

PSEUDOANGIOMATOUS STROMAL HYPERPLASIA OF BREAST: A CASE REPORT

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INTRODUCTION: Pseudoangiomatous stromal hyperplasia (PASH) is a benign breast entity rarely reported in the medical literature. It is a mesenchymal proliferative lesion of the breast that mimic malignant lesion as the PASH tumors have a broad spectrum of clinical presentation.⁽¹⁾ While it is uncommon, fewer than 1,500 cases have been reported in the literature.⁽²⁾ Hence, we are reporting a case of 40 year old female who presented with subareolar lump in the right breast diagnosed with PASH for its rarity.

CASE DETAILS AND GROSS EXAMINATION

A 40 year old female presented with subareolar lump in the right breast. The lump was excised and sent for histopathological examination. On gross examination, the mass appears single ovoid of grey white to grey brown polypoid lobular mass measuring 1.5x1x0.5 cm. Cut section shows grey white lobulation and yellowish appearance.

MICROSCOPY

Section studied shows sclerosed stromal tissue with slit like spaces lined by spindle shaped cells. At places, tiny lobules of breast tissue and scattered tiny ducts are seen. No atypia is seen.

Based on the histopathological appearance, diagnosis of Pseudoangiomatous stromal hyperplasia (PASH) was made and immunohistochemical profiling was done to confirm the diagnosis. Blocks sent for IHC revealed CD34 positivity, consistent with the myofibroblastic origin of tumor and Factor VIII highlighting the vessels and negative for PR, thus confirming the diagnosis of PASH.



Fig 1:(10x)



Fig 2:(10x)



Fig 3:(10x)

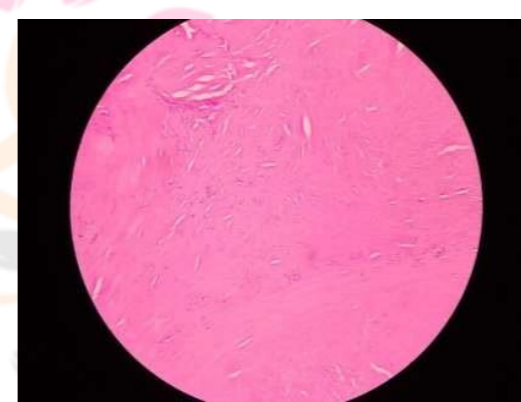


Fig 4:(10x)

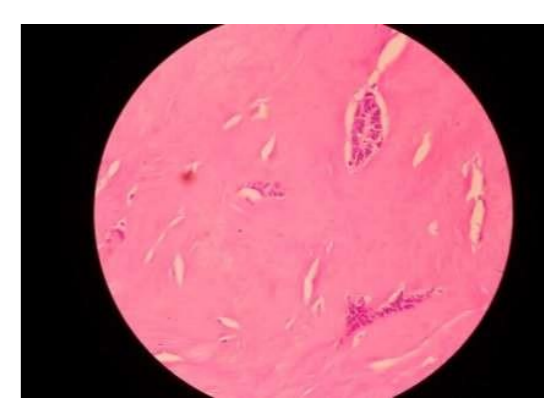


Fig 5: (40x)

Figure 1-5 shows sclerosed stroma with slit like spaces and tiny lobules of breast.

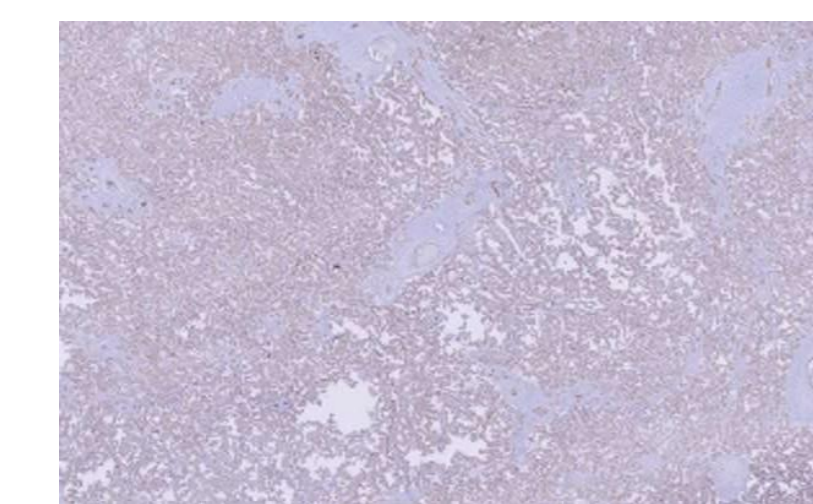


Fig 6: shows CD34 positivity for myofibroblastic stroma

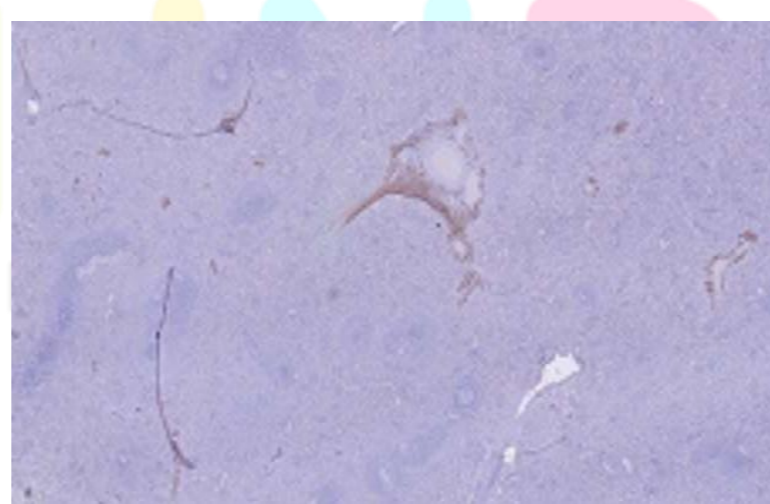


Fig 7: shows Factor VIII highlighting the vessel

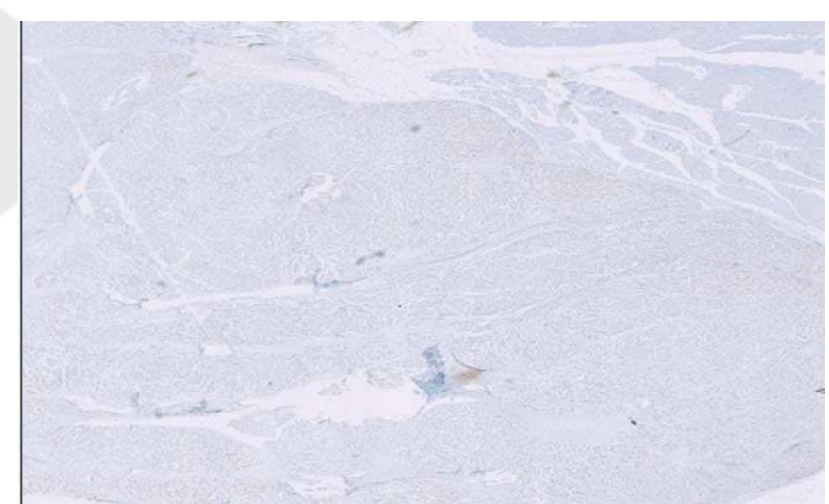


Fig 8: shows negative for PR

DISCUSSION

Pseudoangiomatous stromal hyperplasia is a benign proliferation of stromal myofibroblasts characterised by dense collagenous stroma forming pseudoangiomatous capillary like spaces lined by slender spindle cells. It is mostly found in the premenopausal and perimenopausal women.⁽²⁾ Although, the exact pathogenesis is unclear, it is considered that hormonal factors play an important role in the development of PASH. It may present as a palpable mass or as an incidental findings. Most PASH mimic fibroadenomas or hamartomas on imaging and are often described as well defined masses on mammography and well circumscribed hypoechoic lesion on sonography, thus lacking the specificity and rendering it non-diagnostic.⁽⁴⁾ IHC will show positivity for CD34 which is consistent with a myofibroblastic stromal origin of the tumor.⁽³⁾

CONCLUSION

Pseudoangiomatous stromal hyperplasia is a rare breast entity with diverse clinical presentation and non-specific radiological features. The definitive diagnosis is established on biopsy and histopathology. And it is the Pathologist alone who with the help of IHC can provide the final diagnosis.

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