

# *Pathologie du Sein*

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Réf.: Robbins Anatomie Pathologique

3<sup>ème</sup> Ed. Française (6th Ed.)

# Sein normal, Lésions

## NORMAL

Terminal duct  
Lobular unit

Lobular stroma

Nipple and areola:

Smooth muscle

Large ducts and  
lactiferous sinuses

Interlobular stroma

Pectoralis muscle

Chest wall and ribs

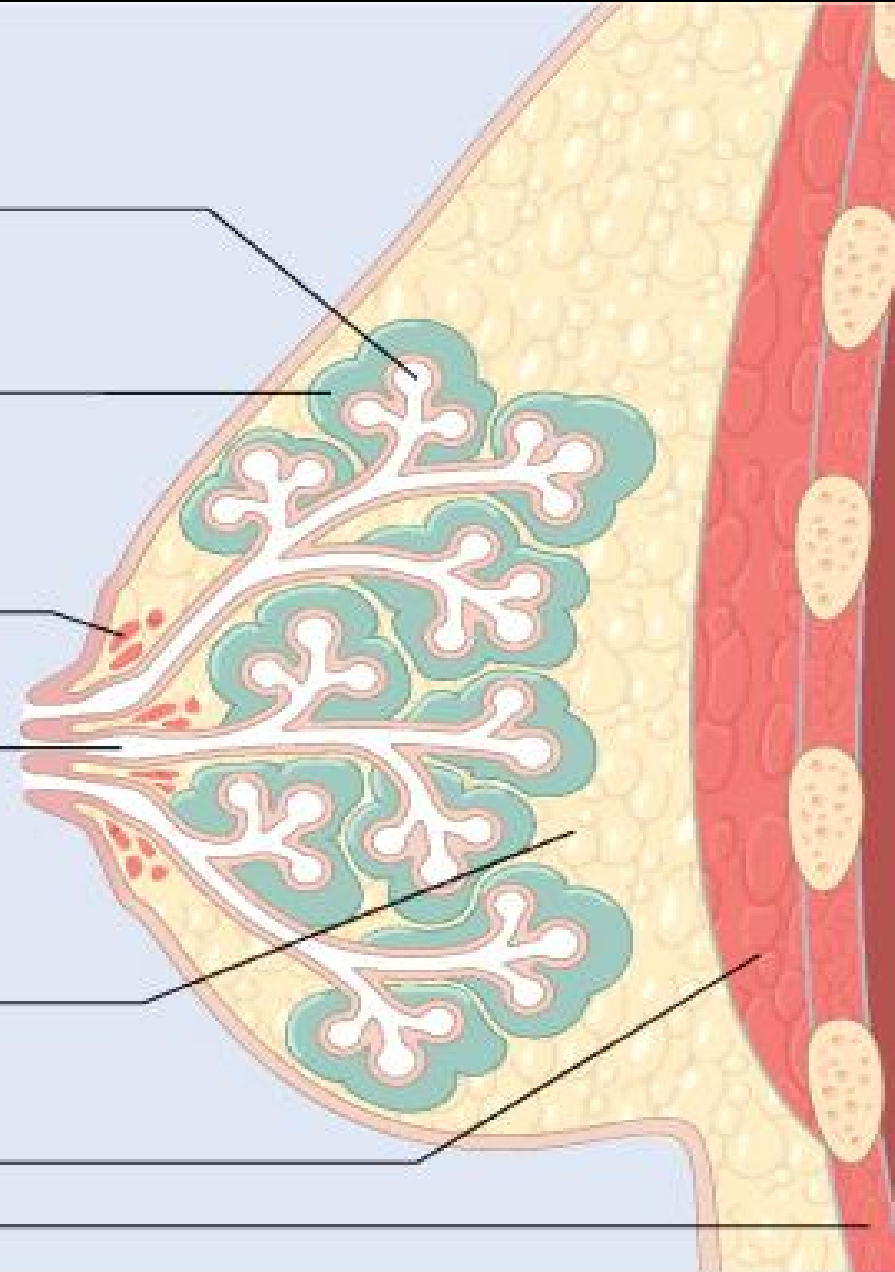
## LESION

Cyst  
Sclerosing adenosis  
Small duct papilloma  
Hyperplasia  
Atypical hyperplasia  
Carcinoma

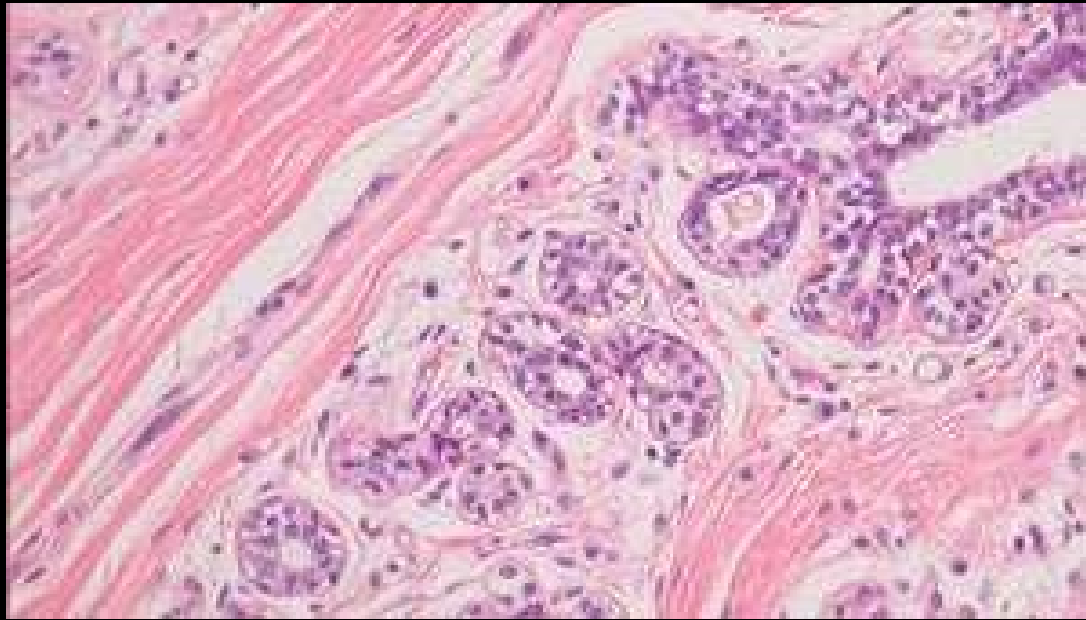
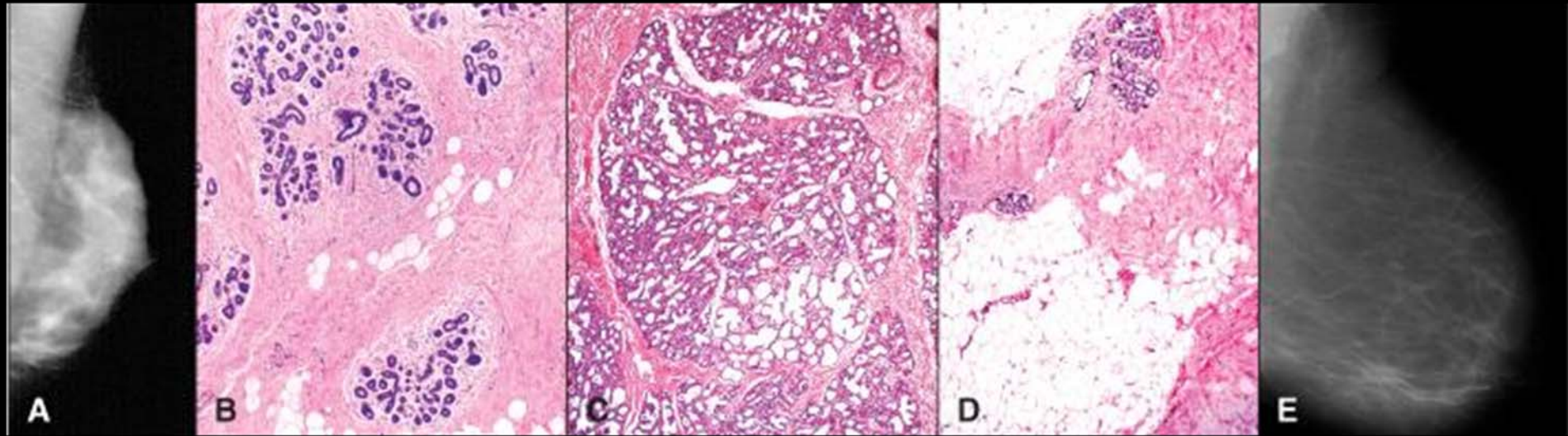
Fibroadenoma  
Phyllodes tumor

Duct ectasia  
Recurrent subareolar  
abscess  
Solitary ductal papilloma  
Paget's disease

Fat necrosis  
Lipoma  
Fibrous tumor  
PASH  
Fibromatosis  
Sarcoma



# *Sein normal, évolution*

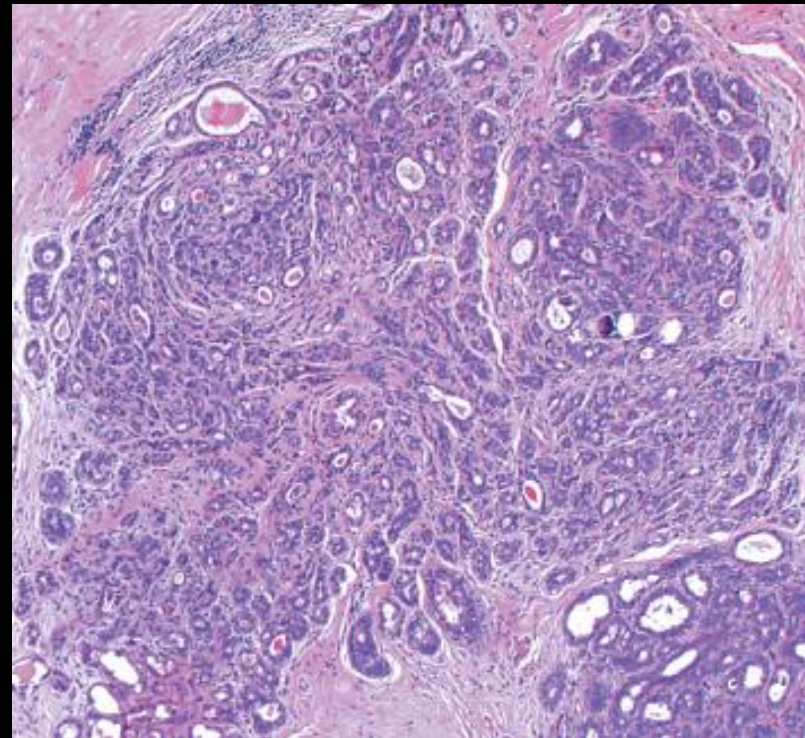
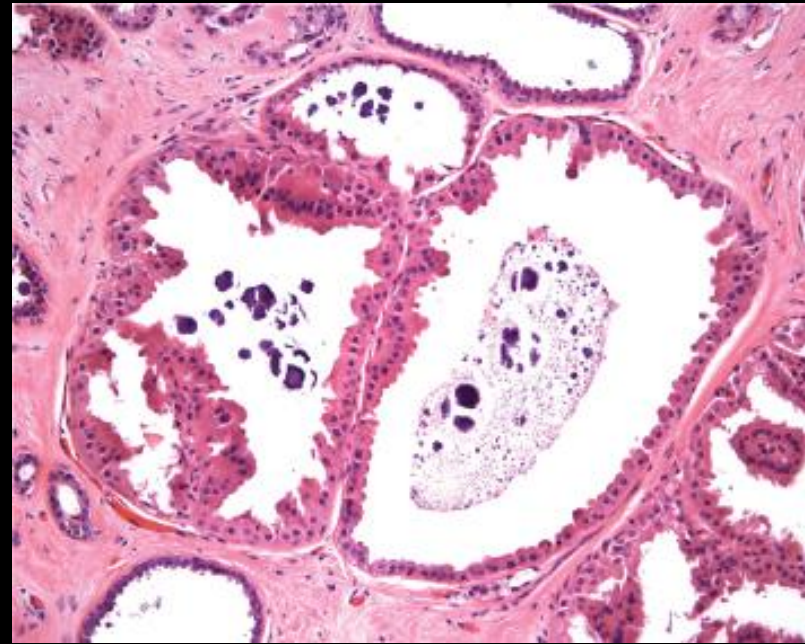


# *Sein*

- Anomalies de développement
  - Mamelon et sein surnuméraires
  - Tissu mammaire axillaire accessoire
- Inflammations
  - Mastite aigue: post-partum
  - Ectasie canalaire
    - 50-60 ans
    - Dilatation, inflammation, Fibrose
    - Écoulement, rétraction mamelon
  - Cytostéatonécrose
    - Traumatisme
    - Nécrose et inflammation du tissu adipeux
    - Clinique: Caractères de malignité

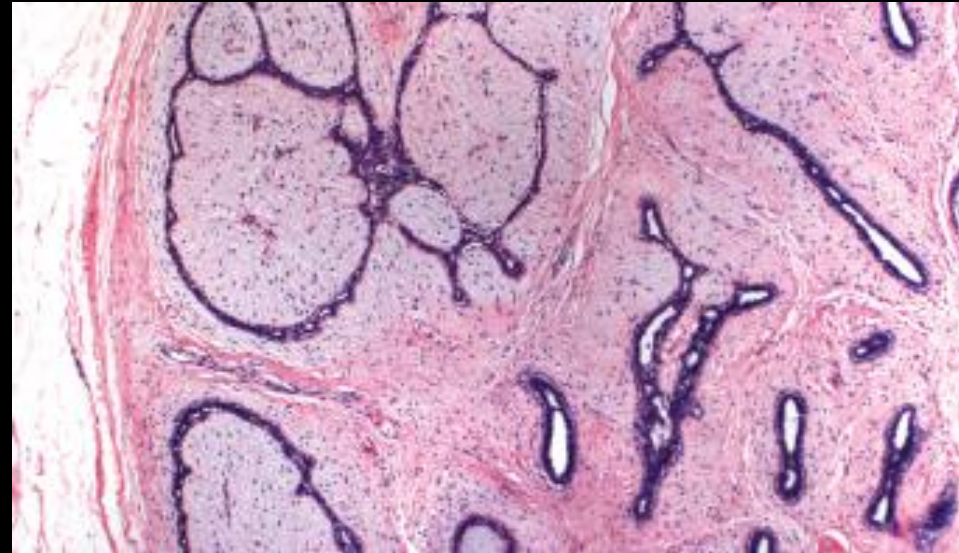
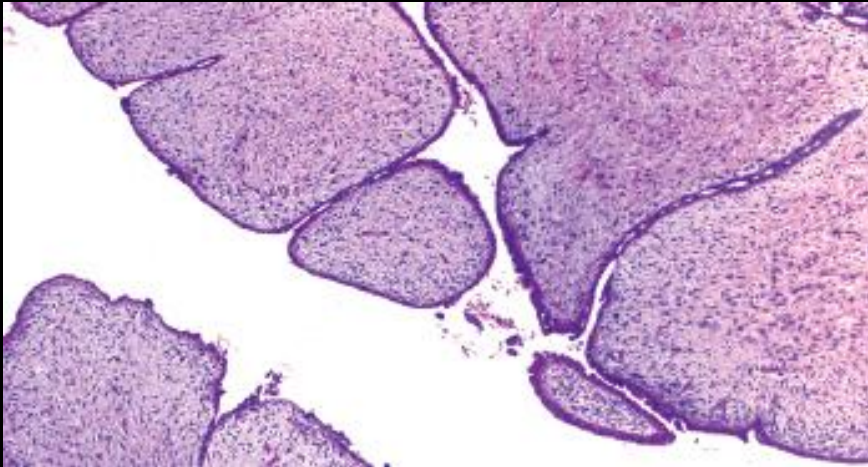
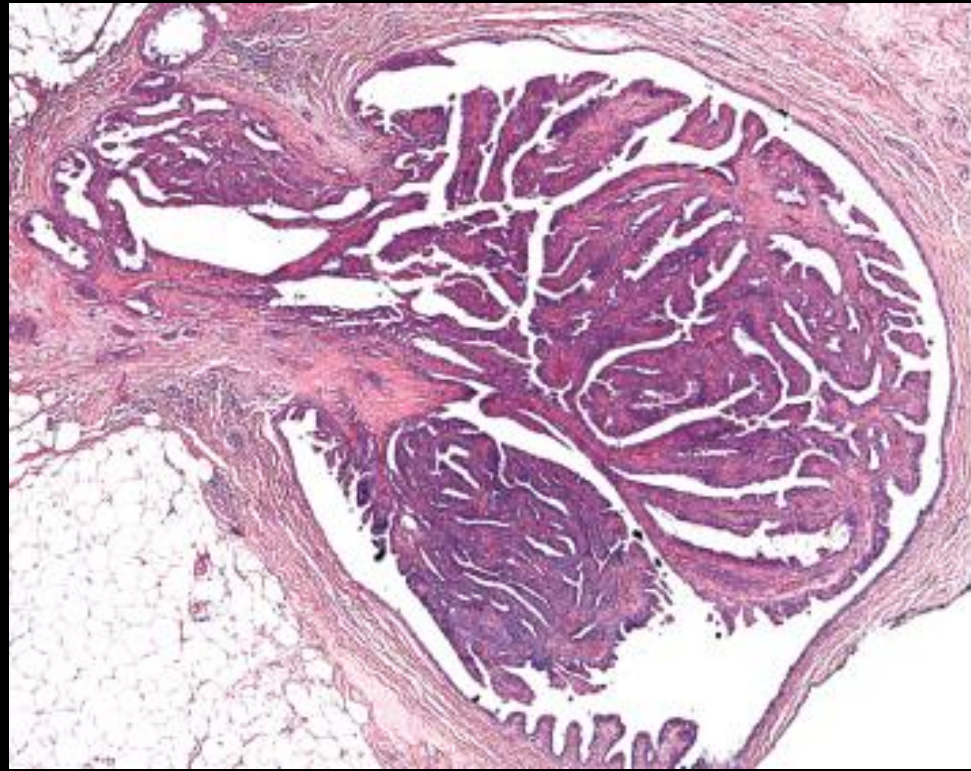
# ***Sein : Maladie fibro-kystique***

- Commune, 50% motif d'intervention
- Mi: Kystes, fibrose, adénose ->
- Ma: Induration ferme, nodularité
- Prolifération épithéliale (hyperplasie)
  - > risque accru de carcinome
- Adénose sclérosante
  - Augmentation du nombre, Fibrose
  - Diagnostic différentiel / malignité

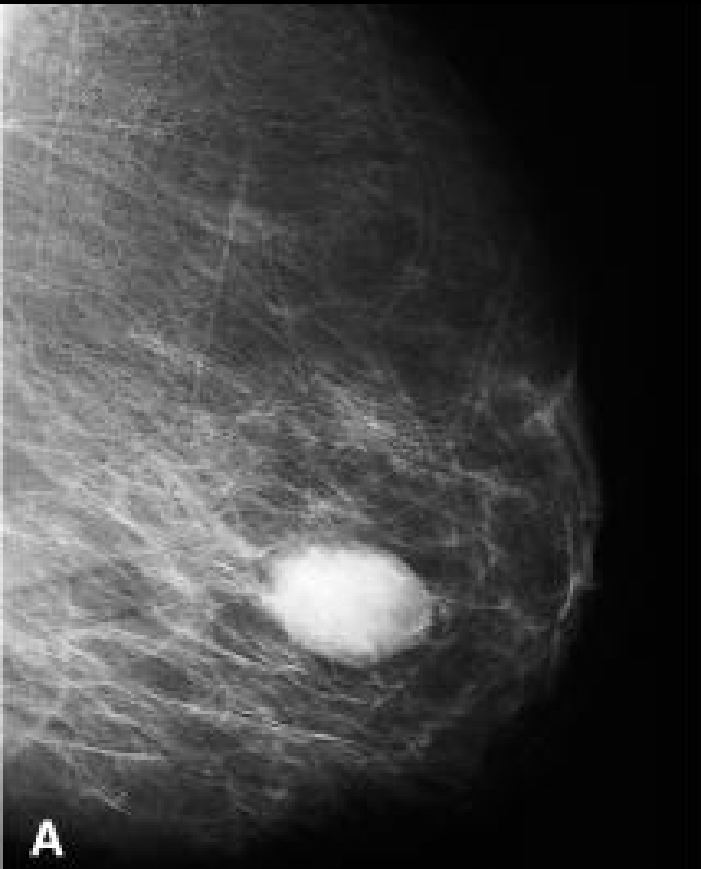


# *Sein: Tumeurs*

- Papillome
  - Prolifération épithéliale intracanalalaire
  - Ecoulements
- Fibro-adénome
  - + fréquente, <30 ans
  - Prolifération glandulaire et fibreuse
  - Bien limitée
- Tumeurs phyllodes > Sarcome



# *Fibro-adenome*

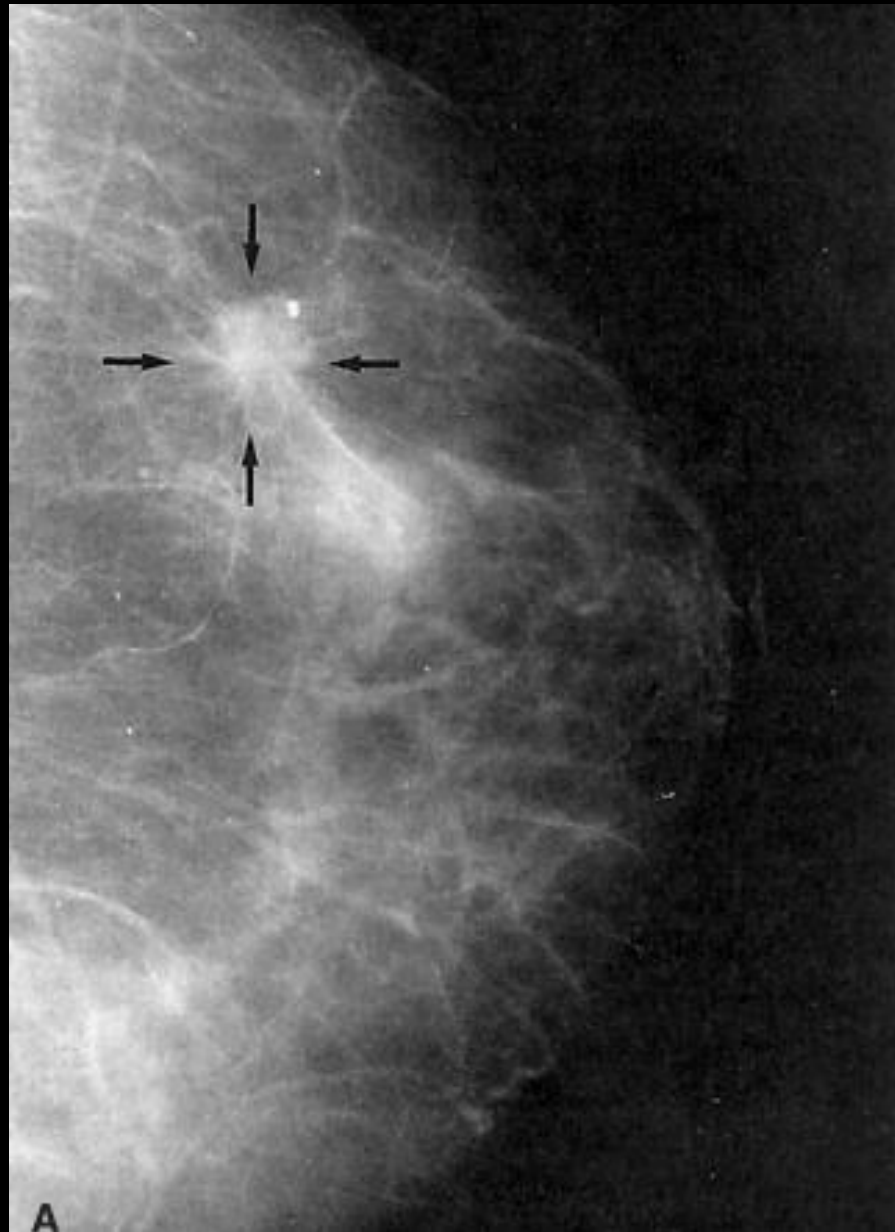


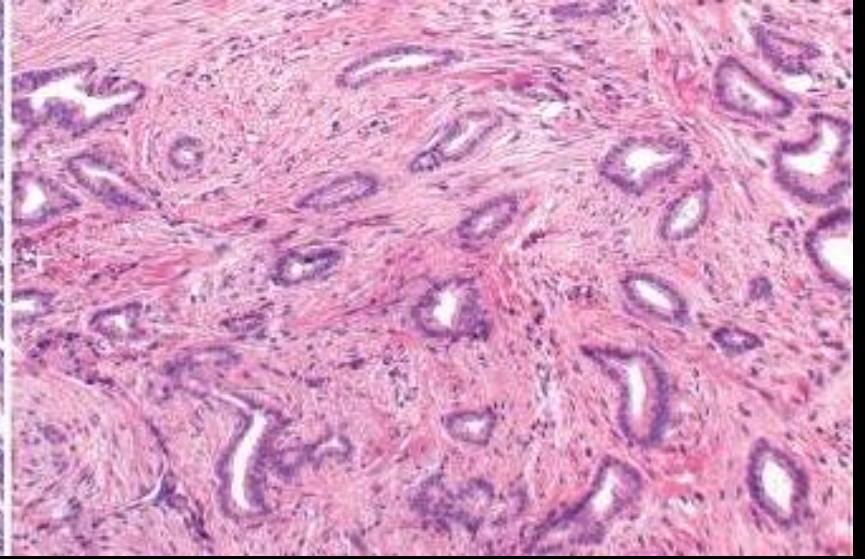
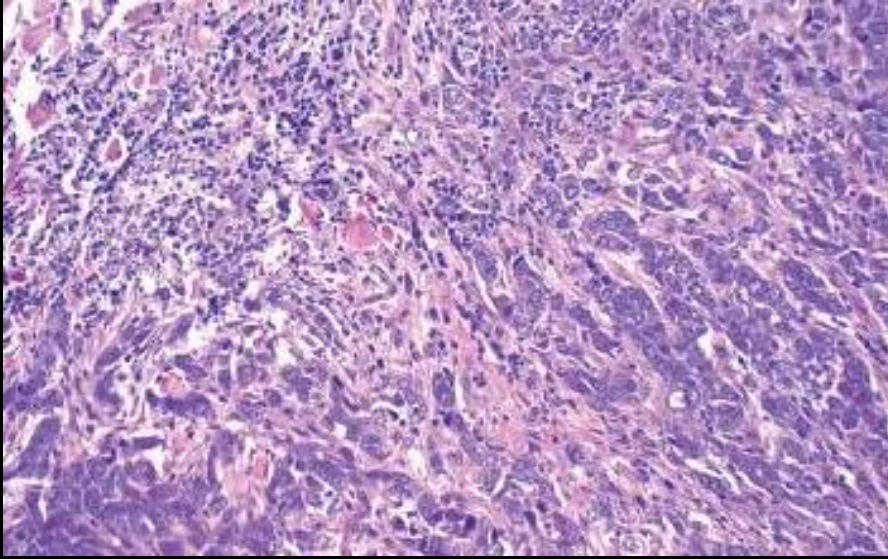
# *Sein: Carcinome*

- 1F/10 aux US -> Ca
- 1/3 DC par la maladie
- Épidémiologie
  - Études poussées dans le diagnostic, dépistage
  - Prédisposition génétique, familiale, BRCA 1-2
  - ^ âge, Maladie proliférative, Durée de la période de reproduction, Parité
- Importance du dépistage
  - Examen clinique, Mammographique > 40 ans
  - Confirmation histologique (extemporané)
  - Tumorectomie, Mastectomie, Curage axillaire
- Types histologiques:
  - Ca canalaire infiltrant: 70-80%
  - Ca lobulaire infiltrant: 5-10%
  - Autres: Médullaire, Mucineux, Tubuleux



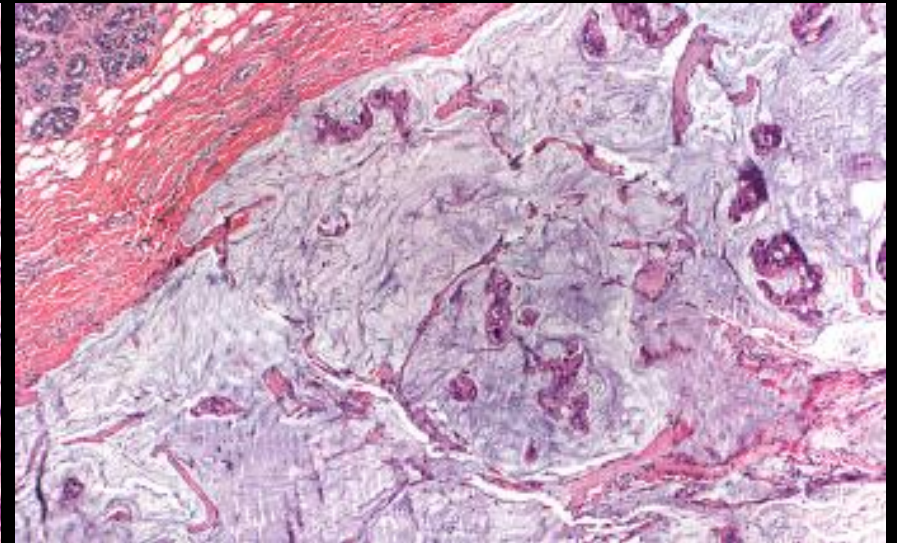
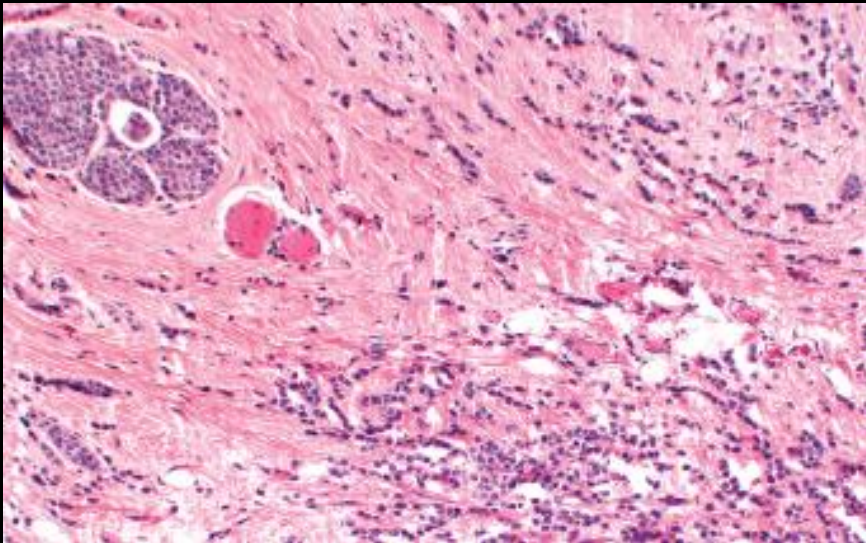
# *Sein: Carcinome*





Carcinome canalaire infiltrant

Ca tubuleux

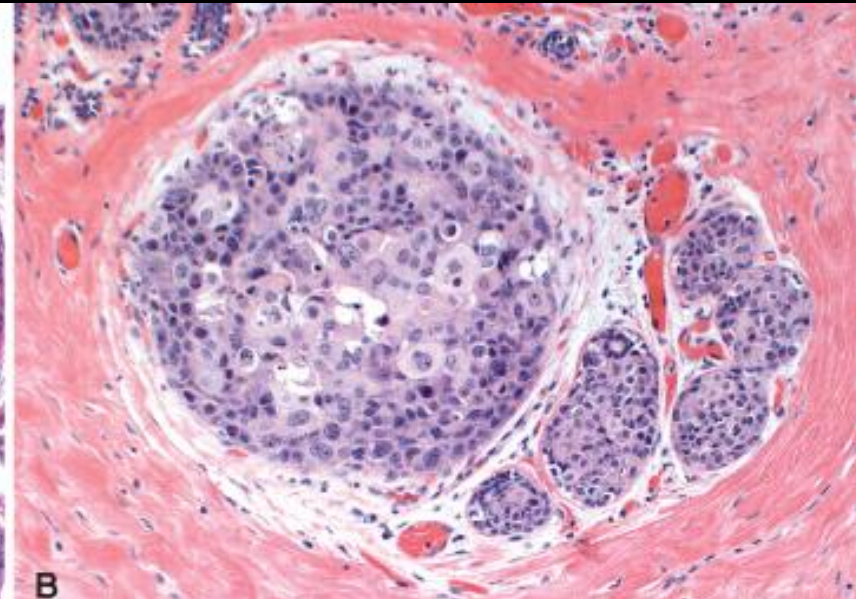
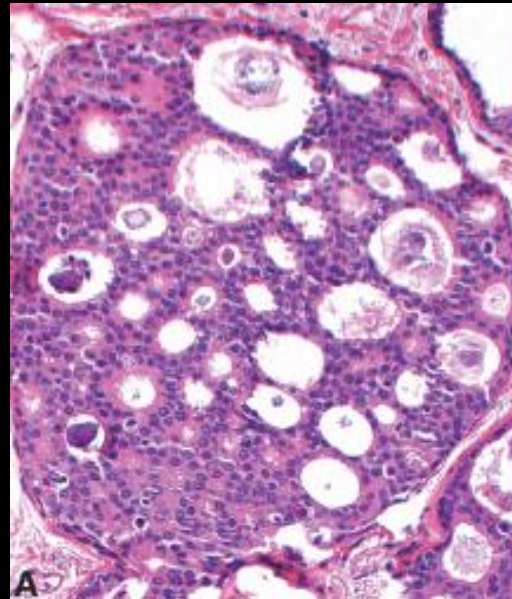
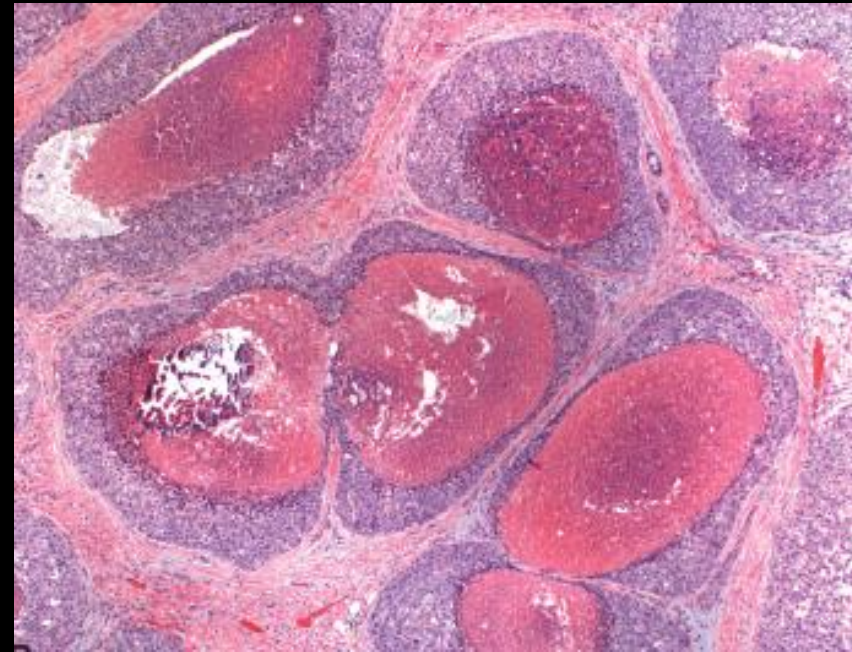


Carcinome lobulaire infiltrant

Ca mucineux

# *Sein: Carcinomes in situ*

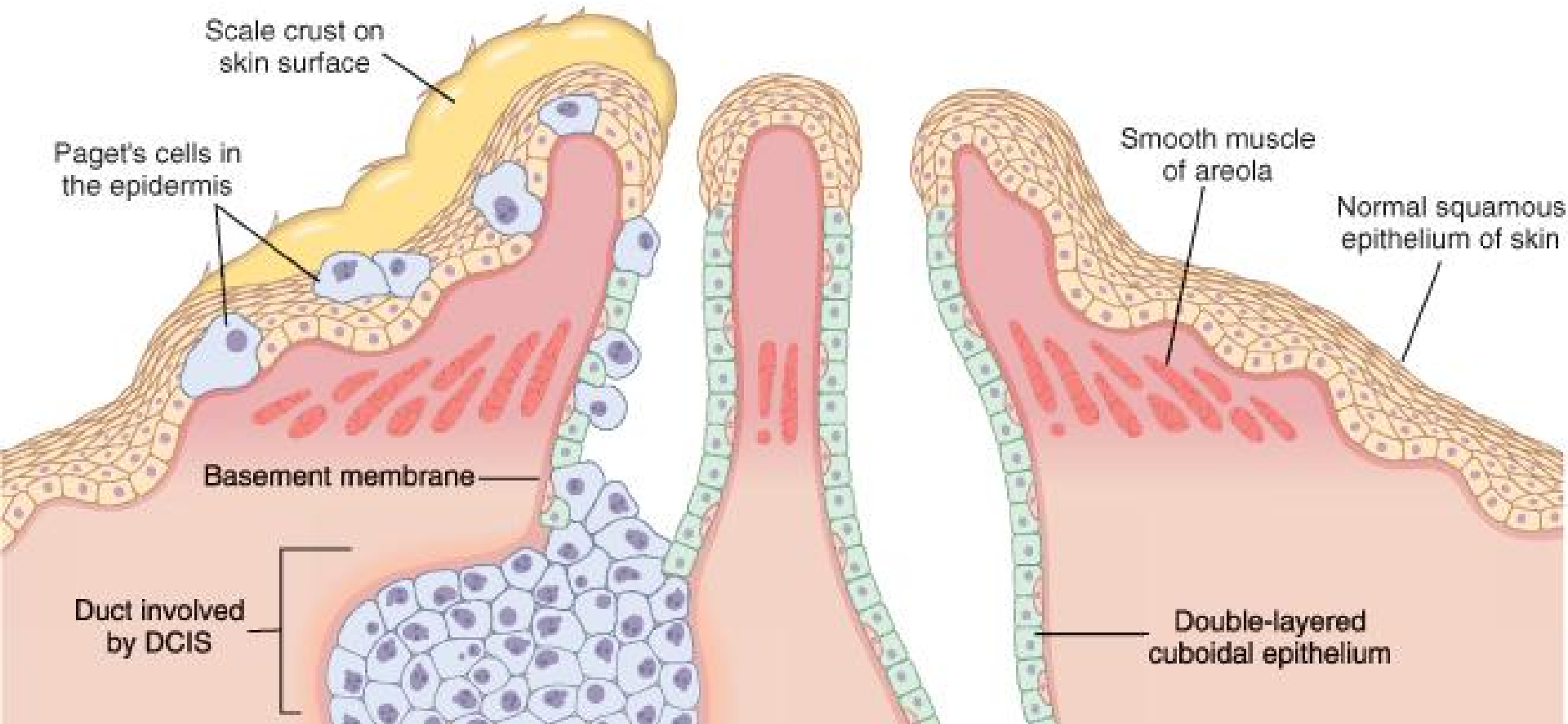
- Intracanalaires (Microcalcifications)
  - Comédocarcinome
  - Non Comédo
- Maladie de Paget du mamelon
- Ca Lobulaire in situ (CLIS)



# Paget du mamelon

PAGET DISEASE

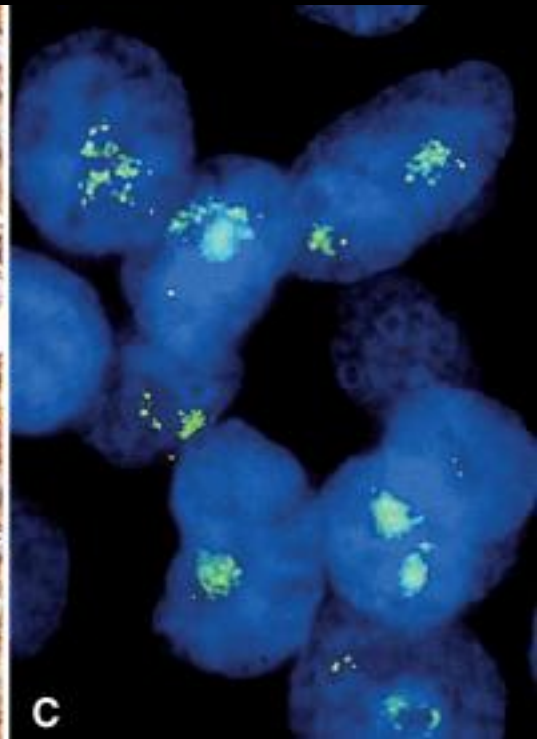
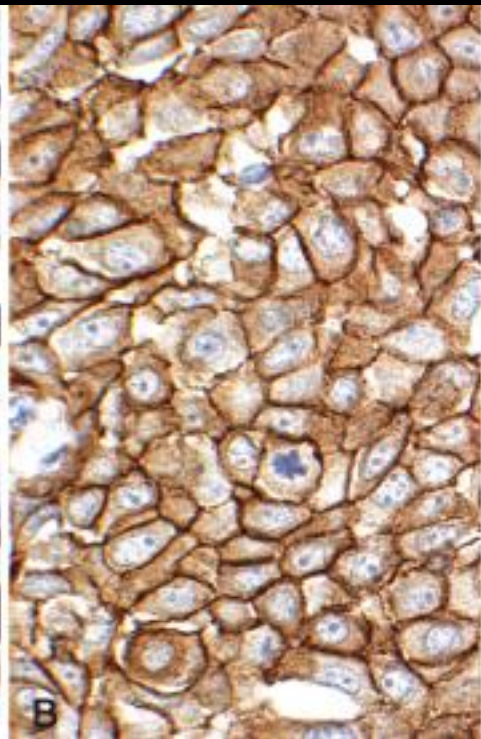
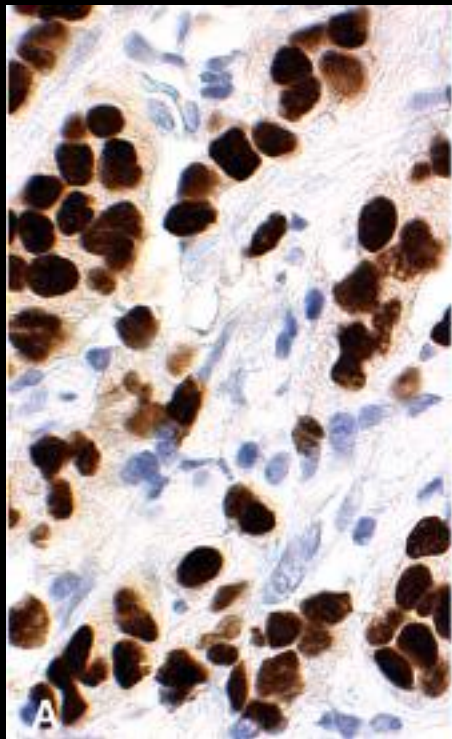
NORMAL



# Sein: Carcinomes, Stade et évolution

- Stades

- 0	(CCIS)	92 % / 5 ans
- I	T < 2cm N0 M0	87 %
- II	T < 5cm N+ M0	75 %
- III	T > 5cm N+ Fix M0	46 %
- IV	T-----M+	13 %



Récepteurs hormonaux,

erbB2,

FISH