

### Case 15

44 year old Caucasían female. Excísion bíopsy was performed for a left breast 11 o'clock fibroadenoma which histologically harboured lobular neoplasía. Section provided is from the 'left breast additional inferior margín'.

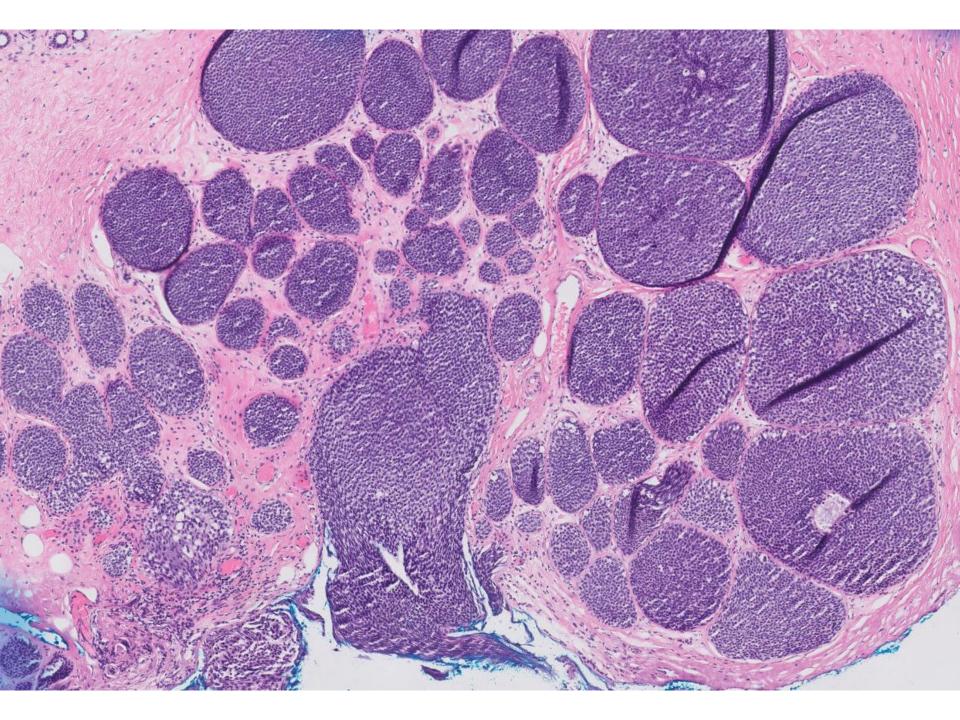
Presented by Puay Hoon Tan



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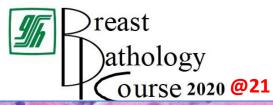
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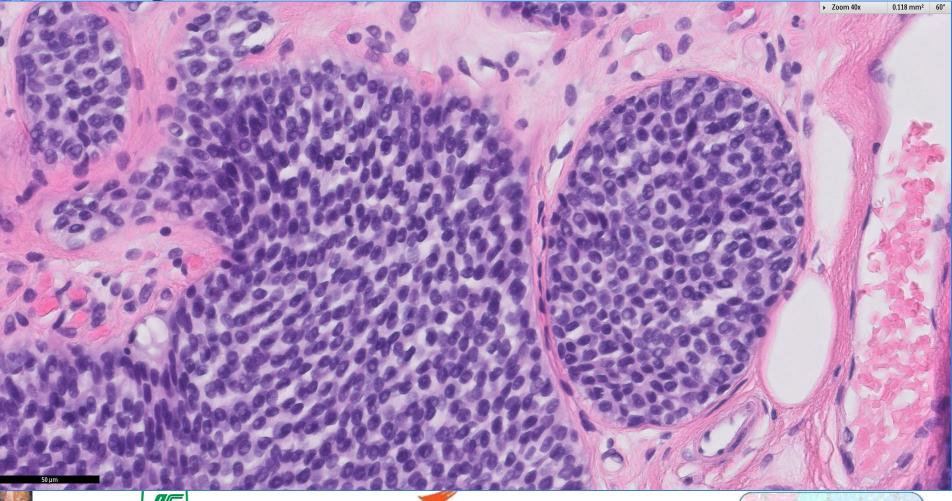
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Zoom 20x

0.471 mm<sup>2</sup>





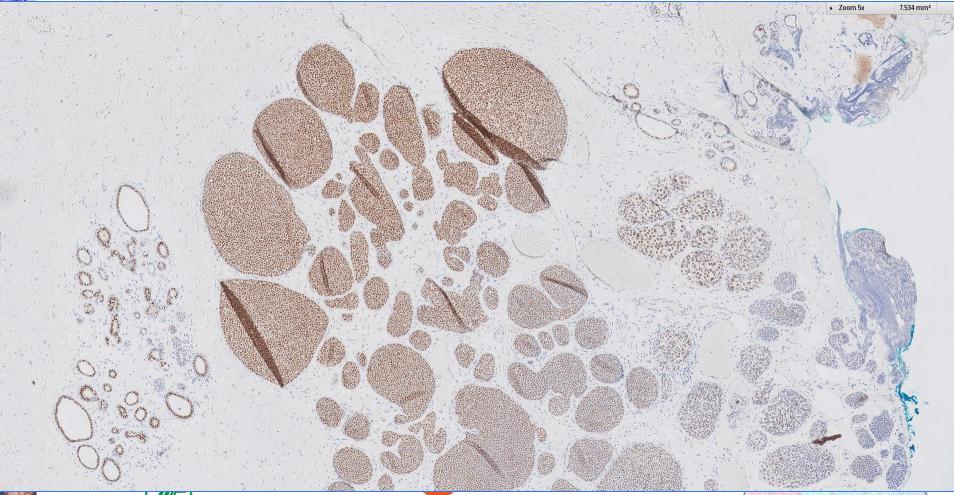


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ER





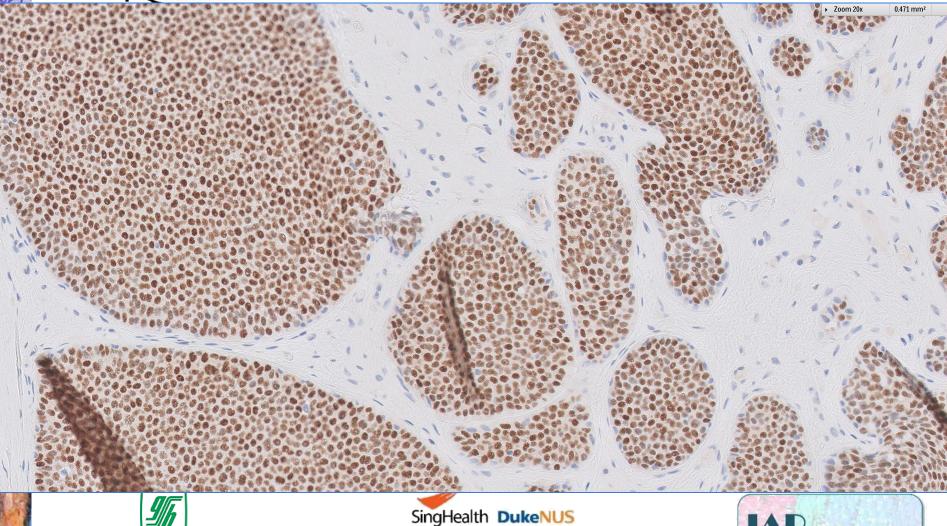
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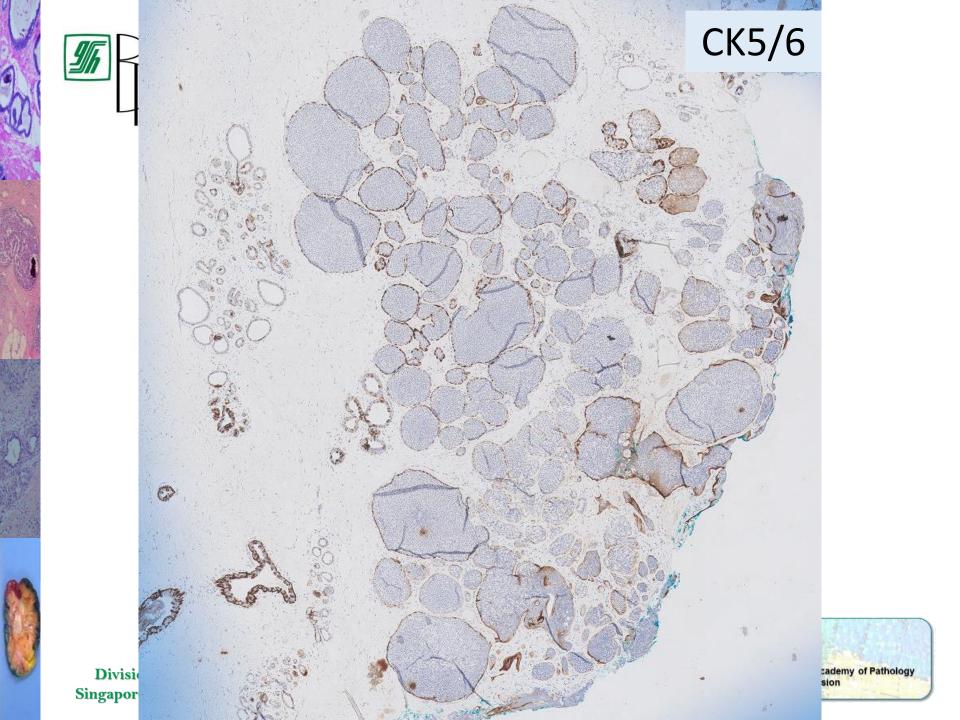
ER





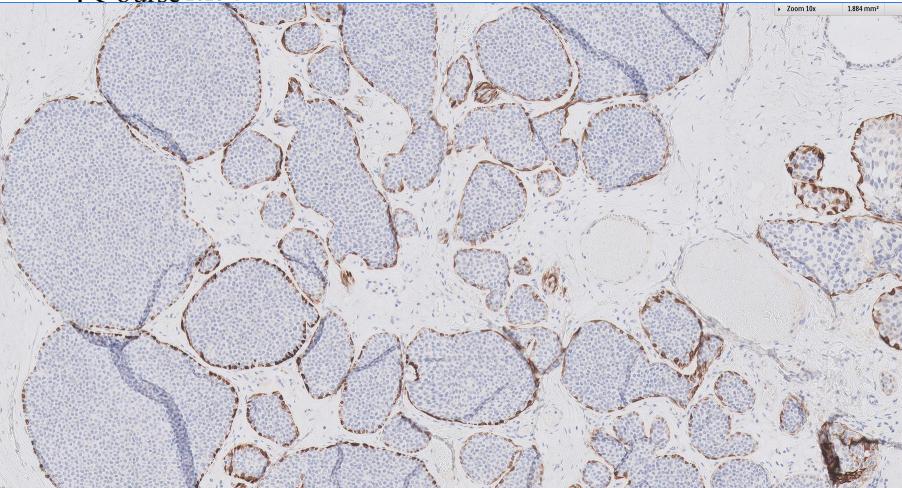
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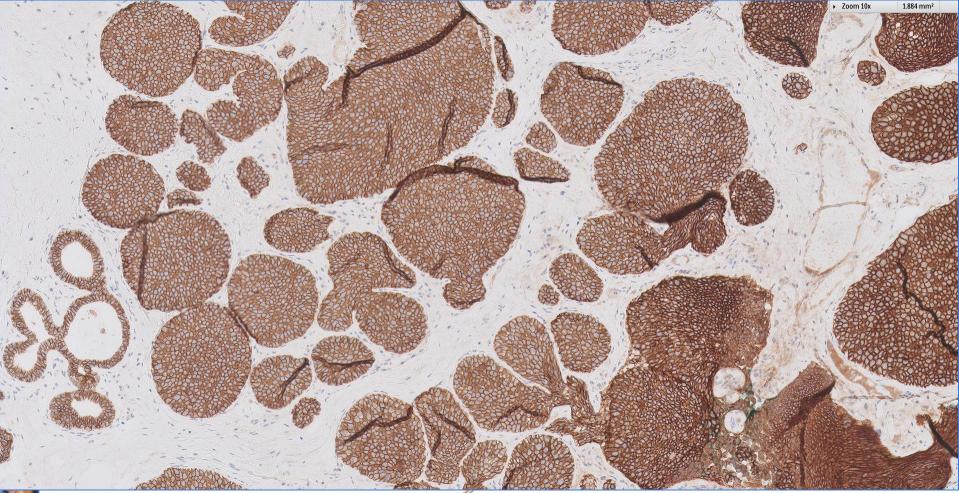


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## E-cadherin

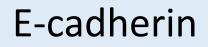


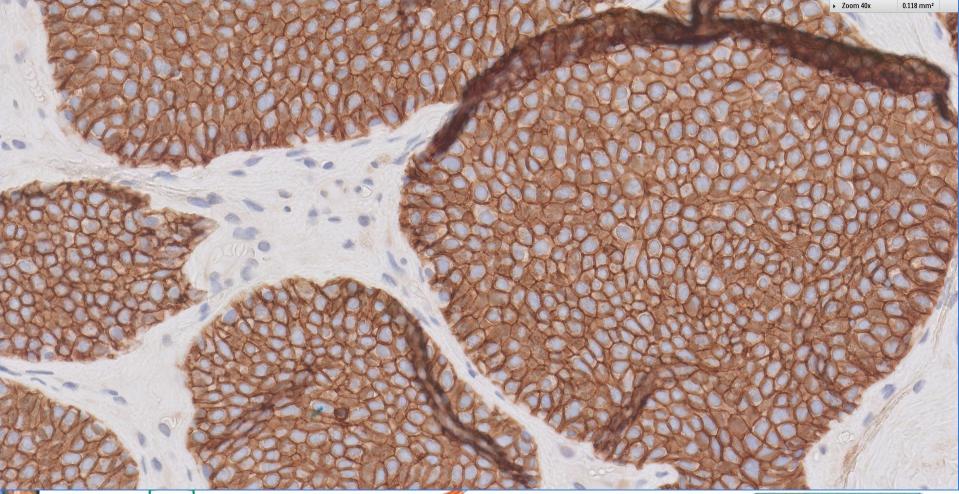


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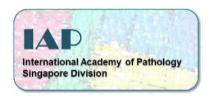


# Left breast inferior margin ~ Low nuclear grade ductal carcinoma in situ, without necrosis or calcifications, 3.5mm



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# Differential diagnosis ~ Florid usual ductal hyperplasia Lobular carcinoma in situ Solid papillary carcinoma in situ



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### Florid UDH

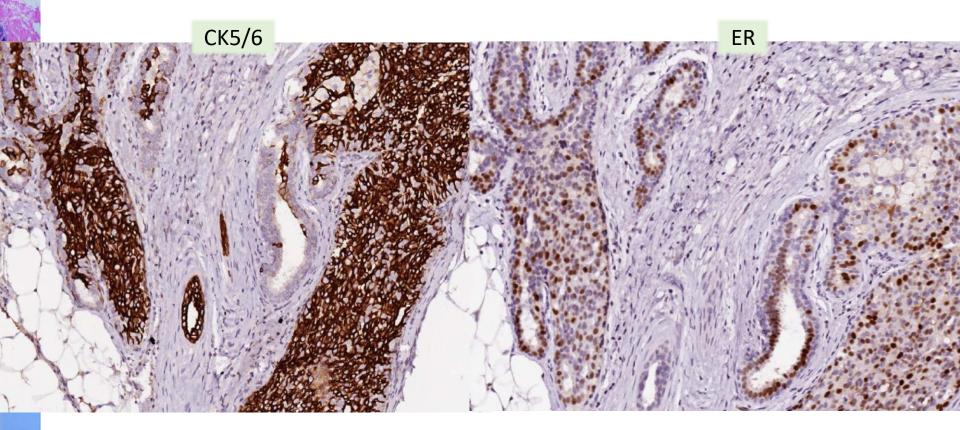
Re

- Heterogeneous epithelial cell population
- Haphazard placed overlapping nuclei
- Irregular peripheral slit-like spacesIntranuclear inclusions



Immunohistochemistry ~

CK5/6, CK14 show mosaic pattern of staining ER shows patchy heterogeneous staining





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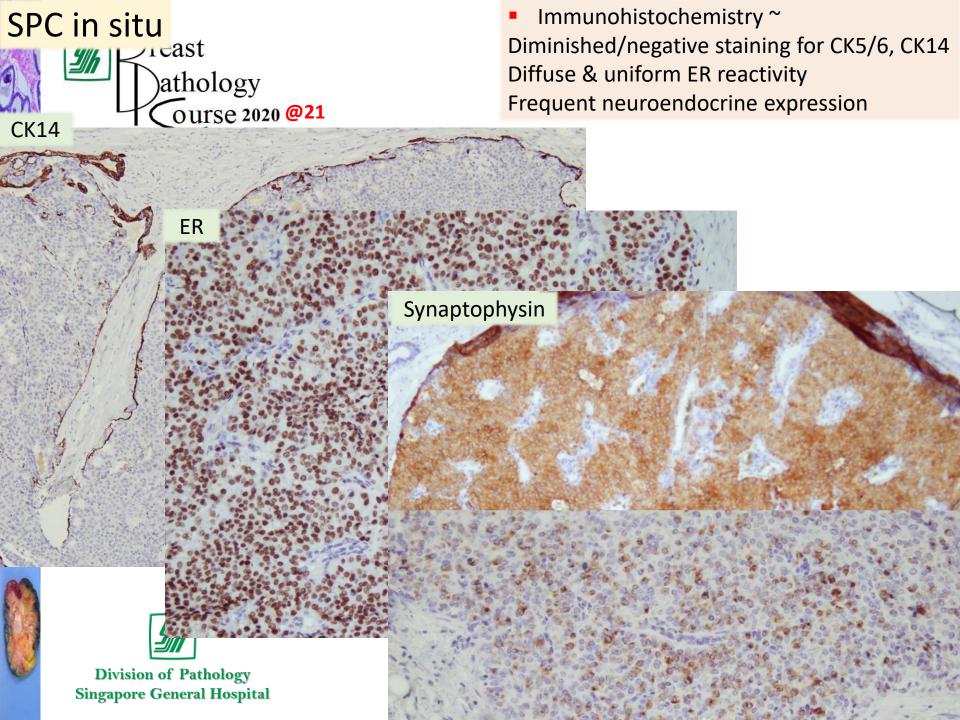
### LCIS

- Resembles solid DCIS
- Discohesive cells (compared to solid DCIS which has a more pavemented look)
  Occasional intracytoplasmic lumens
  Adjacent atypical lobular hyperplasia
  E-cadherin negative on IHC

E-cadherin

### SPC in situ

- Fine vessels investing the solid epithelial islands
  - ~ solid papillary architecture
- Epithelial cells with amphophilic cytoplasm
- Perivascular pseudorosettes
- Spindling of cells
- Mucin ~ extracellular & intracytoplasmic





# **Solid epithelial proliferations ~ differential diagnosis**

Histological feature	Florid UDH	Solid DCIS	LCIS	SPC in situ
Epithelial population	<ul> <li>Heterogeneous</li> <li>Haphazardly placed, overlapped nuclei</li> <li>Irregular slit-like spaces</li> <li>May have intranuclear inclusions</li> </ul>	<ul> <li>Monotonous epithelial population</li> <li>Pavemented appearance</li> <li>May show focal luminal differentiation with epithelial polarisation</li> <li>Associated with other morphological patterns of DCIS</li> </ul>	<ul> <li>Discohesive cells (compared to solid DCIS which has a more pavemented look)</li> <li>Occasional intracytoplasmic lumens</li> <li>Adjacent atypical lobular hyperplasia</li> </ul>	<ul> <li>Fine vessels investing the solid epithelial islands ~ solid papillary architecture</li> <li>Epithelial cells with amphophilic cytoplasm</li> <li>Perivascular pseudorosettes</li> <li>Spindling of cells</li> <li>Mucin ~ extracellular &amp; intracytoplasmic</li> </ul>
IHC	<ul> <li>CK5/6, CK14 shows mosaic pattern of staining</li> <li>ER shows patchy heterogeneous reactivity</li> </ul>	<ul> <li>Diffuse ER positivity</li> <li>Diminished or negative staining for CK5/6 and CK14</li> <li>E-cadherin shows cytoplasmic membrane staining</li> </ul>	<ul> <li>Diffuse ER positivity</li> <li>Diminished or negative staining for CK5/6 and CK14</li> <li>E-cadherin negative</li> </ul>	<ul> <li>Diminished or negative staining for CK5/6, CK14</li> <li>Diffuse &amp; uniform ER reactivity</li> <li>Frequent neuroendocrine expression</li> </ul>
Others	UDH in adjacent lobules	Other morphological patterns of DCIS	Associated low grade lesions ~ ALH, FEA	May be associated with papillary structures



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Thank you

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