



Editorial

A mini review of cryptic lesions of the breast

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The review's discussion point is columnar cell lesions. The terminal duct lobular unit is normally lined by cuboidal epithelium; if it is lined by columnar cells, then we call it columnar cell lesions.¹ Columnar cell lesions comprise columnar cell change, columnar cell hyperplasia, and flat epithelial atypia. It is a spectrum of changes from columnar cell change to hyperplasia and flat epithelial atypia.²

The columnar cell change is a 1-2 layer of tall cells with bland nuclei lining the ducts with apical snouts, secretions, and microcalcification. They exhibit strong positivity for estrogen.³ The duct showing more than 2 layers without complex architecture or atypia represents columnar cell hyperplasia. The ducts are lined by columnar cells with cytological atypia in the form of elongated, enlarged, mildly hyperchromatic nuclei with increased nuclear-to-cytoplasm ratio and with or without prominent nucleoli, with loss of perpendicular orientation to the basement membrane represents the flat epithelial atypia.¹ This has to be differentiated from the usual ductal hyperplasia, atypical hyperplasia, and low-grade ductal carcinoma in situ. The columnar cell lesions are seen in association with other proliferative breast diseases like hyperplasia and ductal carcinoma, both in situ and invasive. So, the presence of columnar cell change should prompt you to search for ductal carcinoma by further sectioning.⁴ The columnar cell changes and columnar cell hyperplasia need no treatment and can be kept under observation. Though the flat epithelial with atypia

is considered a benign proliferative breast lesion, it carries a 5% risk of upgradation to malignancy.⁵

1. Conclusion

The columnar cell lesions are rare breast lesions. It is a spectrum of lesions ranging from columnar change to hyperplasia and atypia. It is most often associated with other proliferative breast diseases like atypical ductal hyperplasia and ductal carcinoma. Whenever a columnar lesion is picked up in a biopsy, further evaluation should be done for associated lesions. The flat epithelial atypia can upgrade to carcinoma. So, the patients with flat epithelial atypia should be under surveillance.

2. Conflict of Interest

None.

References

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