INTRODUCTION

Diagnosis of Pseudoangiomatous Stromal Hyperplasia (PASH)
- Many early studies were small or single case series aiming to define PASH histopathology
- Multidisciplinary Review with Pathologic Correlation (2017)
- Limited agreement among pathologists in diagnosis

Clinical manifestation of PASH has shifted from excision to surveillance
- PASH does not increase breast cancer risk
- Clinical pathology review of PASH includes several cases of carcinoma
- Many earlier studies were single or small case series aiming to define PASH histopathology

METHODS

Query “pseudo-angiomatous stromal hyperplasia” + “2012 to 2014” in electronic medical record

RESULTS

PASH on Biopsy (n) Pathologic Upgrade (n)

<table>
<thead>
<tr>
<th>PASH on Biopsy (n)</th>
<th>Pathologic Upgrade (n)</th>
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<tbody>
<tr>
<td>n</td>
<td>138</td>
</tr>
<tr>
<td>Age at Diagnosis</td>
<td>47.2</td>
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<tr>
<td>Follow up in months</td>
<td>45.6</td>
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TABLE 1. Patient demographics and follow-up information. Values denote median age at benign diagnosis and median follow up time in months.

DISCUSSION

• Most patients who had PASH on core did not have subsequent excision. A minority (23.9%) did have subsequent surgical excision.
- Our results suggested surveillance of asymptomatic PASH is acceptable as follow up showed no breast cancer was diagnosed in the surveillance cohort (median follow up is 36.8 months).
- Upstage rate of PASH on core in those who had surgical excision was 12.2%.

QUESTIONS & FUTURE WORK

- Expand our study cohort to include those treated before our study period
- Elucidate imaging and pathology factors that may predict malignancy on subsequent excision

REFERENCES


