A Case of Delayed Metastatic Duct Carcinoma of Breast in Distant Lymph Node 10 Years Later

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Description

53-year-old female, breast carcinoma, left, S/P modified radical mastectomy ten years ago (in 2005)

She also received courses of chemotherapy until 2006. June 11th, 2015: Enlargement of bilateral inguinal lymph nodes, and more obvious over the right side, measuring up to 1.31 × 1.30 × 0.67 in dimensions. No mass or nodule is found over the rest body parts (Figure 1).

Cytology Report

Lymph node, groin, right, fine needle aspiration cytology was positive for malignancy, in favor of metastatic carcinoma (Figures 2-5).

Immunocytochemical (ICC) Study

Direct immunostaining on stained slides S/P Papaniclaou stain (Figures 6).

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Figure 6: Direct immunostaining on stained and uncovered slides S/P Papanicolaou stain.

Figure 7: Immunocytochemical (ICC) study: Cytokeratin (AE1/AE3): + (400X).

Figure 8: ICC study: estrogen receptor (ER): + (arrows) (400X).

Figure 9: Tumor emboli can be found in a few blood vessel lumens.

Figure 10: Tumor emboli can be found in a few blood vessel lumens.

Figure 11: Uneven distribution of metastatic nests over one half of the lymph node.

Figure 12: Focally clear cytoplasm and solid growth pattern.

Figure 13: Moderate nuclear pleomorphism, and no brisk mitotic figures (circle).
Revised Cytology Report After ICC Study

Lymph node, groin, right, fine needle aspiration and ICC stain --- Metastatic carcinoma, in favor of breast origin. Cytokeratin (AE1/AE3):+, ER:+(Figure 7-8)

Anatomical Diagnosis

It was carried out on June 24th, 2015. Lymph nodes, inguinal, right,

Results of Immunohistochemical (IHC) Studies

ER: + (80%, strong to moderate)
PR: + (20%, strong to moderate)
HER 2/neu: negative (0–1+)
Ki-67 proliferation index: up to 20%

biopsy showed metastatic ductal carcinoma, breast in origin (one positive lymph node and one smaller negative lymph node).