



Case report

Case Report of Breast Adenomyoepithelioma with Ductal Carcinoma in Situ

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Abstract

We herein report a case of adenomyoepithelioma (AME) of breast with ductal carcinoma in situ (DCIS) involving 48 old Libyan women, and she presented with mass in her breast. Post operative specimens revealed left side show (Adenomyoepithelioma arising in intraductal papilloma) 26 tumor free regional lymph node. right side show (DCIS) with comedo necrosis, high grade, papillary and cribriform pattern.

Keywords. Urethral Diverticulum Carcinoma, Female Urethral Diverticulum, Urothelial Carcinoma.

Introduction

Adenomyoepithelioma (AME) of breast is relatively rare benign neoplasm, first reported by Hamperl in 1970 [1]. The 2012 World Health Organization (WHO) classification of breast tumours distinguishes AME as benign tumours composed of biphasic proliferation of phenotypically variable myoepithelial cells around small epithelial lined spaces [2]. AME is unusual biphasic neoplasm that occurs more commonly among middle aged females [3]. It is basic histological structure, composed of spindle-shaped or polygonal myoepithelial cells surround a small round or oval glandular lumen [4]. We herein report a case of AME of one breast associated with ductal carcinoma in situ (DCIS) in other breast, the latter diagnosed as malignancy at preoperative stage.

Cas presentation

We herein report a case of AME of breast with DCIS Involving 48 old Singel female Libyan Patient. She presented with history of right breast mass for 3 years on follow up. She has no positive family history, and no history of nipple discharge. Mammography shows right side lesion about 1cm*2cm BIRADS IVa and LT side small irregular dense lesion about 1cm BIRADS IVc; without significant axillary L.N. Biopsy showed left side moderately differentiated ductal carcinoma. Patient operated (left wide local excision with axillary clearance, and right wide local excision).

Histopathology Result: Left side show (Adenomyoepithelioma arising in intraductal papilloma), 26 tumor free regional lymph node. free resection margins (the distance from the inferior margin 1.5 cm, superior margin 2 cm, medial margin 1 cm lateral and anterior margin 0.7, posterior margin 0.8 cm). Right side show (DCIS with comedo necrosis, high grade, papillary and cribriform pattern). In the provided biopsy no stromal invasion. Along with 0.4 cm maximum adenomyoepithelioma arising in peripheral intraductal papilloma. Tumor-free surgical margin (the distance of DCIS from the medial margin 2 cm, lateral margin 3 cm, superior margin 0.8 cm, inferior margin 0.9 cm, anterior and posterior margin 0.6 cm)

Immunohistochemistry report

Estrogen receptor status: strong positive in 60% of the invasive tumor cells, immunoreactive score=7/8. Progesterone receptor status: strong positive 50% of the invasive tumor cells, immunoreactive score =7/8. The clinical stage was Stage 0, pathological stage was Stage 0, Neo-staging: Stage 0, subluminal ER and PR were positive, and NPI was 4.26 (moderate prognostic group). The patient received 15 cycle of radiotherapy and currently alive without recurrence 58 months after surgery, and last follow up was from 4 months.

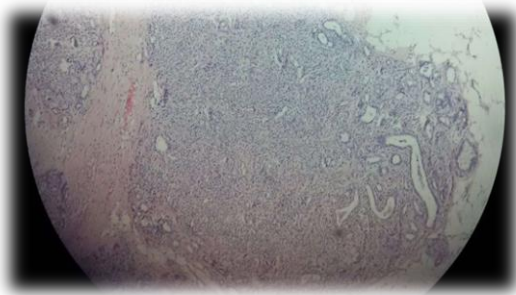


Figure 1. Adenomyoepithelioma (H&E stain, 10x)



Figure 2. Immunohistochemical staining shows positive staining forfigure2

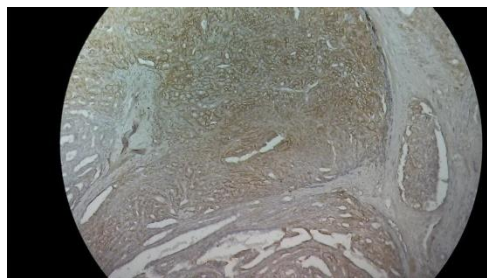


Figure 3: Immunohistochemical staining shows positive staining for CK5

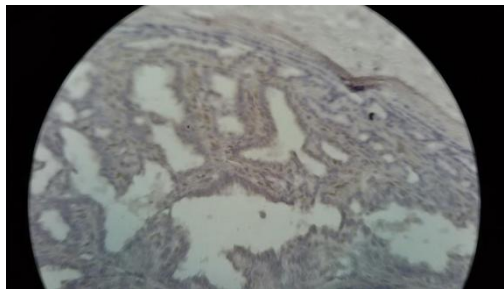


Figure 4. Immunohistochemical staining shows positive nuclear staining forP63

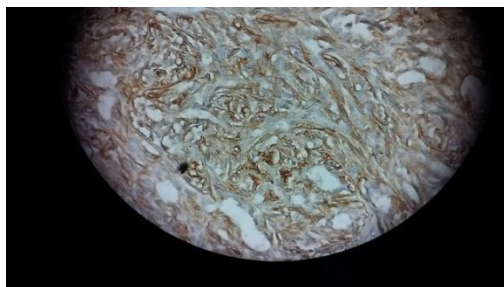


Figure 5. Immunohistochemical staining shows positive staining for CK5 40*

Discussion

Adenomyoepithelioma of the breast was first reported by Hamperl in 1970 [1]. AMS arises from myoepithelial and epithelial cells in the normal breast lobules and duct [5]. In 1991 Tavassli classified AME of breast into Three Types: spindle Type, tubular type, and lobulated Type [6]. The discussion of AME involves the possibility of misdiagnosis of malignancy by a cytological analysis, and there are some reports of malignant transformation and recurrence [1]. Currently, there are no definitive histological criteria for diagnosis malignancy in atypical AME because of the rarity of the disease [7]. AME of the breast may coexist with breast cancer in other breast. we heron report such case.

Conclusion

In cases of an AME diagnosis, we should keep in mind the possible coexistence of malignancy when making a differential diagnosis.

Consent

informed consent was obtained from the patient for publication of this case report and any accompanying images.

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