

Solid Papillary Carcinoma: A Cytologic-Histologic Correlation of an Uncommon Breast Neoplasm

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Description

Cytological smear from a 79 year old women with nipple retraction. Examination with mammography was negative. Ultrasound investigation showed a well-delimited, hypoechoic nodule, 1.2 cm in greatest axis.

Numerous neoplastic cells arranged in sheets (Figure 1a) and papillary structures (Figure 1b). Cells are quite monomorphic, characterized by peripherally located nuclei and disperse chromatin with inconspicuous nucleoli and abundant granular cytoplasm (Figure 1c). An intracytoplasmic vacuole can be appreciated (Figure 1c, arrow). Mucoïd material is evident on May-Grünwald Giemsa stain (Figure 1d).

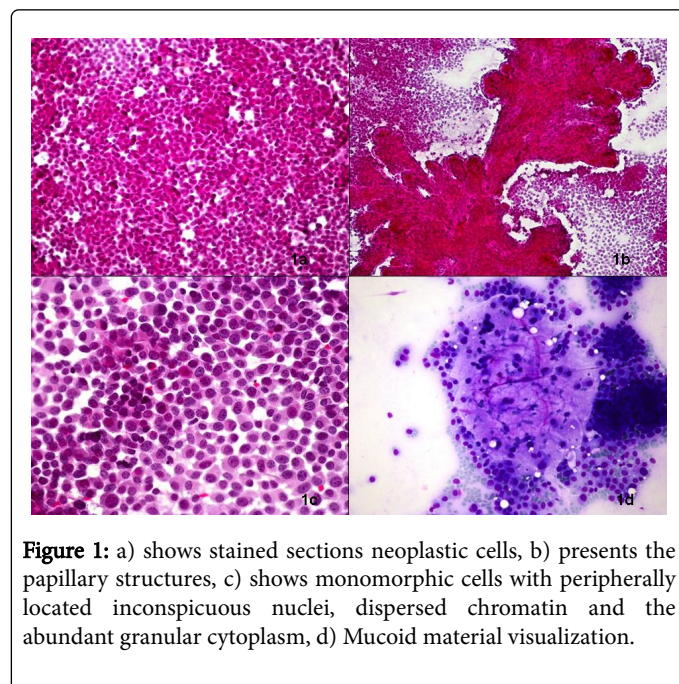


Figure 1: a) shows stained sections neoplastic cells, b) presents the papillary structures, c) shows monomorphic cells with peripherally located inconspicuous nuclei, dispersed chromatin and the abundant granular cytoplasm, d) Mucoïd material visualization.

A mastectomy was performed.

Histological diagnosis: solid papillary carcinoma of the breast (Figure 2).

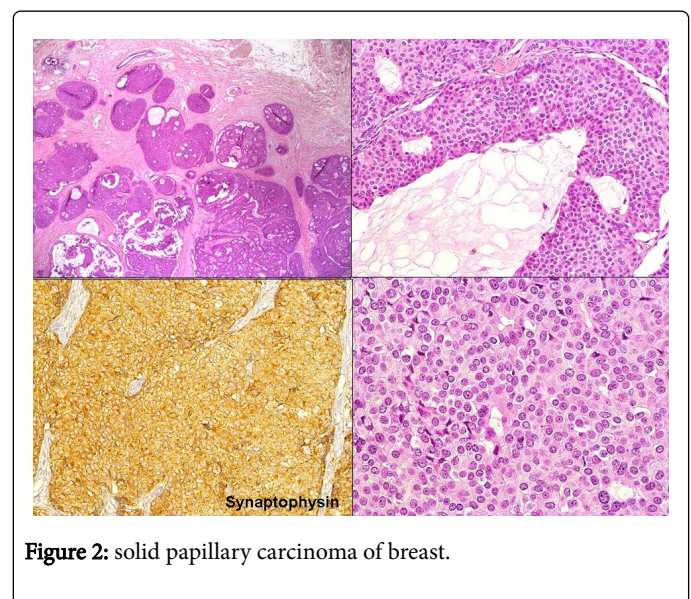


Figure 2: solid papillary carcinoma of breast.

It is a controversial entity in breast pathology. First described by Maluf and Koerner in 1995 [1] as a type of intraductal carcinoma with endocrine differentiation, precursor of type B mucinous carcinoma, it has been recently referred to as an invasive tumor with low malignant potential [2].

In the latest WHO (2012) is listed as a distinct entity, accounting for less than 1% of breast carcinoma, regarded for staging purposes as a form of in situ carcinoma [3].

References

1. Maluf HM, Koerner FC (1995) Solid papillary carcinoma of the breast. A form of intraductal carcinoma with endocrine differentiation frequently associated with mucinous carcinoma. *Am J Surg Pathol* 19: 1237-1244.
2. Rakha EA, Gandhi N, Climent F, van Deurzen CH, Haider SA, et al. (2011) Encapsulated papillary carcinoma of the breast: an invasive tumor with excellent prognosis. *Am J Surg Pathol* 35: 1093-1103.
3. Lakhani SR, Ellis IO, Schnitt SJ, Tan PH, van de Vijver MJ (2012) World Health Organization. Classification of Tumours of the Breast (4th edn), Vol. 4: Lyon, France.