

CASE 7

Microscopy

Lymph node which is diffusely involved by microvacuolated histiocytes with foreign body giant cells containing refractile non-birefringent particles and others containing empty vacuoles. In one piece there is evidence of metastatic carcinoma with a ductal morphology favouring breast origin, which measures 2-8mm. There is no evidence of extranodal spread.

Favoured diagnosis

The morphological appearances favour a dual diagnosis of ~~SILE~~ SILICONE LYMPHADENITIS WITH MACROMETASTATIC CARCINOMA, FAVOURED BREAST ORIGIN

Further work

Correlation with the clinical history and comparison of the histology of the primary breast tumor is required. Silicone lymphadenopathy in the axilla is most likely secondary to a leaking breast implant. The presence of macrometastasis in the lymph node requires prognostic immunohistochemistry for oestrogen receptor and HER2 status as this might have changed since the primary diagnosis and would determine further treatment. MDT discussion is required regarding further treatment options.

Comment

The presence of macrometastasis may indicate the need for further axillary surgery to remove more lymph nodes for staging purposes if this has not been done previously and repeat assessment of the breast (clinically and radiologically) to determine if there is also a breast recurrence as well as for assessing the status of the implant. Further chemotherapy/radiotherapy may also be indicated depending on previous treatment.