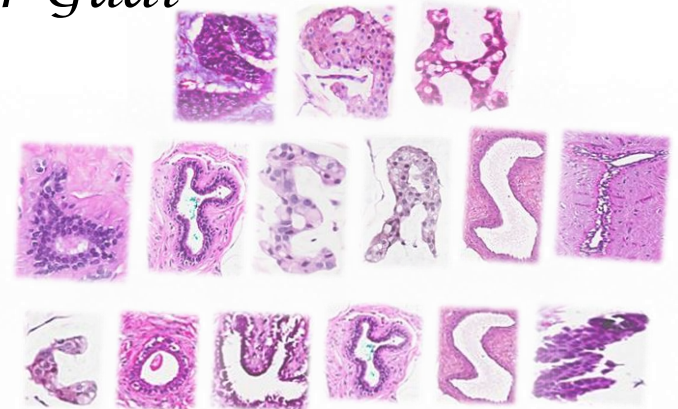


## Case 22

*45 year old Filipino female with a  
right breast lump at 9 o'clock.  
Excision biopsy.*

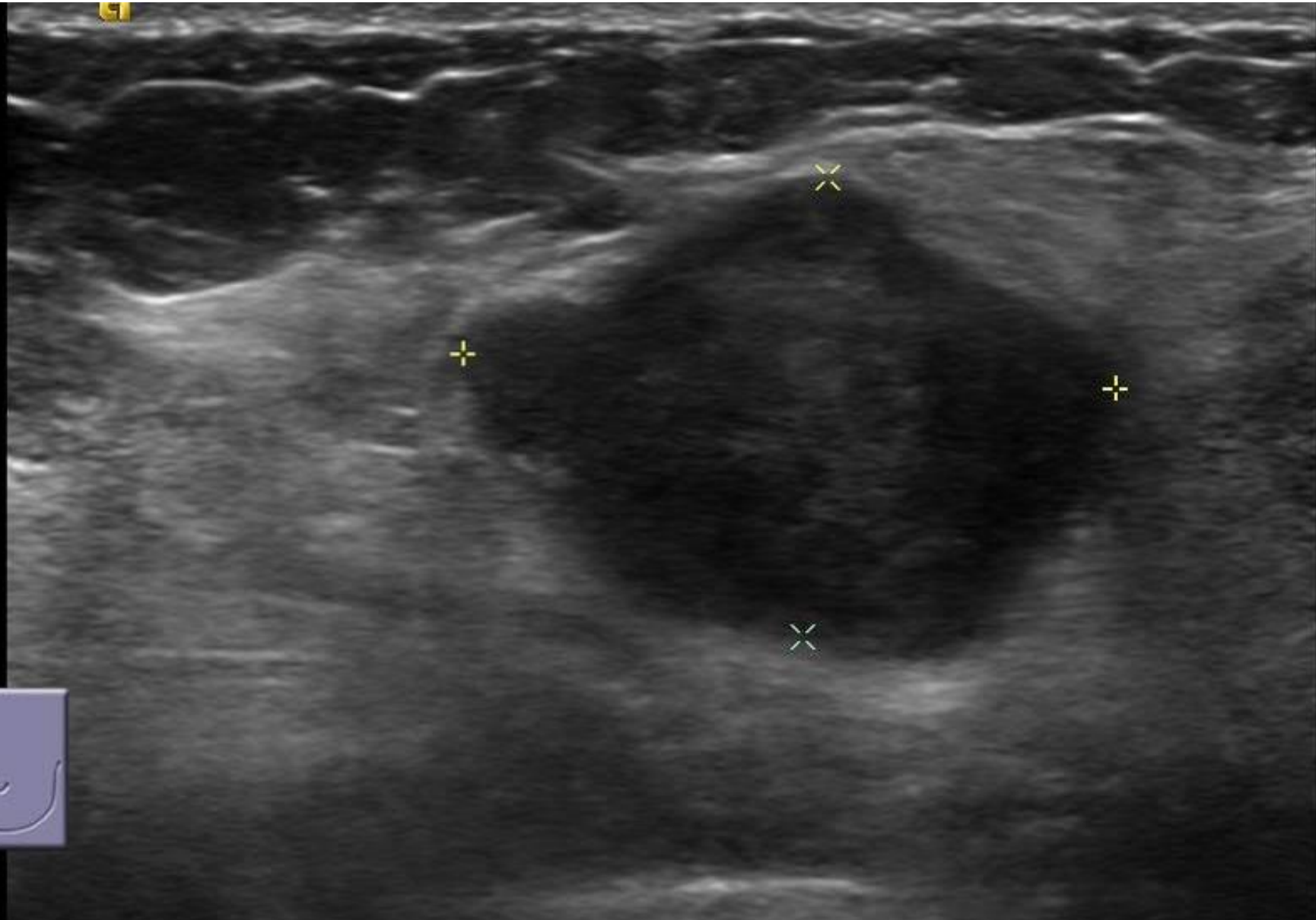
*Contributed by Dr Mihir Gudi*

*Presented by Puay Hoon Tan*



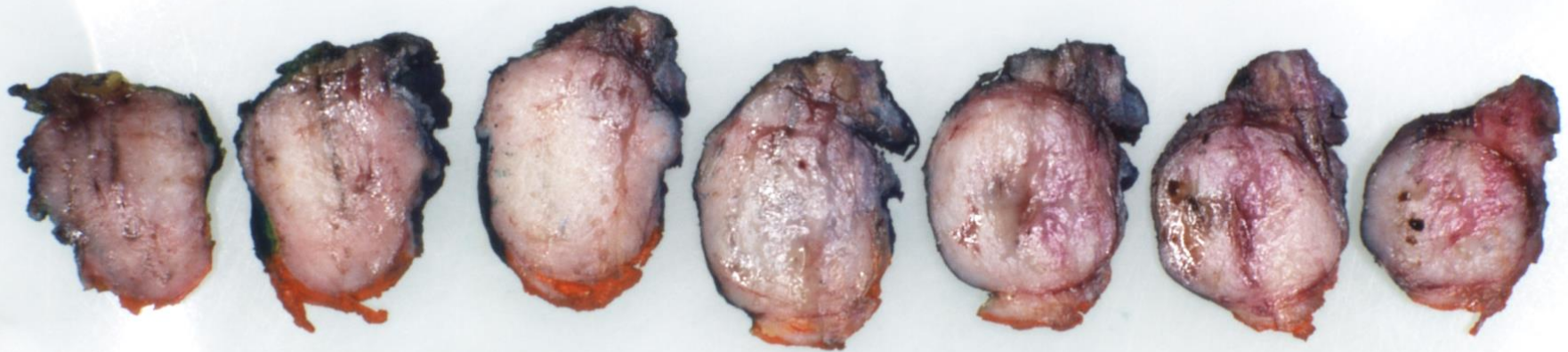
✚ D=2.80 cm  
✕ D=1.98 cm

RIGHT BREAST 9:00 5 CMFN  
ROI PALPABLE \_



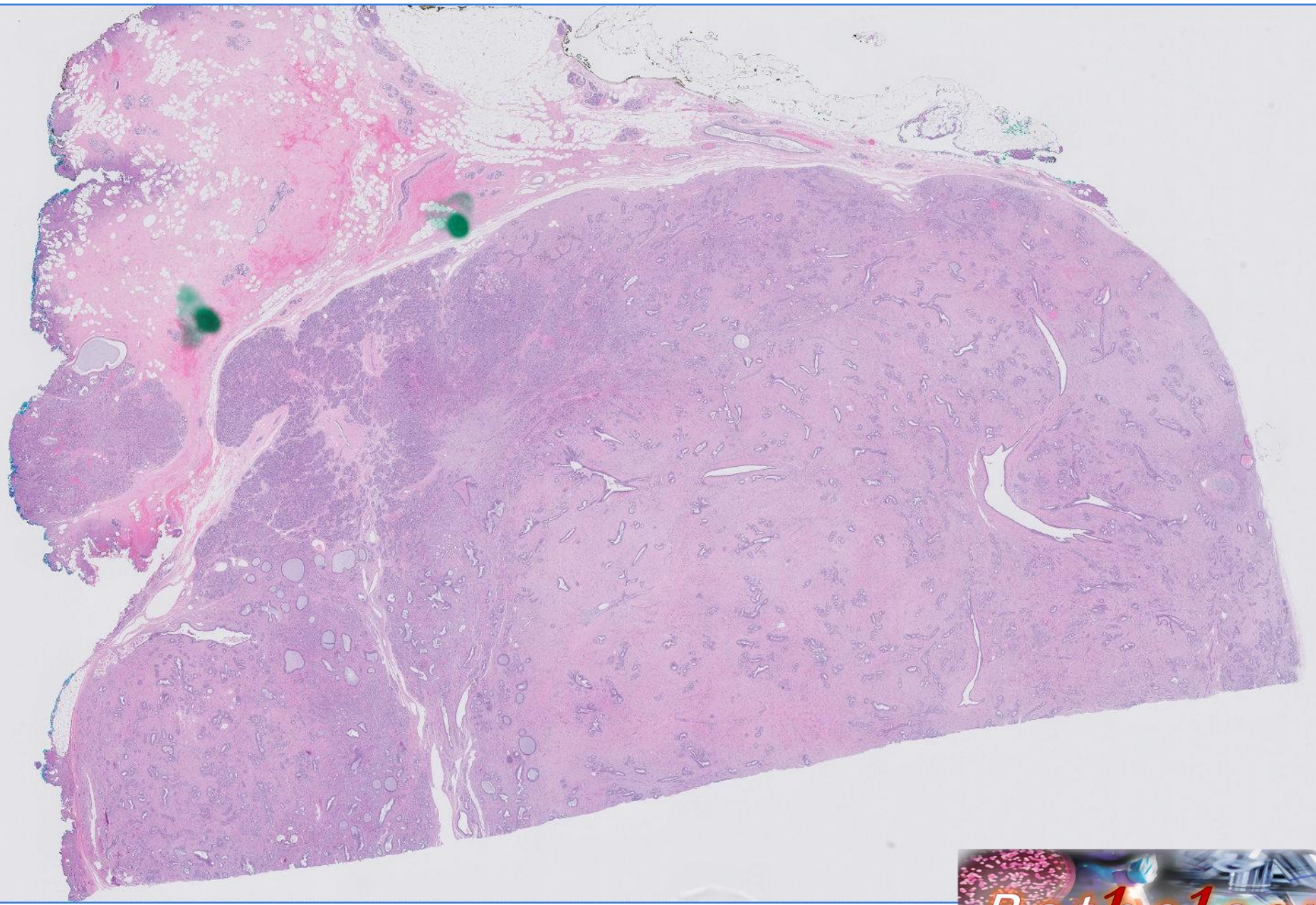


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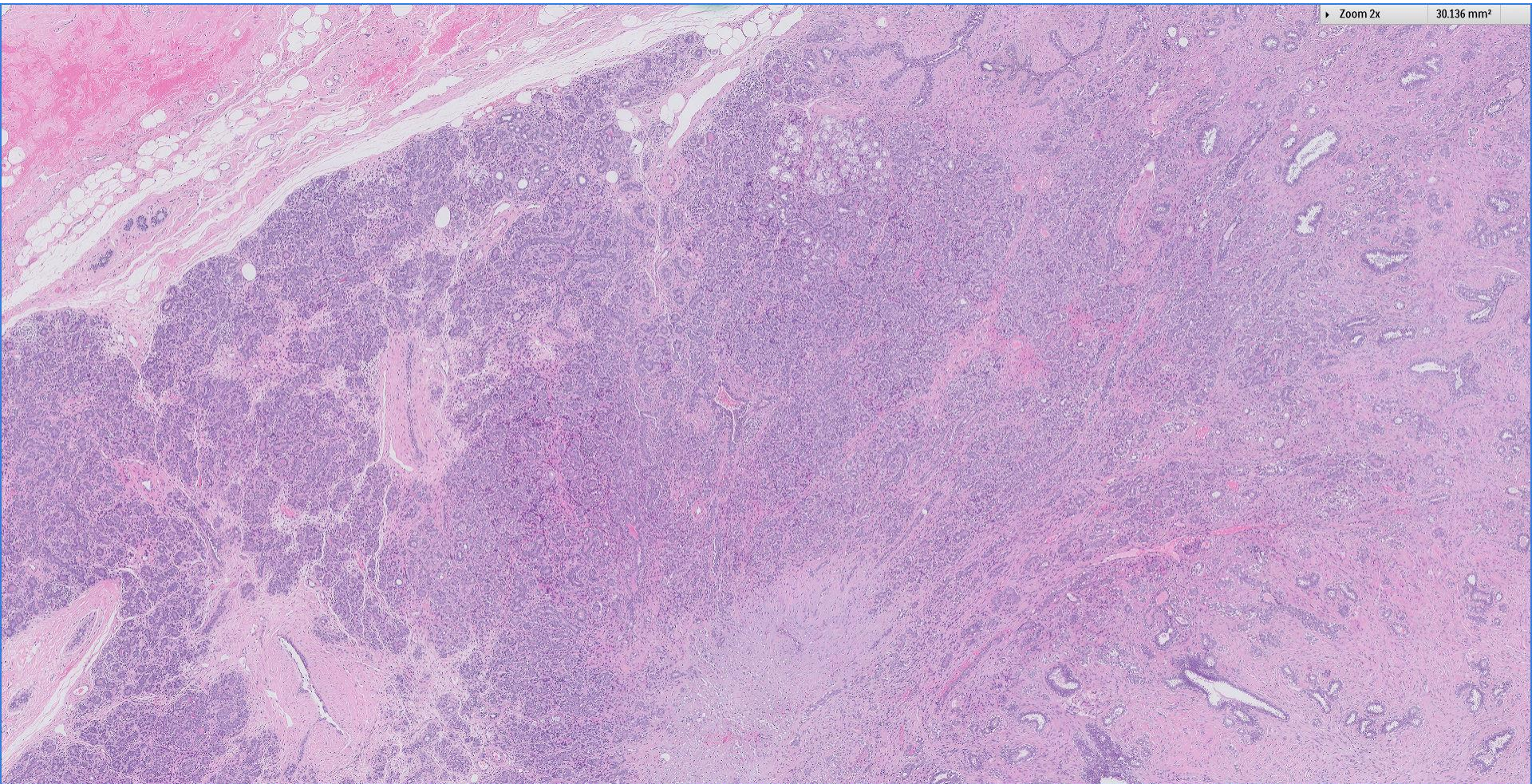
50 mm

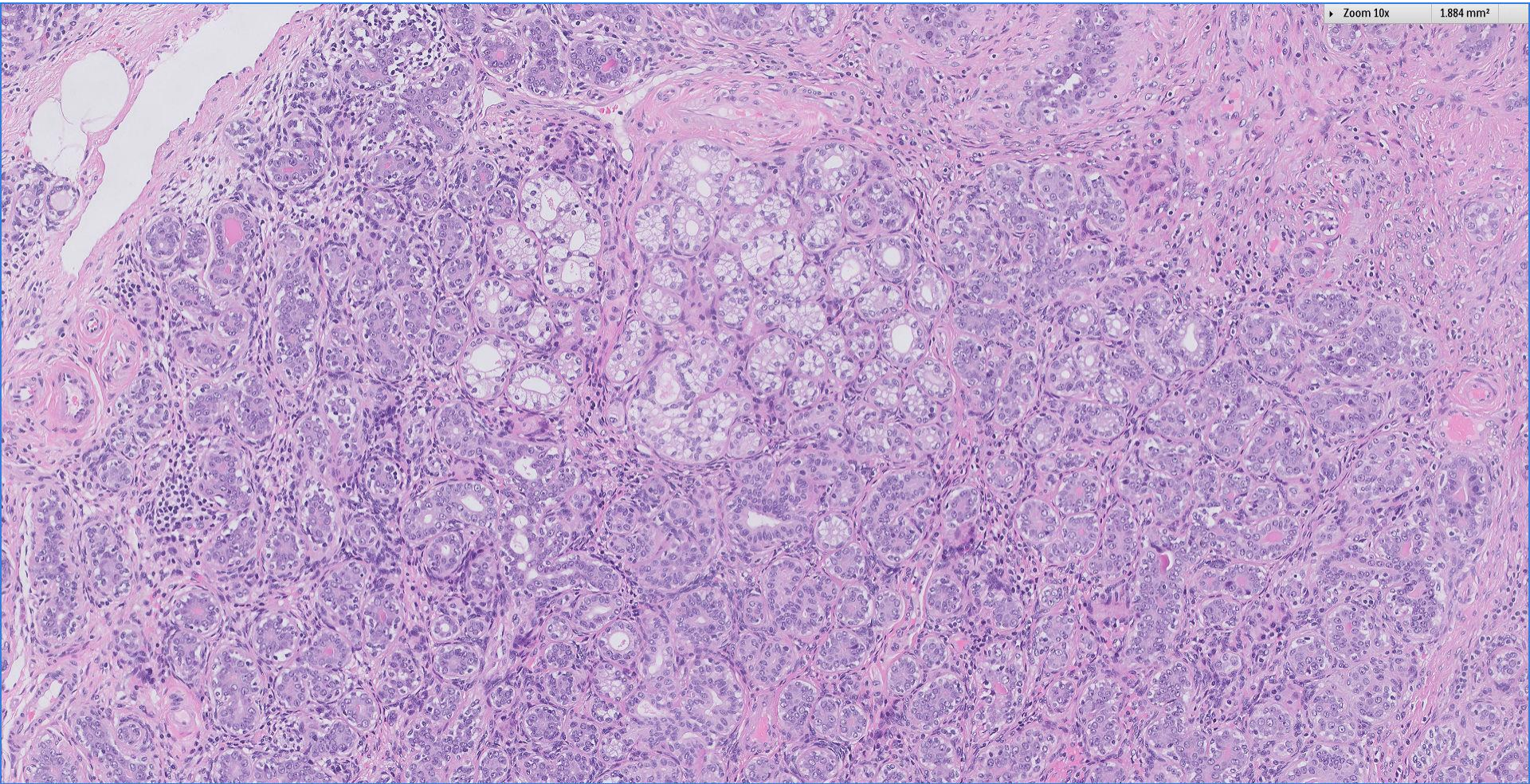


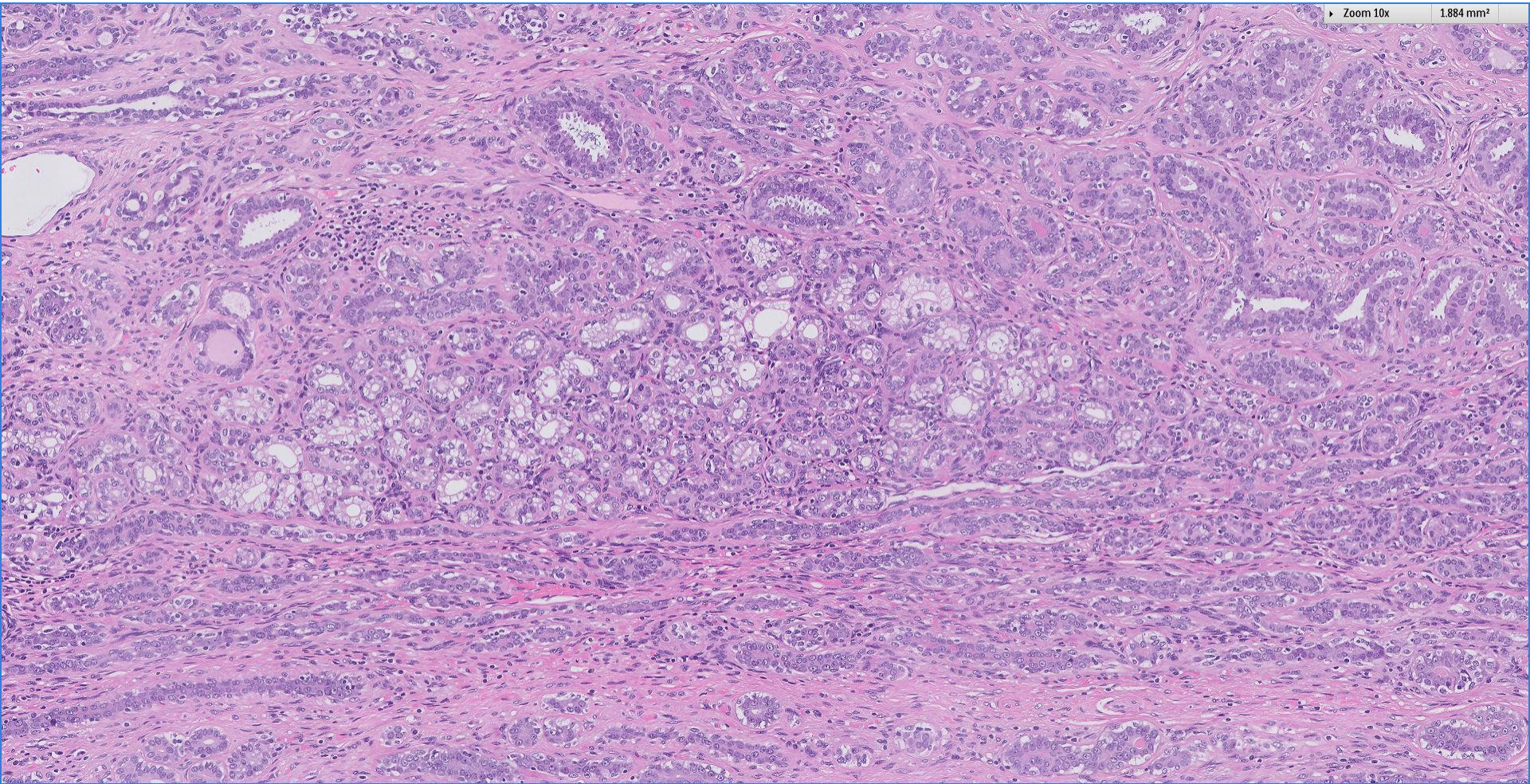


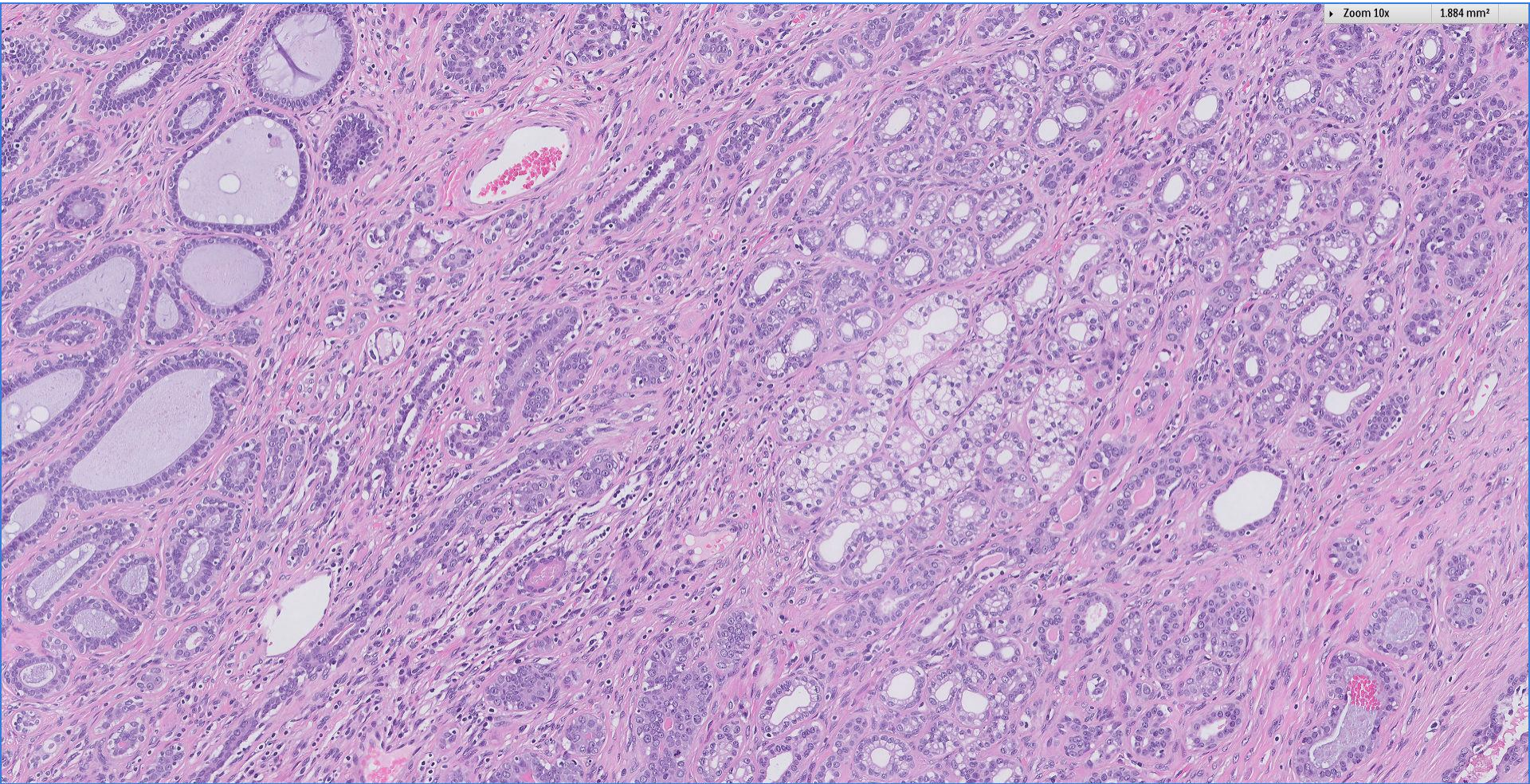
Zoom 2x

30.136 mm<sup>2</sup>





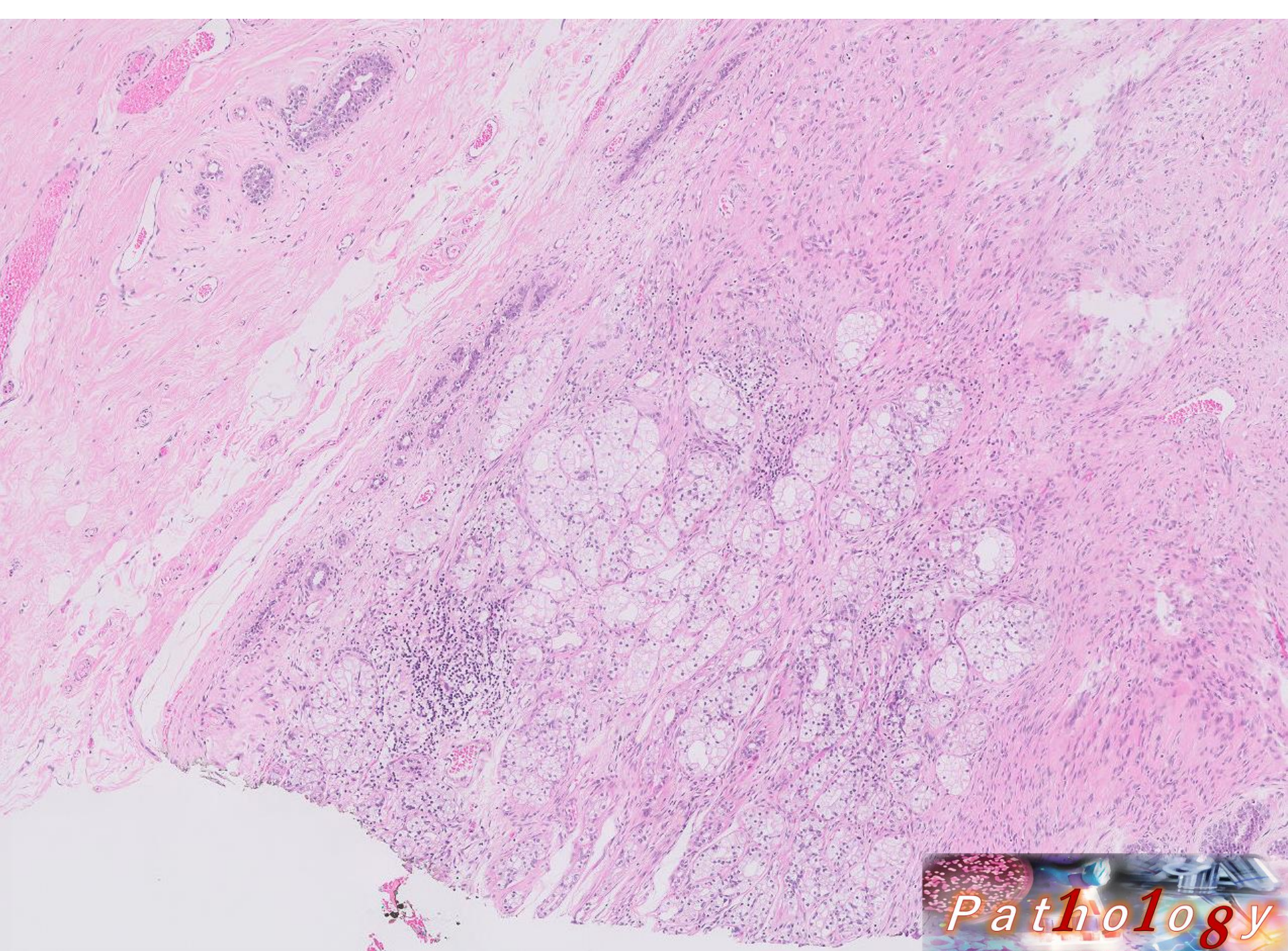


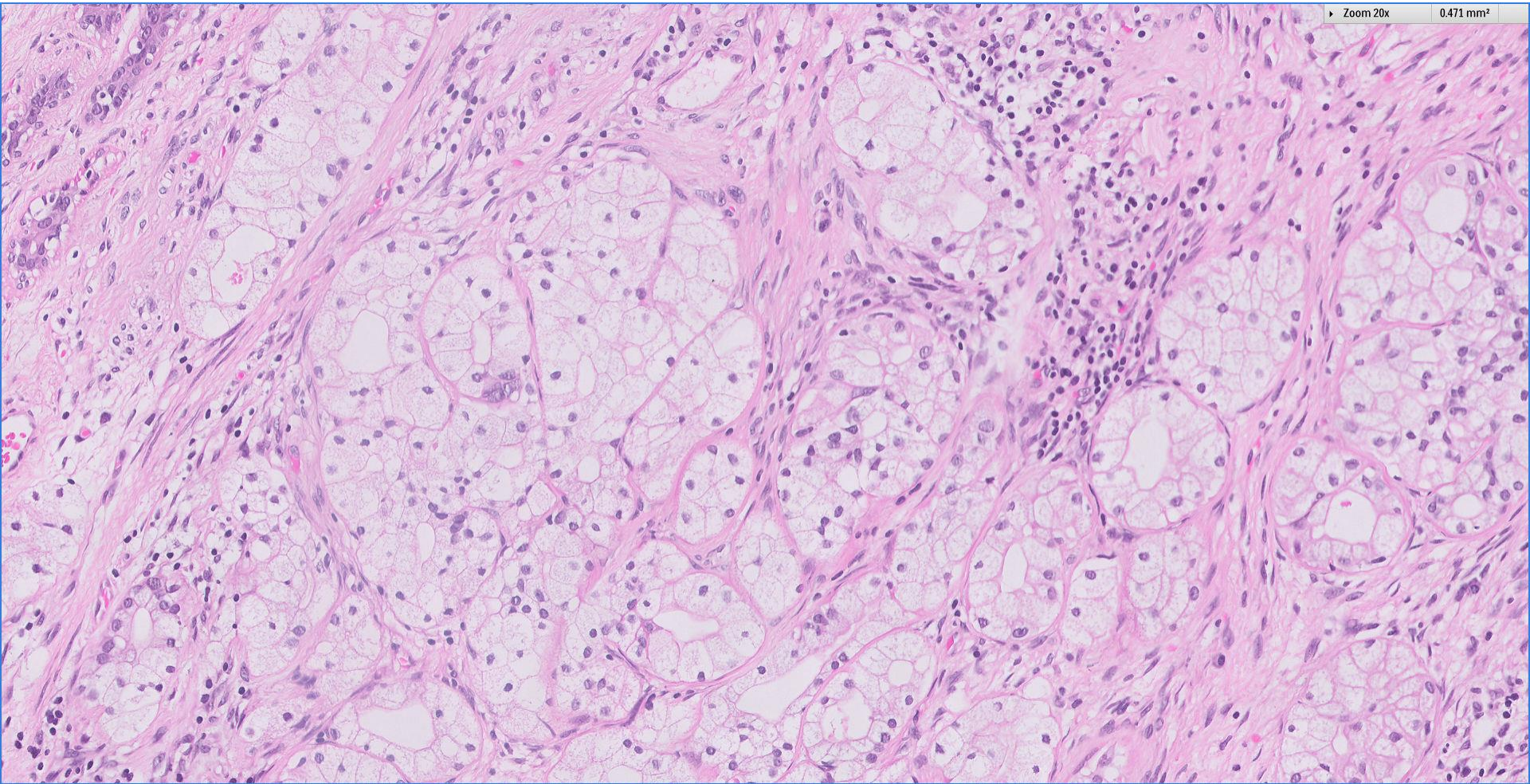


Zoom 10x 1.884 mm<sup>2</sup>





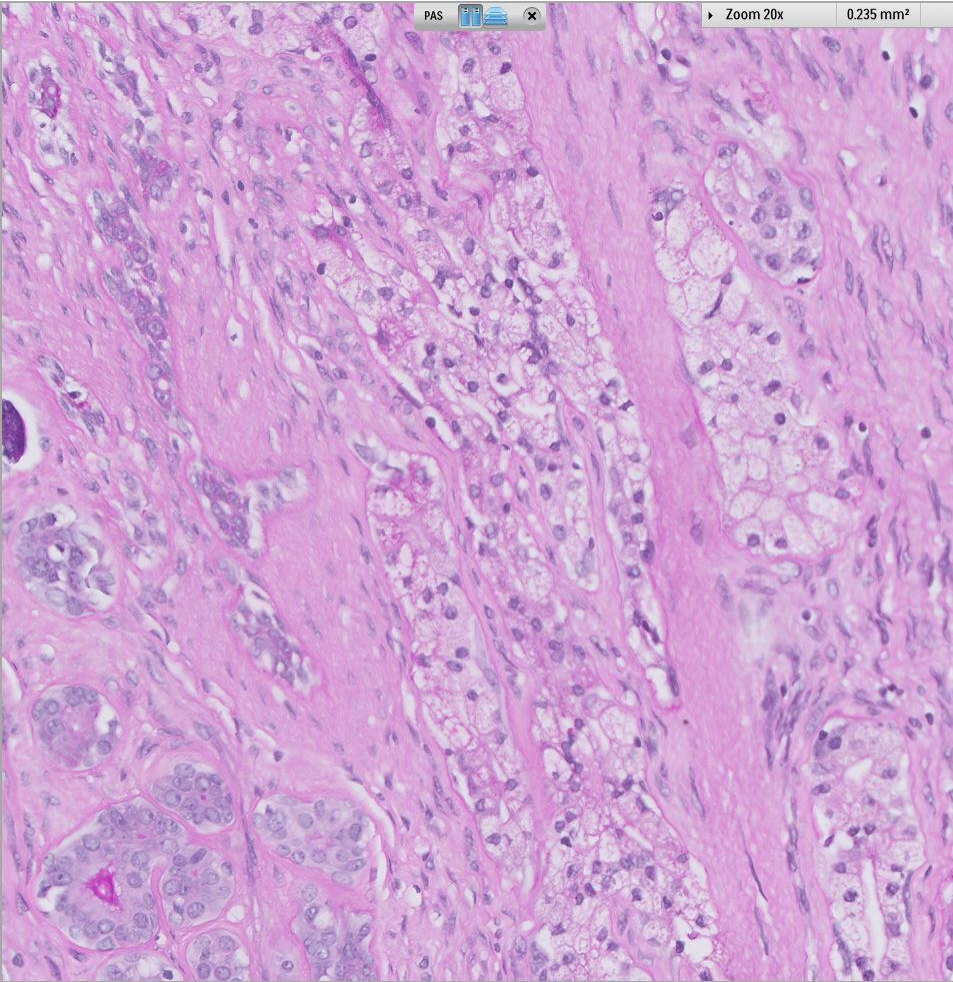




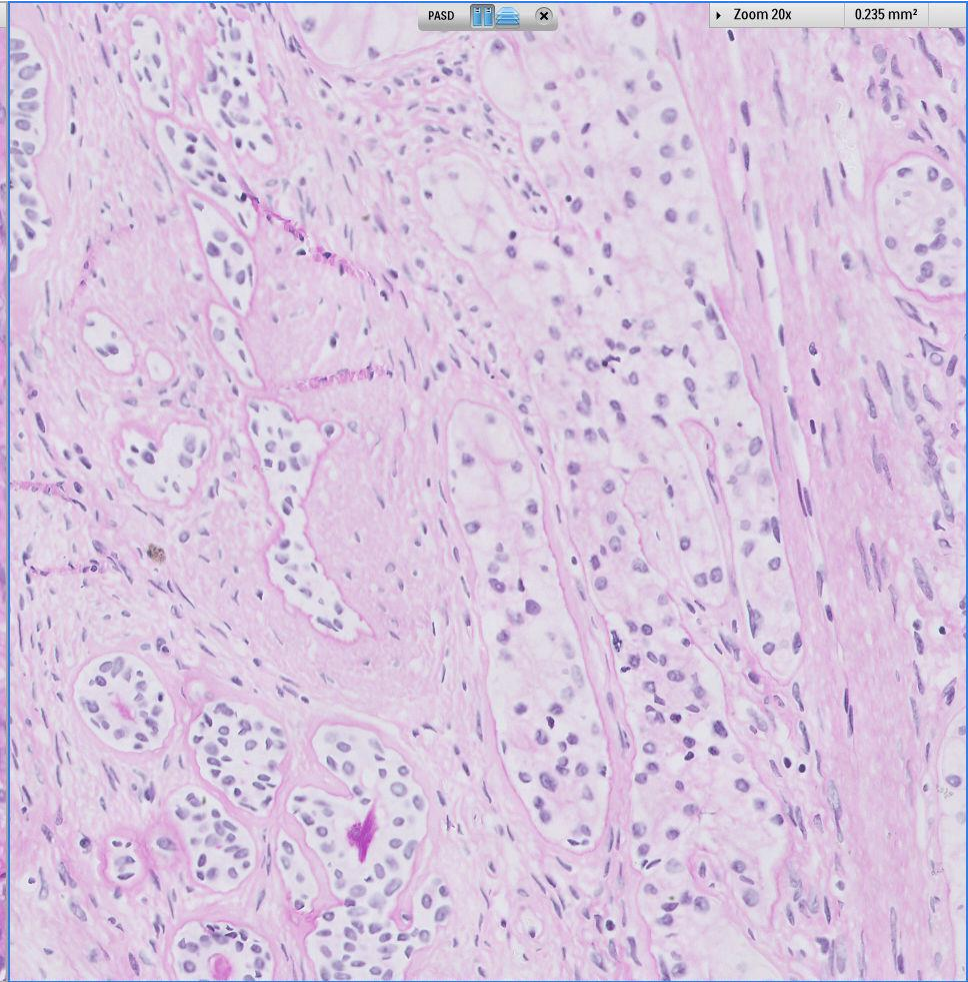
Zoom 20x 0.471 mm<sup>2</sup>



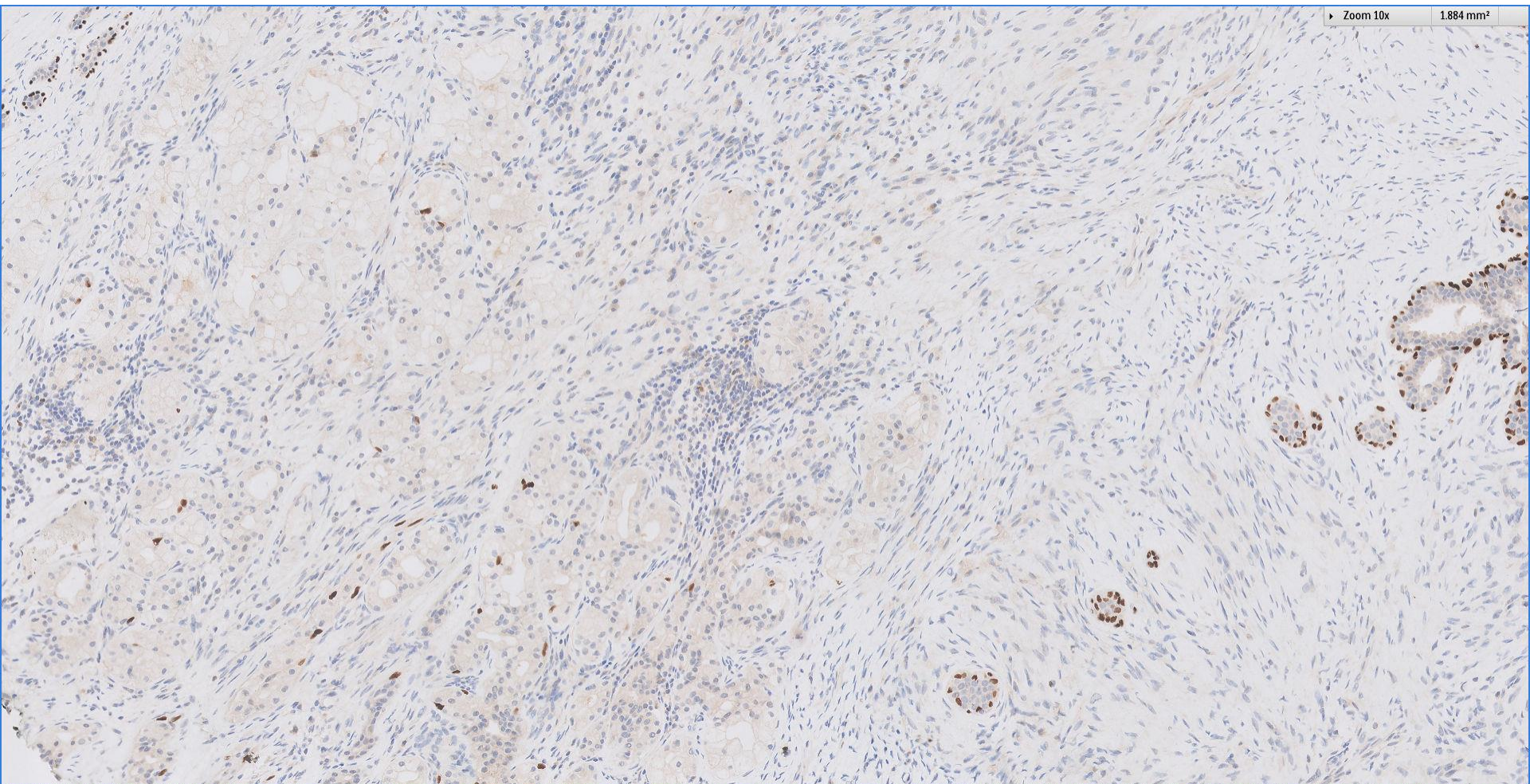
PAS



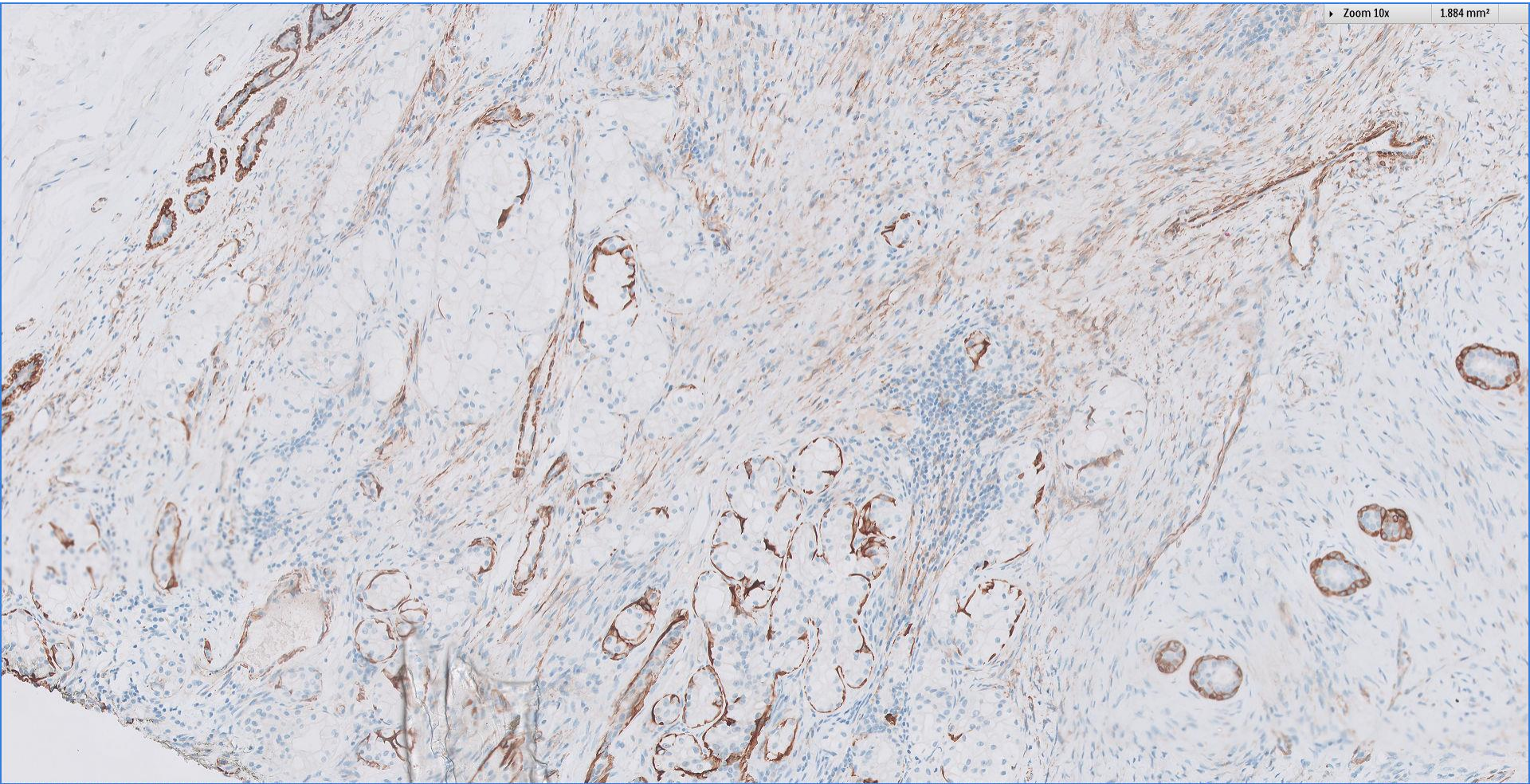
PASD



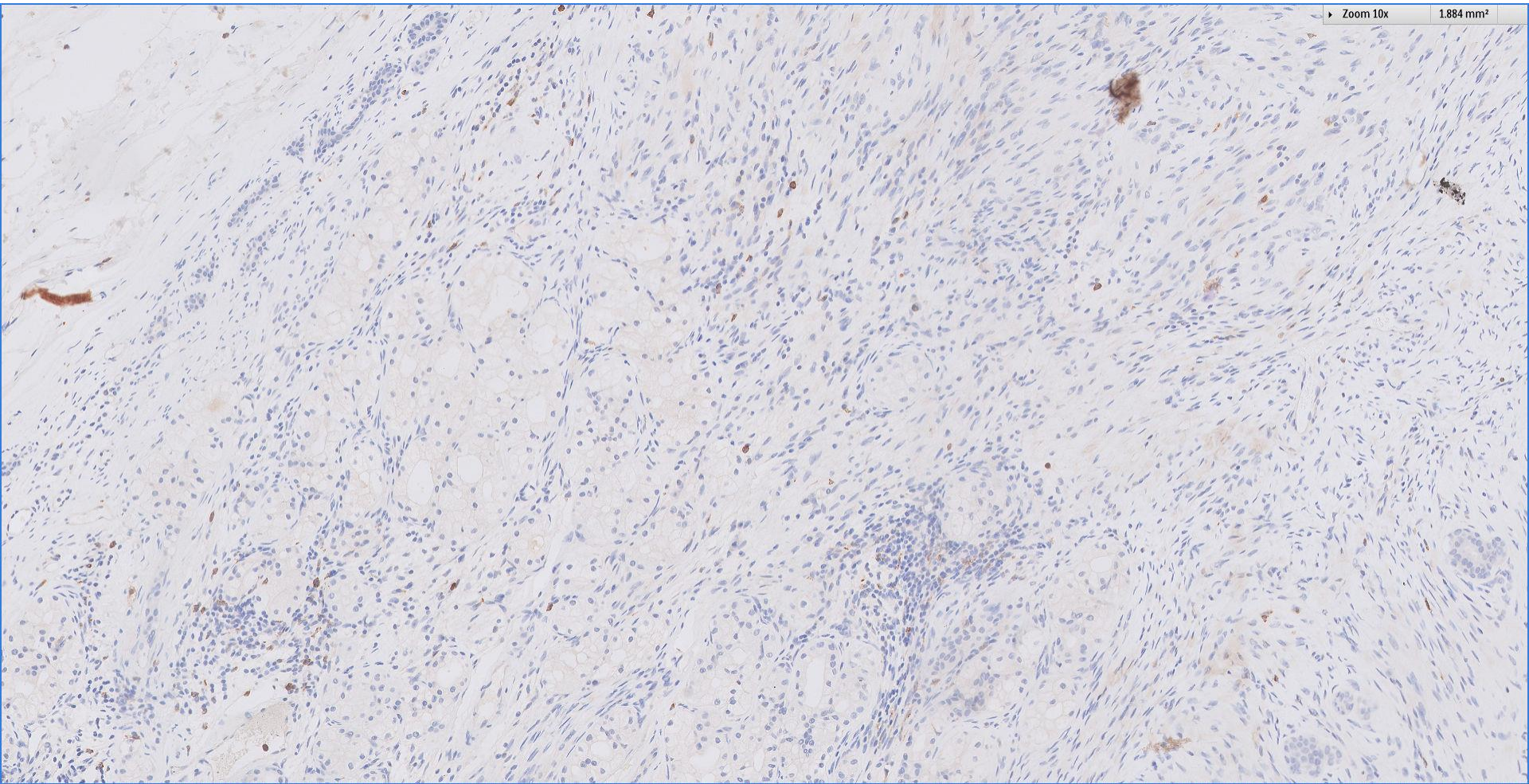
p63



# SMMS



# Lysozyme



# Diagnosis

## *Complex fibroadenoma with clear cell change*



# Complex fibroadenoma

- Complex fibroadenoma is diagnosed when there is ~
  - sclerosing adenosis
  - epithelial calcifications
  - papillary apocrine metaplasia
  - cysts measuring 3 mm or more in size
- Presence of any of these features can designate a fibroadenoma as “complex”.
- In our practice, we often reserve this diagnosis for fibroadenomas that either display a marked degree of these alterations or combination of alterations.
- According to one study, complex fibroadenomas are associated with an increased relative risk of subsequent breast cancer (threefold).

N Engl J Med 1994;331:10-5.
- Available data are insufficient to justify a different management approach for these lesions.





# Clear cell change in the breast

- Benign alteration in breast lobules ~
  - ‘Lamprocytosis, hellenzellen’
  - Glycogen content
- Myoepithelial cells
- Tumours ~
  - Adenomyoepithelioma
  - Invasive breast cancer no special type –
    - Glycogen rich clear cell pattern
    - Lipid rich pattern
    - Sebaceous pattern
  - Acinic cell carcinoma
  - Metastases



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*Thank You*



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