POSTER NO. P10

Bilateral Diffuse Tumorous Pseudoangiomatous Stromal Hyperplasia (PASH): A Rare and Underdiagnosed Entity Diagnosed Through Multidisciplinary Radiology-Pathology Collaboration

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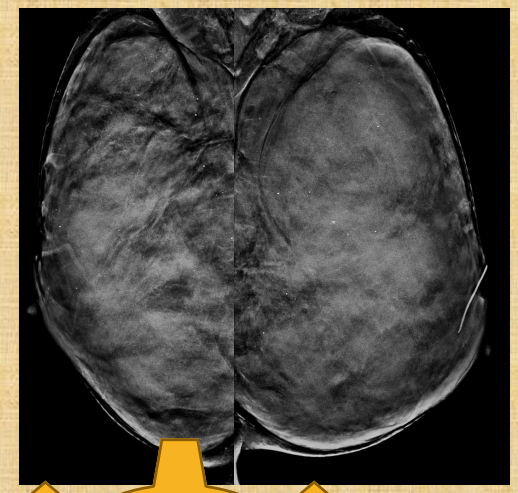
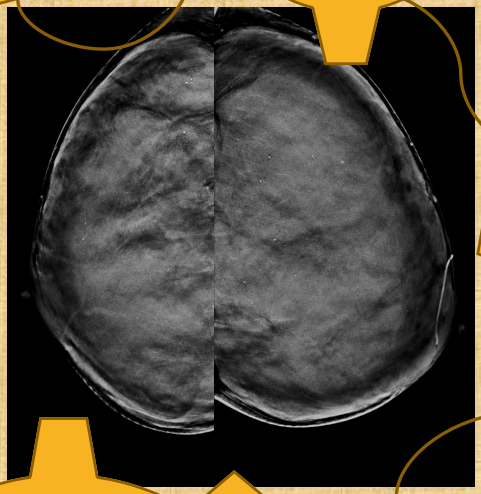
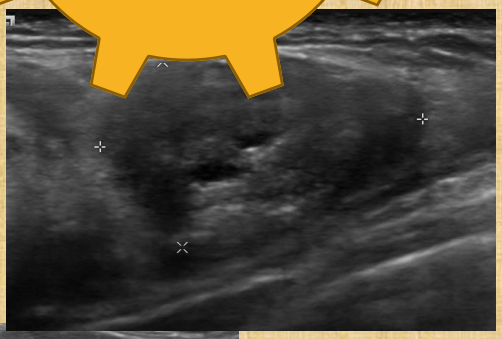
39yo lady presented with cyclical mastalgia and breast lumpiness

P/E: multiple lumps in both breasts with non-discrete margins, surrounded by areas of lumpiness

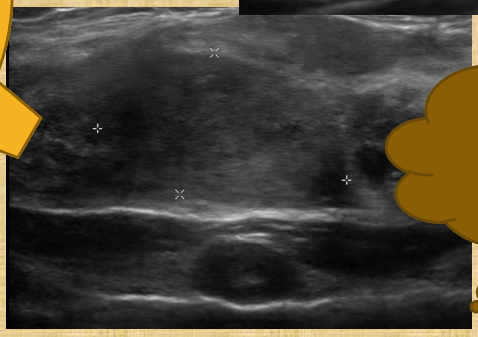




Mammograms: Multiple well-defined & partially circumscribed masses in both breasts

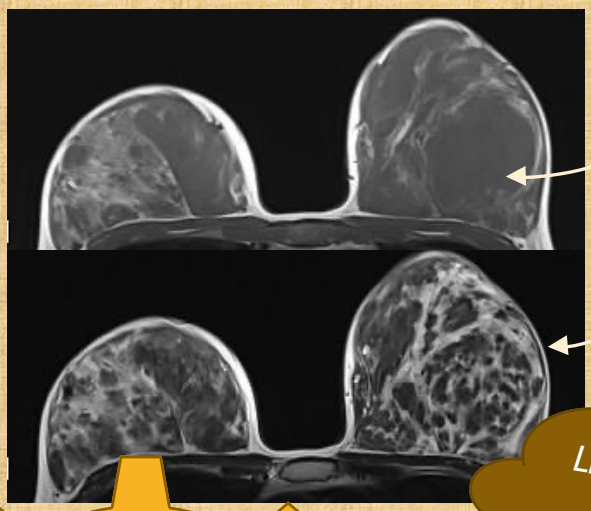


USG: Solid, well-circumscribed homogeneously hypoechoic masses, may have cystic component, posterior sound quality varies from moderate enhancement to mild shadowing



Non-specific imaging findings! DDx fibrocystic changes, sclerosing adenosis, focal epithelial hyperplasia….

Bilateral Diffuse Tumorous PASH



MRI:
Isointense masses on T1W
Linear reticular "lacelike" pattern on T2W → slit-like spaces within the lesion

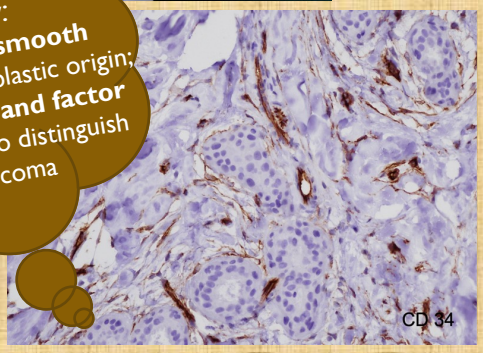
Linear reticular lines → helpful clue to diagnose PASH !

Pathology (macroscopic):
Tumourous PASH is well-circumscribed, firm, rubbery mass with solid, homogenous, grey-white cut surface

MRI pattern recognition → order specific pathology tests!

Pathology (microscopic):
stromal hyperplasia and slit-like spaces outlined by endothelial-like spindle cells and imitating blood vessels

Immunohistochemistry:
+ve for CD34, vimentin or smooth muscle actin supports myofibroblastic origin;
-ve for CD31 and von Villebrand factor which are endothelial markers to distinguish from low-grade angiosarcoma



Learning points:

- ***Tumoural PASH is a rare disease entity, where mammographic and ultrasonic appearances are often non-specific.***
- ***Recognition of uncommon but diagnostic PASH imaging patterns on MRI could guide core biopsy and subsequent pathological confirmation tests, minimizing time to diagnosis and to avoid unnecessary biopsies.***