

Carcinoma, infiltrating ductal, Nos (Site breast, NOS C50.9 8500/3

1/25/11 for

_____urgical Pathology: Final

Surg Path

CLINICAL HISTORY:

Large left breast CA with microcalcification diffusely around invasive tumor. Suggests diffuse intraductal carcinoma.

GROSS EXAMINATION:

A. "Left breast mass (Af1)". Received is a breast biopsy specimen and frozen section remnant. The breast tissue measures $5.0 \times 4.0 \times 3.5$ cm. The surgeon states that the margin is not important, thus the specimen is not inked. Sectioning of the specimen reveals a red-brown nodule measuring $3.0 \times 2.5 \times 1.5$ cm. Tissue from the nodule has been sent for ER/PR study. A remnant of frozen section of the red-brown tissue measuring $1.7 \times 1.3 \times 0.3$ cm is submitted in toto in Block A1, with representative sections of the nodule submitted in Blocks A2-A4.

B. "Left breast", fresh. An $18 \times 25 \times 6$ cm breast mastectomy specimen with a 23×14 cm skin ellipse and a 12×9.5 cm axillary tail.

The skin ellipse is notable for a grossly unremarkable nipple and areola and a 5.5 cm recently dehised biopsy scar located in the lower medial portion of the ellipse.

The deep surface of the breast specimen is inked in black. Cut sectioning through the breast reveals a 5 x 4 x 4 cm hollow biopsy cavity in the lower medial quadrant which is lined by smooth white tissue in its cavity. The cavity comes to within 0.5 cm of the inked distal surface, 0.8 cm from the inked posterior surface, and 12 cm from the inked proximal surface. There is a focal 1.5 x 1.5 x 1 cm firm, finely granular, grey-pink lesion located adjacent to the lateral tip of the biopsy cavity. This lesion is, at its closest points, 1.5 cm from the distal inked surface, 4 cm from the posterior inked surface, 4 cm from the proximal inked surface, and 2 cm beneath the anterior skin surface. The remainder of breast specimen is comprised of yellow-white fibrofatty tissue with an especially prominent white fibrous focus in the upper midportion of breast parenchyma.

BLOCK SUMMARY:

B1 representative section of nipple.

 $\ensuremath{\mathsf{B2-B5}}$ tissue around biopsy cavity site which includes firm lesion described above.

B6-B7 representative sections from focal white fibrous area in upper mid-portion of breast.

B8-B9 representative sections of upper medial portion of breast.

B10-B11 representative sections of lower medial portion of breast.

B12-B13 representative sections of upper lateral portion of breast.

B14-B15 representative sections of lower lateral portion of breast.

B16 three lymph node candidates from intermediate portion of axillary tail.

B17 four lymph node candidates from intermediate portion of axillary tail.

B18 five lymph node candidates from most lateral portion of axillary tail.

B19 four lymph node candidates from most lateral portion of axillary tail.

B20 three lymph node candidates from most lateral portion of axillary tail.

Dr.

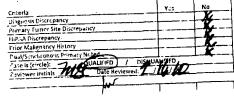
INTRA OPERATIVE CONSULTATION:

Af1: "Left breast mass": Infiltrating carcinoma present

DIAGNOSIS:

A. "LEFT BREAST MASS":





BREAST WITH INFILTRATING DUCTAL CARCINOMA (3 X 2.5 X 1.5 CM), NUCLEAR GRADE WELL-DIFFERENTIATED, N.S.A.B.P. HISTOLOGY GRADE 1 OF 3, WITH CANCERIZATION OF LOBULES AND CRIBRIFORM CARCINOMA IN SITU.

B. "LEFT BREAST":

BREAST WITH RESIDUAL INFILTRATING DUCTAL CARCINOMA (1.5 X 1.5 X 1 CM), WITH NUCLEAR GRADE WELL-DIFFERENTIATED AND N.S.A.B.P. HISTOLOGIC GRADE 1 OF 3. THERE IS A COMPONENT OF COLLOID CARCINOMA REPRESENTING LESS THAN 25% OF THE TOTAL TUMOR VOLUME.

THREE OF FOURTEEN (3/14) AXILLARY LYMPH NODES CONTAINING METASTATIC CARCINOMA. LARGEST METASTATIC FOCUS MEASURES 1.8 x 1.1 cm; NO EXTRANODAL EXTENSION IDENTIFIED.

ALL SURGICAL MARGINS FREE OF TUMOR.

SKIN, NIPPLE AND LACTIFEROUS DUCT: NO TUMOR PRESENT.

Verified by:

Date Signed: