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MEDICAL CENTER

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DEPARTMENT OF IMAGING SCIENCES

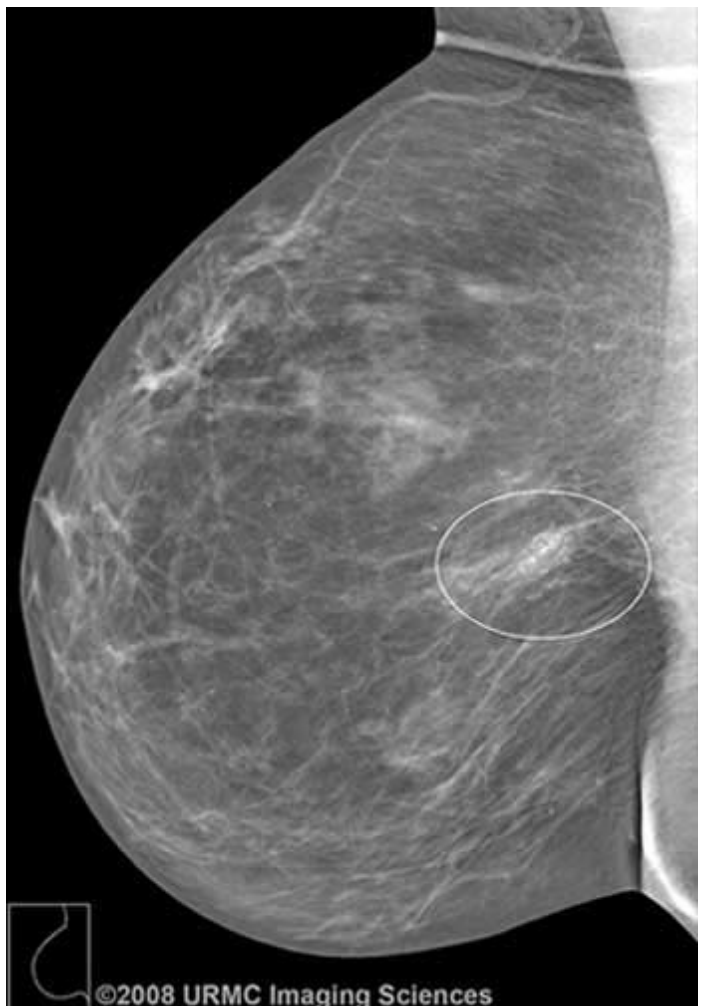
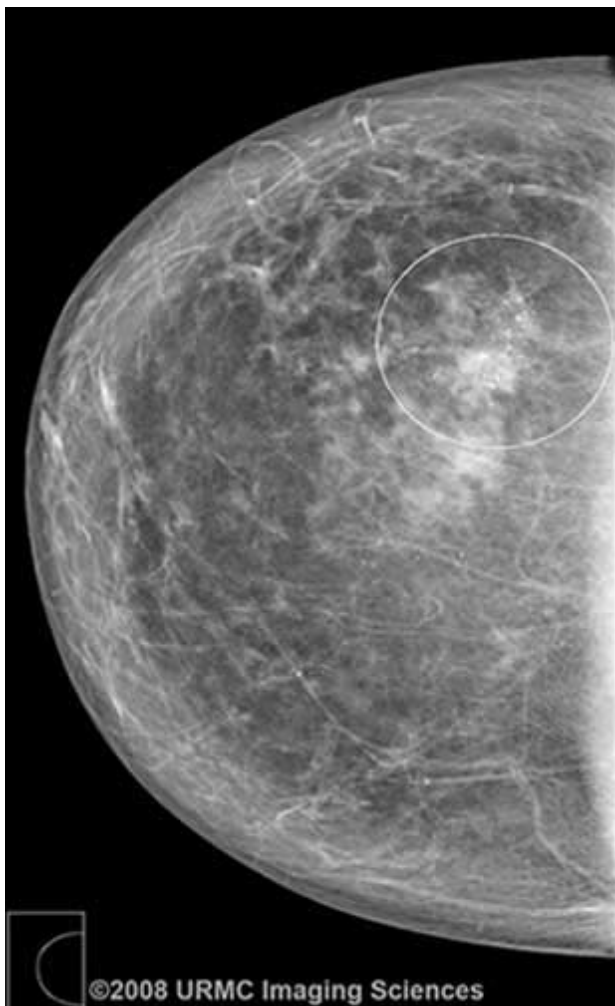
Imaging Sciences Interesting Cases

CASE 45

Malin Cesarz, MD

CLINICAL PRESENTATION: A 62-year-old woman presents for routine screening mammogram.

IMAGING FINDINGS:



Figures 1 and 2. Craniocaudal and mediolateral views of the right breast demonstrate a cluster of pleomorphic calcifications within the upper outer quadrant in a segmental distribution.

DIAGNOSIS: Infiltrating ductal carcinoma and ductal carcinoma in situ, comedo type

DISCUSSION: Pathology revealed areas of both infiltrating ductal carcinoma and ductal carcinoma in situ, comedo type. Infiltrating, or invasive, carcinoma denotes a lack of an intact myoepithelial layer around the tumor cells. In situ carcinoma has an intact myoepithelial layer and remains within the duct.

Comedo type DCIS is considered a high nuclear grade carcinoma, as is poorly differentiated DCIS and large cell DCIS. Comedo is used as a descriptor when there is necrotic debris within the lumen of the duct on pathology.

Mammographic appearances include normal, linear, branching calcifications with clefts, and variable density. The distribution is sometimes segmental. On histology, central necrosis is usually present. Ninety percent of these high grade DCIS lesions calcify. Invasive DCIS usually presents with a mass that is either detectable clinically or by imaging, compared to noninvasive DCIS which is usually clinically occult.

REFERENCES:

1. Cardenosa G. Breast Imaging Companion, 3rd Ed., Lippincott Williams & Wilkins, 2008.
2. Kopans DB. Breast Imaging, 3rd Ed., Lippincott Williams & Wilkins, 2007.