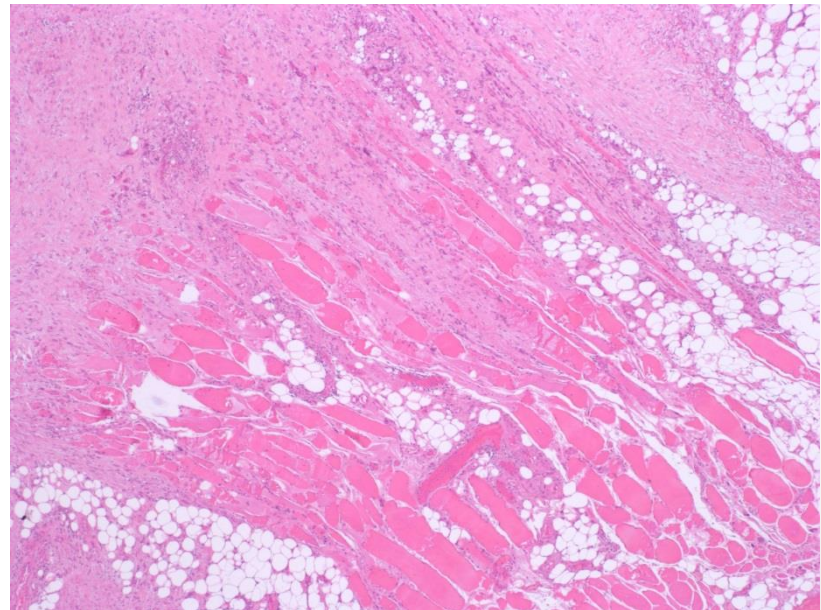
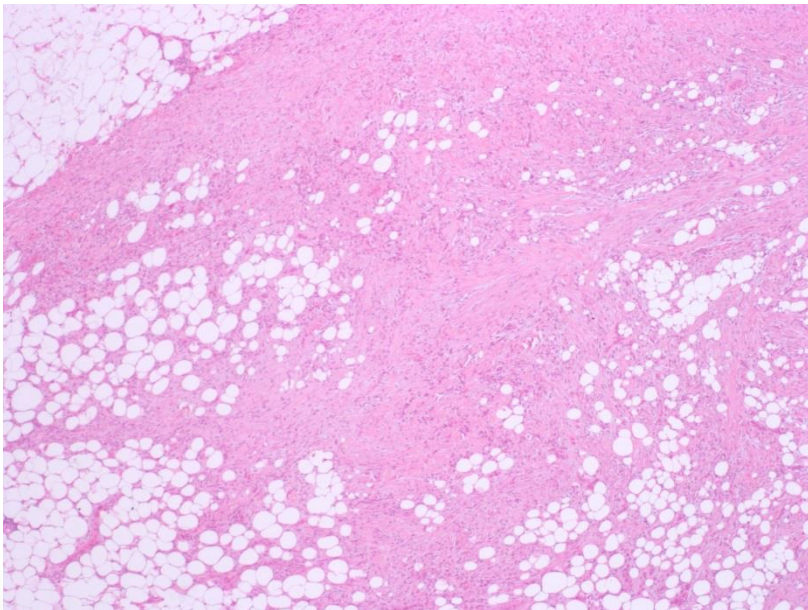
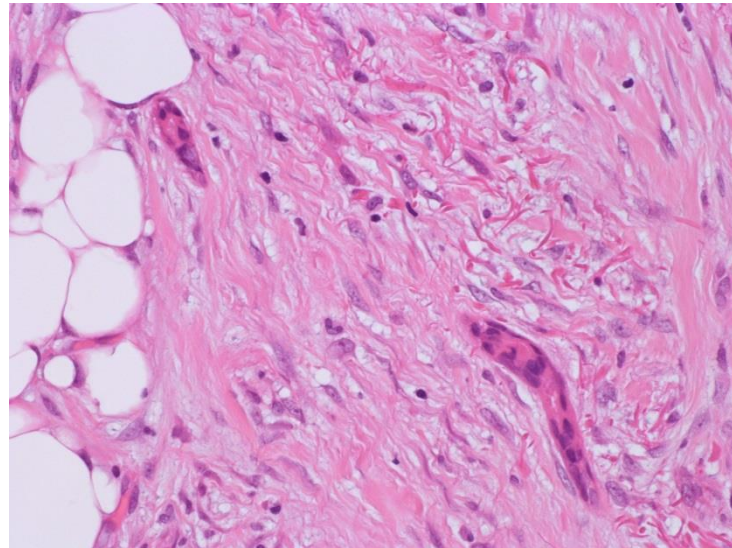
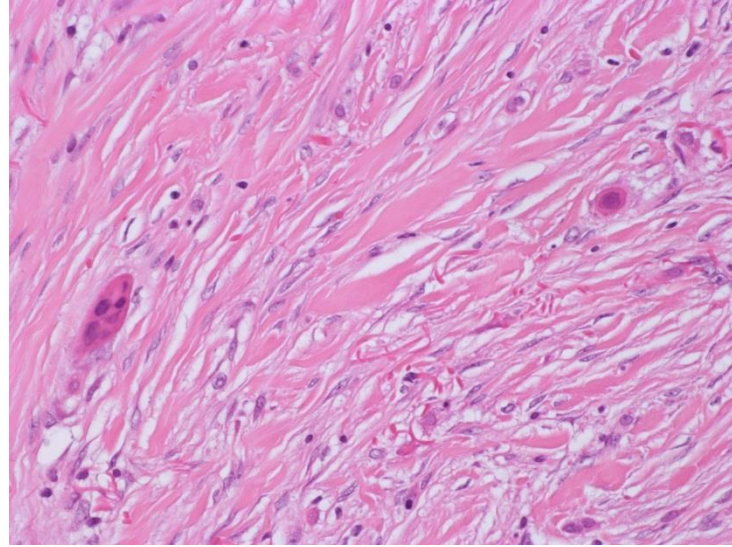
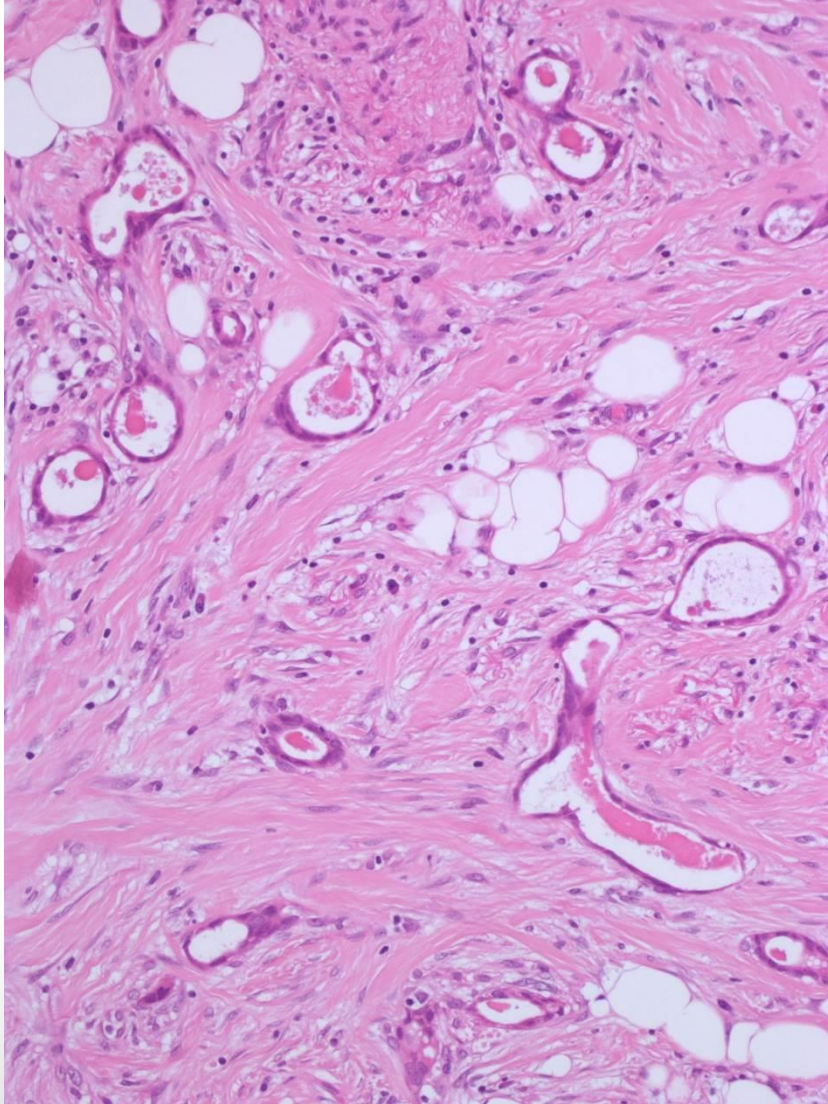


Case 4

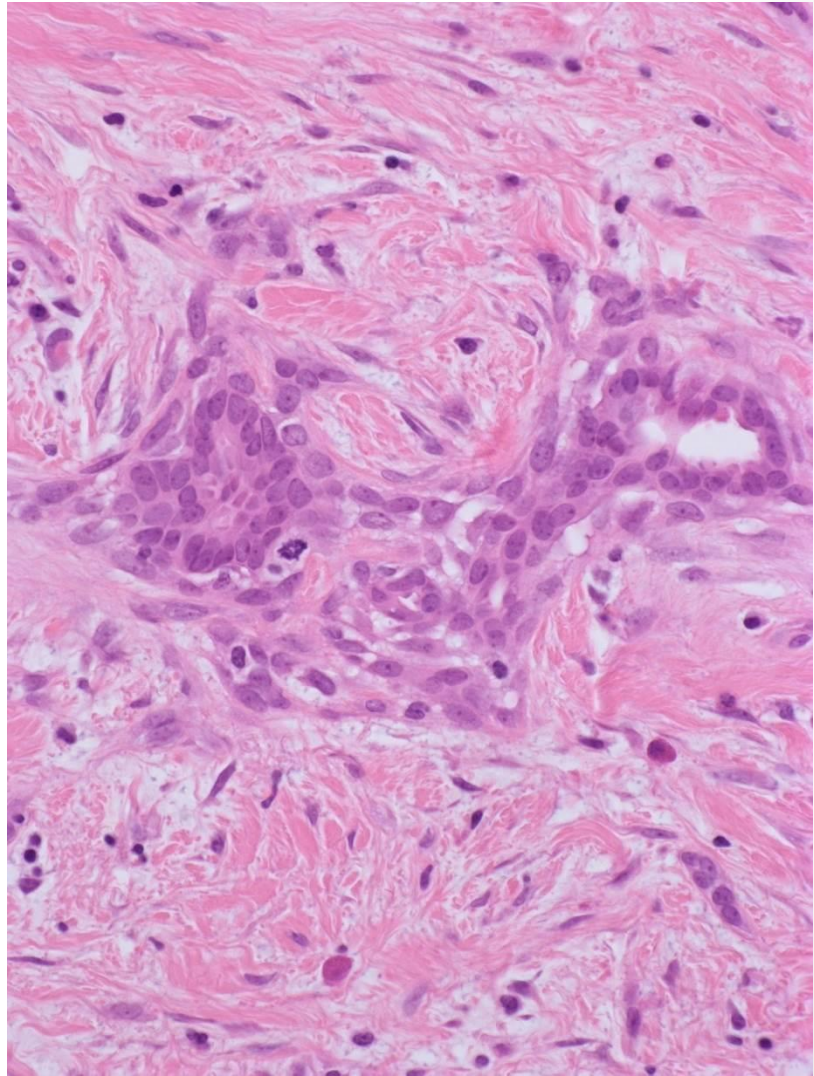
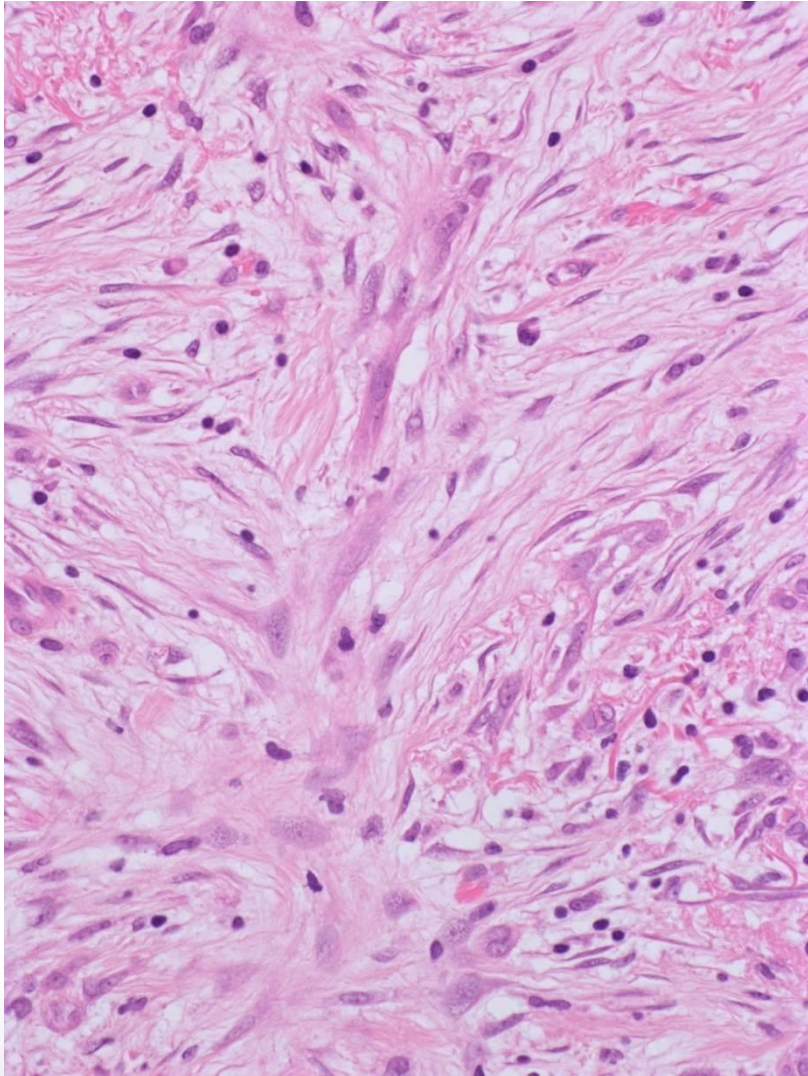
- 83 year old female.
- Previous left breast surgery in 1968.
- New lump in area of scar suspicious for malignancy.



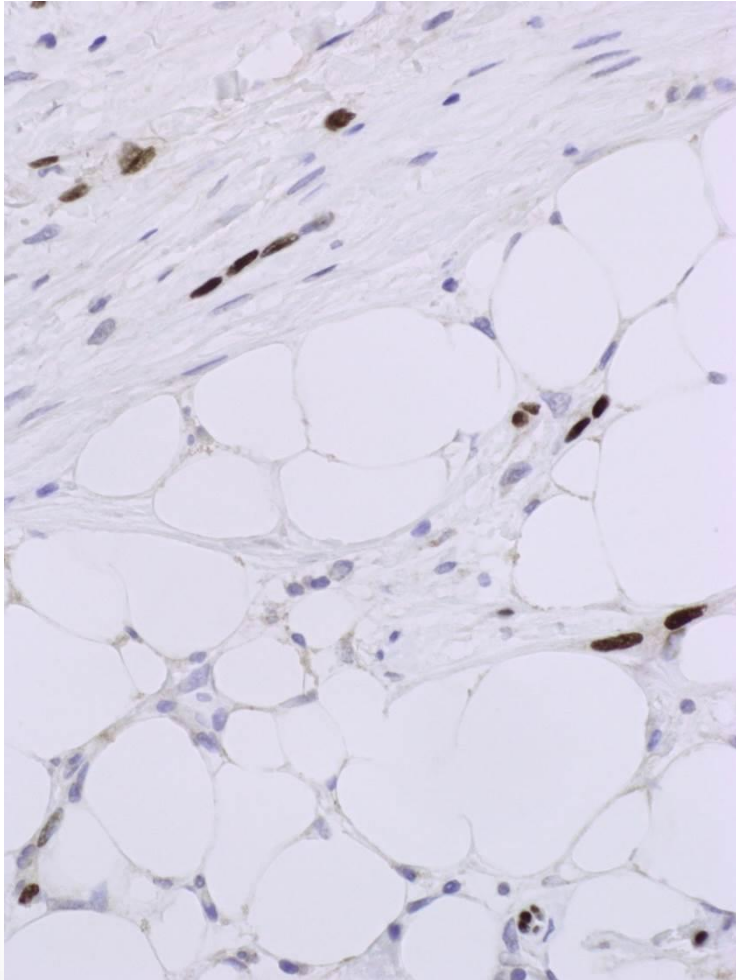
Case 4



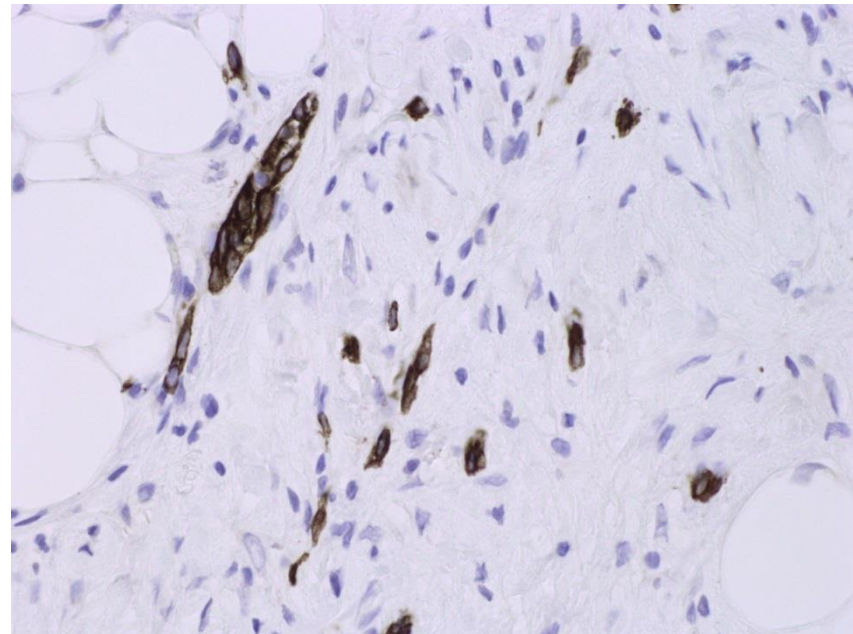
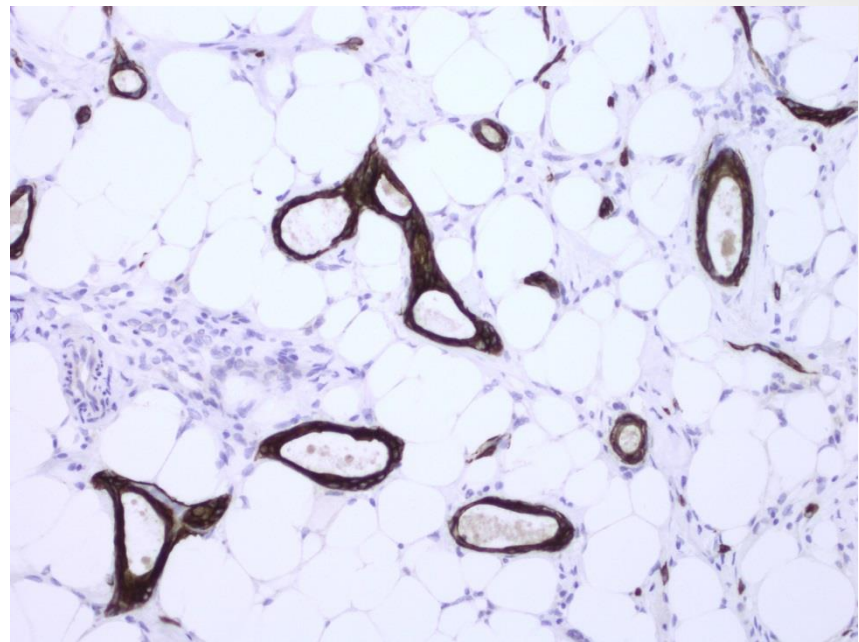
Case 4



Case 4



p63



CK 14

Case 4

- Final diagnosis – 50 mm Low grade adenosquamous carcinoma
- ER/ PR/ HER2 negative, basal CK and p63 positive
- LN 0/5

Low grade adenosquamous carcinoma

- Originally described by Rosen in 1987
- Series of 11 cases
- Lesions characterised by small glandular structures with varying amounts of epidermoid differentiation embedded in a collagenous stroma
- Tendency to grow between and around ducts and lobules
- Round to oval glands
- Can have spindle cell and syringomatous areas
- 9 cases with node sampling – all negative
- 3 local recurrences, no metastatic disease

Am J Surg Path,11(5):351-8

Low grade adenosquamous carcinoma

- Follow up series by Van Hoeven et al.
- Round to irregular glands
- Squamous component 5-80%
- Syringomatous appearance
- Clusters of inflammatory cells at the periphery
- 12 had an associated intraduct papillary lesion
- Several had adenomyoepithelioma-like areas
- All ER/PgR negative
- 11/12 node negative
- 5 local recurrences, 1 patient with lung metastases

Am J Surg Path, 1993, 17(3):248-58

Low grade adenosquamous carcinoma

- Association with underlying fibrosclerotic lesions including complex sclerosing lesions, papillary lesions and nipple adenomas

Denley et al. Histopathology 2000, 36:203-9

Gobbi et al. Modern Pathology 2003, 16(9):893-901.

- Similar genetic changes present in the glandular and spindle cell components, including EGFR amplification

Geyer et al. Modern pathology 2010, 23: 951-60.