

Infiltrating Lobular Carcinoma

Definition of terms:

Carcinoma— Cancer cells that start in the surface layers or lining of the ducts

Hormonal Therapy— Treatment with hormones or anti-hormonal medications

Infiltrating— Cells that go through the walls of the lobules

Invasive— Cells that have grown into surrounding tissues

Lymph Nodes— Pea-like areas in the lymphatic system that act as filters for the body's cellular waste; lymph nodes under the arms filter the waste from the majority of breast tissues

Lobular— Found in the lower parts of the ducts where the milk is produced

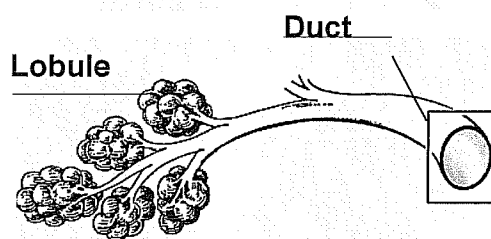
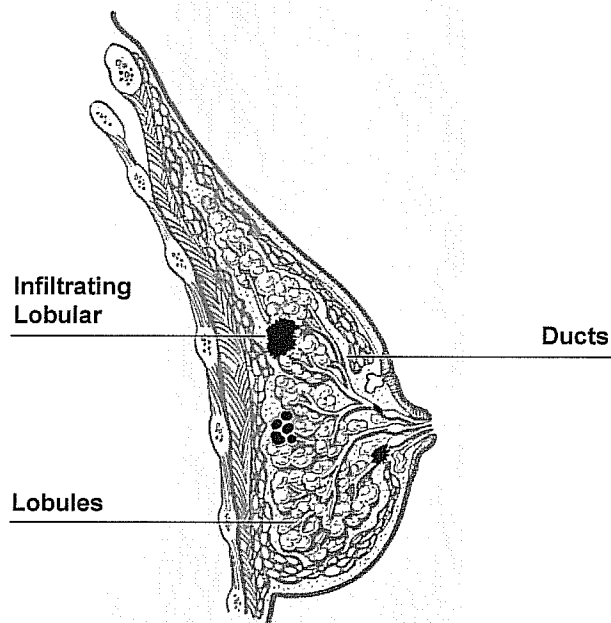
Malignant— Cancerous; a threat to the body

Mastectomy— Surgical removal of a breast

Metastasis— Spread of cancer to other parts of the body

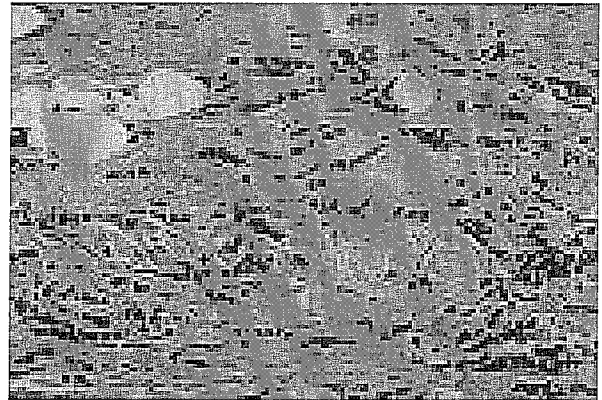
Tumor— Excessive growth of cells that create a lump; may be cancerous or non-cancerous

Infiltrating lobular carcinoma accounts for about 5 percent of all malignant, invasive cancers. It occurs most frequently in women between the ages of 45 and 56. The tumor grows in the terminal (last part) of the lobules where milk is produced. It usually does not show up on mammography and may feel like a thickening in the upper-outer quarter of the breast (from the nipple to under the arm) as it infiltrates the walls of the lobules.



Infiltrating lobular carcinoma has a higher incidence of occurring in the opposite breast. It is often found in other parts of the same breast (multicentric). Late signs of a large tumor area may be the retraction or puckering of the skin over the area. Most tumors are positive for estrogen and progesterone receptors and thus respond well to hormonal therapy. Infiltrating lobular carcinoma sometimes has an increased incidence of spreading to the uterus and ovaries.

Surgery may range from a lumpectomy to a mastectomy to bilateral (both breasts) modified radical mastectomy because of the risk of cancer being in other parts of the breast. Treatment options will vary according to the size of the tumor, lymph node involvement, estrogen/progesterone receptor status, age and menopausal status of the patient.



Infiltrating Lobular Carcinoma Pathology Slide

Cells have invaded lobular wall and grown into surrounding tissues in an Indian trail pattern.