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MUC immunostaining status of nuclear inverse-polarity papillary lesion lacking myoepithelial cells of the female breast and health

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Breast cancer is world threatening disease now. Hence accurate breast cancer diagnosis is very important for woman's health. The previous study demonstrated two cases of female. They have abnormality in the breast. And they came to the hospital for further examination and treatment. Radiologically, malignancy could not completely excluded. Then, breast excision was performed. Histologically, both cases revealed papillary neoplastic lesions lined by fibrovascular core and nuclear inverse-polarity without atypia. Loss of myoepithelial cells was observed by HE, p63, and calponin. Previous report indicate CK5/6, ER, p63 and MUC3 are important for distinguishing between papillary lesions according to the differential index. Based on this analysis, our 2 cases had benign lesions. Additionally, the Ki-67 index was <1% in both cases, and no evidence of disease was observed minimum 62 months of follow-up for both cases, despite lack of additional treatment. Here, we newly experimented MUC immunostainings in these cases because MUC immunostaining status is important in breast diseases. We did immunostaining of MUC1,2,4,5AC,5B and 6. The results are MUC2,4,5AC and 6 are negative. MUC1 revealed apical strong staining and also MUC5B was completely

negative. MUC1 of apical staining is thought to be benign. MUC5B is thought that the staining positivity means early cancer lesion. Hence our staining status also turn out to be benign without myoepithelial cells. In conclusion, MUC immunostaining status also proved "Nuclear inverse-polarity papillary lesion lacking myoepithelial cells" are benign lesions. Someone think this lesion's name is too long so "Tajima tumor" might be appropriate. And we think accurate diagnosis of this type of tumor may play a key role for female breast care and woman's health.

Speaker Biography

Shinya Tajima MD, PhD is graduated from Keio University School of Medicine. After getting graduated at the university, he is working in department of pathology at the same institution. He learned general pathology and likes to be a specialist of breast pathology. He is affiliated from St. Marianna University School of Medicine which is the best breast operation number in Japan. He received his PhD in radiologic-pathology from the same graduate school of medicine, Kanagawa, Japan. He is currently working at the department of pathology and radiology of this latter institution. He is now working at department of diagnostic pathology of Shizuoka Medical Center.

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