MAMMARY GLAND
DISTURBANCES IN DEVELOPMENT OF BREAST

GIGANTOMASTIA  POLYTHELIA  POLYMASTIA  MILK LINES
GYNECOMASTIA (IN MEN)
DISTRIBUTION OF PATHOLOGICAL CHANGES IN THE BREAST
LIPOPHAGIC GRANULOMA

CHRONIC RESORPTIVE INFLAMMATION CAUSED BY TRAUMA OF FAT TISSUE IN BREAST
LIPOPHAGIC GRANULOMA
DUCT ECTASIA – MAMMARY FIBROUS DYSPLASIA (BENIGN) – *LAESIO FIBROSO-CYSTICA*
MAMMARY DUCTECTASIA
SCLEROSING ADENOSIS
CLASSICAL PICTURE OF HYPERPLASIA (EPITHELIOSES)
FIBROCYSTIC DISEASE
RADIAL SCAR

BENIGN LESION MIMICKING CANCER
CLASSIFICATION OF BREAST TUMORS

BENIGN TUMORS:
ADENOMA,
FIBROADENOMA,
PAPILLOMA

MALIGNANT:
DUCTAL CARCINOMA
LOBULAR CARCINOMA
MEDULLARY CARCINOMA
ADENOID CYSTIC CARCINOMA
PAGET CARCINOMA
CYSTOSARCOMA PHYLLODES
FIBROADENOMA

MOST COMMON BENIGN TUMOR OF BREAST
FIBROADENOMA
PERICANALICULAR FIBROADENOMA

INTRACANALICULAR FIBROADENOMA
ATYPICAL DUCTAL HYPERPLASIA (ADH) – something between cancer and benign lesion
Phyllodes tumors are fibroepithelial tumors composed of epithelial and cellular stromal component. They may be considered benign, borderline or malignant depending on histologic features including stromal cellularity, infiltration at the tumor edge, and mitotic activity.
TUMOR PHYLLODES – CYSTOSARCOMA PHYLLODES
DCIS
DUCTAL CARCINOMA IN SITU (GIANT CELL FORM)
BREAST CANCER – GROSS PATHOLOGY

CHARACTERISTIC RETRACTION OF NIPPLE „ORANGE-PEEL SKIN”

INFLAMMATORY CANCER, RECURRENCE IN SCAR
INFLAMMATORY BREAST CANCER IS AN ESPECIALLY AGGRESSIVE TYPE OF BREAST CANCER THAT CAN OCCUR IN WOMEN OF ANY AGE AND EXTREMELY RARE IN MEN. IT GETS ITS NAME FROM RED, SWOLLEN, INFLAMED APPEARANCE OF THE BREAST.

IT IS UNIQUE BECAUSE IT OFTEN DOES NOT PRESENT WITH A LUMP AND THEREFORE OFTEN IS NOT DETECTED BY MAMMOGRAPHY OR ULTRASOUND !!!
MACROSCOPIC FORMS OF BREAST CANCER

PAGET CARCINOMA

MALE BREAST CARCINOMA – 1% OF ALL BREAST CANCERS
INVASIVE DUCTAL CARCINOMA
INVASIVE DUCTAL CARCINOMA
INVASIVE LOBULAR CARCINOMA (SOLID FORM)
MUCINOUS CARCINOMA
BLOOM-RICHARDSON (WHO 1968) – modified as Nottingham System

METHOD OF DETERMINATION OF GRADING IN INVASIVE BREAST CARCINOMA
CRITERIA:
1. Tubule formation: >75% 1 point; 10%-75% 2 points; <10% 3 points
2. Nuclear pleomorphism: small, regular uniform cells 1 point; moderate increase in size and variability 2 pts marked variation 3 points
3. Mitotic counts: dependent on microscope field area 1-3 points
Bloom–Richardson grading system from 1957 refers to a breast cancer classification system to grade breast cancers, and was precursor of present criteria, the modified Bloom–Richardson–Elston grading system (also called the Nottingham system).

Cells and tissue structure of the breast cancer are examined histopathologically to determine how aggressive the cancer is. Lower grade tumors with good prognosis, can be treated less aggressively, and have a better survival rate. Higher grade tumors are treated more aggressively.
IMAGINE THAT……

WORLDWIDE, BREAST CANCER COMPRISSES 10.4% OF ALL CANCER INCIDENCE AMONG WOMEN MAKING IT THE SECOND MOST COMMON TYPE OF CANCER (AFTER LUNG CANCER) AND THE FIFTH MOST COMMON CAUSE OF CANCER DEATH.

IN 2005, CAUSED 519,000 DEATHS WORLDWIDE (7% OF CANCER DEATHS; ALMOST 1% OF ALL DEATHS).

BREAST CANCER IS ABOUT 100 TIMES MORE COMMON IN WOMEN THAN IN MEN, BUT SURVIVAL RATES ARE EQUAL IN BOTH SEXES.
THANK YOU