



CeDARC No.	: CDRC/202/2024	Ward	: 6A
Original lab No.	: FMC/U/558/2024	Hospital BHT	: NIISI, : 1554/24
Name	: Ms. E. Malani	Date received	: 27.02.2024
Age and gender	: 68 years, Female	Date issued	: 07.03.2024
Specimen	US-guided core biopsy of right axillary lymph node		

Clinical history: Advanced left breast carcinoma with extensive lymphadenopathy. Right axillary nodes- ? deposits. Right breast is normal. Tru-cut biopsy of left breast- Invasive carcinoma NST, NG I.

PATHOLOGY REPORT

Macroscopic appearance:

The specimen received consists of two cores and two fragments of tissue measuring 5mm, 4mm, 2mm and 1mm in length. (AE X 01B)

Microscopic appearance:

Sections reveal cores of lymphoid tissue with extensive infiltration by an adenocarcinoma composed of cohesive sheets and cords of tumour cells. Gland formation is minimal. Some cells show signet ring-like morphology with intra-cytoplasmic vacuolations. Mitoses are present. Some fragments contain fibrofatty tissue only.

Focally, the tumour show diffuse and strong membranous staining with e-cadherin, while the other areas of the tumour show loss of staining. PAS staining is inconclusive.

Conclusion: US-guided core biopsy of right axillary lymph node:

Features are compatible with metastatic deposits of the known breast carcinoma. A "mixed Invasive breast carcinoma-NST and invasive lobular carcinoma" is a possibility.

Recommend assessment of the tumour subtype in the excision specimen.

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