Introduction
Metaplastic carcinoma (MC) of breast exhibits a wide spectrum of histological features. Fibromatosis like MC is a diagnostic challenge especially in a core biopsy as it is composed of low grade spindle cells. Recognition of the cytologically bland spindle cells in combination with the epithelial component with the help of immunohistochemistry assists in arriving at a definitive diagnosis.

Case history
A 67-year-old female admitted with lower respiratory-tract infection complained of changes in her left breast over the last few months. Examination revealed an oedematous breast with a hard area measuring 3x3cm. Axillary region revealed a firm mass suspicious of lymph nodes. Radiology revealed an irregular cystic lesion in the breast measuring 6x5cm suspicious of an inflammatory carcinoma. Fine needle aspiration of the breast lump and firm area in the axillae were inconclusive. Patient underwent core biopsy of the breast mass and biopsy of the axillary mass.

Microscopy of core biopsy of breast
Core biopsy of the breast mass revealed infiltrating short spindle and plump spindle cells. A single focus of malignant duct epithelial cells was noted.

Microscopy of axillary mass
Sections of the fibro-fatty fragments revealed infiltrating bland spindle cells admixed with epithelial like plump spindle cells. No lymphoid tissue was noted to suggest these as lymph nodes.

Discussion
In this case the fine needle aspiration was inconclusive. The single focus of malignant duct epithelial cells surrounded by plump spindle cells in the core biopsy gave a clue to the possible diagnosis of fibromatosis like MC which was confirmed with the panel of immunohistochemical markers. Other basal cytokeratins CK 5, CK 14 and if performed p63 would have further supported the diagnosis being positive in MC with spindle cell component. p63 was not performed due to unavailability. This type of MC has a high degree of local recurrence with a low potential for lymph node or distant metastases. Hence accurate diagnosis is important to decide on further management.

Conclusion
This variant of MC is difficult to diagnose on a core biopsy unless the pathologist has a high degree of suspicion and use a panel of immunohistochemical markers.