
CASUS
1A

Klinische gegevens

♀ **65**

Voorgeschiedenis

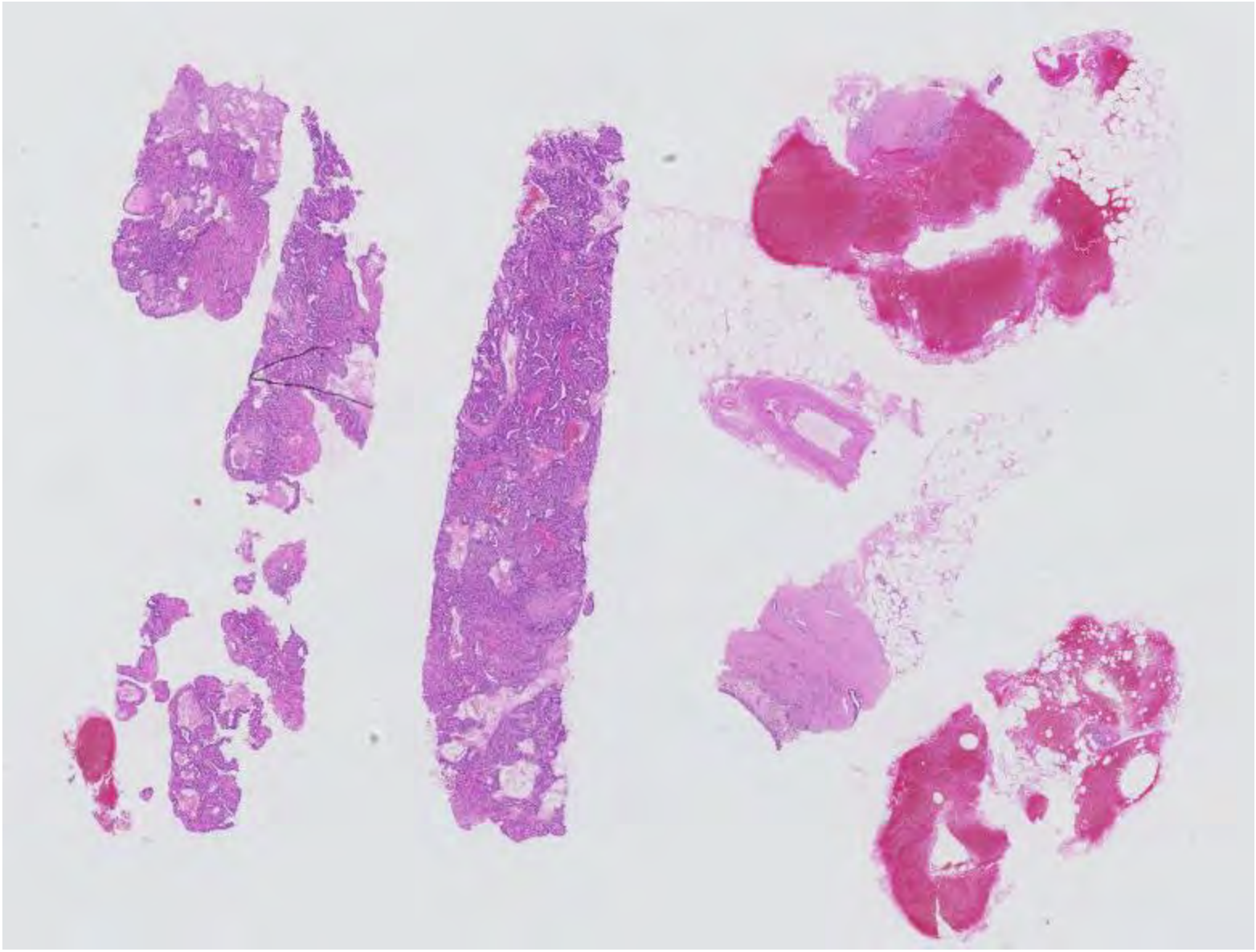
-

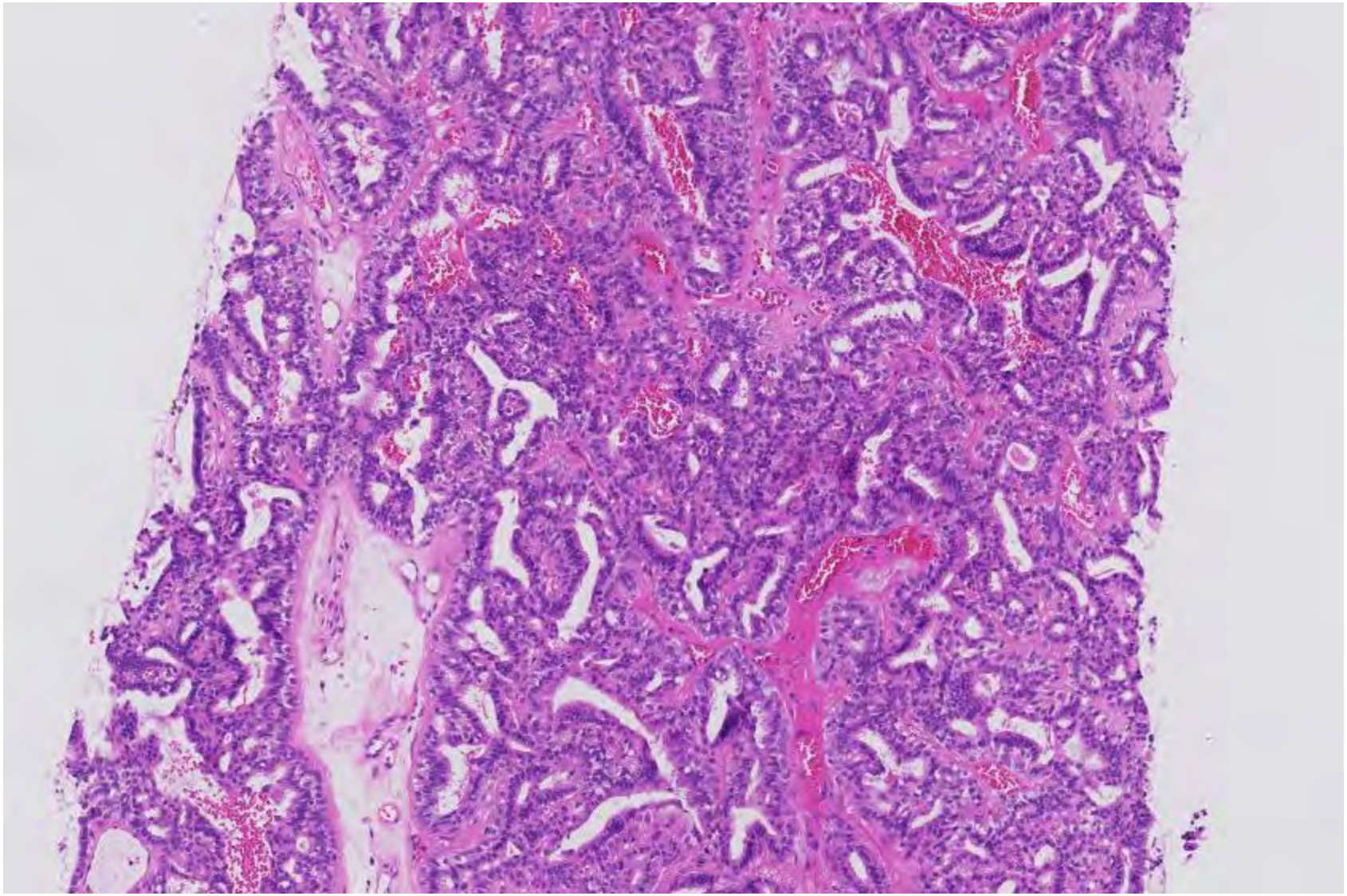
Aard materiaal

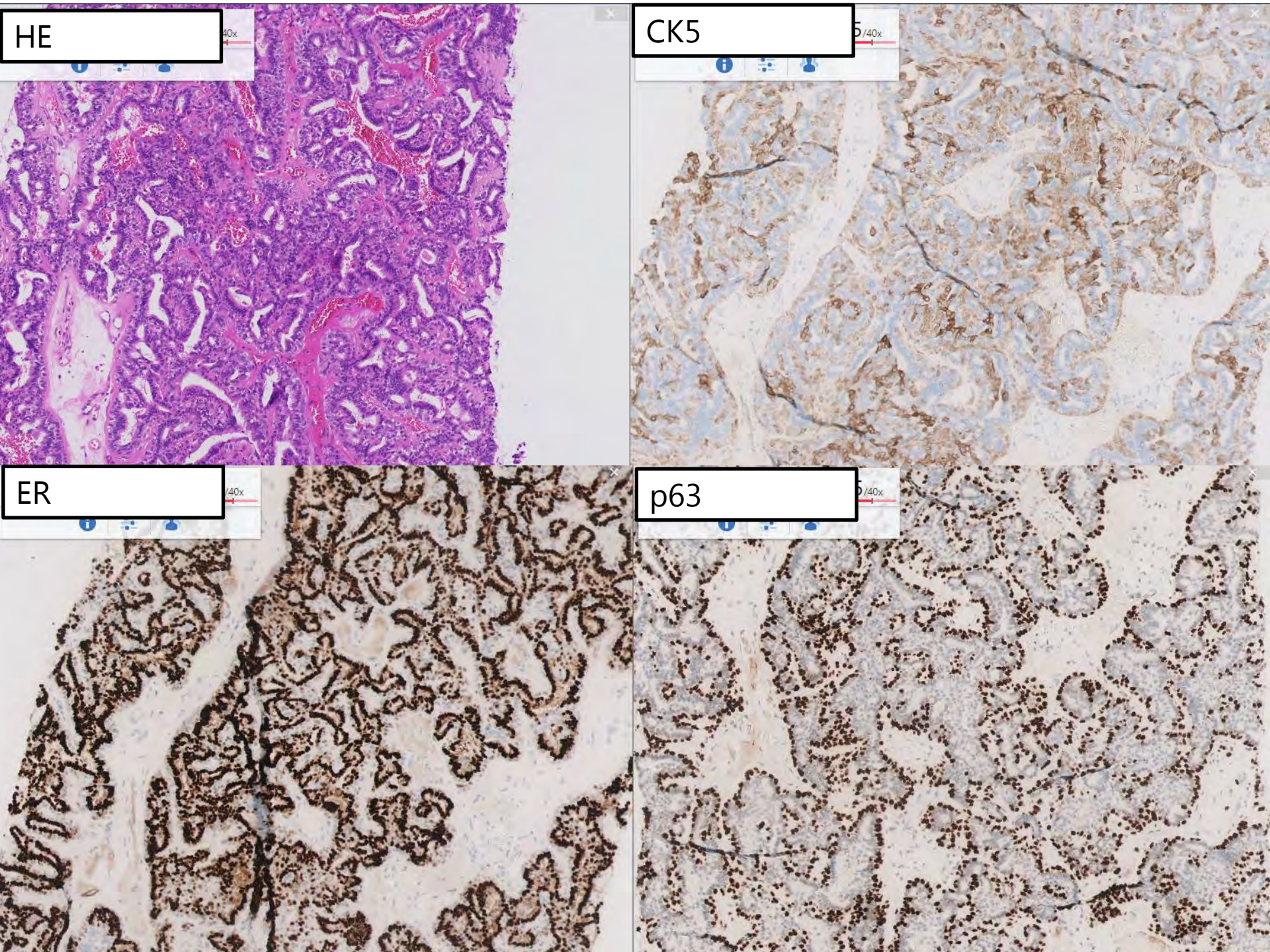
Biopt rechts en Lumpectomie rechts

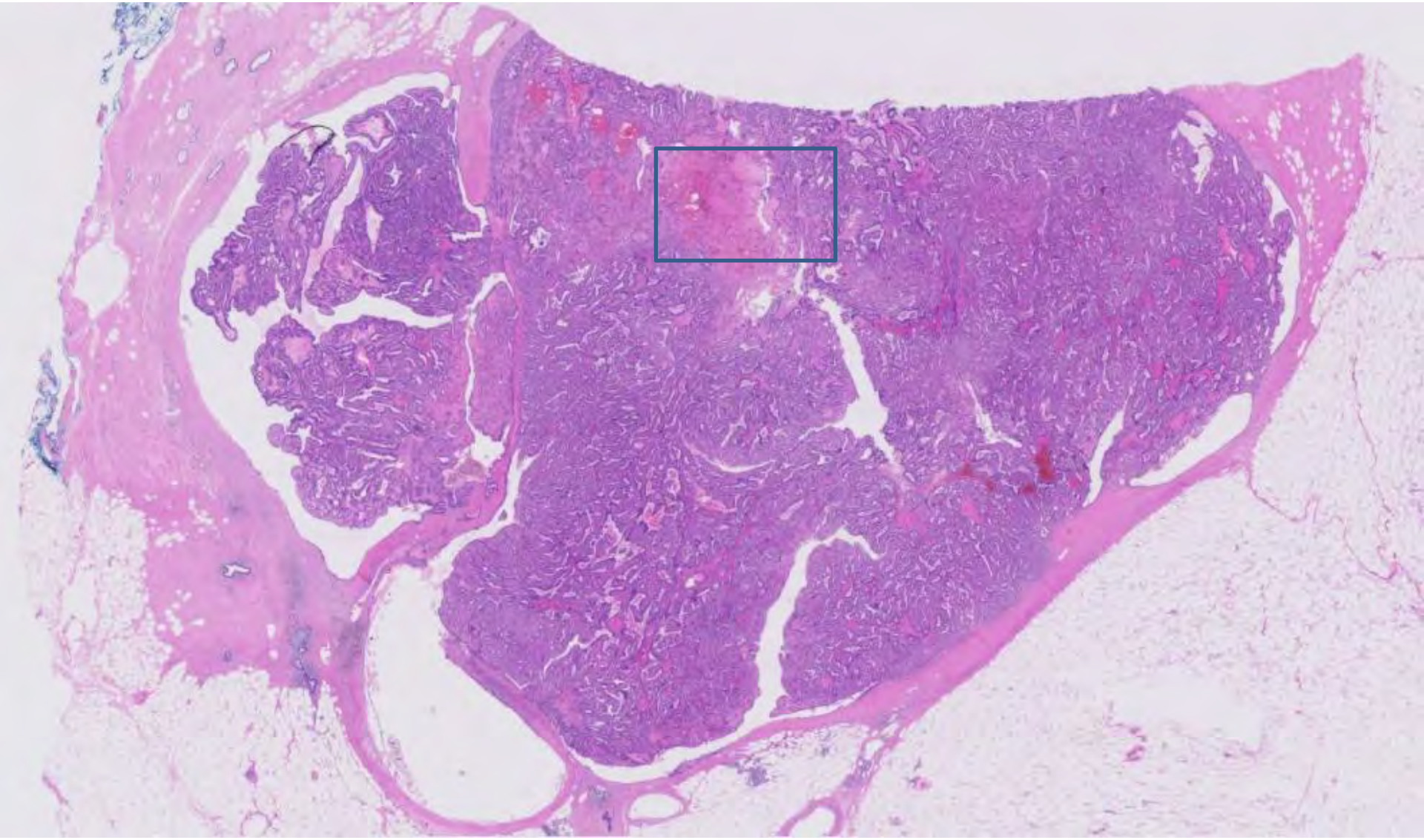
Kliniek

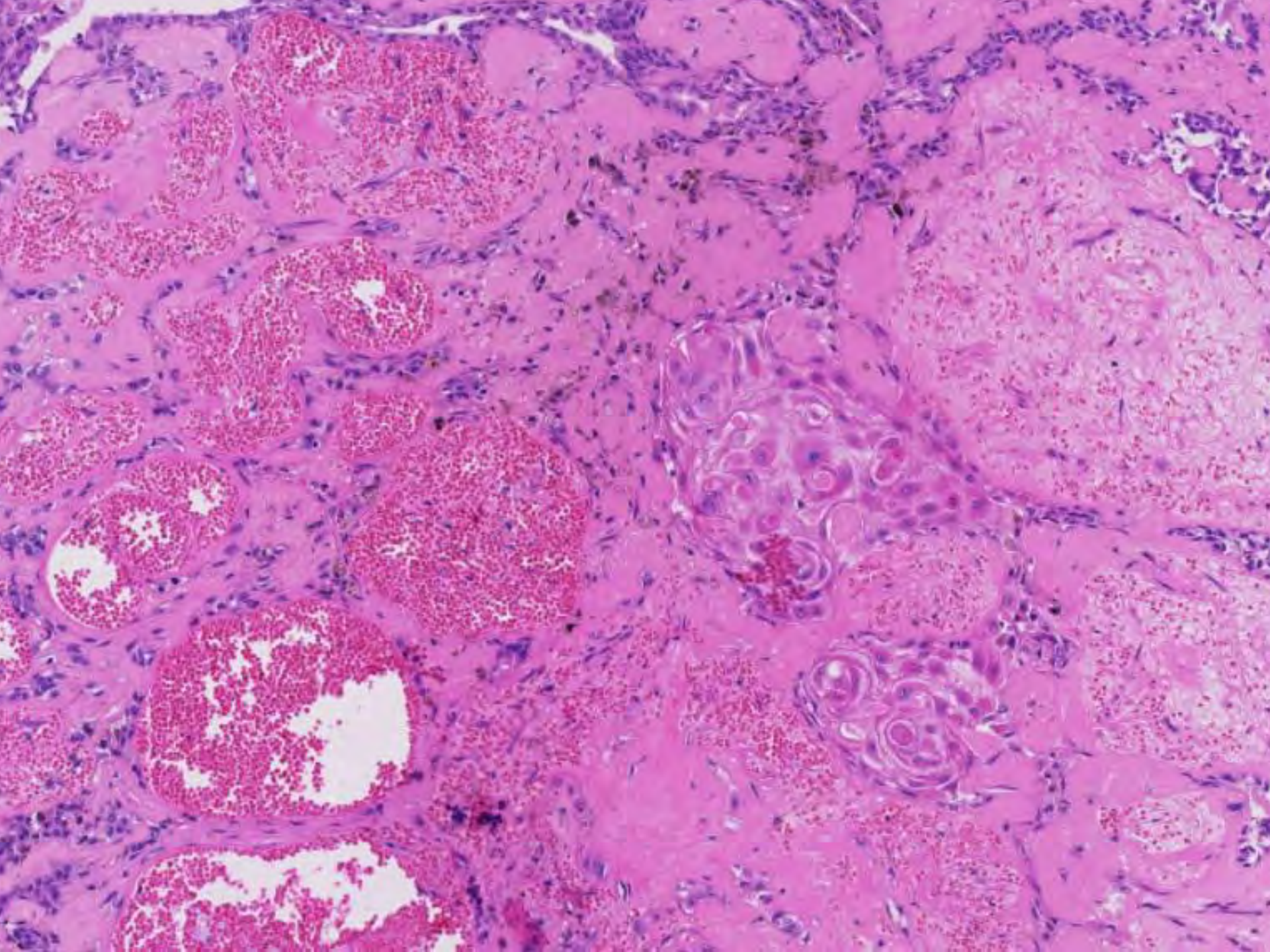
Massa in/aan cyste, birads 4 (biopt)

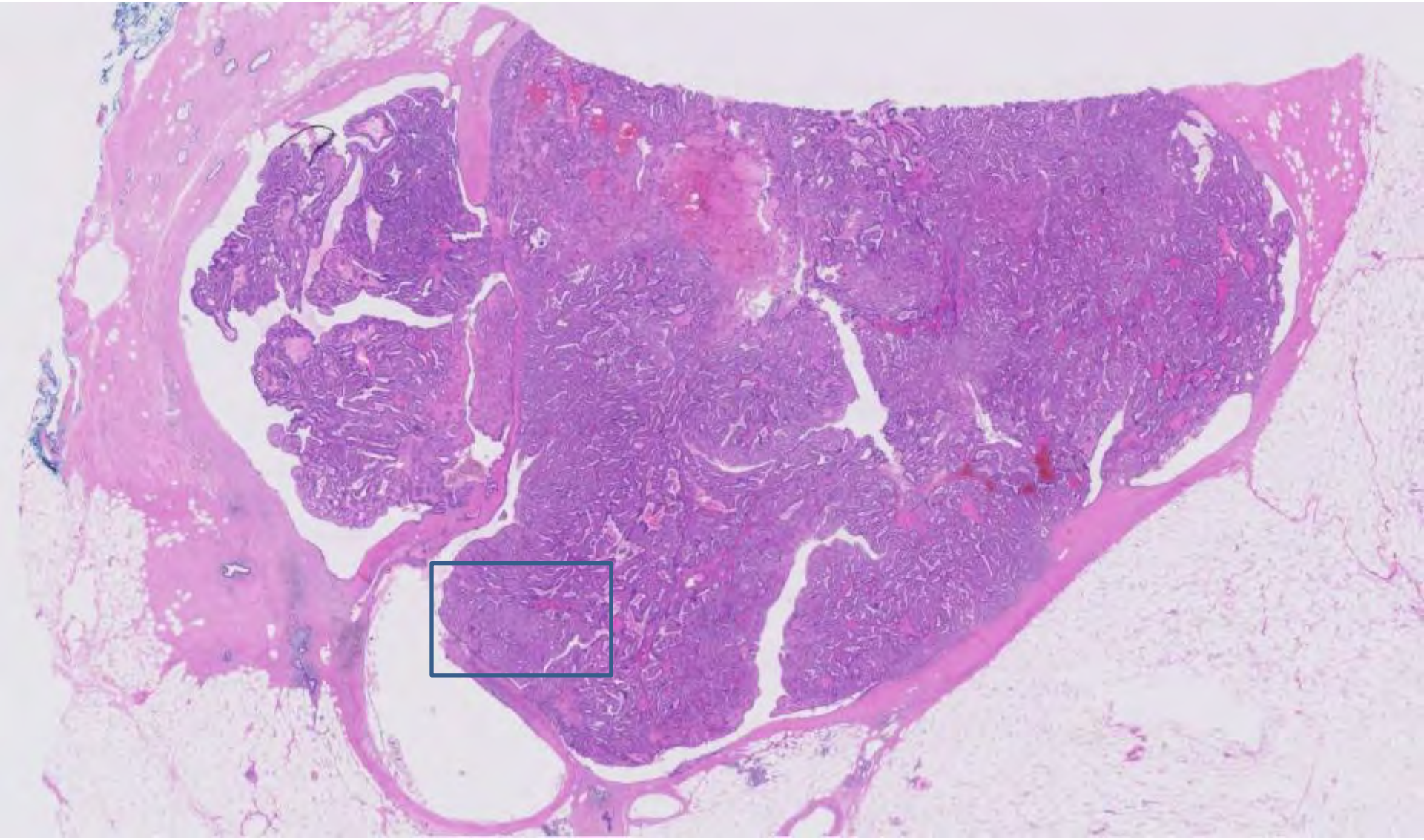


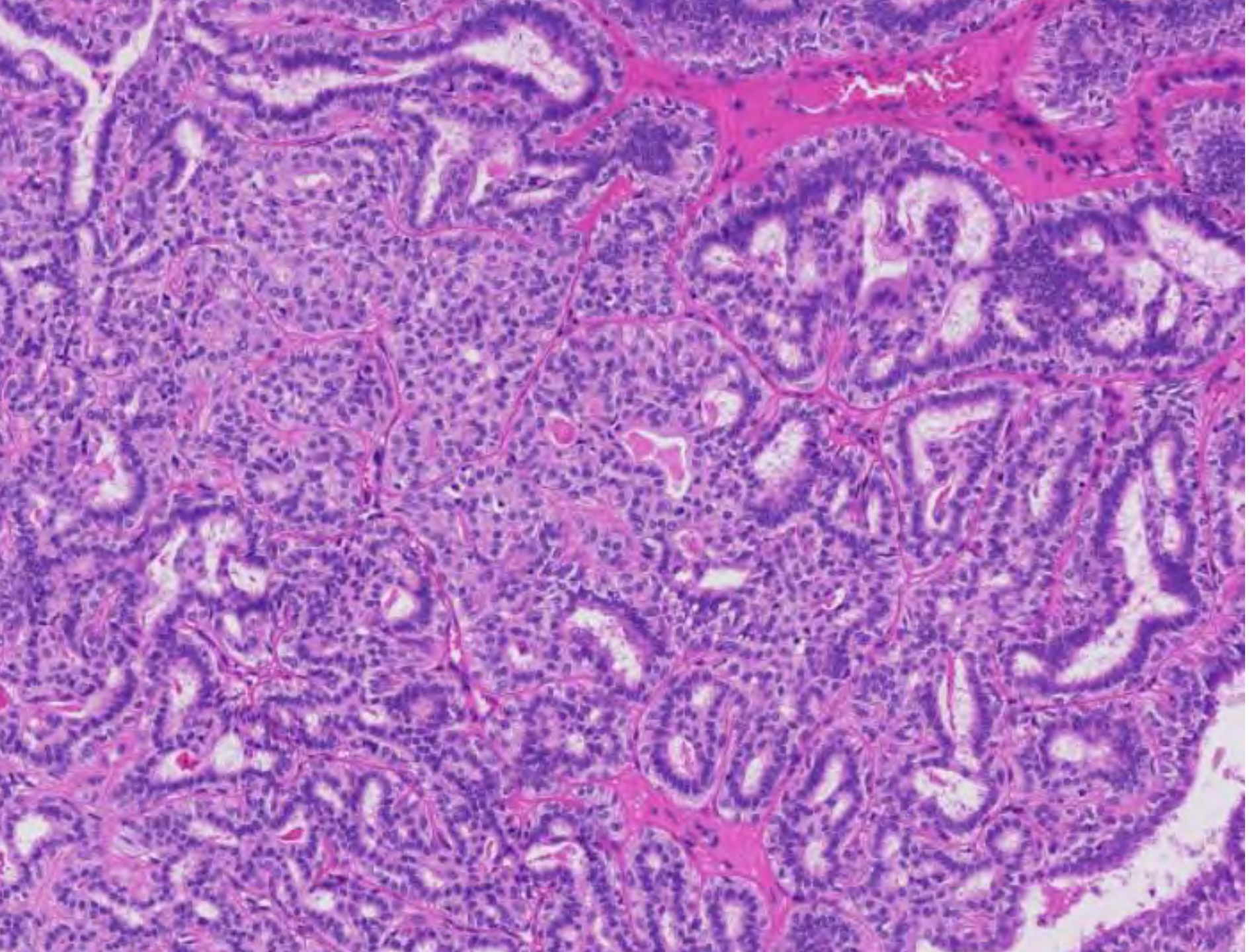


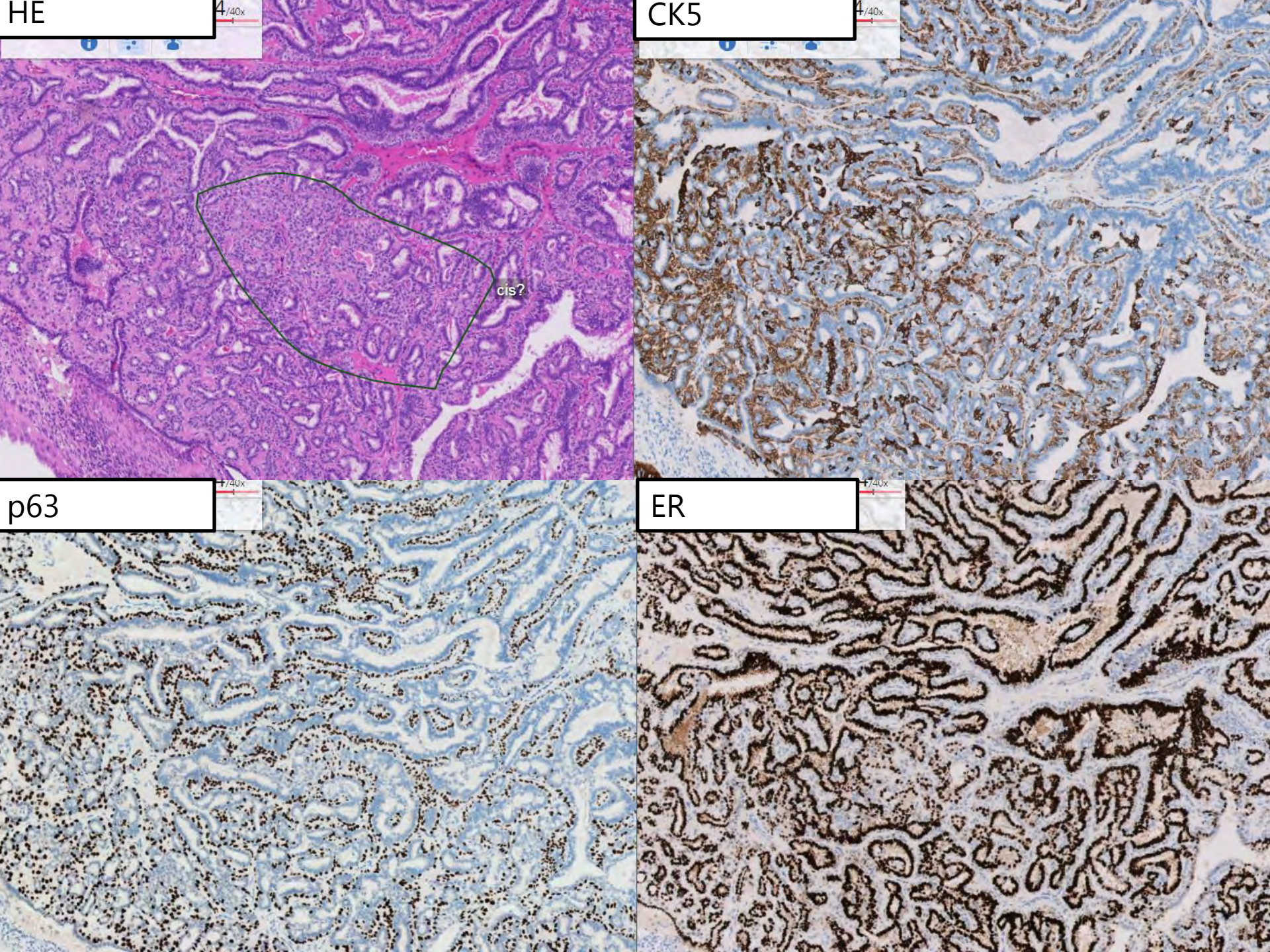

HE
CK5
ER
p63

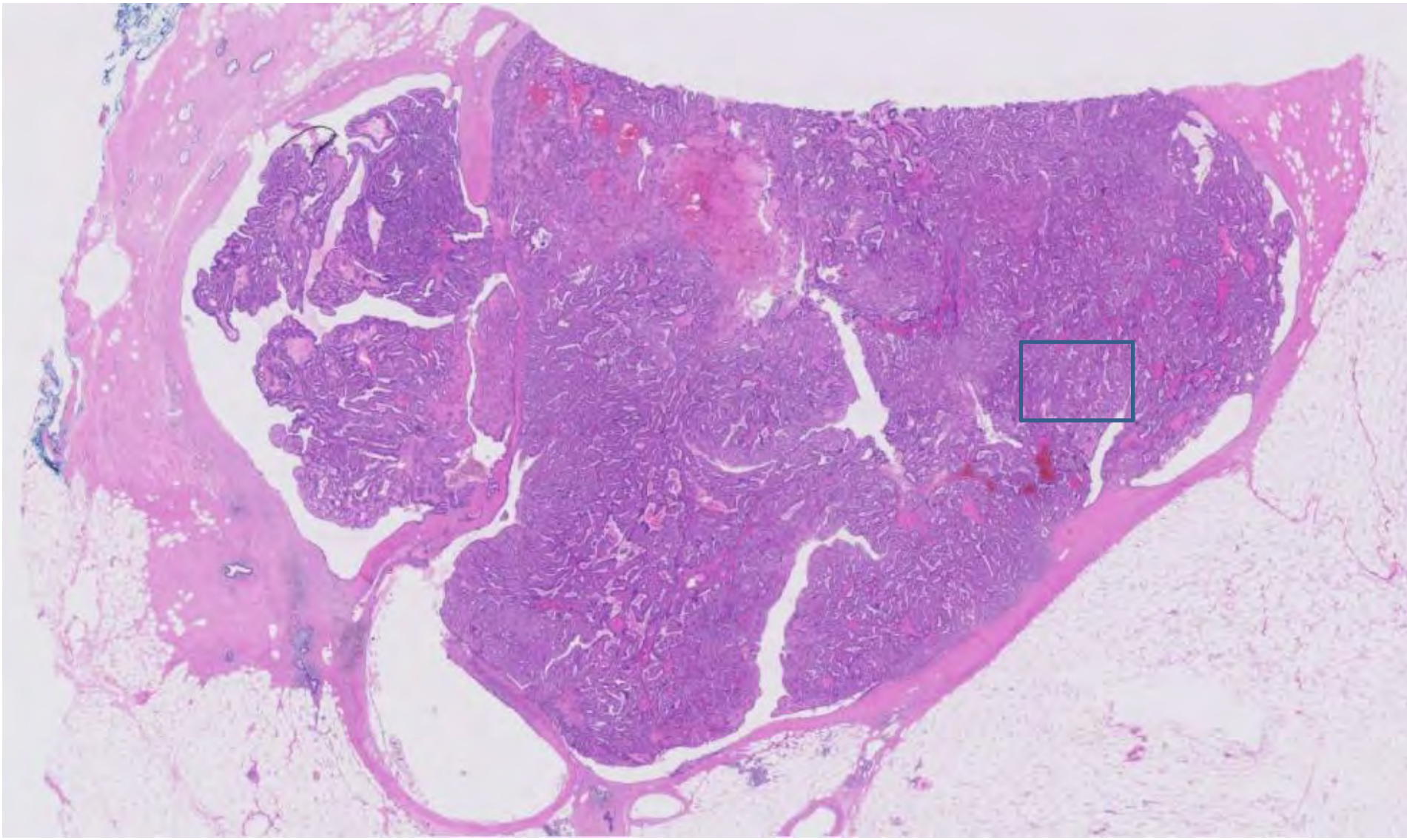


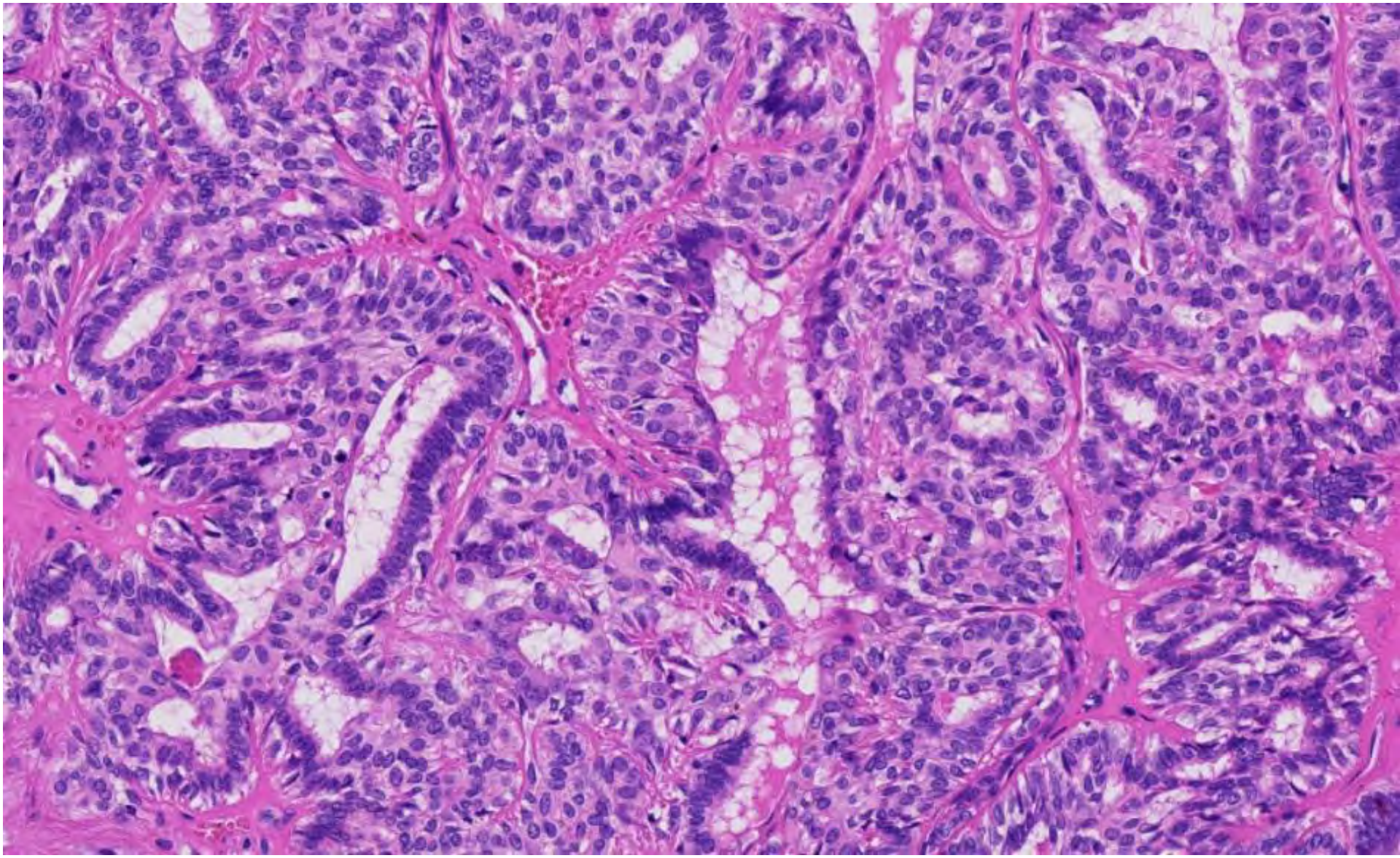


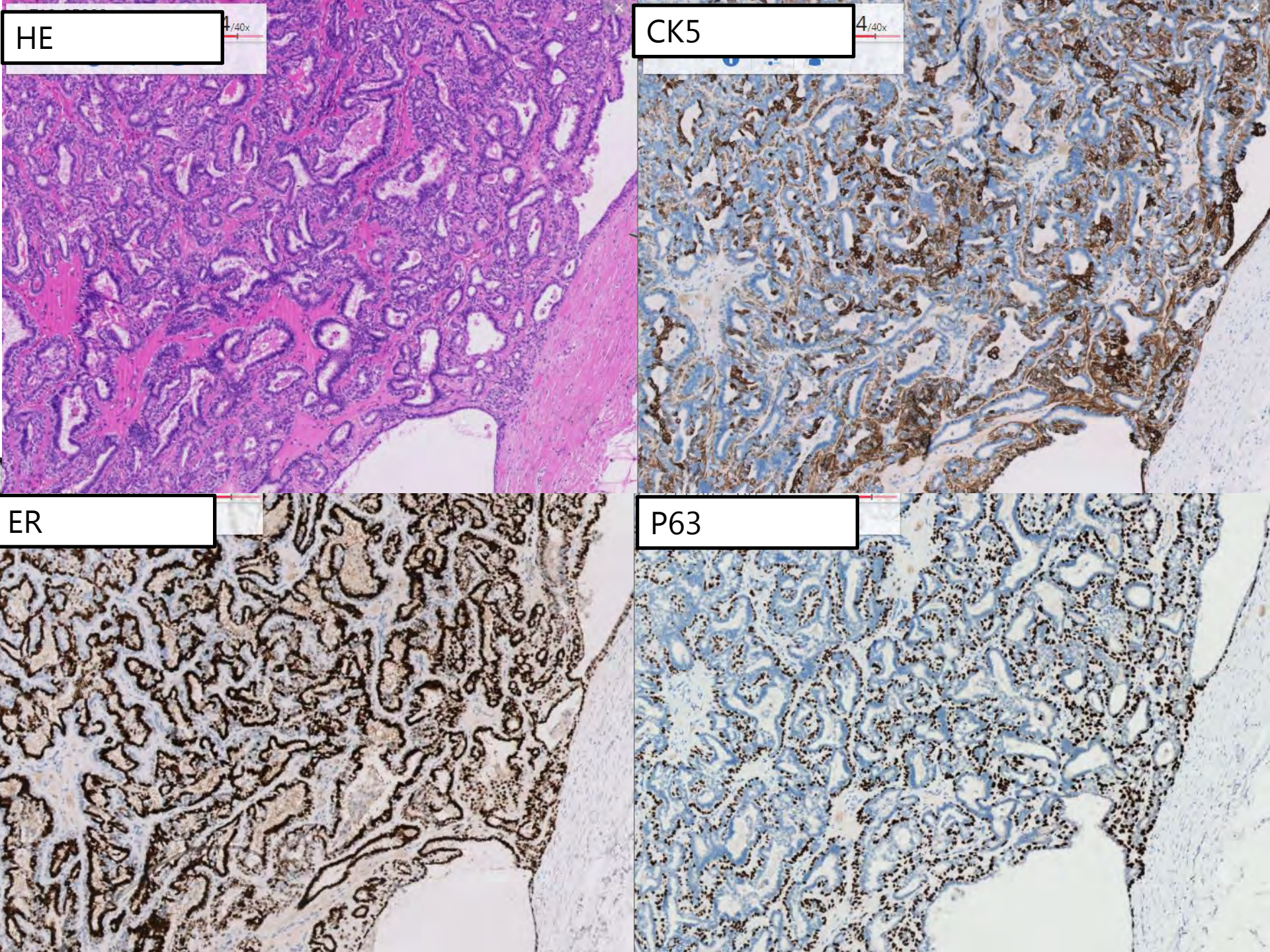





HE
cis?
CK5
p63
ER






HE
CK5
ER
P63

Conclusie

Papillaire laesie met voorkeur voor een adenomyoepithelioom


CASUS
1B

Klinische gegevens

♀**62**

Voorgeschiedenis

-

Aard materiaal

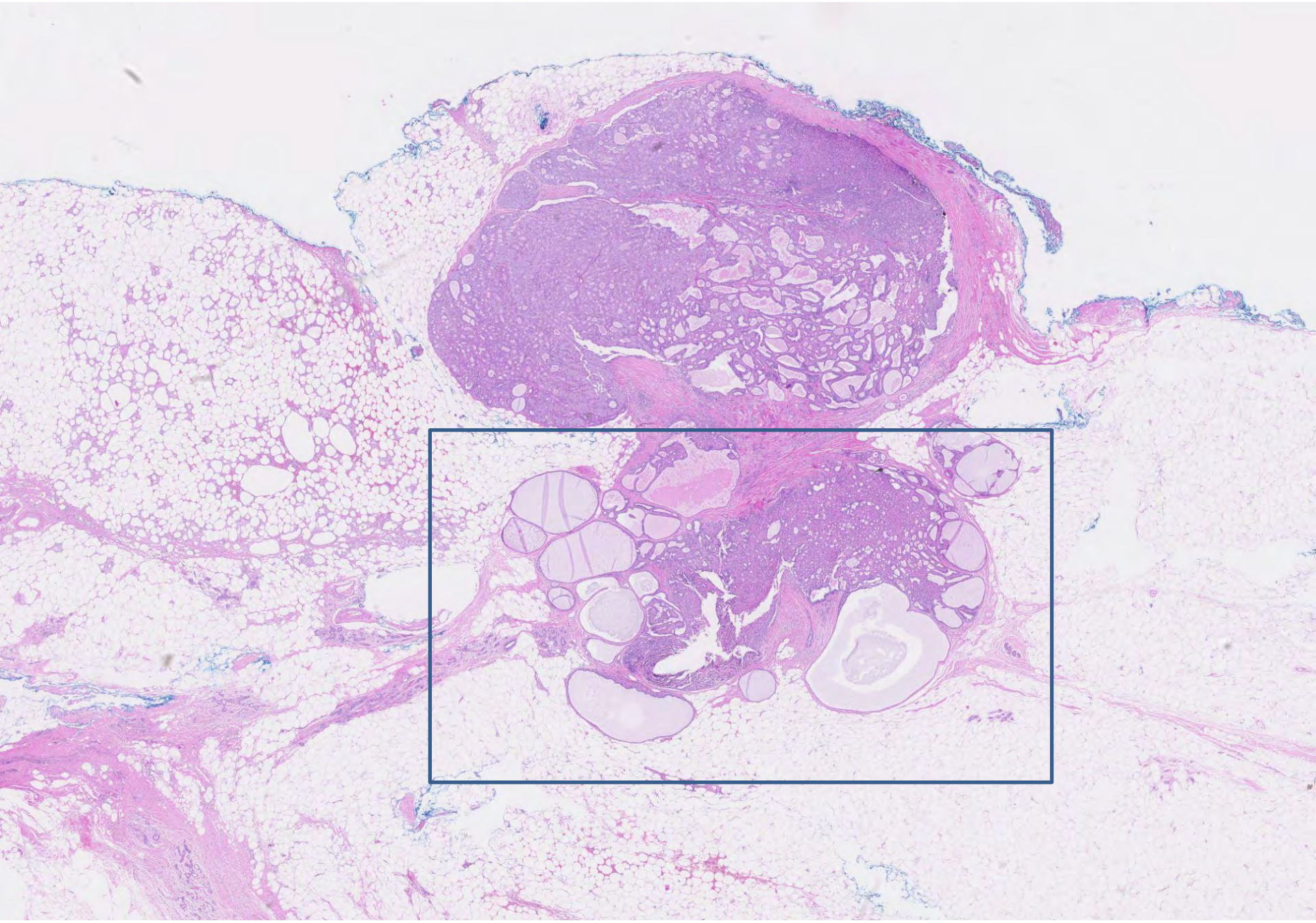
Lumpectomie

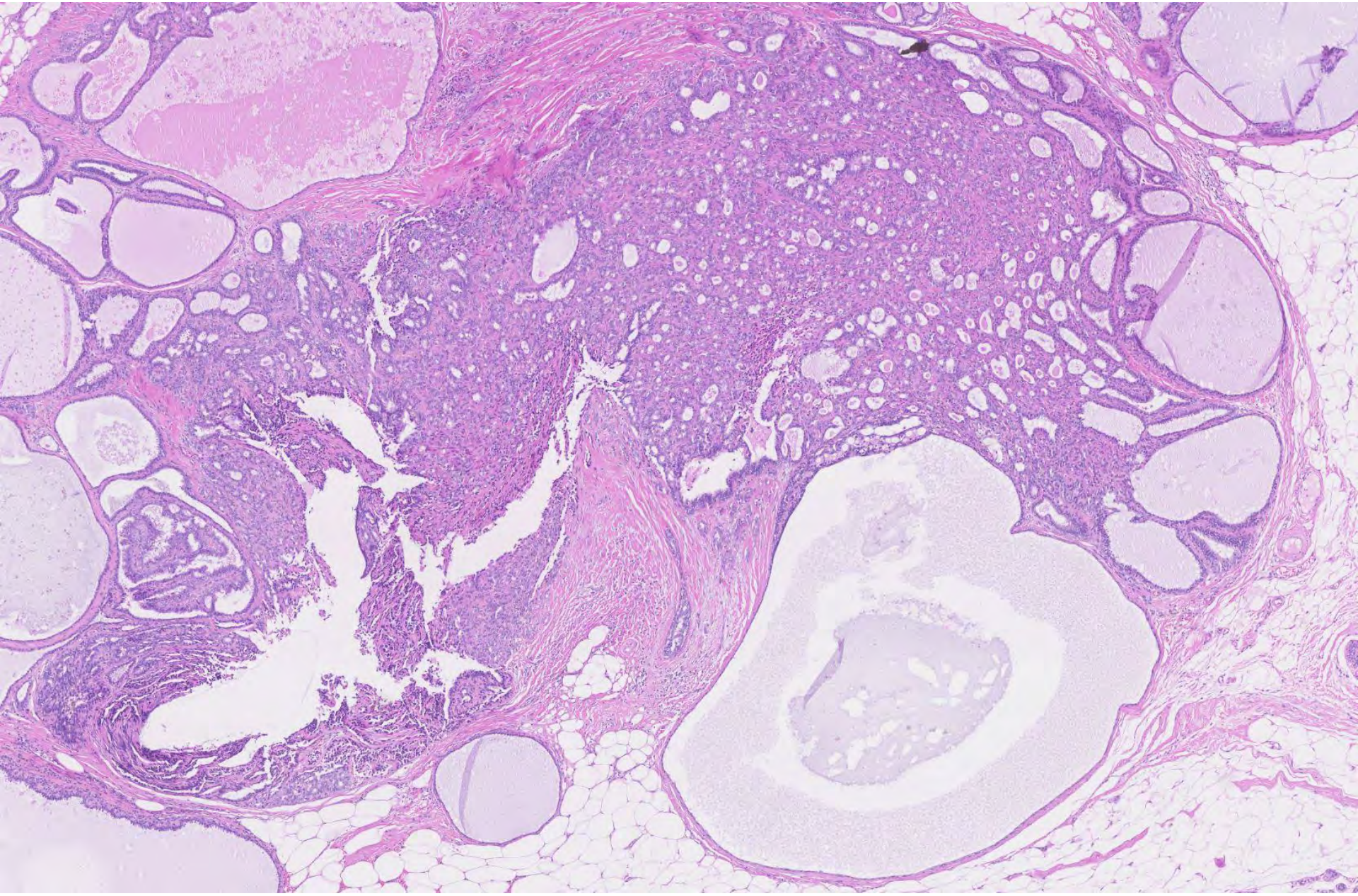
Kliniek

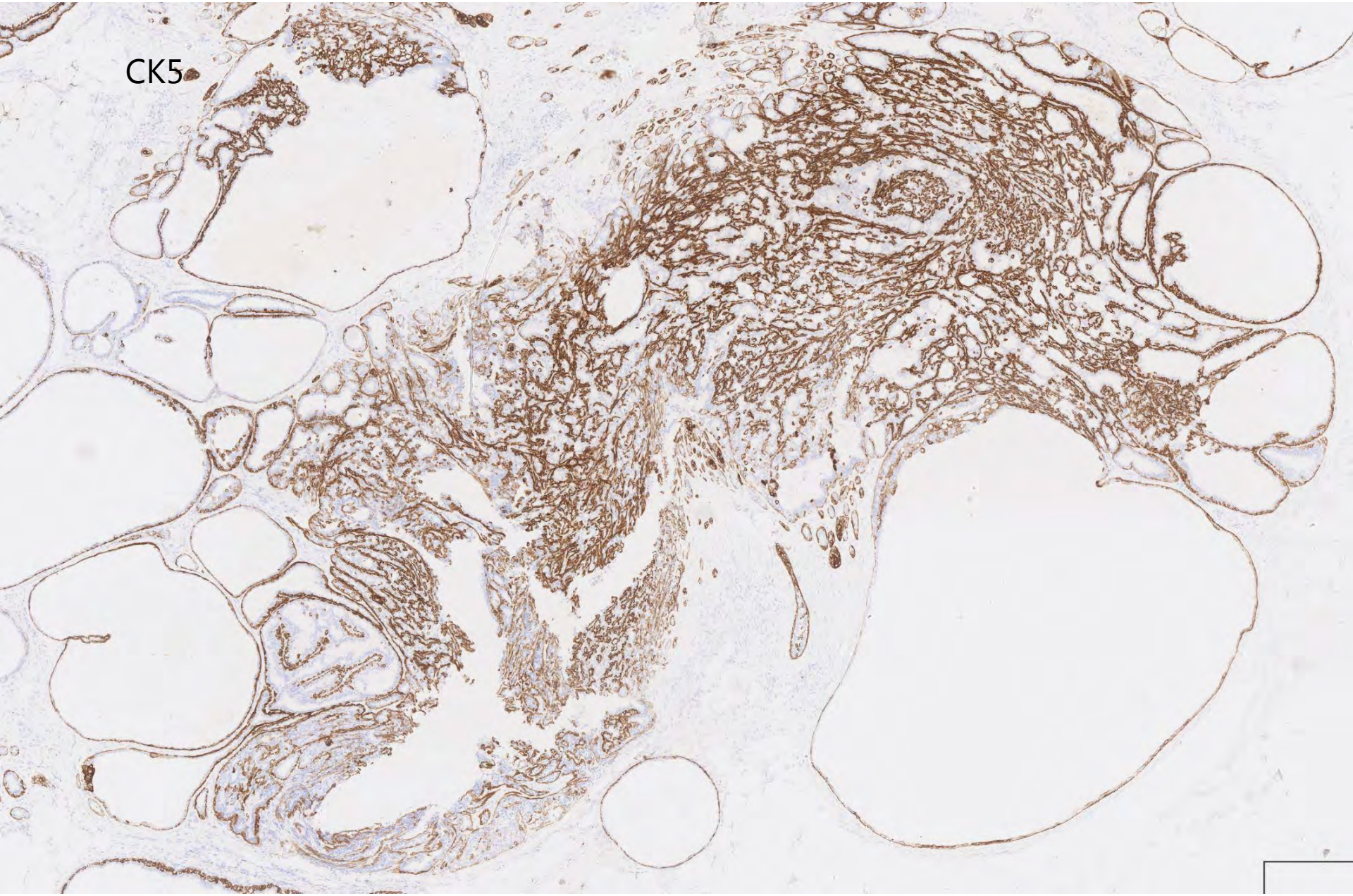
Niet palpabele, stervormige afwijking,
Birads 4 (biopt)

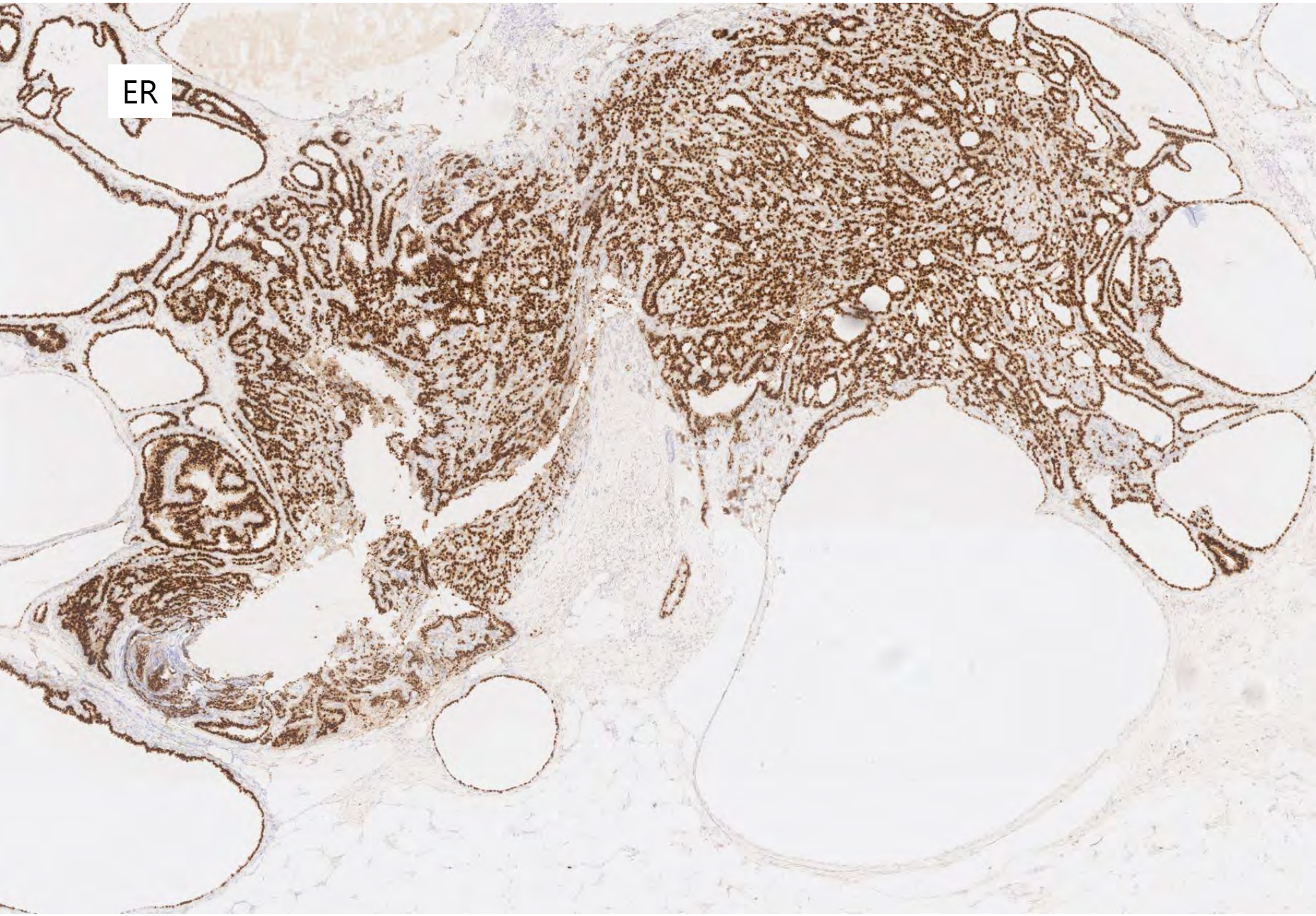
Casus ingestuurd door:

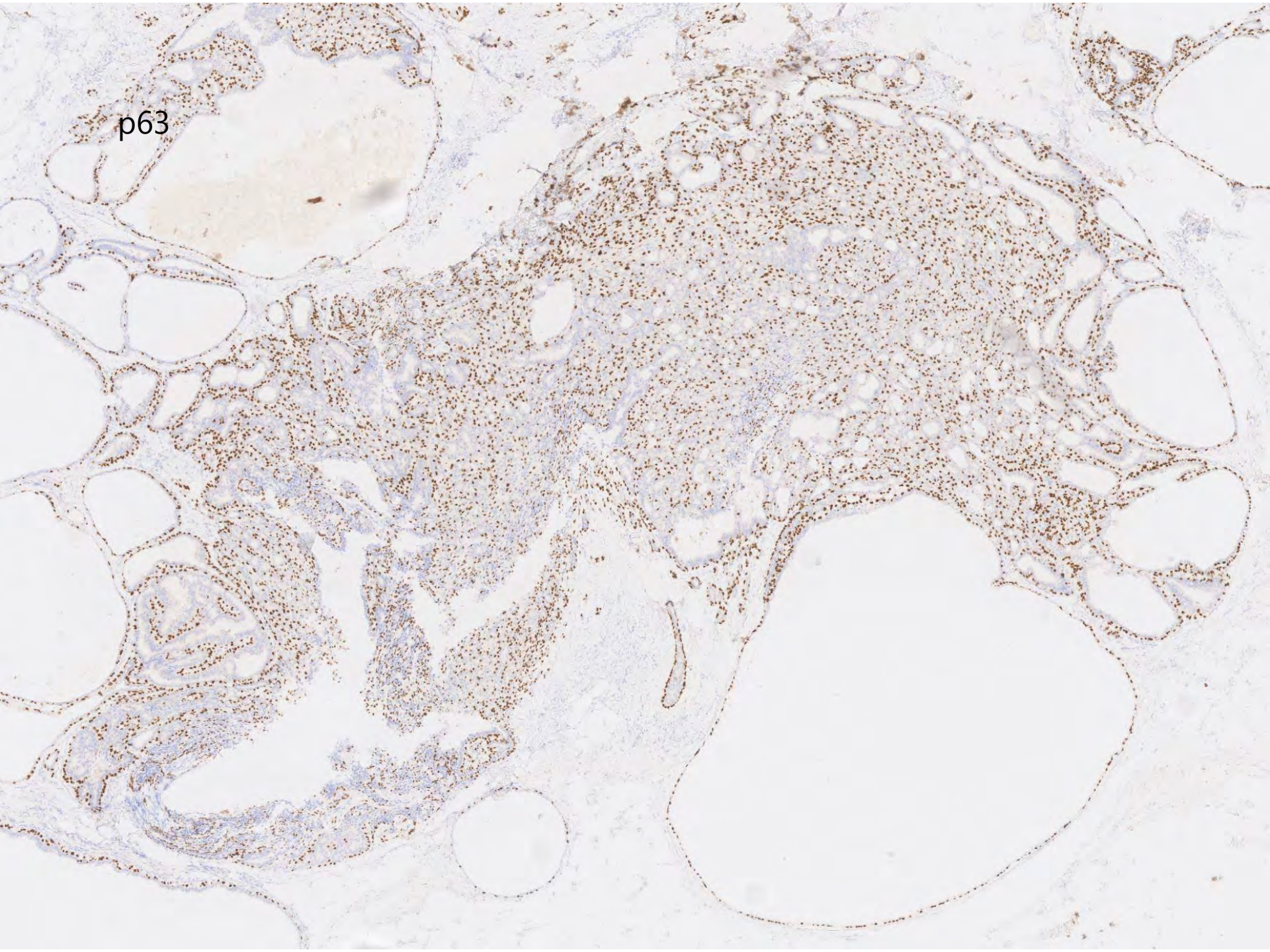
I. Ambrose, Symbiant BV

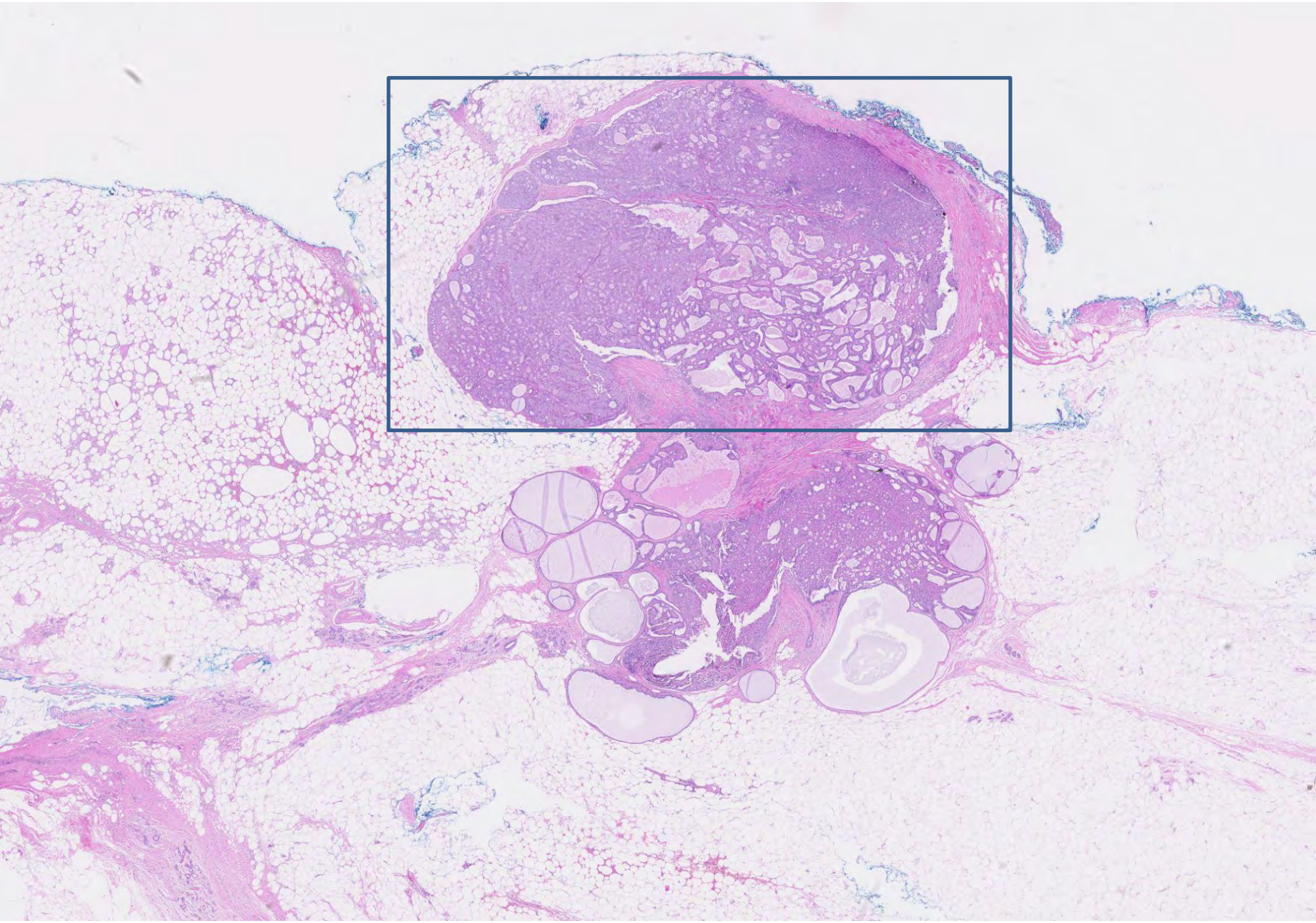


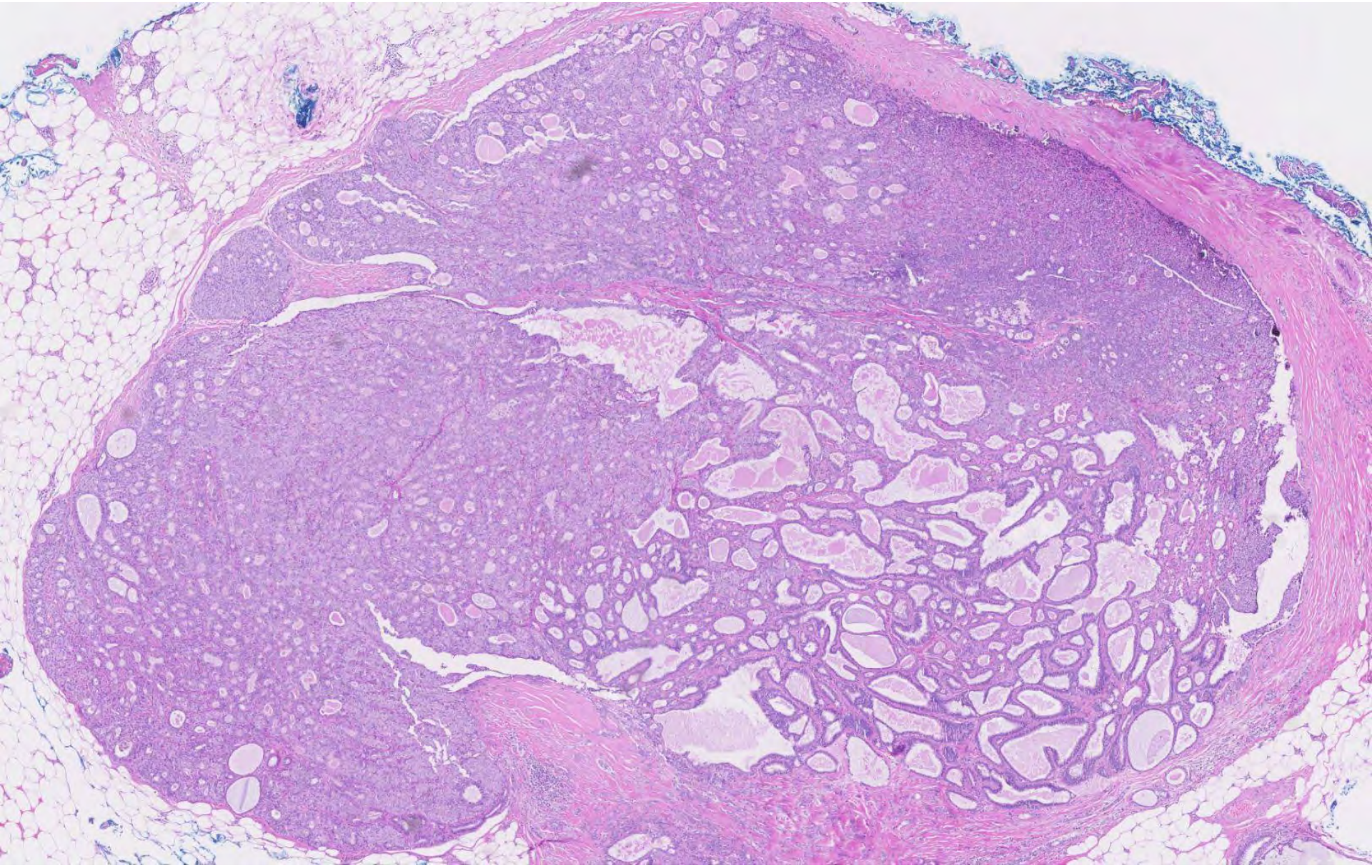


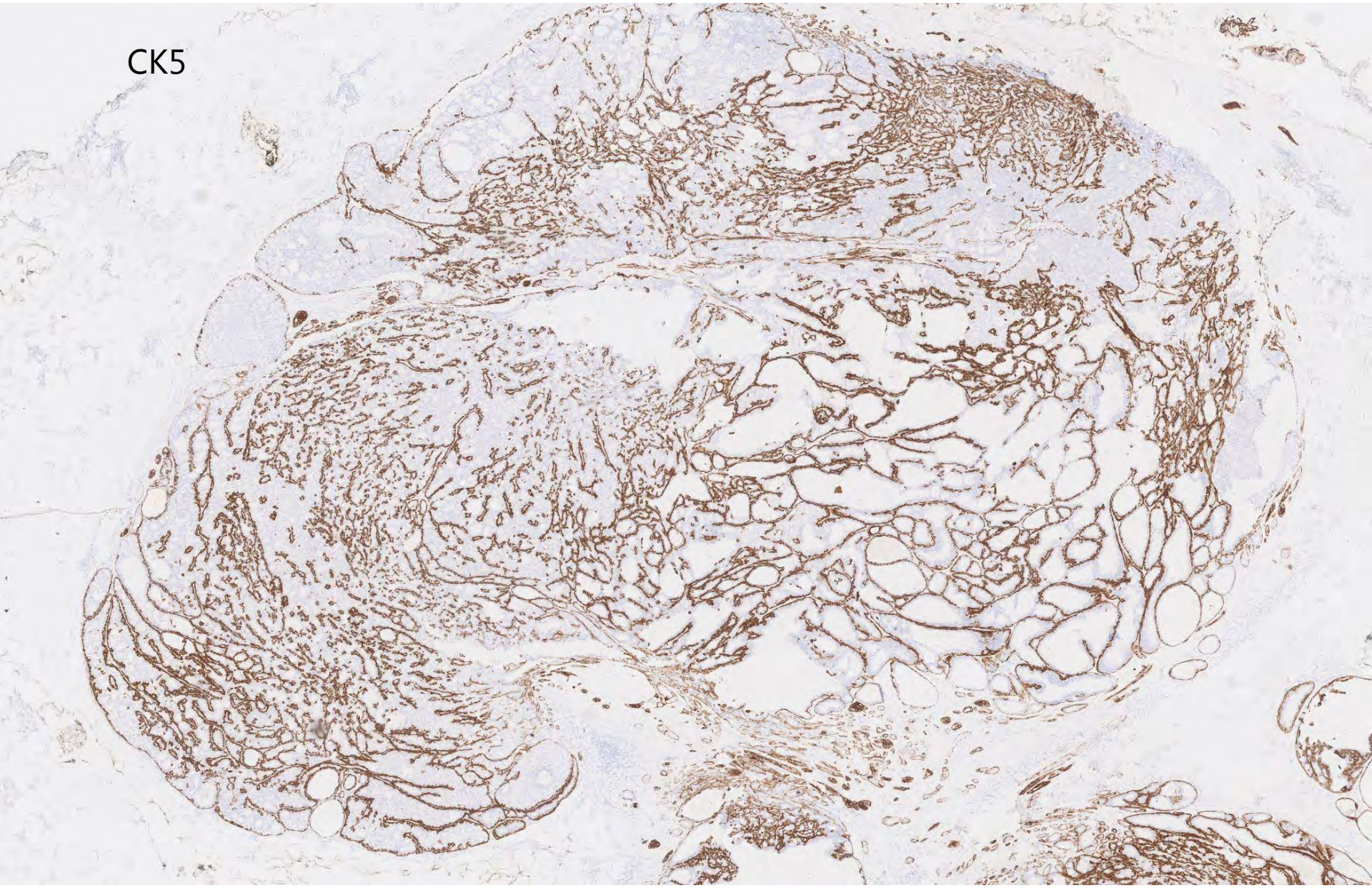

CK5

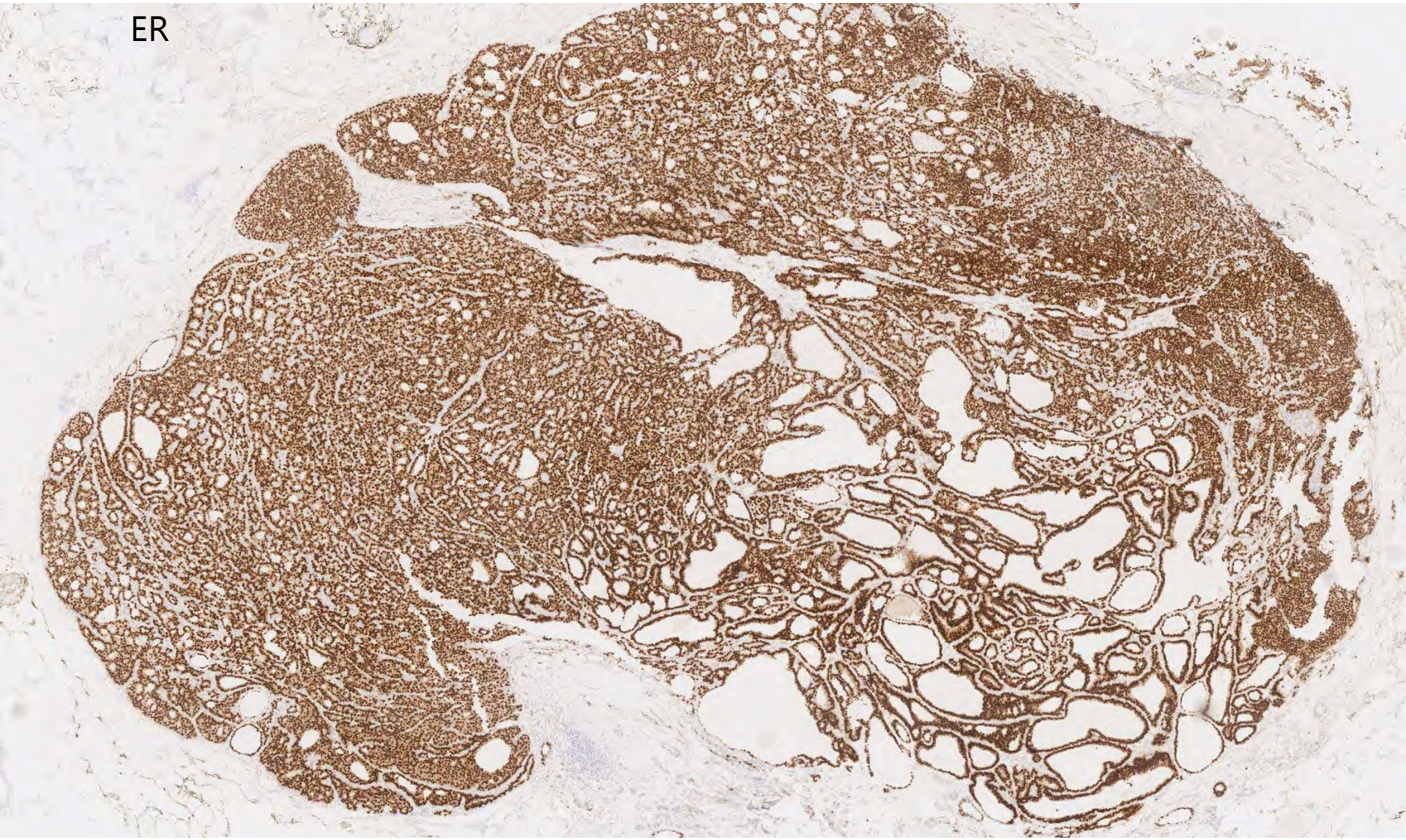

ER

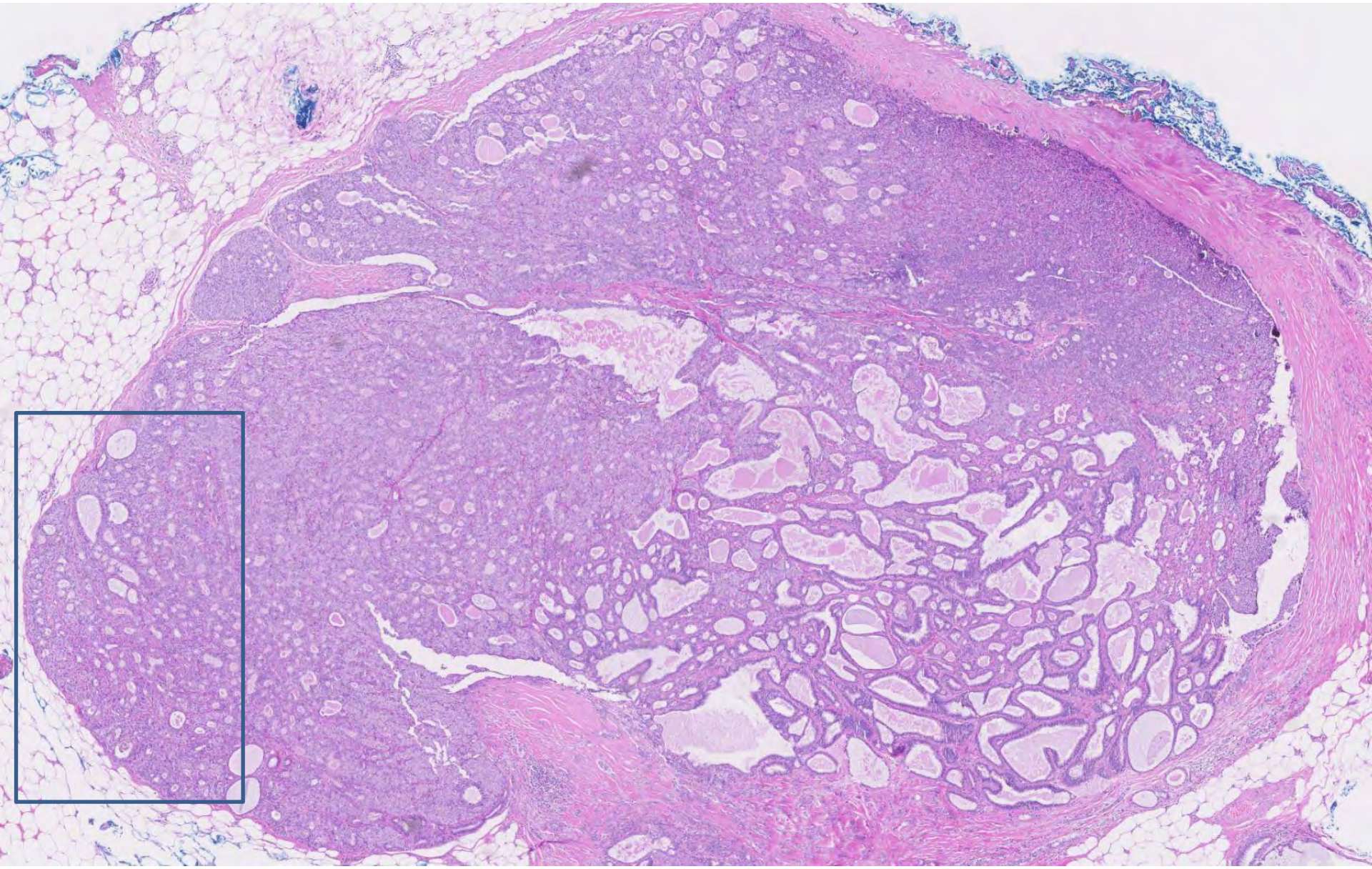

p63

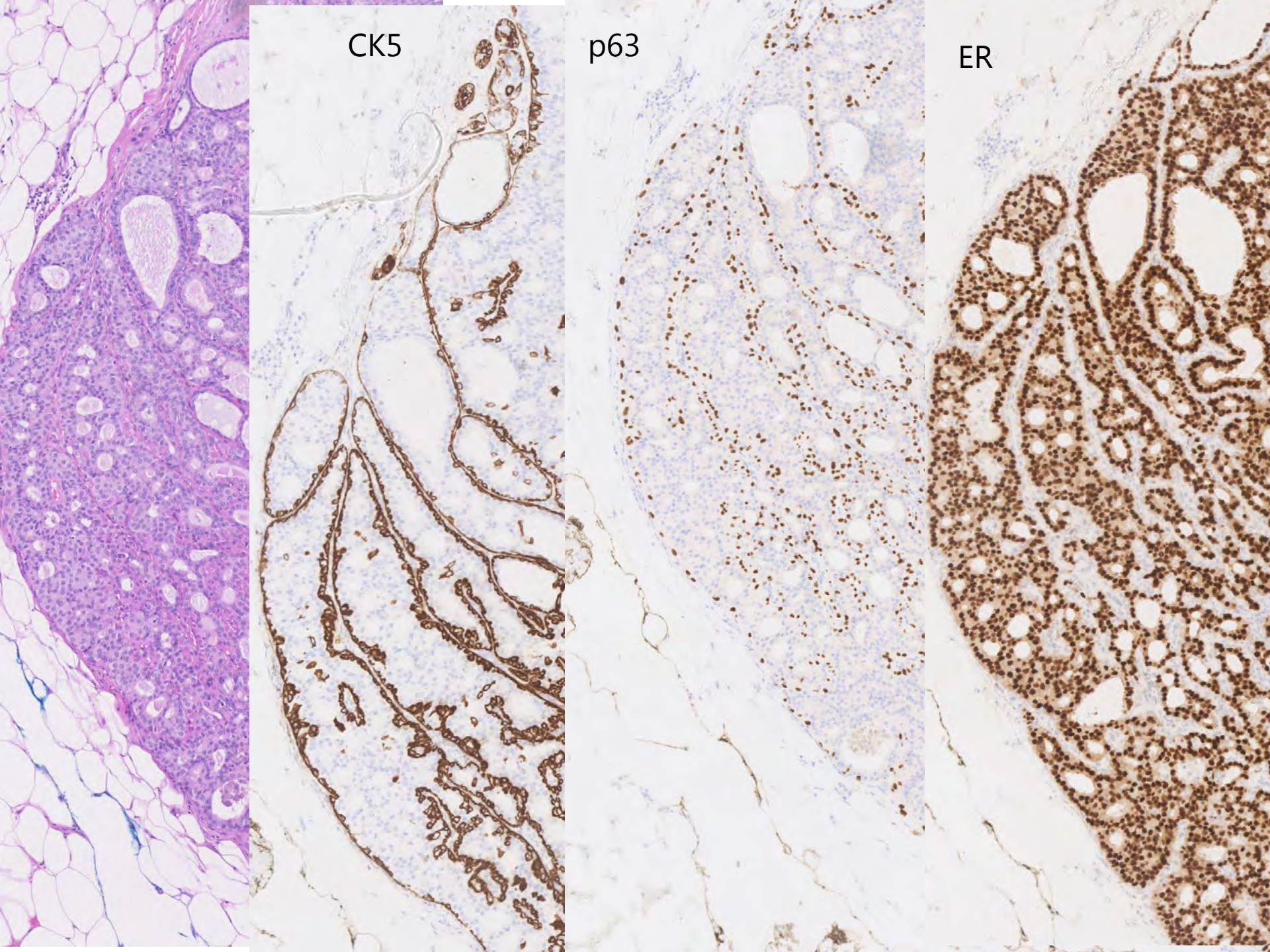


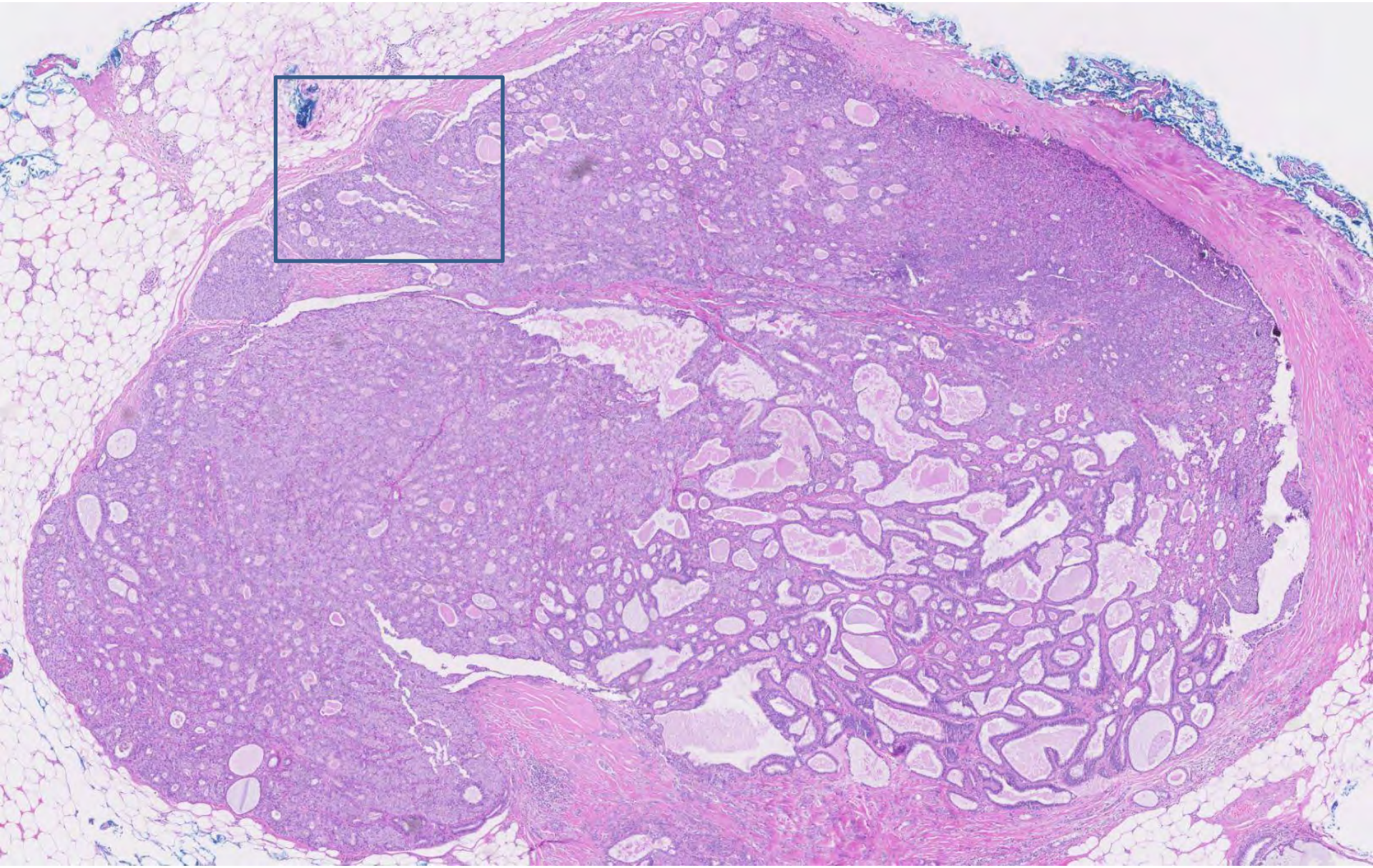


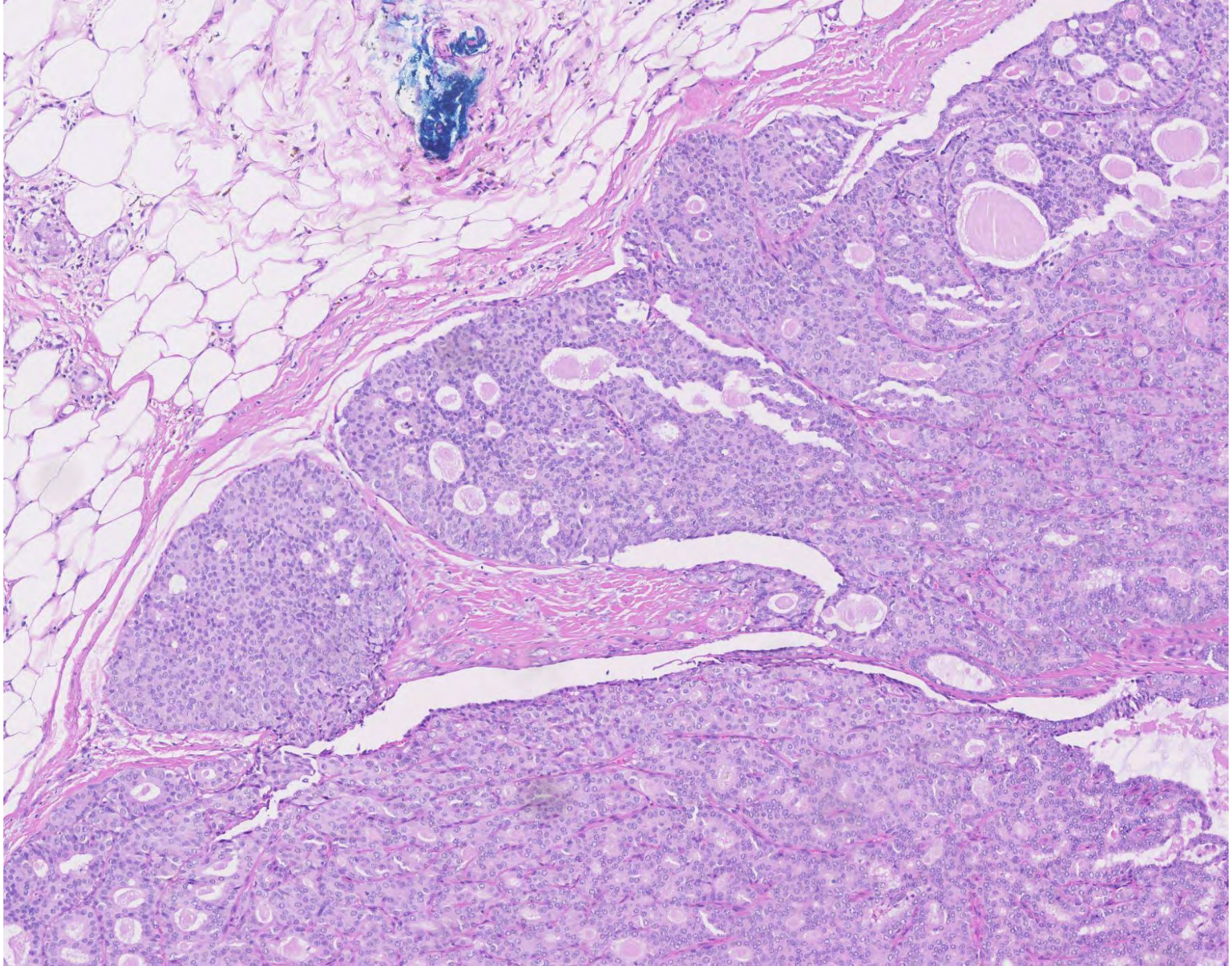

CK5

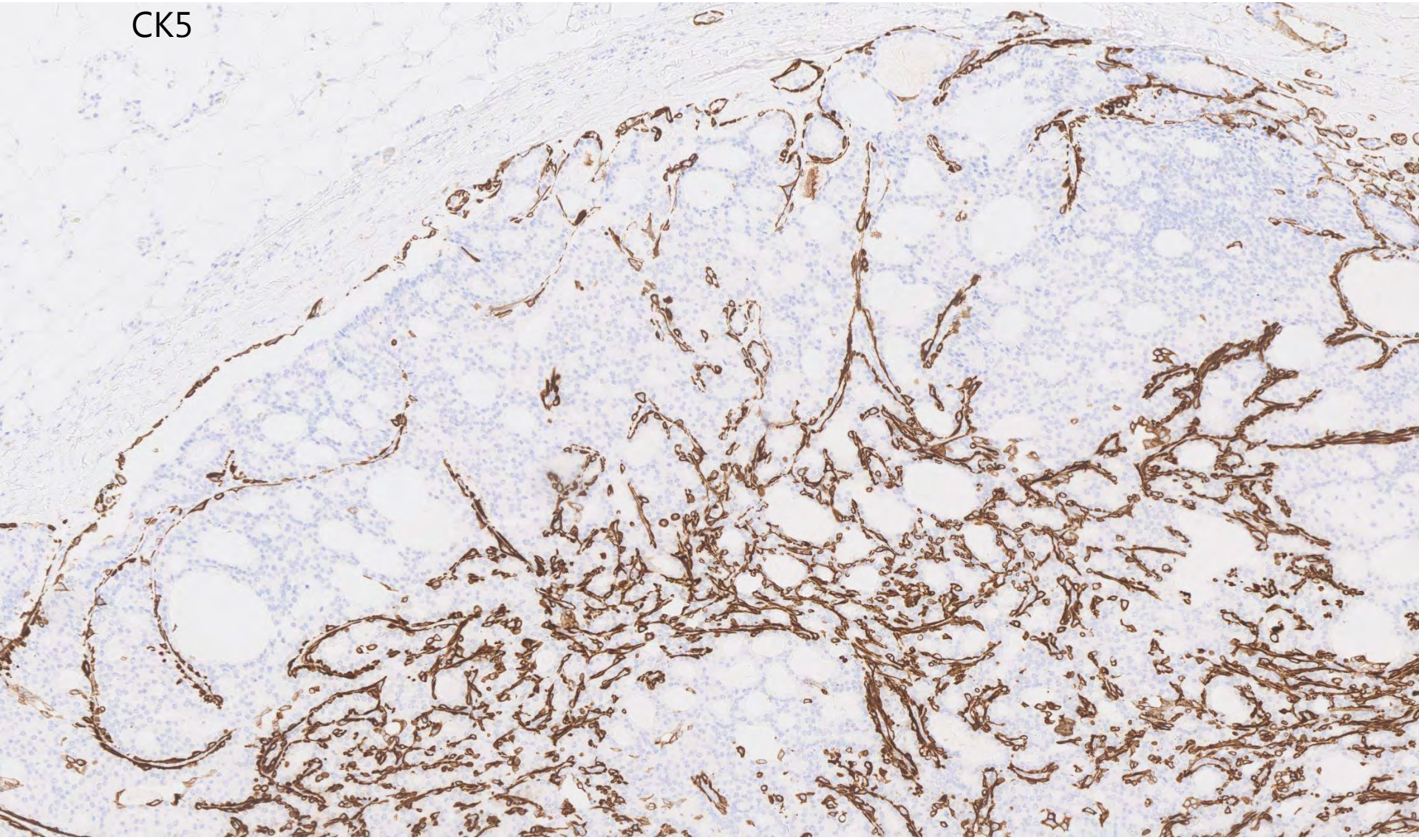

ER




CK5
p63
ER






CK5

Voorgestelde conclusie

Papilloom met DCIS


CASUS
2A

Klinische gegevens

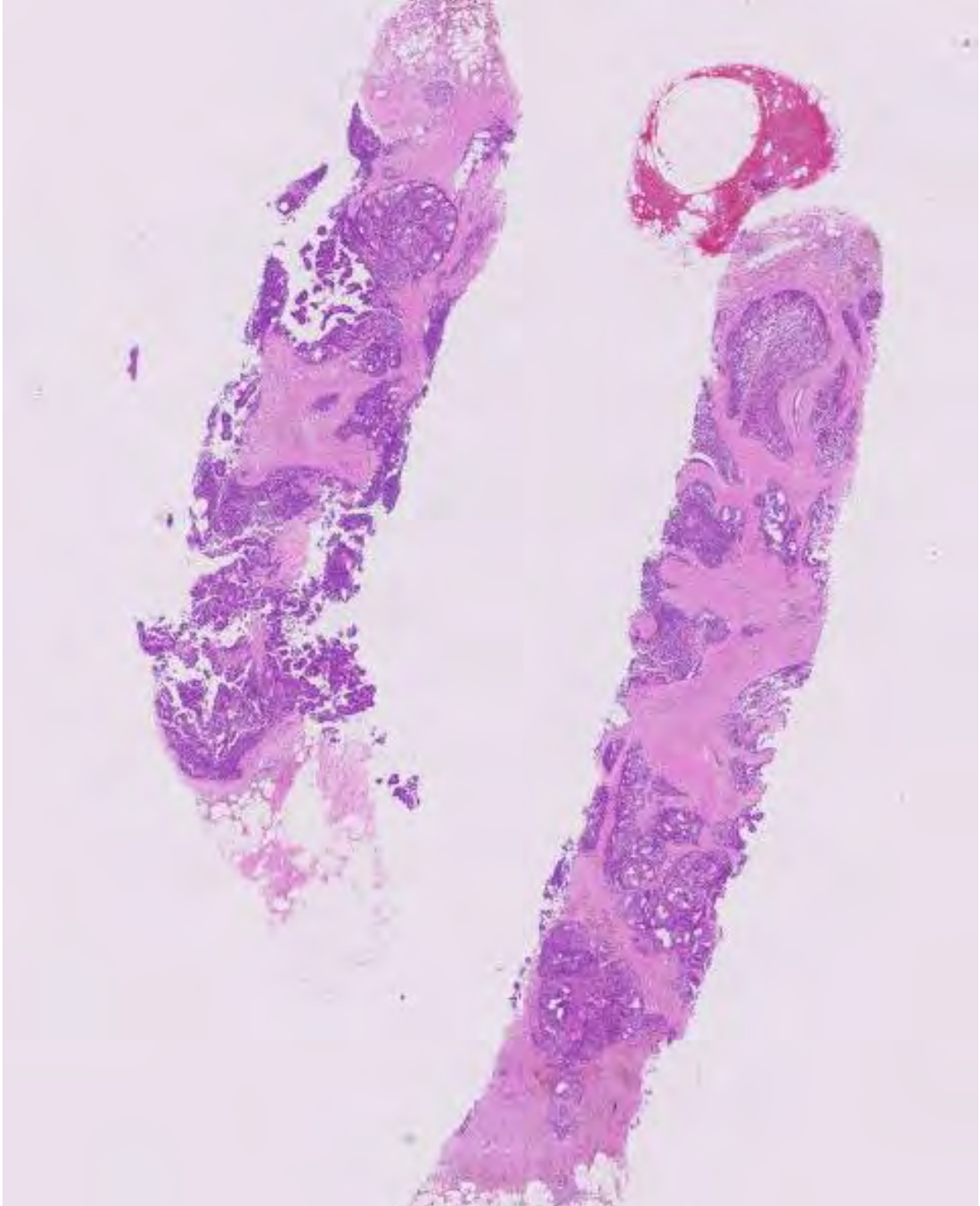
♀ **72**

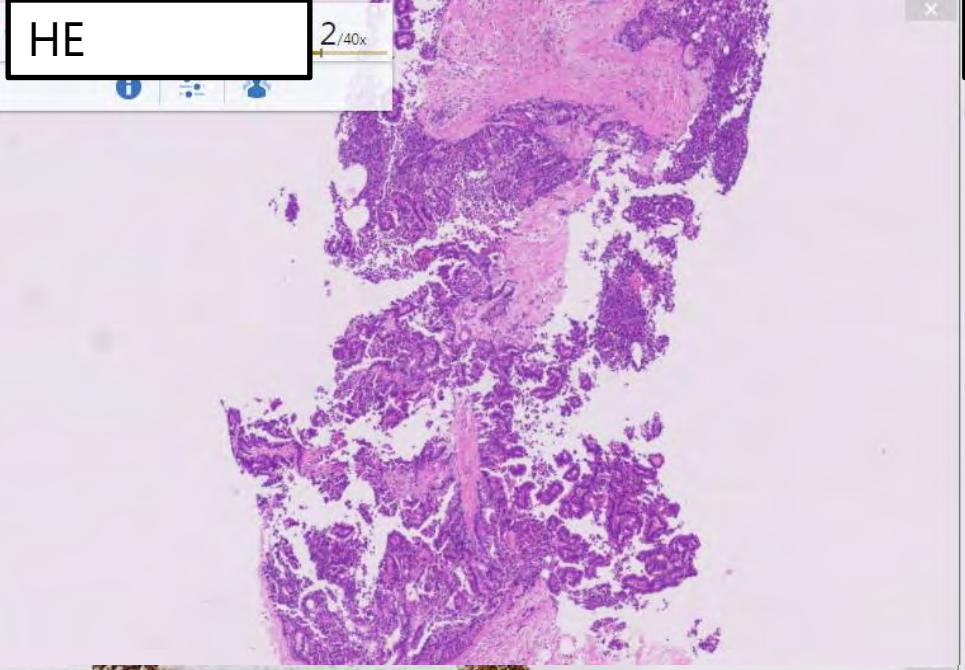
Voorgeschiedenis
Ductaal carcinoom met DCIS links waarvoor lumpectomie, radicaal (2001)

Aard materiaal
Biopt en lumpectomie links met SN

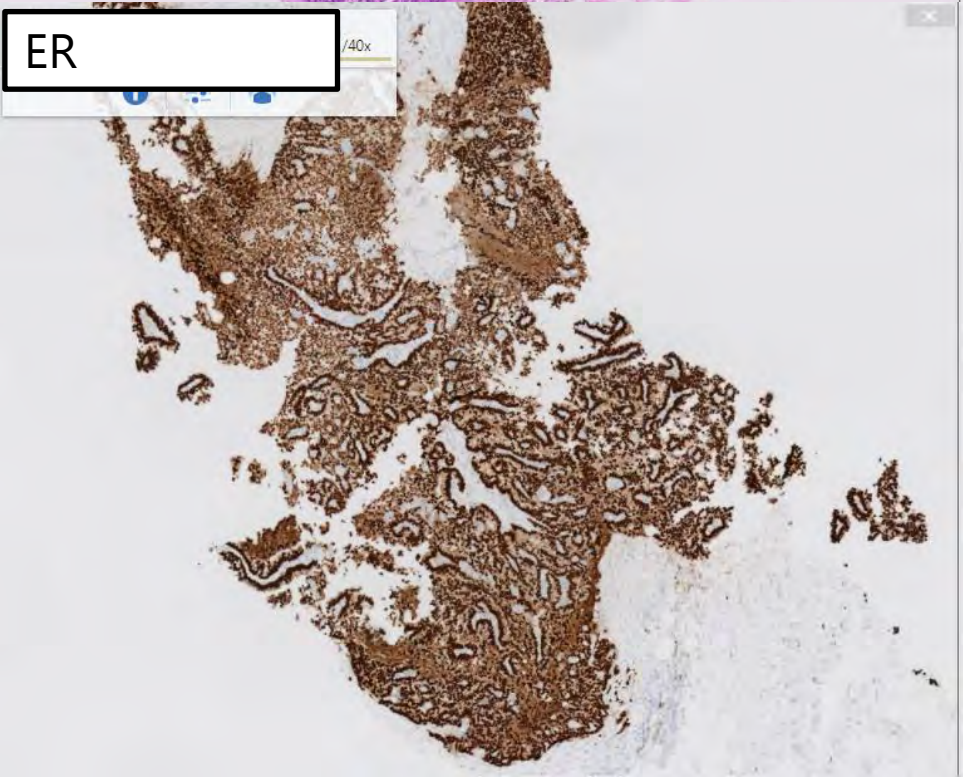
Kliniek
Birads 4 mammalaesie links lateraal boven, echografisch nauwelijks zichtbaar (Birads 3). Toch aanwijzingen voor maligniteit? Later toch Birads 5.

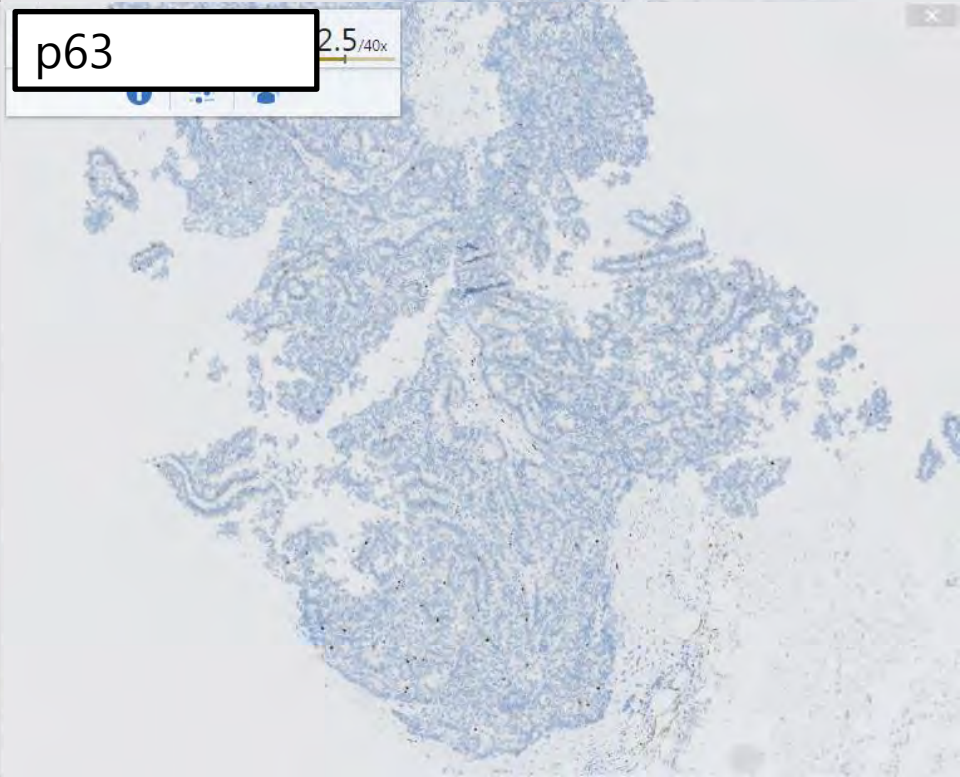
Nb.
Begin 2017 2x biopt elders
Half 2018 1x biopt bijgevoegd
Begin 2019 lumpectomie

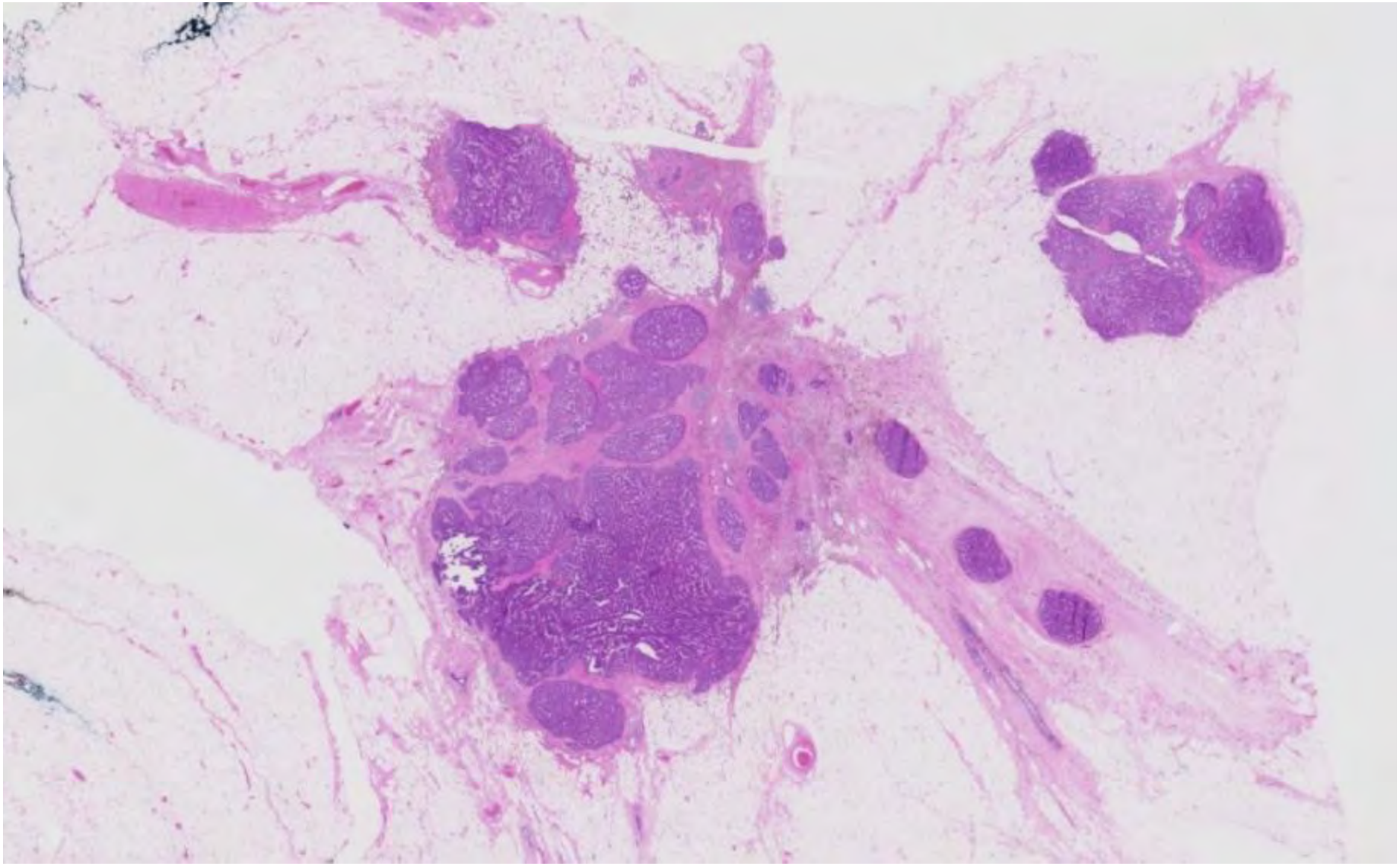


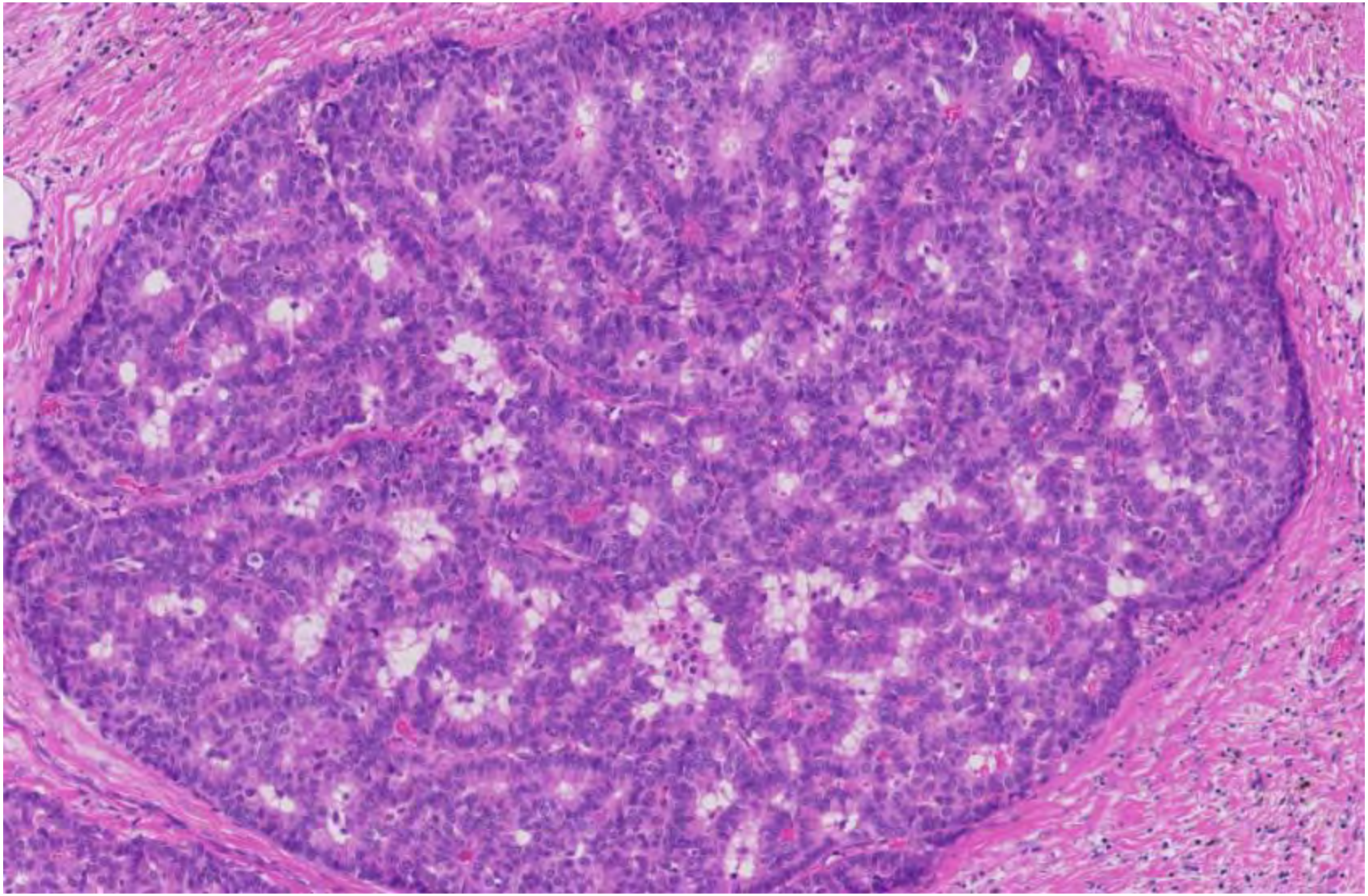

HE
2/40x

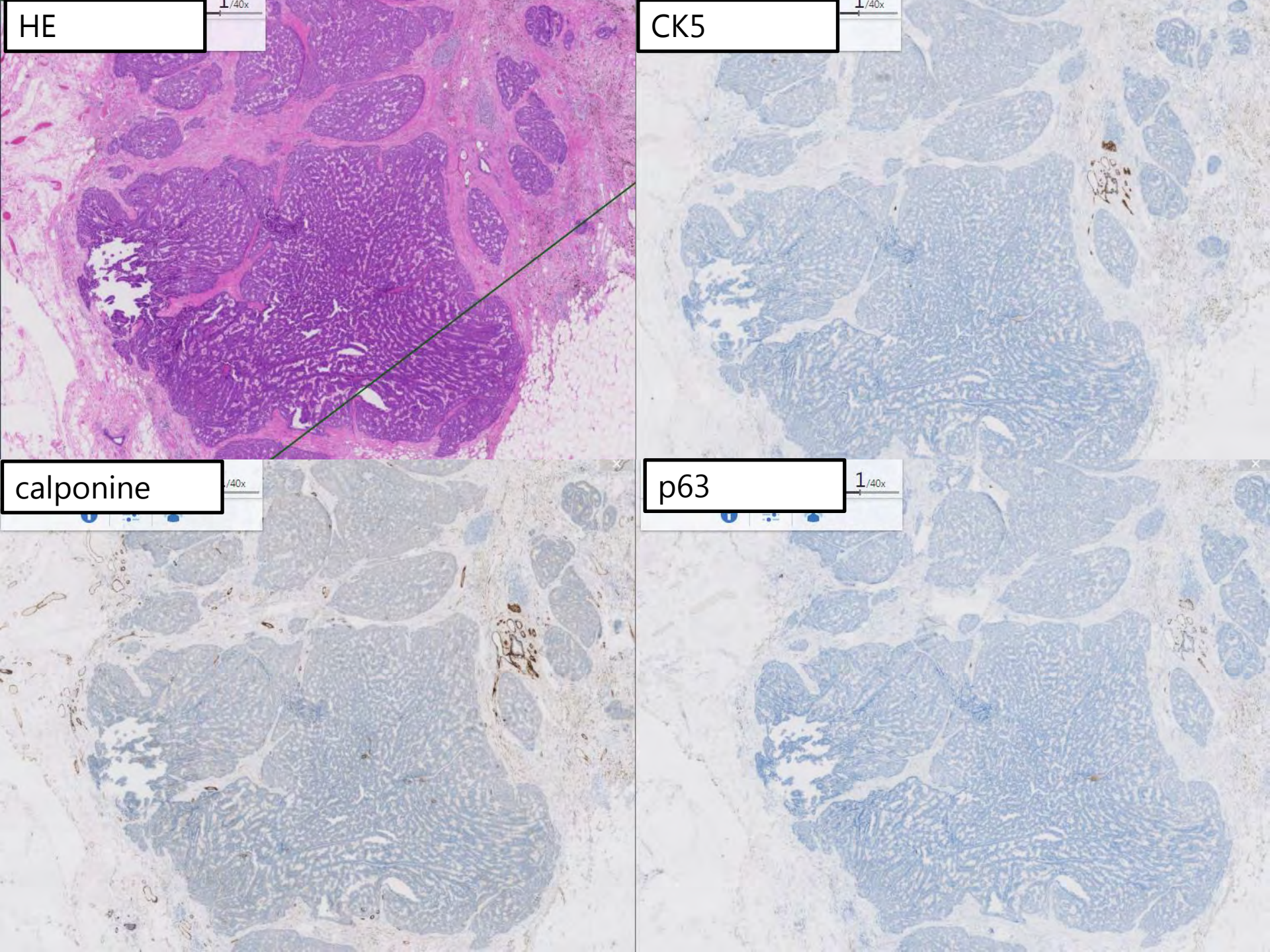

CK5
2/40x

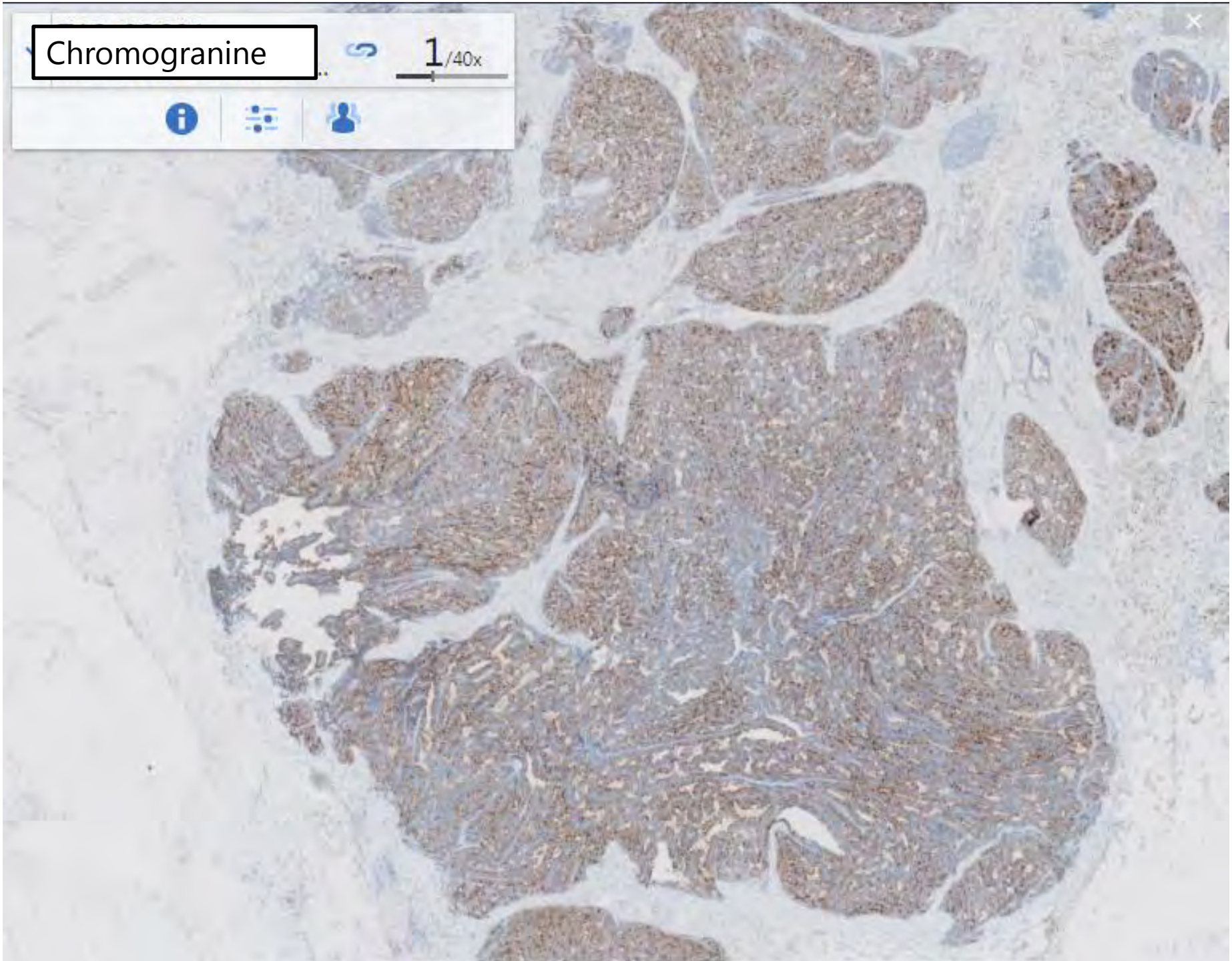

ER
/40x

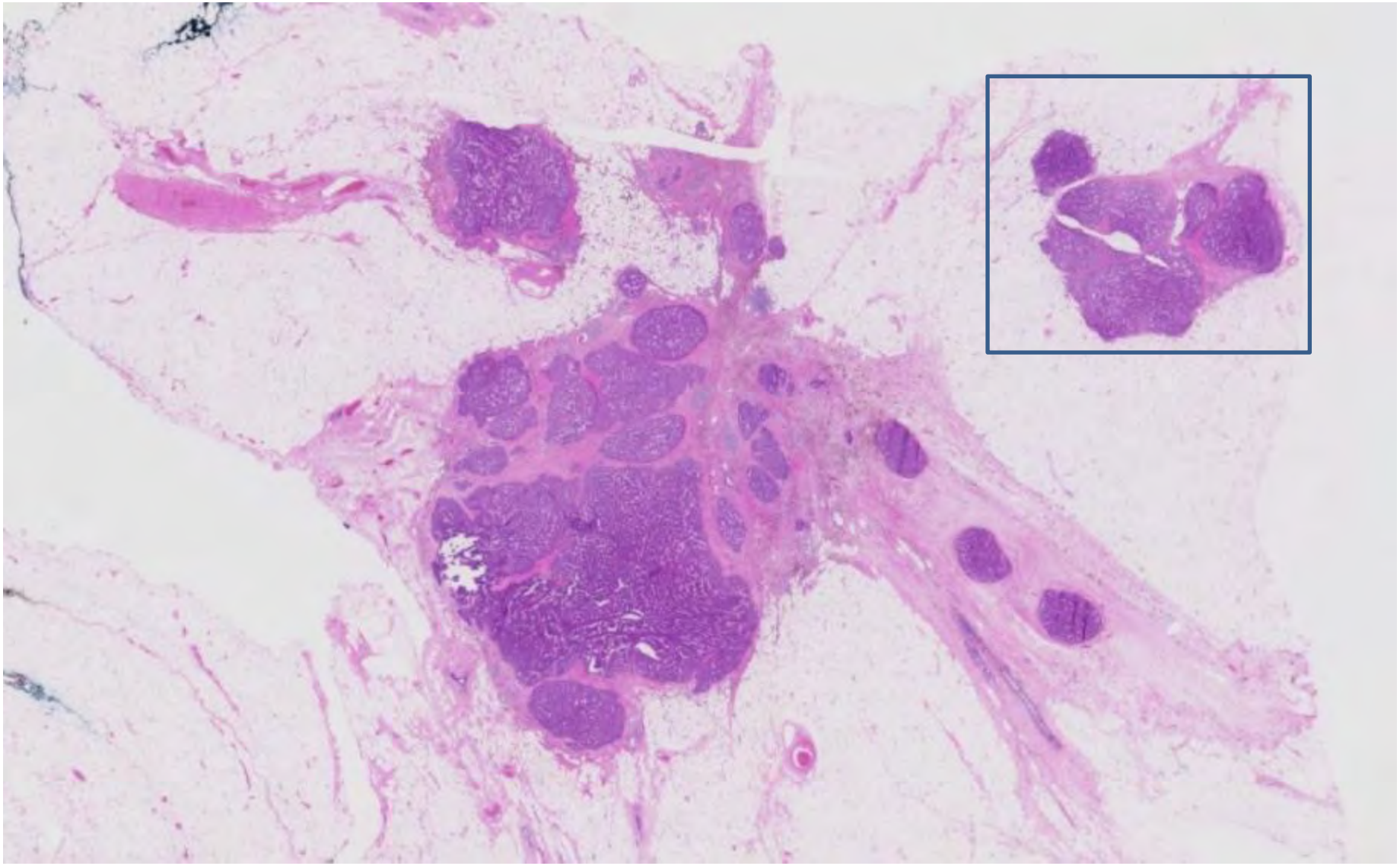

p63
2.5/40x

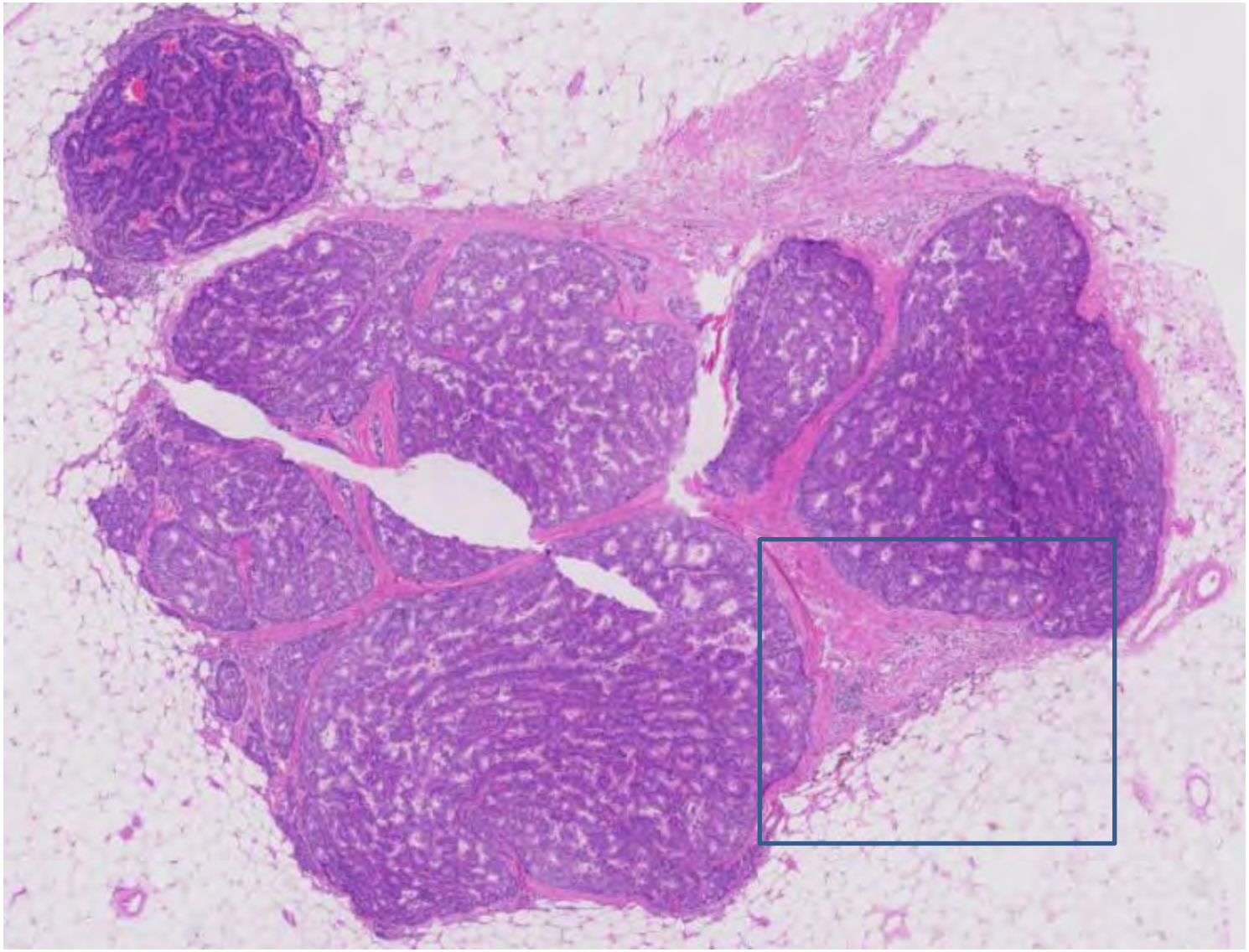


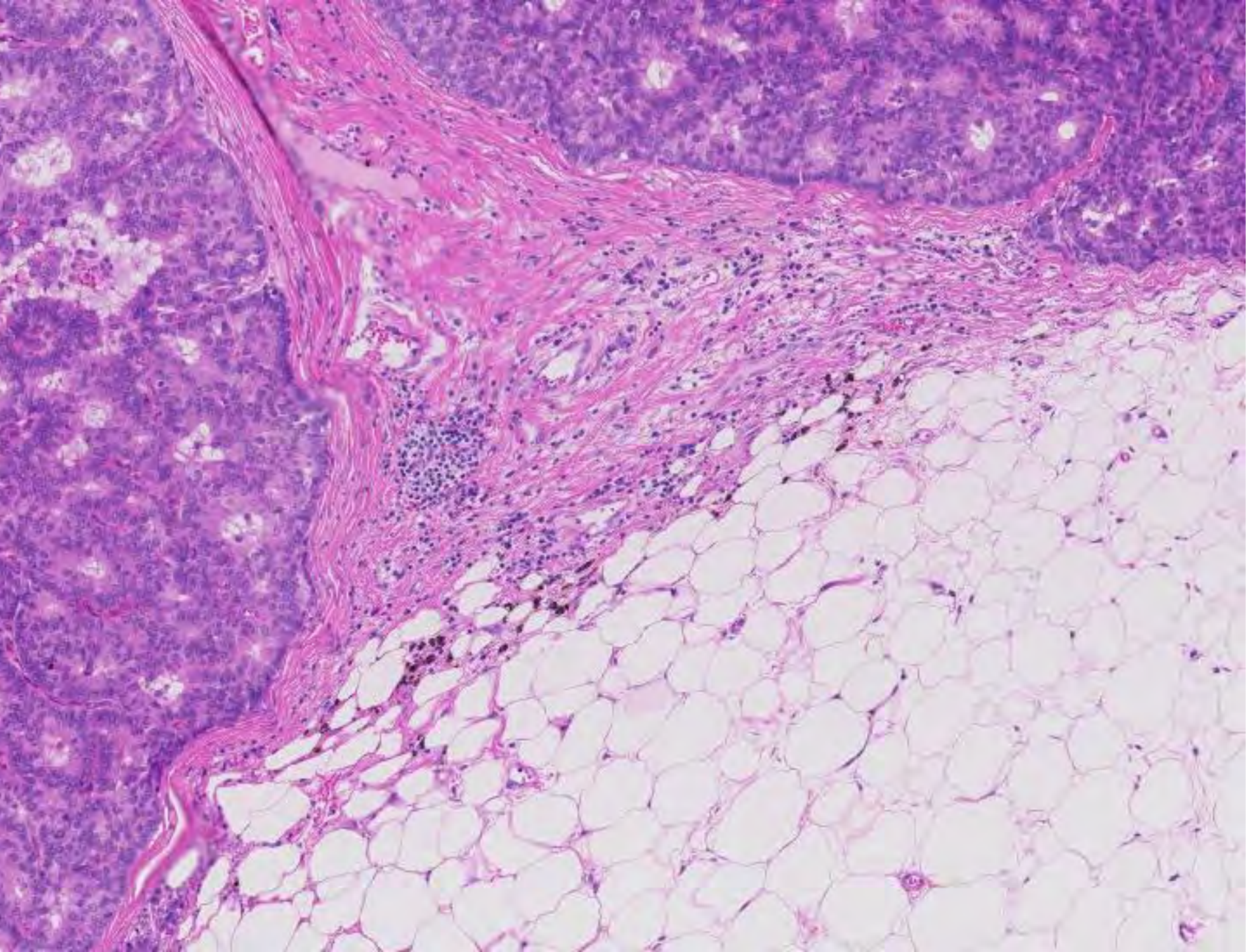



HE
CK5
calponine
p63


Chromogranine
1/40x







Definitieve conclusie

Solide papillair carcinoom, invasie?
Tevens entmetastasen.


CASUS
2B

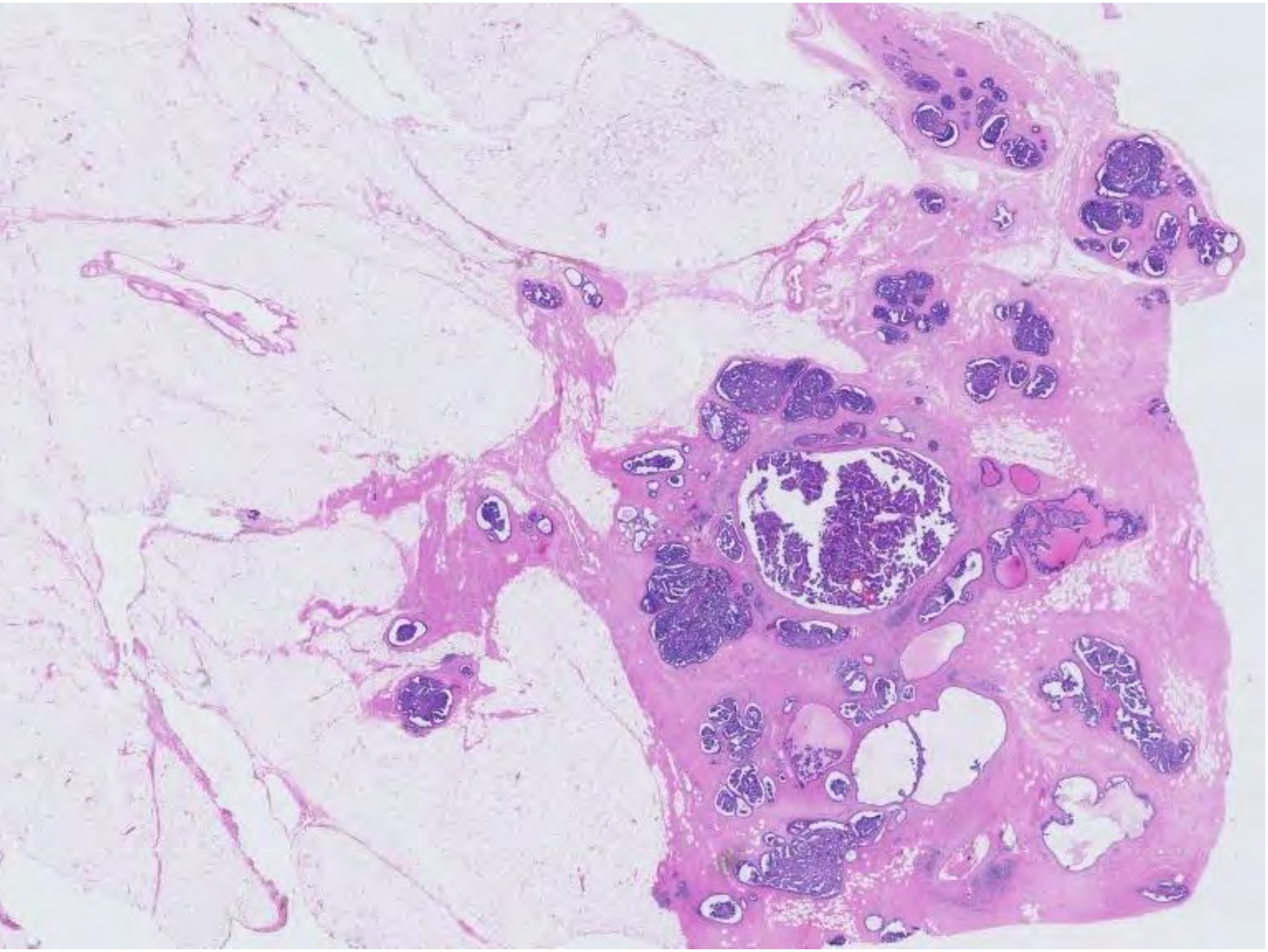
Klinische gegevens

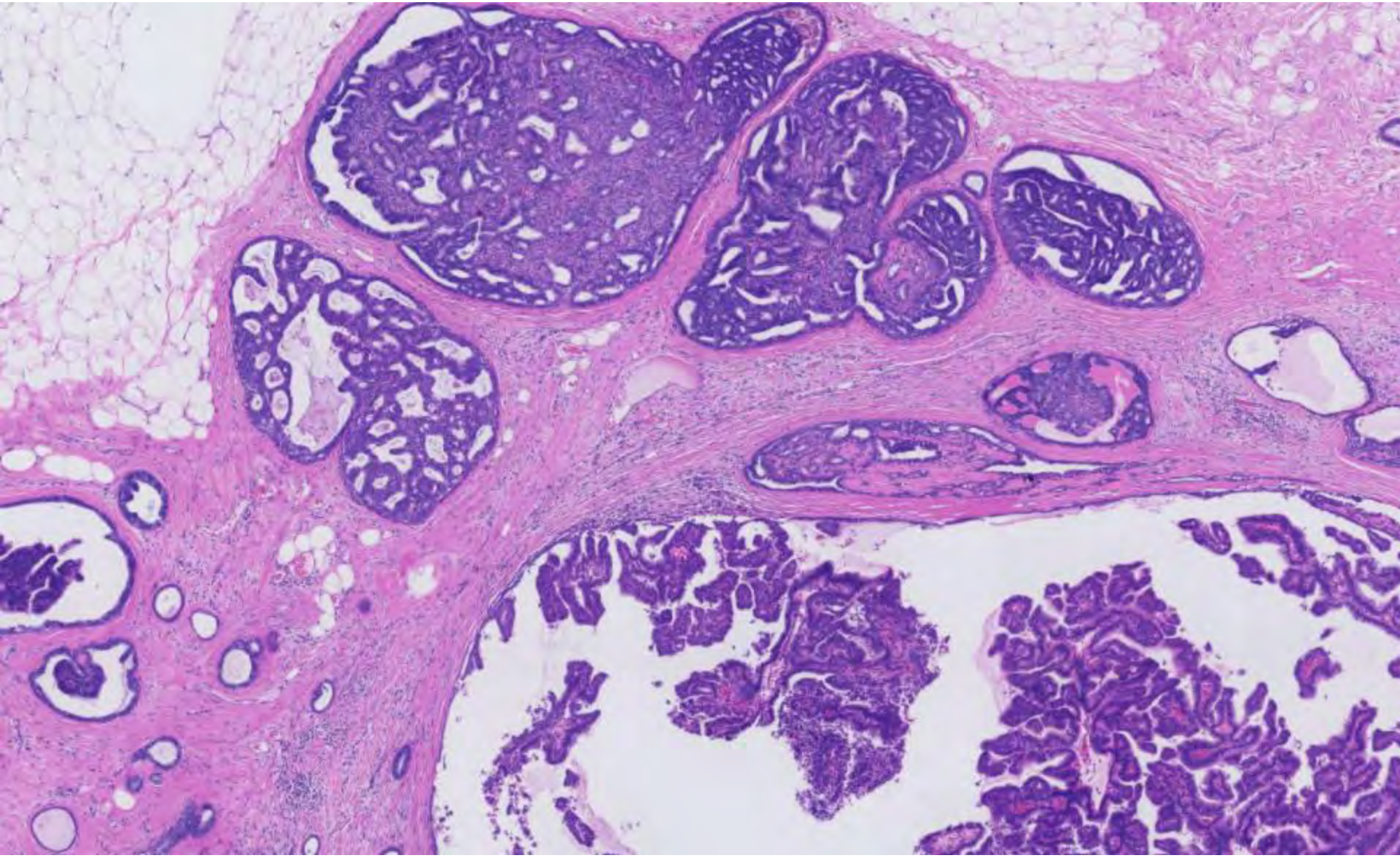
♀ **68**

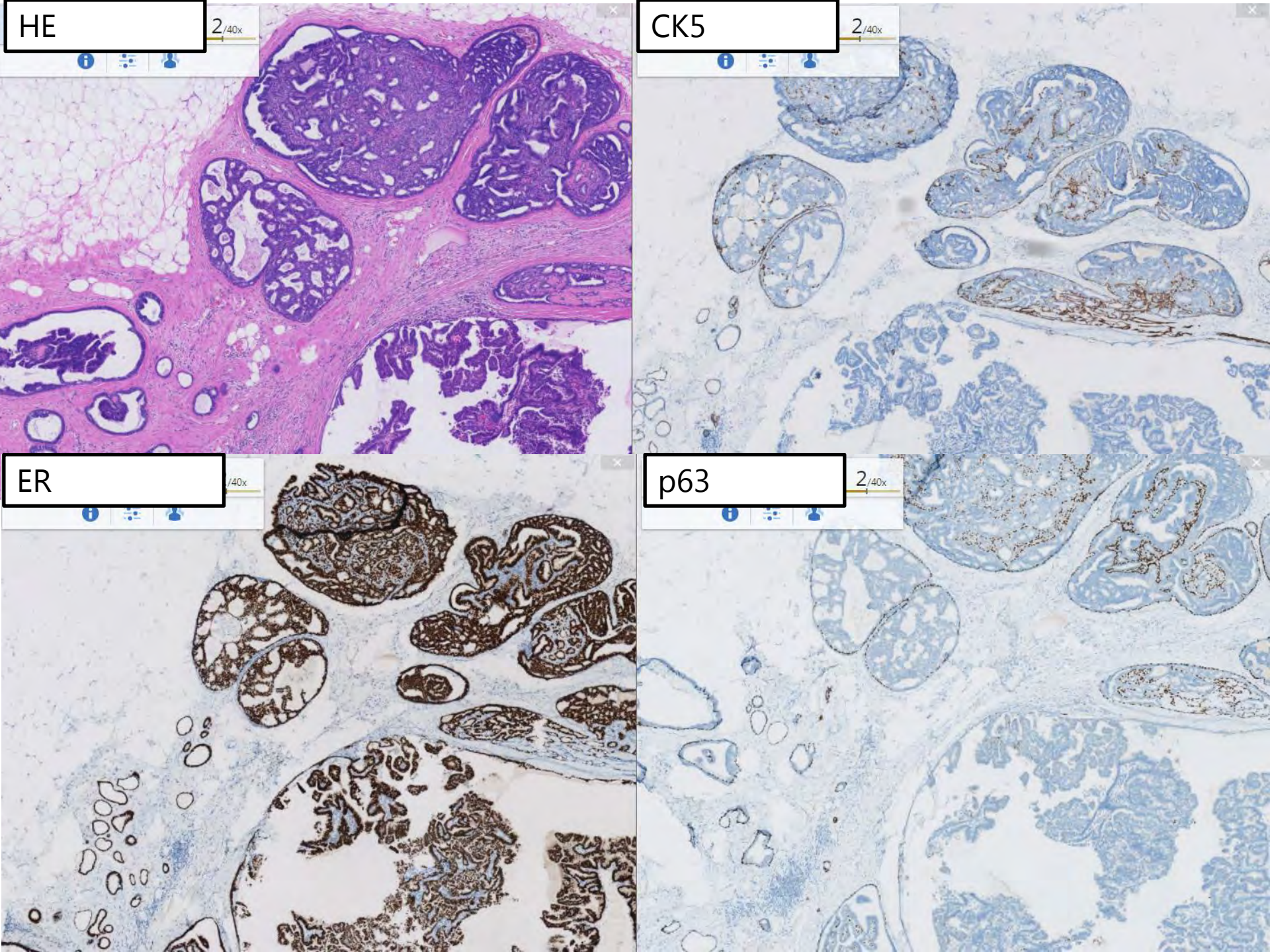
Voorgeschiedenis
GRM links (IDC en DCIS) en OKD zonder metastasen (2006)

Aard materiaal
Biopt rechts en mastectomie rechts met SN

Kliniek Toename calcificaties, totale gebied 7 cm






HE
CK5
ER
p63

Definitieve conclusie

(Papillair) DCIS en papillomen met DCIS


CASUS
3A

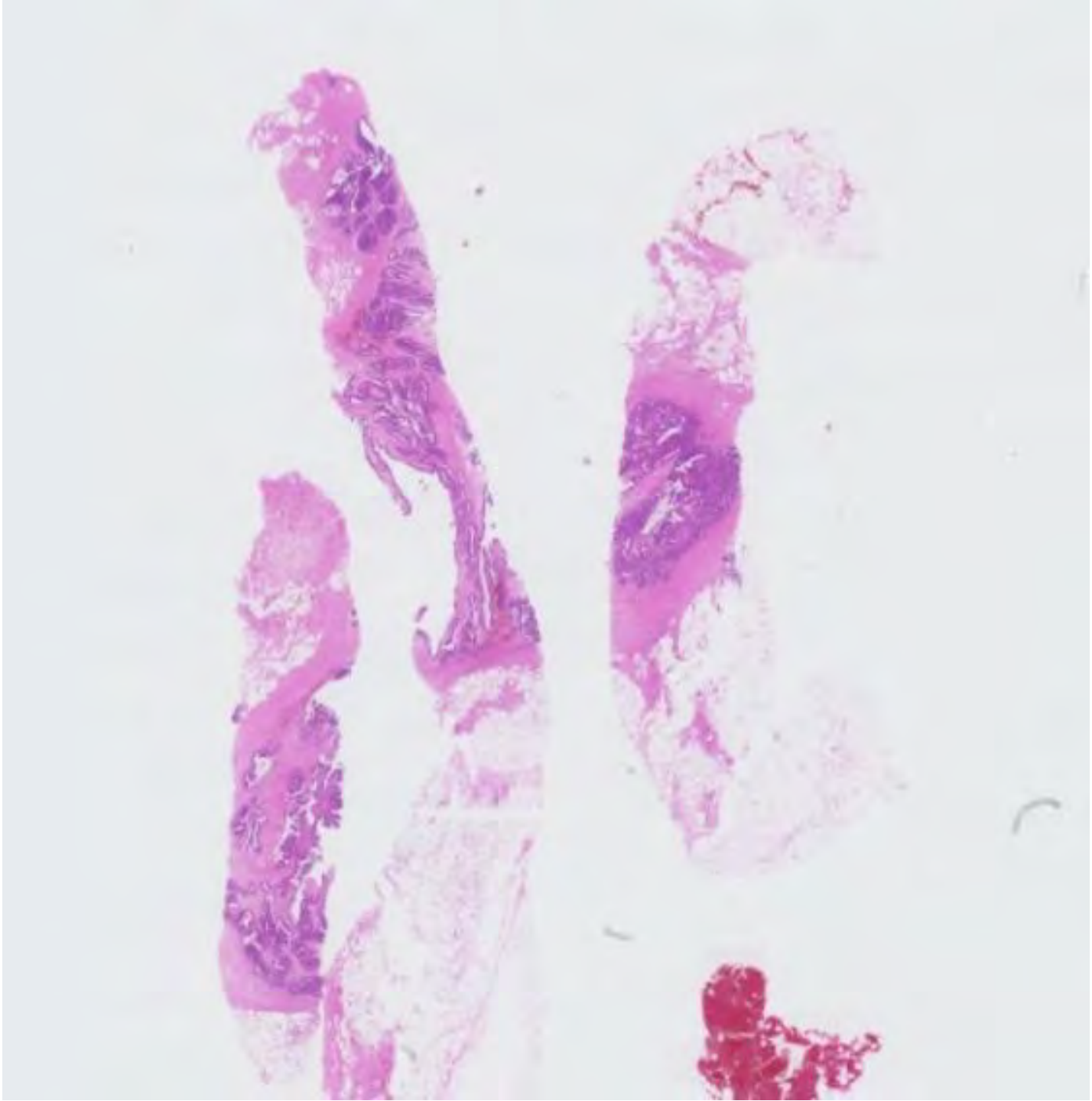
Klinische gegevens

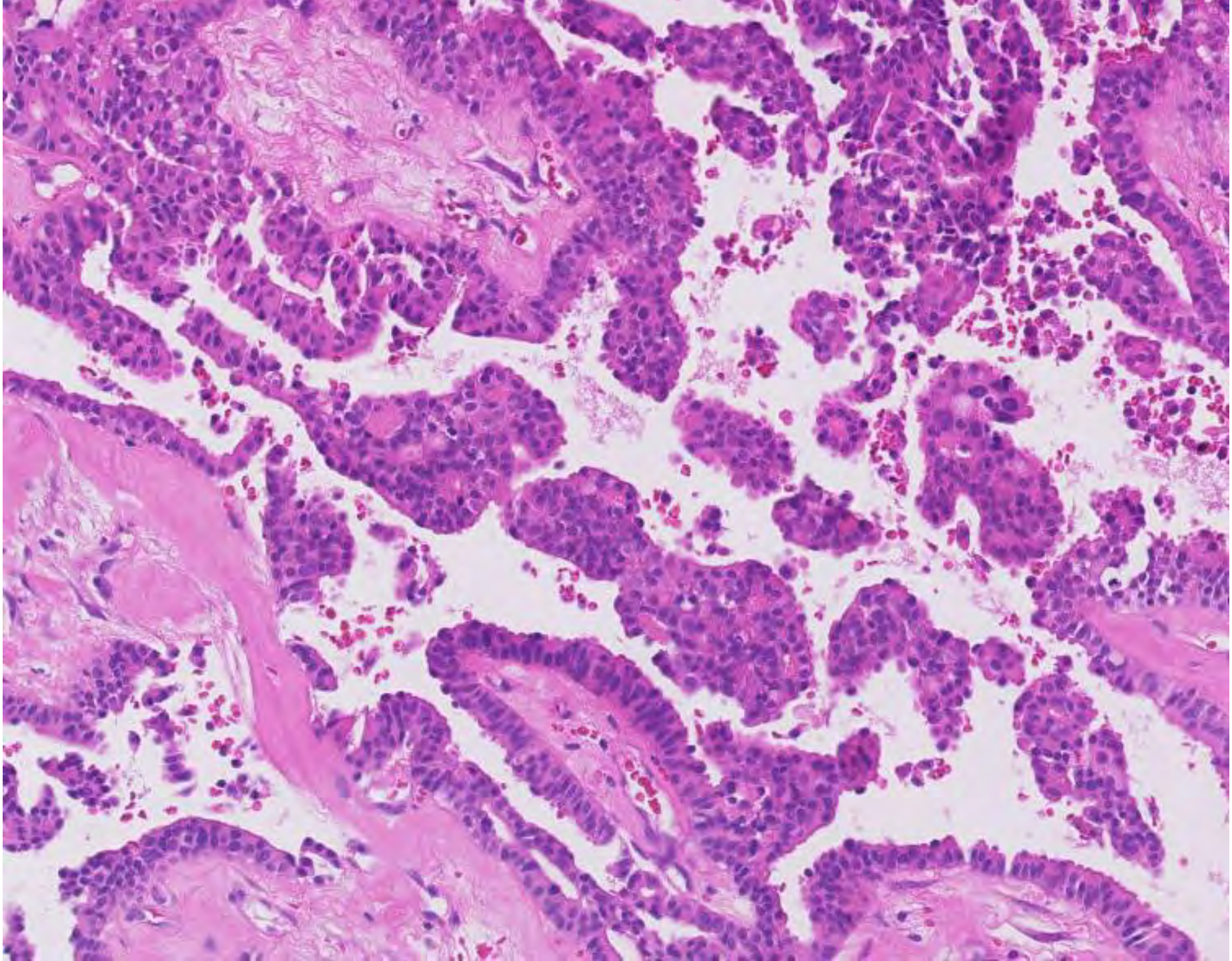
♀ **57**

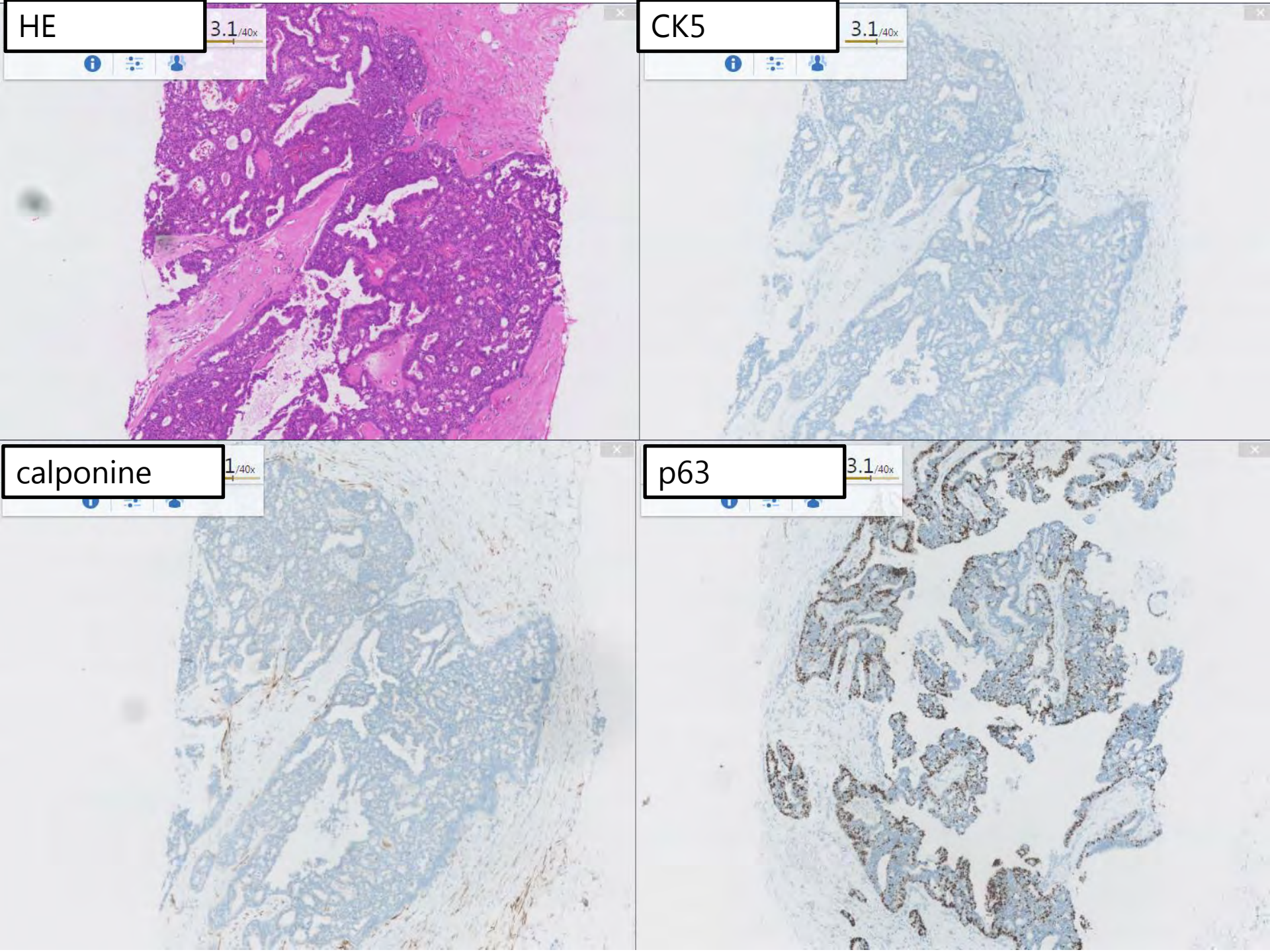
Voorgeschiedenis
Rechts ductulolobulair carcinoom B&R 2 met macrometastase en extranodale groei in SNB (lumpectomie en radiotherapie in 2007)

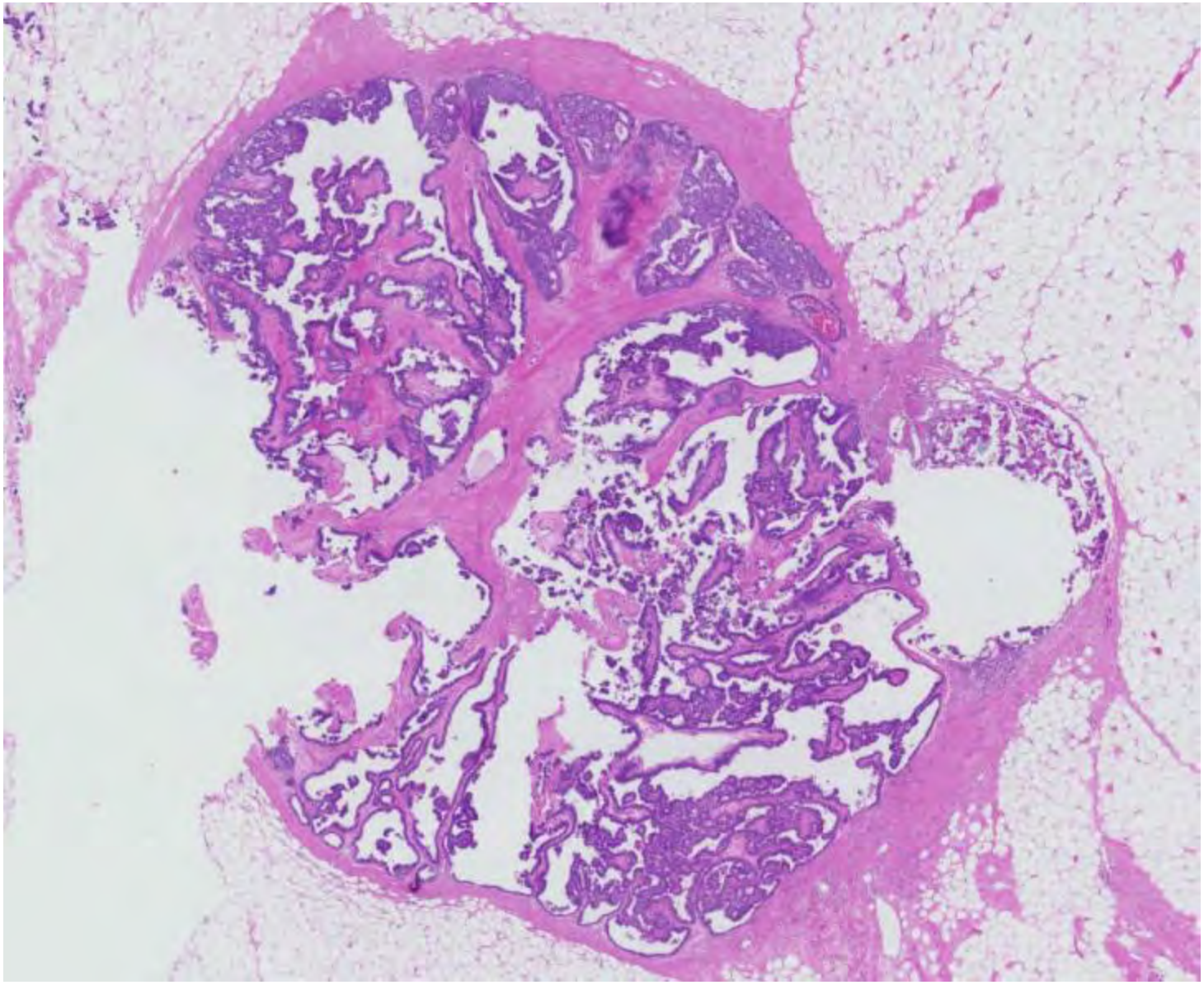
Aard materiaal
Biopt rechts en lumpectomie rechts met SN

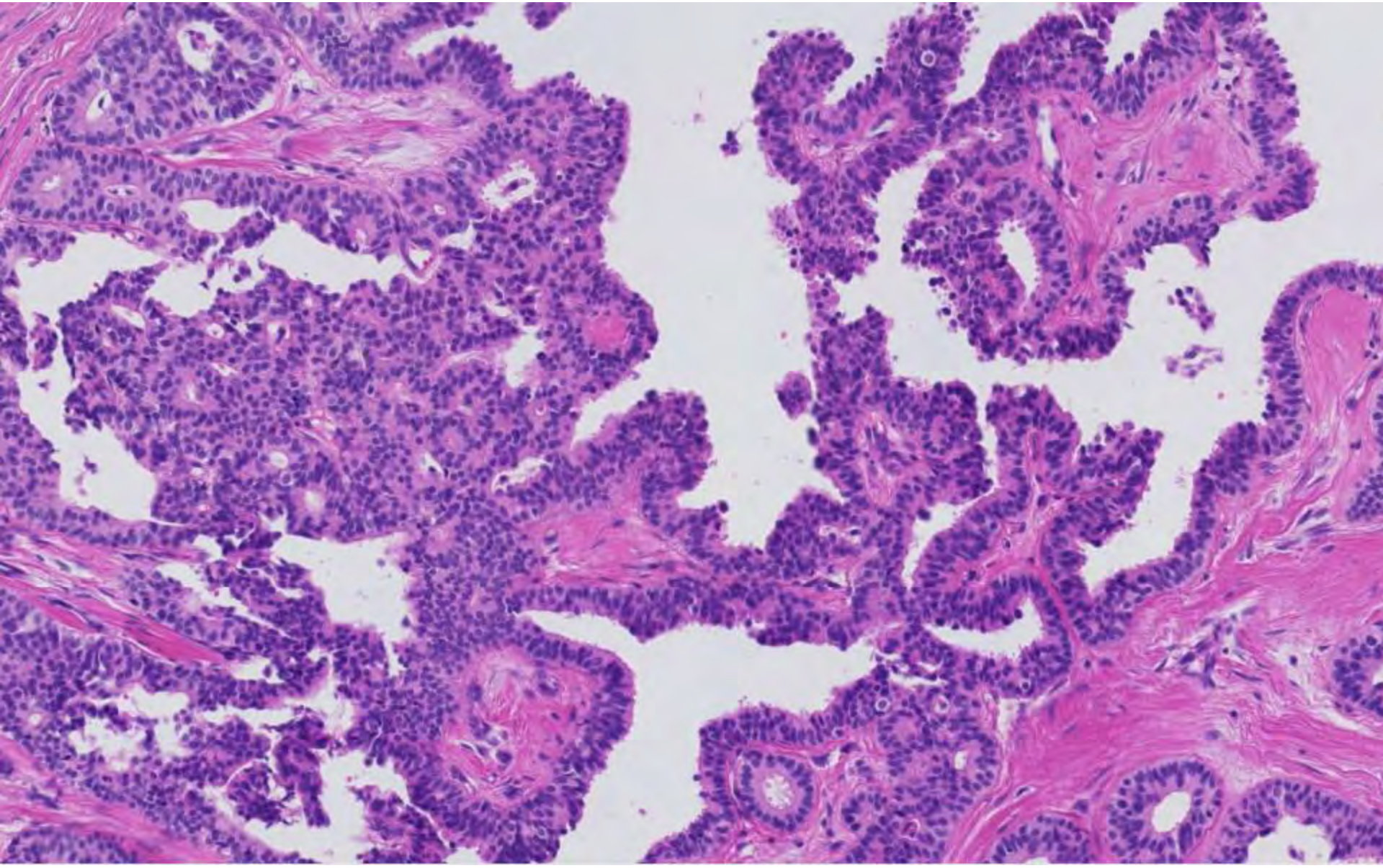
Kliniek
Op PET avide nodus MBQ

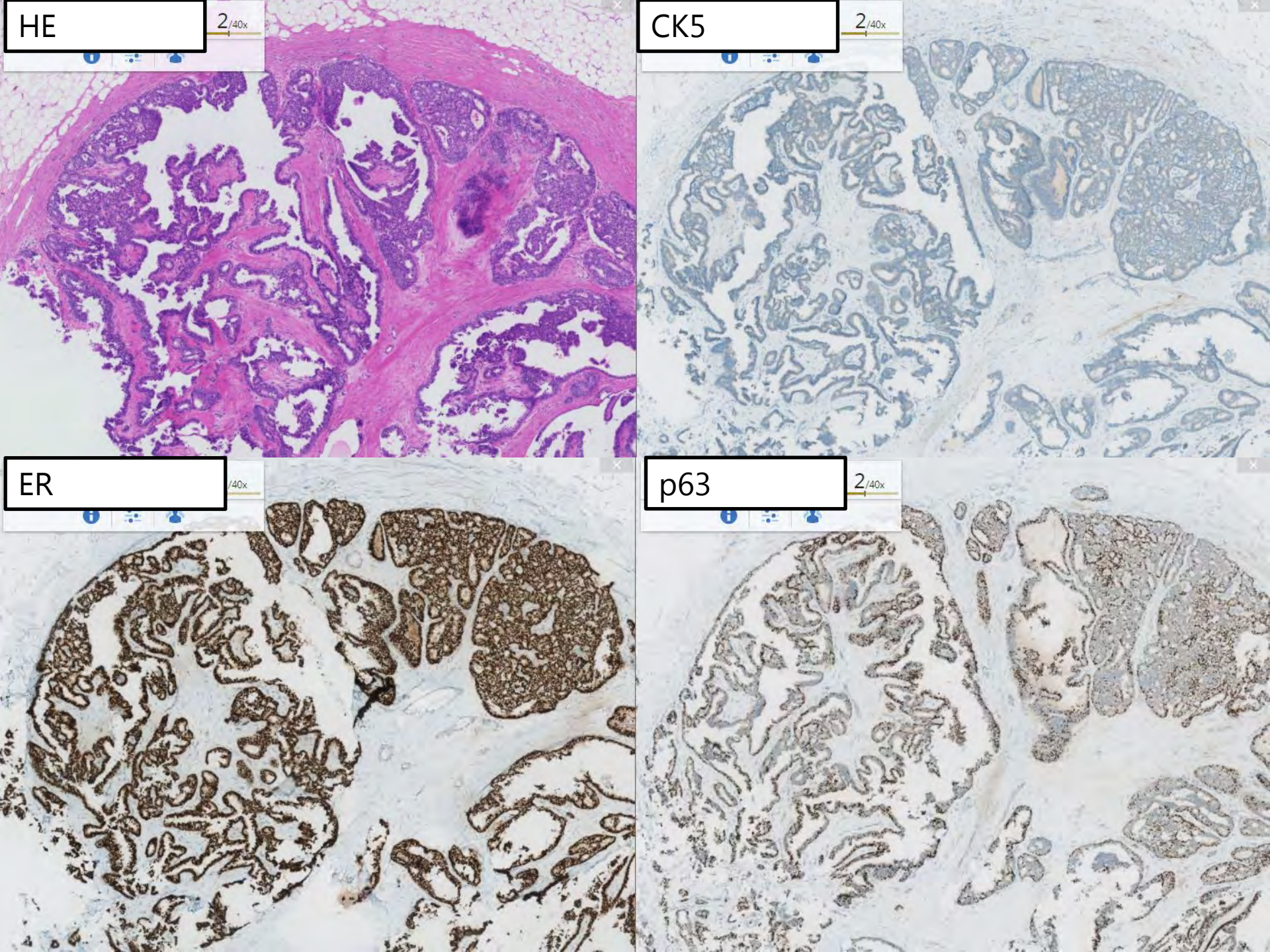


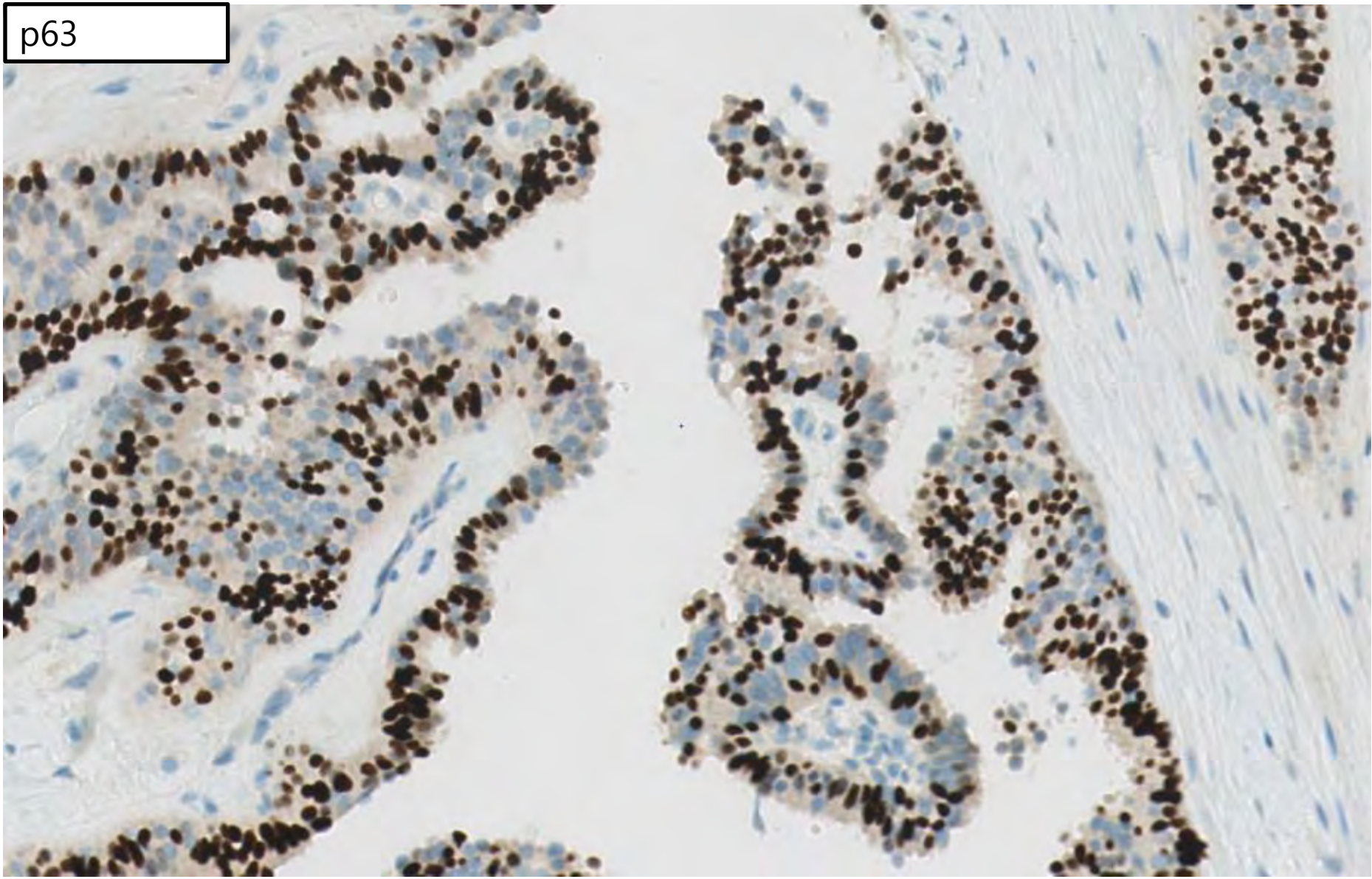



HE
CK5
calponine
p63






HE
CK5
ER
p63


p63

Definitieve conclusie

Omkapseld papillair carcinoom

Let op, ca 30% van de mammatumoren is P63 positief.


CASUS
3B

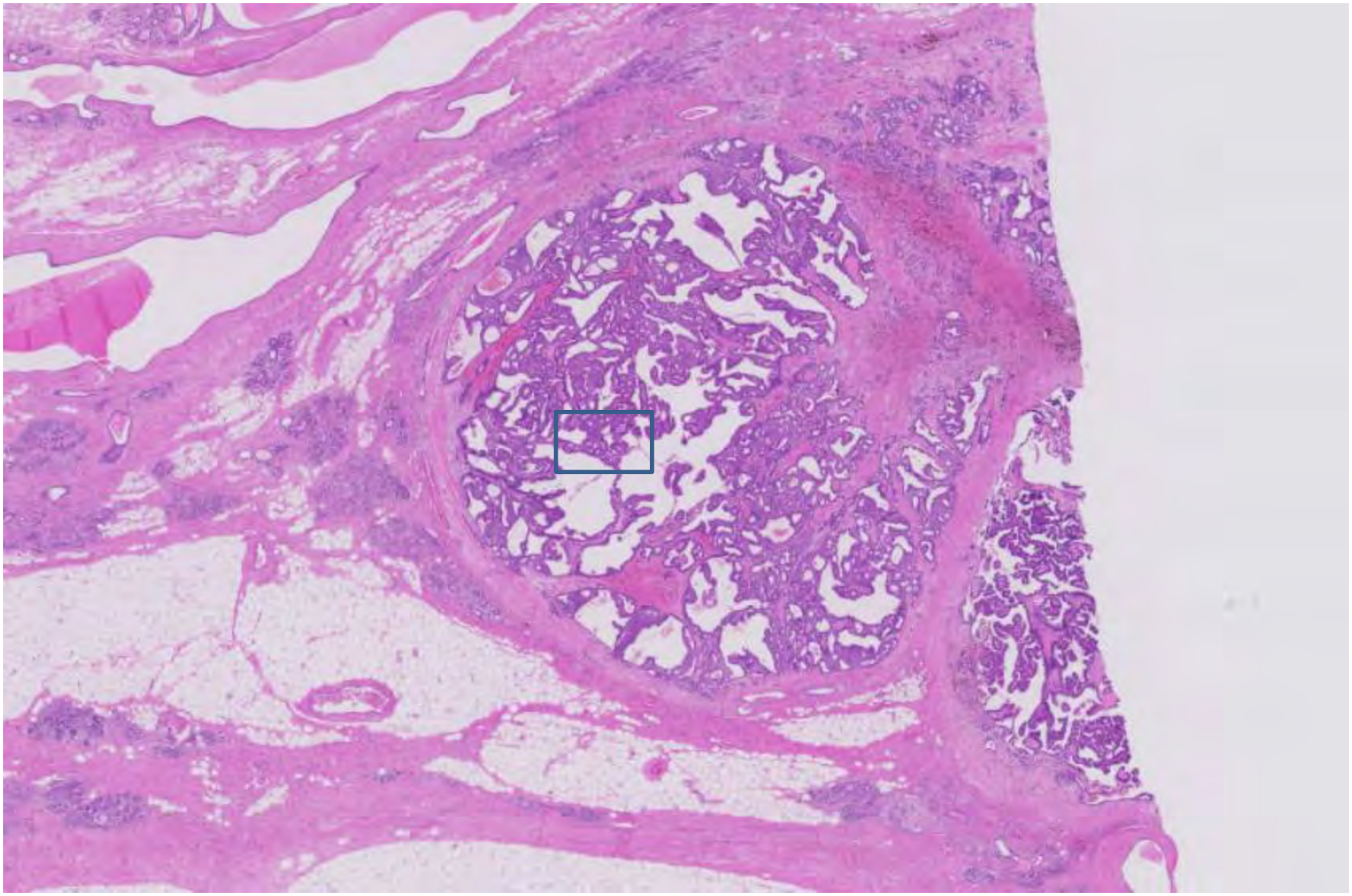
Klinische gegevens

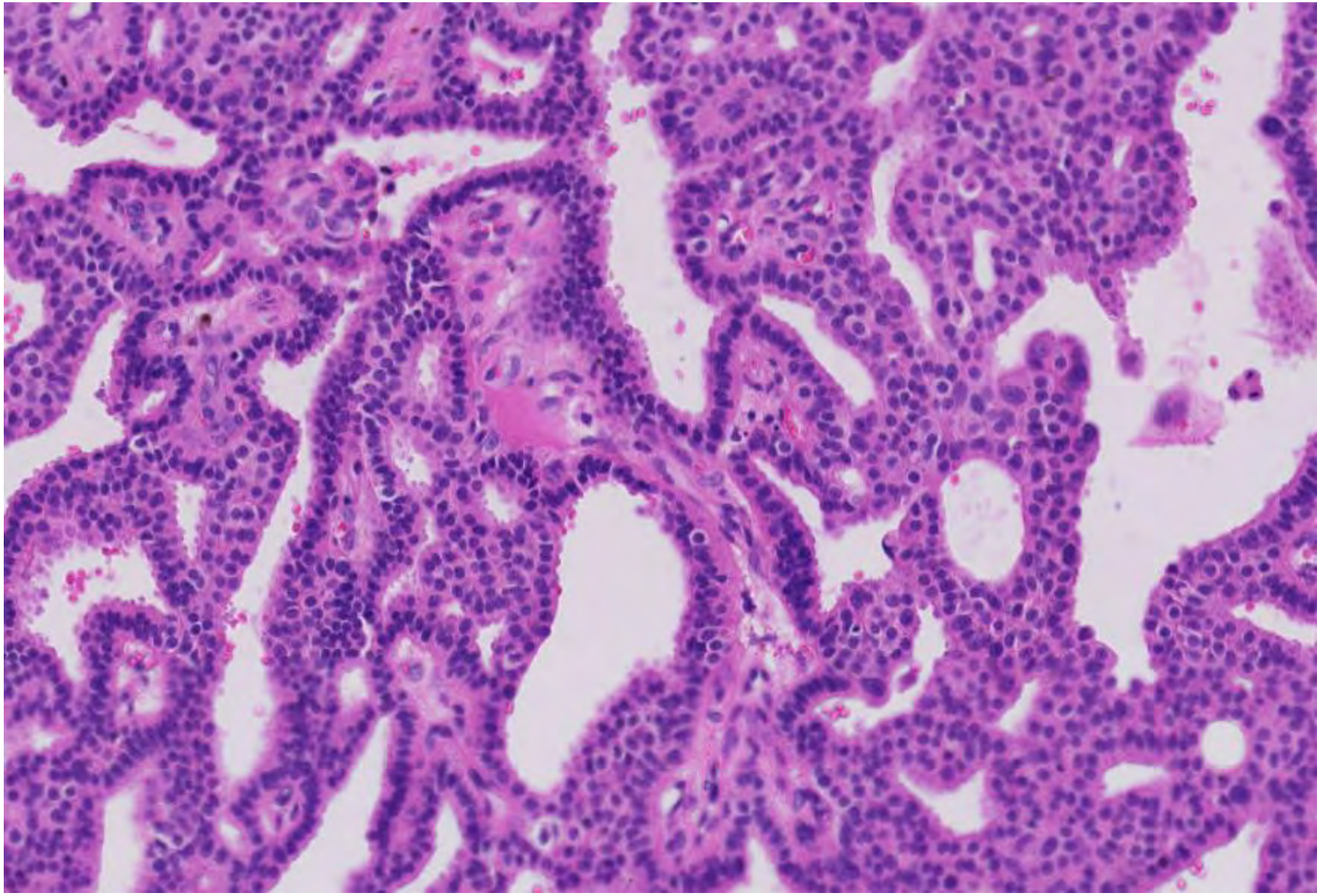
♀ 55

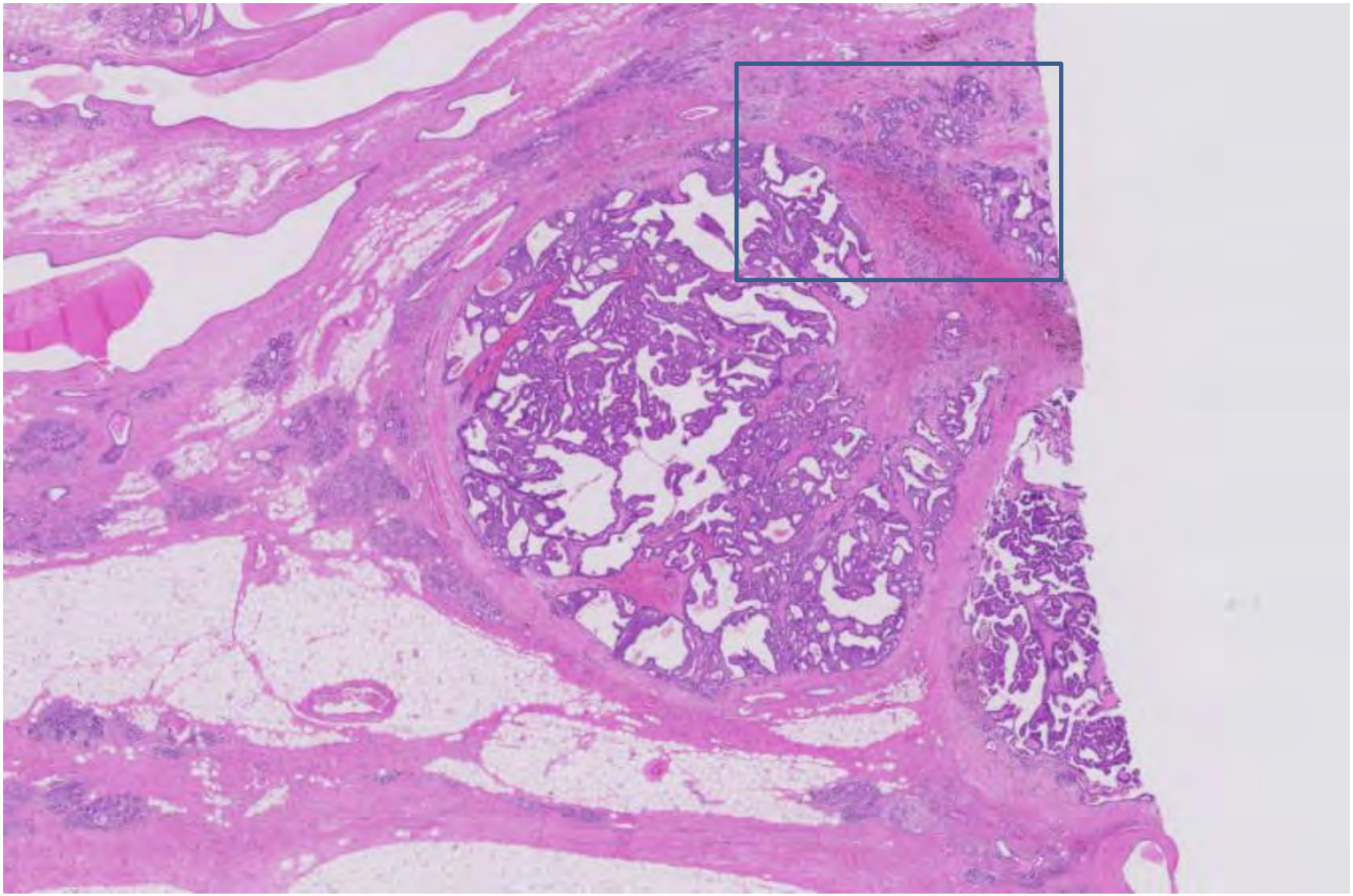
Voorgeschiedenis
geen relevante voorgeschiedenis

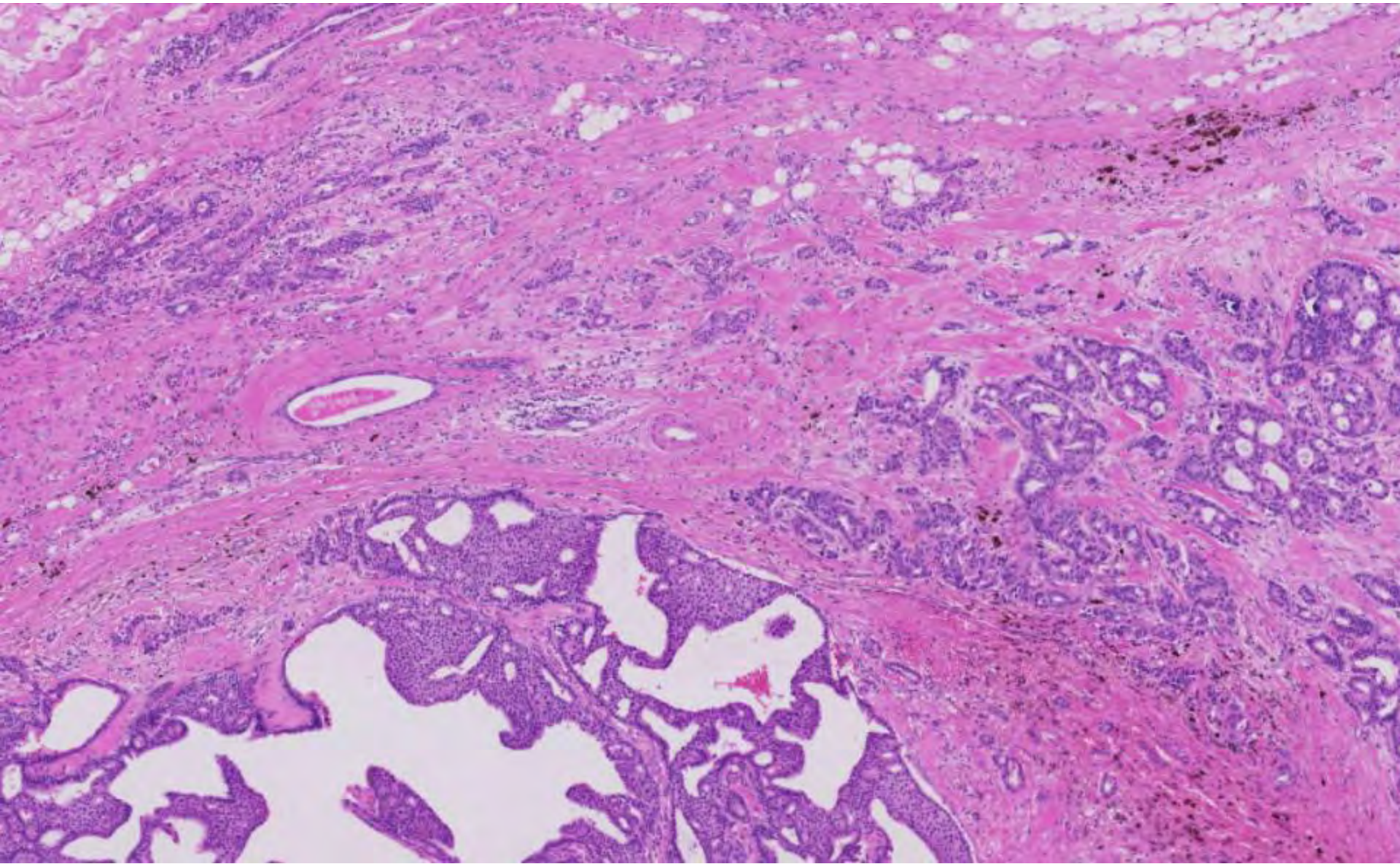
Aard materiaal
Biopt en lumpectomie links met SN

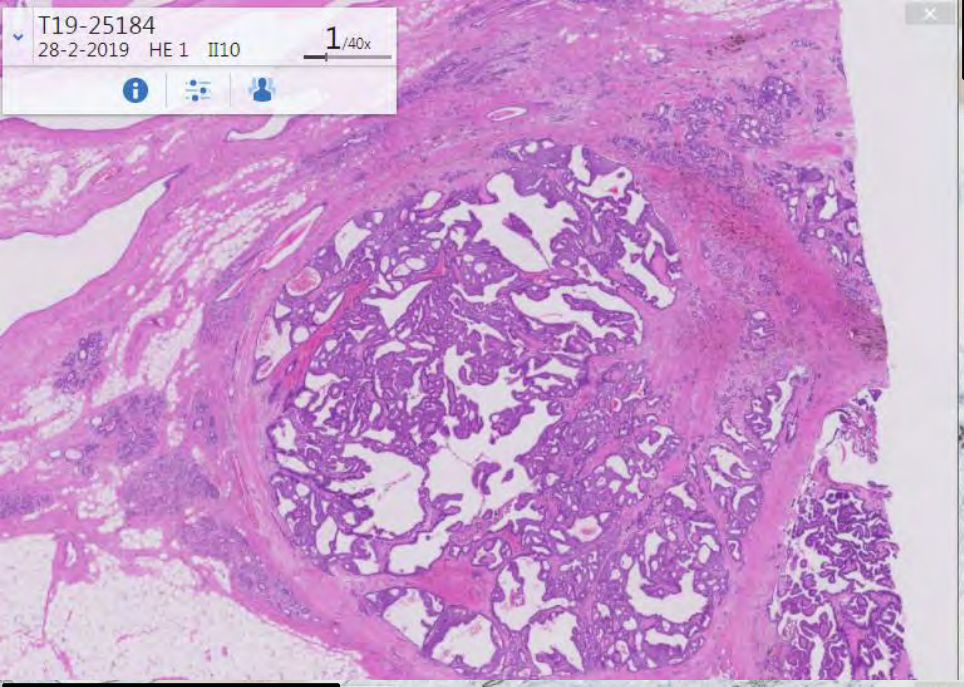
Kliniek
Birads 3 laesie LBQ (biopt elders): gefragmenteerd materiaal, beeld verdacht voor intraductaal papillair carcinoom. Geen aanwijzingen voor invasieve groei.

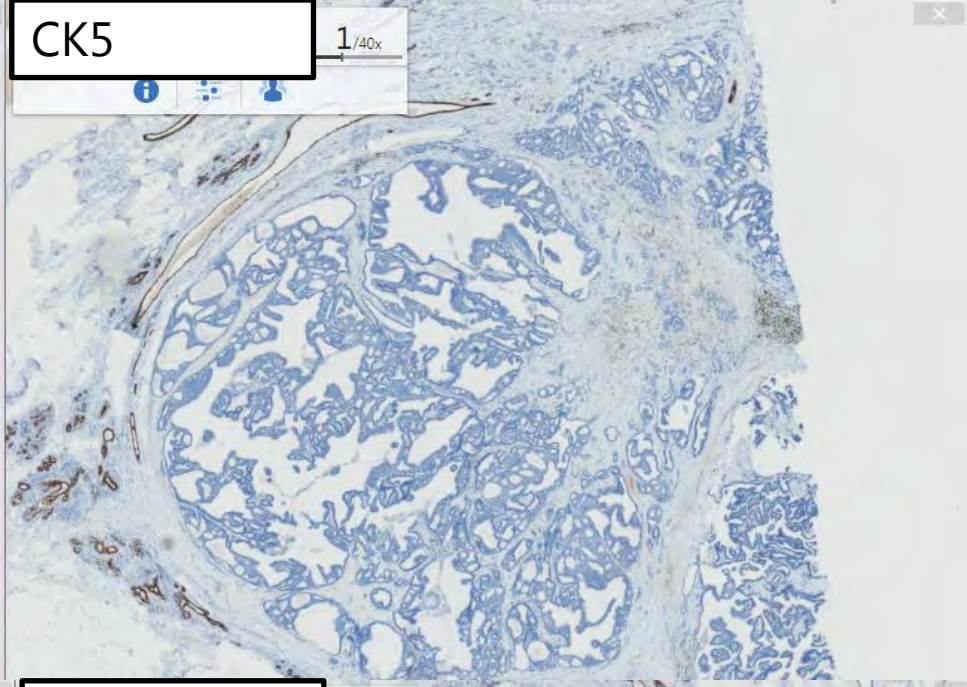


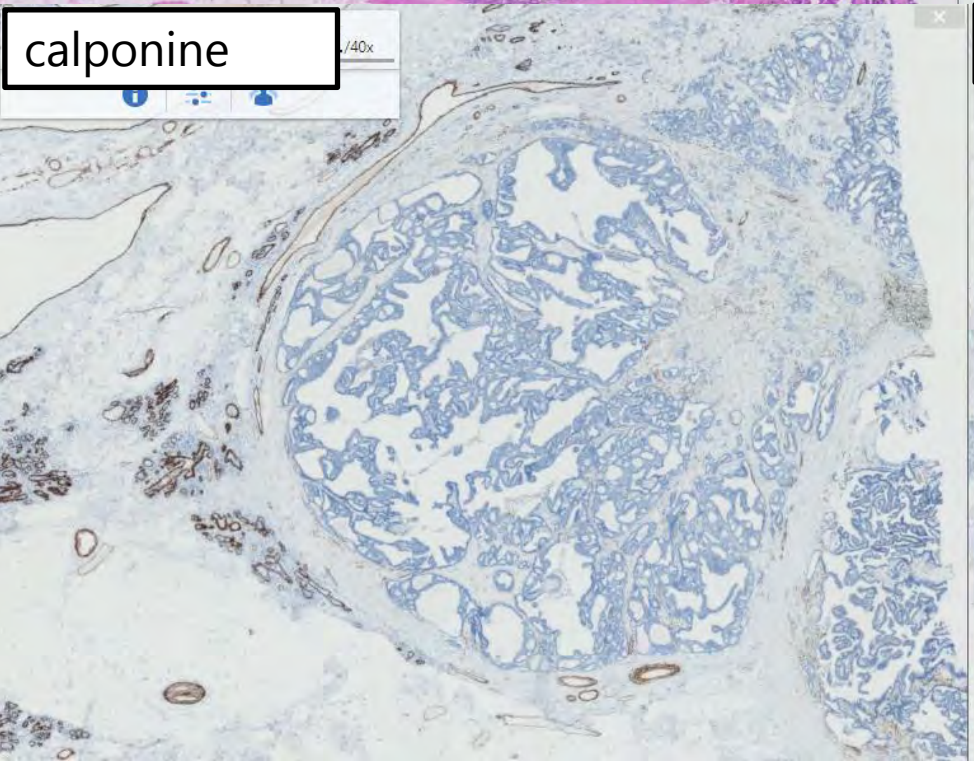


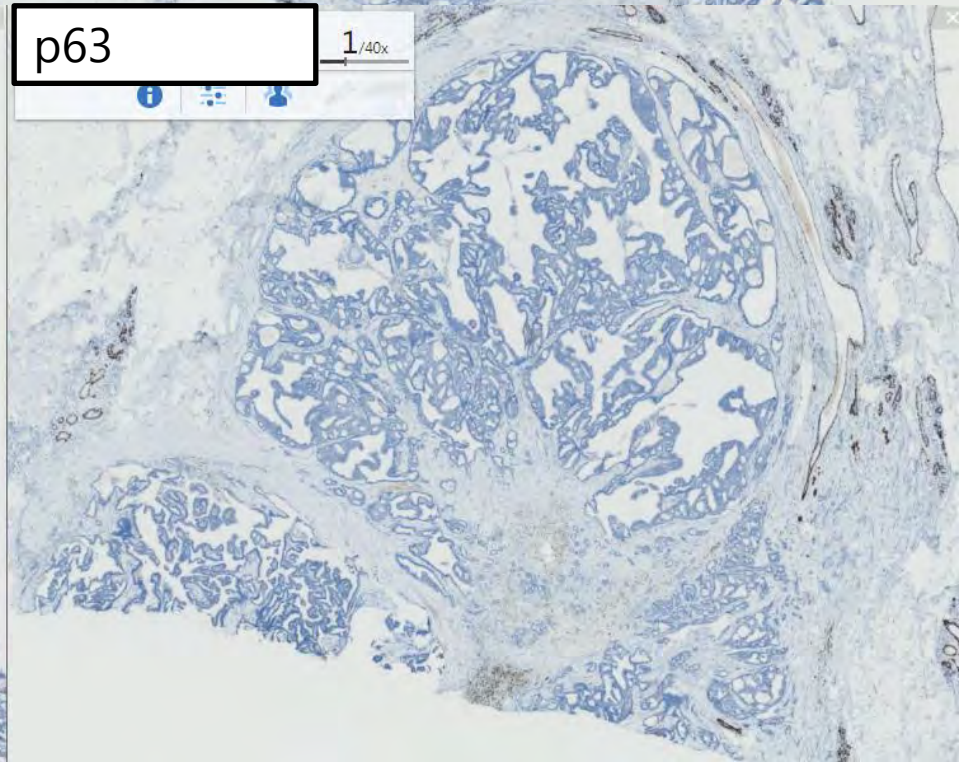


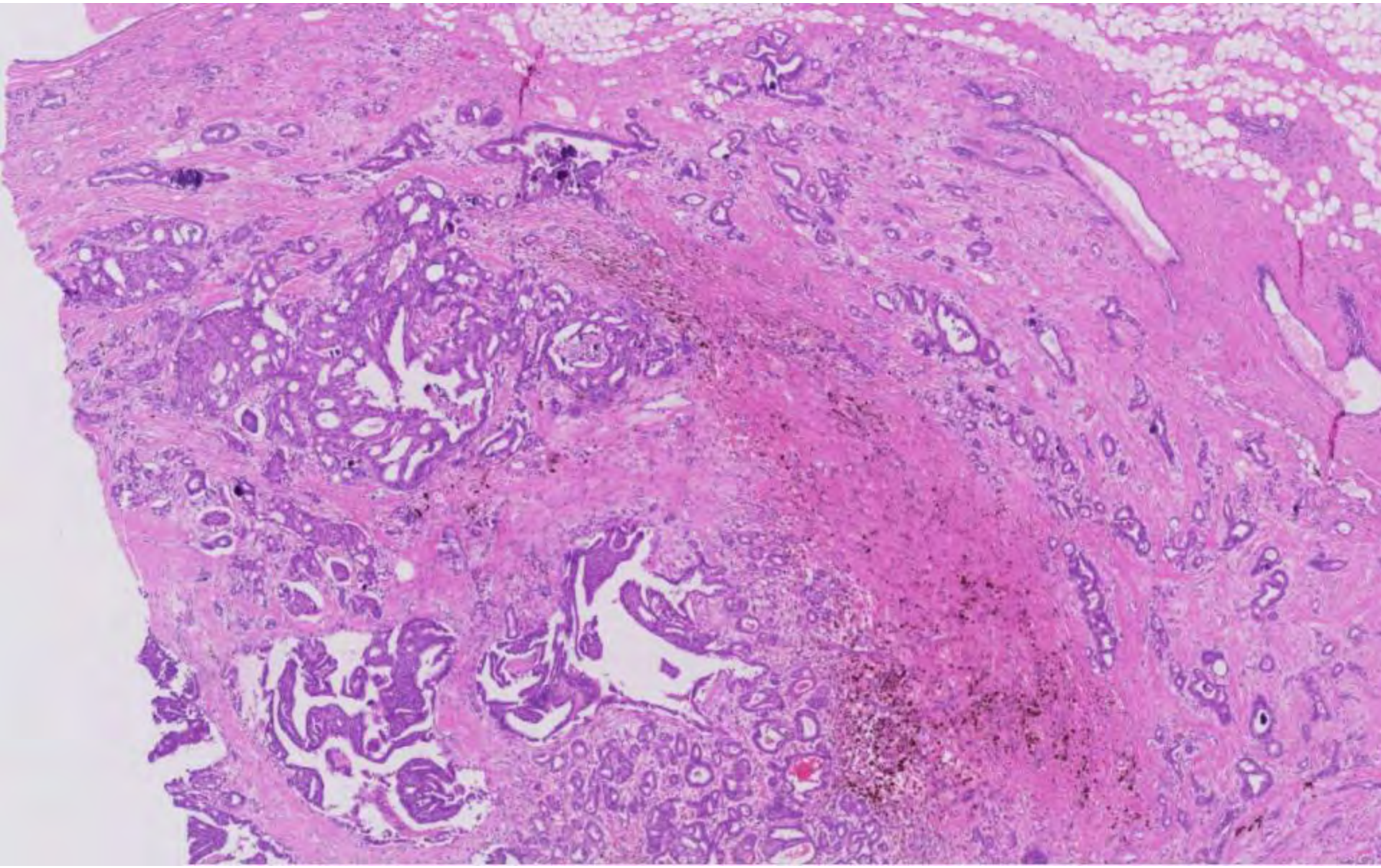



T19-25184
28-2-2019 HE 1 II10
1/40x

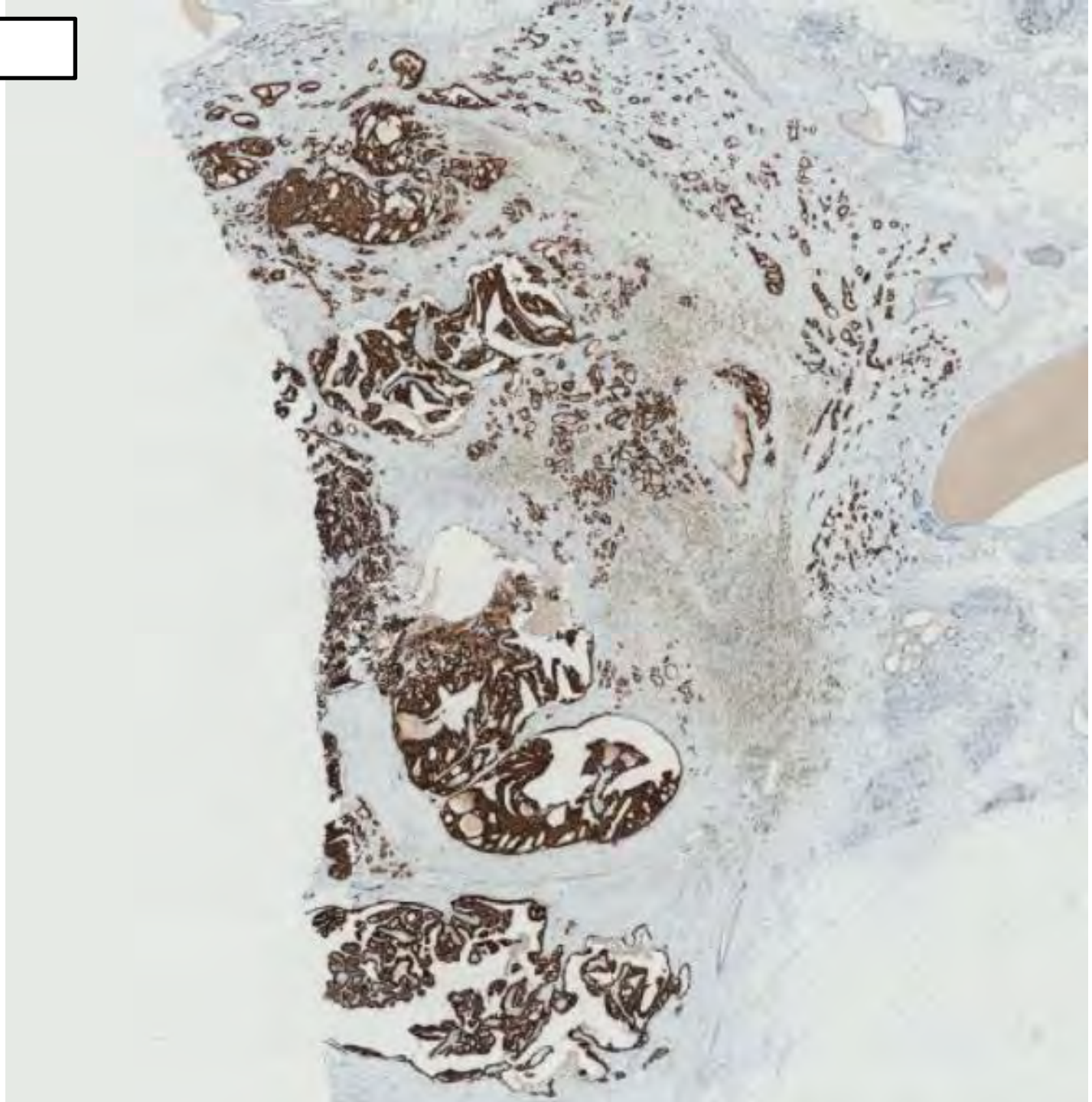

CK5
1/40x


calponine


p63
1/40x



ER



Conclusie

Omkapseld papillair cacinoom met daarnaast een invasief carcinoom NST


CASUS
4A

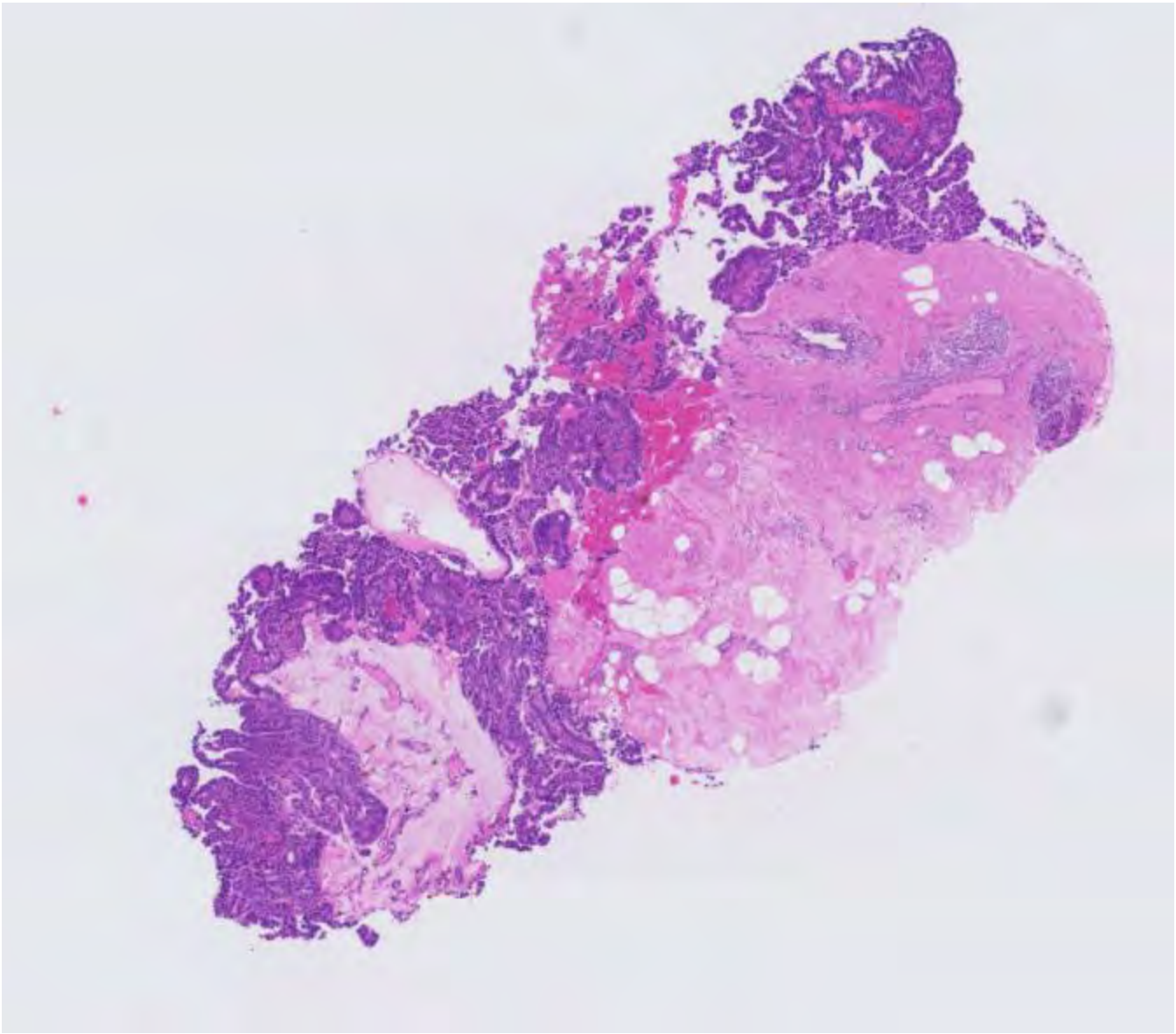
Klinische gegevens

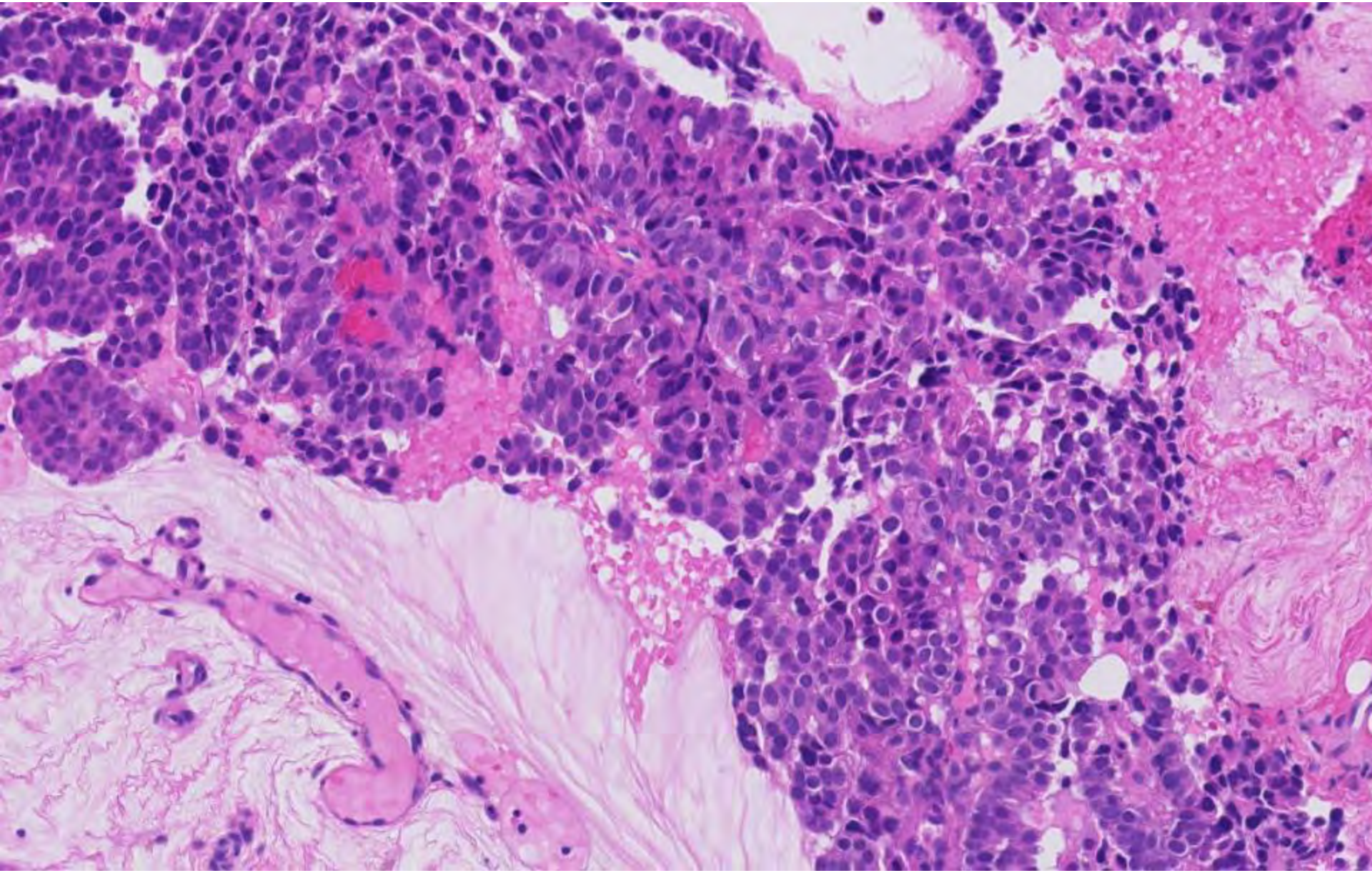
♀ **66**

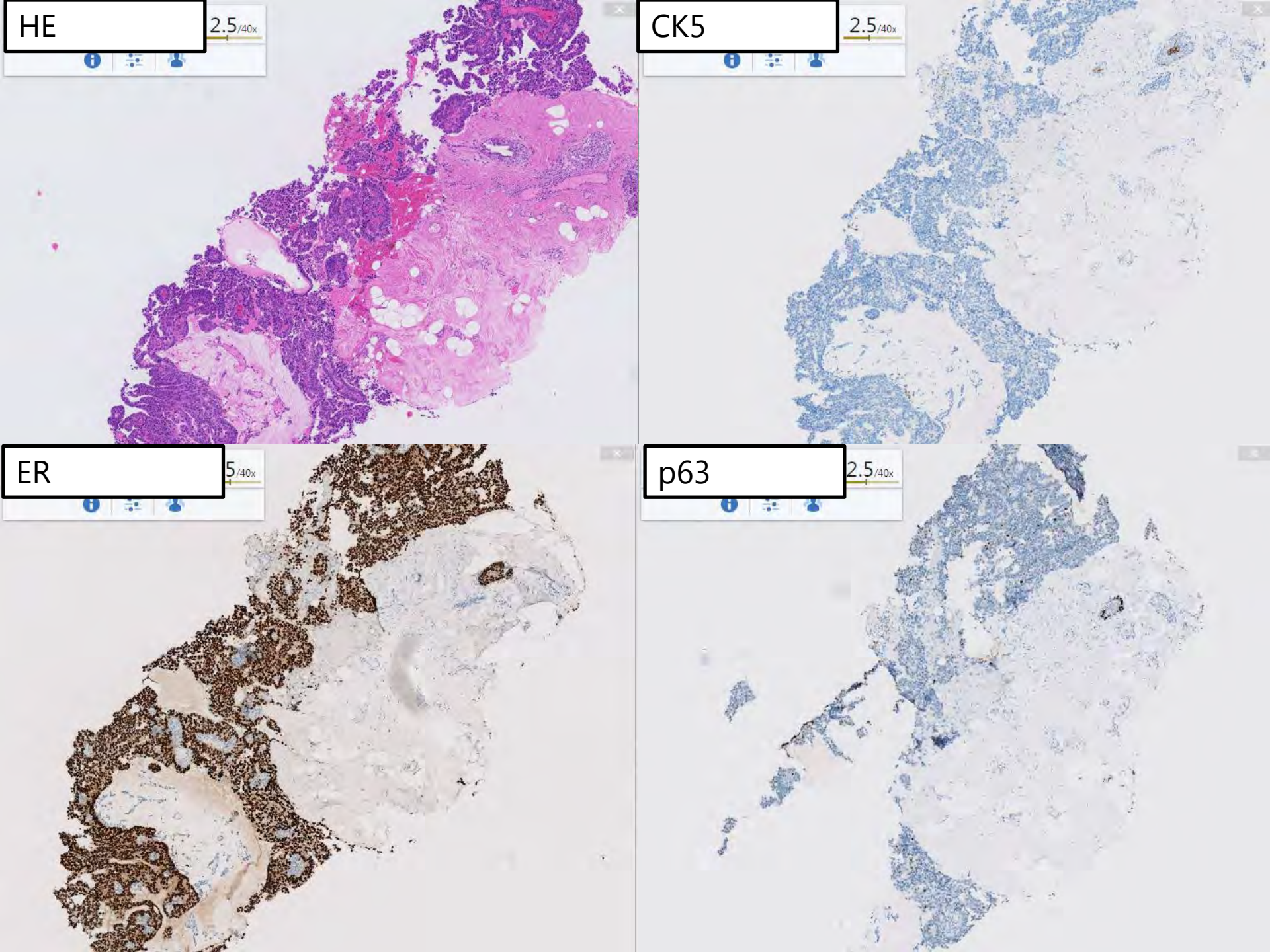
Voorgeschiedenis
Geen relevante voorgeschiedenis

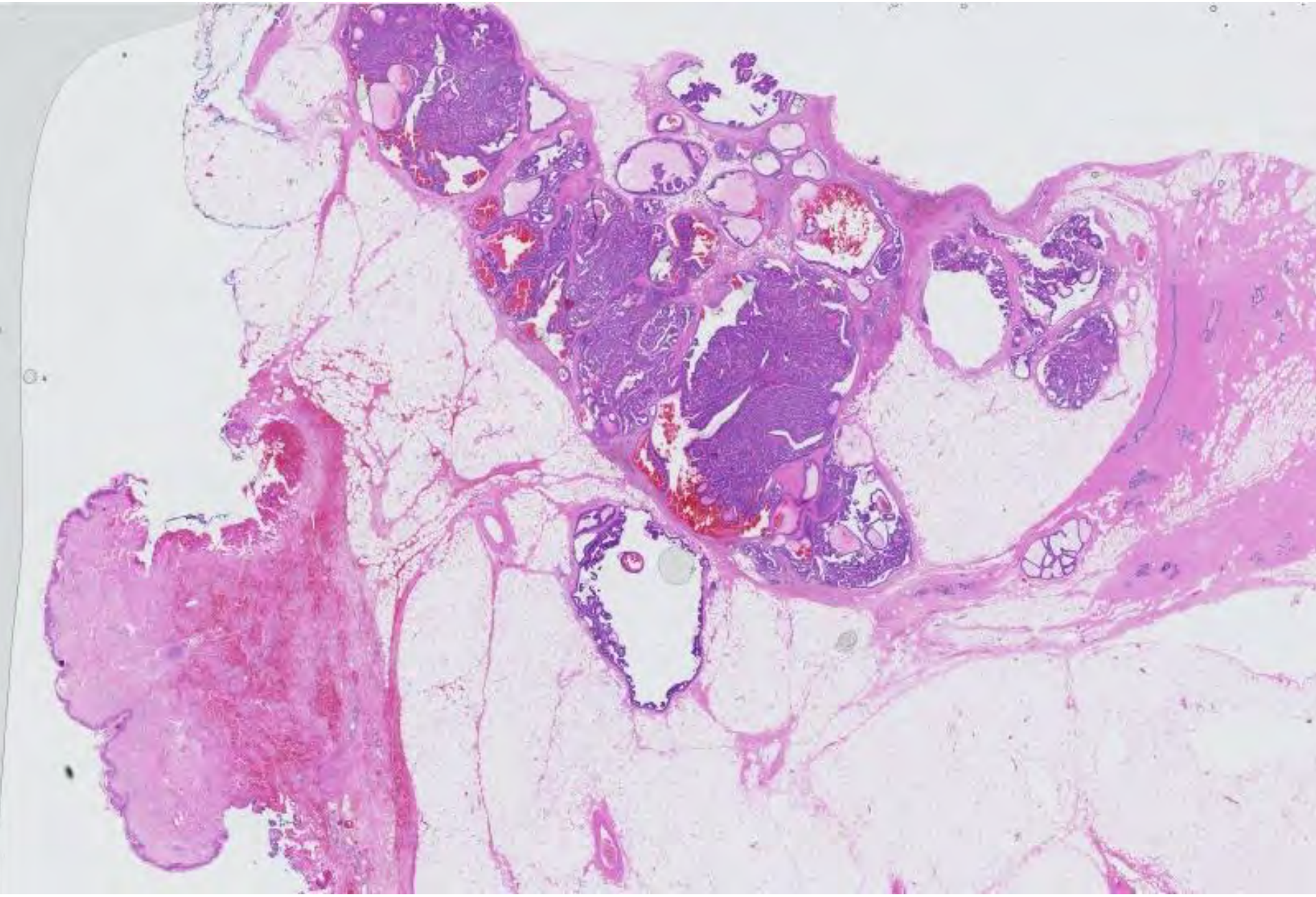
Aard materiaal
Biopt en lumpectomie met SN links

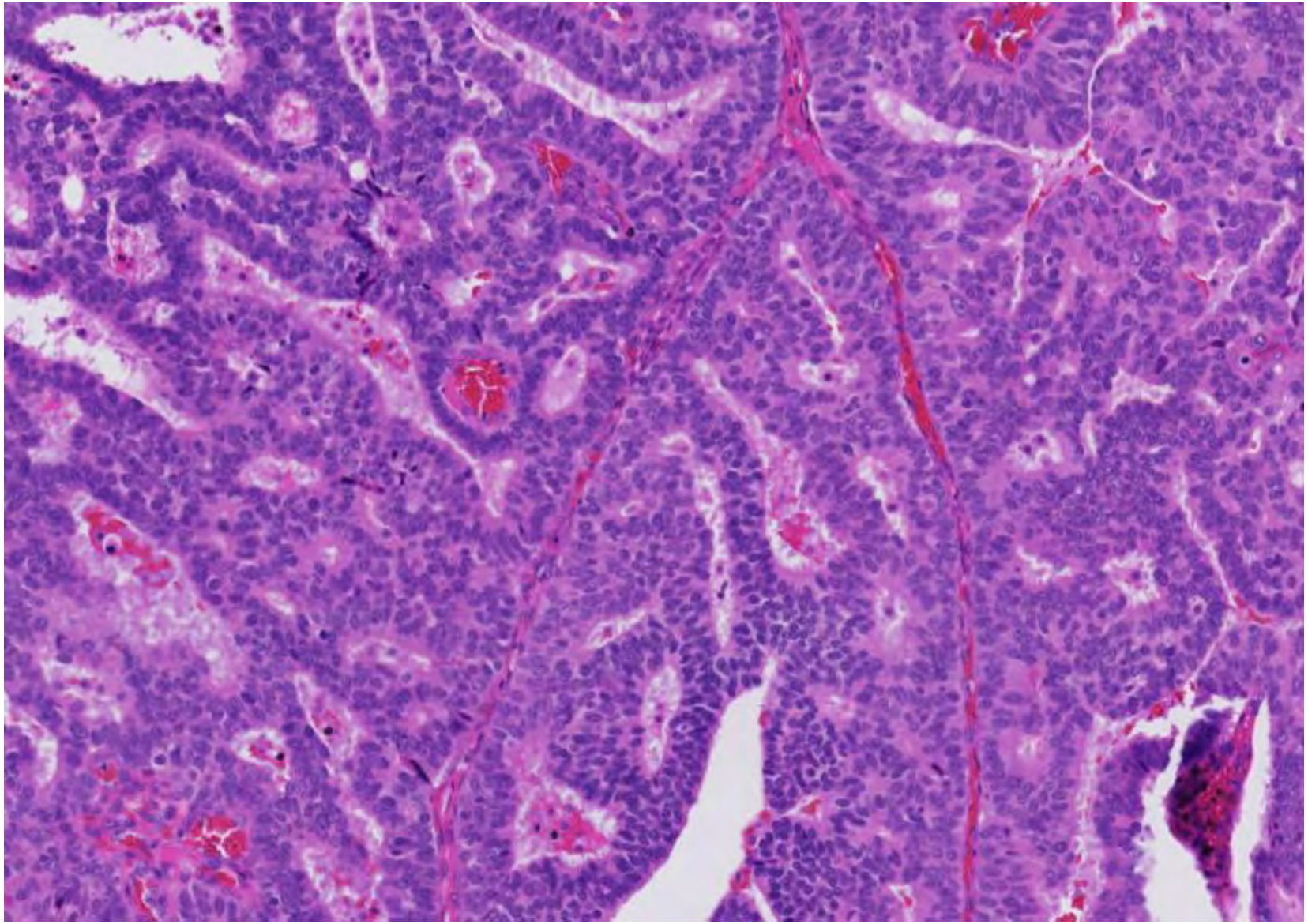
Kliniek
Bloederig tepelvocht en palpabele massa. Radiologisch vertakkende afwijking nabij papilloom links lateraal van tepel

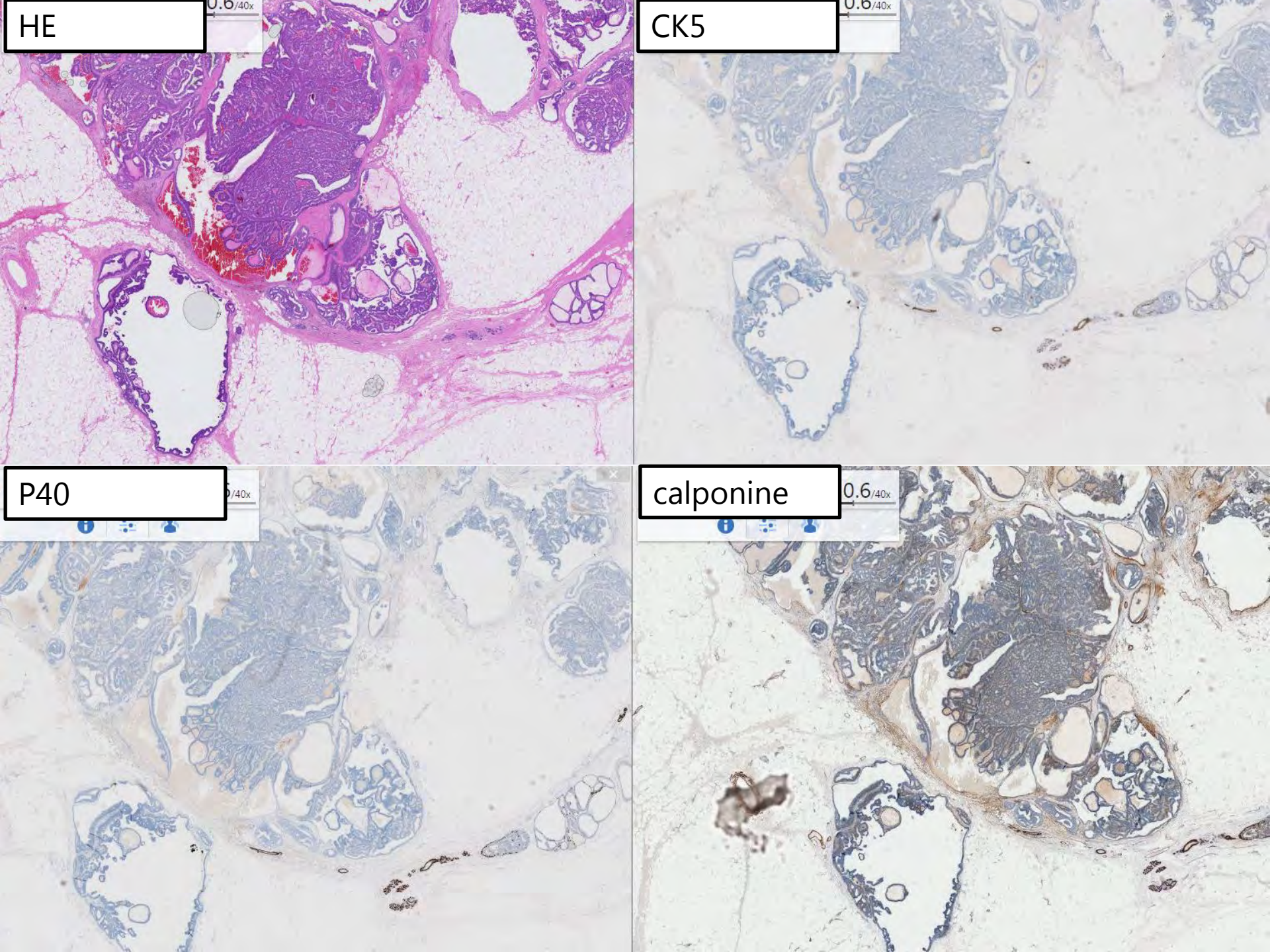


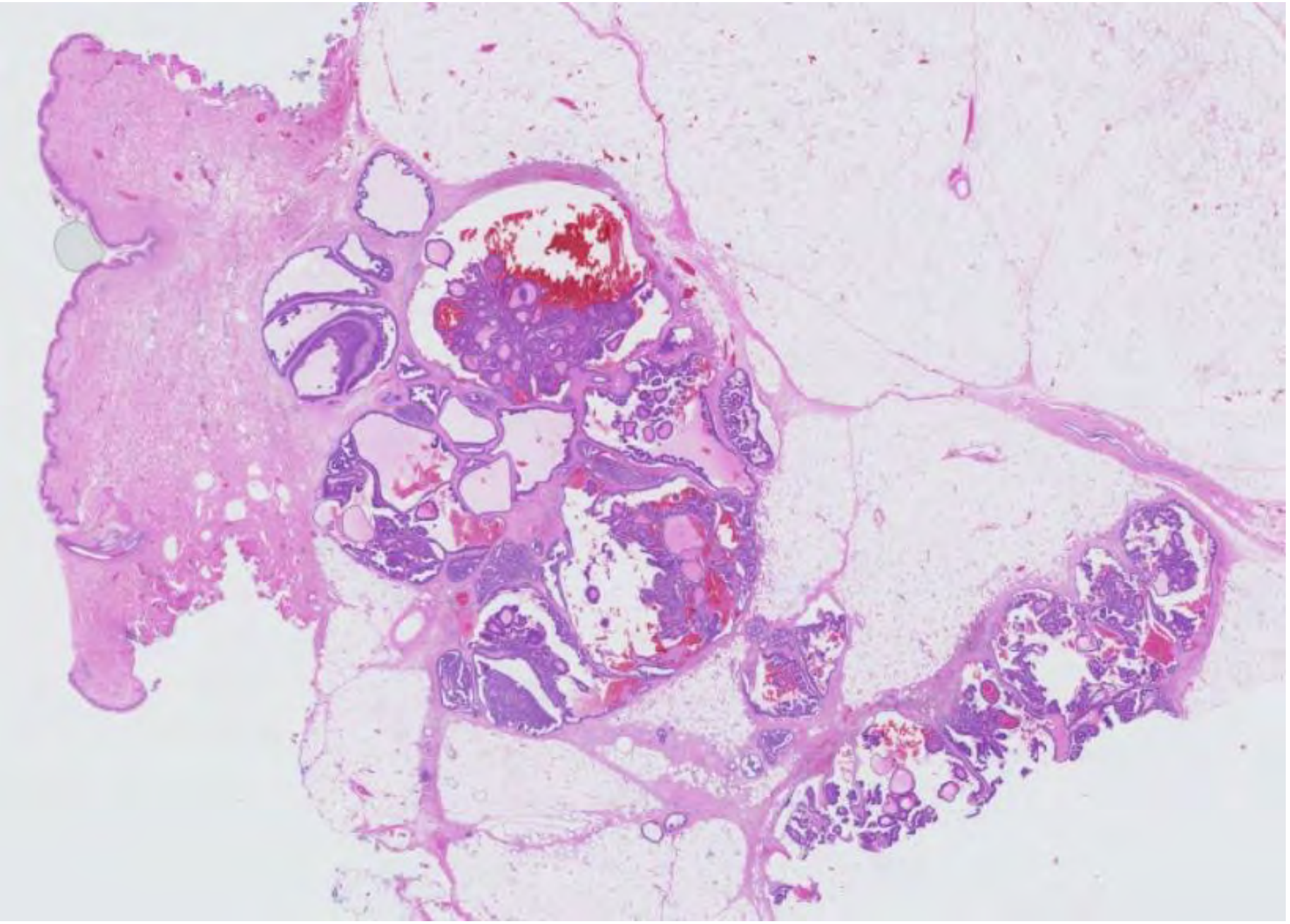


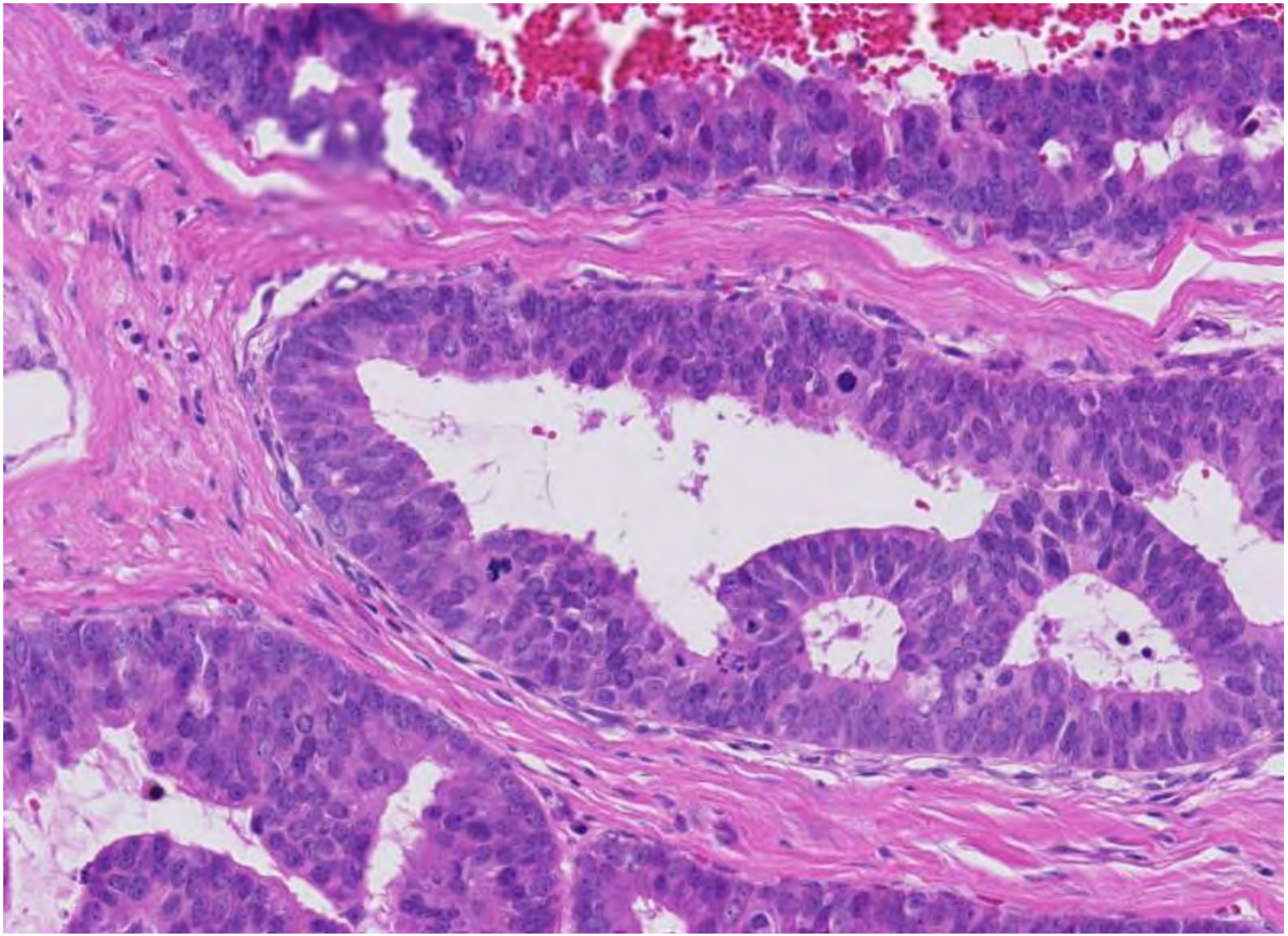

HE
2.5/40x
CK5
2.5/40x
ER
5/40x
p63
2.5/40x

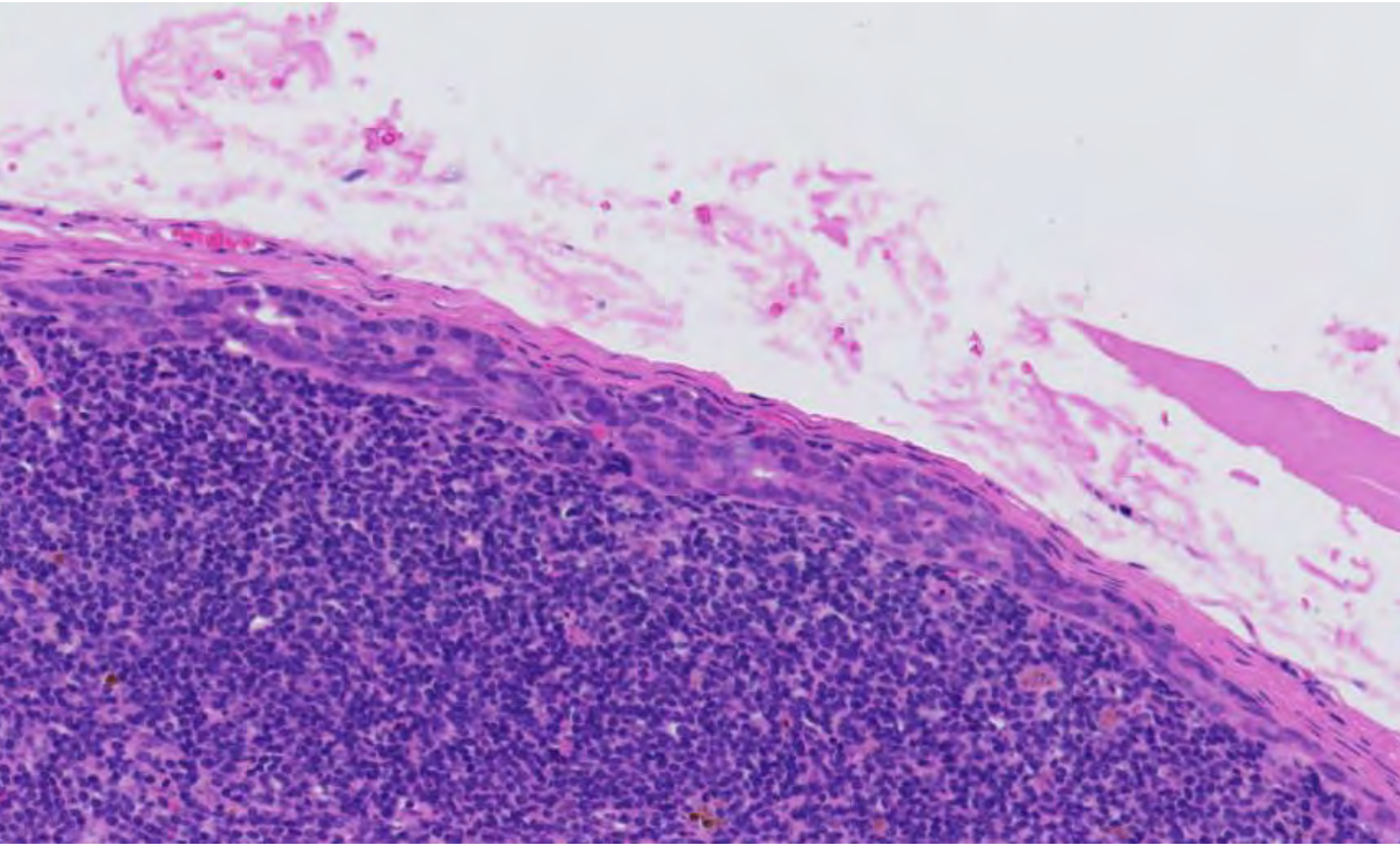





HE
CK5
P40
calponine







Conclusie

Invasief papillair carcinoom met micrometastase in de SN


CASUS
4B

Klinische gegevens

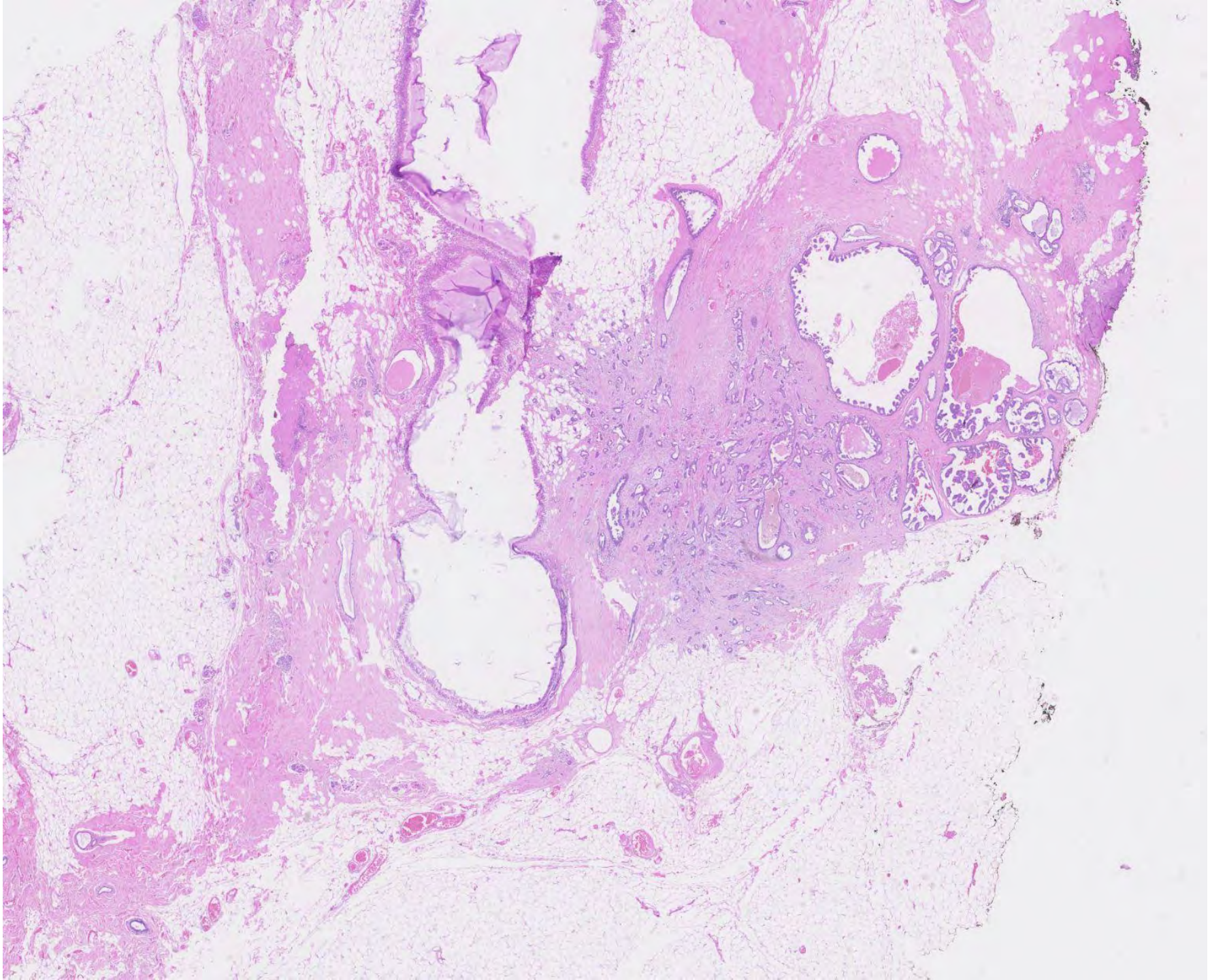
♀ **onbekend**

Voorgeschiedenis
geen relevante voorgeschiedenis

Aard materiaal
Lumpectomie links

Kliniek
Via BOB massa, 2 cysteuze laesies LBQ met mogelijk solide delen (dd debris)

Ingezonden door:
T. Boerman, Stichting PAMM



Welke diagnose heeft je voorkeur?

A. Intraductaal papilloom
B. Adenomyoepithelioom
C. Papilloom met ADH/DCIS
D. (Papillair) DCIS
E. Omkapseld papillair carcinoom
F. Solide papillair carcinoom
G. Invasief papillair carcinoom
H. Anders

De vraag gaat open zodra u een sessie en diavoorstelling start.

Stemmen: **0**

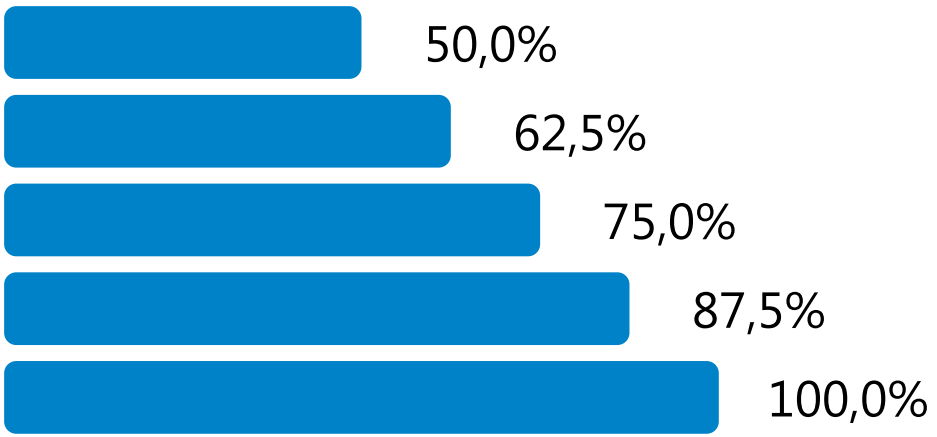
Gesloten

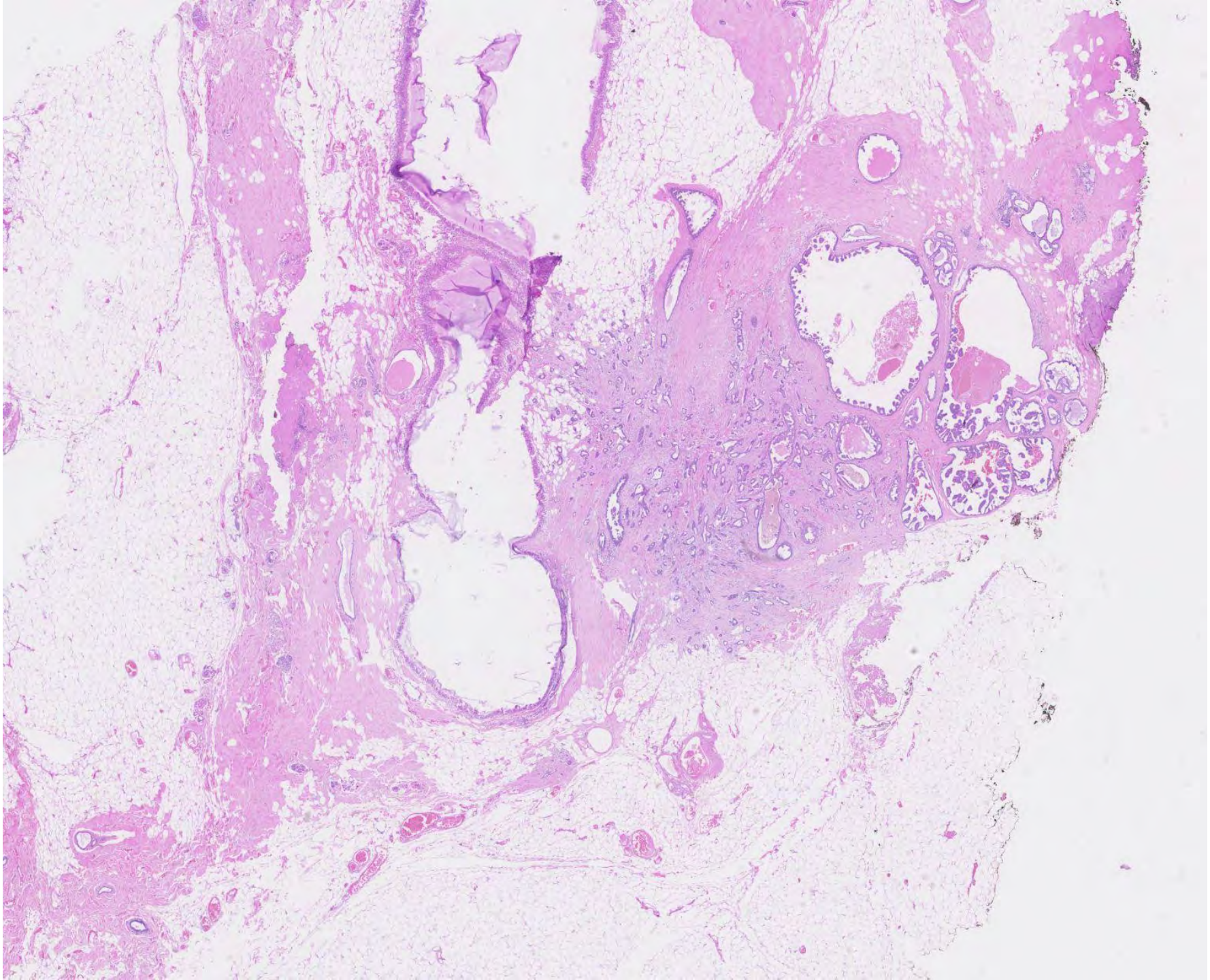
Welke diagnose heeft je voorkeur?

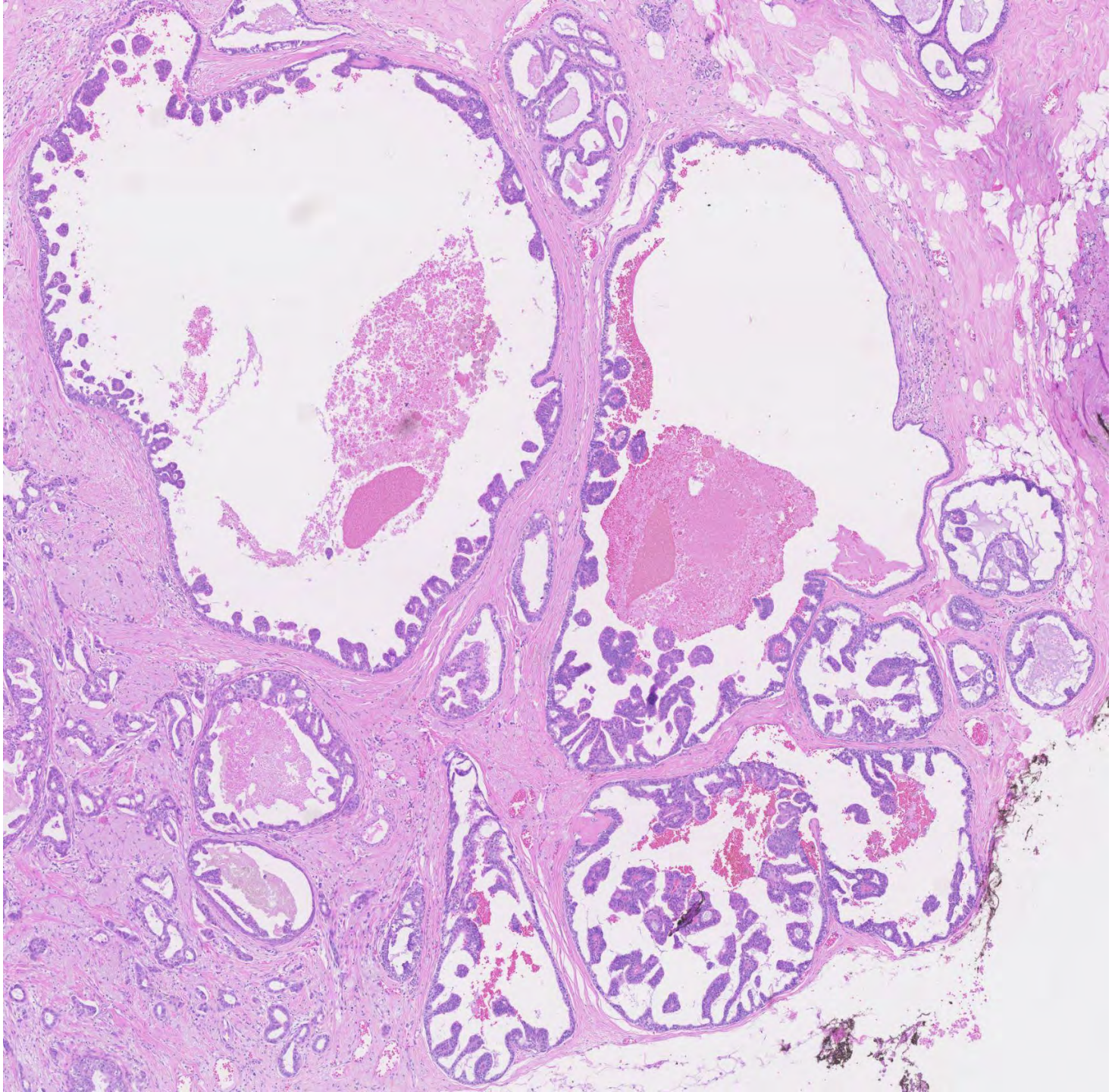
A. Intraductaal papilloom
B. Adenomyoepithelioom
C. Papilloom met ADH/DCIS
D. (Papillair) DCIS
E. Omkapseld papillair carcinoom
F. Solide papillair carcinoom
G. Invasief papillair carcinoom
H. Anders

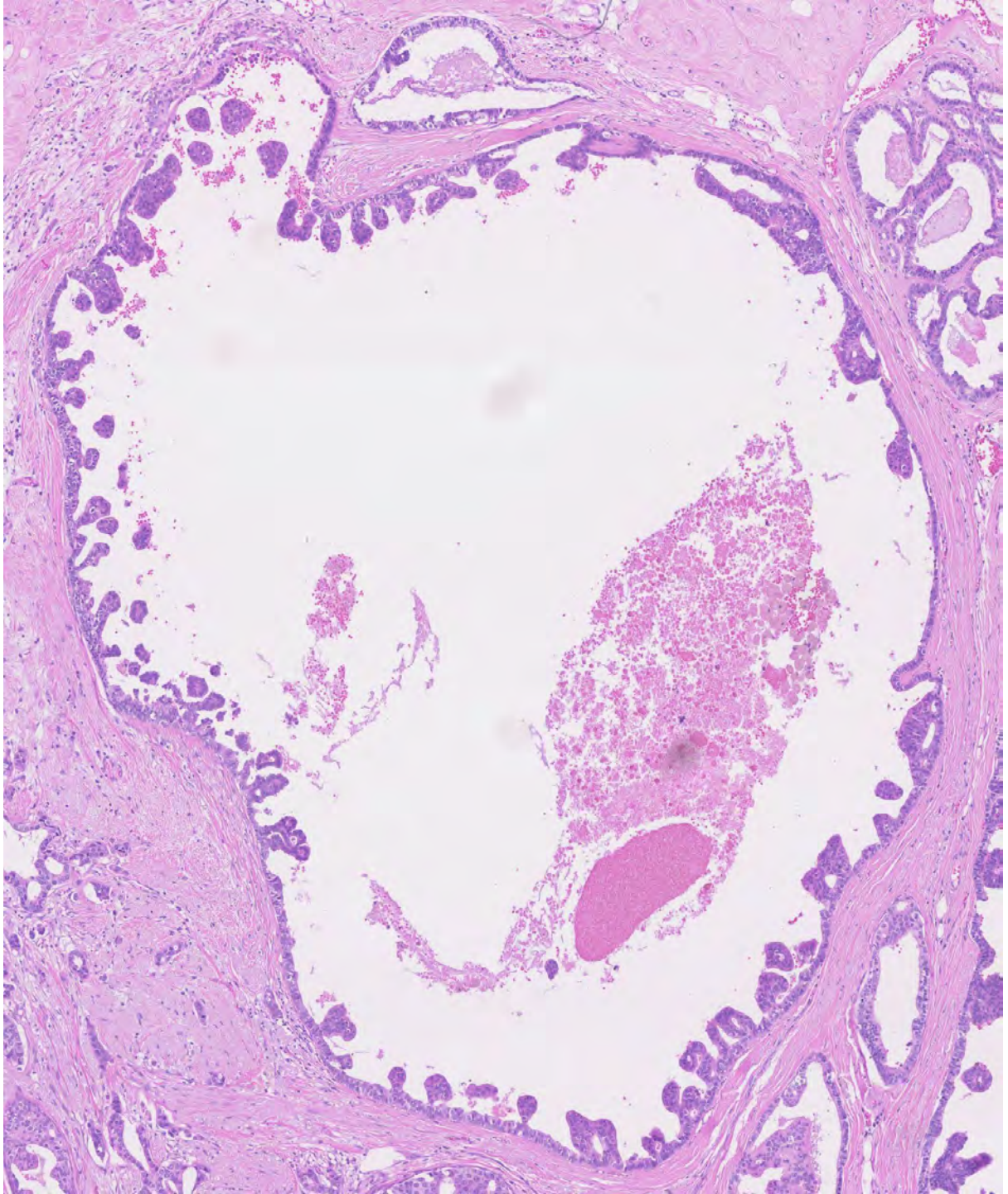
Deze voorbeeld resultaten zullen op 0 gezet worden zodra een sessie en diavoorstelling gestart zijn.

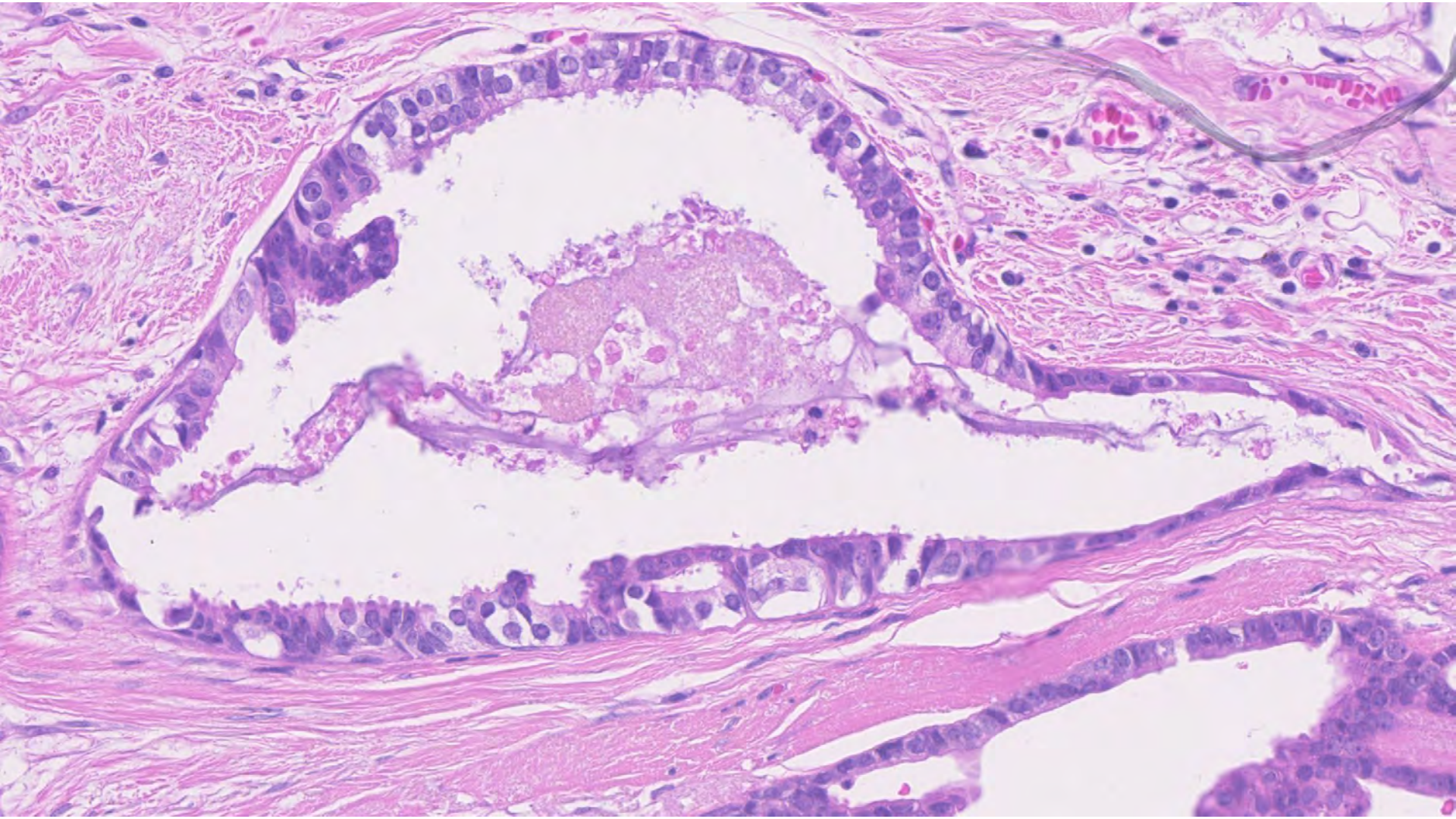
Voel u vrij om ondertussen de layout van de resultaten te veranderen (bv. de kleur)

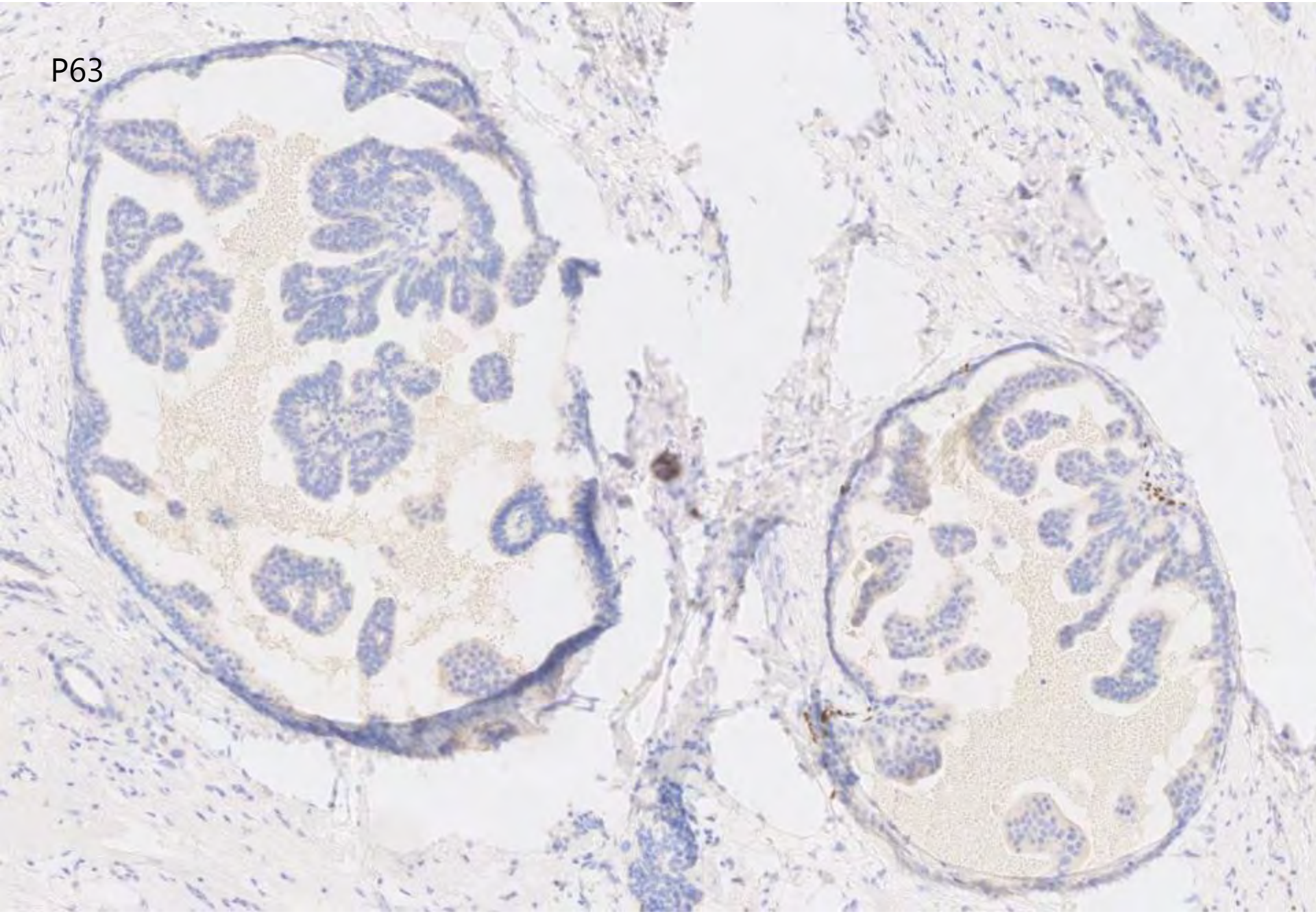


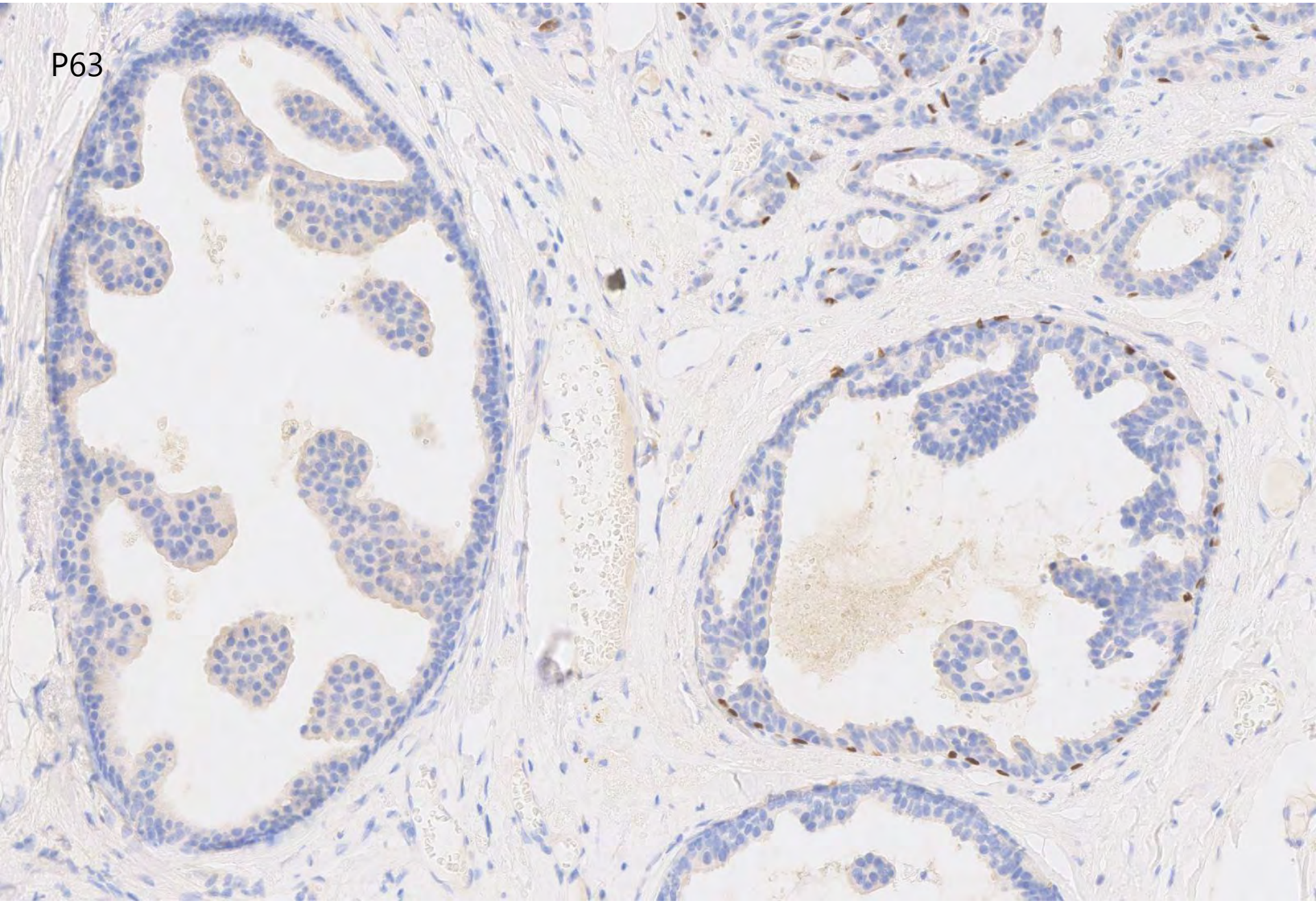




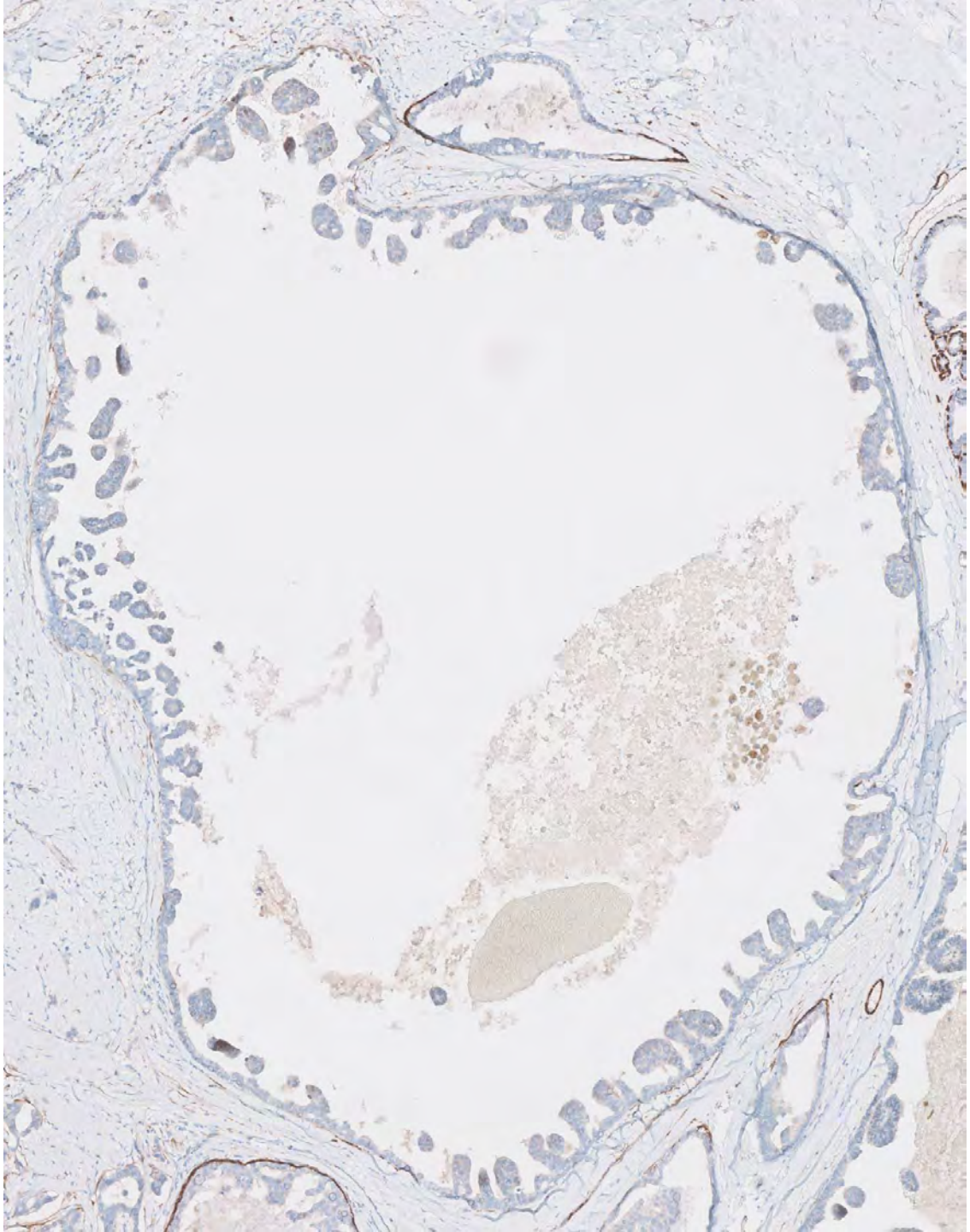




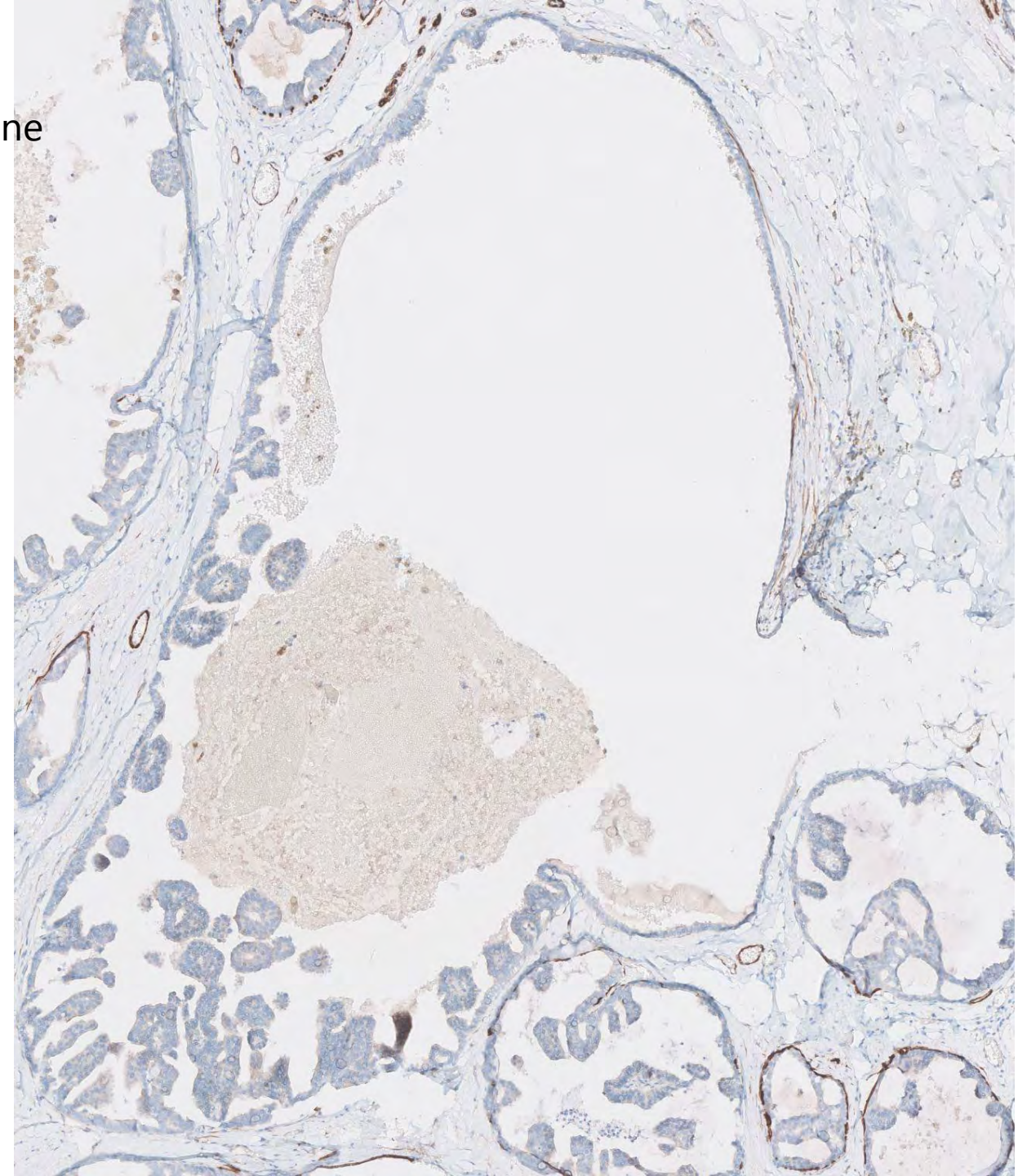

P63

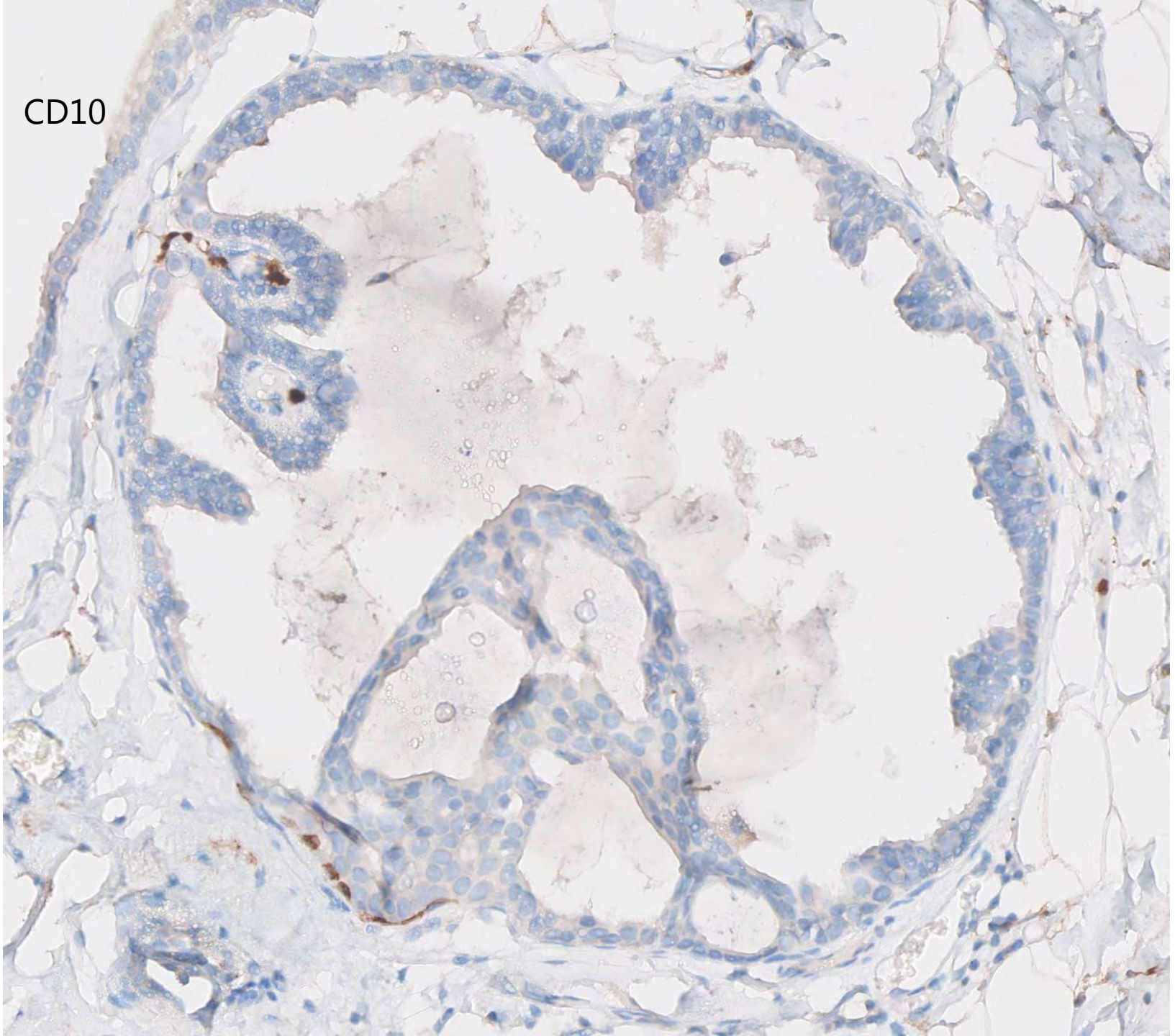

P63

calponine

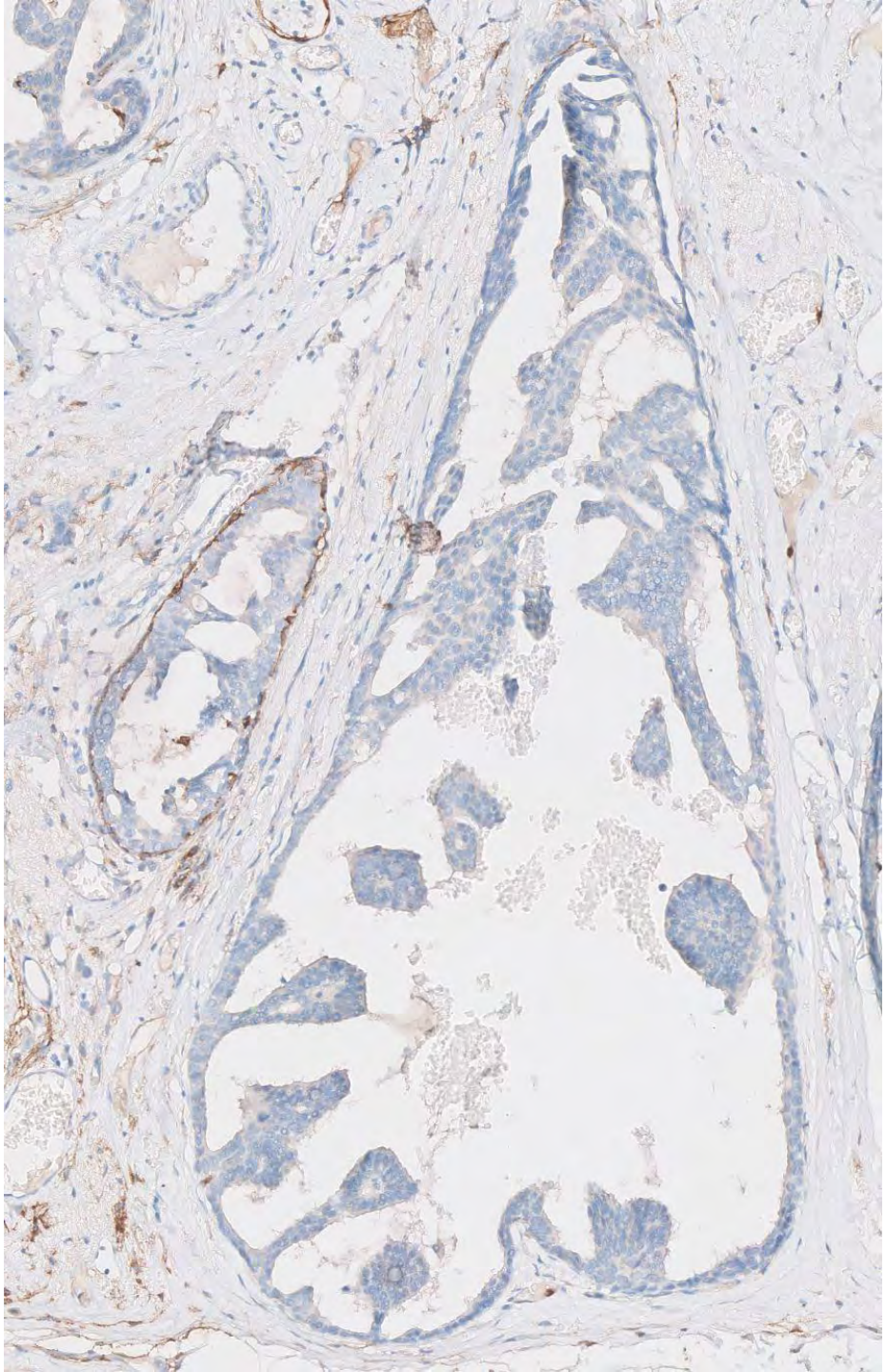


calponine

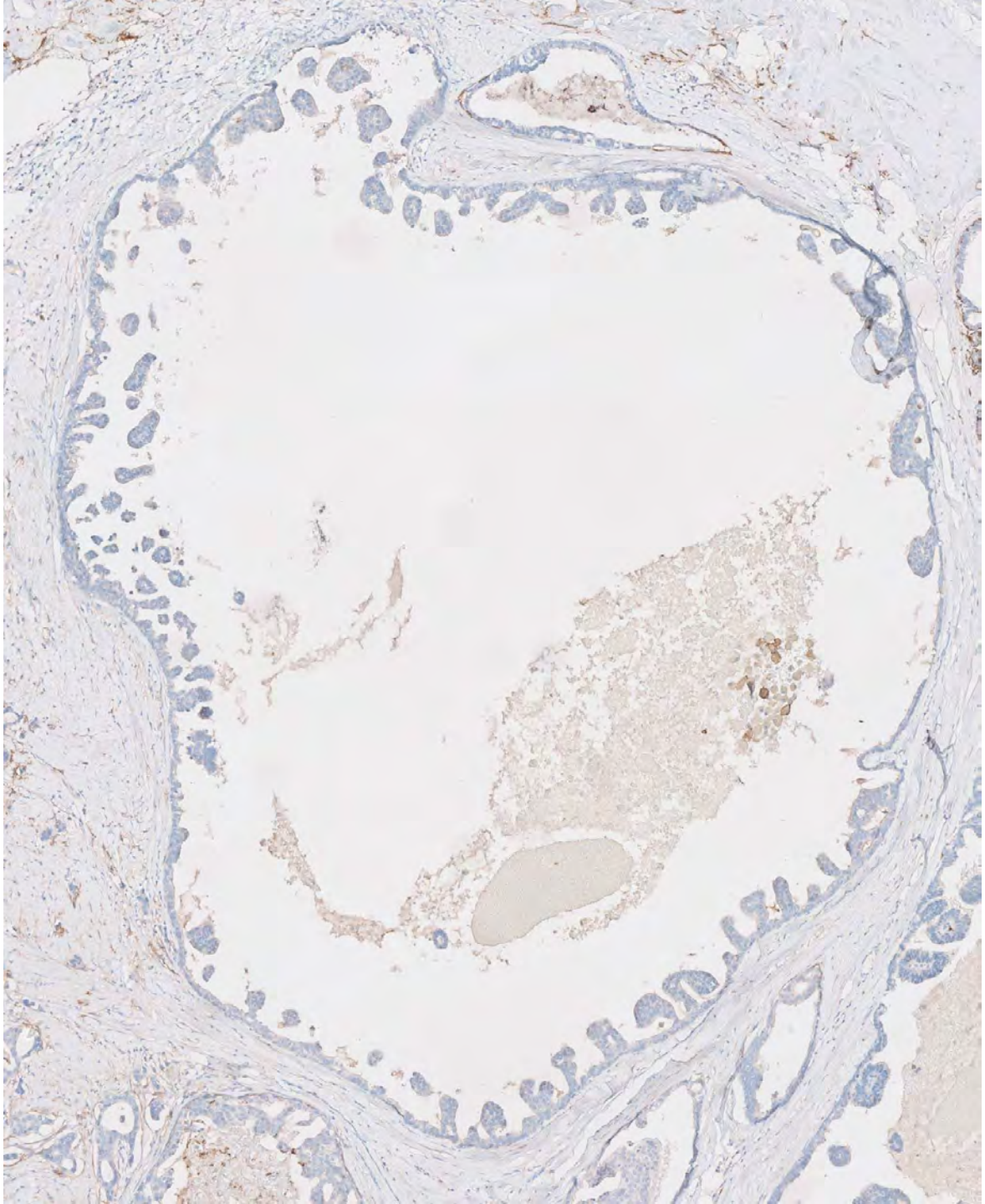


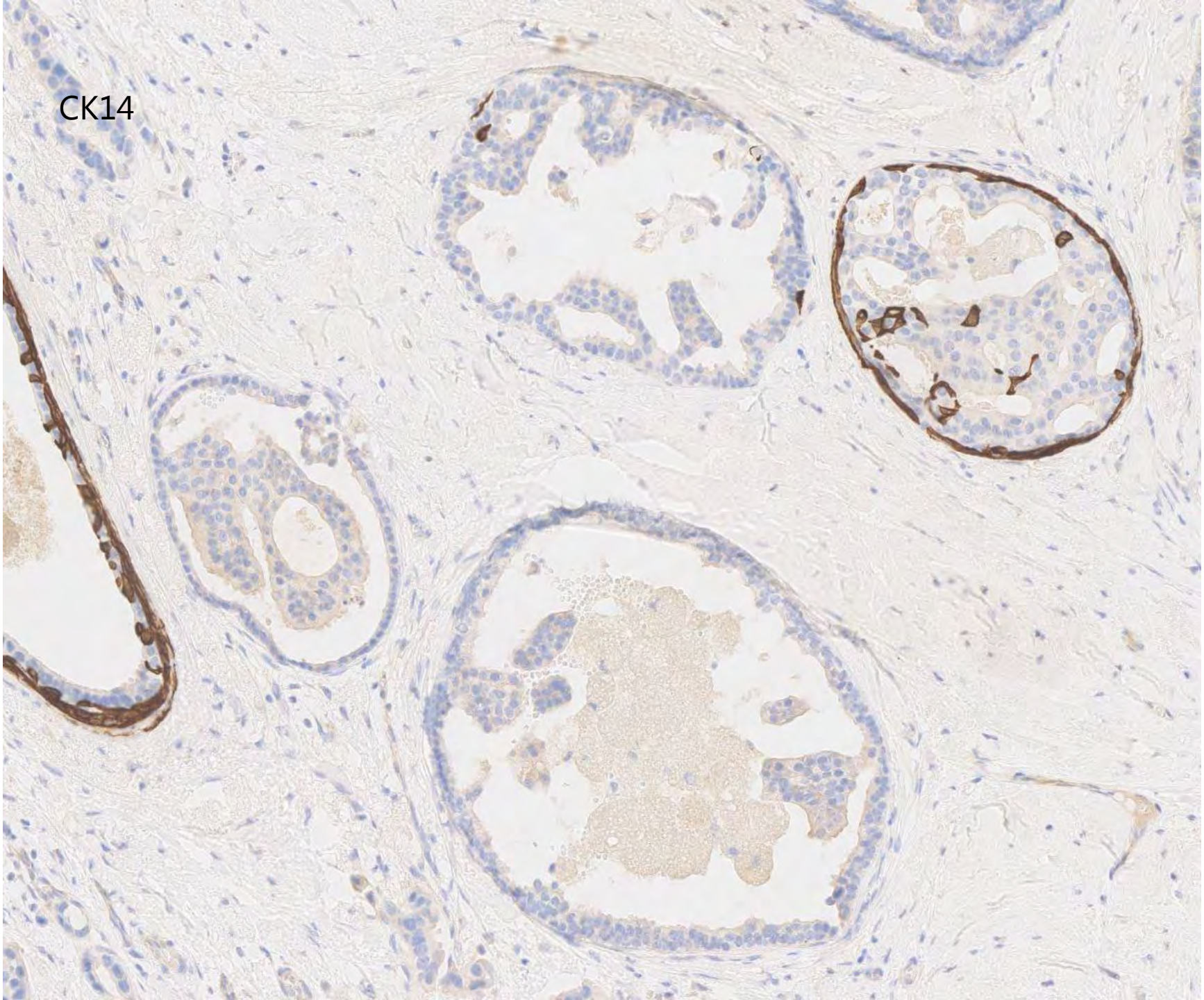

CD10

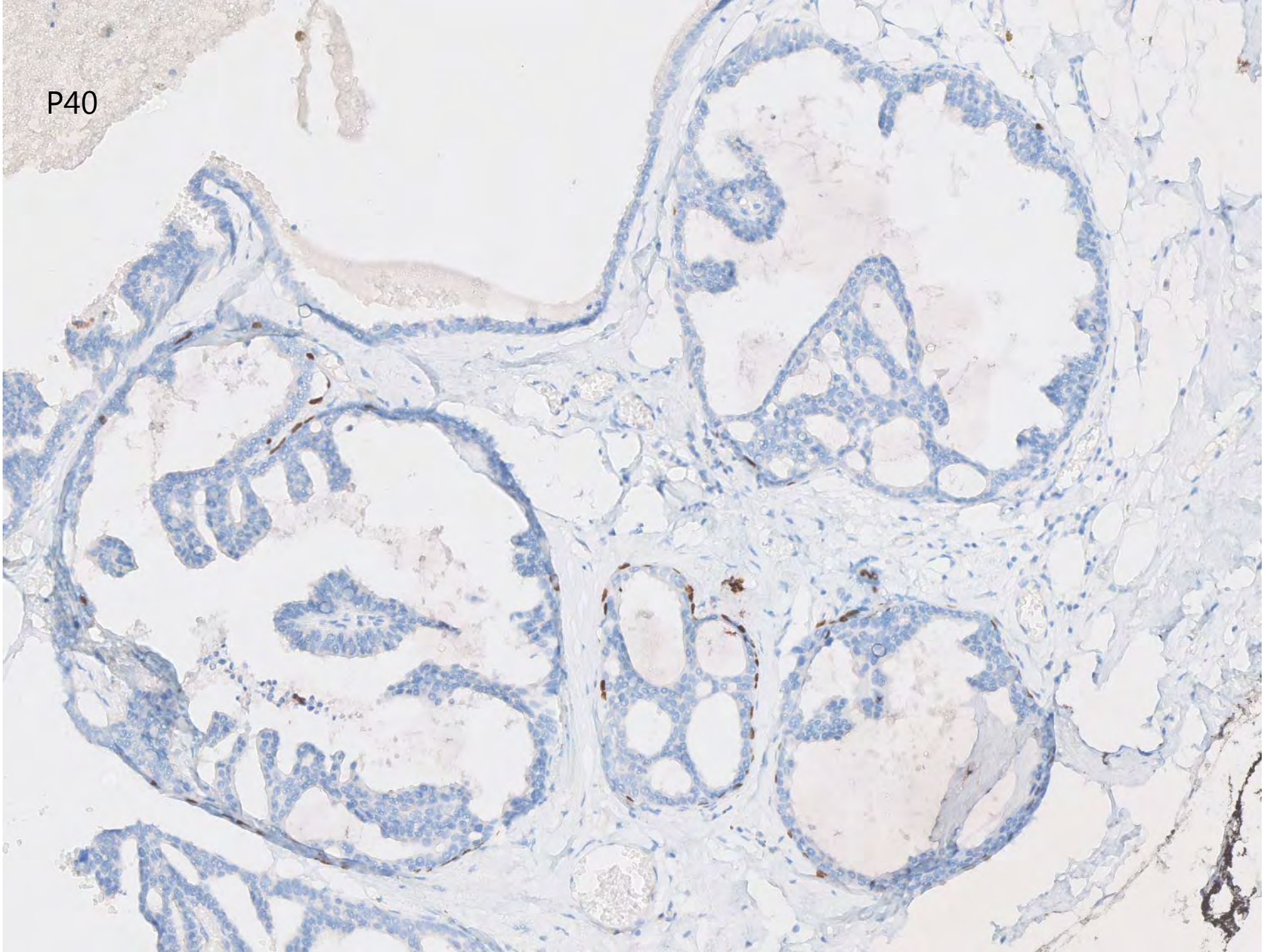
CD10

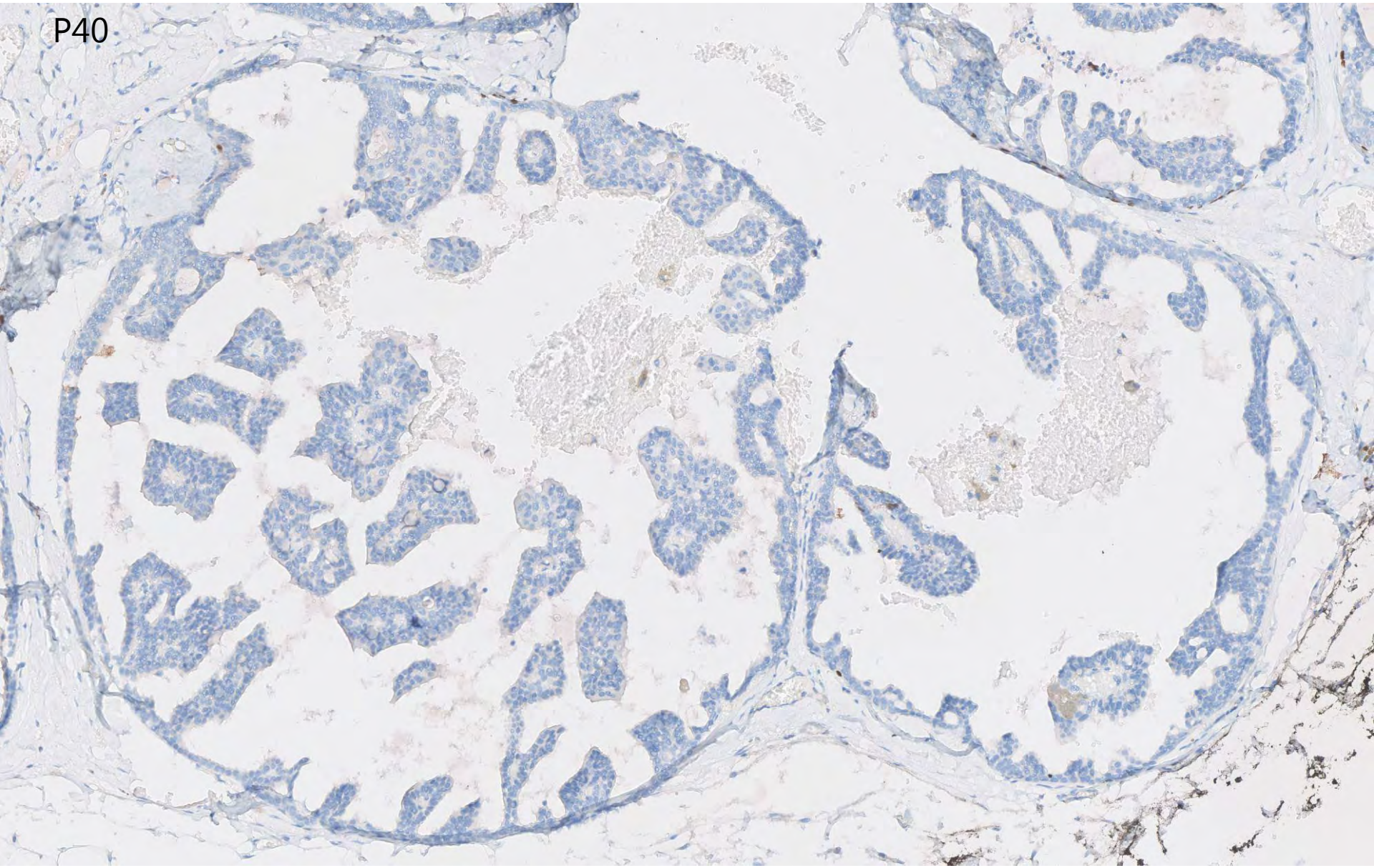


CD10




CK14


P40


P40

Original Study

Phenotypic and Functional Characterization of Ductal Carcinoma In Situ–Associated Myoepithelial Cells

Manish Rohilla,[1] Amanjit Bal,[1] Gurpreet Singh,[2] Kusum Joshi[1]

Abstract

This study was undertaken to assess the characteristics of ductal carcinoma in situ (DCIS)-associated myoepithelial cells. Phenotypic and functional markers of myoepithelial cells were studied in pure DCIS, the DCIS component of infiltrating duct carcinoma (IDC), and adjacent normal breast tissue. There was decreased expression of myoepithelial cell markers in both groups of DCIS compared with normal breast tissue myoepithelial cells, suggesting that DCIS–associated myoepithelial cells are phenotypically different from their normal counterparts.

Background: Ductal carcinoma in situ (DCIS) is contained by myoepithelial cells that are morphologically similar to normal breast tissue myoepithelial cells. However, phenotypic and functional characteristics of DCIS-associated myoepithelial cells are not known. In this study, we aimed to assess the characteristics of DCIS-associated myoepithelial cells. **Materials and Methods:** Immunophenotypic and functional characteristics of myoepithelial cells of pure DCIS, the DCIS component of infiltrating duct carcinoma (IDC), and the adjacent normal breast tissue of both groups (30 cases in each group) was assessed using phenotypic (CK5/6, CK14, p63, and calponin) and functional markers (maspin and CXCL14). **Results:** There was a decrease in expression of CK14, p63, and calponin in pure DCIS-associated myoepithelial cells compared with normal breast tissue myoepithelial cells (43.3% vs. 80.3%, 3.3% vs. 70%, 46.6 vs. 93.3%, respectively) and in the DCIS component of IDC compared with normal breast tissue myoepithelial cells (56.6% vs. 100%, 3.3% vs. 73.3%, 56.6% vs. 96.6%, respectively). CK5/6 expression was low to absent in myoepithelial cells of pure DCIS and the DCIS component of IDC as well as normal breast tissue myoepithelial cells. Maspin was expressed in all samples of normal breast tissue; however, 20% of pure DCIS and 26.6% of the DCIS component of IDC showed decreased expression. CXCL14 expression was greater in pure DCIS compared with adjacent normal breast tissue and the DCIS component of IDC. **Conclusion:** Decreased expression of myoepithelial cell markers in DCIS suggests that DCIS-associated myoepithelial cells are phenotypically different from their normal counterparts. Two or more markers, preferably p63 and calponin, should be used to distinguish in situ from invasive breast carcinomas.

Clinical Breast Cancer, Vol. 15, No. 5, 335-42
Keywords: CXCL14, DCIS, Immunohistochemistry, Maspin, Myoepithelial cells

Voorstel conclusie

Invasief carcinoom NST met een ductale proliferatie met voorkeur voor DCIS graad 1

Opmerking: Myoepitheel rond de ductale proliferatie is soms niet of slechts focaal aan te tonen, mogelijk ten gevolge van dilatatie en verminderde expressie van myoepitheelmarkers