

LETTER TO THE EDITOR

Michal Zamecnik

Atypical cystic lobules: an advancing edge of low-grade ductal carcinoma in situ?

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Re: Oyama T, Maluf H, Koerner F (1999) Atypical cystic lobules: an early stage in the formation of low-grade ductal carcinoma in situ. Virchows Arch 435:413–421

Sir: Drs. Oyama and co-workers provided an excellent morphologic description of so-called atypical cystic lobules of the breast, and their discussion was very interesting, especially with respect to precancerous lesions of the breast [1]. The authors interpreted atypical cystic lobules as a forerunner of conventional ductal carcinoma in situ (DCIS), because common DCIS was absent in 10 of 62 cases, whereas 52 cases contained both atypical cystic lobules and conventional DCIS. The authors rejected the possibility that atypical cystic lobules represent the advancing edge of conventional DCIS. I believe that this is premature. In the ten mentioned cases of "pure" atypical cystic lobules, short segments of conventional DCIS might easily be missed in routine tissue sections because the study was retrospective. The cystic dilatation of the atypical lobule may be caused by ductal obstruction due to common DCIS. According to this view, the atypical cystic lobule is an edge of conventional DCIS and represents a good indicator of the presence of DCIS in the vicinity of the examined acini.

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Author's reply (T. Oyama, H. Maluf, F. Koerner)

Sir: We thank Dr. Zamecnik for his interest in our study of atypical cystic lobules [1] and especially for his comments regarding our hypothesis. We acknowledge that certain observers would regard this lesion as the advancing edge of a fully developed ductal carcinoma in-situ rather than a temporal precursor to it and that they would ascribe the absence of carcinomas in a certain number of our study cases to our failure to discover the carcinomas rather than their nonexistence. We cannot disprove this interpretation, of course, because one can never exclude the presence of an undetected carcinoma. Nevertheless, the results of our study and our daily practice of diagnostic surgical pathology lead us to favor our published interpretation. For example, we have seen several cases in which a needle biopsy specimen contains an atypical cystic lobule, yet complete sampling and thorough sectioning of a re-excision specimen did not reveal a ductal carcinoma in-situ. Direct testing of these two alternative interpretations would require serial sectioning and three-dimensional reconstruction of several examples of atypical cystic lobules. We hope that a researcher will undertake such a study so as to settle this point and put our understanding of atypical cystic lobules on a more secure foundation.

Reference

1. Oyama T, Maluf H, Koerner F (1999) Atypical cystic lobules: an early stage in the formation of low-grade ductal carcinoma in situ. Virchows Arch 435:413–421