

TESZTVIZSGA LAP

Országos Metszetkonzultáció, Budapest, 2021. 05. 28.

Emlőpatológiai esetbemutatók (European Working Group for Breast Screening Pathology)

Név:..... **Pecsétszám:**..... **Beosztás:**.....

A munkahely neve és címe:

.....

E-mail cím: **Regisztráló egyetem neve:**.....

Megoldások:

CASE 1 (Dr. Thomas Decker)

62 years old lady. Medical history:

Mammography: 10 mm group of granular and pleomorphic microcalcifications, left breast, upper outer quadrant (10 o'clock). Sonography: no mass lesion.

One week ago: Vacuum-assisted biopsy (VAB) for assessment. Result: "B3 lesion" (microcalcifications completely removed). Recommendation of the multidisciplinary team conference after the VAB result: Indication for diagnostic excision of the tissue and the area surrounding the biopsy target.

Macroscopy: Diagnostic excision specimen (right breast, upper outer quadrant):

Mamillary-peripheral 35 mm, cranial-caudal 35 mm, ventral-dorsal 40 mm.

Central wire marking. Dissection of tissue slices from mamillary to peripheral

Biopsy cavity in 4th and 5th slice Clip marking in slice 5. H&E section: slice 5

Kórszövettani

diagnózis

CASE 2 (Dr. Cecily Quinn)

Female 59, palpable lump left breast.

Kórszövettani

diagnózis

CASE 3 (Dr. Giuseppe Floris)

A large cystic tumor in the left breast of a post-menopausal woman (B-1967816). Clinical inspection shows a large mobile tumor of about 12 cm in diameter which is soft at palpation. On standard mammography the lesion shows confluent lesions with sharply and not-sharply delineated borders, causing prominent mass effect in the whole lateral half of the breast. Ultrasound imaging shows an oval-shaped mass with heterogeneous hypo- hyper-echogenic aspect characterized by cystic spaces with thick wall and filled with fluctuating material (debris,

blood or mucin). Two representative biopsies from the resection specimen are presented. Predictive markers, ER, PR and HER2 were negative.

*Kórszövettani
diagnózis*

CASE 4 (Dr. Giuseppe Floris)

On a Friday evening an urgent core needle biopsy form a pre-menopausal woman. Nodule palpated by patient, in the right breast. Rapidly growing (doubled in size over 2 weeks in time). Spontaneous bloody nipple discharge. Her aunt died of breast cancer at young age. Radiology: mass in the right breast (27 mm); prepectoral at 9h; sharply defined, hyporeflexive DD fibroadenoma, phyllodes, mucinous tumor, inflamed cystic lesion? The core needle biopsy of the primary tumor is shown (H&E B-1724180) Two years later, a metastatic lesion in the small intestine is removed and immune check point blocking therapy is started. The H&E of the surgical specimen is shown (H&E B-1823744) Five years later from the primary tumor (three from the metastasis), during her follow up a hypermetabolic lesion in the right breast (8 mm), prepectoral at 9hrs was observed. Radiographically located in the same place as five year earlier. The resection specimen of this lesion and the lymph node CNB collected from the right axilla is shown (H&E B-1963521; B-1985836)

*Kórszövettani
diagnózis*

CASE 5 (Dr. Emad Rakha)

Female patient 50 years old with multiple breast masses. Excision was carried out (3 H&E images provided)

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CASE 6 (Dr. Emad Rakha)

Female patient 45 years old with small breast mass and calcification in mammogram. Excision. (2 H&E images provided)

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CASE 7 (Dr. Isabel Amendoira)

72 y old lady, 2 cm tumour - outer upper quadrant of left breast with a cystic component and a thick capsule. BI-RADS 4a.

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CASE 8 (Dr. James DeGaetano)

51 year old previously healthy woman, North African descent. No radiology or biopsy available. Left mastectomy and axillary clearance July 2019. 13 mm firm tumour in breast 7 lymph nodes, one measuring 52 mm with obvious mets grossly.

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CASE 9 (Dr. Gábor Cserni)

64-year-old female, 8-mm-large palpable tumour in the upper inner quadrant of the left breast not seen on mammography; core needle biopsy done

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CASE 10 (Dr. Janina Kulka)

44 y old lady, firm, palpable, 2cm mass in the right breast. Mammography shows a well circumscribed lesion. US: 15x22 mm circumscribed, moderately poorly echoic lesion is seen. Core biopsy was performed.

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diagnózis*

Értékelés:

Megfelelt:

Nem felelt meg:

Budapest, 2021. 05. 28.

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az értékelő aláírása