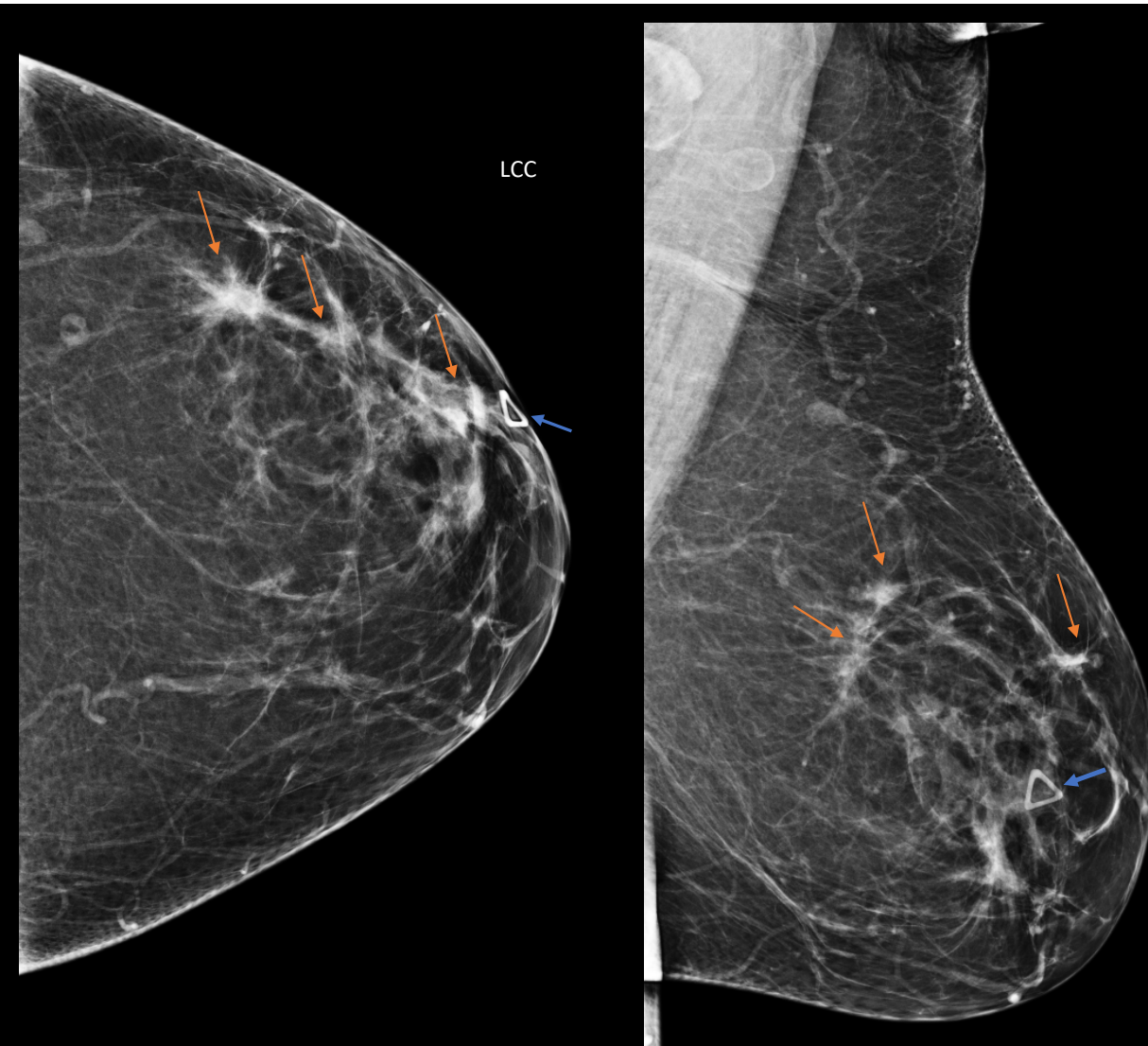


# Invasive Lobular Carcinoma

# Case

- 75 year old female presents to PCP with lump in left breast and pain in her right breast
- No significant PMHx
- No family history of breast cancer
- Physical exam shows a palpable mass in her left breast with no palpable findings in the right breast. No nipple discharge.

Next step? Diagnostic mammography! →



## MAMMOGRAM

“A **triangle marker** indicates the area of the palpable abnormality in the left breast.

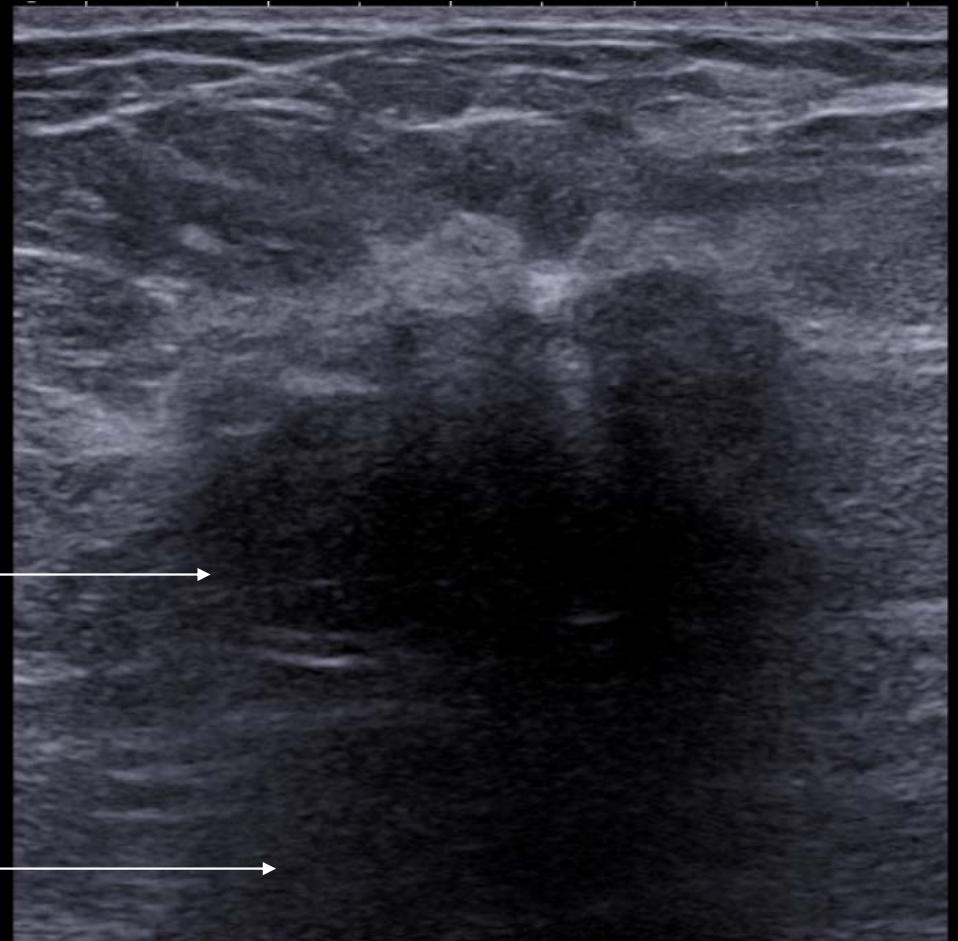
There are multiple irregular **spiculated masses** spanning a large portion of the upper outer quadrant and outer central left breast.”

## ULTRASOUND

“Sonographic evaluation of the left breast at the 3:00 location, 7 cm from the nipple reveals a 2.9 x 2.4 x 3.4 cm irregular hypoechoic mass with posterior acoustic shadowing. Highly concerning for at least multifocal breast cancer.”

mass →

posterior shadowing →



LT BREAST 3:00 7 cm fn LONG



## About invasive lobular carcinoma

- Second most common type of breast cancer (although it only makes up 8% of breast cancers!)
- Often bilateral and multicentric
- Decreased E-cadherin expression on IHC staining
- ILC originates in the milk producing glandular lobules (rather than the ducts)
- On physical exam often feels like a thickening or fullness rather than a discrete lump

## Some clinical perspective...

- ILC can be tricky to diagnose.
- It often mimics breast tissue on the mammogram.
- It can present as a developing asymmetry.
  - Look for change over time!
- Hypoechoic shadowing mass usually on US.