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

Moira Ragazzi¹ and Giuseppe Falco²

1Pathology Unit, IRCCS Arcispedale Santa Maria Nuova Hospital, Reggio Emilia, Italy
2Breast Surgery Unit, IRCSS Arcispedale Santa Maria Nuova Hospital, Reggio Emilia, Italy

Corresponding author: Moira Ragazzi, Pathology Unit, IRCCS-Arcispedale Santa Maria Nuova, Viale Risorgimento 8042123 Reggio Emilia, Italy, Tel: +39 0522/295657; Fax: +39 0522/296945; E-mail: moira.ragazzi@asmn.re.it

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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). Mucoid material is evident on May-Grunwald Giemsa stain (Figure 1d).

A mastectomy was performed.

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

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