

CASE 14

Microscopy

Polyp composed of endometrial glands and stroma with thick walled blood vessels. The stroma is fibrotic and there are foci containing plasmacytoid atypical cells with a single file infiltrative pattern and eccentric hyperchromatic nuclei. Occasional intracytoplasmic inclusions are seen.

Favored diagnosis

The morphological features are consistent with an **ENDOMETRIAL POLYP CONTAINING METASTATIC LOBULAR CARCINOMA** in the context of Tamoxifen use and presumed breast cancer history.

Further work

Correlate with the previous clinical history as the patient is on Tamoxifen for presumed breast cancer. Check with the previous breast histology and report to establish if there was an history of lobular carcinoma (stage, vascular invasion, lymph node status) and hormone status. Immunohistochemistry would show positivity for cytokeratin in the single metastatic cells (eg MNF116, CK7 positive, CK20 negative) and hormone receptor status needs to be repeated in the context of a metastasis to check oestrogen receptor and HER2 status. MDT discussion regarding further treatment in the context of hormone receptor status.

Comment

Lobular carcinoma of the breast is the second most common type of breast cancer and has a predilection for haematogenous spread to several surfaces as well as haematogenous. The history of breast cancer is presumed in this case as the patient is on Tamoxifen. Tamoxifen has an association with endometrial polyps.