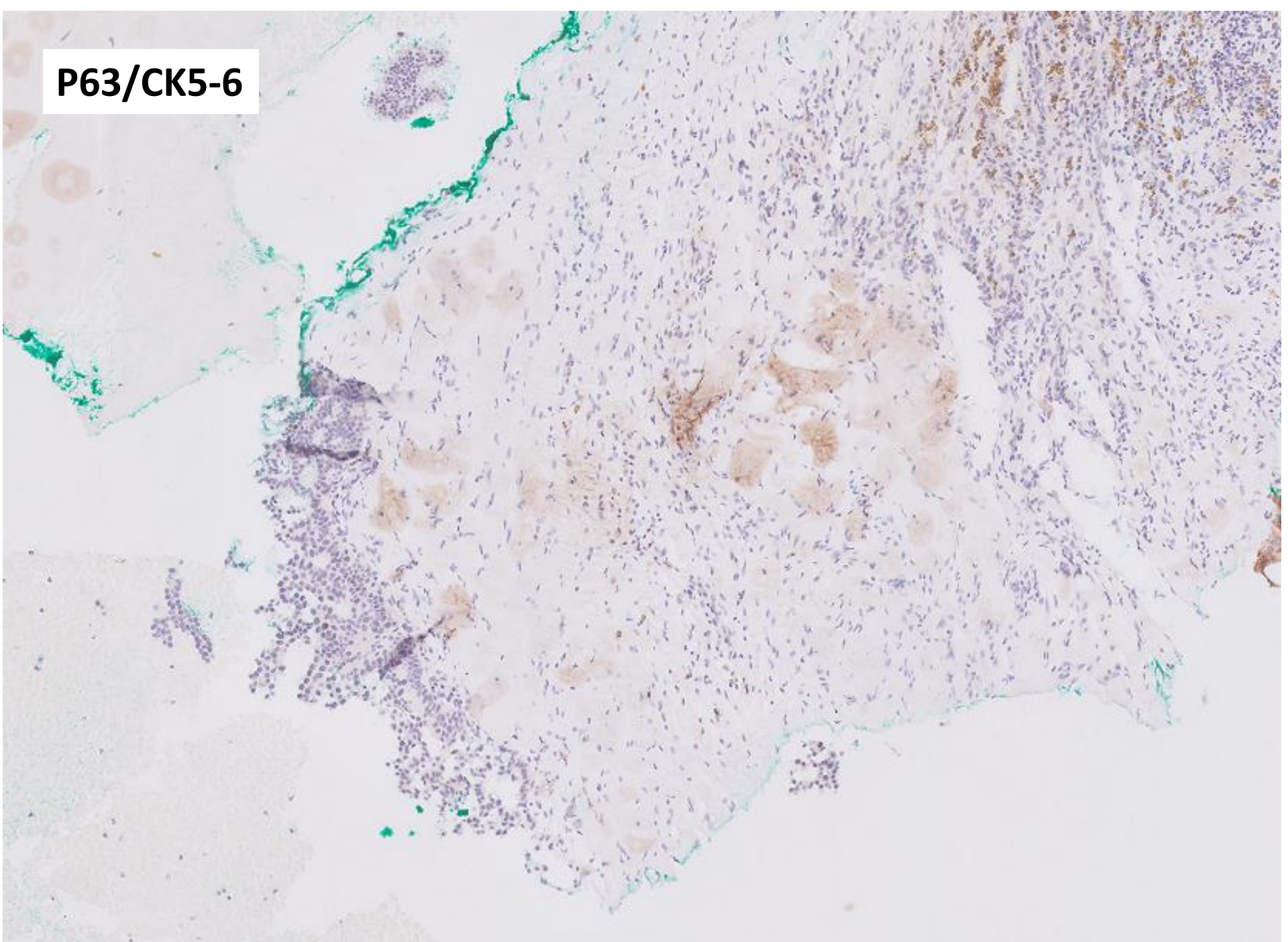
What is your diagnosis?

- A. Intraductal papilloma
- B. Intraductal papilloma with ADH
- C. Papillary DCIS
- D. Encapsulated papillary carcinoma
- E. Not sure. I need to do immunostains first.

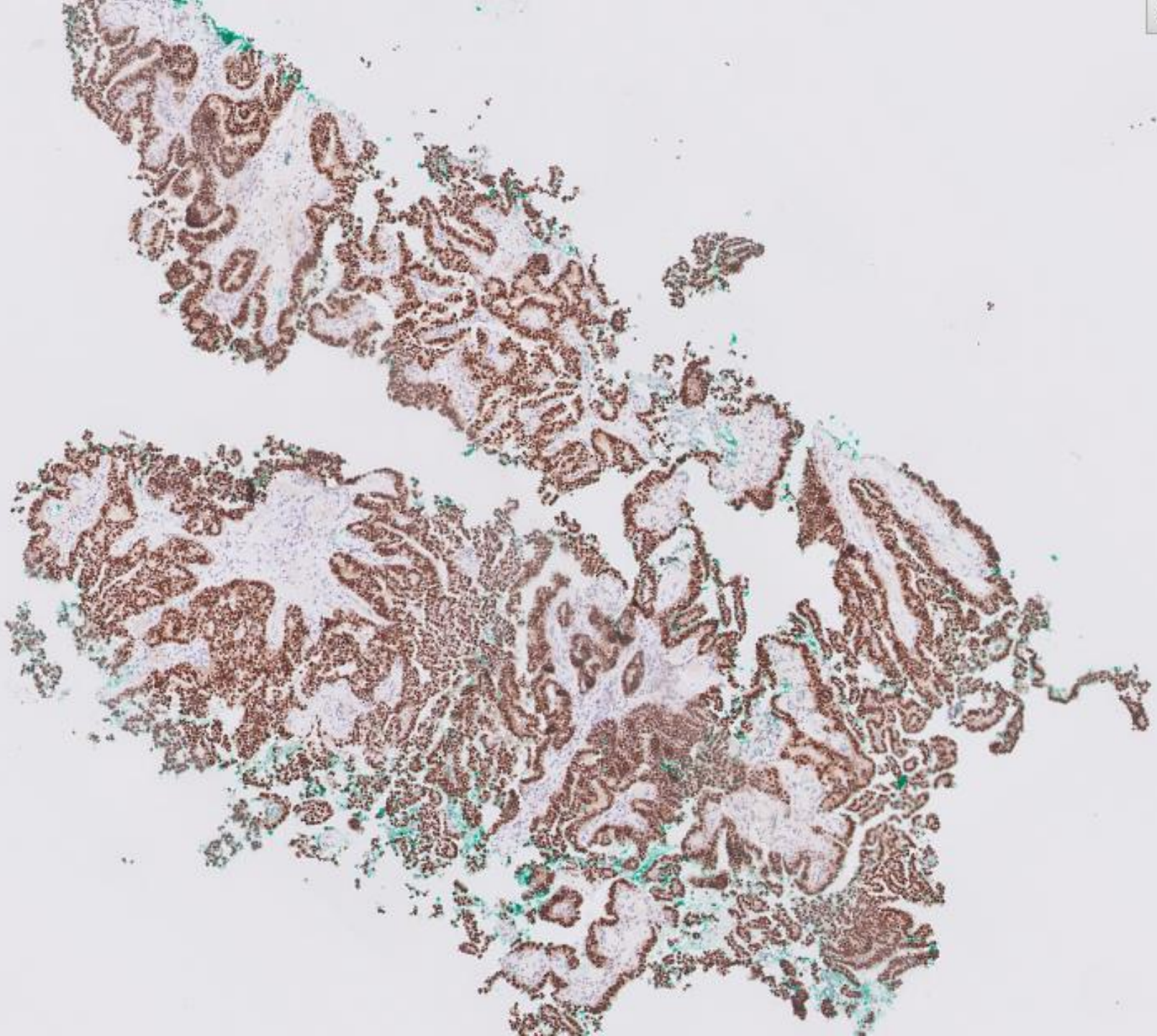
P63/CK5-6



P63/CK5-6



ER



Diagnosis

Right breast 12 o'clock solid cystic mass – 5 cores:

- Portions of a papillary neoplasm with atypia (see comment).
- Comment: This possibly represents an encapsulated papillary carcinoma (EPC). Excision is advised for complete histological evaluation.

Mastectomy pending

Encapsulated papillary carcinoma

- Commonly occur in elderly patients, subareolar location +/- nipple discharge.
- Circumscribed, with a fibrous capsule.
- Neoplastic cells often low to intermediate grade; likely best managed as in situ disease.
- Rarely, the tumour cells have high grade nuclear atypia +/- increased mitotic activity and behave in a more aggressive fashion. Such tumours may be better staged and managed as invasive carcinomas.