

Sarcoma

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Sarcomas, most commonly fibrosarcoma and angiosarcoma, may arise de novo from the mesenchymal tissues of the breast. Enrico Sertoli , 1842–1910, Italian physiologist, discovered the Sertoli cells of the testis in 1865. Thomas Hodgkin , 1798–1866, lecturer in morbid anatomy and curator of the museum, Guy’s Hospital, London, UK, described Hodgkin’s lymphoma in 1832. Summary box 58.6 Prognosis /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF - /uni25CF Some genetic conditions (Li-Fraumeni, neurofibromatosis type 1), exposure to alkylating agents, vinyl chloride or arsenic, - prior radiotherapy (e.g. for Hodgkin’s lymphoma) and chronic lymphoedema are associated with the development of sarcoma. Angiosarcoma (Figure 58.40) is the most aggressive of all breast tumours and arises from the endothelial cell lining of vascular or lymphatic channels. Angiosarcoma is associated with prior radiotherapy and carries a very poor prognosis.

Figure 58.39 Carcinoma of the male left breast (courtesy of Professor Mike Dixon). Disease factors Patient factors a Size of tumour Younger age Stage of disease Premenopausal a women Axillary lymph node involvement a BRCA -associated Grade of tumour tumour Histopathological variant Family history of (metaplastic carcinoma is breast cancer aggressive): Prior history of Her2/neu positive and triple breast cancer negative Obesity, sedentary Presence of lymphovascular lifestyle invasion Failure to complete Extensive DCIS component intended treatment High Ki-67 index DCIS, ductal carcinoma in situ . a The Nottingham prognostic index (NPI) is used to determine prognosis following surgery. It is calculated using tumour size /uni00A0 (S), number of involved lymph nodes (N) and tumour grade (G).
$$NPI = (0.2 \times S) + N + G$$
 Patients are grouped into four categories according to the NPI score: I (excellent) ≤ 2.4 ; II (good) >2.4 but ≤ 3.4 ; III (moderate) >3.4 but ≤ 5.4 ; and IV (poor) >5.4 .

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