SOCIETAT CATALANA D'ANATOMIA PATOLÒGICA

Club de patología Mamaria

Dr Alberto Gallardo

Clínica Girona

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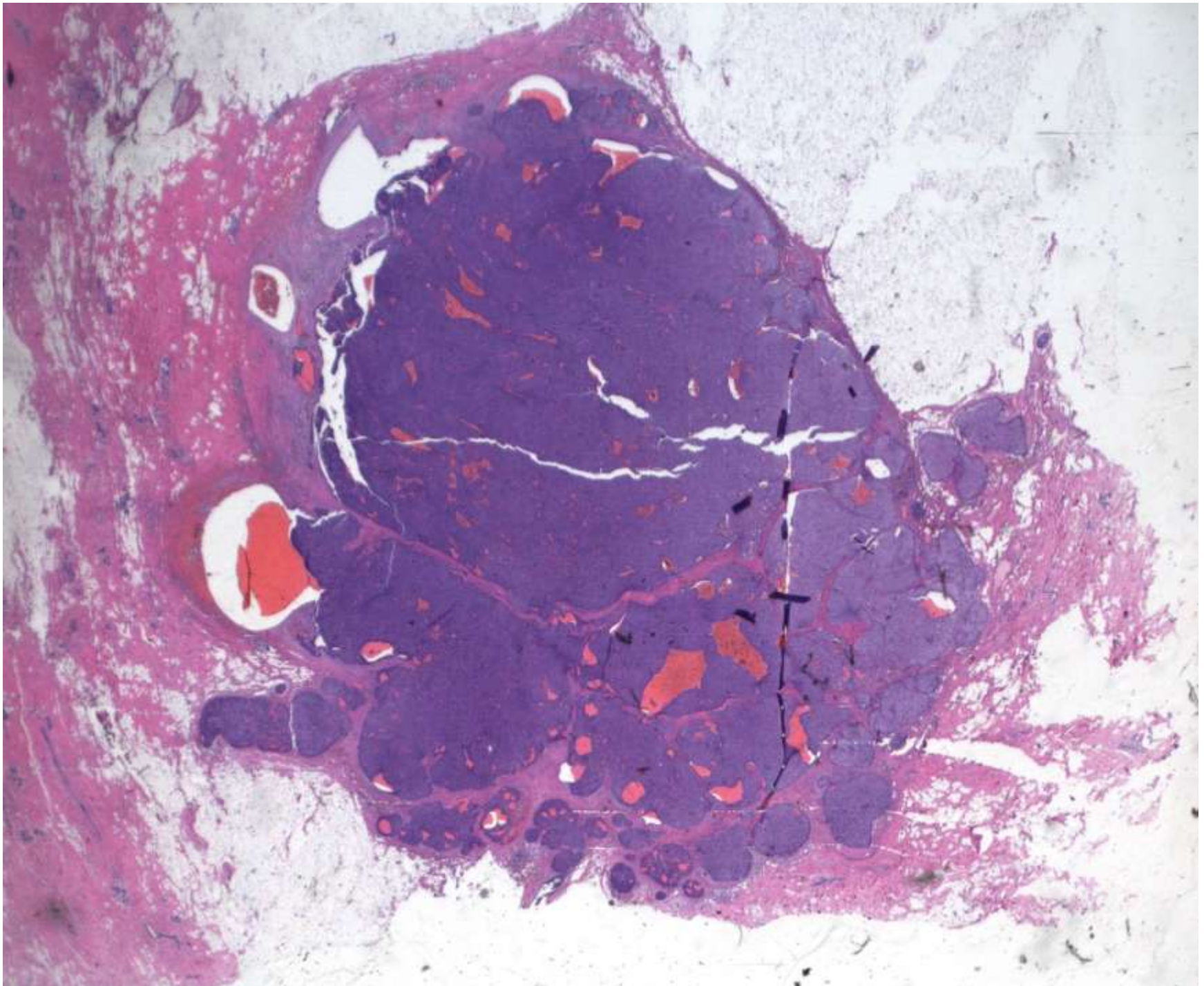
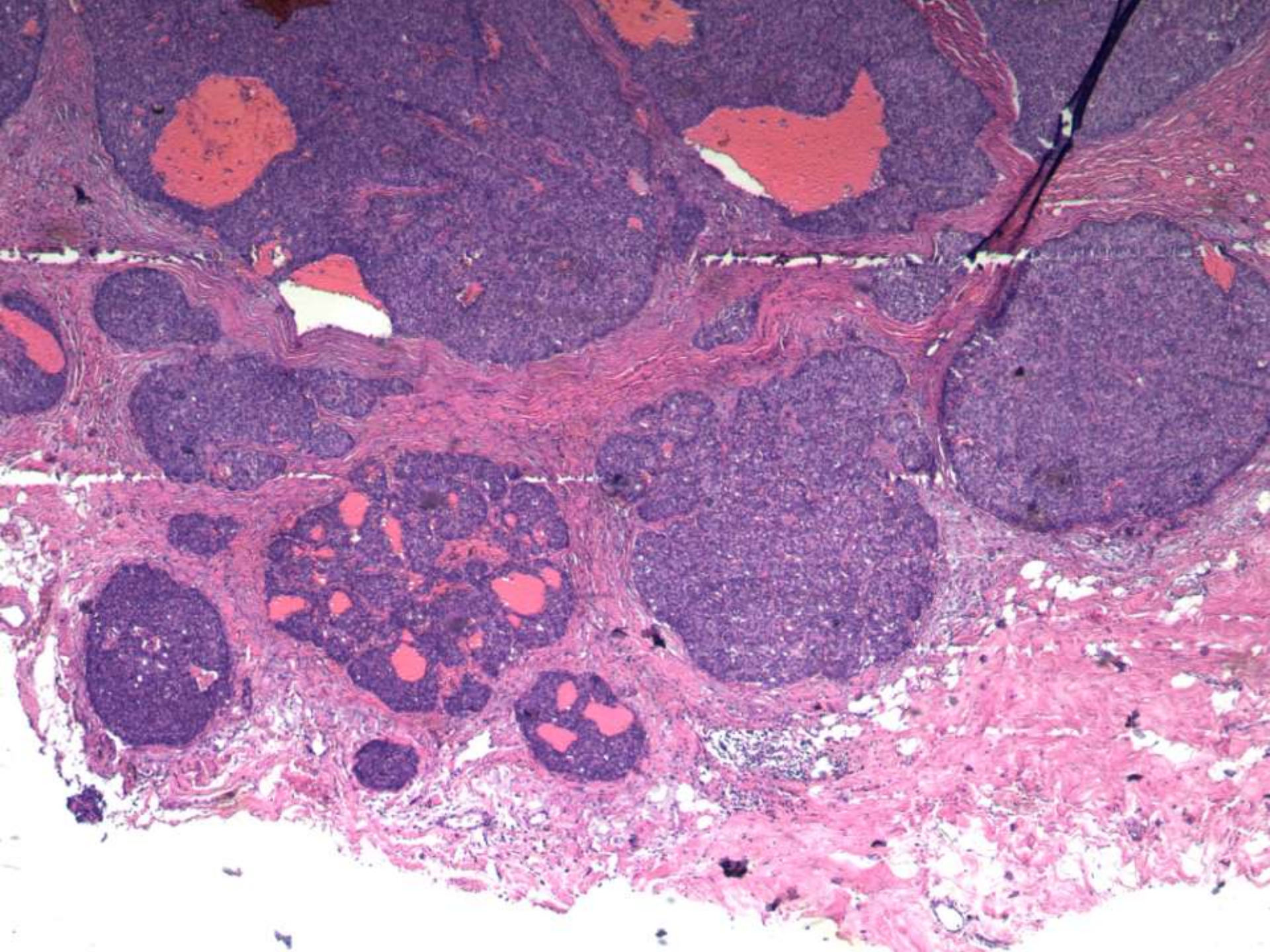
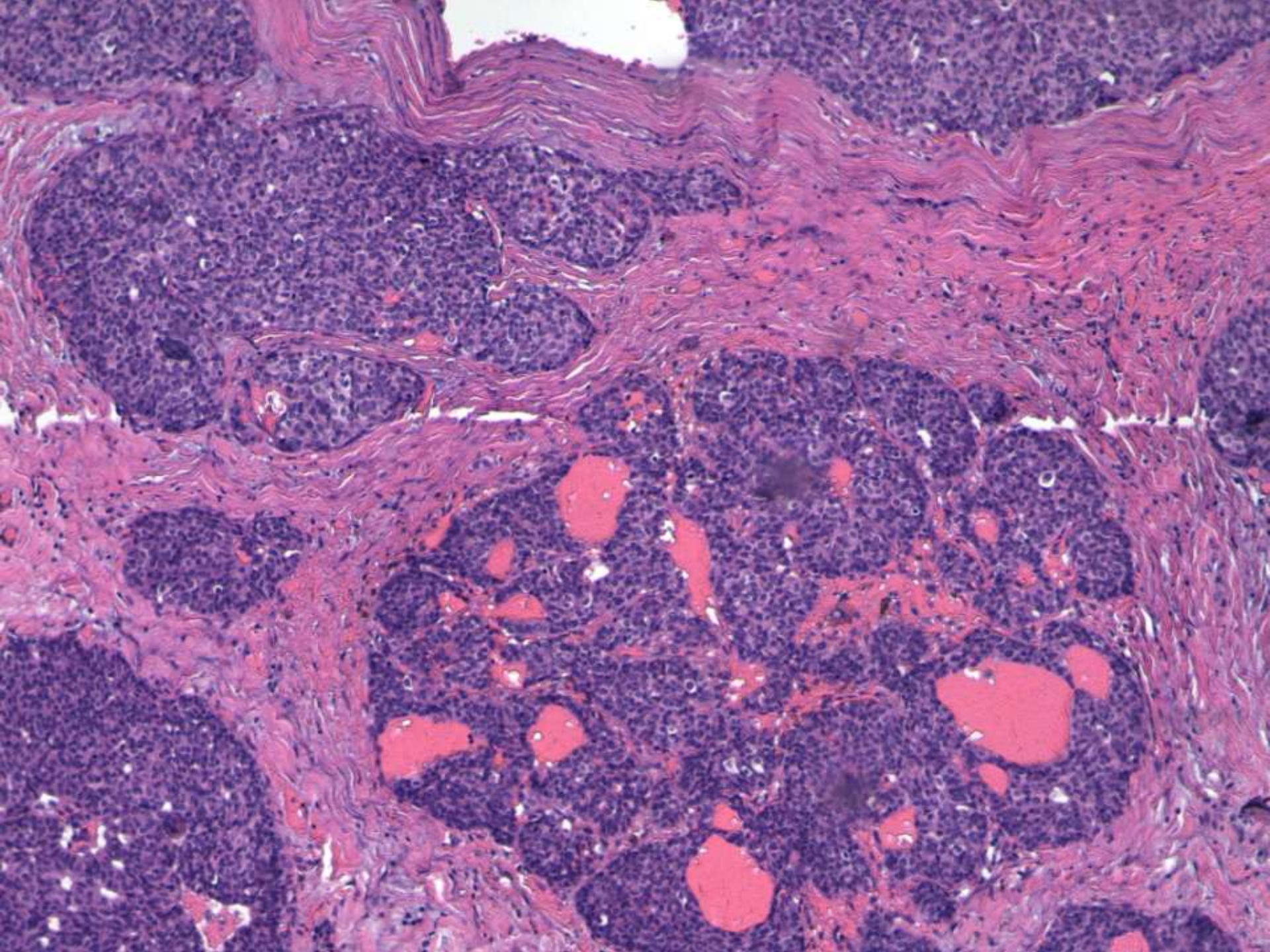
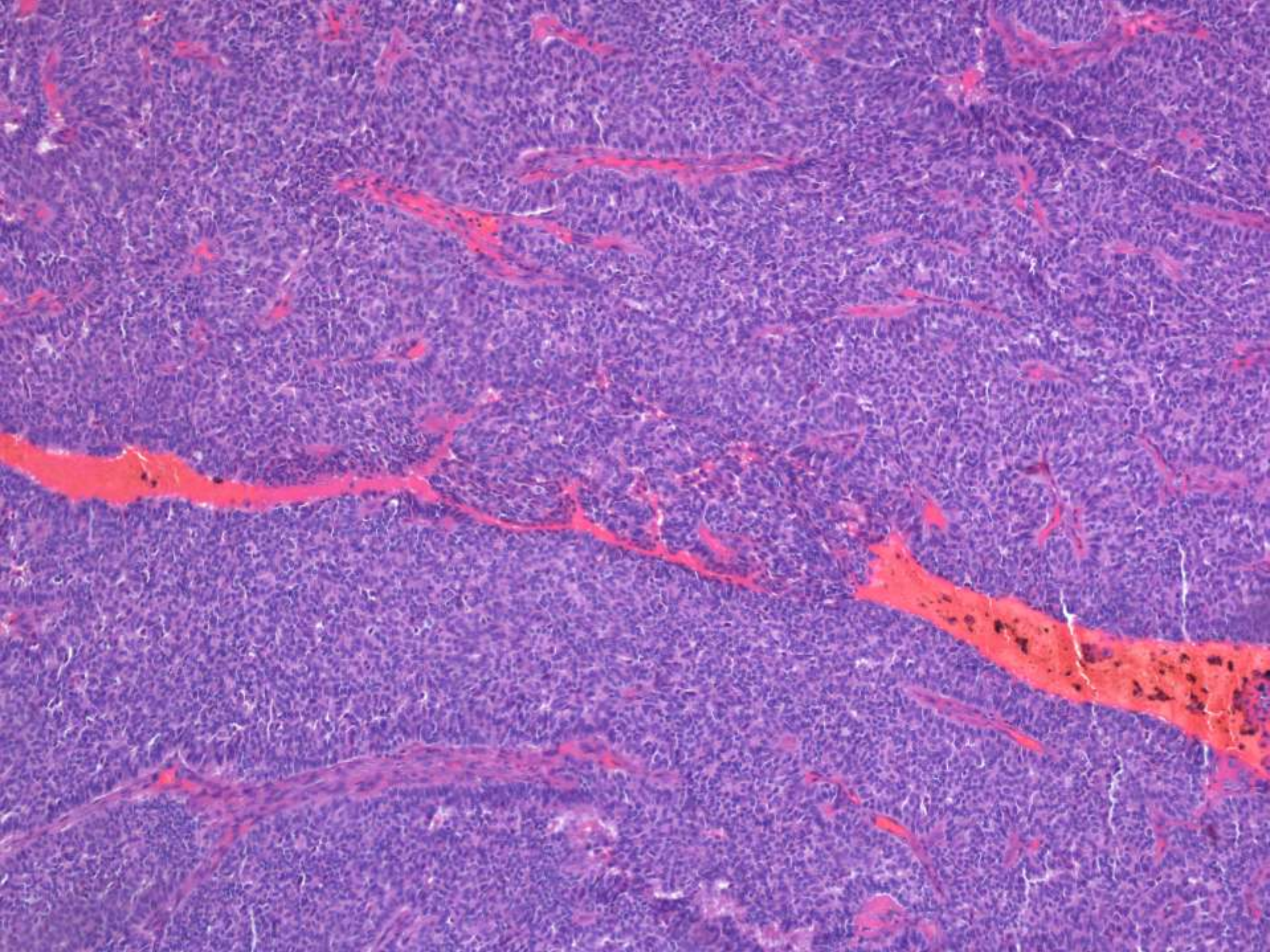
Historia Clínica

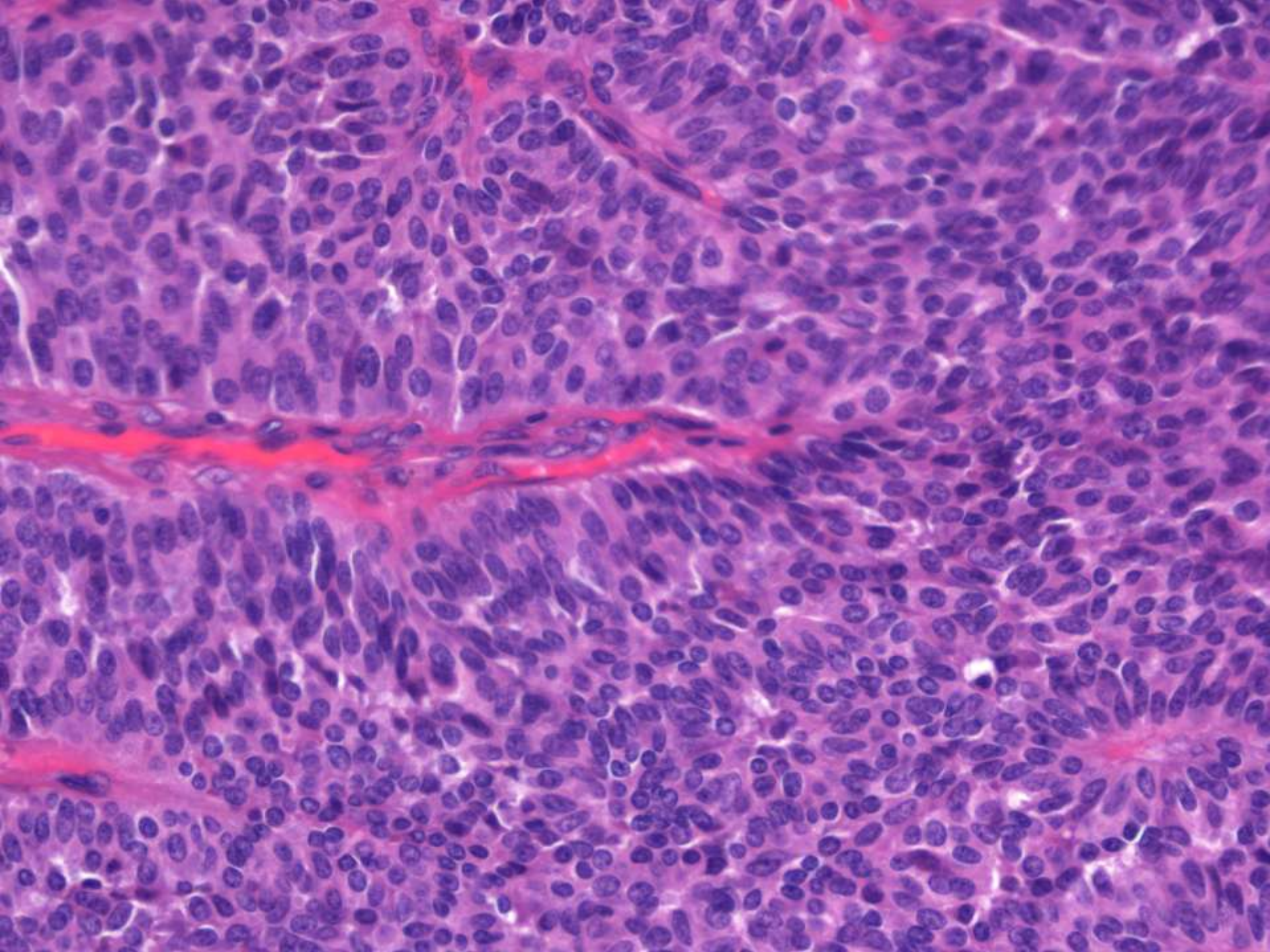
- Mujer de 32 años de edad
- No antecedentes de interés
- Consulta por lesión palpable (autoexp)
- RMN: Lesión nodular en cuadrante supero-externo de mama izquierda con curva de tipo 3











Diagnóstico

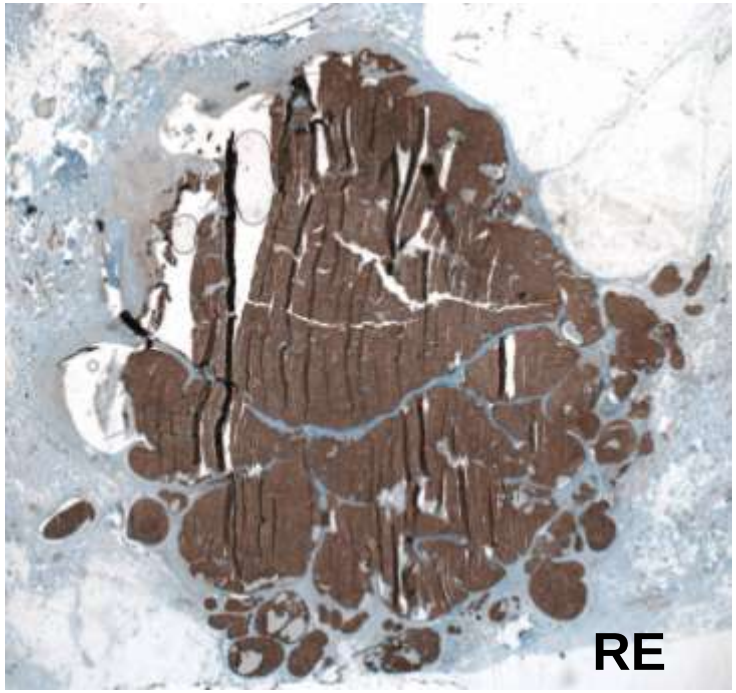
Carcinoma Papilar Sólido

Carcinoma Papilar Sólido

- <1% de los ca de mama.
- Postmenopausia (7ª década)
- Masa palpable/mamografía
- 20/25% telorrea.
- Múltiples masas bien circunscritas, estroma fibroso

Carcinoma Papilar Sólido

- Cromogranina/sinaptofisina 50%
- Receptores de hormonas +
- HER2 –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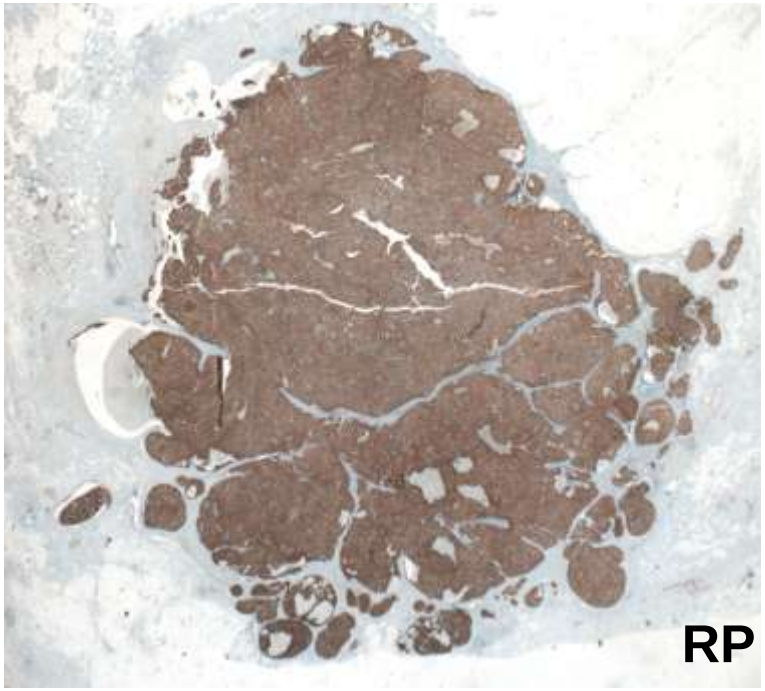
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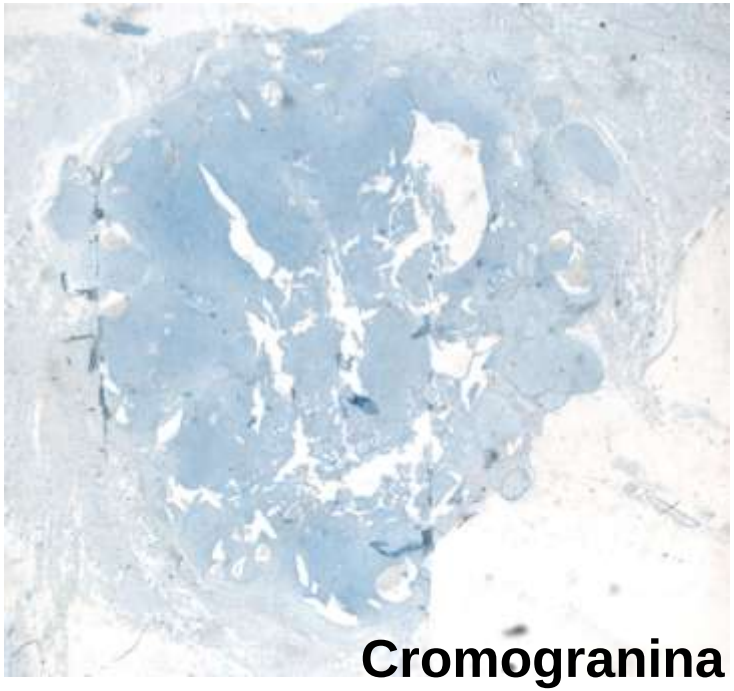

Cromogranina

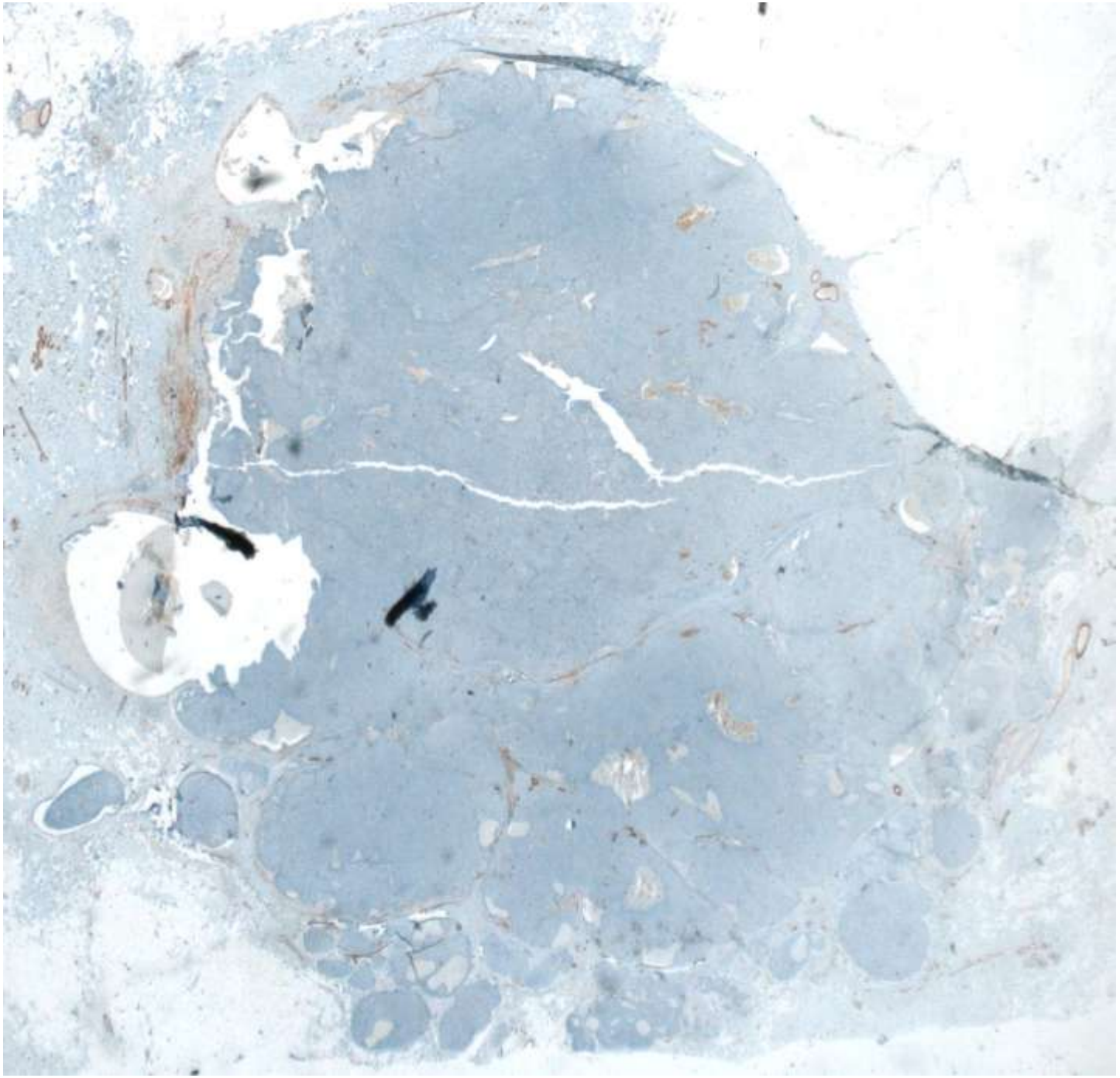

Sinaptofisina

Carcinoma Papilar Sólido

- Cel Mioepiteliales: Variable

WHO 2012:

The precise distinction between in situ and invasive disease in solid papillary carcinoma is difficult.(…) The presence of a jigsaw pattern with more ragged and irregular margins, coupled with the absence of myoepitelial cells, may be considered by some authors as invasive disease.



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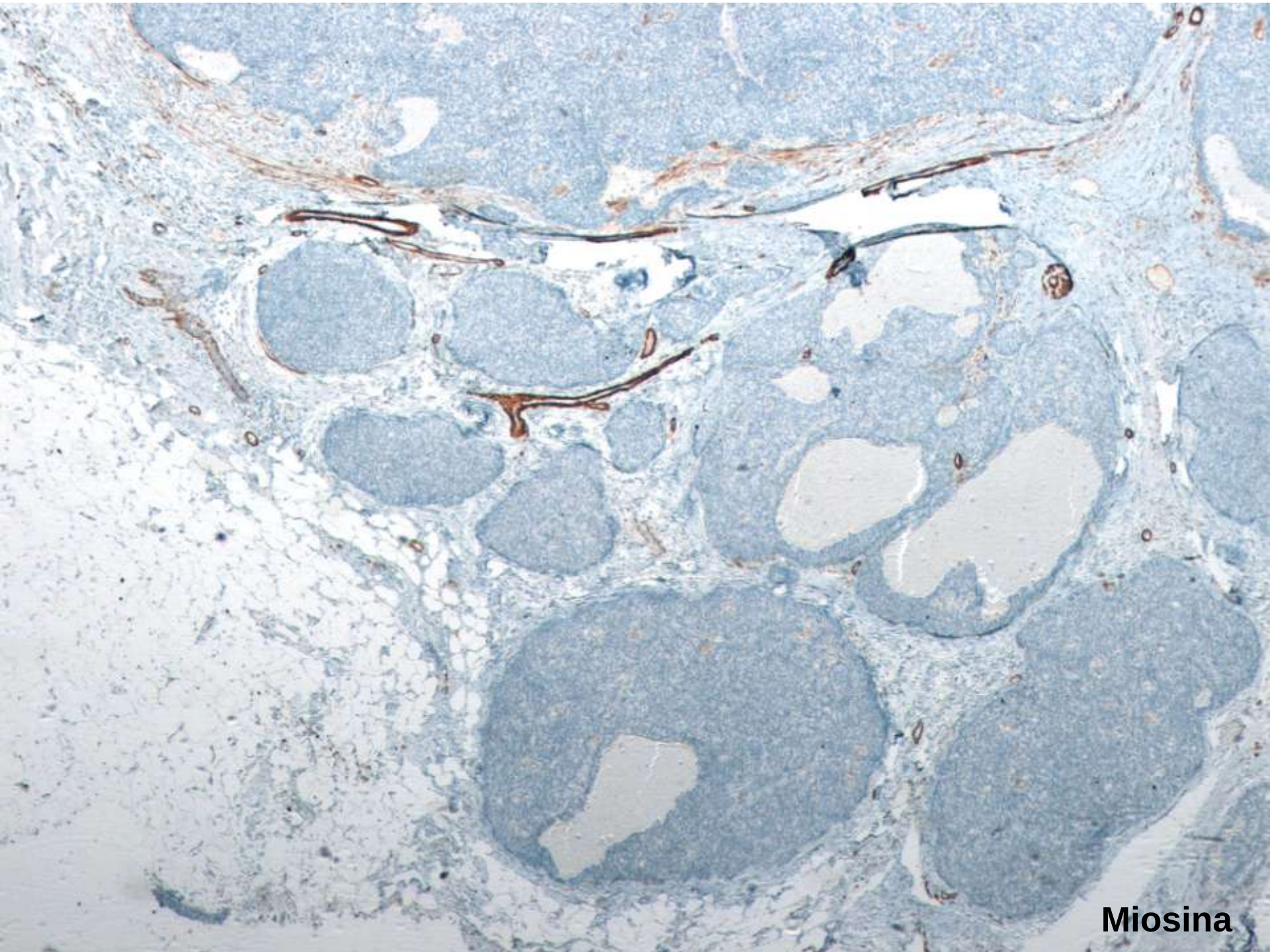
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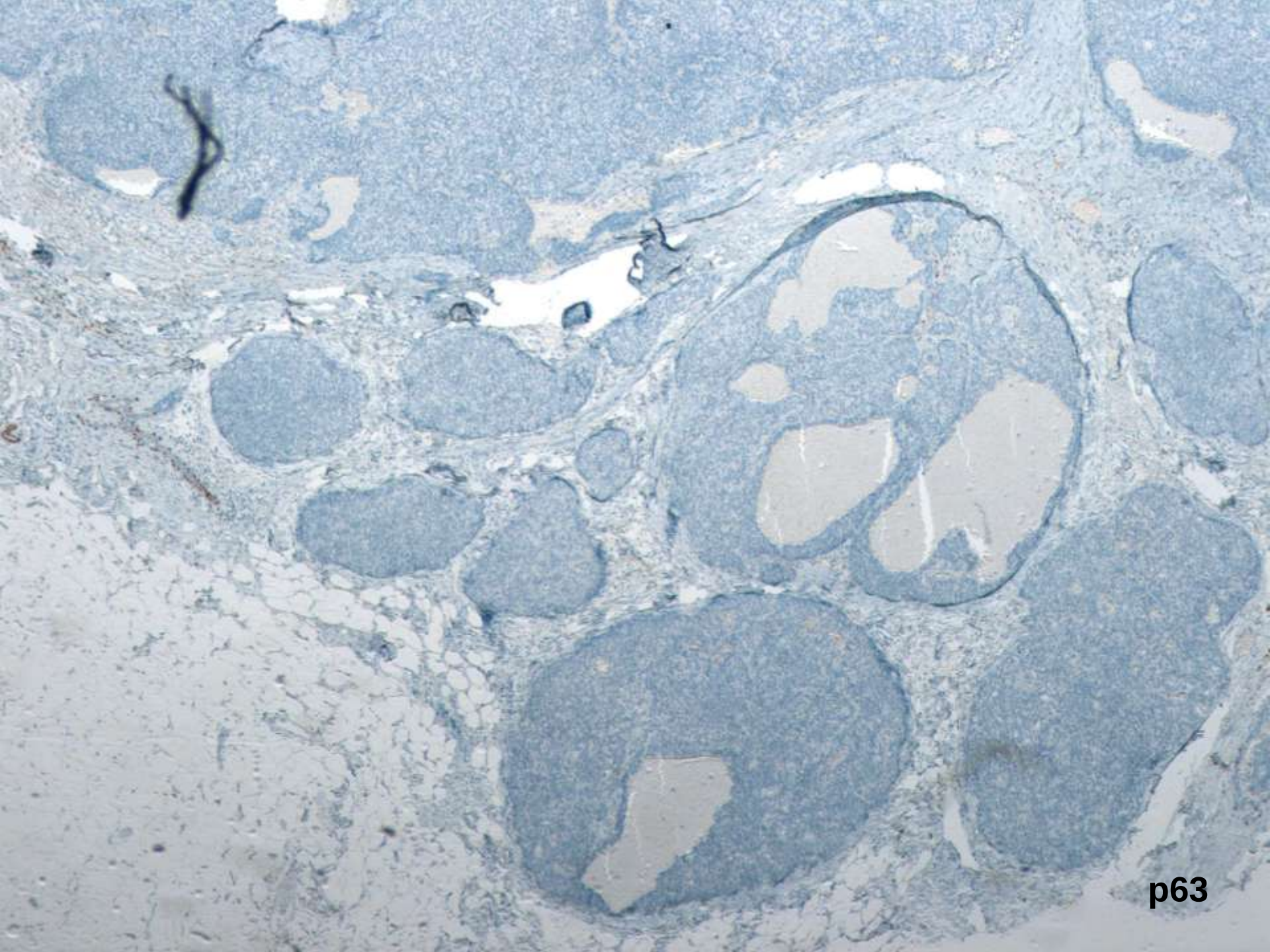
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Encapsulated Papillary Carcinoma of the Breast: An Invasive Tumor With Excellent Prognosis

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Abstract: Papillary carcinoma (PC) of the breast, which accounts for 0.5% to 1% of breast cancer, is a distinct histologic subtype that is characterized by malignant epithelial proliferation supported by fibrovascular stalks. However, the classification of PC (whether they are in situ or invasive), its behavior, and management remain a matter of debate. the very low risk of subsequent events. However, hormonal therapy may be indicated in certain cases such as recurrent PC.

Key Words: human breast carcinoma, papillary carcinomas, encapsulated, intracystic, solid, prognosis and outcome

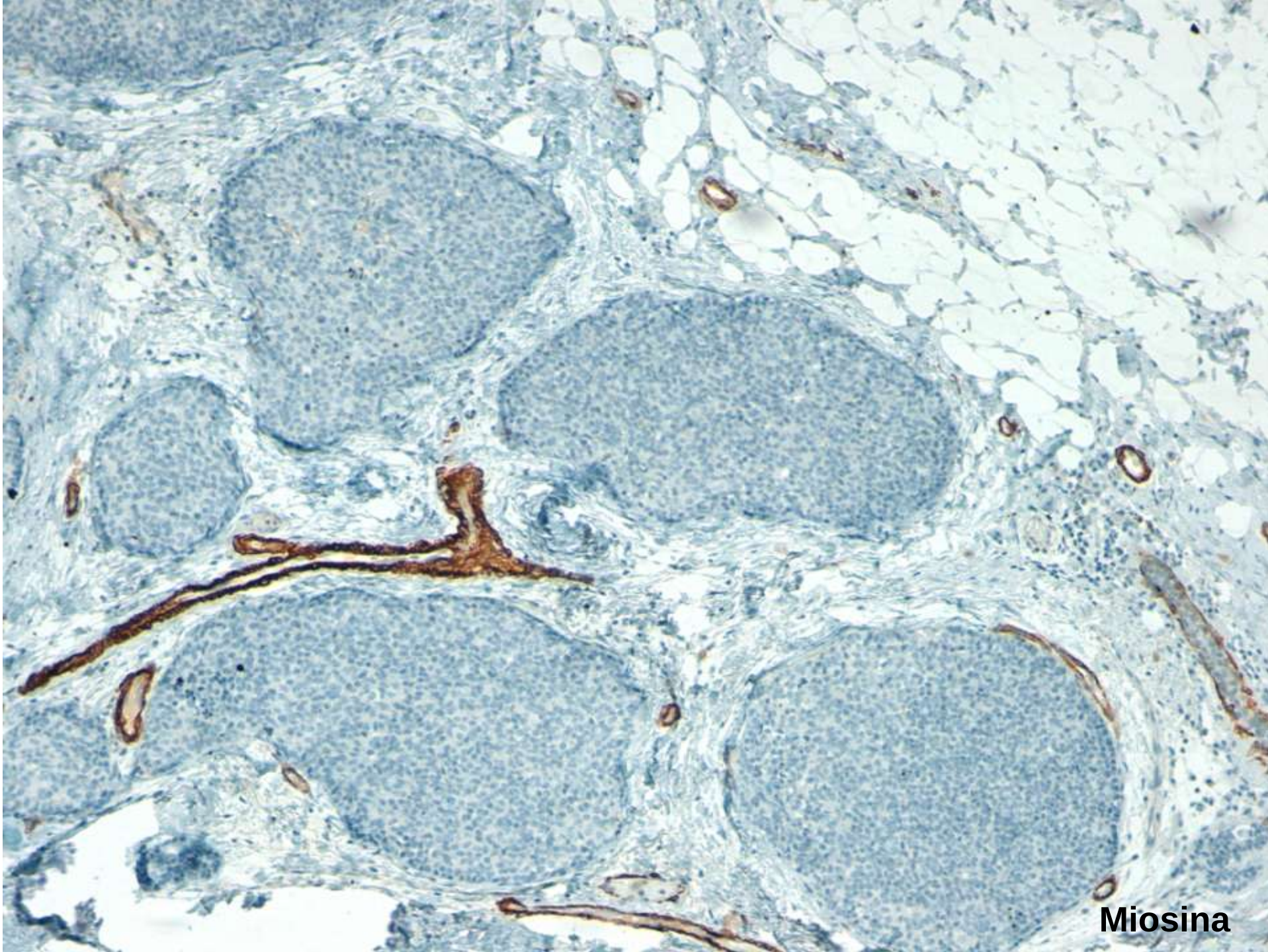
(*Am J Surg Pathol* 2011;35:1093–1103)

TABLE 1. Clinicopathologic Features of IPCs and SPCs*

Variables	IPC Number = 207	SPC Number = 30	*P*
Age: Median (range) years	69 (30-85)	76 (48-89)	0.022
Size: Median (range) mm	17.5 (3-90)	15 (3-32)	0.101
Grade			
1	63 (47%)	12 (40%)	0.118
2	67 (50%)	15 (50%)	
3	3 (3%)	3 (10%)	
Associated DCIS			
No	43 (30%)	9 (33%)	0.820
Yes	102 (70%)	18 (67%)	
VI			
Negative	165 (98%)	19 (95%)	0.432
Positive	4 (2%)†	1 (5%)‡	
LN status§			
Negative	61 (97%)	15 (88%)	0.023
Positive	2 (3%)	2 (12%)	
Recurrence			
No recurrence	78 (86%)	24 (96%)	0.305
Diagnosed as recurrent‖	6 (6%)	1 (4%)	
Recurred during follow-up	7 (8%)	0 (0%)	

*Nine cases of papillary DCIS were not included in this table.

Study (Time Period)	PC Subtype	LN Status	Local Recurrences	DM	Breast Cancer-Related Death	Comments
SPC						
Maluf and Koerner[28] (not given)	A–4 SPC completely noninvasive B–16 SPC with invasion	A–None (0/1) B–None (0/11)	Not given	A–0 (0/4) B–1 patient with was lymph node negative SPC with invasion developed lung metastasis 6 y after diagnosis	Not given	It was not mentioned whether the lung metastasis was similar to SPC or to the associated carcinoma and whether the metastasis was papillary or not.
Tsang and Chan[50]	A–14 SPC B–20 SPC with invasion	—	A–1 (1/5 developed local recurrence at the sterna region as SPC 5 y after mastectomy) B–0 (0/7)	None	No BC related deaths up to 13 y follow-up	2 patients with SPC with invasion developed secondary primary tumor in the contralateral breast
Wei et al[54]	21 SPC with (7) or without (14) stromal invasion	None (0/16)	None (0/16)	None (0/16)	None (0/16)	
Nassar et al[34] (1962-2004)	A–19 SPC with no invasion B–5 SPC and extravasated mucin (difficult to classify as pure SPC or SPC and invasive mucinous carcinoma) C–34 SPC with invasion	A–None (0/12) B–None (0/5)	A–None A–None C–6 cases	A–None B–1 case C–5 cases	A–0 (0/18) B–1 patient had SPC with signet-ring cell features and negative nodes died of metastatic signet-cell tumor after 10 y	Follow-up 5.7 y (range, 1-20 y). In 1 of SPC with invasion, lymph node metastasis showed morphology indistinguishable from SPC in the primary tumor
Otsuki et al[36]	A–5 SPC B–15 SPC with invasion	None	None	None	None	Mean follow-up time was 59 mo
Nicolas et al[35] (1997-2003)	A–2 pure SPC B–4 SPC with microinvasion C–5 SPC with invasion	A–None (0/1) B–1 (1/4; 2 nodes were positive with multiple small 2-3 mm foci with SPC morphology) C–None (0/2)	A–1 case developed invasive lobular carcinoma after 36 mo with no evidence of metastatic disease after 92 mo	No	None	In A and B, 4 patients had follow-up up to 96 mo with no evidence of metastasis or BC related deaths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