A RARE CASE REPORT OF GLYCOGEN RICH CLEAR CELL CARCINOMA OF BREAST

Dr. JOY MRIDHA, JUNIOR RESIDENT, DEPARTMENT OF PATHOLOGY, RAJENDRA INSTITUTE OF MEDICAL SCIENCES, RANCHI, JHARKHAND.

INTRODUCTION

- This is a rare subtype of breast carcinoma occurring in 1.4%-2.7% of breast carcinoma patients.
- This type of carcinoma have an aggressive course and worse prognosis.
- Confirmation is done by PAS staining.
- Immunohistochemistry

CASE REPORT

- A 50 year old female was presented with the left sided breast lump for 2 years without any pain.
- On examination-a well circumscribed lump of 3*3*2.5cm which was firm to hard in consistency, immobile, fixed with the underlying structure but not with the skin.
- Skin dimpling and nipple retraction was positive.
- Axillary lymph node was not palpable.
- FNAC-Ductal carcinoma of breast.
- Surgery-Modified Radical Mastectomy was done.
- GROSS- Size-3.5*3.5*2.5cm.
- Color- yellow to brown.
- Consistency-firm with occasional hemorrhage.

MICROSCOPICALLY

- Predominantly ductular pattern.
- Growth characterized by average sized polygonal cells with well defined borders.
- Foci of linear and trabecular growth pattern.
- The cytoplasm is clear.
- Hyperchromatic nuclei with low mitotic count. (2 mitosis /10 HPF).
- Absence of necrosis.
- Absence of lymphovascular invasion.
- Removal of water soluble glycogen during histologic processing cause the cytoplasm to become completely clear in conventional hematoxylin and eosin staining.

IMMUNOHISTOCHEMISTRY

- ER positivity-35%-62%. Here ER was negative.
- PR positivity-nearly 43%. Here PR was also negative.
- Her-2/neu positivity-20%-43%. Here her-2/neu was positive.
- Pancytokeratin-positive. Proves the epithelial /ductal origin.
- S-100- Negative. Ruled out the myo-epithelial origin.

REFERENCES