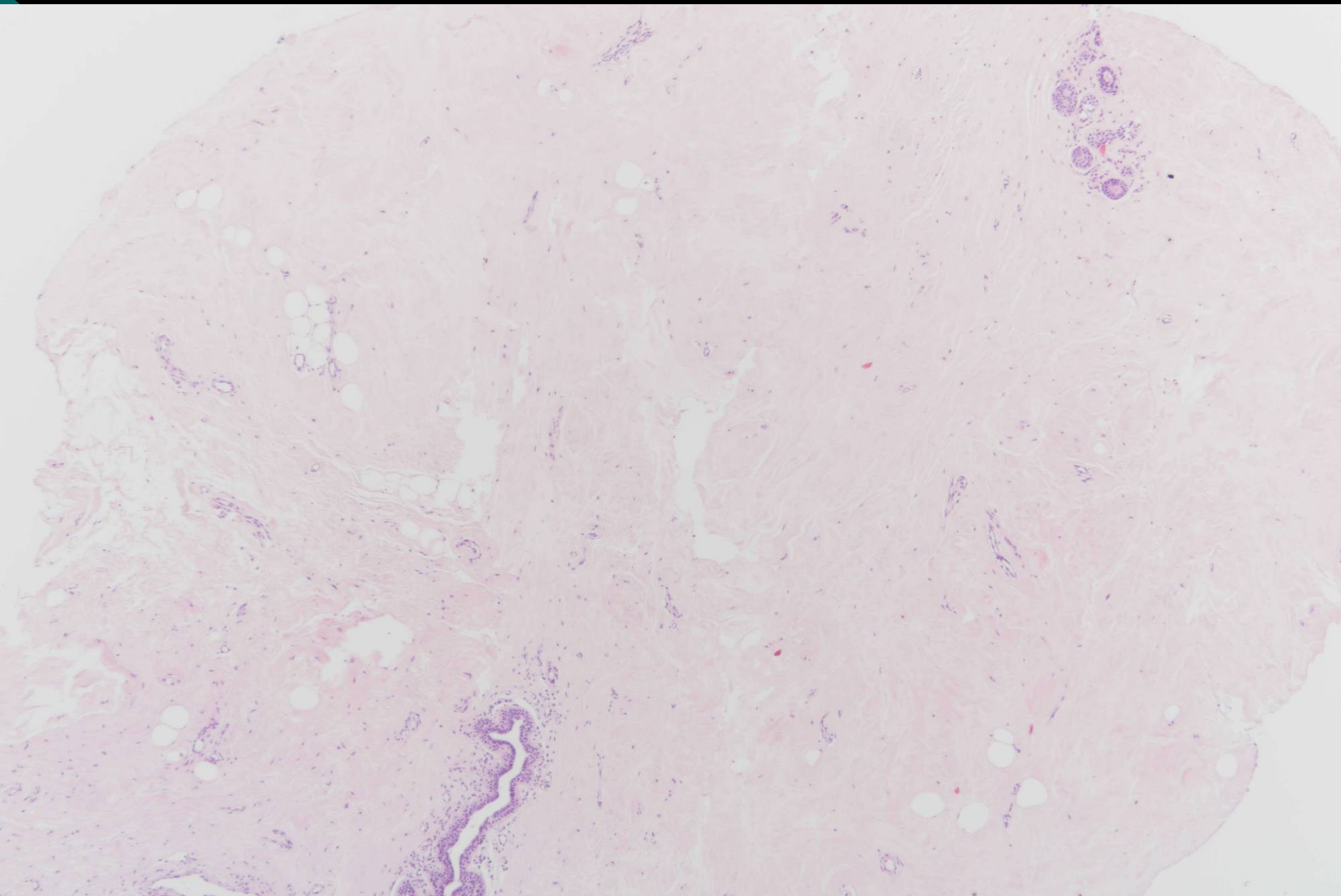


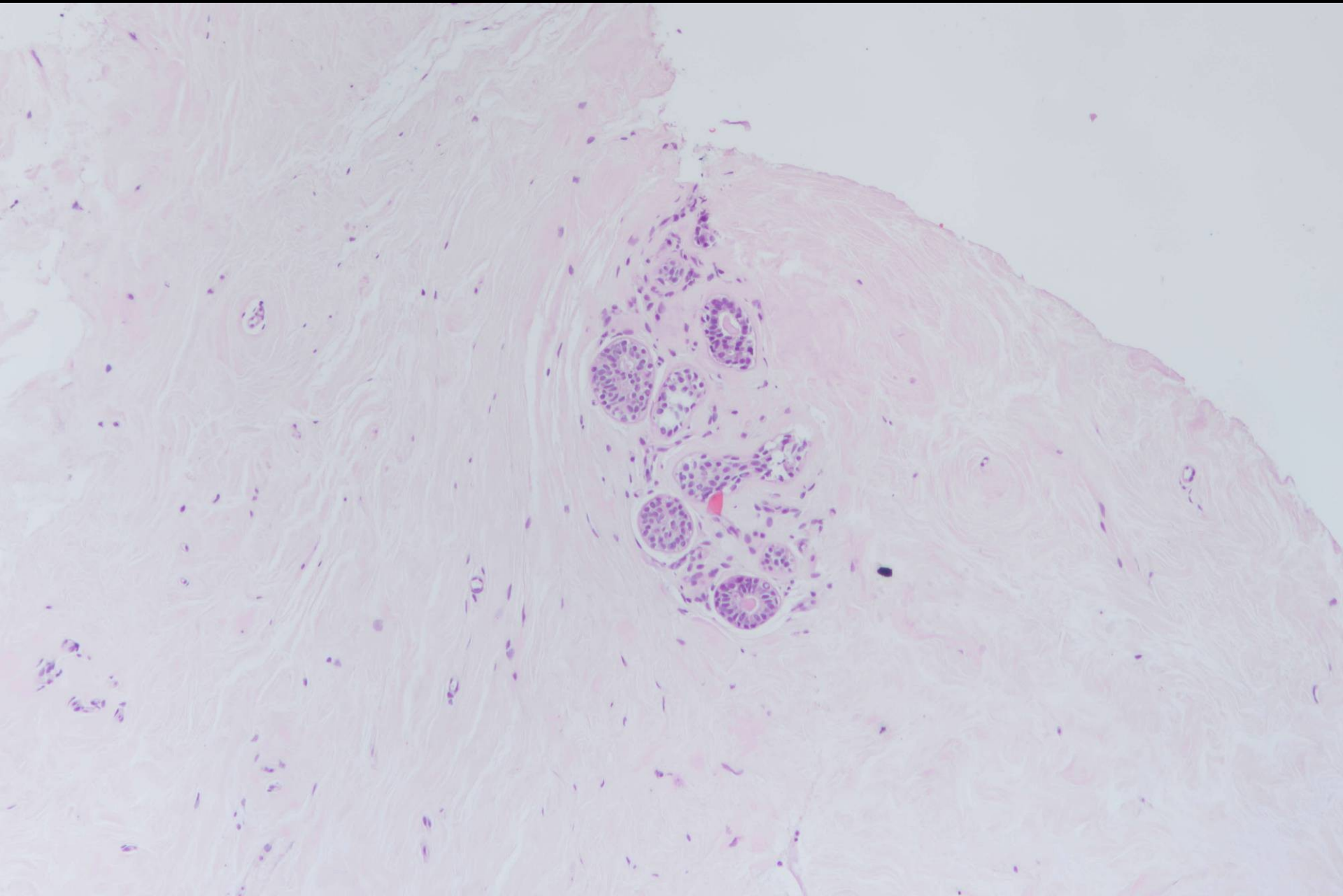


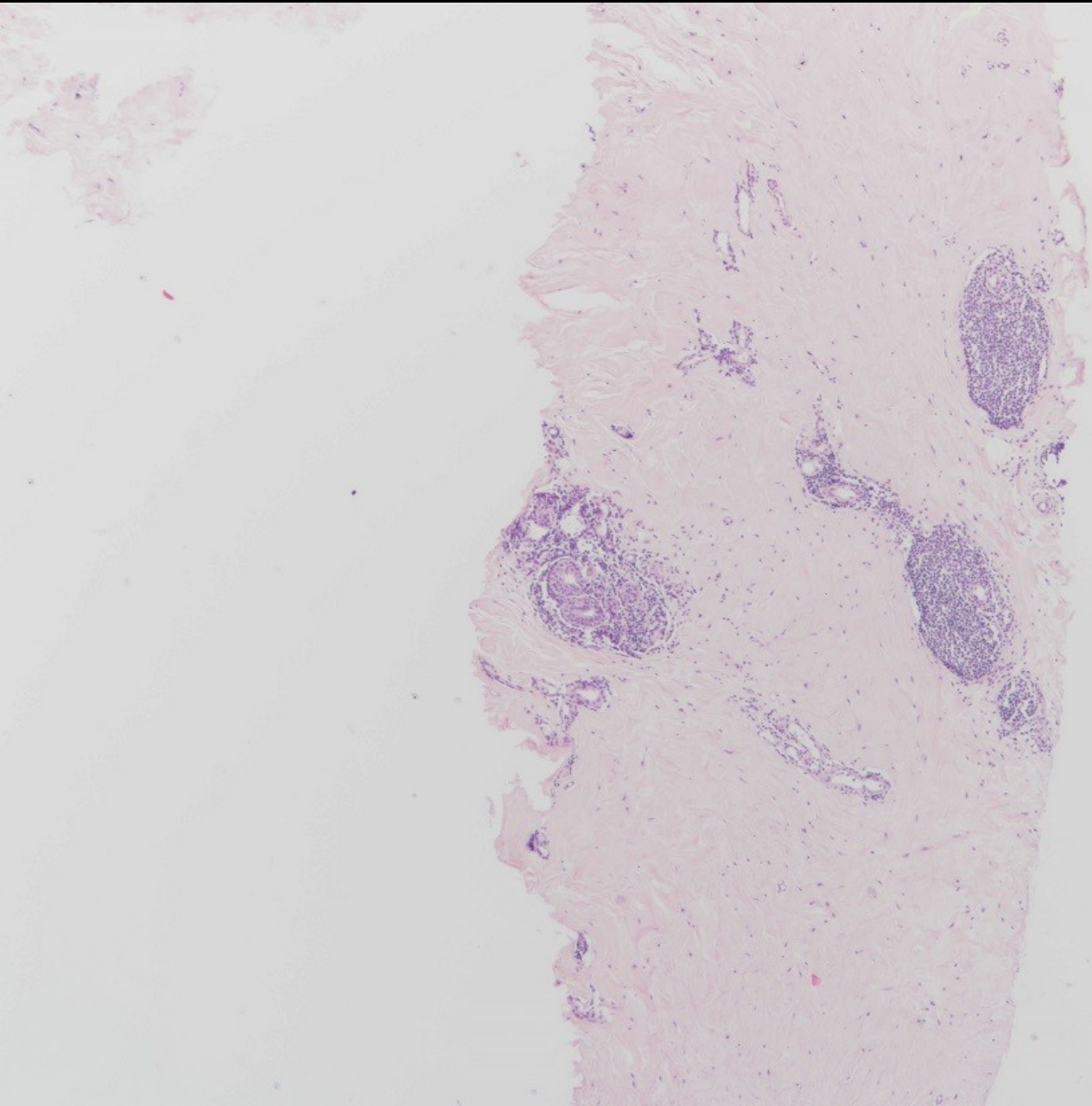
# 臨床病理討論會

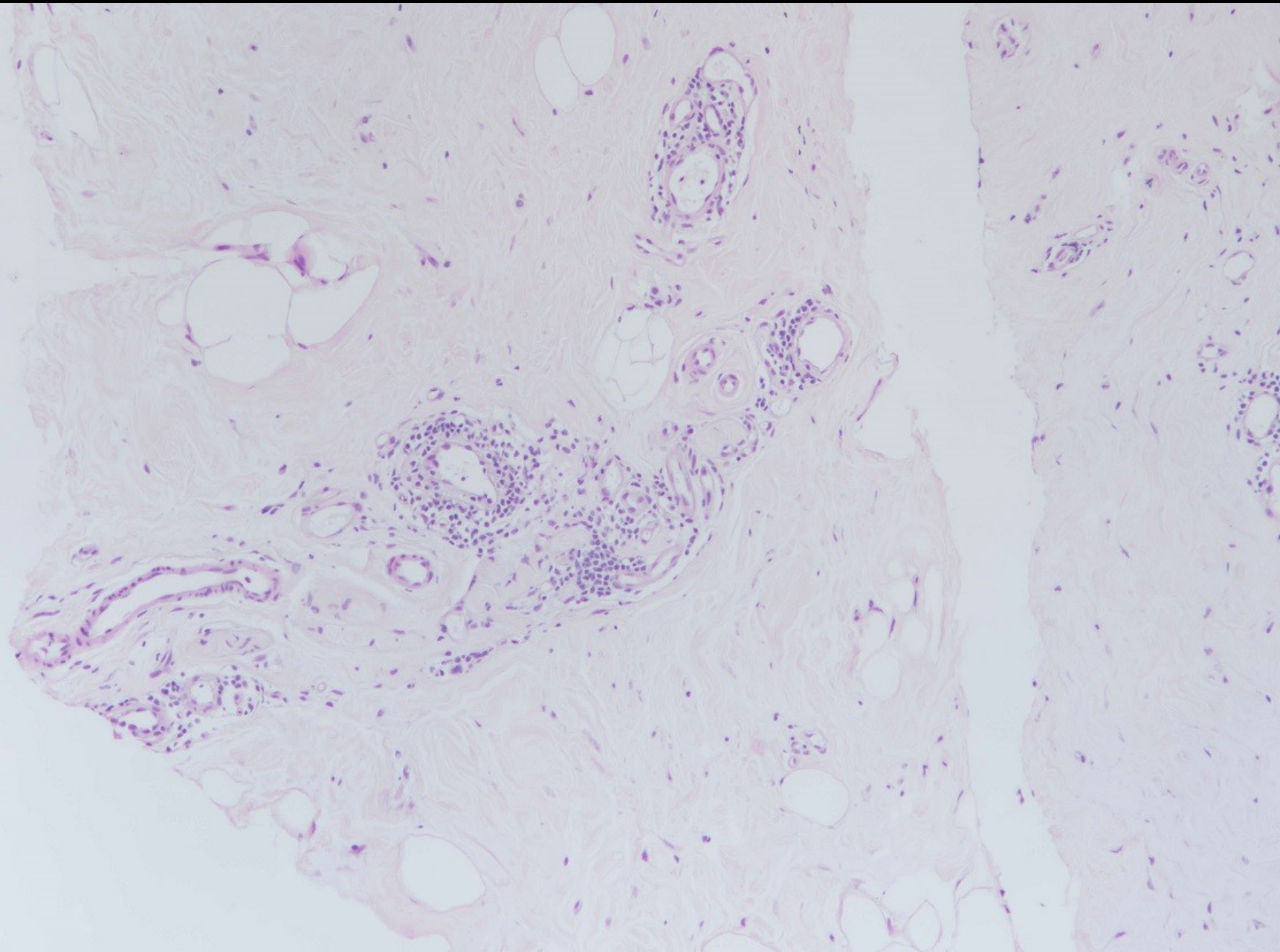
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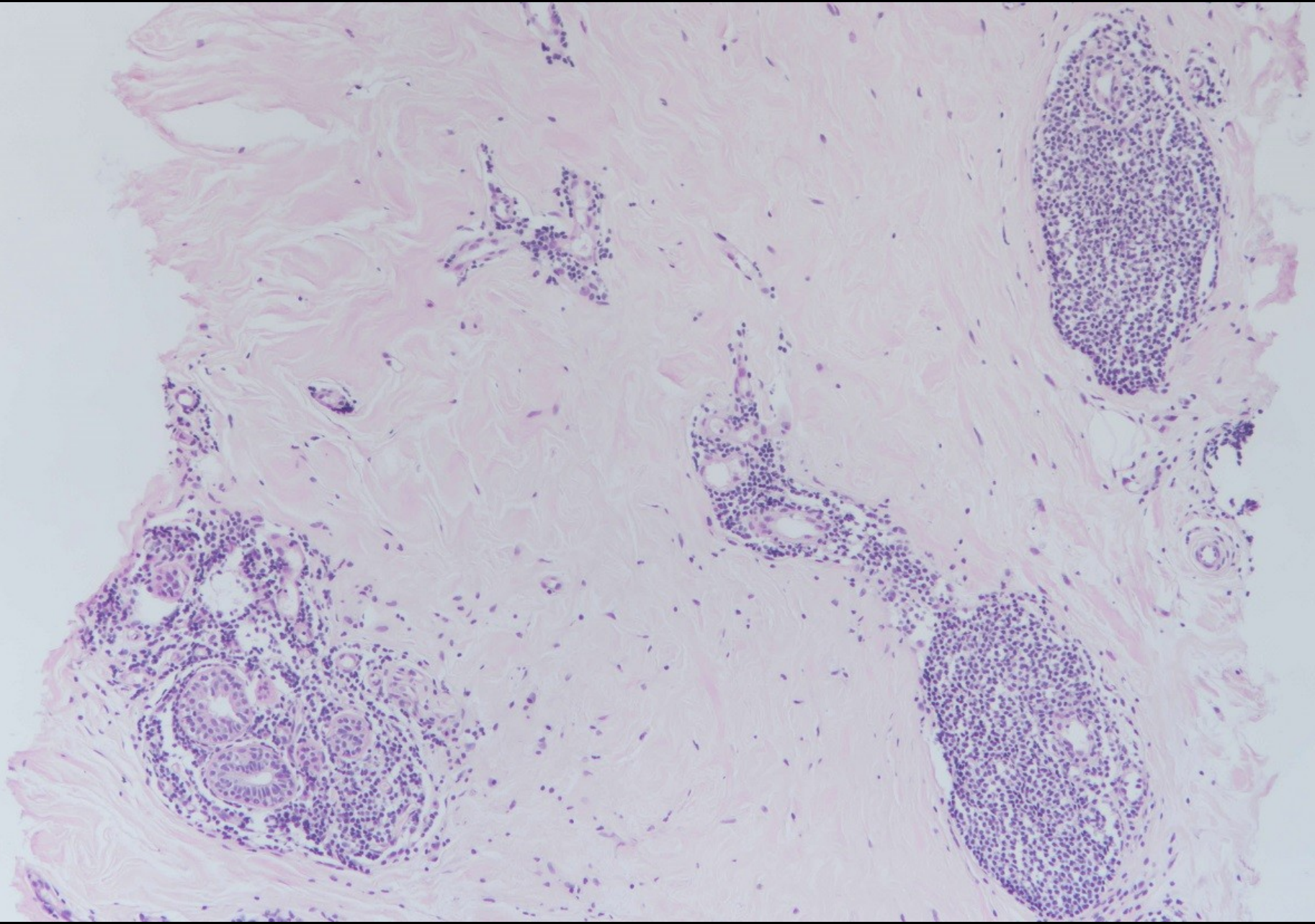
2018/4/26

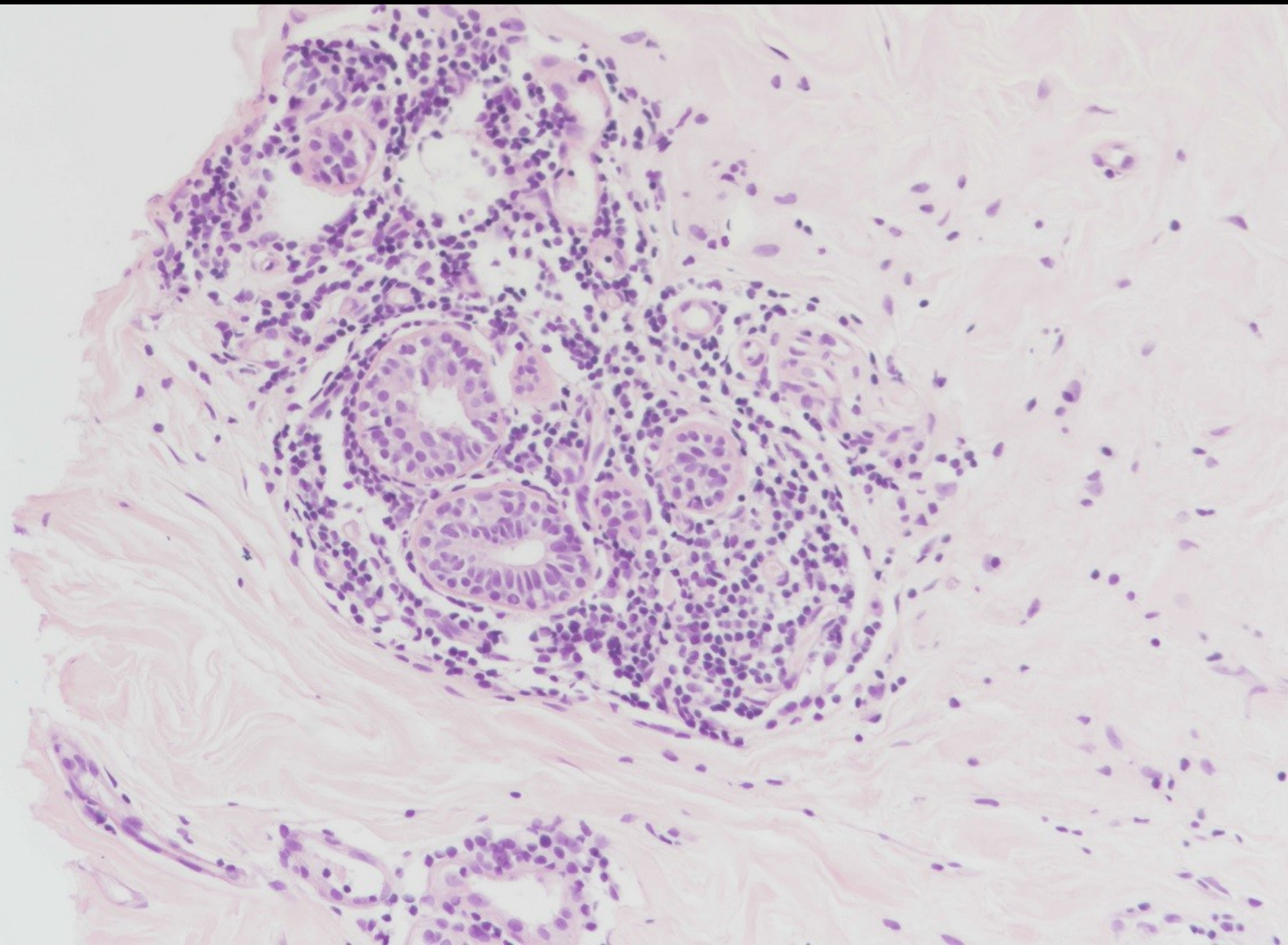


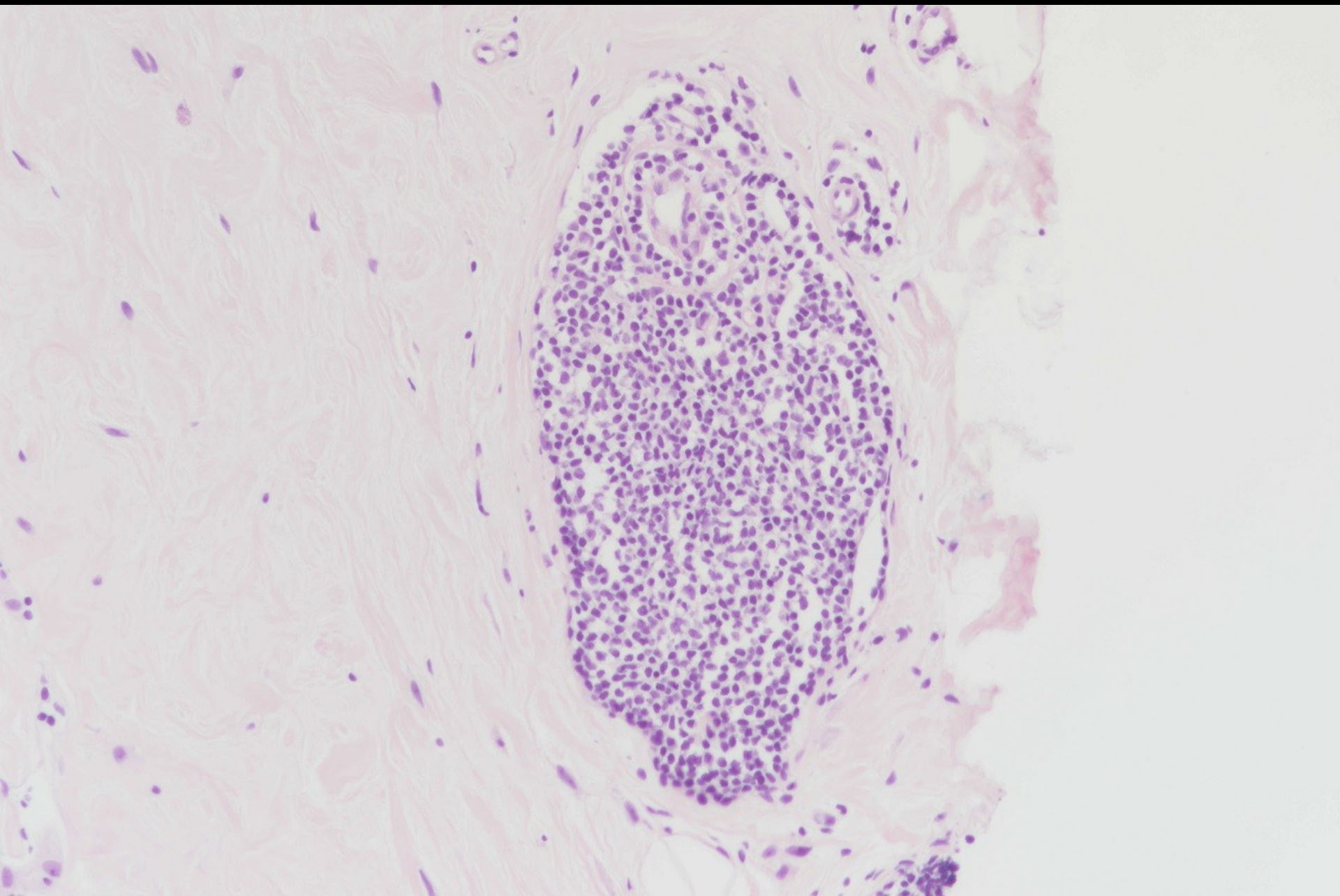




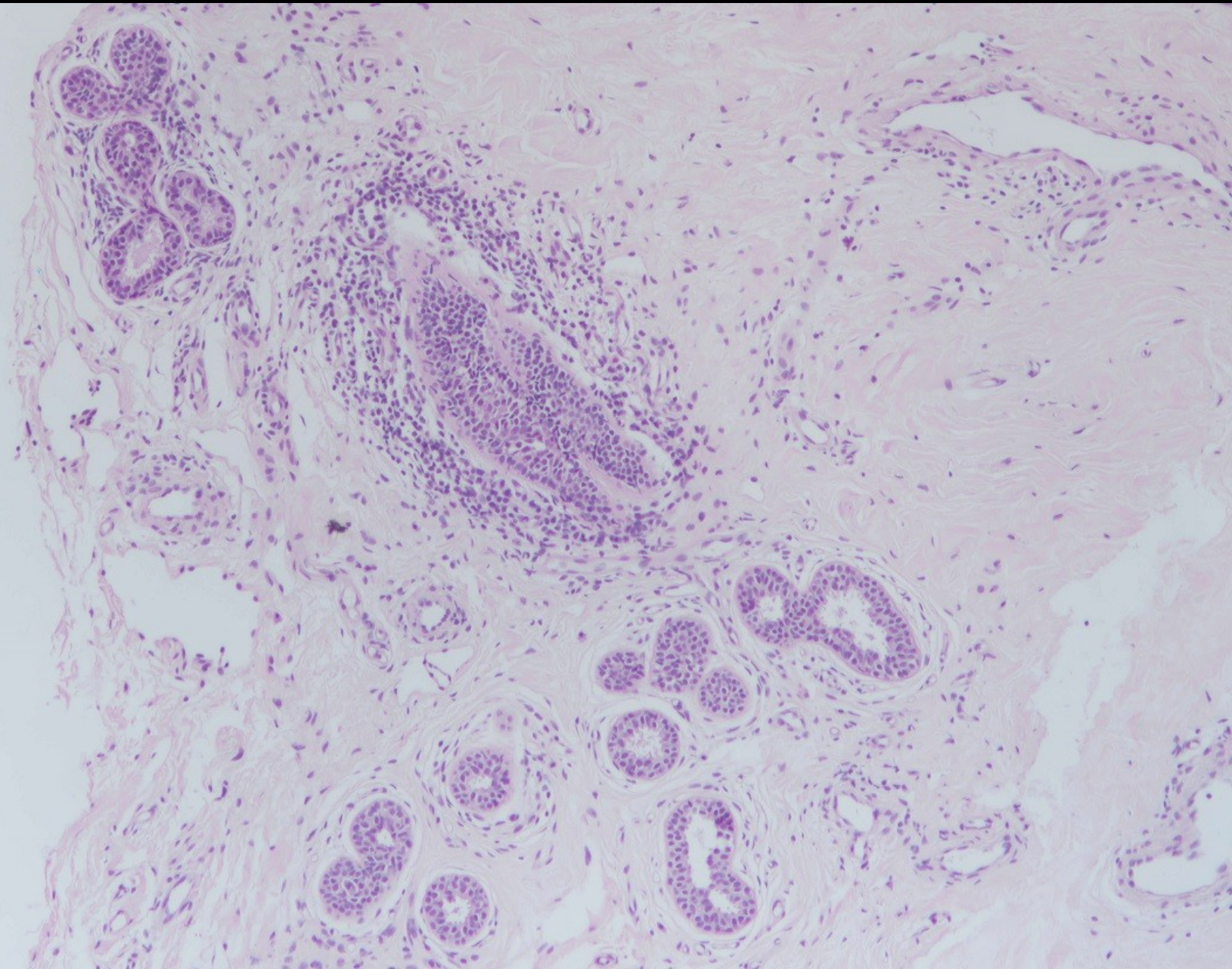


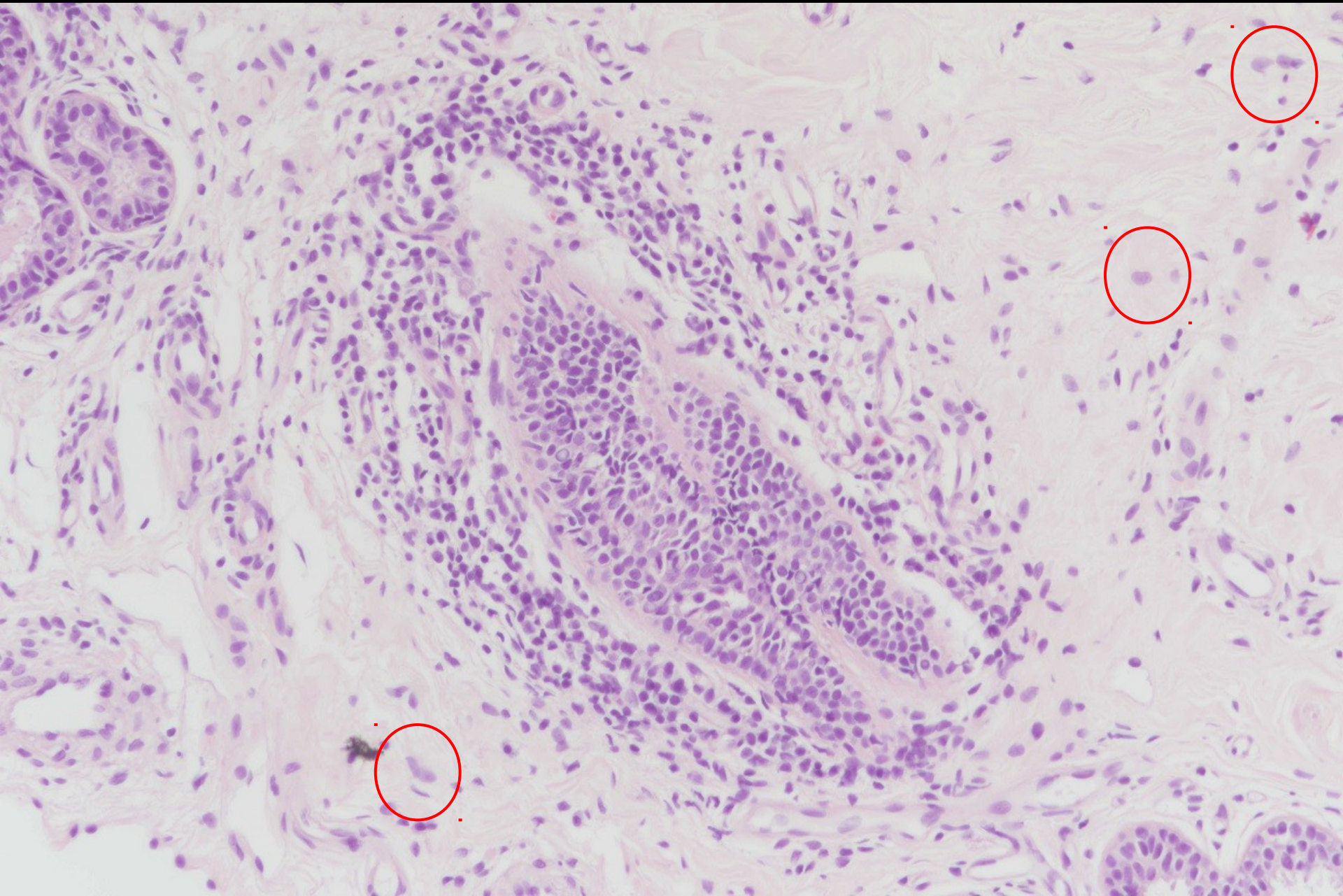


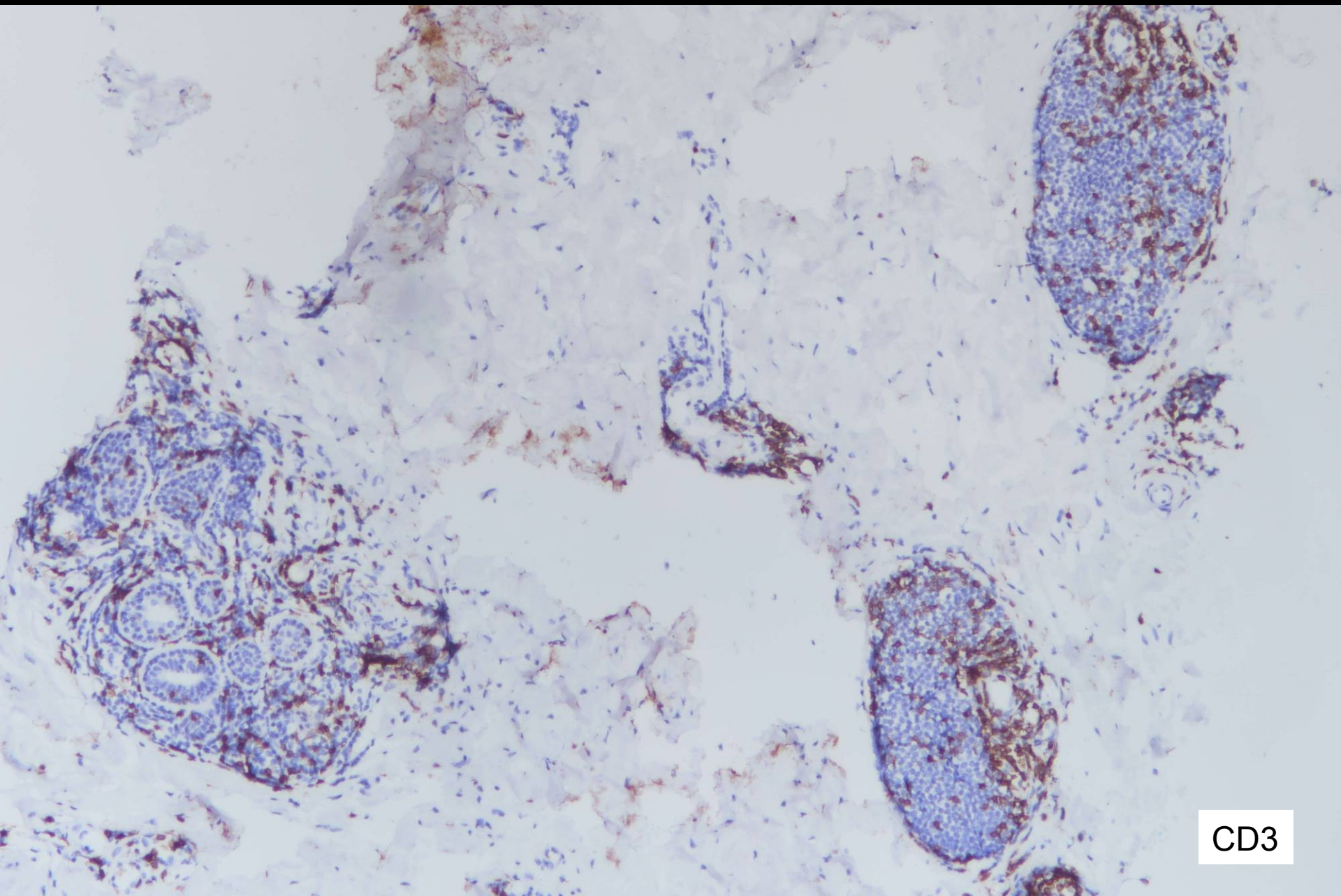




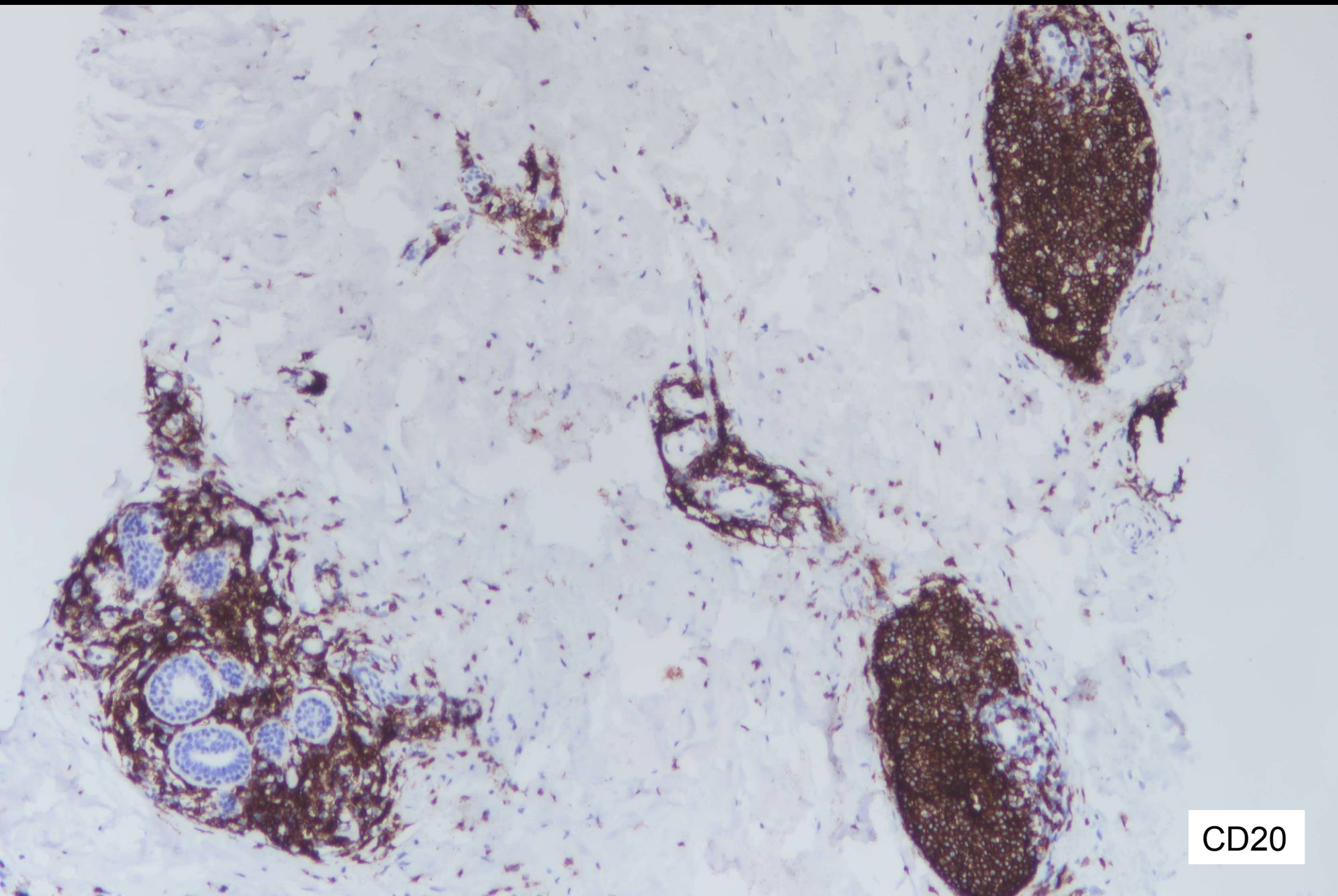








CD3



CD20

# Summary of microscopy

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- Dense perilobular, periductal and perivascular lymphocytic infiltrates
- Lobular atrophy
- Stromal sclerosis
- Epithelioid stromal cells
- IHC:
  - predominant B lymphocytes (CD20+)
  - minor T lymphocytes (CD3+)



# Pathological diagnosis

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Diabetic mastopathy

A teal circular graphic is positioned in the top-left corner of the slide, partially overlapping the white background.

# Introduction

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- The association between diabetes and breast disease was first described by Soler and Khardori in 1984
- Diabetic mastopathy
- Diabetic fibrous mastopathy
- Lymphocytic mastopathy
- Sclerosing lymphocytic lobulitis
- Lymphocytic mastitis



# Epidemiology

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- Most premenopausal women with type 1 diabetes
- Few type 2 diabetes or male patients
- 0.6% to 13% of benign lesions in woman with type 1 diabetes





# Clinical presentation

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- Painless, hard breast masses
- Unique, multiple or bilateral
- Upper outer or central part of the breast
- Can be recurrent
- Can closely mimic the clinical presentation of breast cancer



# Imaging findings

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- Mammographic findings: nondiagnostic, dense breast parenchyma with a symmetric densities with or without ill-defined masses, and lesions may be masked by the very dense tissue
- Ultrasonography: irregular hypoechoic masses with strong posterior acoustic shadowing



# Pathogenesis

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- An autoimmune reaction to the accumulation of abnormal matrix induced by hyperglycemia
- These mammary changes are not exclusive to patients with diabetes and can be seen in other autoimmune disorders (lymphocytic mastitis or mastopathy)



# Pathology

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- Lymphocytic ductitis and lobulitis
- Keloidal fibrosis
- Vasculitis
- Epithelioid fibroblasts
- Lymphocytes are predominantly B cells
- Lobular atrophy



## Diabetic mastopathy and Malignancy

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- No change in breast cancer risk in women with type 1 or type 2 diabetes

A teal circular graphic is partially visible on the left side of the slide, overlapping the edge.

# Management

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- Core biopsies when in doubt of malignancy
- Managed as a benign breast condition and, once diagnosed, removal is not necessary
- Excision for cosmetic, anxiety, or malignancy cannot be excluded



# Summary

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- Diabetic mastopathy occurs most in type 1 diabetic patient, but also includes type 2 and male patients
- Outer quadrant of breast
- Benign lesion, no malignancy potential
- Lymphocytic ductitis and lobulitis
- B Lymphocytes
- Keloidal fibrosis and lobular atrophy



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Thank You For Your Attention