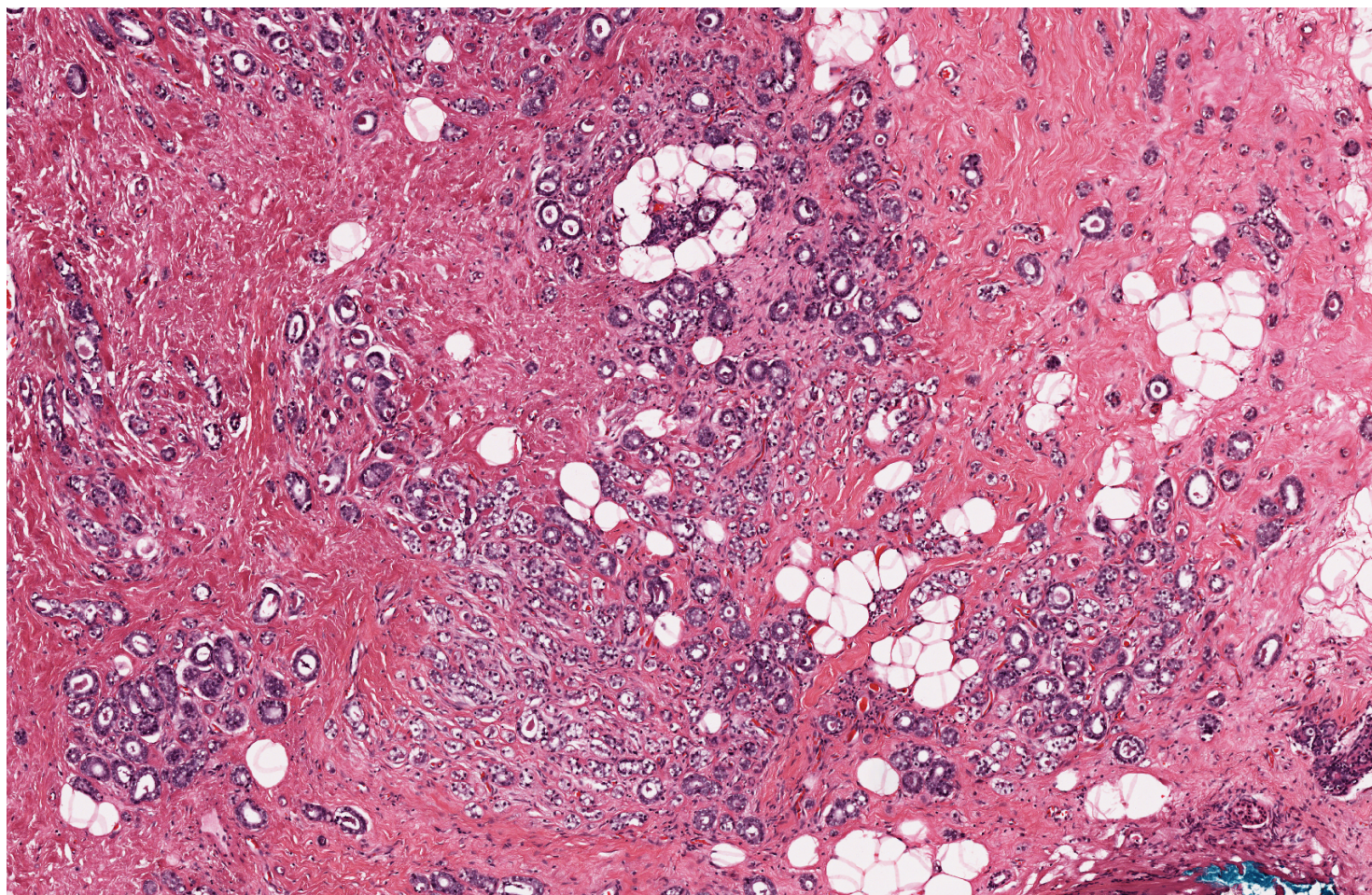
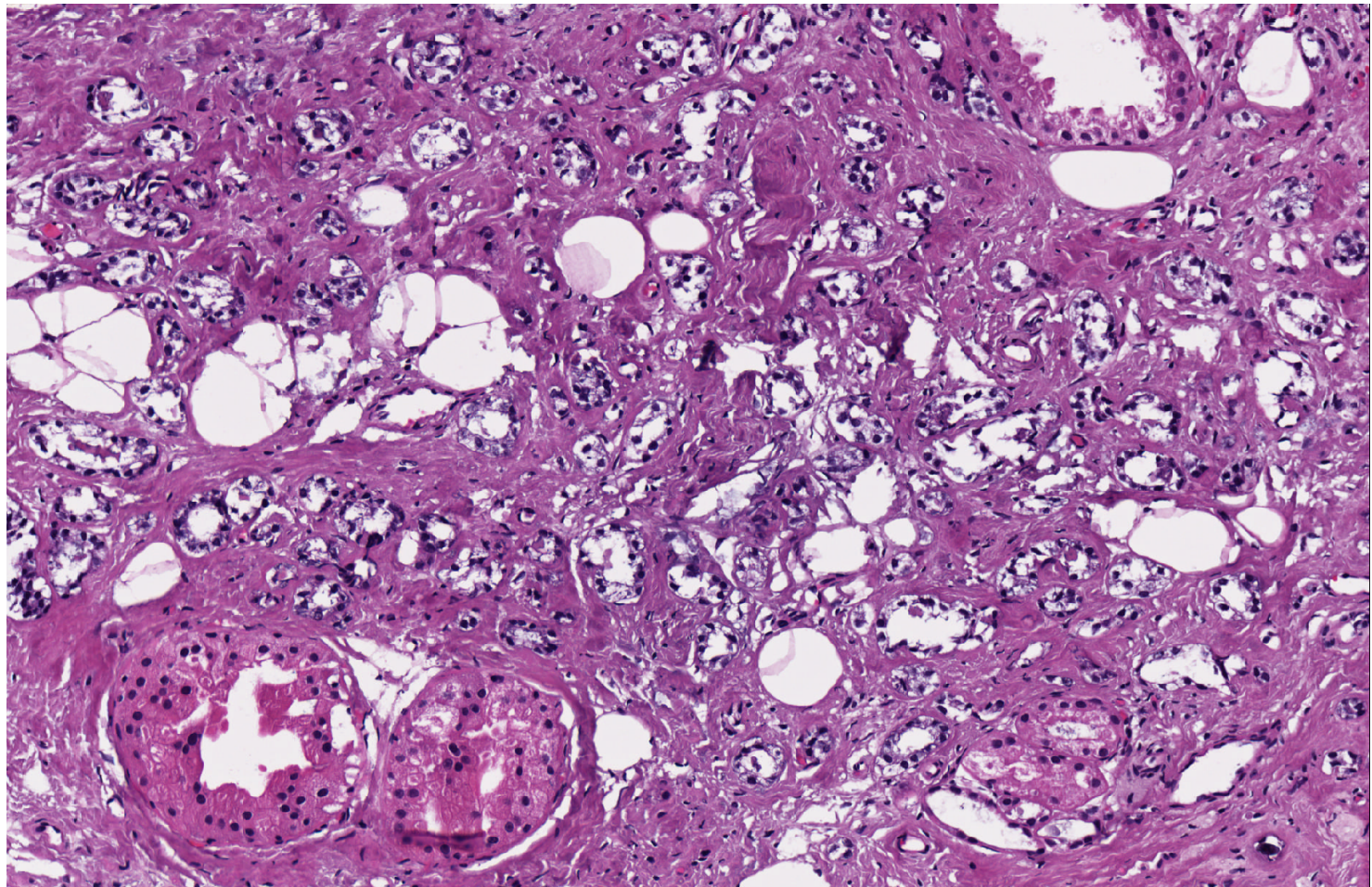
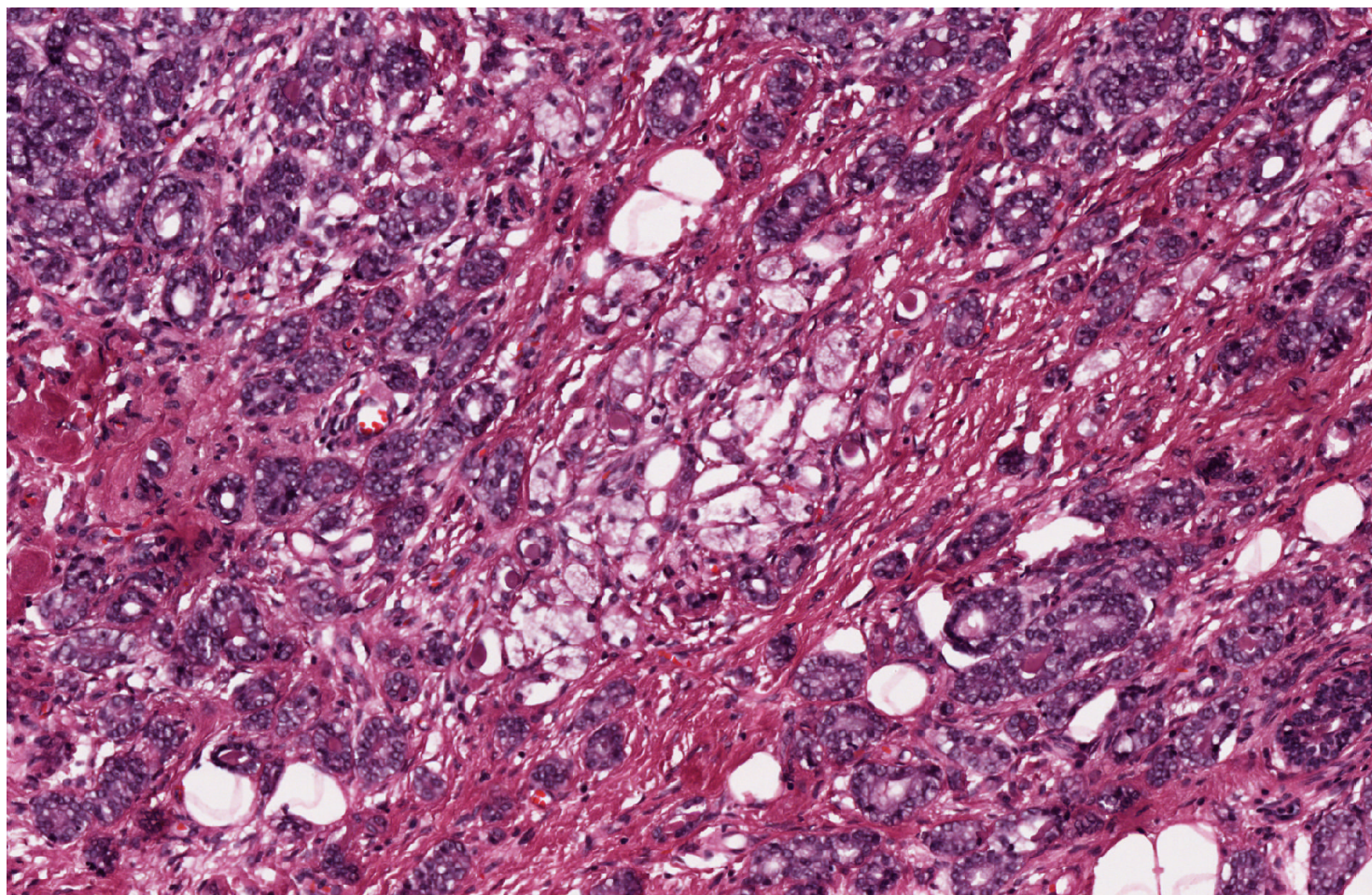
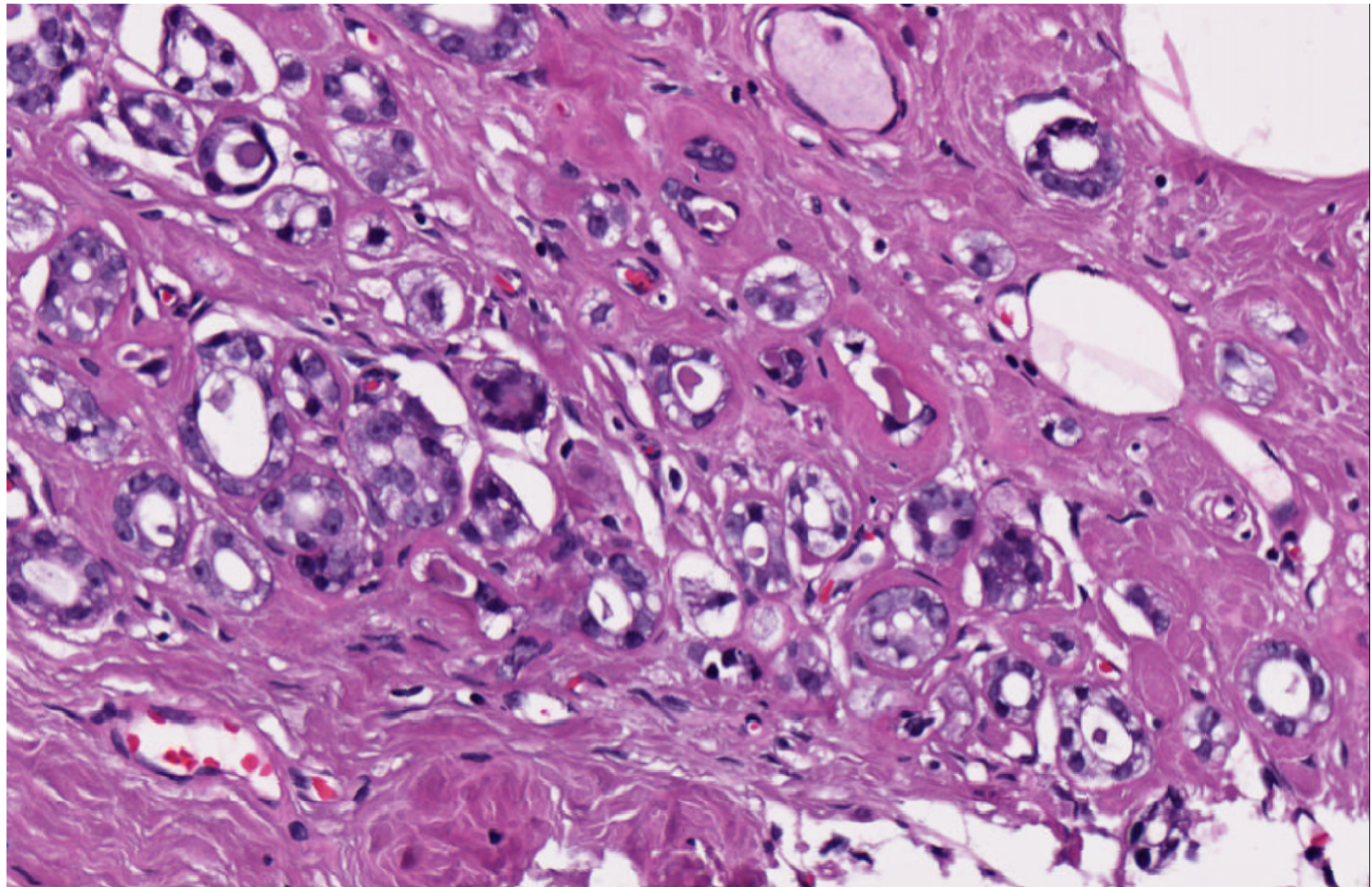


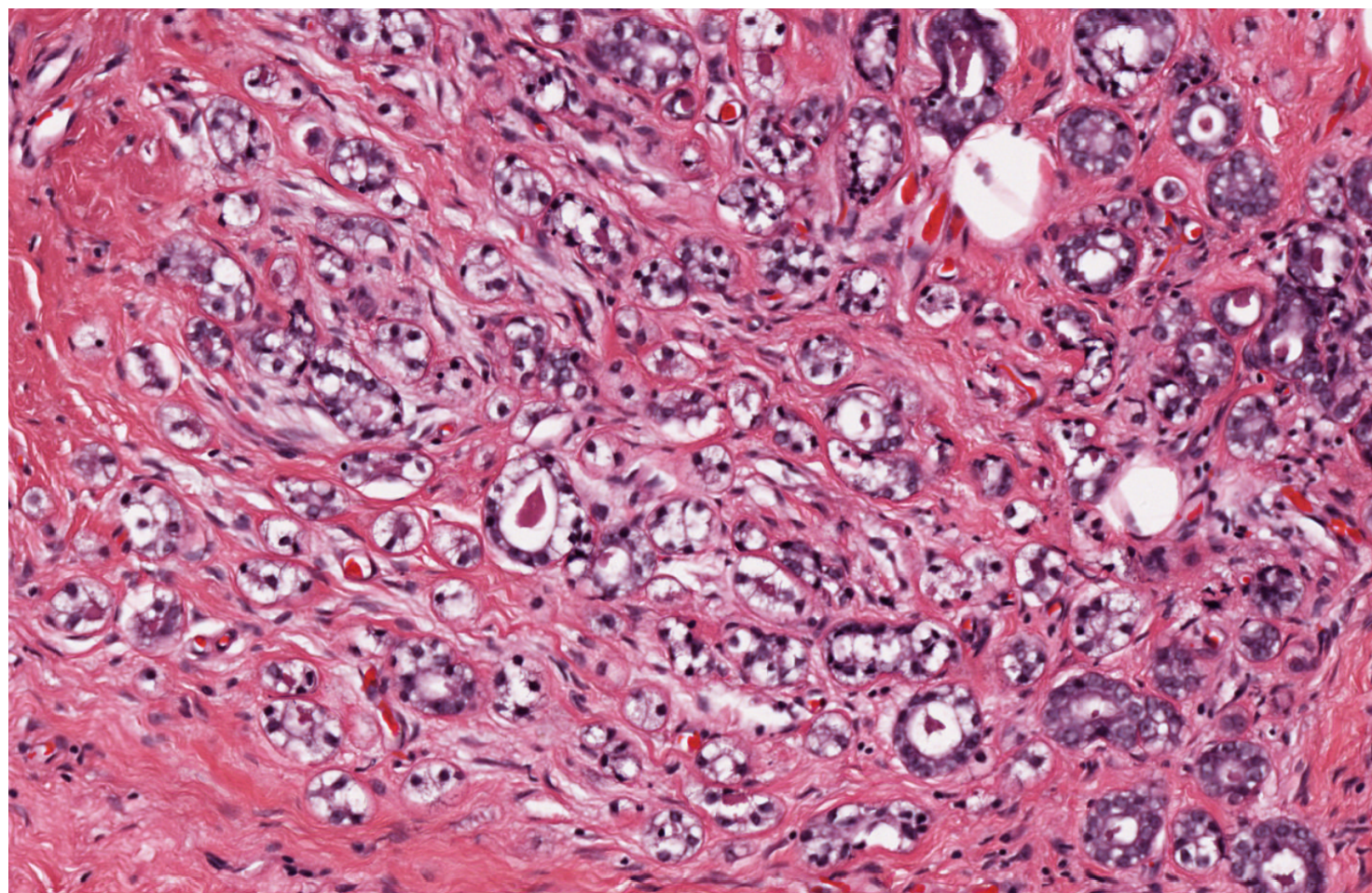
- Set B12
- 61yr old Chinese female presented with a left breast lump.
- An excision biopsy was done.

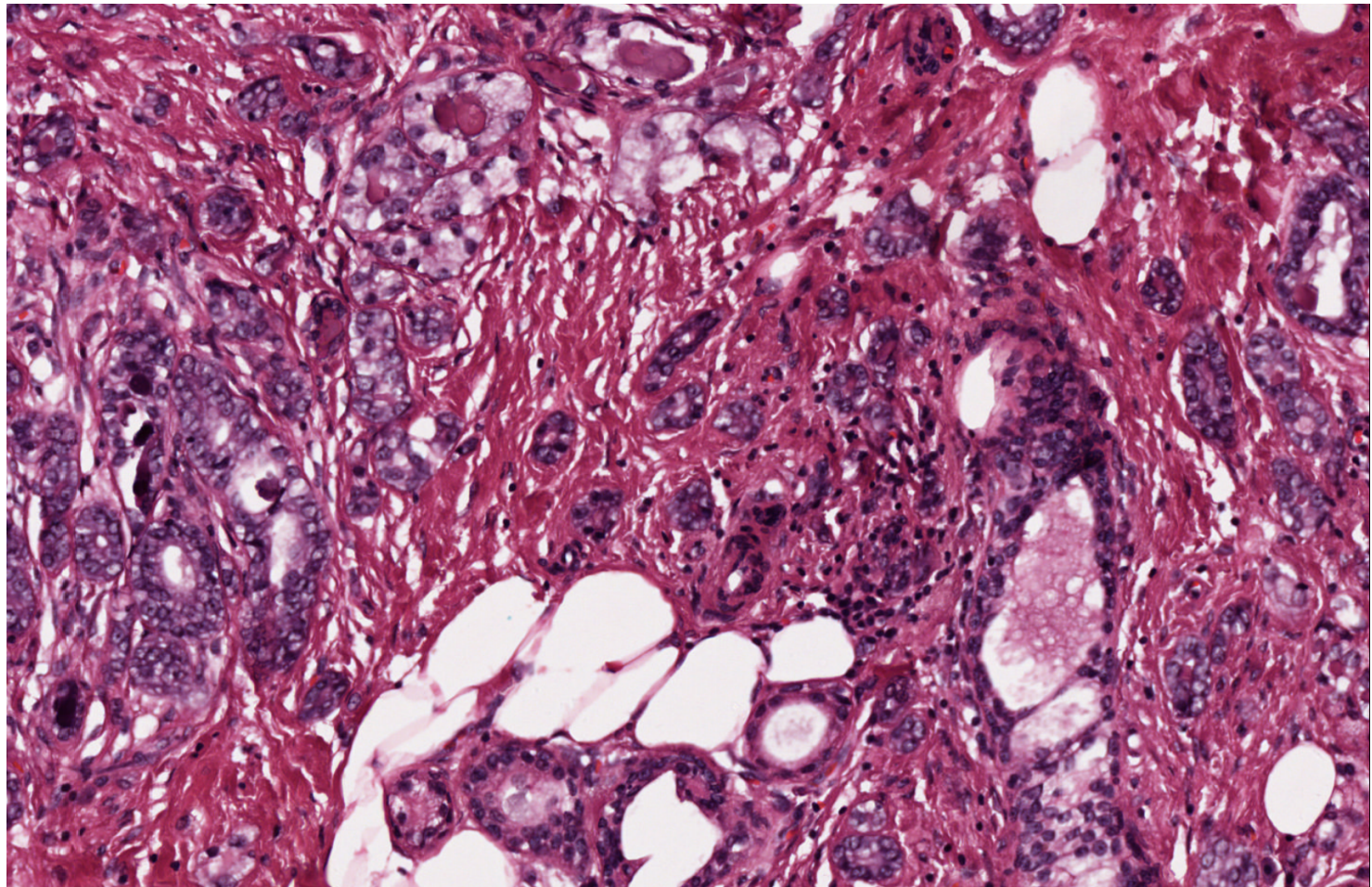


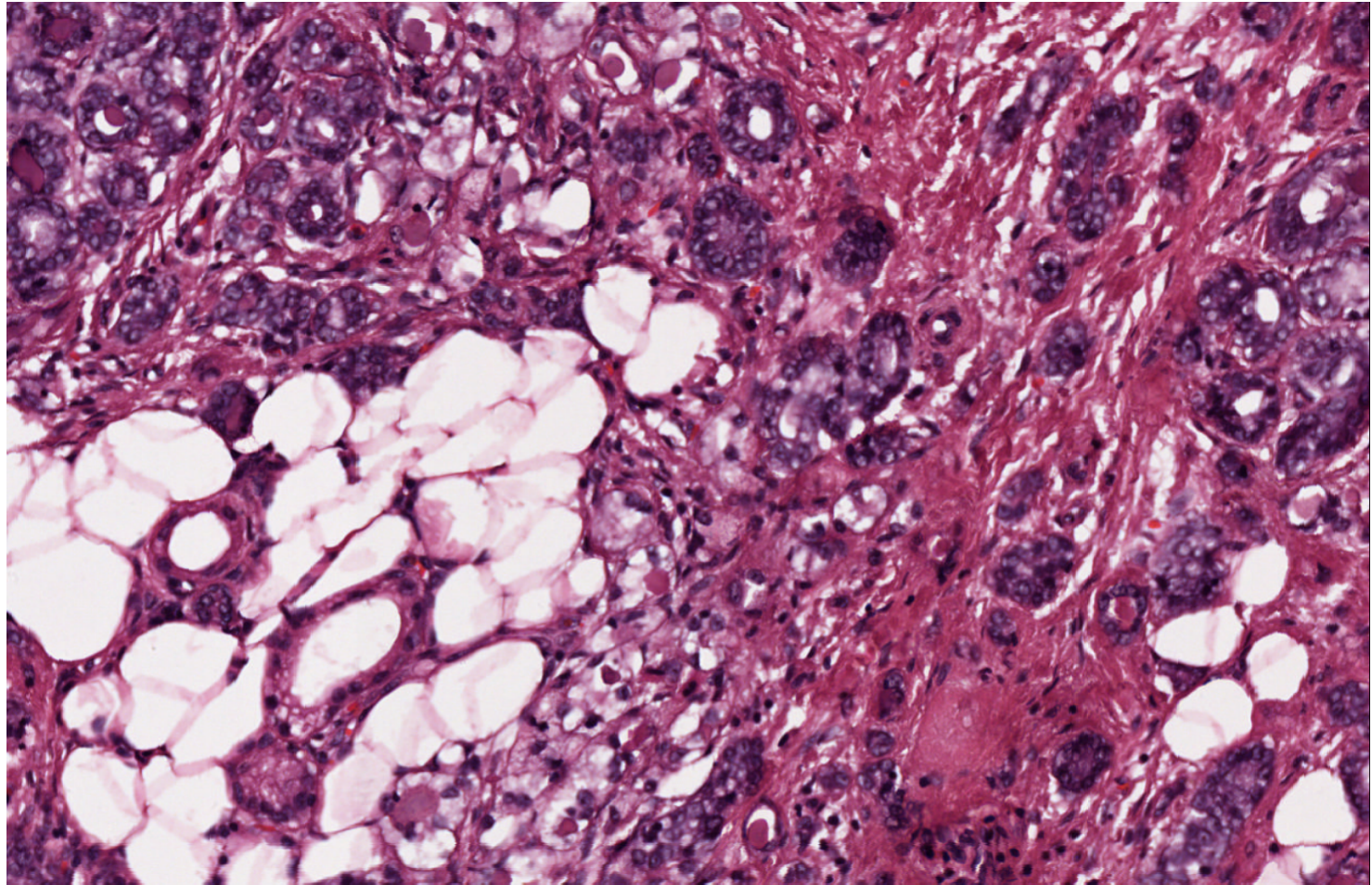


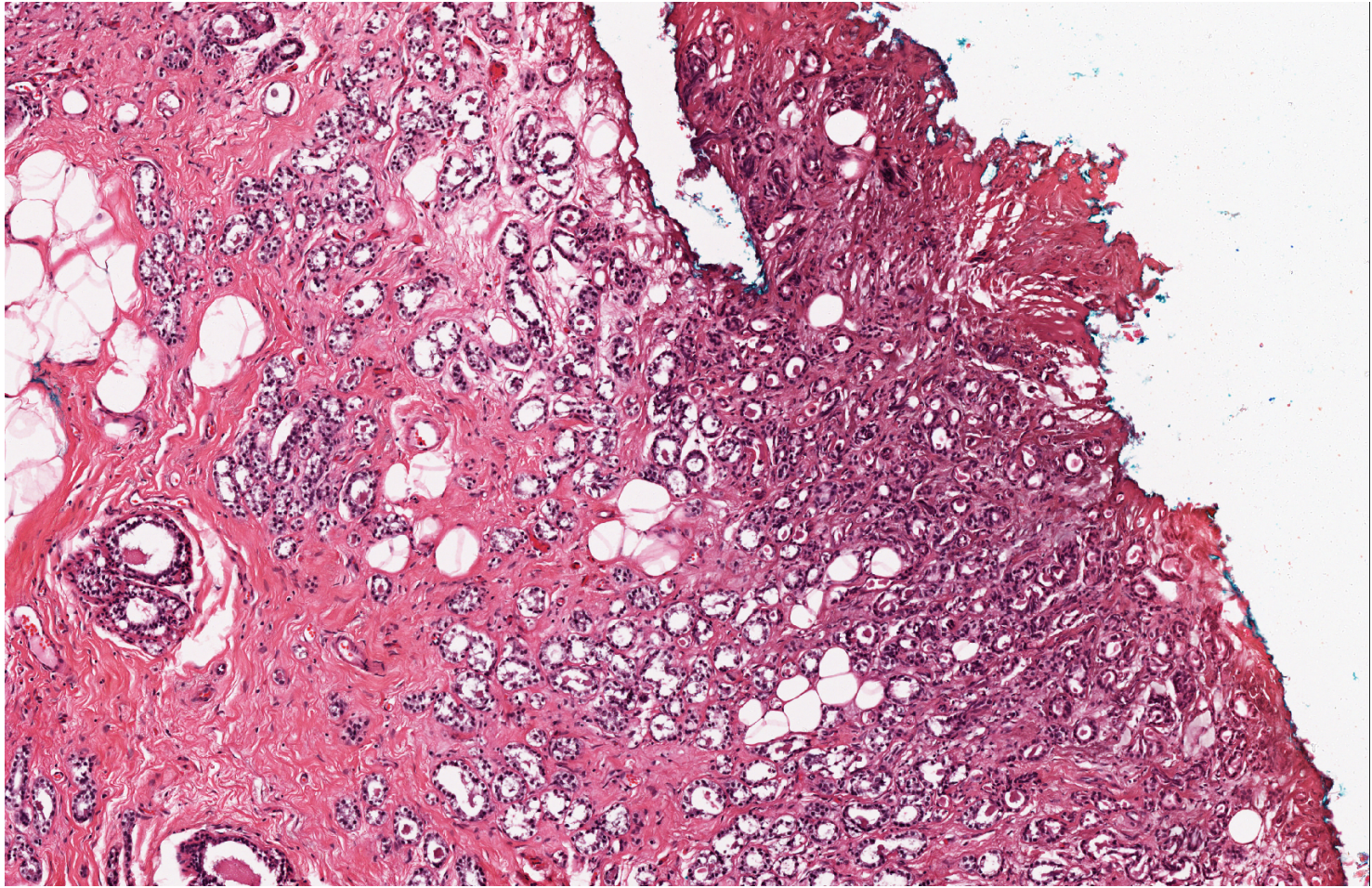


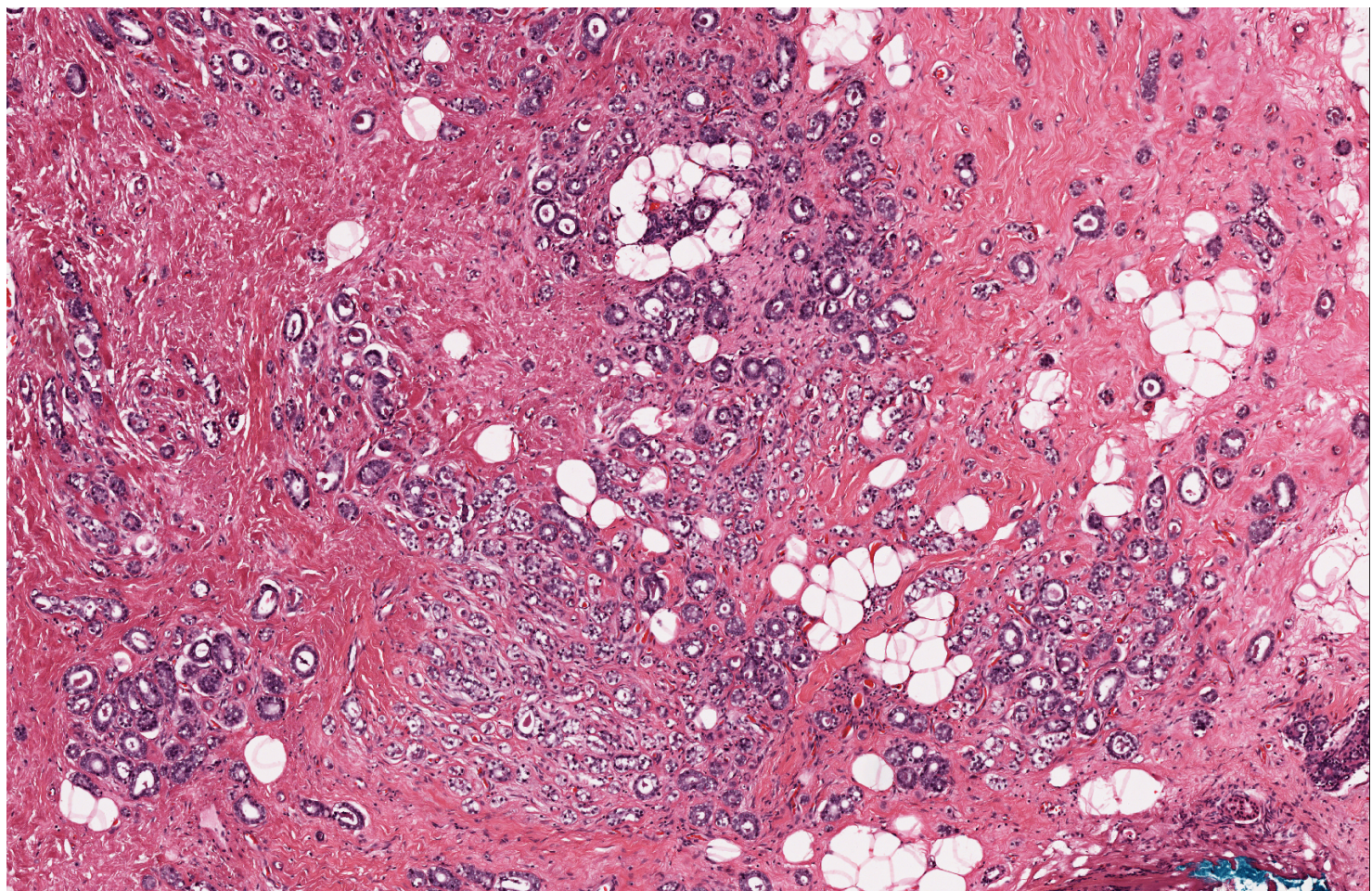


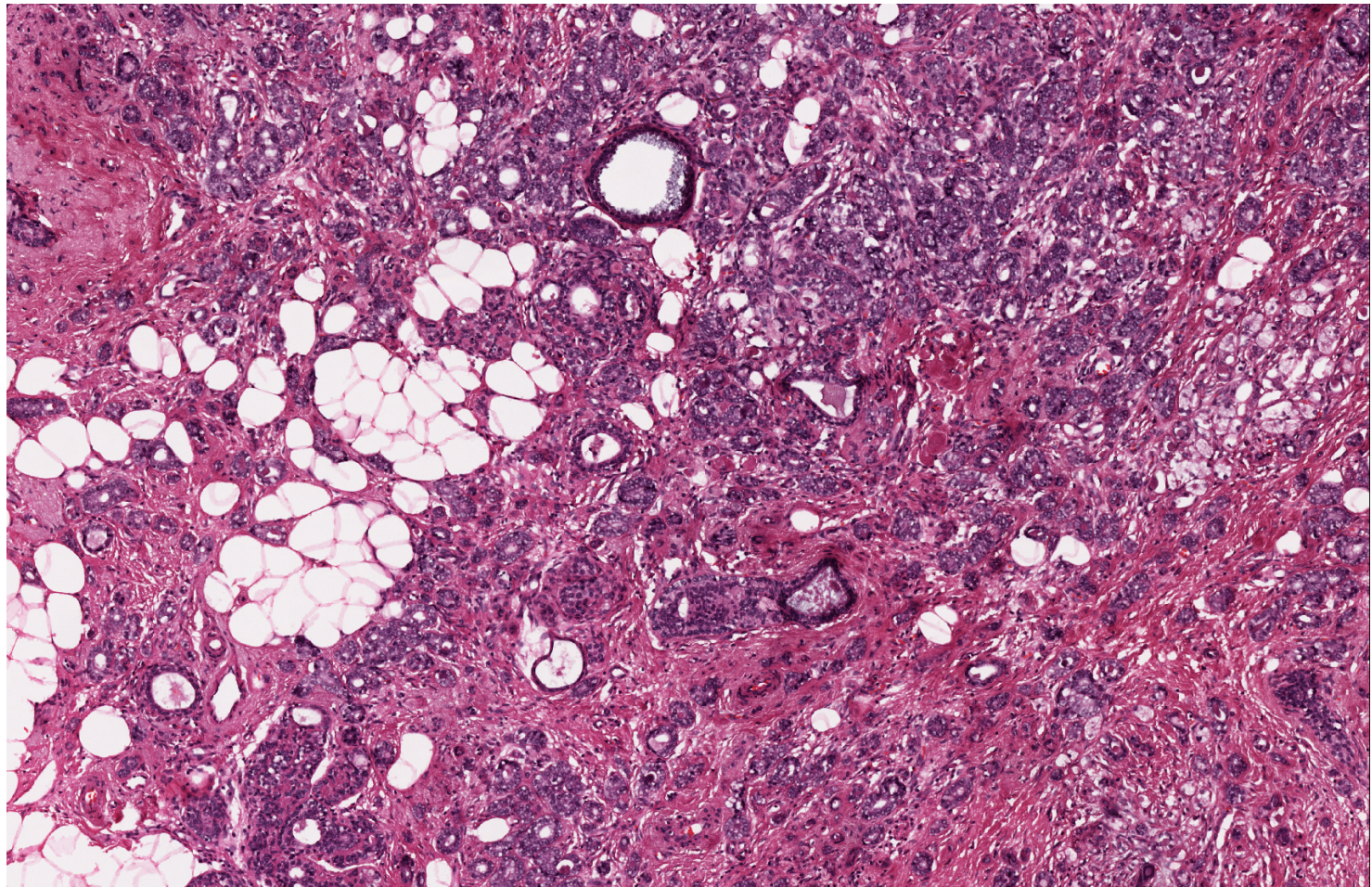


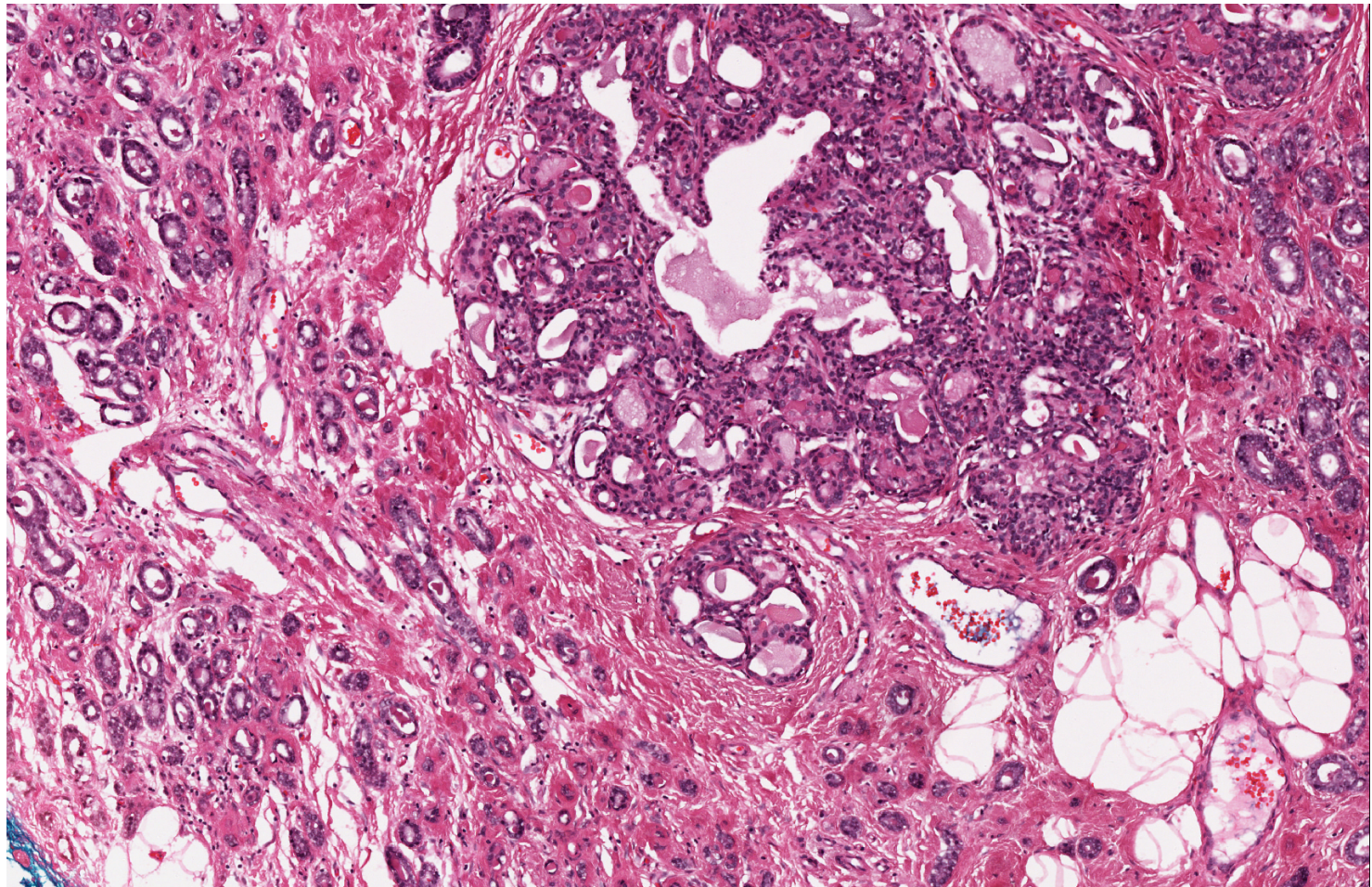


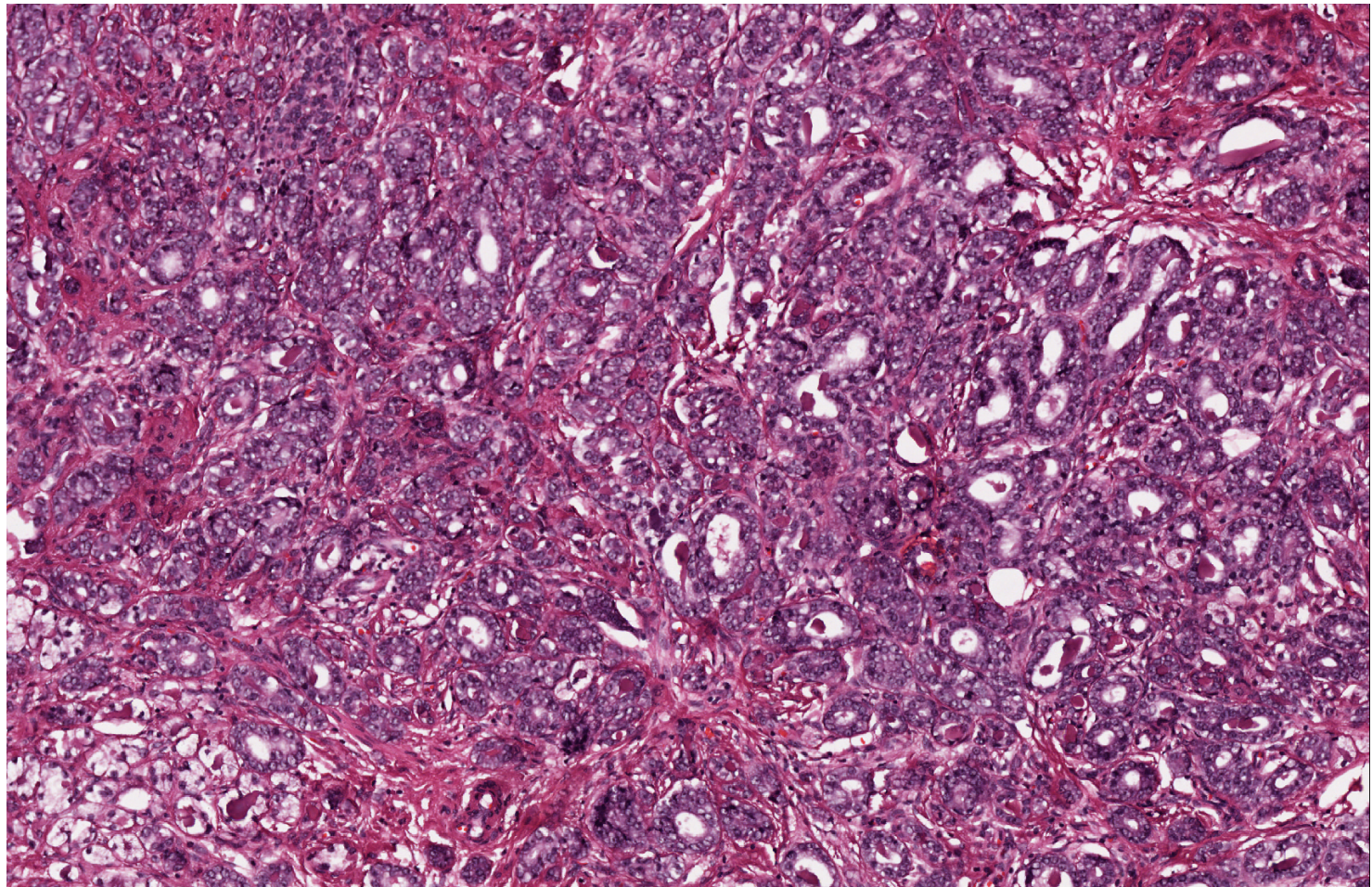


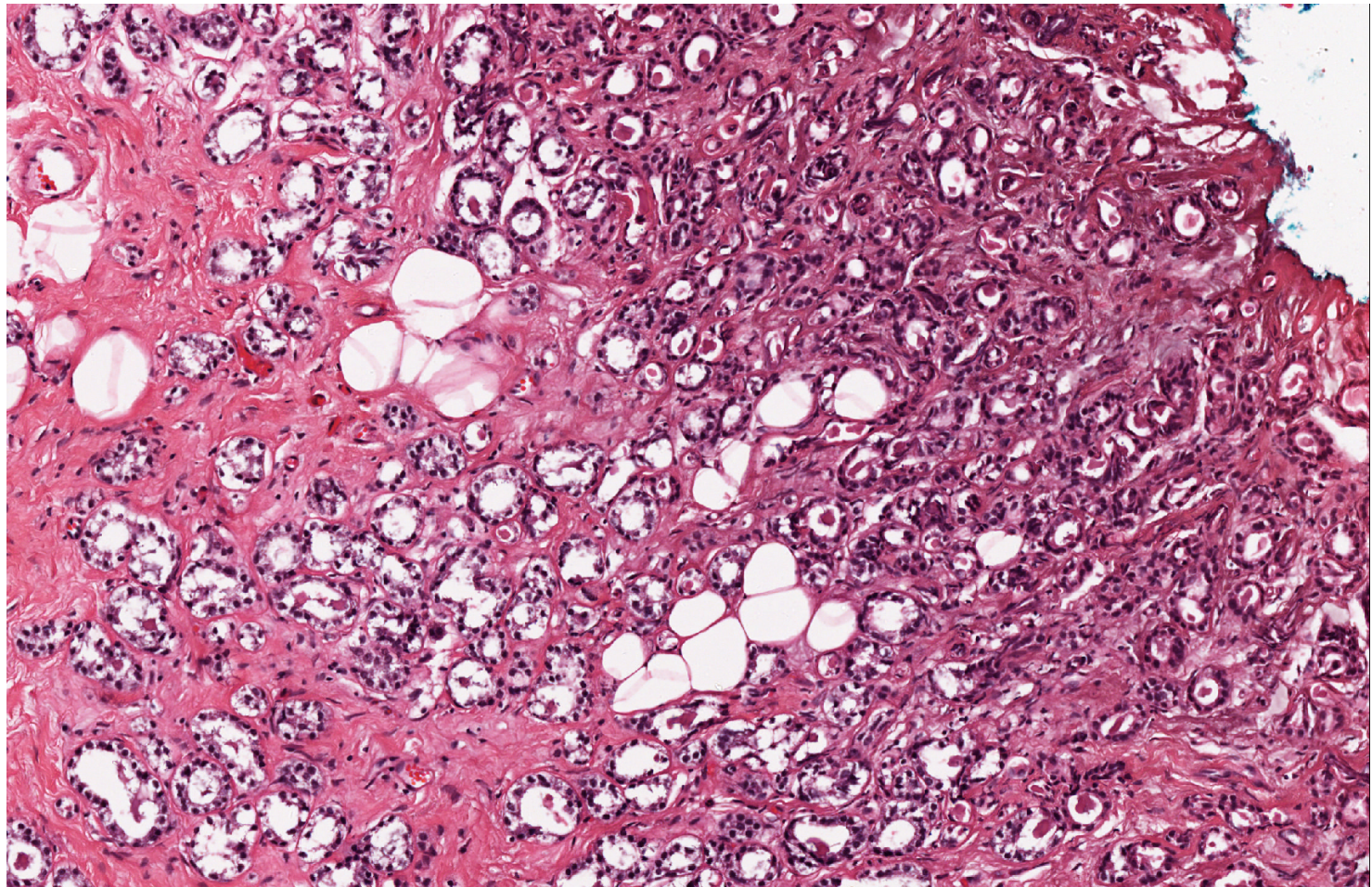


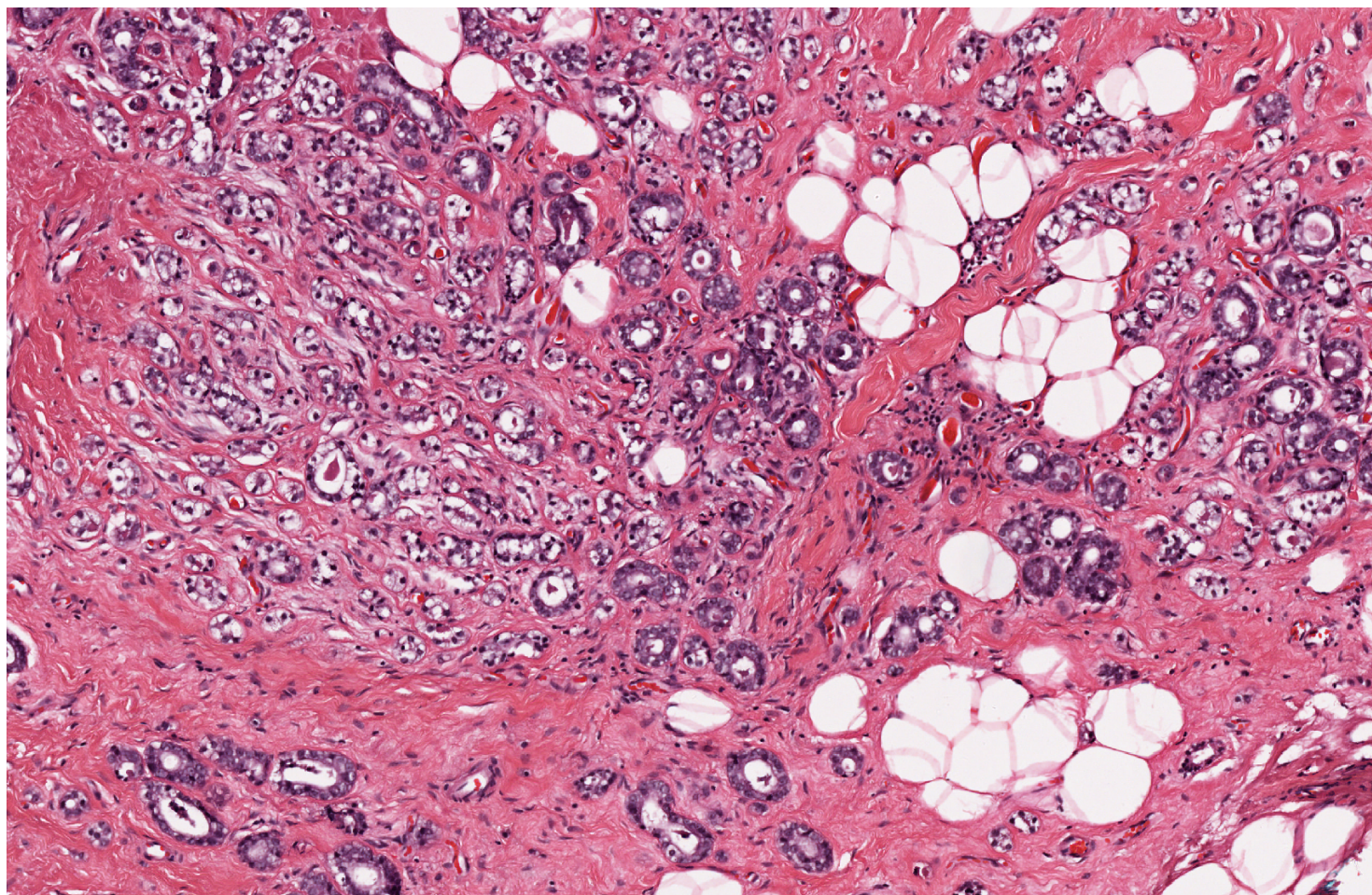


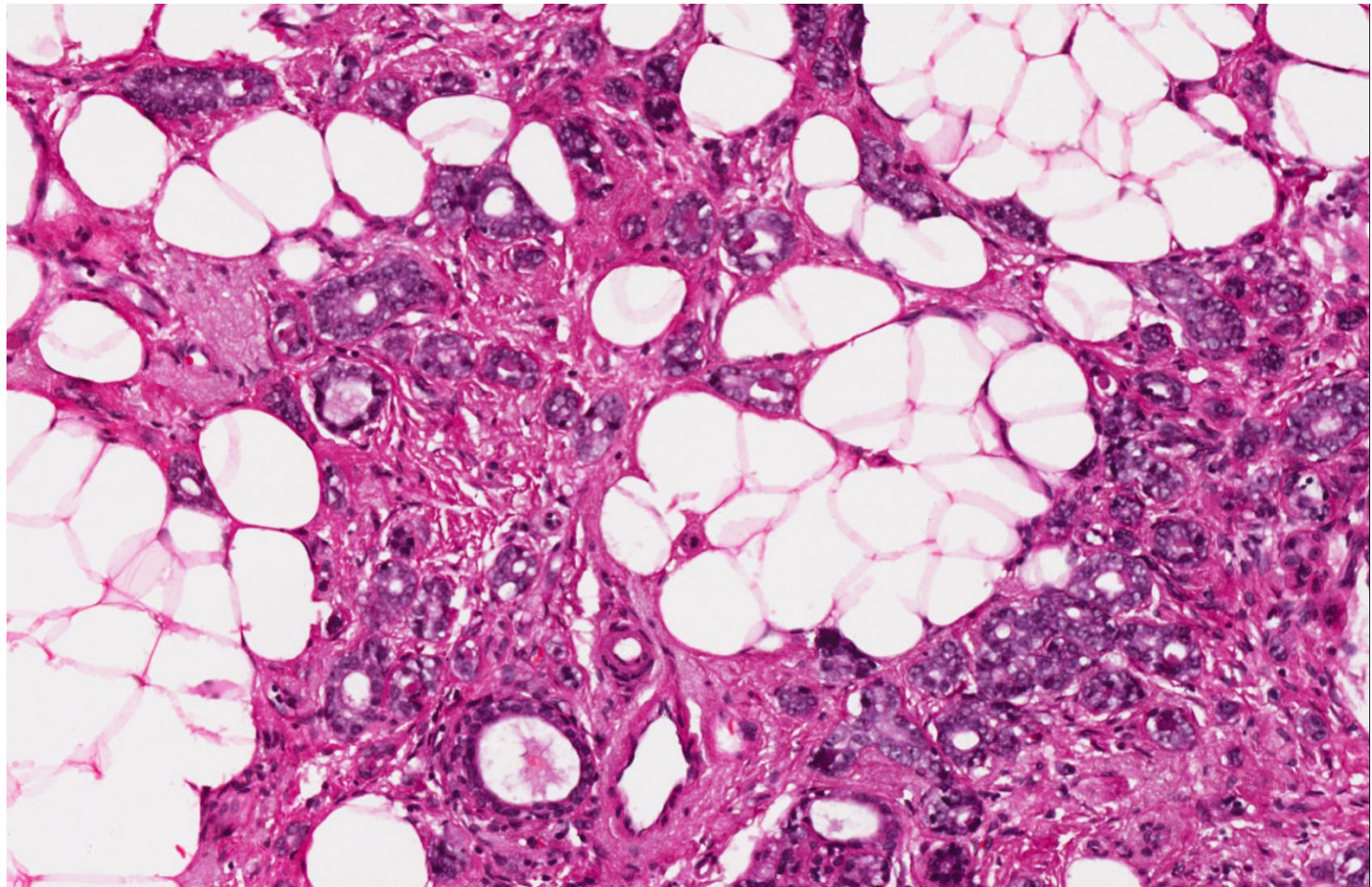


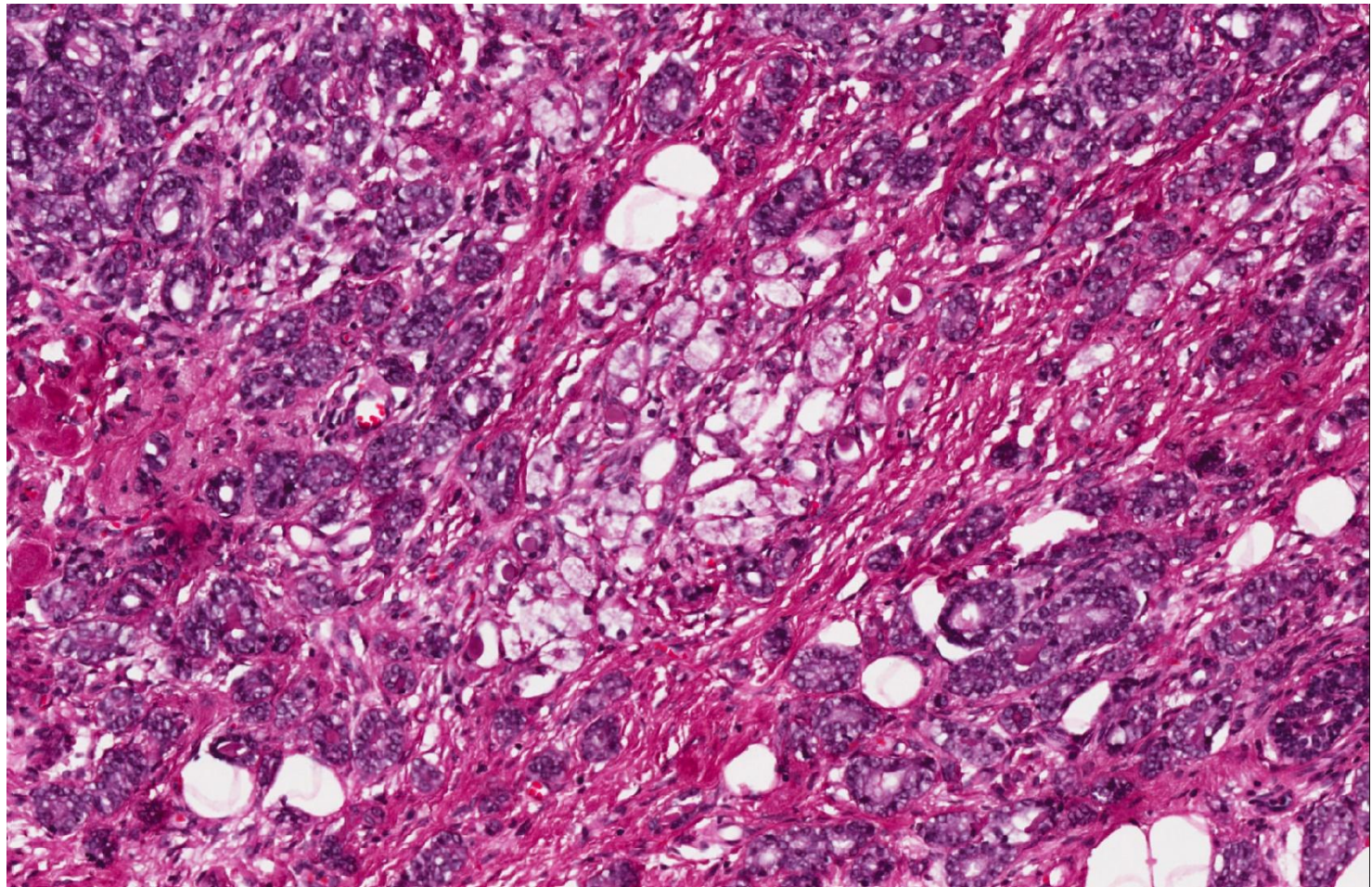


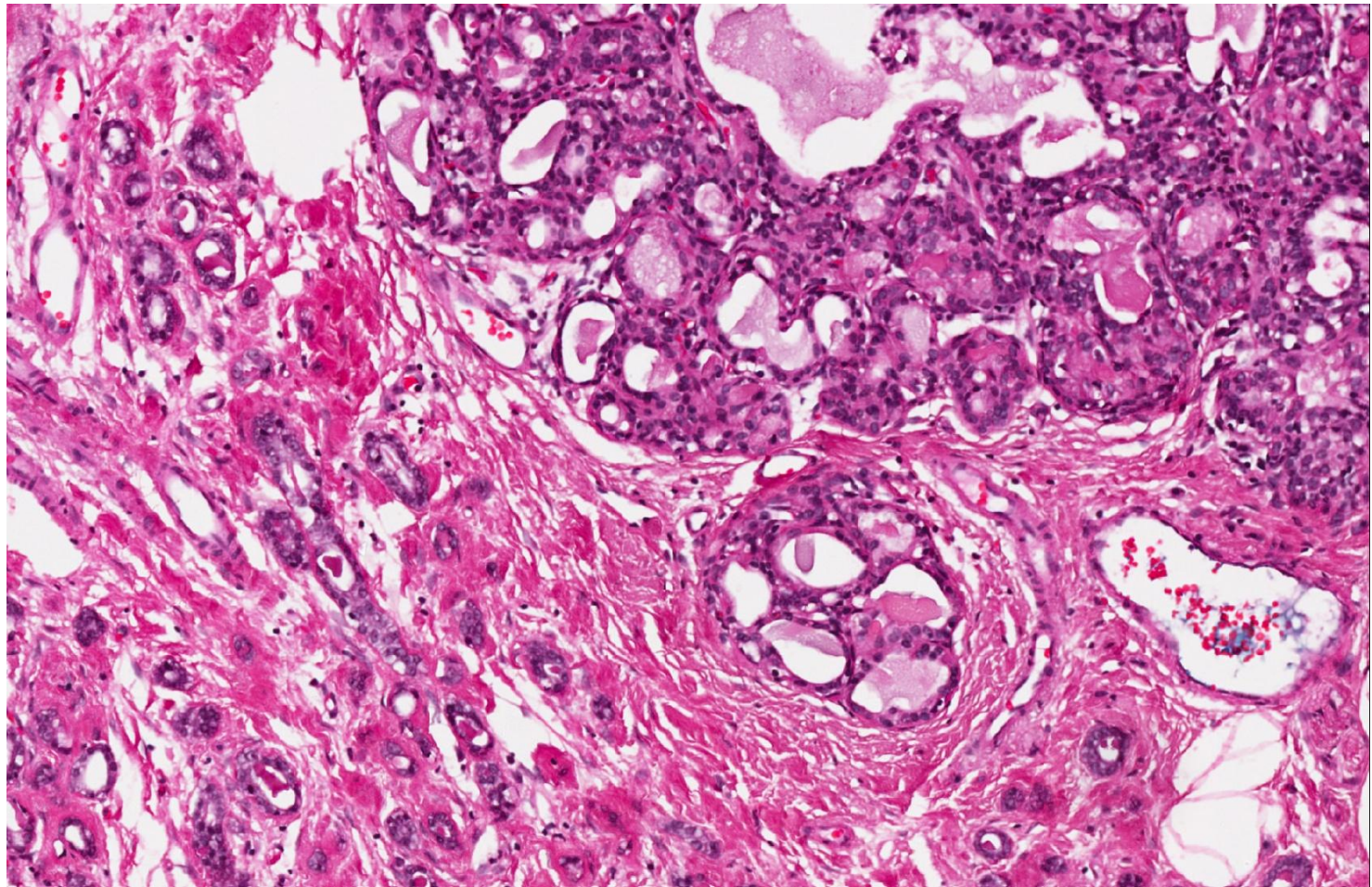


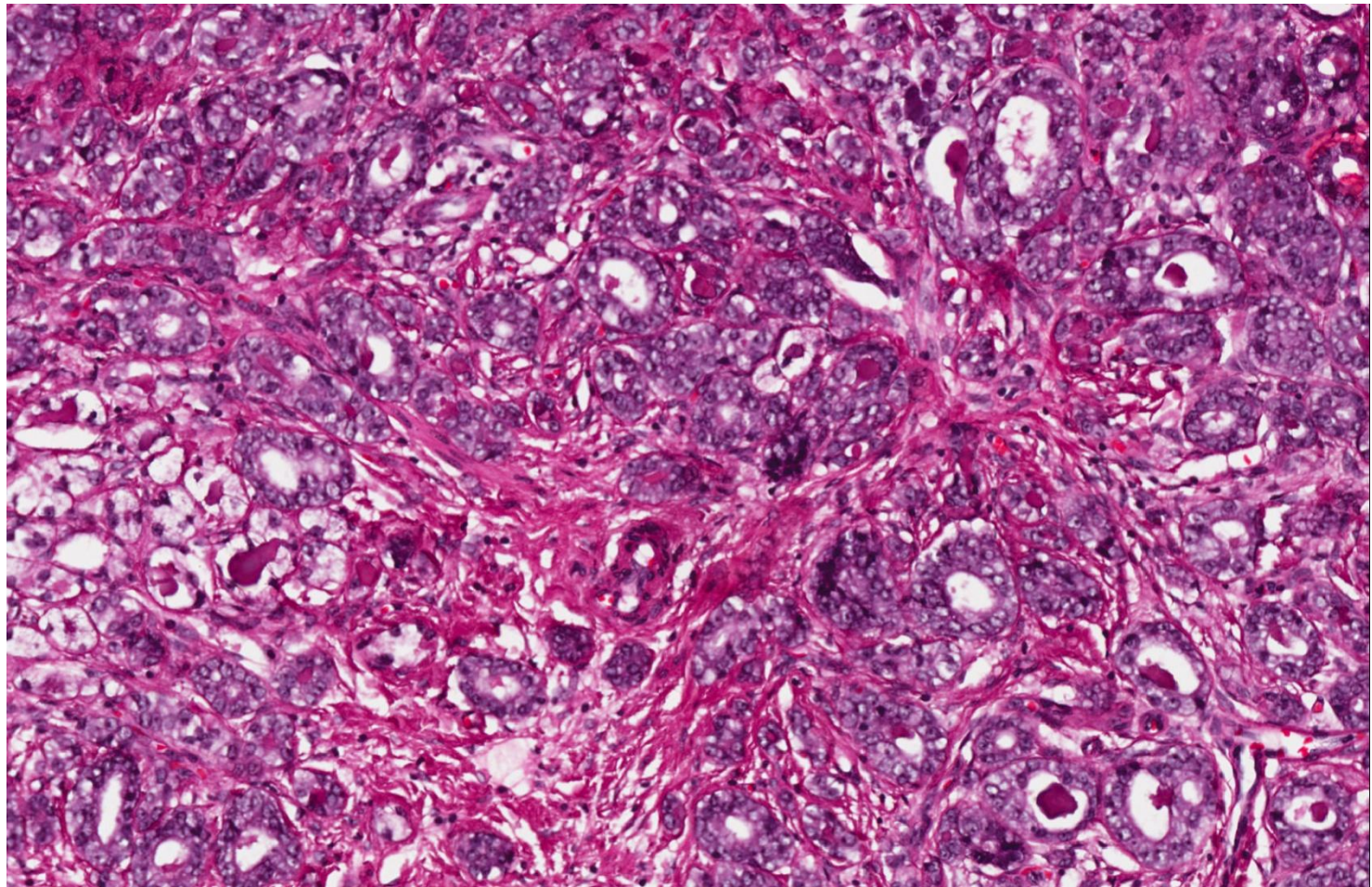


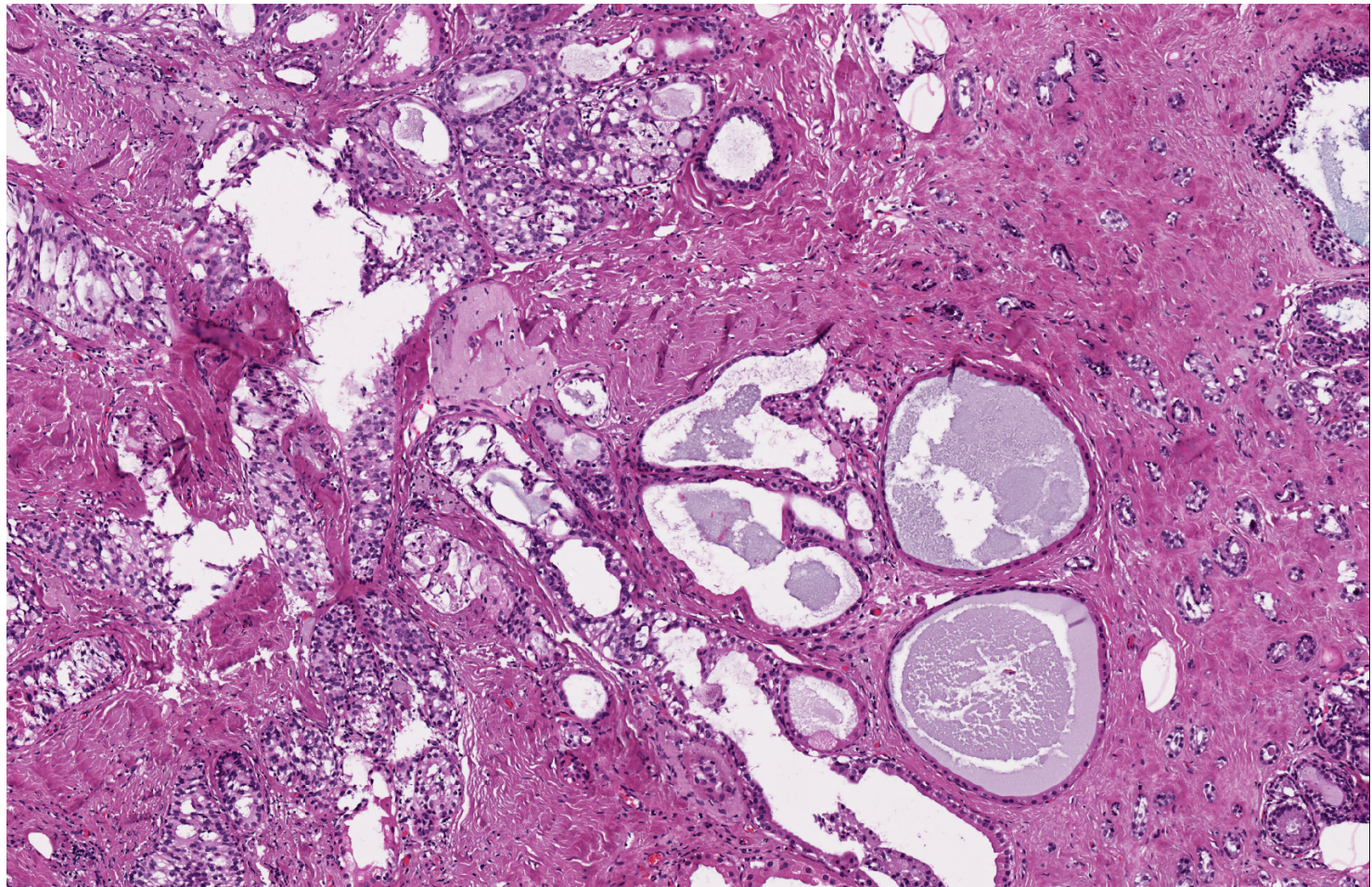


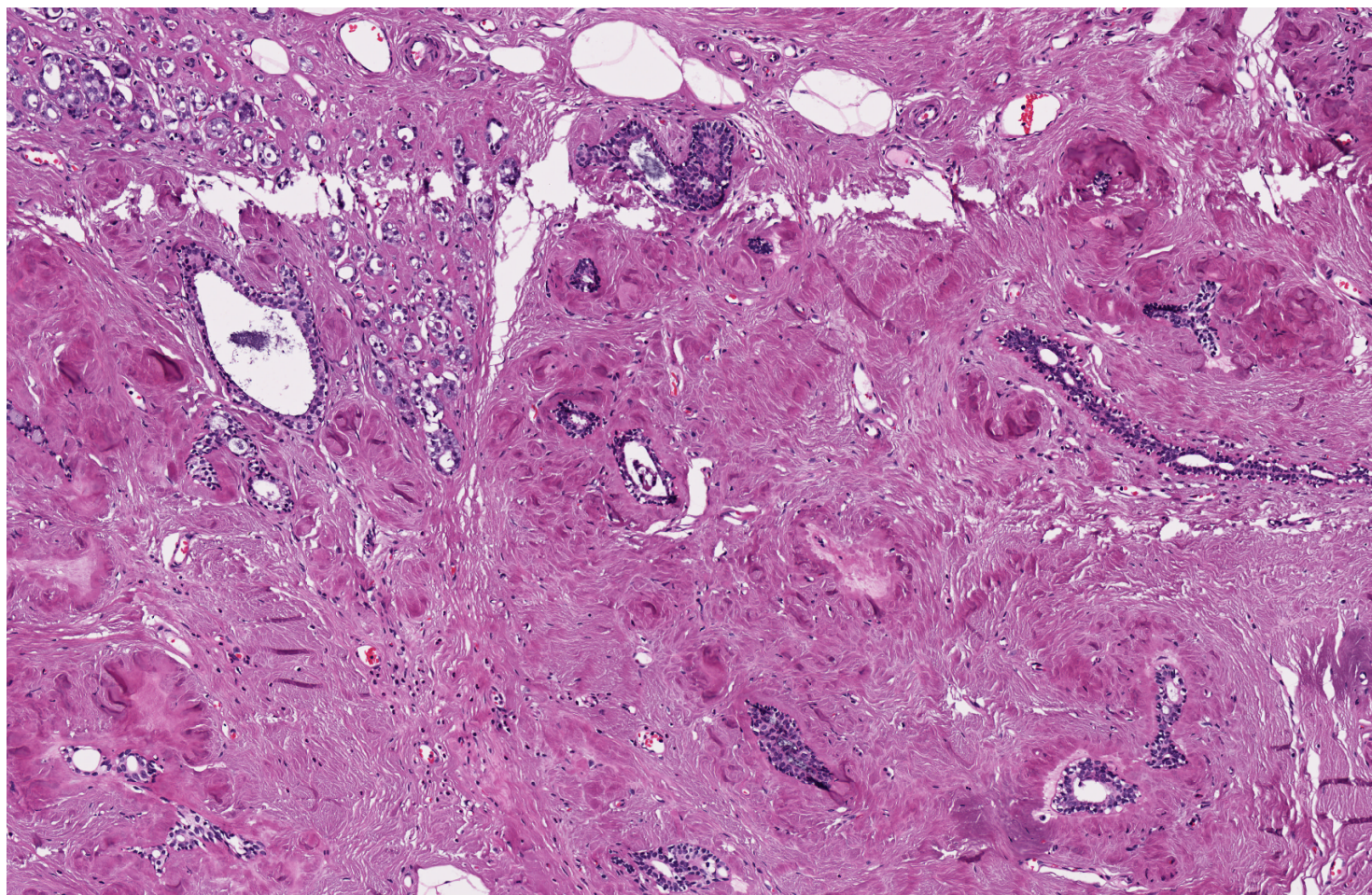




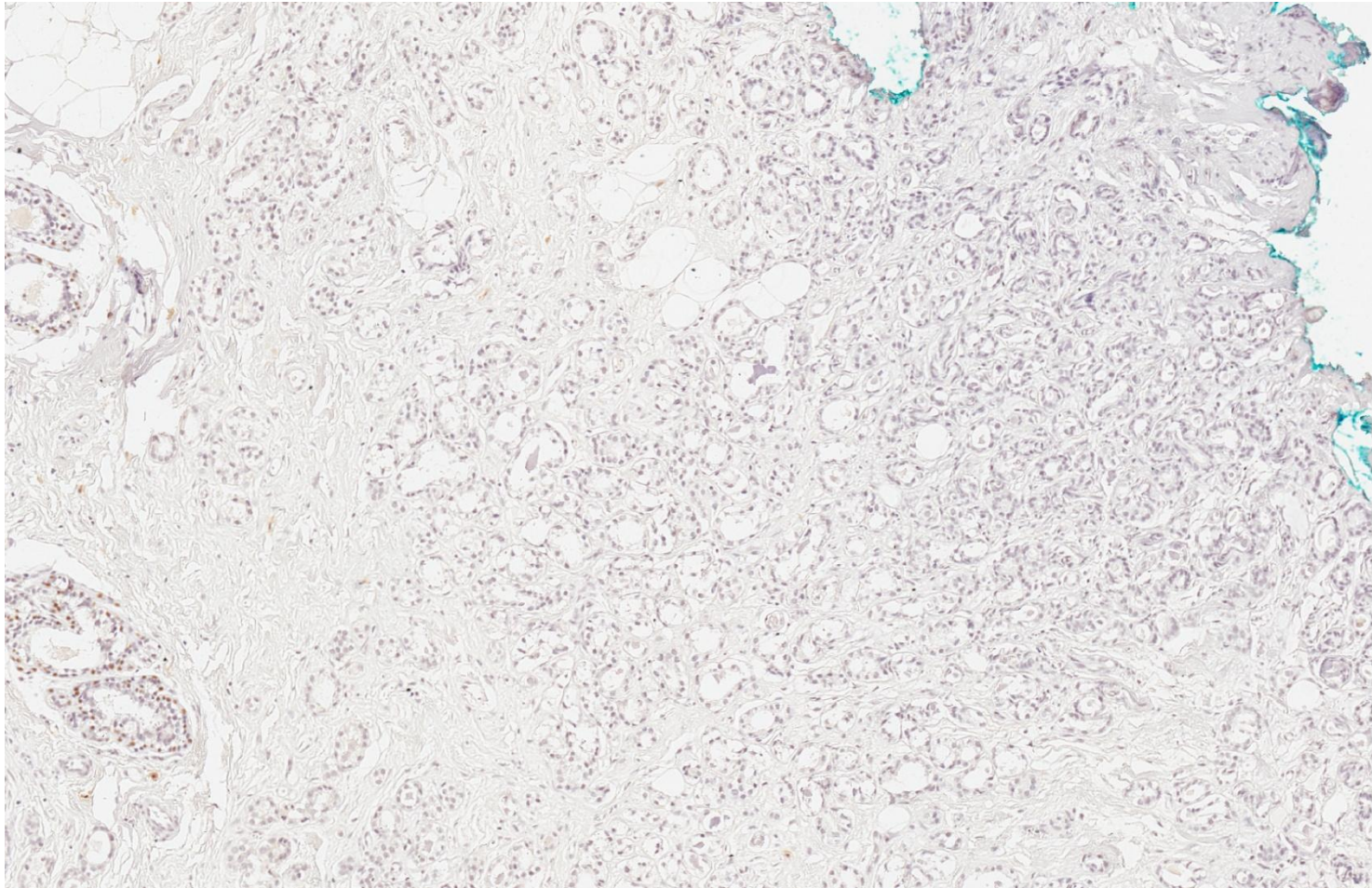




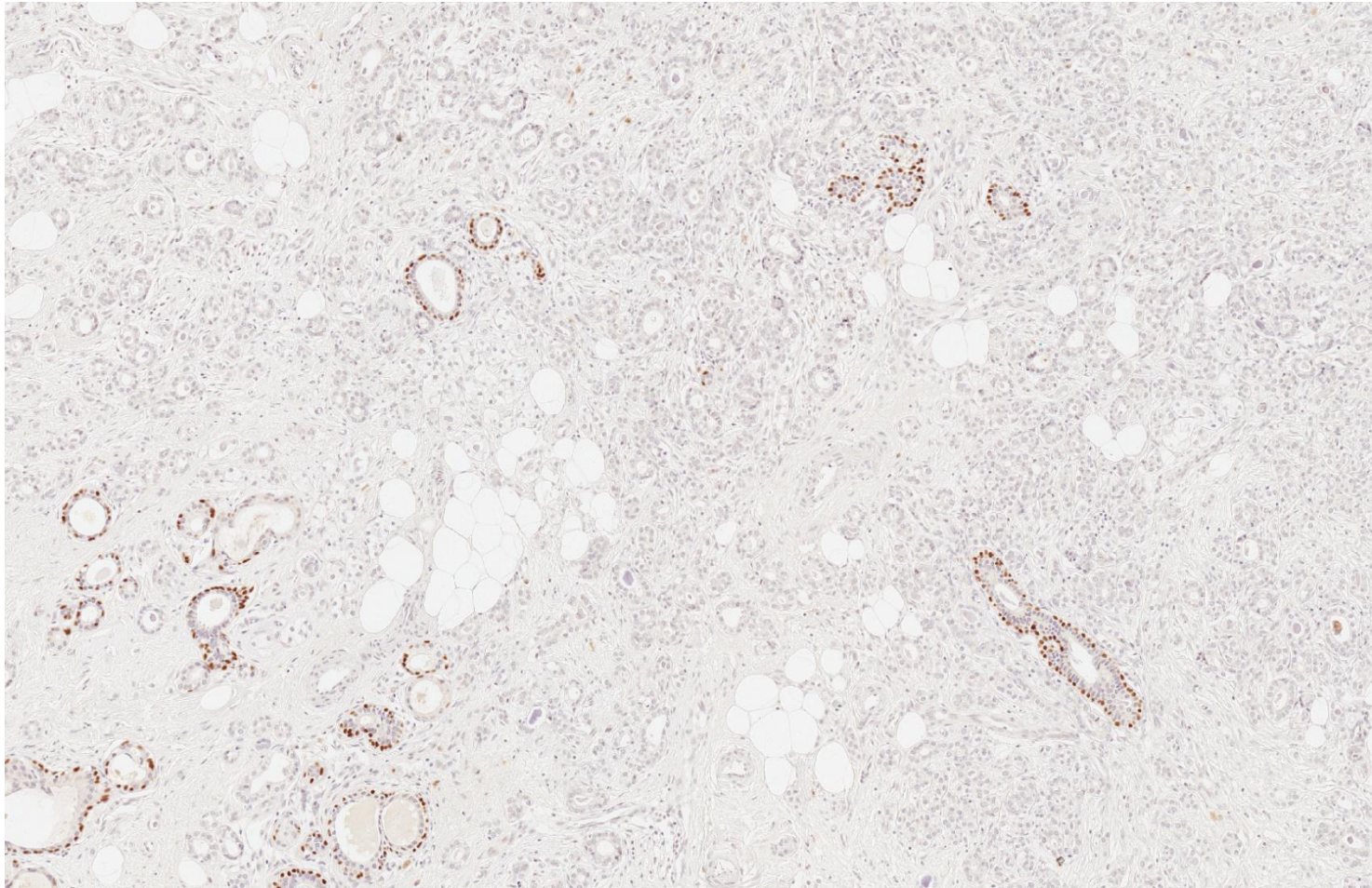




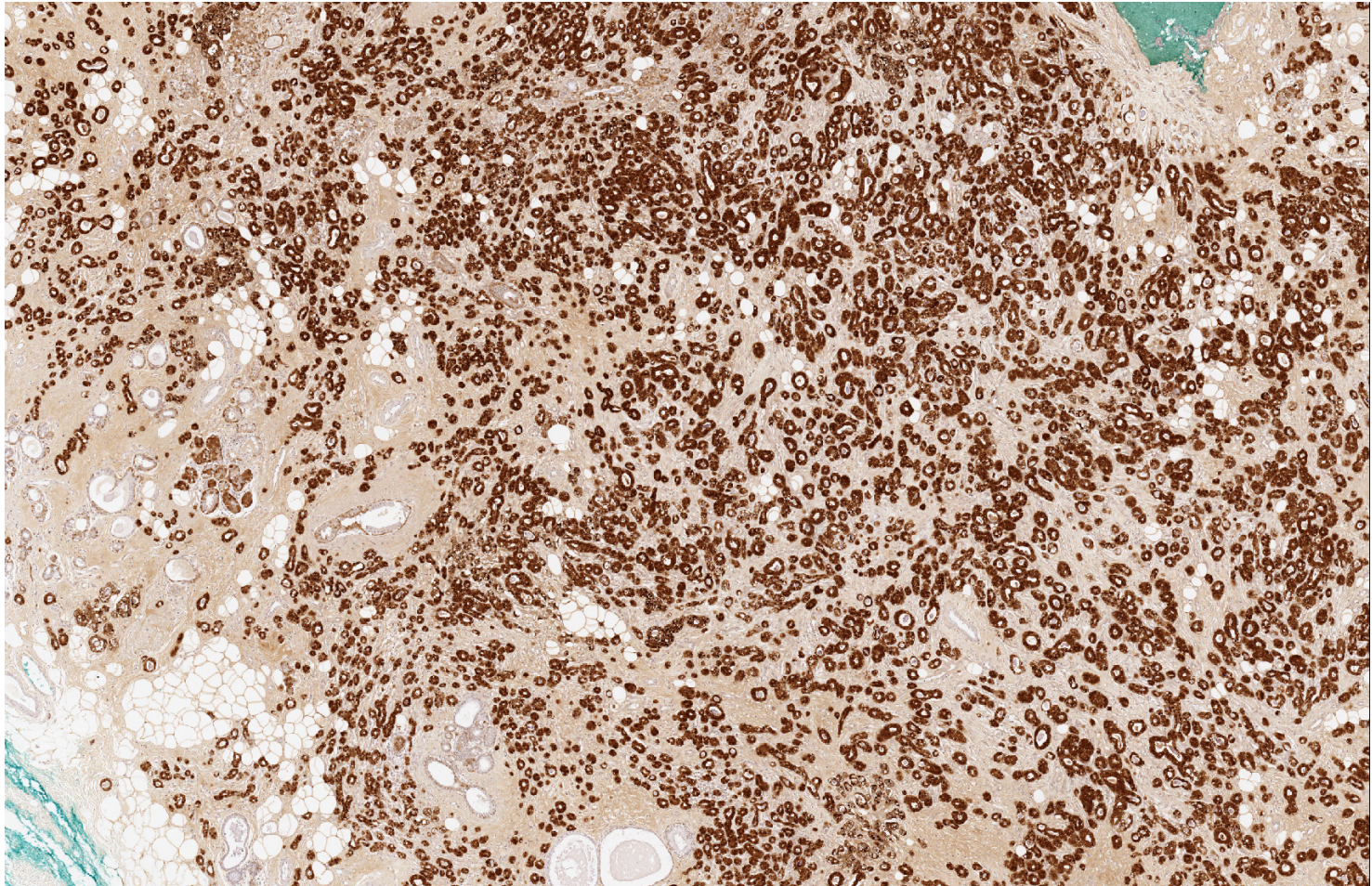
p63



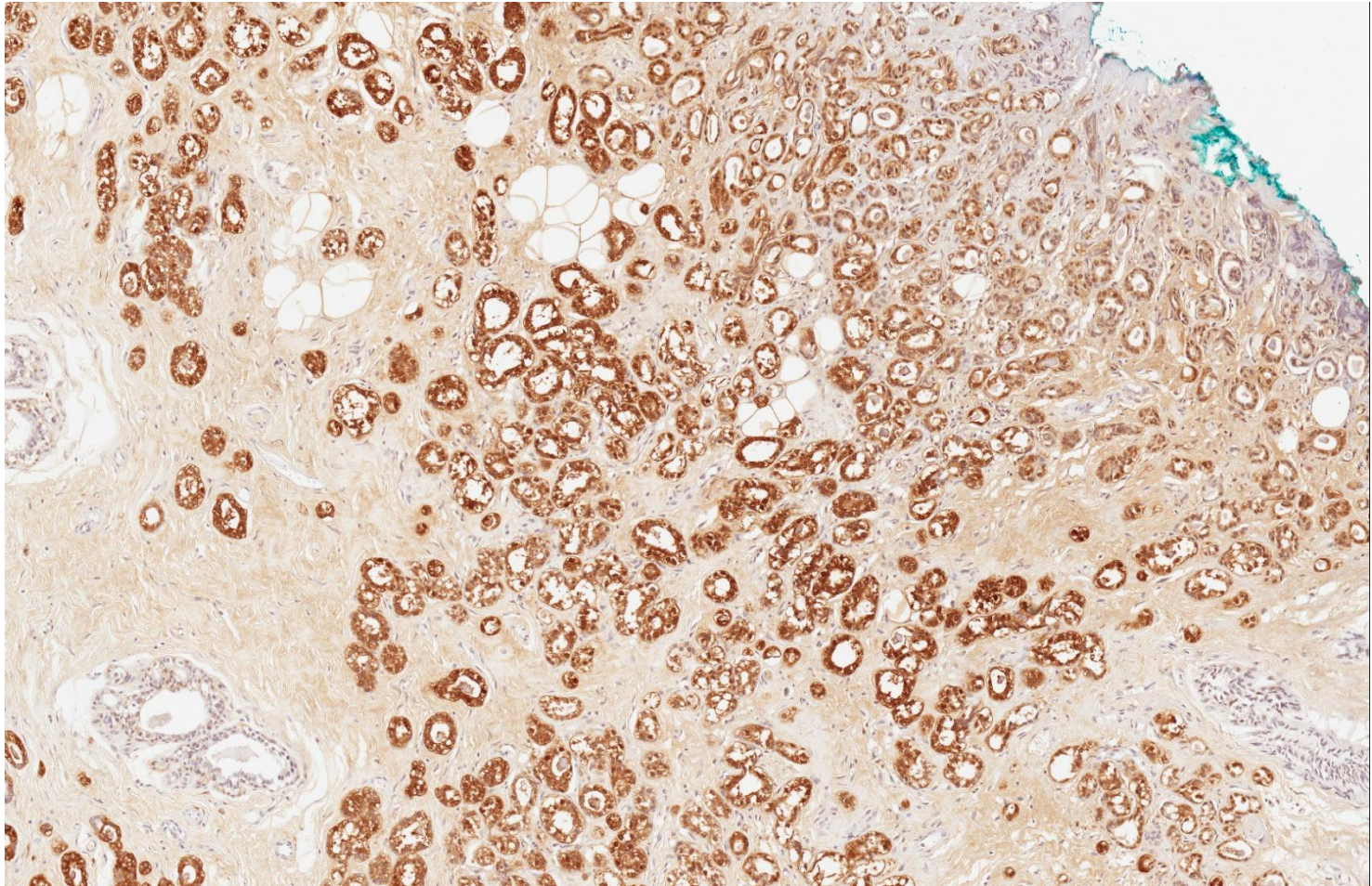
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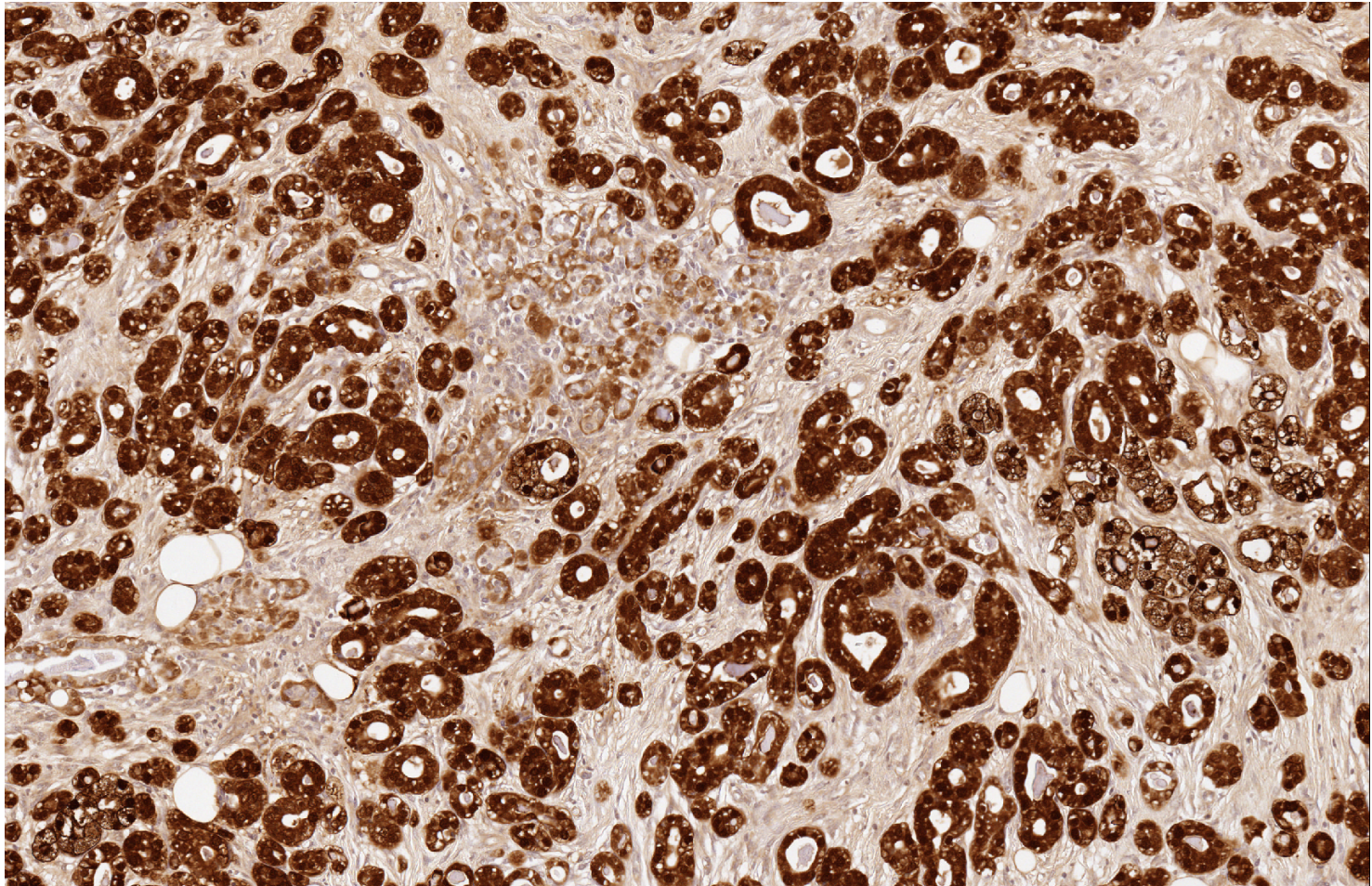
S100



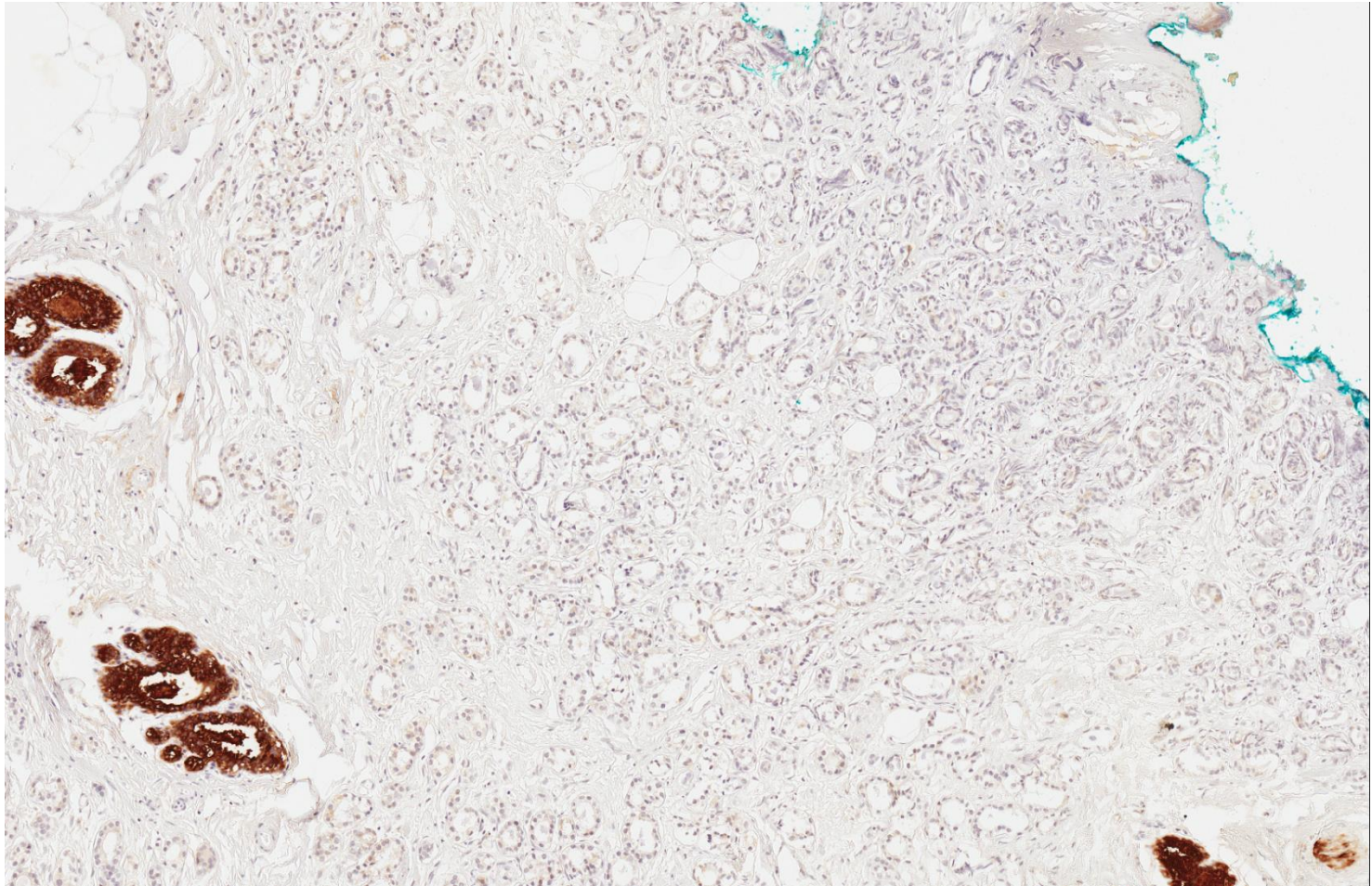
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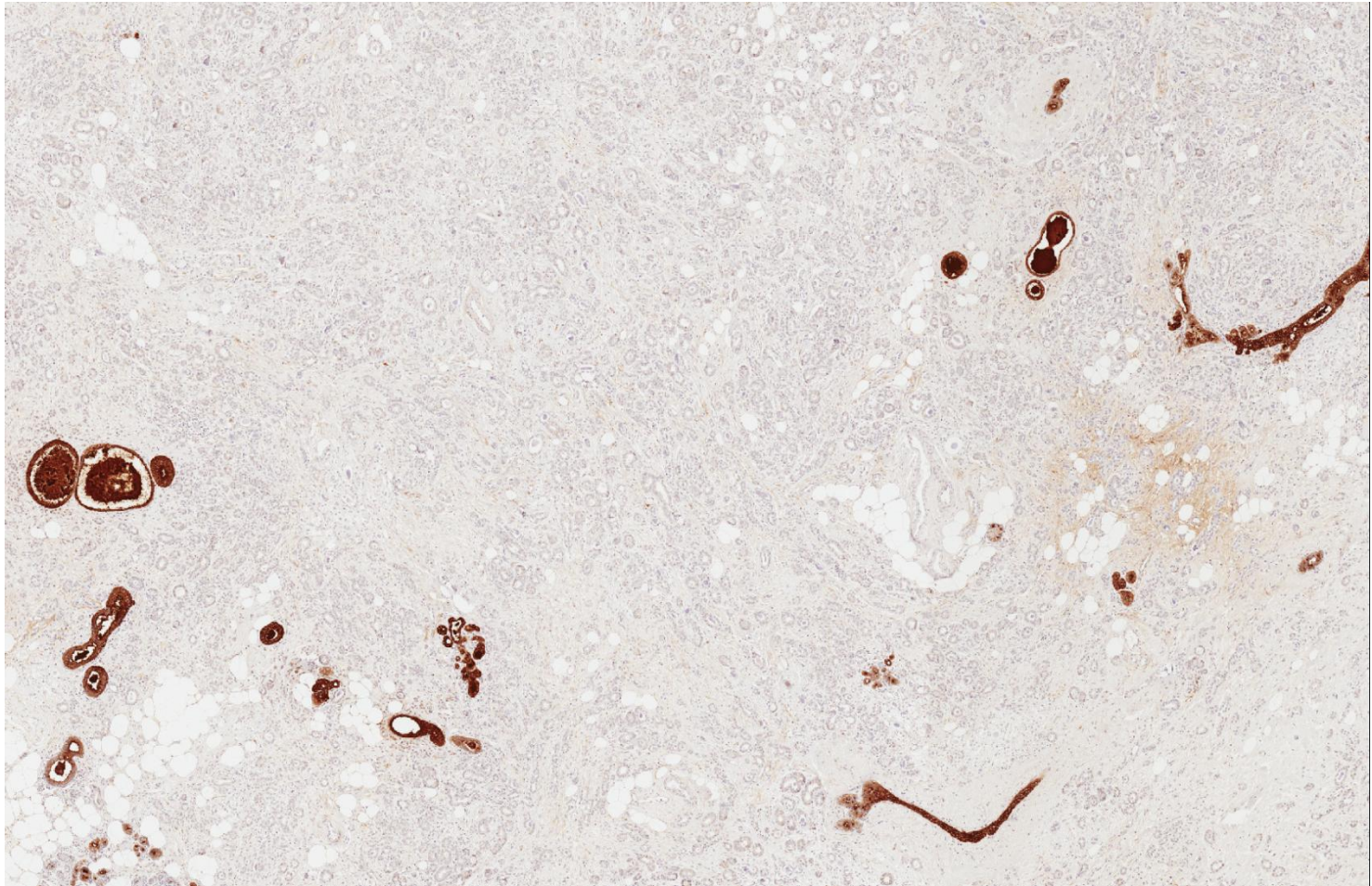
S100



EMA



EMA



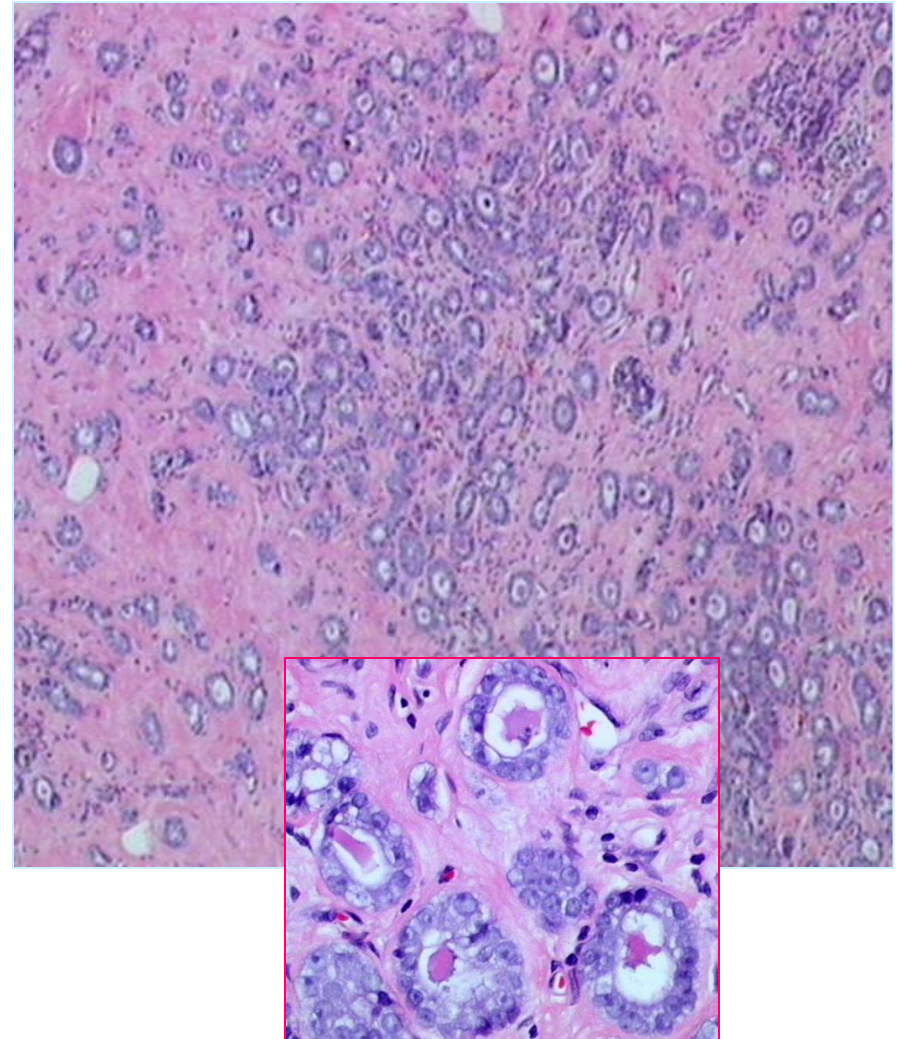
- Microglandular adenosis.

Microglandular adenosis

- Mimic of cancer, radiologically and pathologically.
- Uncommon lesion with an infiltrative pattern of small patent tubules containing colloid-like secretion.
- Myoepithelial cells absent.
- Basement membrane intact.
- Complete excision is recommended.

Microglandular adenosis

- Haphazard distribution of small round tubules that contain PAS positive, eosinophilic, colloid-like luminal secretions.
- Tubules extend around lobules and into fat.
- Absence of myoepithelial cells.
- Intact basement membrane.
- Mimics tubular carcinoma.



Immunohistochemical distinction between microglandular adenosis and invasive tubular carcinoma

	ER	S100	EMA	p63/CK14	Laminin/ Collagen IV
Microglandular adenosis	-	+	-	-	+
Tubular carcinoma	+	-	+	-	-

Microglandular adenosis

- Presentation as a palpable mass, radiologic density or incidentally.
- Atypical microglandular adenosis:
 - More complex anastomosing glands.
 - Luminal bridges.
 - Micro-cribriform nests.
 - Stratification of epithelial cells, effacing gland lumens.
 - Cytologic atypia.
 - Loss of luminal secretions.
- Carcinoma associated with microglandular adenosis:
 - Transition from atypical forms to DCIS to invasion.
 - Invasive carcinoma:
 - acinic cell, adenoid cystic, secretory, etc.

Learning points

- Diagnosis of MGA.
- Distinction from tubular cancer.
- Discuss associated malignancy in MGA.