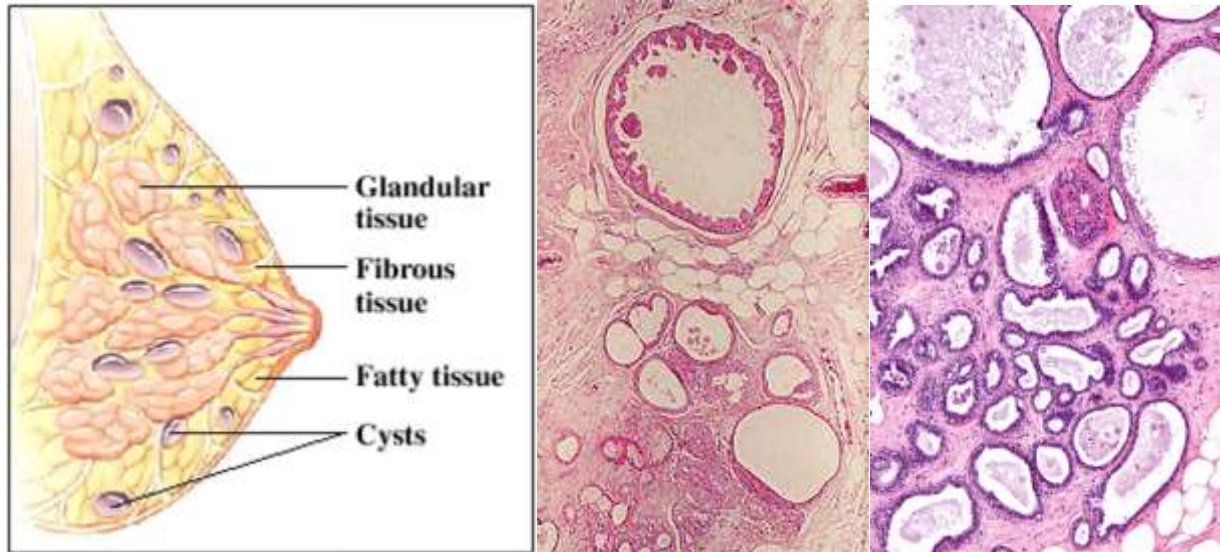


XXII. Diseases of the Breast

Cystic Hyperplasia

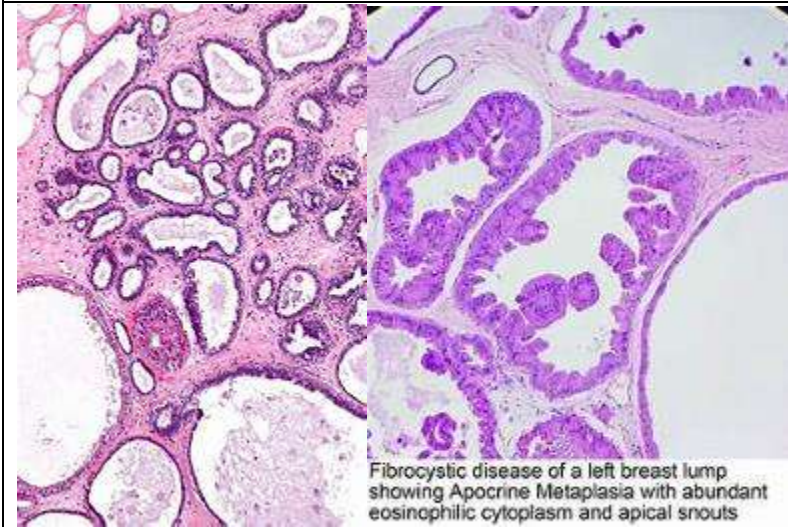
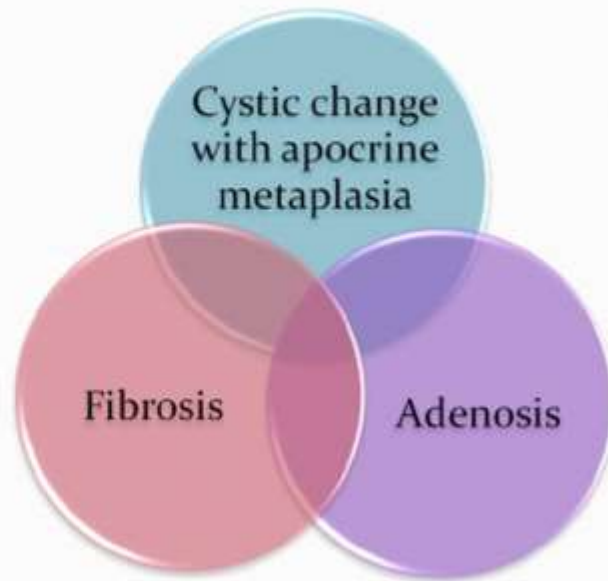


Breast:	<ul style="list-style-type: none"> • Is that of an adult female • Shows gross changes: <ul style="list-style-type: none"> • Localized in areas • Diffuse in areas (not sharply outlined)
	<p>Cut surface:</p> <ul style="list-style-type: none"> • Greyish white • Tough and rubbery in consistence • Cystic
	<p>Breast-ducts:</p> <ul style="list-style-type: none"> • Distended with yellowish material
	<p>Nipple:</p> <ul style="list-style-type: none"> • Shows some retraction (little)
Cysts:	<ul style="list-style-type: none"> • A serous discharge • Numerous • Appear in clusters • Are very small • Some are variable in size • With occasional (one or two) cysts (blue-domed cyst) • Bluish • With papillomatous small ingrowths
	<p>Walls</p> <ul style="list-style-type: none"> • Thin • Translucent • Surrounded by greyish areas
	<p>Lining:</p> <ul style="list-style-type: none"> • Smooth • Somewhat papillary
	<p>Contents:</p> <ul style="list-style-type: none"> • Thin mucoid fluid • Brownish altered blood-pigment

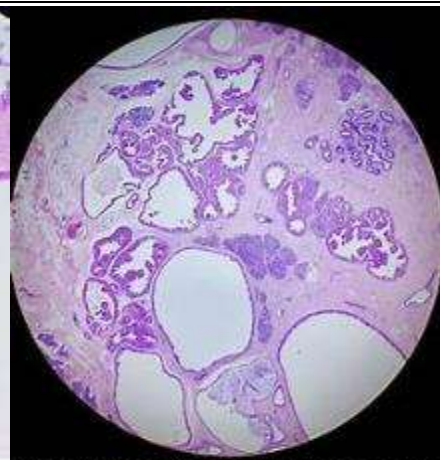
FIBROCYSTIC CHANGE

- Most common benign breast condition.
- Primarily affects terminal duct-lobular unit (TDLU).
- **Pathogenesis** → Obscure
- hormones (estrogen)
- play a role.
- **Clinical features**
 - ❖ Incidence: 10 – 20 % of adult women.
 - ❖ Age : 25 – 45 yrs.
 - ❖ Usually bilateral.
 - ❖ Vague 'lumpy'

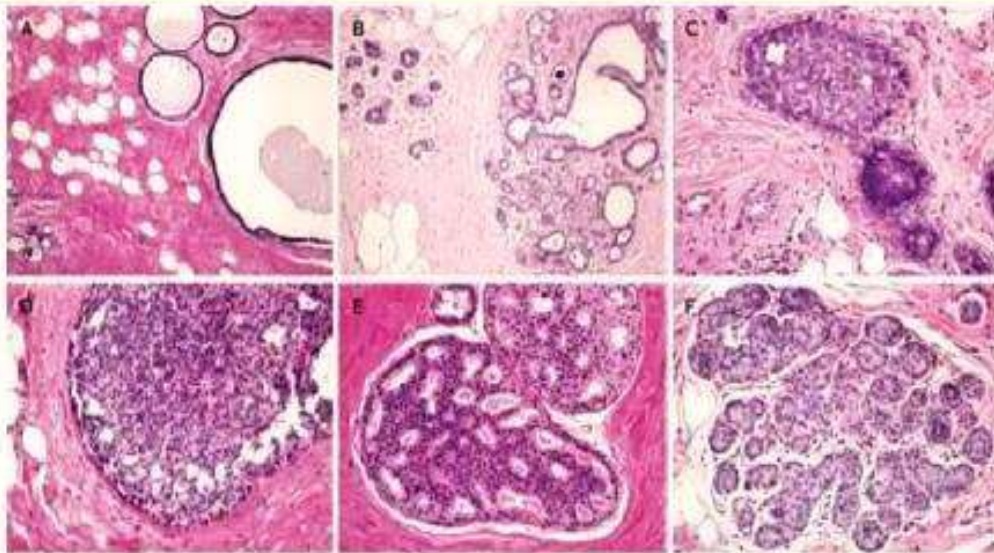
- **Morphology:**
'3 principle changes'



Fibrocystic disease of a left breast lump showing Apocrine Metaplasia with abundant eosinophilic cytoplasm and apical snouts



Low power image of a Fibrocystic disease on a left breast lump showing apocrine metaplasia with apical snouts and variably in size cysts



A. Simple Fibrocystic change.
 B. Lobular hyperplasia without atypia (adenosis)
 C,D - Ductal hyperplasia without atypia (E. with atypia - cribriform)
 F. Lobular hyperplasia.

N.B.:

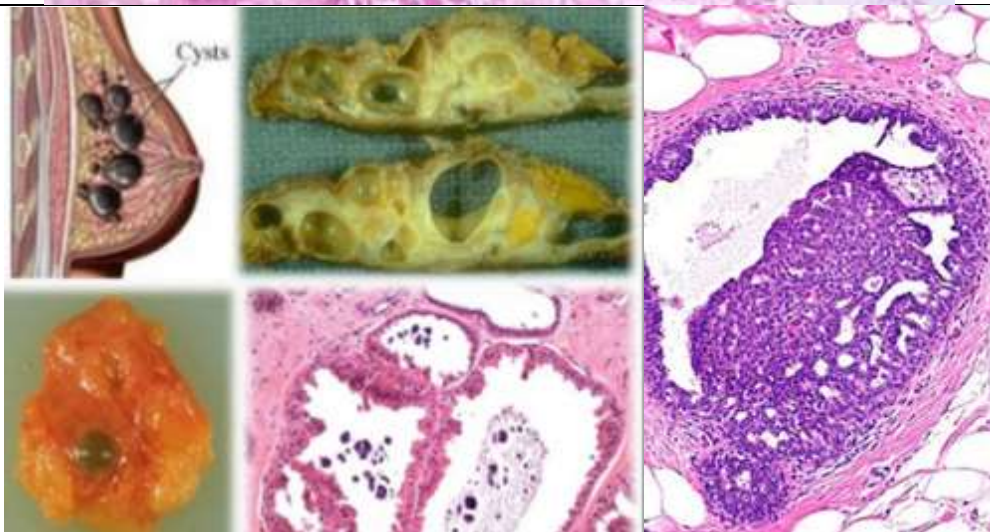
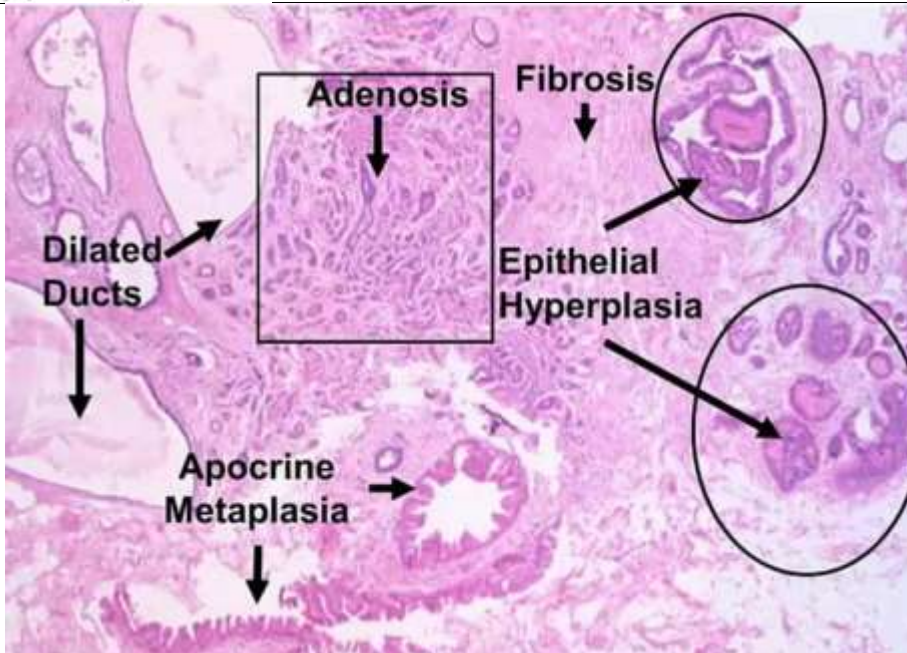
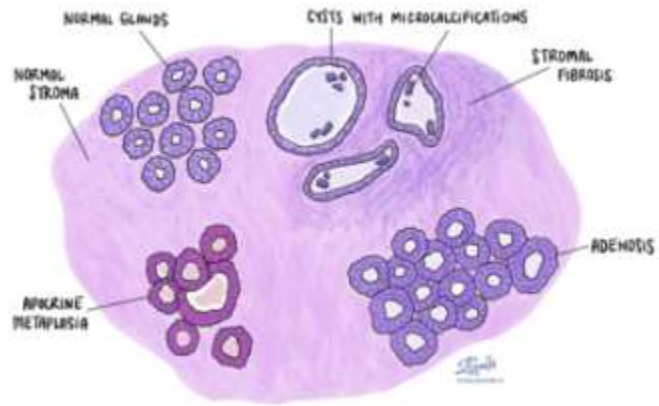
- Cystic hyperplasia is common between the ages 30 and 40 years.
- It is supposed to be the result of **hormonal imbalance** and **irregular responses to endocrinal influences** as well as the irritative effects of retained secretions and desquamated material.
- The relationship between this condition and the occurrence of cancer of the breast still needs further studies.

NB: 1

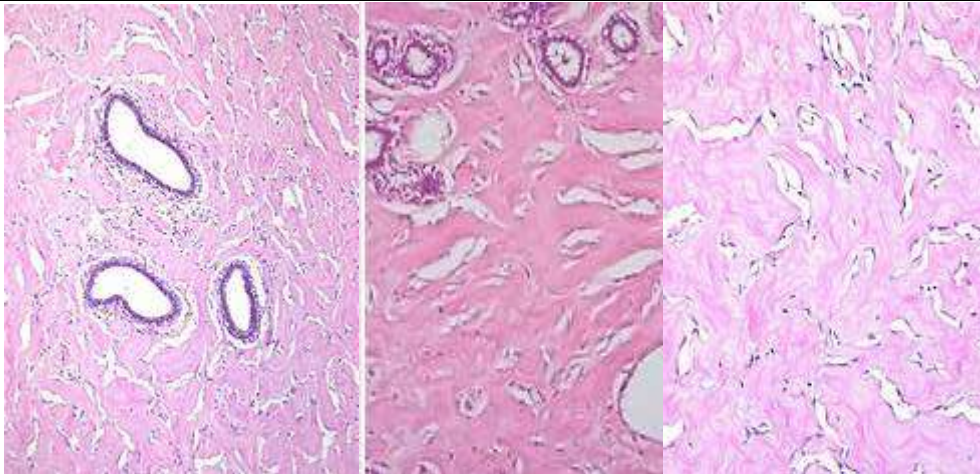
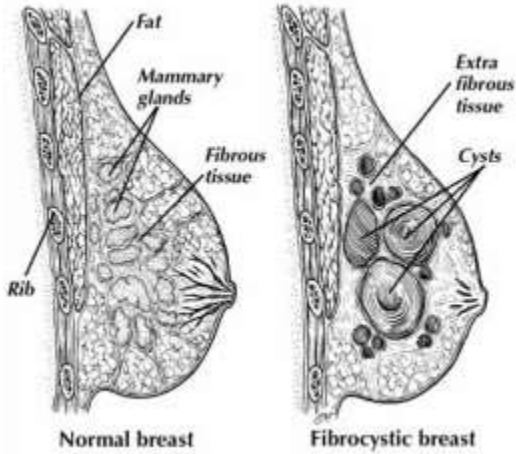
- Mammary dysplasia (*fibrocystic disease of the breast*) is the most common disorder of the breast occurring mostly in the period **between adolescence and menopause**; and it is **related to hyperoestrinism**.
- *A poorly-defined area of induration which is painful and tender.*
- *This is small (may be large), unilateral (may be bilateral) with no visible cyst-formation and no fixation to underlying structures or to the skin.*
- It is dense, rubbery in consistence, and of white-pink fibrous tissue with minute yellow pink areas (of glandular tissue).
- Commonest site is the upper outer quadrant; and, it regresses following the menstrual period in young women.



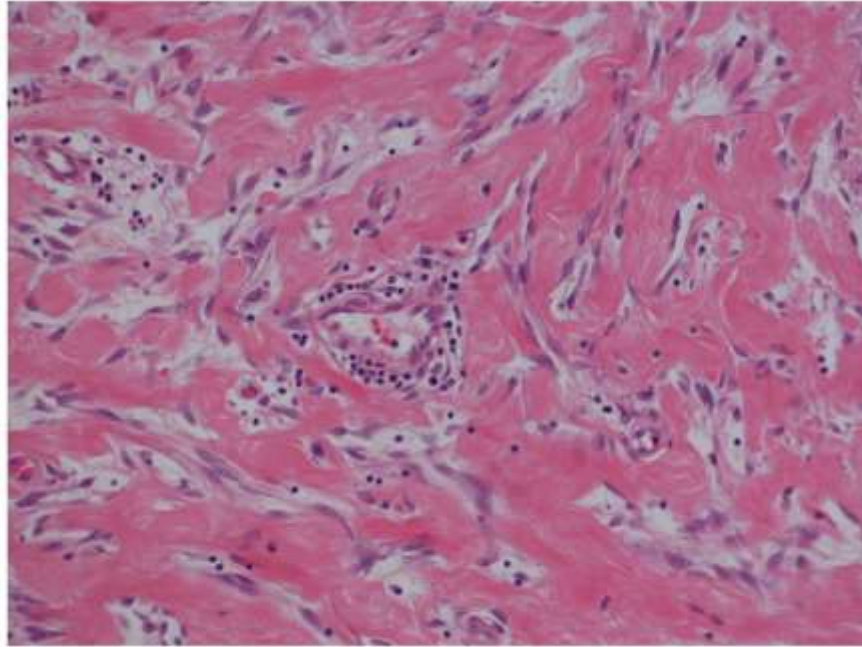
Fibrocystic disease of a left breast lump showing Apocrine Metaplasia with abundant eosinophilic cytoplasm and apical snouts



Fibrocystic Mass



[Pseudoangiomatous stromal hyperplasia in fibrocystic changes in mammary glands](#)



Pseudoangiomatous stroma hyperplasia (PASH) of mammary glands

- Grossly circumscribed, non-hemorrhagic breast masses consisting of mammary stromal proliferations that simulated vascular lesions. Histologically, a striking pattern, which appeared to consist of complex inter-anastomosing channels lined by **slender spindle cells**, positive for (CD34 & SMA) indicating myofibroblastic nature, was present in the mammary parenchyma.
- The importance of this benign lesion, referred to as pseudoangiomatous hyperplasia of mammary stroma, **is its distinction from angiosarcoma.**
- The patients ranged in age from 22 to 52 years; all were premenopausal.
- Each presented with a palpable unilateral mass, measuring up to 7 cm in diameter.
- The patients were treated by excisional biopsy and remained well for up to 2.5 years after excision.
- One patient had two local recurrences within one year of the original excision, and a second patient had a local recurrence at 14 months.
- No patient had another concurrent or metachronous malignant tumor of the breast or other organ, and no abnormal hormonal status was found.
- Complete local excision appears to be adequate treatment.
- It remains to be determined whether this is a neoplastic process.
- However, there is no evidence that it is a precursor of angiosarcoma, and ultrastructural observations demonstrate that the spaces found in the lesion are not true vascular channels.
- Rather, they appear to arise by a process that involves disruption and separation

of stromal collagen fibers.

- Since small foci of this change are common in hyperplastic breast tissue from premenopausal women, it is likely that the development of a discrete tumor with this pattern represents an exaggerated form of stromal hyperplasia.