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Unusual papillary lesions of the breast on core needle biopsies

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Papillary lesions of the breast are common, and include a broad spectrum of lesions, from benign papillomas to papillary carcinomas. It is often difficult to determine whether a lesion is benign, atypical or malignant given the fragmented nature of a core needle biopsy (CNB) specimen. This is further complicated by the controversies regarding subsequent management decision making when the histologic diagnosis of a papillary lesion is benign on CNB, as some data indicate that benign papillary lesions may be safely managed with imaging follow-up rather with surgical excision, while others strongly suggest that papillary lesions diagnosed as benign on CNB should be surgically excised because a substantial number of lesions were upgraded to atypical ductal hyperplasia and ductal carcinoma in situ at excision. In this study, we analyzed a series of unusual papillary lesions diagnosed on CNB, including benign papilloma-like lesions with uncommon histomorphological, immunohistological, and architectural characteristics. Correlation was performed with the pathologic findings on subsequent resection and with the radiological findings. The final diagnosis at excision include, but not limited to, intraductal papilloma with a pseudo-infiltrative growth pattern at periphery, clear cell hidradenoma, and collision tumor consisting of solid papillary carcinoma. For the malignant diagnoses at excision, worrisome features on imaging study is most helpful in the subsequent clinical management decision making. Our findings further highlight the importance of radiology-pathology correlation when evaluating papillary lesions on CNB, and also suggest that excision is warranted for all benign-appearing papillary lesions with any aforementioned "unusual" histological features.