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Metaplastic carcinoma

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Metaplastic breast carcinoma is a heterogeneous group of uncommon malignant entities. It is thought to constitute between 0.2 to 5% of all breast cancers. This term is used by many to denote tumours with mixed epithelial and sarcomatoid components, as well as primary squamous or mixed adenocarcinoma and squamous cell carcinoma. Carcinoma of the breast arises from the mammary glandular epithelium and shows ductal or lobular differentiation. However, a few cases of breast cancer transform into a non-glandular growth pattern and they are postulated as metaplasia of carcinoma. Metaplastic carcinomas are rare forms of invasive carcinomas of breast. It includes various categories: Sarcomatoid carcinoma, carcinosarcomas and matrix producing carcinomas, Spindle cell carcinomas, Carcinomas with osteoclast like giant cells, Squamous cell carcinoma, Melanocytic differentiation, Choriocarcinomatous features, and Pleomorphic carcinomas.

The gross appearance of metaplastic breast carcinoma with squamous cell carcinoma differs little from that of the usual breast carcinomas, although sometimes a large central cyst filed with keratin can be identified. Microscopically, metaplastic breast carcinoma can show a pure spindle cell pattern or mixed epithelial and mesenchymal pattern. The epithelial component is often a ductal, non-specific type pattern but may also have squamous features or apocrine, medullary and mucinous patterns. The spectrum of squamous differentiation ranges from mature keratinizing epithelium to poorly differentiated carcinoma with spindle cell pseudosarcomatous areas.

Most metaplastic carcinomas are sporadic, but there may be a slight propensity for metaplastic spindle cell carcinoma to arise from pre-existing lesions, including papillomas, complex sclerosing lesions and nipple adenomas. Metaplastic or spindle cell carcinomas arising from such lesions can show a varying degree of malignancy, ranging from low to high grade. This type of lesion should also be differentiated from the so-called reactive spindle cell nodule, which is believed to be benign and may also complicate pre-existing lesions such as papillomas or complex sclerosing lesions. The diagnosis of this group of lesions is by morphology for carcinomas with a squamous component or a pure squamous carcinoma, and by immunohistochemistry for those with a sarcomatoid or spindle cell carcinoma, coexpressing vimentin and cytokeratin. As metaplastic carcinoma of breast is aggressive tumour, early diagnosis is must. Further research on the mechanisms of carcinogenesis and the potential importance of newer molecular markers will need to be performed in order to develop better prognostic factors for this disease.

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