Incidental minimal atypical lobular hyperplasia on core needle biopsy: correlation with findings on follow-up excision

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Abstract

Introduction: Atypical lobular hyperplasia is usually an incidental finding in breast core biopsies that are performed for microcalcifications or mammographic densities. It is largely considered to be a risk factor for invasive carcinoma rather than a direct carcinoma precursor. There are relatively few series that focus on the management of atypical lobular hyperplasia identified on core biopsy, the results of which are controversial. Moreover, atypical lobular hyperplasia is not separated from lobular carcinoma in situ in most of these studies. We review our experience with incidental minimal atypical lobular hyperplasia diagnosed on core biopsy over the past 10 years, and correlate with follow-up excision results.

Design: We evaluated all cases of atypical lobular hyperplasia diagnosed on core biopsy from 1999-2009, only including cases that 1) had 3 or fewer foci of atypical lobular hyperplasia (minimal), not associated with discordant calcifications or a mass 2) had follow-up excision; and 3) did not contain another lesion that by itself would require excision (such as atypical ductal hyperplasia or intraductal papilloma). Cases in which the clinical and radiologic impressions suggested that a mass lesion had been missed on the biopsy, or in which the calcifications seen on mammography did not match those seen in the biopsy, were excluded. Therefore the excisions in these cases were performed because of the diagnosis of atypical lobular hyperplasia.

Results: We identified 40 cases of incidental minimal atypical lobular hyperplasia during this time period. Thirty-five core biopsies (87.5%) were performed for microcalcifications, with the remaining 5 (12.5%) done for a mass or other radiographic abnormality. On follow-up excision, 24 cases (60%) showed residual atypical lobular hyperplasia and 14 cases (35%) did not harbor a neoplasm. Only 3 cases had atypical lesions other than atypical lobular hyperplasia (7.5%): 2 cases had lobular carcinoma in situ (1 focally), and 1 case had focal mild atypical ductal hyperplasia separate from the biopsy site.

Conclusion: In our retrospective series, none of the cases had a lesion on excision that would have required further treatment, suggesting that these patients can be managed more conservatively. We propose that, if there is close radiologic correlation, clinical observation, and follow-up, minimal incidental atypical lobular hyperplasia (limited to 3 or fewer foci) on core biopsy does not require re-excision.