Papillary Problems

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Frequent consultation
• Is it ‘atypical’?
• Is it ‘papillary carcinoma’?
• Is it invasive?

Epithelial proliferation in papilloma
• None
• Usual hyperplasia
• Apocrine change
• Atypical ductal hyperplasia
• Atypical lobular hyperplasia (rare)
• Ductal carcinoma in situ
Relative Risk for Developing Cancer After Benign Biopsy

- No increased risk
  - cysts
  - duct ectasia
  - adenosis
  - hyperplasia, mild

- Slightly increased risk
  - hyperplasia, moderate or florid, no atypia
  - sclerosing adenosis
  - solitary papilloma

- Moderately increased risk
  - Atypical ductal hyperplasia
  - Atypical lobular hyperplasia
Intraductal Papilloma detected on core biopsy

- usually excised
- upgrade rate up to 16% - no information on imaging concordance
- selection bias
- may be symptomatic

Management of benign intraductal solitary papillomas diagnosed on core biopsy

- 224 cases
- 77 had excision, no upgrades
- 147 did not have excision
  - 100 had stable imaging follow up
  - 47 lost to follow up

Swapp R et al (Mayo Clinic); Ann Surg Oncol 2013

?Atypical Papilloma?

UH vs ADH/LG DCIS
Same rules apply as outside the papilloma setting

- Cellular streaming
- Overlapping
- Cellular heterogeneity
- Even cell placement
- Uniform population
- Rigid architecture

DCIS vs ADH vs FHWA:
cytology and histology

FHWA

ADH

Normal

Three individual spaces are presented with each of the three diagnostic entities. Each space is bounded by a basement membrane and contains epithelial cells.
ADH in papilloma

DCIS INVOLVING INTRADUCTAL PAPILLOMA AND ADJACENT DUCTS
“Papillary DCIS”
? Is it invasive?
? Invasive carcinoma

Low grade DCIS in sclerosed papilloma

Sclerosed Papillomas

Infiltrative pattern
Sclerosed Papilloma

Sclerosed papilloma with osseous metaplasia
Low grade adenosquamous carcinoma arising in setting of sclerosed papilloma
Expansile Mass

Thank you!