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Case 3

56 year old Chinese female.
Previous biopsies for benign breast lesions.
Current mammotome biopsy for a left breast retroareolar nodule.

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Division of Pathology
Singapore General Hospital

SingHealth DukeNUS
ACADEMIC MEDICAL CENTRE
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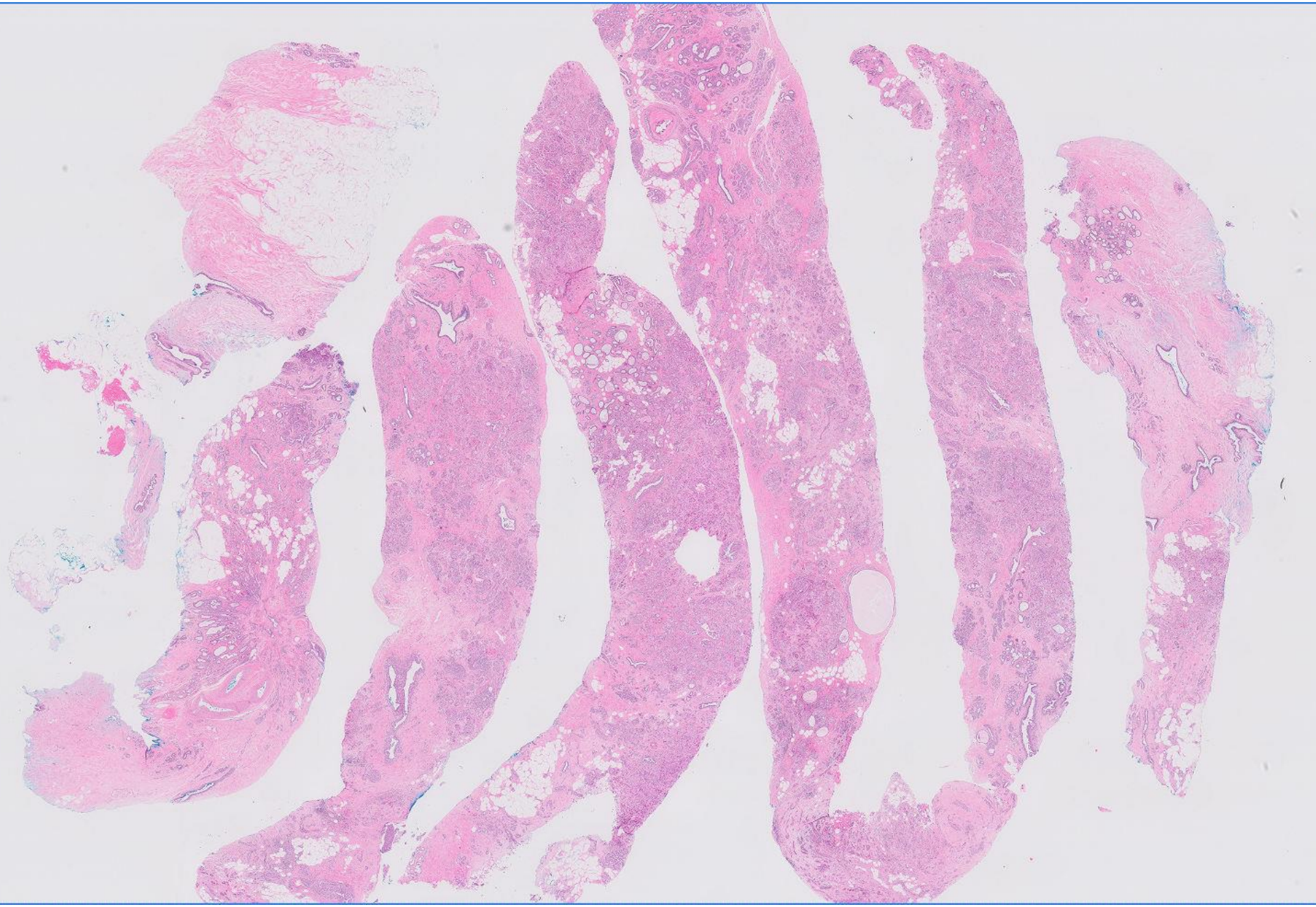

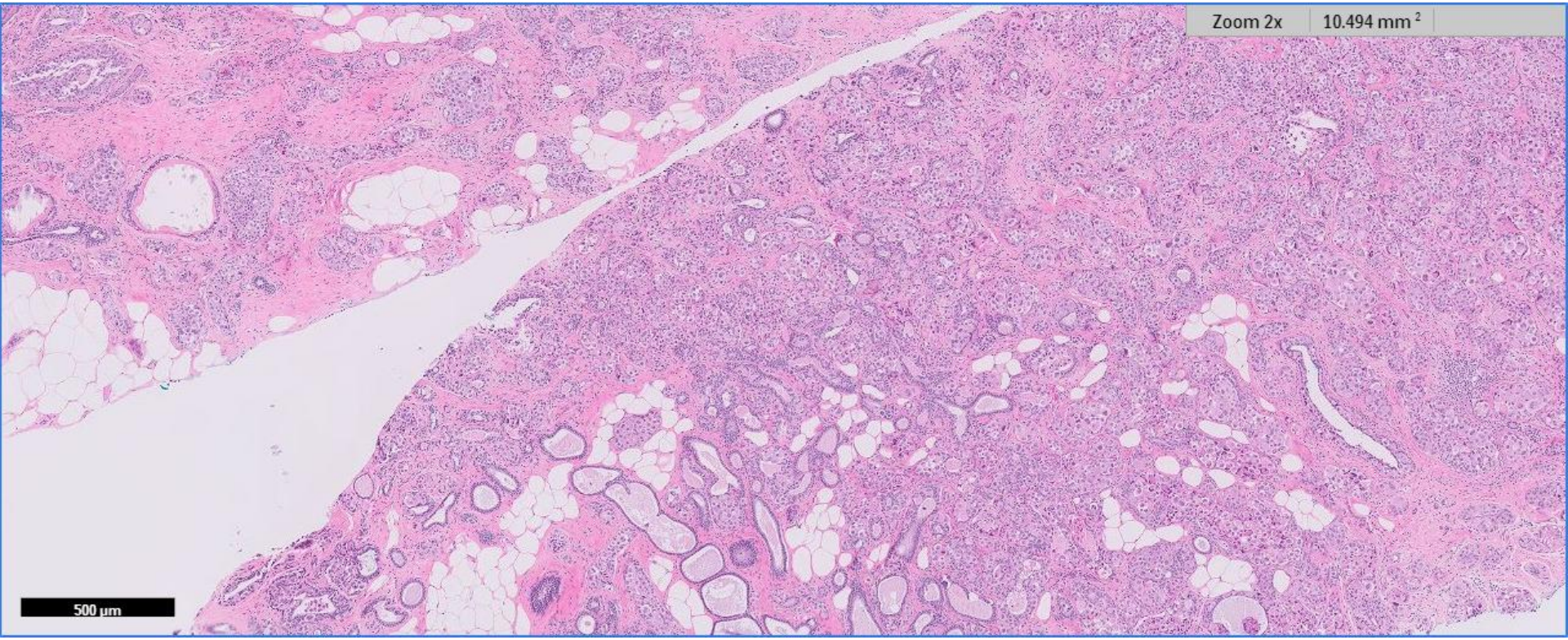
Zoom 2x
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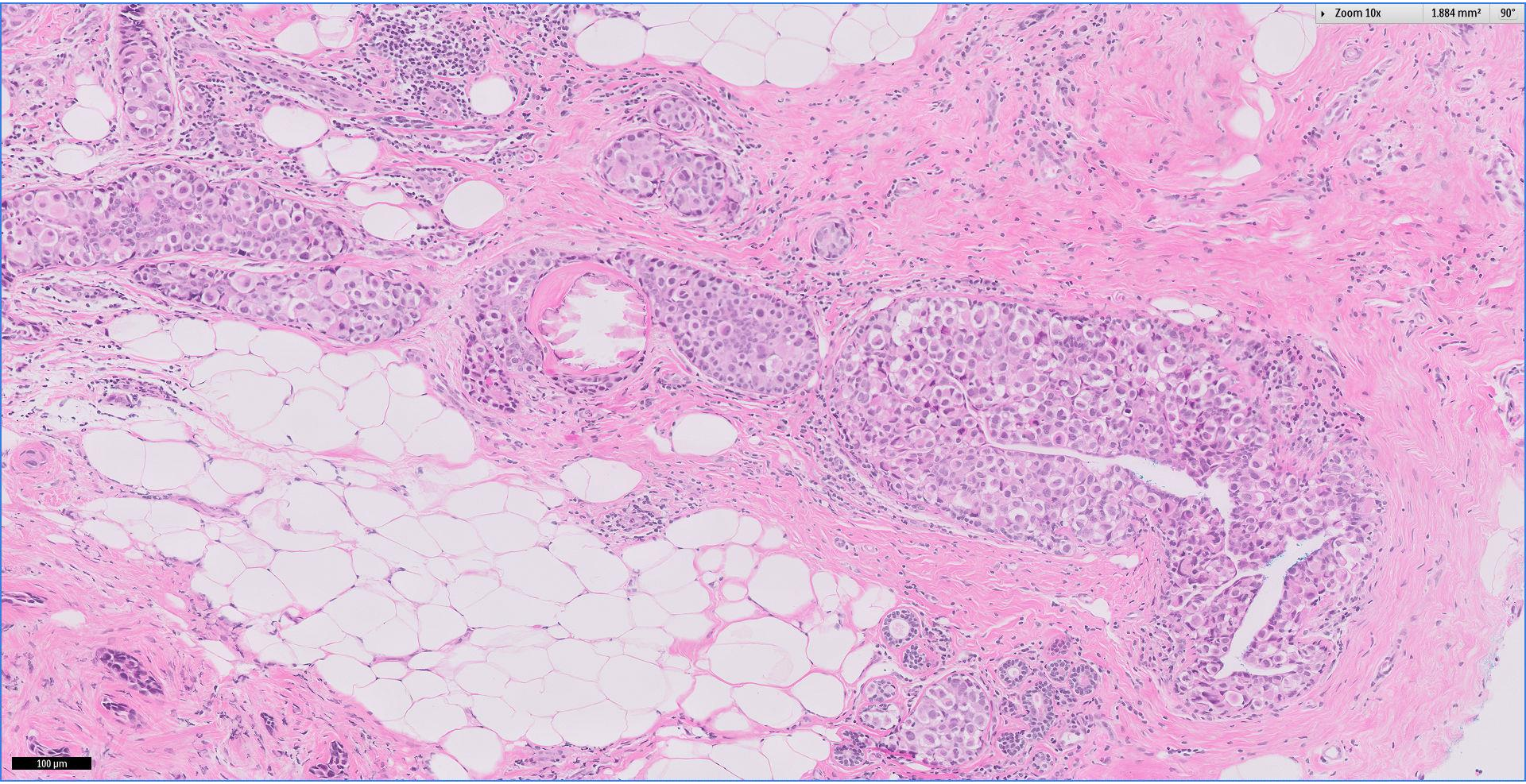
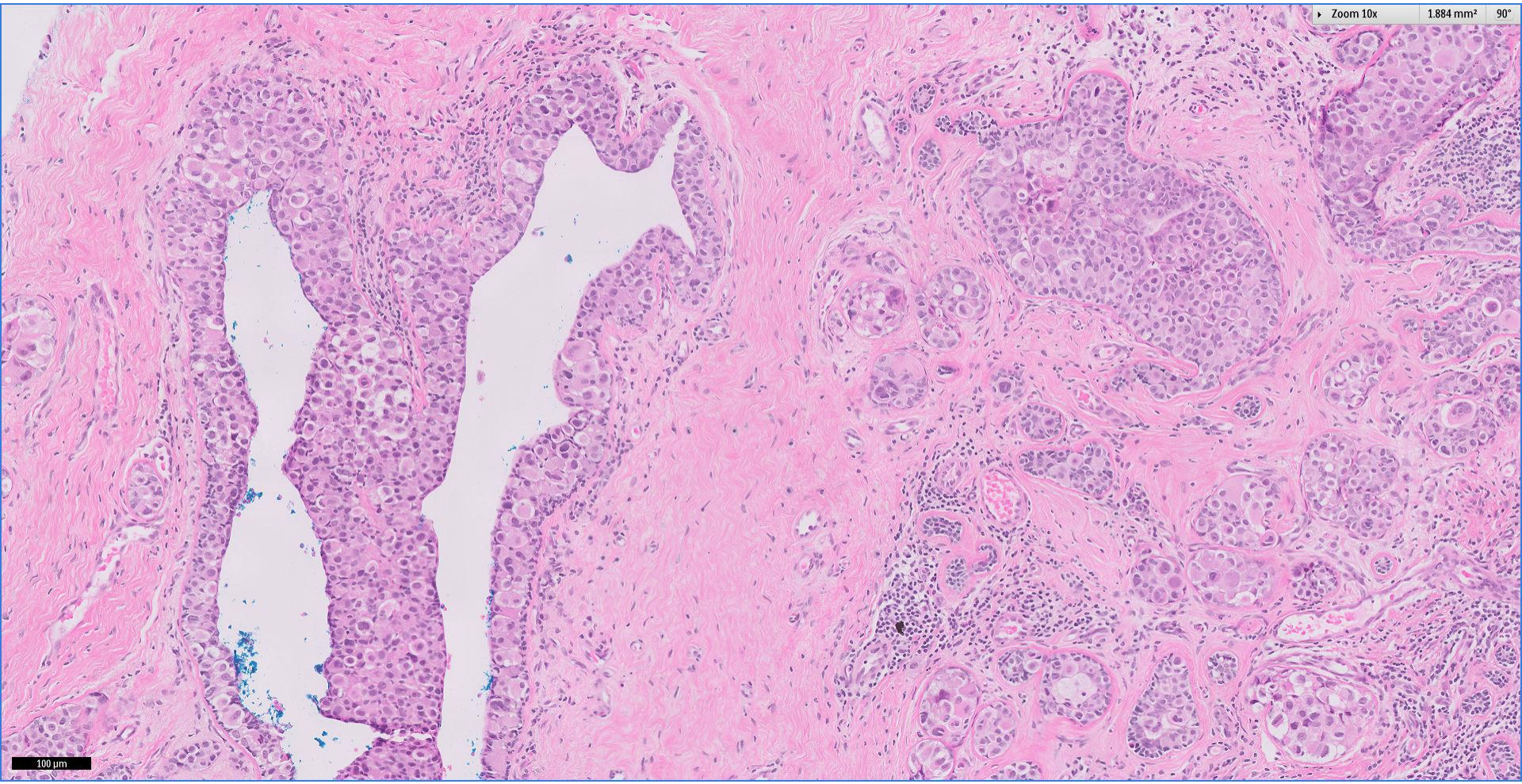
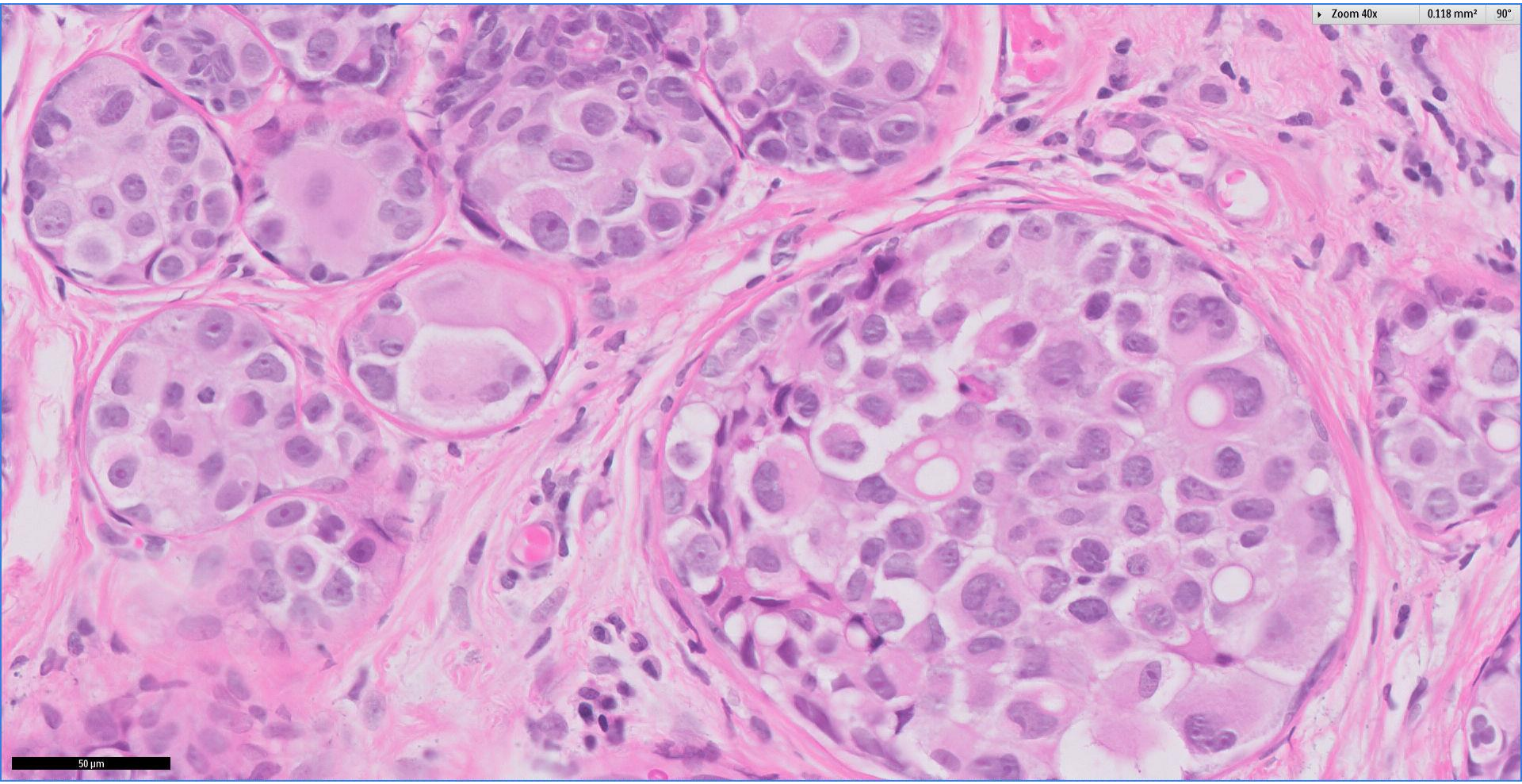
500 µm


Zoom 10x
1.884 mm²
90°
100 µm


Zoom 10x
1.884 mm²
90°
100 µm


Zoom 40x
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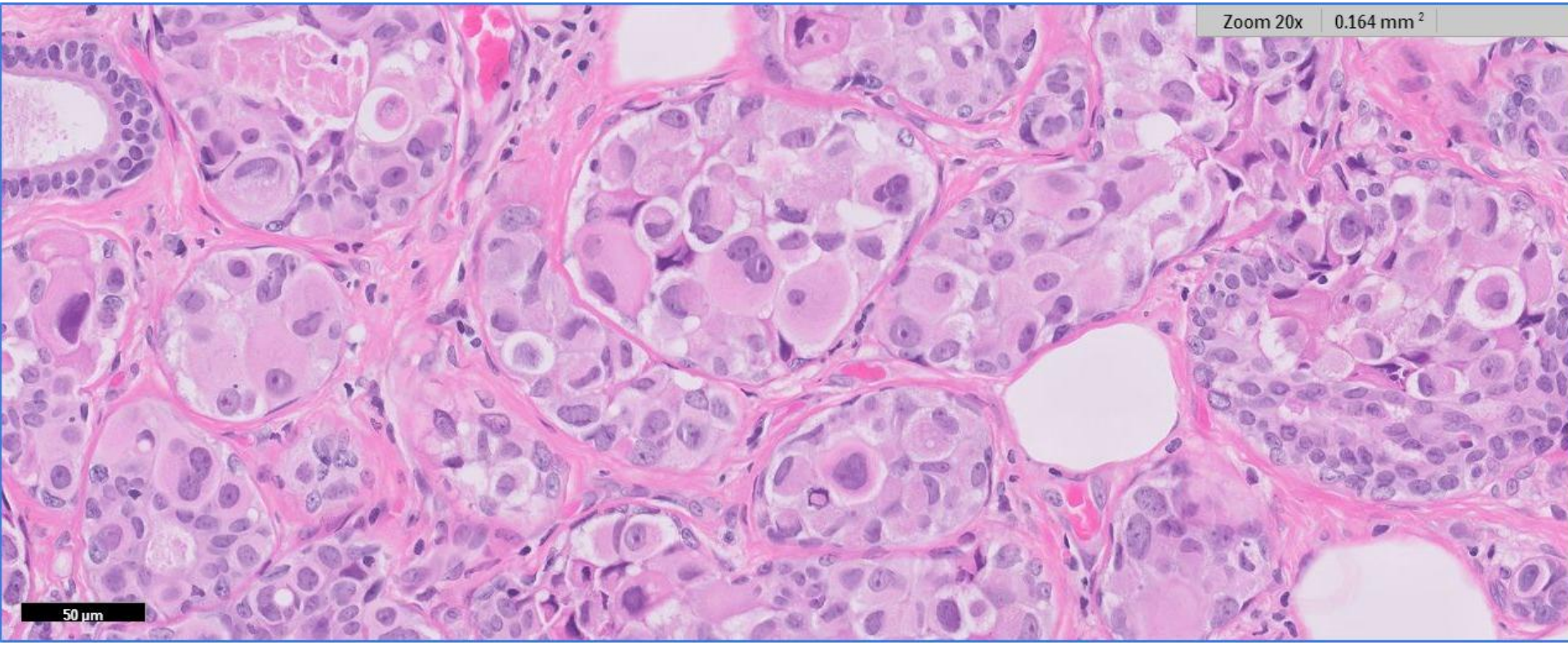
Zoom 20x
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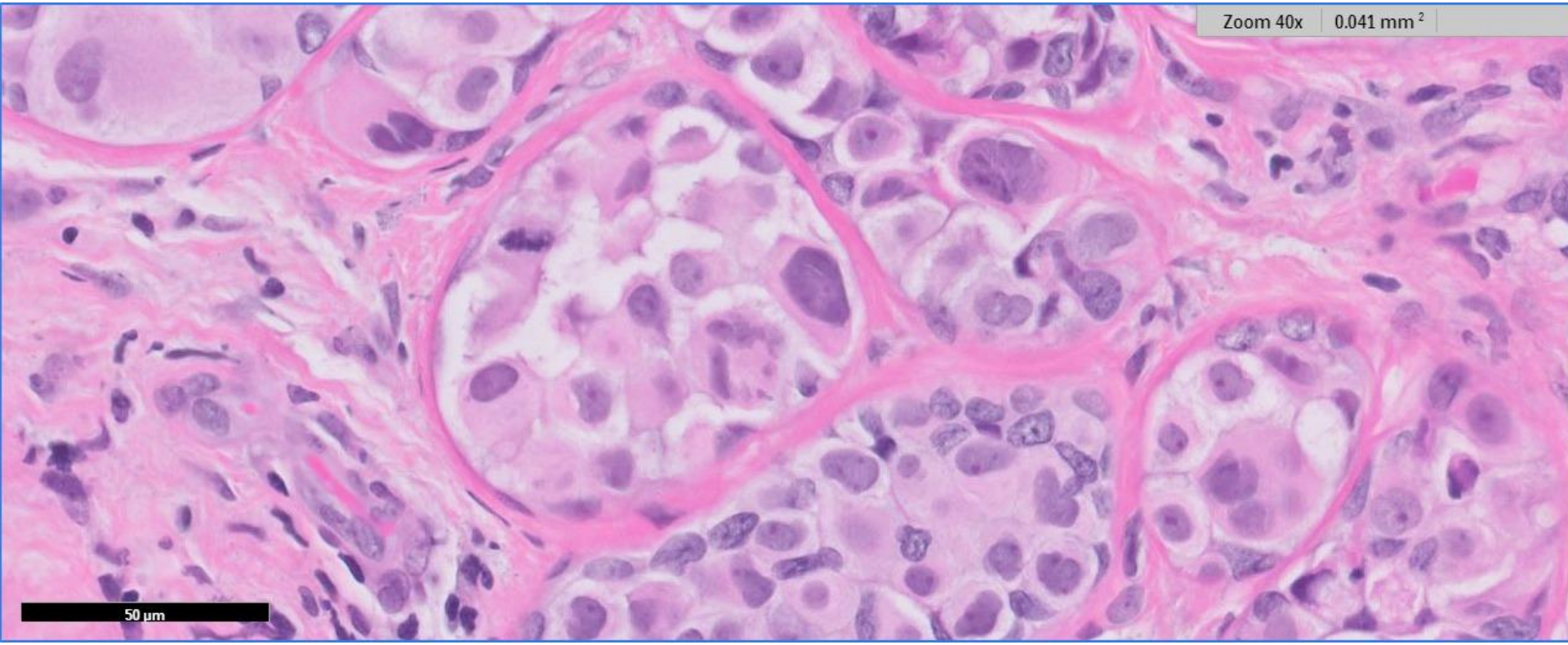
Zoom 40x
0.041 mm ²
50 µm

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Diagnosis

- Pleomorphic apocrine lobular carcinoma-in-situ (LCIS), extensively involving sclerosing adenosis

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Discussion

- Neoplastic cells in pleomorphic LCIS are markedly enlarged (>4x size of a lymphocyte), equivalent to the cells of DCIS
- Two-to-threefold variation in nuclear size
- Nuclear membrane irregularity, variably prominent nucleoli
- Apocrine features may or may not be present
- Comedonecrosis and calcifications may be present

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Discussion

- Loss of membranous E-cadherin expression
- Also loss of membrane beta-catenin, and cytoplasmic expression of p120 catenin
- Pleomorphic LCIS is more likely to be ER negative, and may be positive for AR (in those with apocrine features)
- HER2 overexpression may be seen

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Discussion

- Long-term follow-up studies are lacking
- There may be a higher prevalence of associated invasive carcinoma
- Prudent to treat patients with pleomorphic LCIS similar to those with DCIS
- Generally, surgical excision is a practical management strategy for pleomorphic LCIS, notwithstanding data limitations

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Thank You

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