Metastatic lobular carcinoma

Rubin and Tate report a case of metastatic lobular carcinoma diagnosed on a routine cholecystectomy specimen.¹ The low numbers of reported cases (this being the third) does not, however, reflect the real incidence of this condition as seen by pathologists who may view it as an interesting phenomenon, but no more. I can recount a case of lobular carcinoma metastatic to the gall bladder which exhibited patchy serosal disease, and partial replacement of the cystic node. This type of pathology, unlike that of the mucosa/muscularis, can easily be dismissed at low power microscopy as being only inflammatory cells, a catch that can work two ways.² In this case the cytology, Indian filing pattern, intracytoplasmic lumina, and "bull's eye" type mucin positivity with a combined alcian blue/periodic acid Schiff stain all strongly suggested lobular carcinoma. This was confirmed in a mastectomy specimen, which had unaffected axillary lymph nodes. Without the gall bladder metastases the tumour would have been thought to be confined to the breast. This raises the intriguing possibility that an abdominal biopsy specimen (staging laparotomy) should be performed, particularly if only local treatment to the breast is considered.

Surely the low reported necropsy incidence of malignant gall bladder disease by metastatic lobular carcinoma, particularly in the retrospective studies,³ reflects the infrequency with which this organ is taken for histological examination. I am sure that if we look harder we will find much more evidence for this type of spread.

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- 1 Rubin A, Tate JJ. Breast carcinoma metastatic to the gall bladder. *J Clin Pathol* 1989;42: 1223-4.
- 2 Underwood JCE, Parsons MA, Harris SC, Dundas SAC. Frozen section appearances simulating invasive lobular carcinoma in breast tissue adjacent to inflammatory lesions and biopsy sites. *Histopathology* 1988;13: 232-4.
- 3 Harris M, Howell A, Chrissohou M, Swindell RIC, Hudson M, Sellwood RA. A comparison of the metastatic pattern of infiltrating lobular carcinoma and infiltrating duct carcinoma of the breast. *Br J Cancer* 1984;50:23-30.

uveitis. There follows an account of the pathology of ocular structures, incorporating new chapters on the lens, retina, and optic nerve. There are also separate sections for the phakomatoses, lymphoid lesions, and congenital anomalies. Four appendices have been added, including a scheme for the examination of eye sections.

The passages which overlap with more general aspects of histopathology—for example, lymphoma pathology—are necessarily restricted. The chapters on intraocular pathology, however, which contain subsections on normal structure as well as extensive bibliographies, should prove useful to the pathologist and introduce some of the newer concepts in such progressive areas as retinal pathology and the glaucomas.

P HISCOTT

Diseases of the Arterial Wall. Ed J-P Camilleri, CL Berry, J-N Fiessinger, J Bariety. (Pp 693; 333 Figs.; £216.50.) Springer. 1989. ISBN 3-540-17492-3.

Few topics are of such crucial importance in terms of human morbidity and mortality than disorders of the arterial system and in particular those affecting its luminal interface. The intense research activity generated by these disorders is reflected in this remarkably comprehensive book which incorporates a vast wealth of information, relating not only to clinical and pathological aspects of arterial disease, but also to the biology of the arterial system. Despite the intense concentration of data the text is generally lucid and translation does not appear to have produced any serious idiomatic problems. There are also many useful diagrams, tables, and illustrations. For pathologists the sections devoted to atherosclerosis, aneurysm formation, diabetes mellitus, and the vasculitic syndromes (especially those affecting the lung) are of particular interest. Even so, one suspects that this book will become required reading for anyone contemplating research into arterial diseases, and will also be invaluable for both clinicians and pathologists who have to deal with the formidable challenge which these conditions represent.

FD LEE

used in bladder pathology including immunohistochemistry and flow cytometry which I found useful in understanding some of the more obscure aspects of this organ.

I had the opportunity to show the book to my clinical colleagues with special interest in urology and they found it very useful and easy to understand.

This is an excellent well illustrated book and is strongly recommended for the general histopathologist.

SI BAITHUN

TNM Atlas. Illustrated Guide to the TNM/pTNM-Classification of Malignant Tumours. 3rd ed. (Pp 343; soft cover DM 35.) UICC. Springer Verlag. 1989. ISBN 3-540-17721-3.

Based on the fourth edition of the International Union of Cancer (UICC) TNM classification of malignant tumours, published in 1987, this paperback (but, like similar volumes from this publisher, durably bound) is the third edition of the illustrated guide. Some 450 line drawings and anatomical schemata clarify staging of primary tumours, their spread through walls of viscera, and lymph node groups. All organ systems are included, with a separate section on paediatric tumours (equivalent to SIOP), and for gynaecological tumours the equivalent FIGO staging is tabulated. Definitions are also given for the relevant pT (pathological) staging, but the stage groupings provided in the original classification are not included. The book serves as an almost pocket sized and inexpensive reference to TNM staging, particularly for histopathologists who work with radiotherapists and medical oncologists, and for clinicians in those and related specialties whose perception of information is facilitated by graphic as well as verbal presentation.

C FISHER

Campylobacter pylori and Gastro-duodenal Disease. Ed BJ Rathbone, RV Heatley. (Pp 290; £45.) Blackwells. 1989. ISBN 0-632-01778-3.

The authors and editors are to be commended for their speed in producing this important and attractive book. It covers *C pylori* and gastro-duodenal disease up to the end of 1988, virtually comprehensively, with good layout, editing, and electronmicrographs. There are chapters on a wide range of topics opened up by the discovery of this fascinating organism: bacteriology, pathogenesis and epidemiology, diagnostic techniques, histopathology, associations with various clinical syndromes, and treatment. The organism is set in context with chapters on normal flora and other "spiral" organisms found in human and animal stomachs.

There are no facile assumptions about the relation of the organism to gastro-duodenal disease but definitions in chapter 19 could helpfully be given earlier.

This book will provide a compendium of reviews and references for those already experienced in the field. General readers, both clinicians and pathologists, who wish to keep up to date will find it readable and interesting.

BOOK REVIEWS

Greer's Ocular Pathology. 4th ed. David R Lucas. (Pp 339; £67.50.) Blackwells. 1989. ISBN 0-632-01513-6.

This edition of *Greer's Ocular Pathology* is a major revision and expansion of a work chiefly intended for, and extensively used by, trainee ophthalmologists. Readers will appreciate the many additional illustrations, clearer headings, and updated text.

The first four chapters concern inflammatory and immunological responses as they pertain to the eye, including a section on

Pathology of the Urinary Bladder. Ed Robert H Young. Contemporary Issues in Surgical Pathology. Vol 13. (Pp 413; 311 illustrations; £60.) Churchill Livingstone. 1989. ISBN 0-443-08603-6.

This book, part of the series of "Contemporary Issues in Surgical Pathology", gives the pathologist a comprehensive overview of the full range of aspects of urinary bladder pathology. In the first chapter non-neoplastic lesions are reviewed, followed by three chapters on premalignant and malignant tumours. In separate chapters rare primary and secondary epithelial and mesenchymal tumours are discussed.

I enjoyed the chapter on cytology of the urinary bladder, particularly the correlation with histopathology. Furthermore, chapter 8 deals comprehensively with new techniques