Recognition of intraduct mammary carcinoma

When examining breast cancers histologically, I have occasionally reflected on the justification for interpreting the well-recognised appearances, as shown in Figs 1 and 2, as intraduct carcinoma. I thought it was possible that this represented invasive carcinoma, the idiosyncratic morphology of which produced well-circumscribed nests of tumour cells, not necessarily within pre-existing ducts. The presence of a basement membrane round these nests, if shown to be present, would be no proof that they were not invasive since invasive breast carcinomata have been shown to produce basement membrane.^{1 2}

Figures 1 and 2 show the histology of a breast carcinoma from a woman of 48 years who had a lump beneath the areola. On gross examination at excision it was seen to be a comedo carcinoma. Histological examination of the breast lump confirmed this when necrotic infiltrating carcinoma was seen together with 'intraduct' areas, as shown in Figure 1.

Interestingly, the 'intraduct' growth seen in Fig. 2 was found in an involved axillary node, which reinforces the feeling that a distinct nest of malignant cells, with or without necrotic centres, does not necessarily mean that these cells are growing in a duct. Either these appearances simply represent a particular morphology of invading clumps of cells or they may represent lymphatic vessels distended by the tumour cells. The latter would serve to explain Figure 2.

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References

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Fig. 1

Fig. 2