Pathology Case Presentation

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CASE AT A GLANCE

- 60 YEARS OLD WOMAN
- SORENESS & OOZING FROM NIPPLE OF LEFT BREAST
- 2 CM PALPABLE MASS UNDERLYING THE LEFT NIPPLE
REDUNDANCY

WHENEVER A PATIENT WITH PALPABLE MASS IN BREAST COMES TO A CLINICIAN; WHATEVER BE THE PATHOLOGY HE/SHE MUST ALWAYS SUSPECT AN UNDERLYING MALIGNANCY.
ISSUES IN OLDER PEOPLE
ONCOLOGY
- Around 50% of cancers occur in 15% of the population: those aged over 65 years.
- Women aged over 65 in the UK are not invited to participate in breast cancer screening but may receive it on request. Uptake is low despite the increasing incidence with age.
- Presentation may be later for some cancers particularly when symptoms are non-specific, patients (and their doctors) may initially attribute them to age alone.
- The average life expectancy of an 80-year-old woman is 8 years, so cancer may still shorten life and an active approach therefore remains appropriate.
- Histology, stage at presentation and observation for even a brief period are better guides to prognosis than age alone.
- Some older patients experience a more indolent course of disease; this is not fully understood but may partly be due to a reduction in the effectiveness of angiogenesis with age, which may inhibit the development of metastases.
- Older people respond as well to treatment as younger people; this is well documented for a range of cancers and for the common modalities of treatment including surgery, radiotherapy, chemotherapy and hormonal therapy.
- Chronological age is of minor importance in selecting treatment compared to comorbid illness and patient choice.
- Although older patients can be treated effectively and safely, aggressive intervention with the goal of cure or long-term remission is not appropriate for all individuals. It may be decided that symptom control is all that is possible or desired by the patient.
- When discussing treatment options, it is important that the older patient understands that choosing a non-aggressive treatment option does not mean a grim, painful death. Reassurance that symptoms can be effectively controlled whatever choice is made, is vital.
**APPROACH ALGORITHM**

- **Premenopausal Patient**
  - Questionable mass “thickening”
    - Reexamine follicular phase menstrual cycle
      - Mass gone
    - Routine screening

- **Postmenopausal Patient (with dominant mass)**
  - Dominant mass
    - Mass persists
      - Aspiration
    - Cyst (see Fig. 76-3)
      - Suspicious
        - Excisional biopsy
          - Management by “triple diagnosis” or excisional biopsy
    - Solid mass
      - Mammogram
        - “Benign”
Common clinical presentations of breast diseases

Palpable mass

Nipple discharge
Differential Diagnosis

Keeping in mind the age and symptoms we may consider the following differential diagnoses.....(in order of decreasing frequency)

- Fibrocystic disease of the breast
- Mammary duct ectasia
- Ductal papilloma
- Ductal carcinoma
- Paget’s disease with invasive carcinoma
Fibrocystic changes of the breast

- A benign epithelial lesions of the breast
- Cysts are the common cause of palpable mass.
- Are also associated with spontaneous unilateral nipple discharge.
- Most incidences in third to fifth decade of life
- Dramatic decline in incidence after menopause
Mammary duct ectasia

- An inflammatory disease of the breast
- Common in fifth to sixth decade of life
- Often associated with poorly defined palpable subareolar mass, skin retraction, & thick white nipple secretions
- Characteristic heavy infiltration of the Plasma cells in some cases.
- Clinical significance:- irregular mass can be mistaken for carcinoma by palpation and mammography.

Fig. 46.21. Subareolar abscess in duct ectasia.
Ductal Carcinoma

- Carcinoma of breast arising from ductal epithelium.
- Produces palpable mass (poorly defined focus to 3-5 cm mass) in 30-75 % cases
- Nipple discharge in 30 % patients.
Intraductal Papilloma

- A benign papillary tumour.
- Most common occurrence in lactiferous duct or lactiferous sinus near the nipple.
- Clinically serous or serosanguineous nipple discharge.
- Most common in third & fourth decades of life.
- Usually solitary, less than 1 cm in diameter
- Commonly located near the nipple.
- Histologically multiple papillary having well developed fibrovascular stalks covered by cuboidal epithelial cells
Paget’s disease of nipple

- An eczematoid lesion of nipple
- Often associated with ductal carcinoma
- From minimal nipple erosions to crusted, scaly & eczematoid lesions found.
- Oozing of serosanguineous fluid.
- About half the patients present with palpable subareolar mass.
- Paget cells (malignant cells) extend from DCIS within ductal system into nipple skin.
- Easily detected by nipple biopsy or cytological preparations of exudate.
Picturesque Representation of Paget disease
Tentative diagnosis

Without resorting to the investigations it is quite impossible to reach on a tentative diagnosis but the postmenopausal status and the high incidences of association of palpable mass, nipple discharge with increasing age (particularly the alarming increases in the sixth decades) point towards the unfortunate diagnosis of carcinoma breast. (Most probably; **Paget Disease with invasive carcinoma**).
Investigations

- Smear examination of exudate
- FNAC
- Core/Large Needle Biopsy
- Excisional Biopsy
- Mammography (as supplement in diagnosis)
- USG, CT, MRI, Chest X-ray, bone scan, etc

In decreasing order of preference
FNAC (FINE NEEDLE ASPIRATION CYTOLOGY)

- Least invasive technique
- Cost effective
- OPD Procedure
- Very accurate if cytologist & operator both are experienced.
FNAC findings

Disappearance of mass after FNAC (Diagnosis + Treatment)

Cyst

Atypical Cells

Malignancy

Benign

Core Biopsy

surgery

Excisional biopsy

surgery
Excisional biopsy/Core biopsy

- Excisional biopsy done when lump size <2.5 cm and FNAC indicates no malignancy. Whole of the mass is excised out.
- Core biopsy is indicated when FNAC shows atypia. Core of tissue is removed with a large cutting needle.
Treatment Modalities

- Treatment strategies are defined by findings of various investigations that determine the stages & grading of tumour.
- It involves combination of Surgical, Chemotherapeutic & radiological disciplines.
- Palliative treatment includes hormonal therapies.