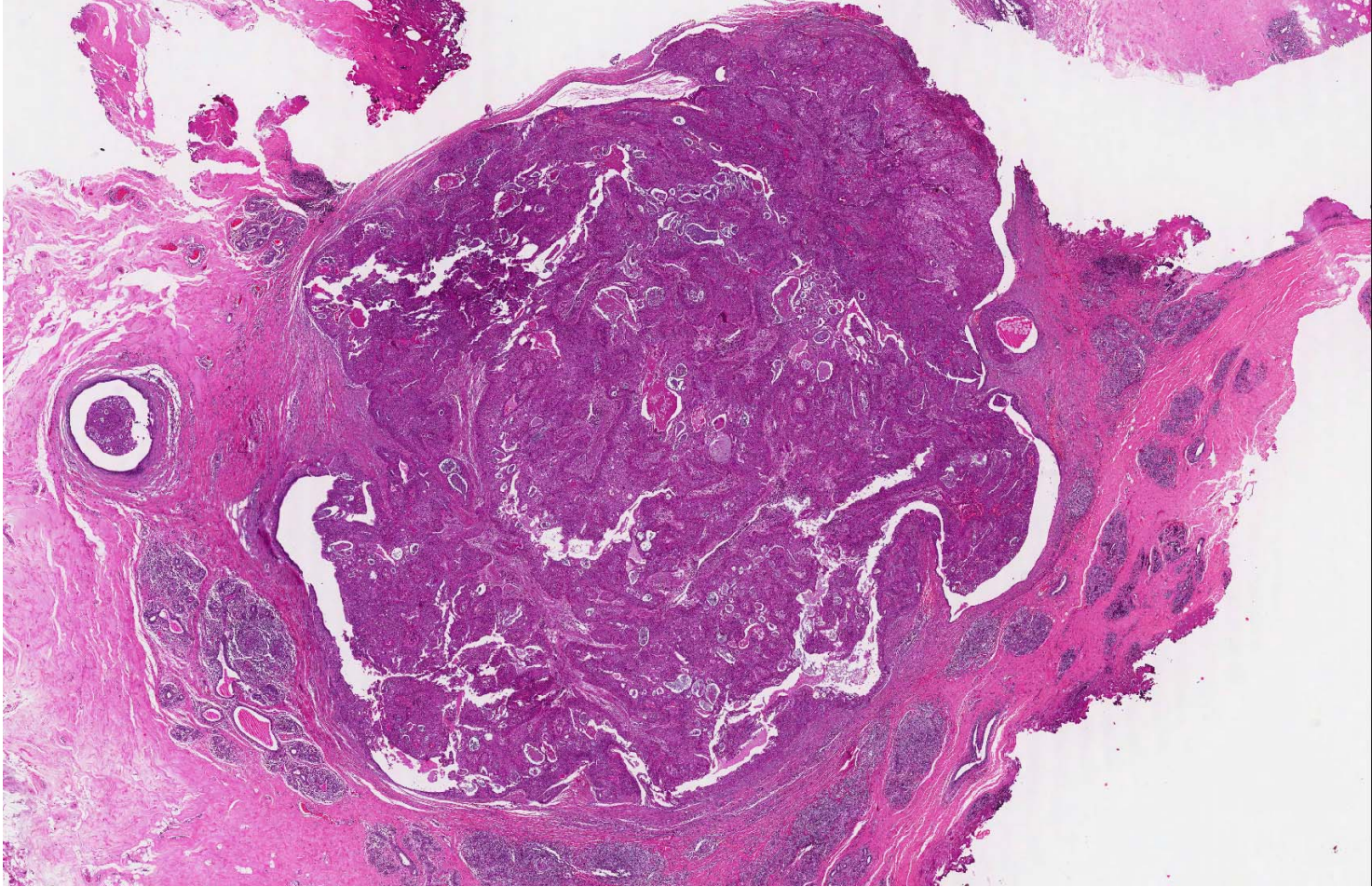
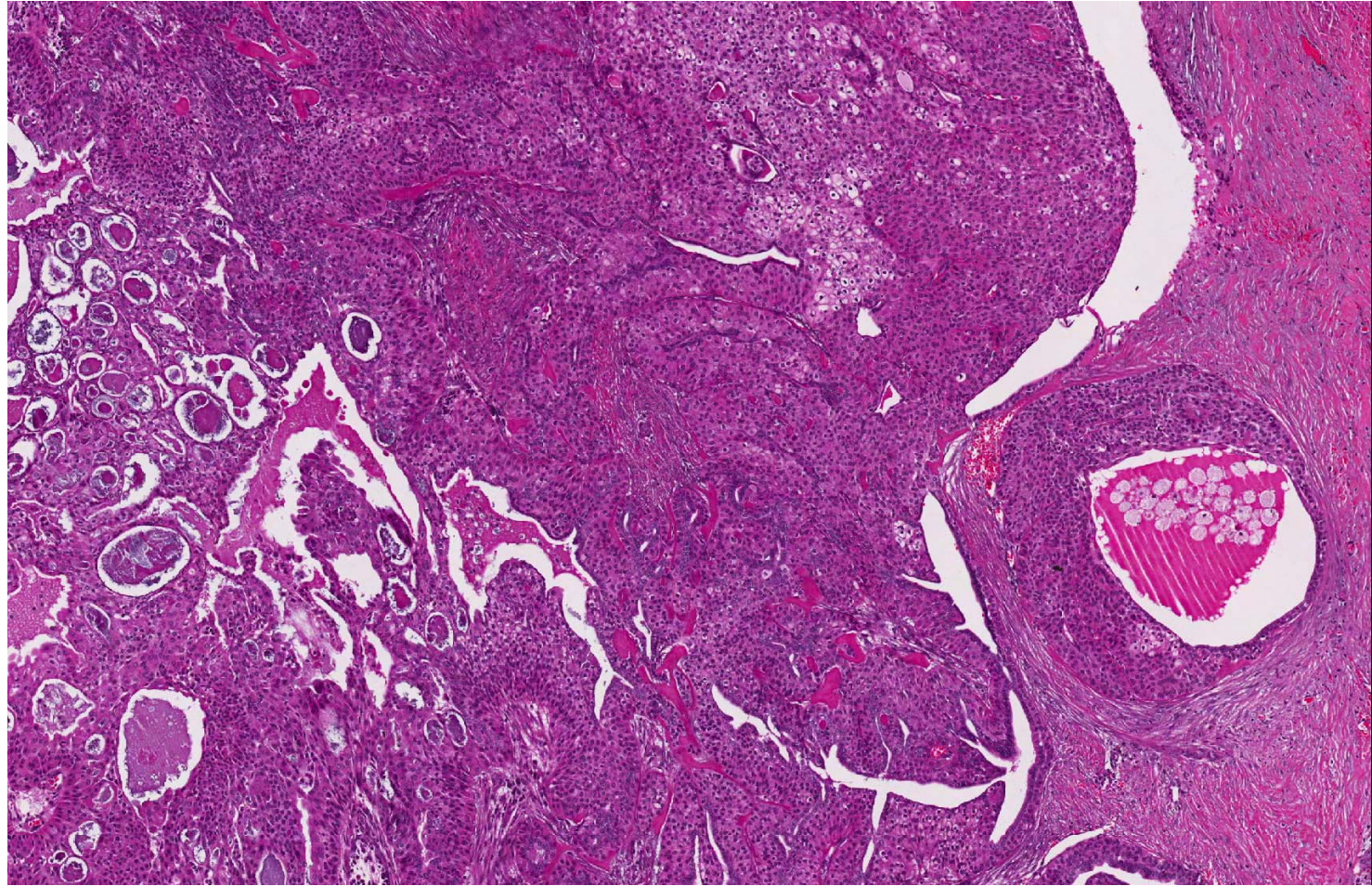
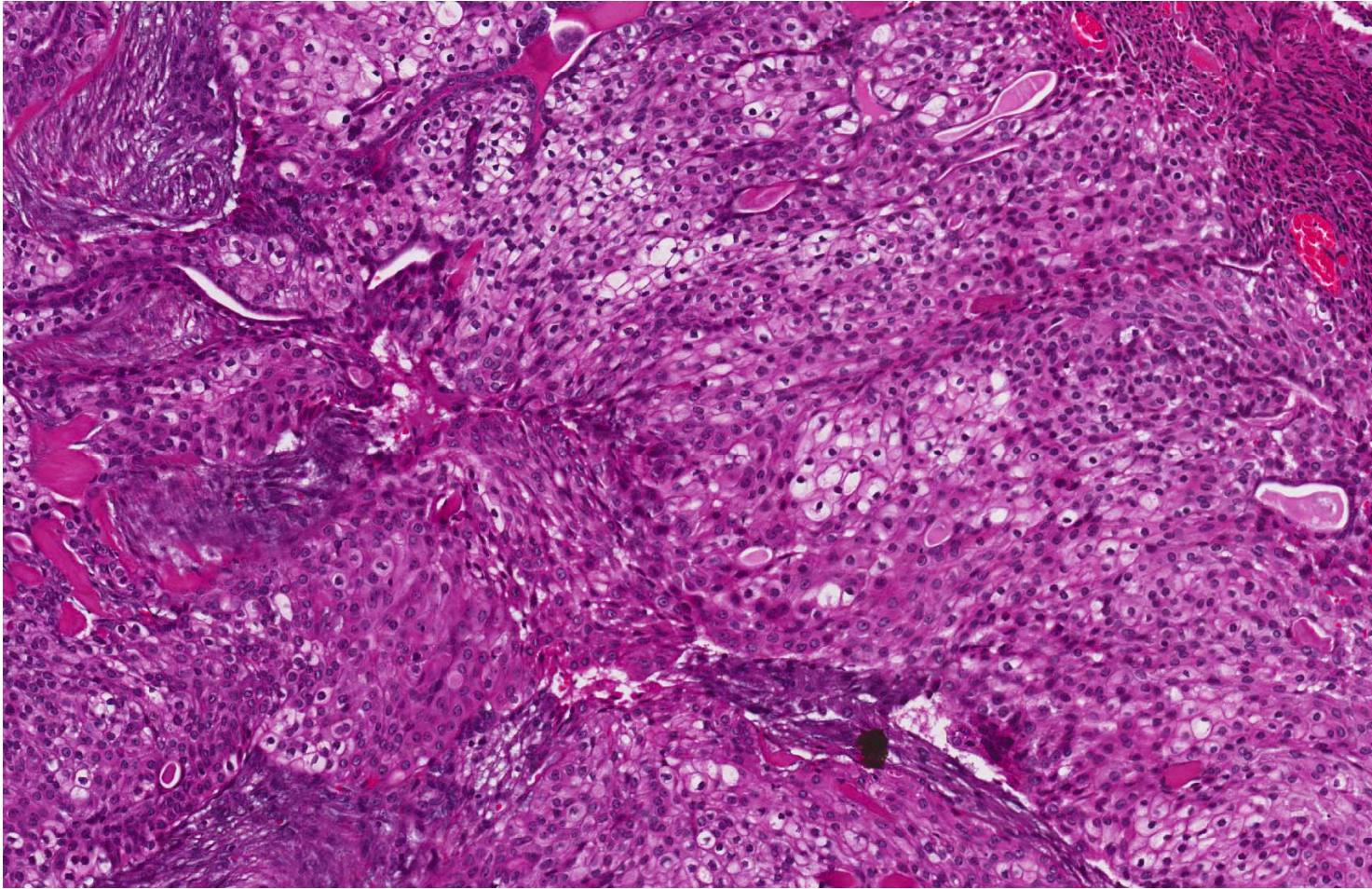
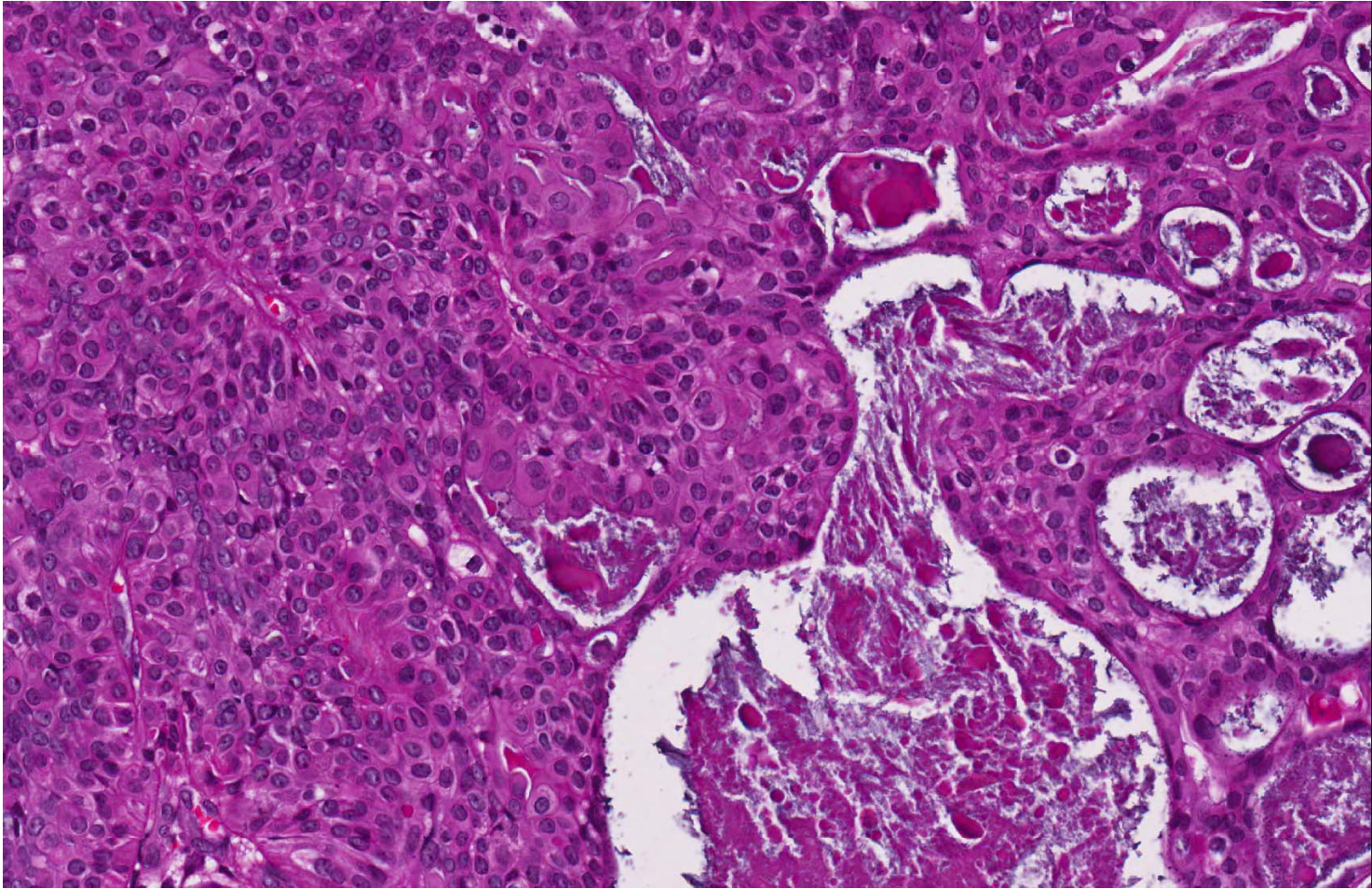


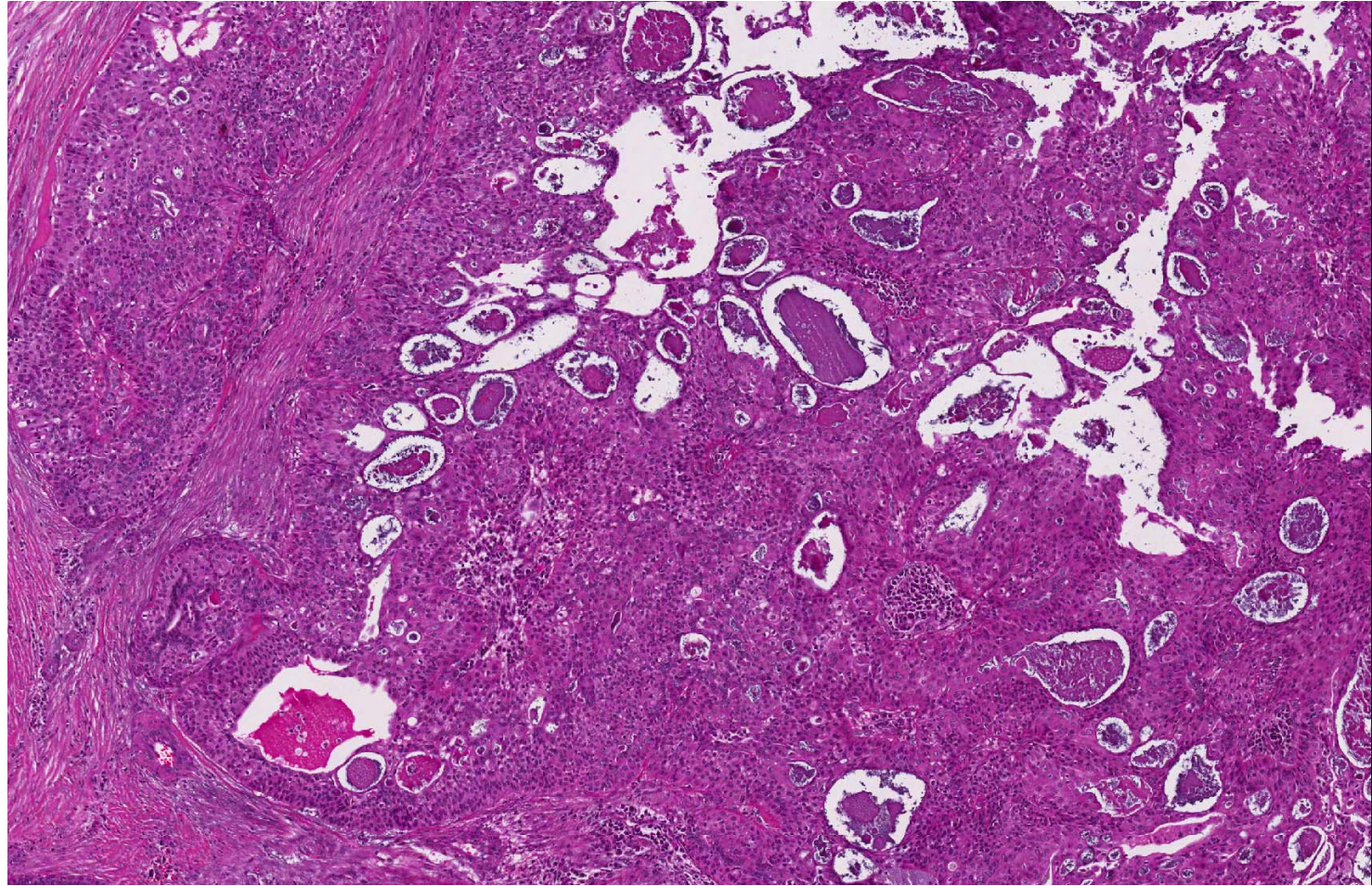
- Set A.16
- 34 yr old Indonesian female underwent an excision of a right breast lump. The excision specimen measured 2.5cm X 1cm. The cut section showed a slightly lobulated yellowish appearance.

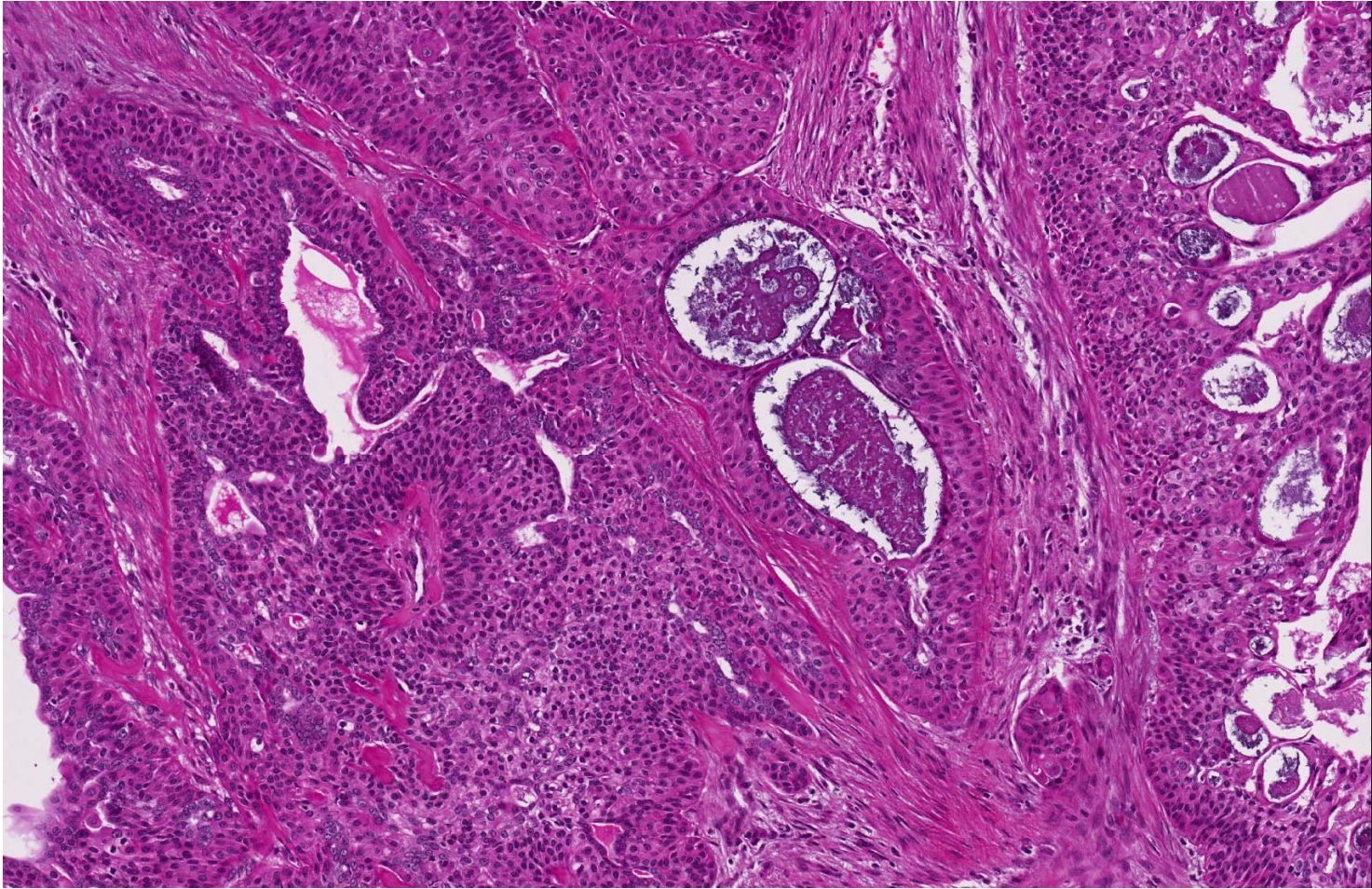


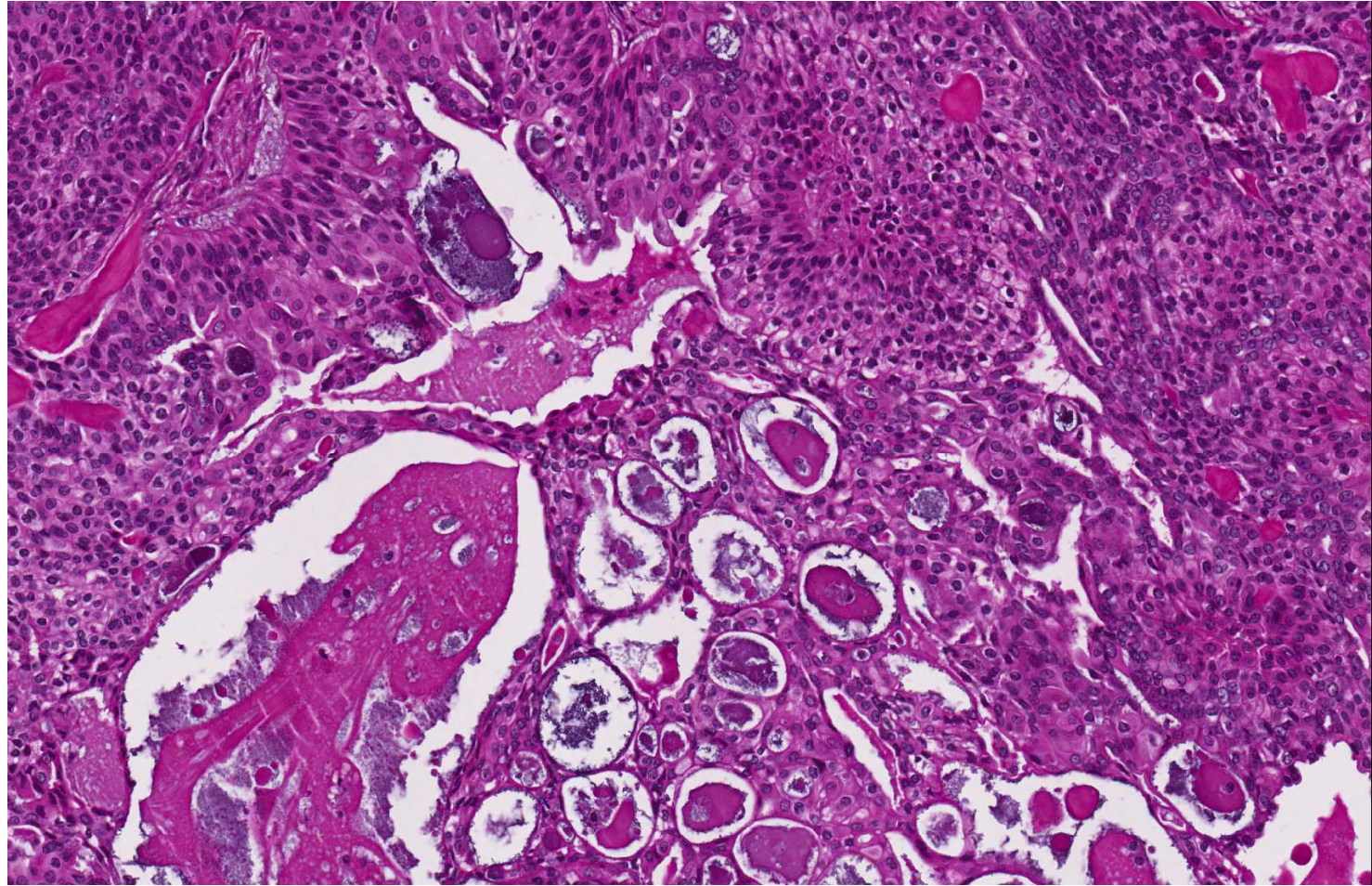


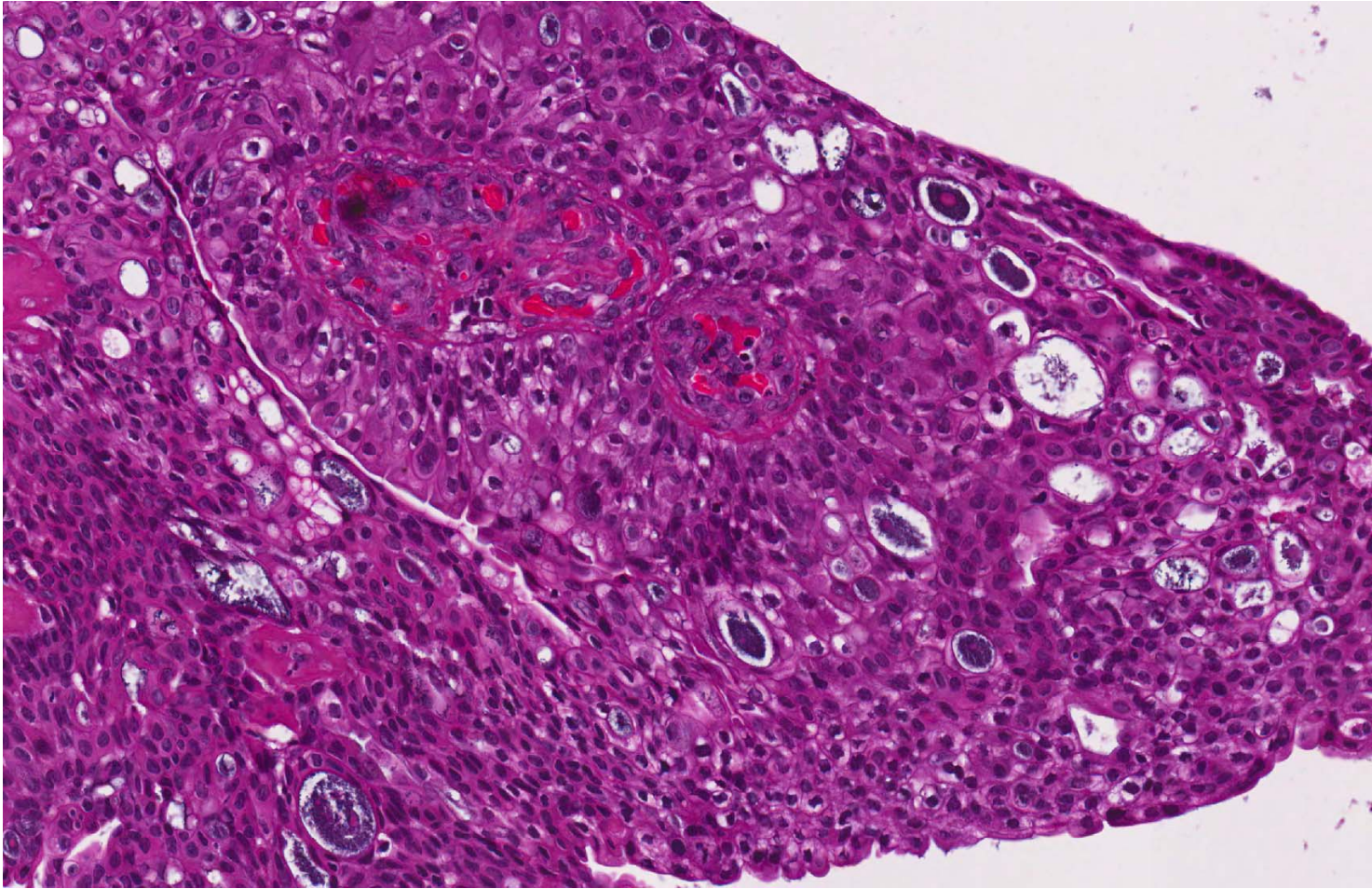


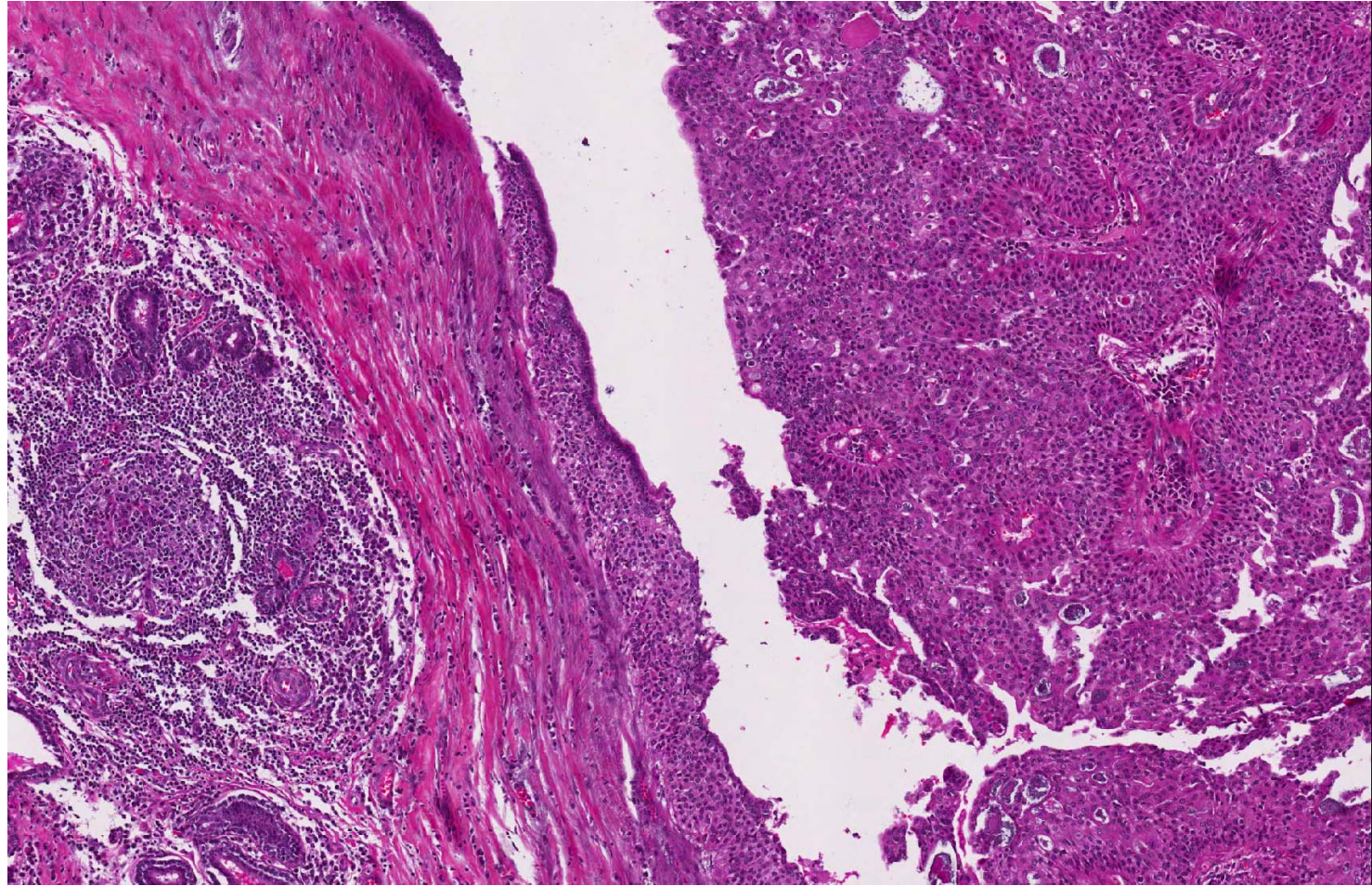


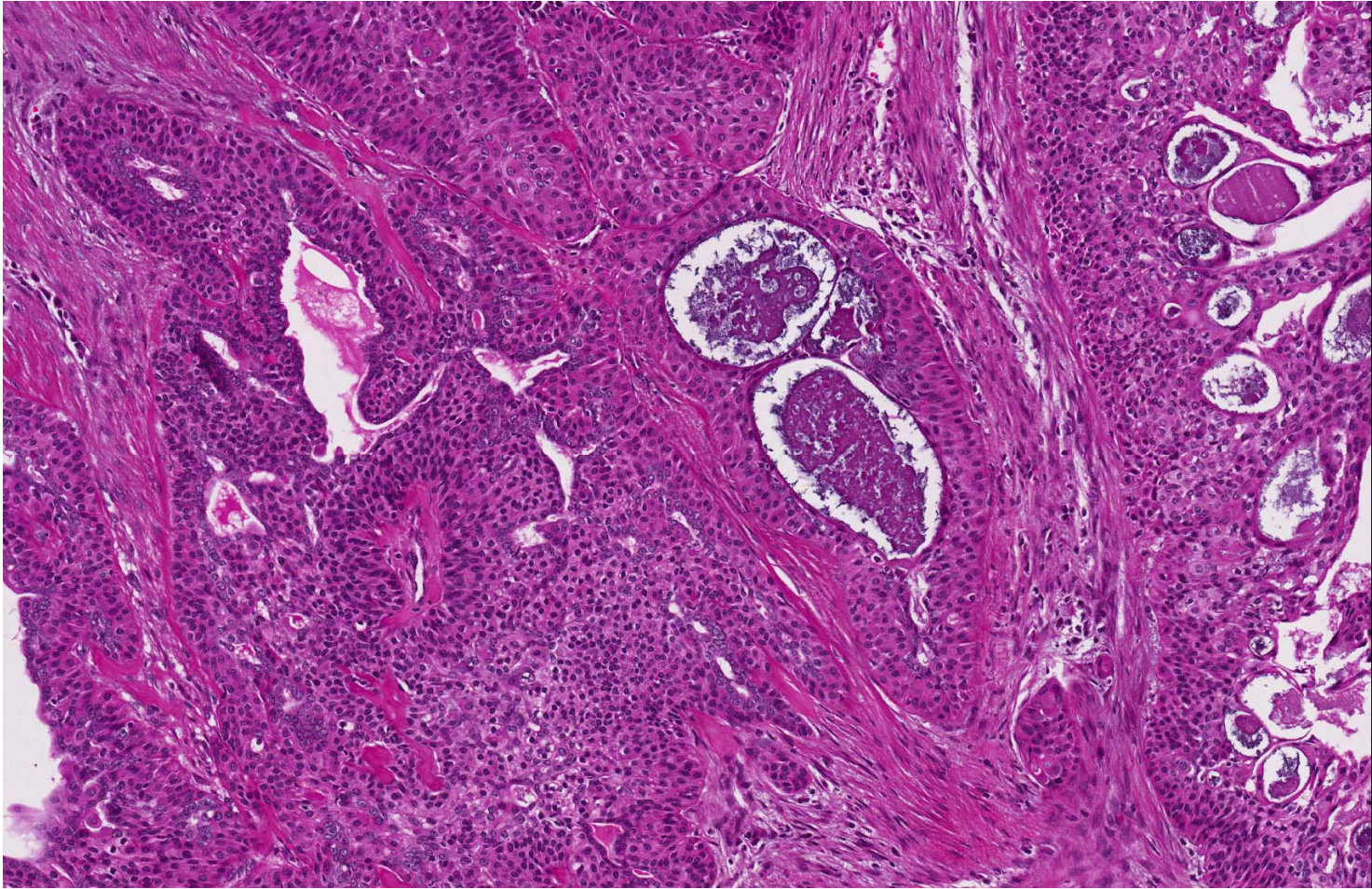


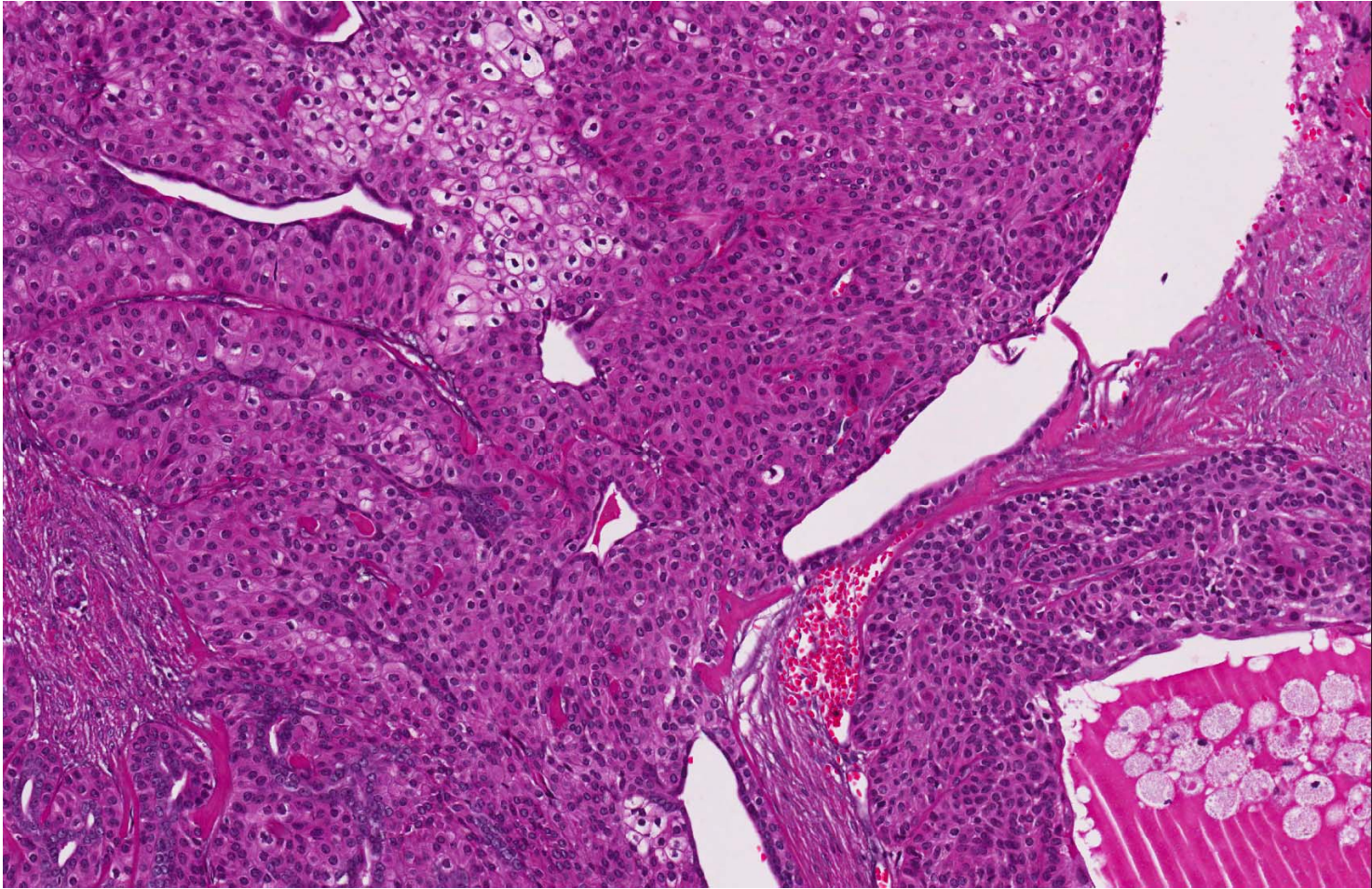


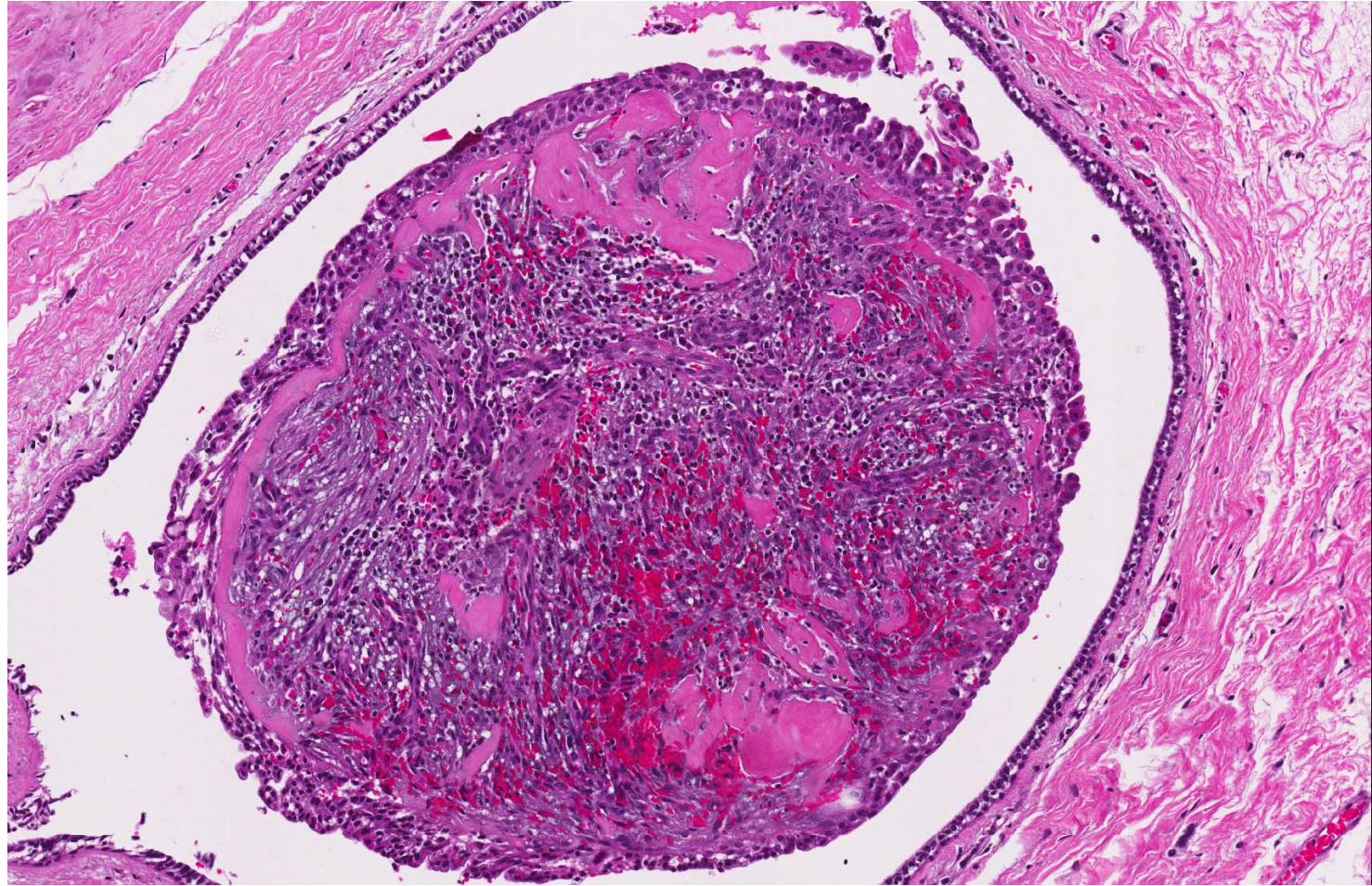


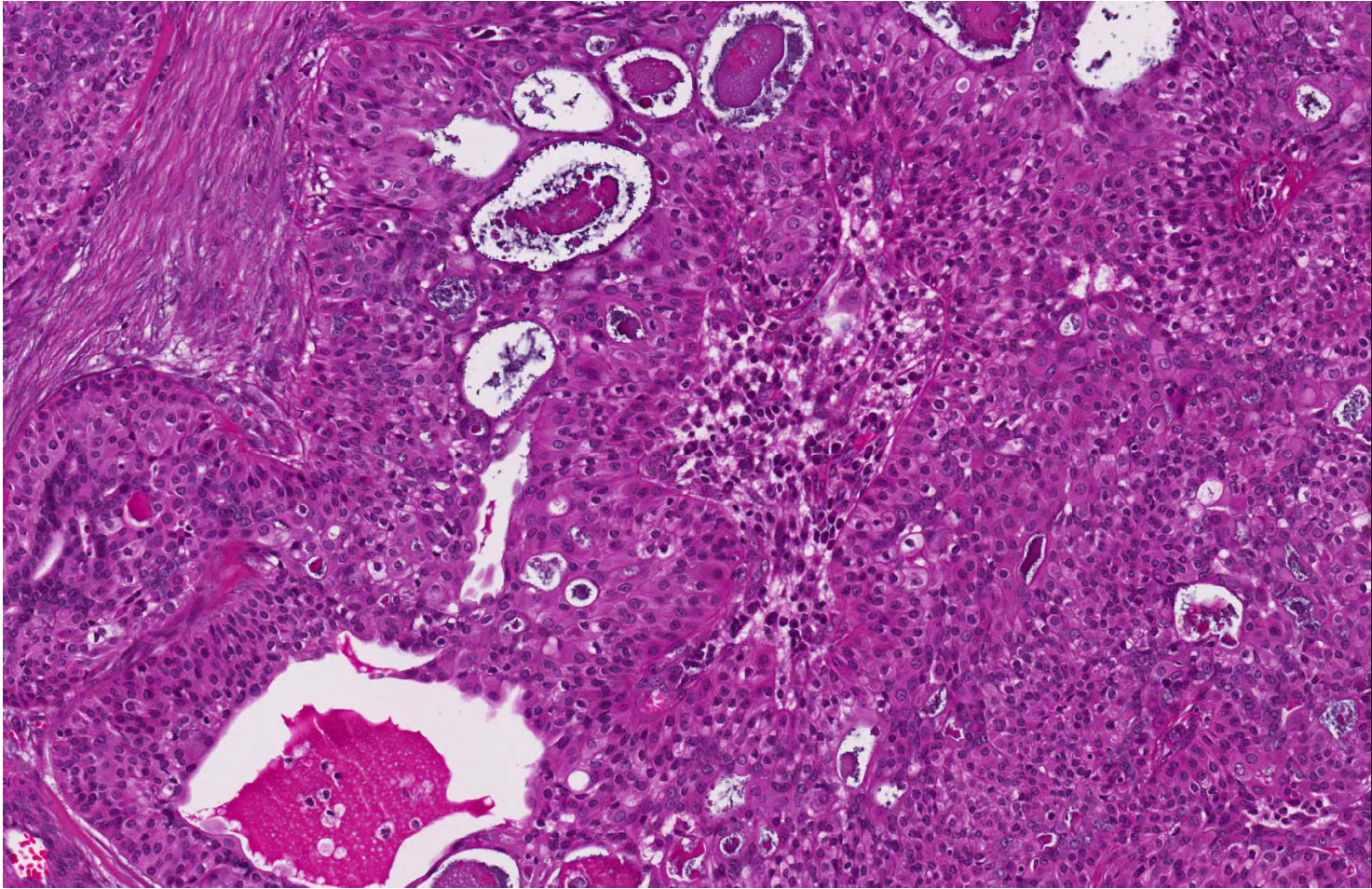


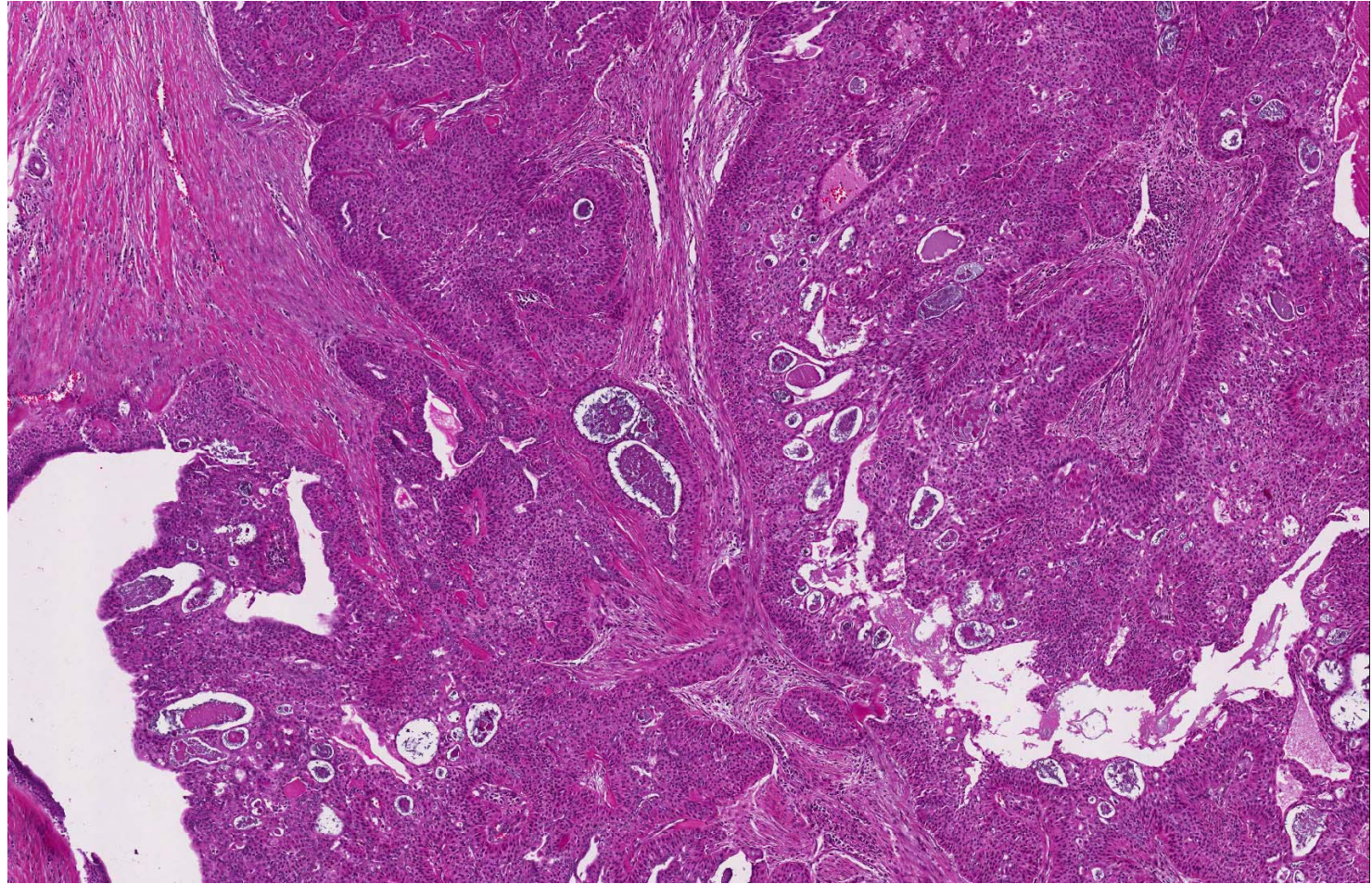




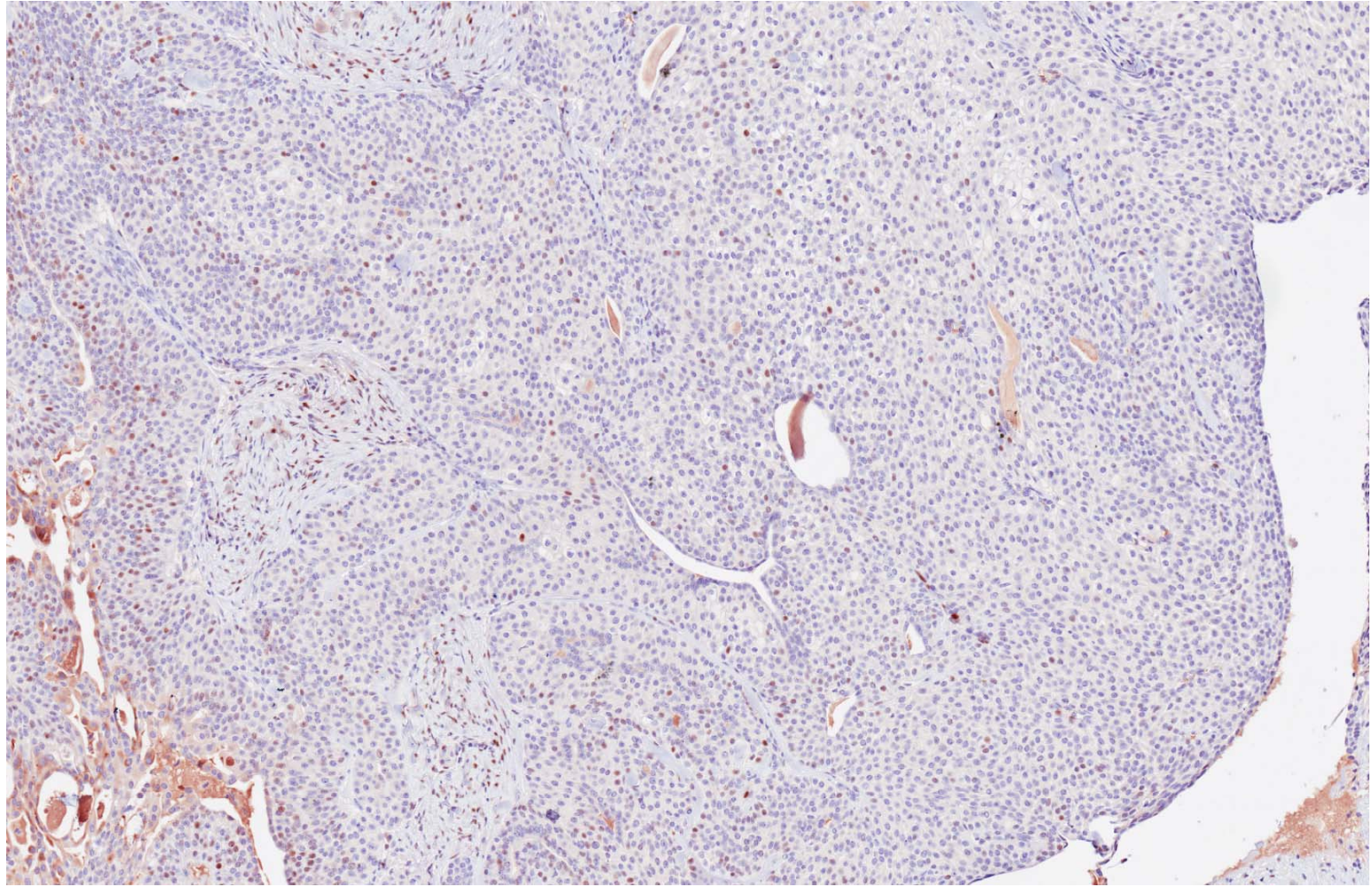




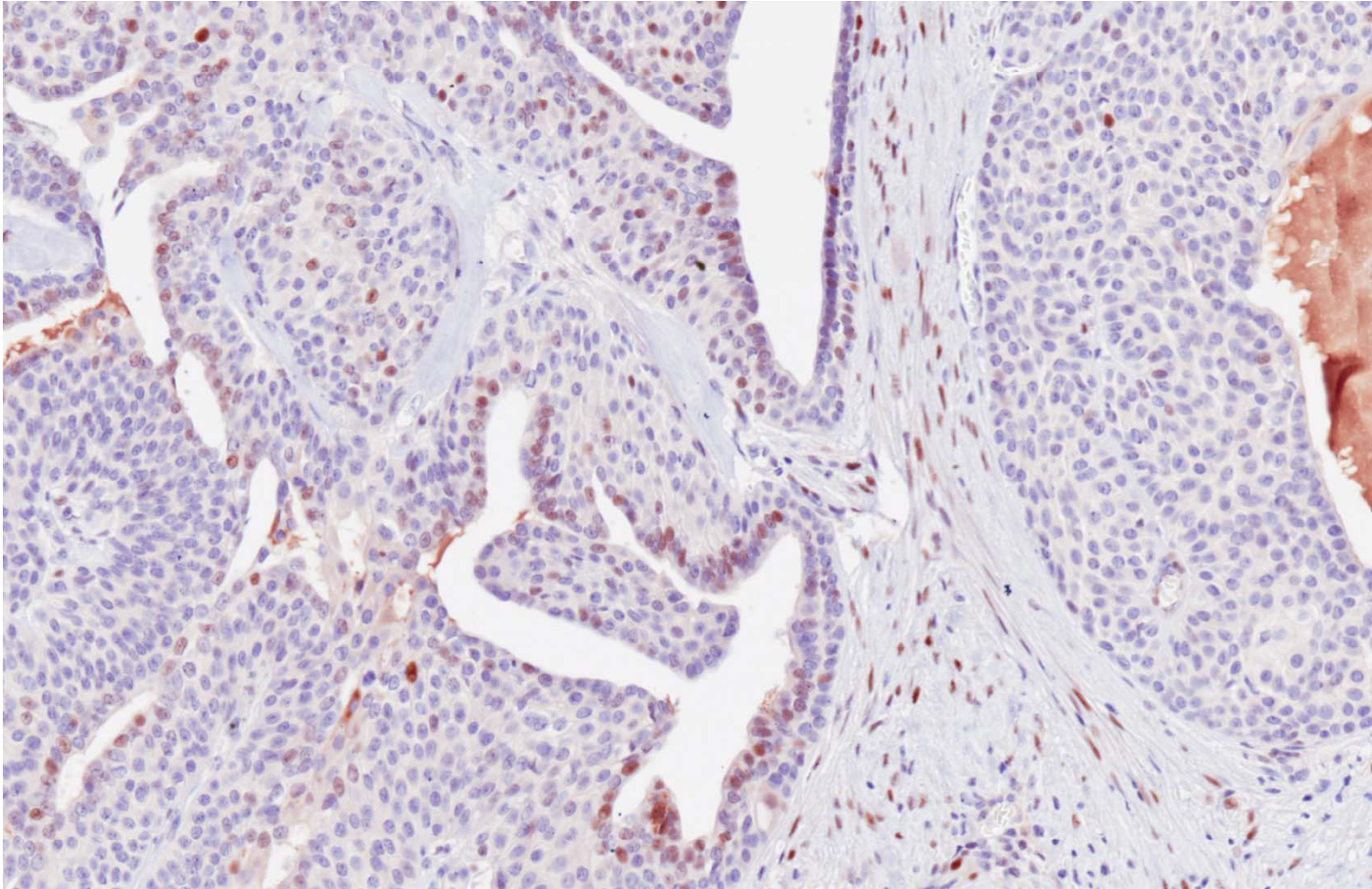




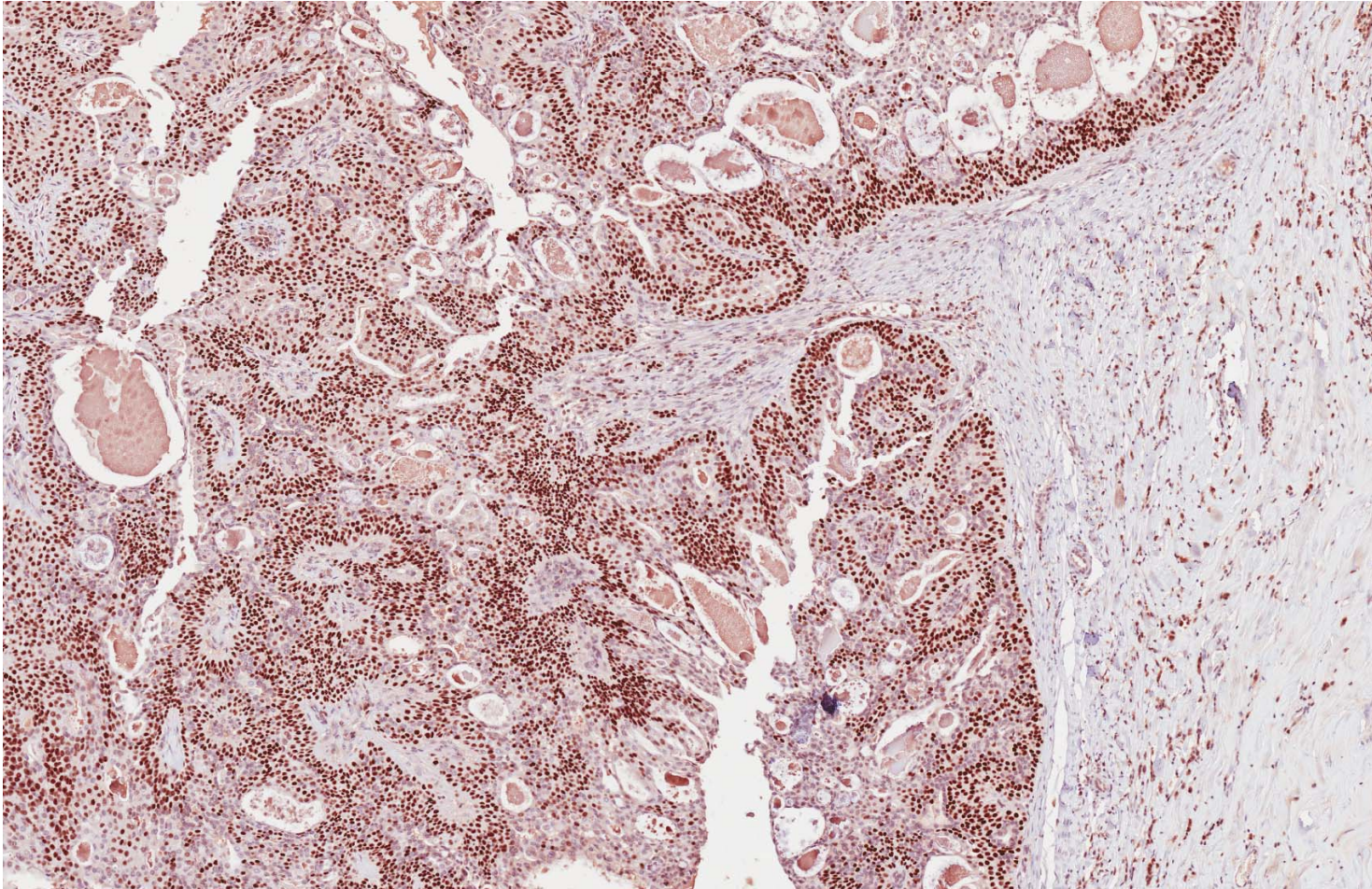
ER



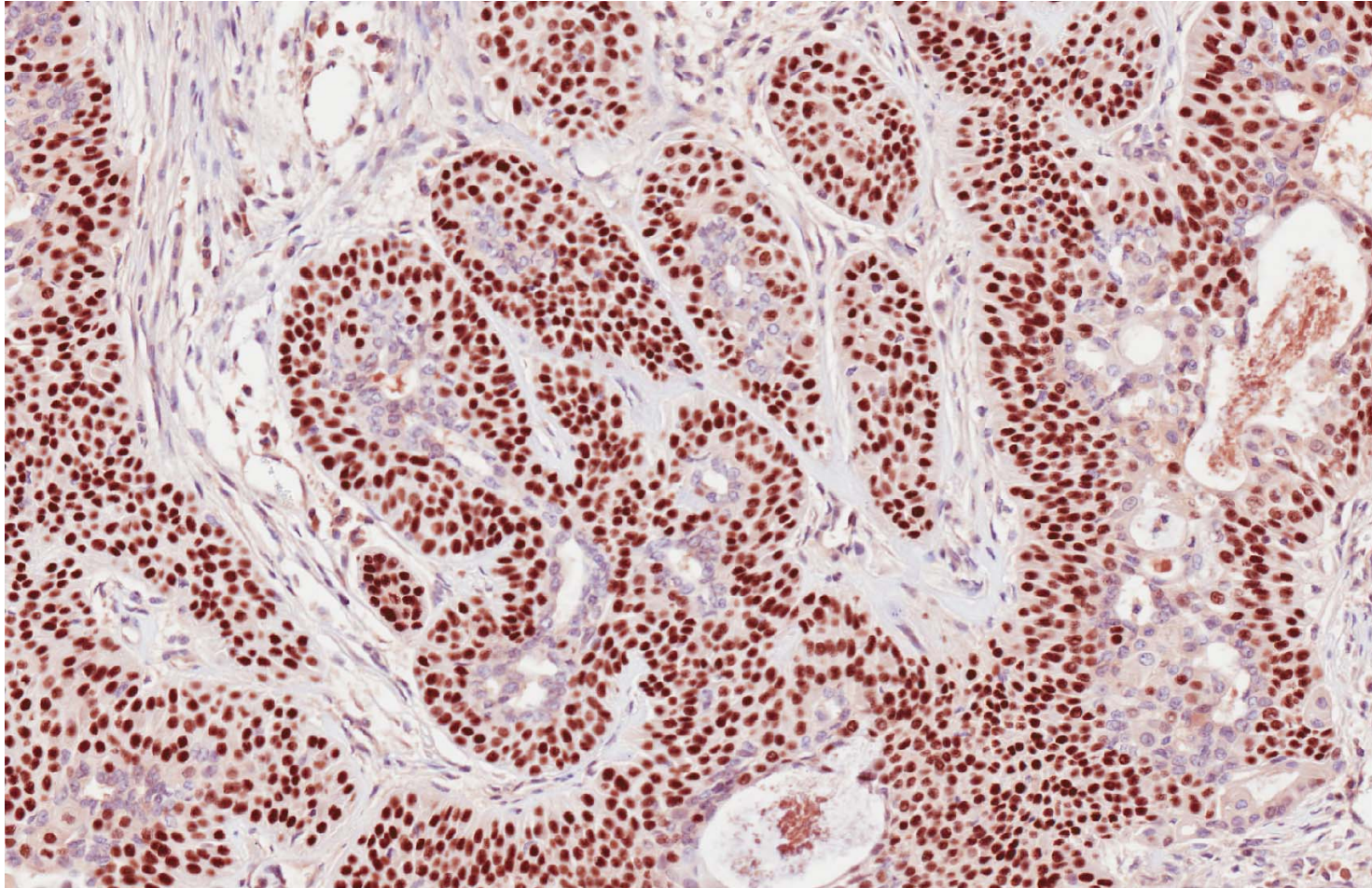
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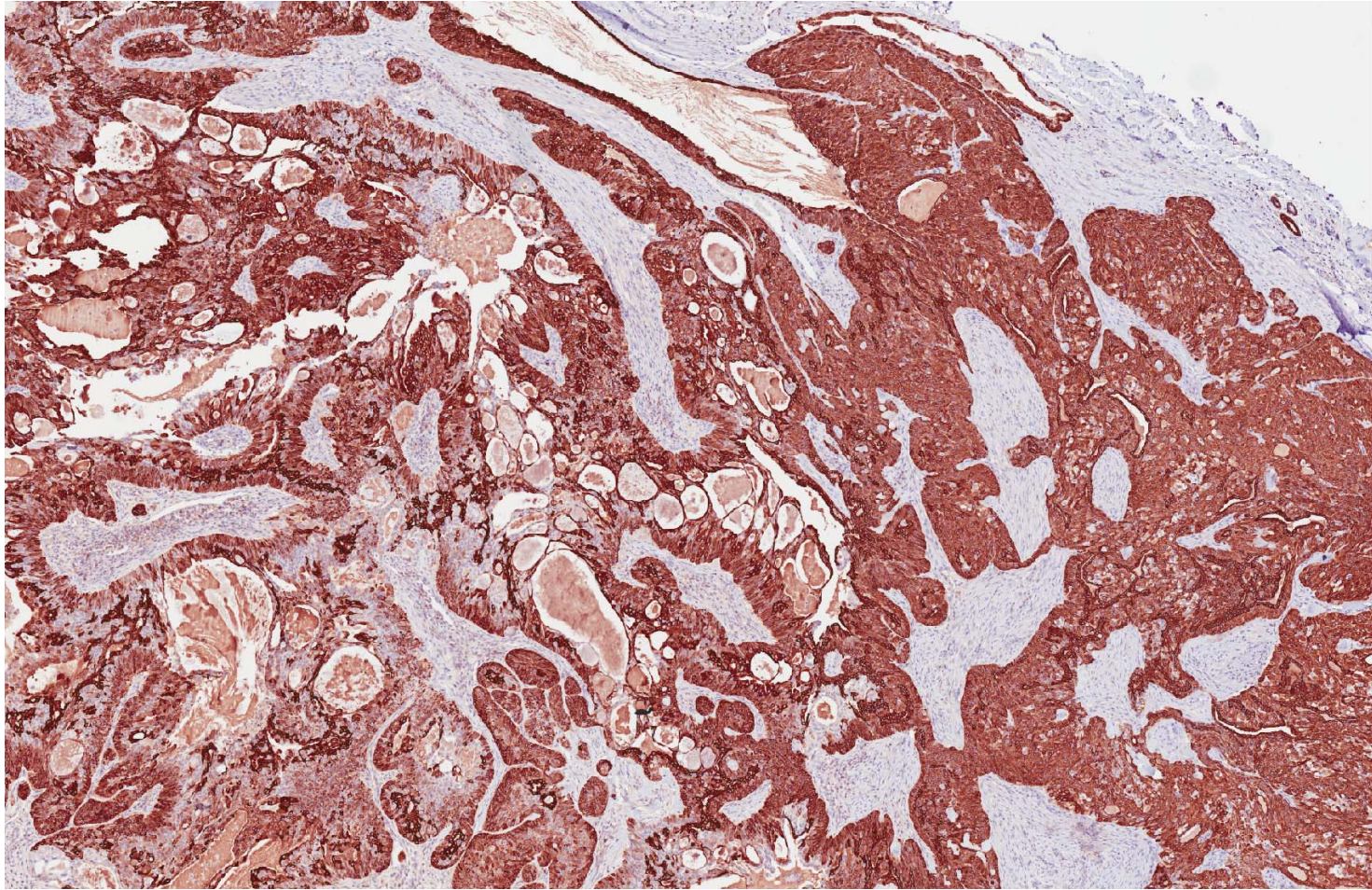
p63



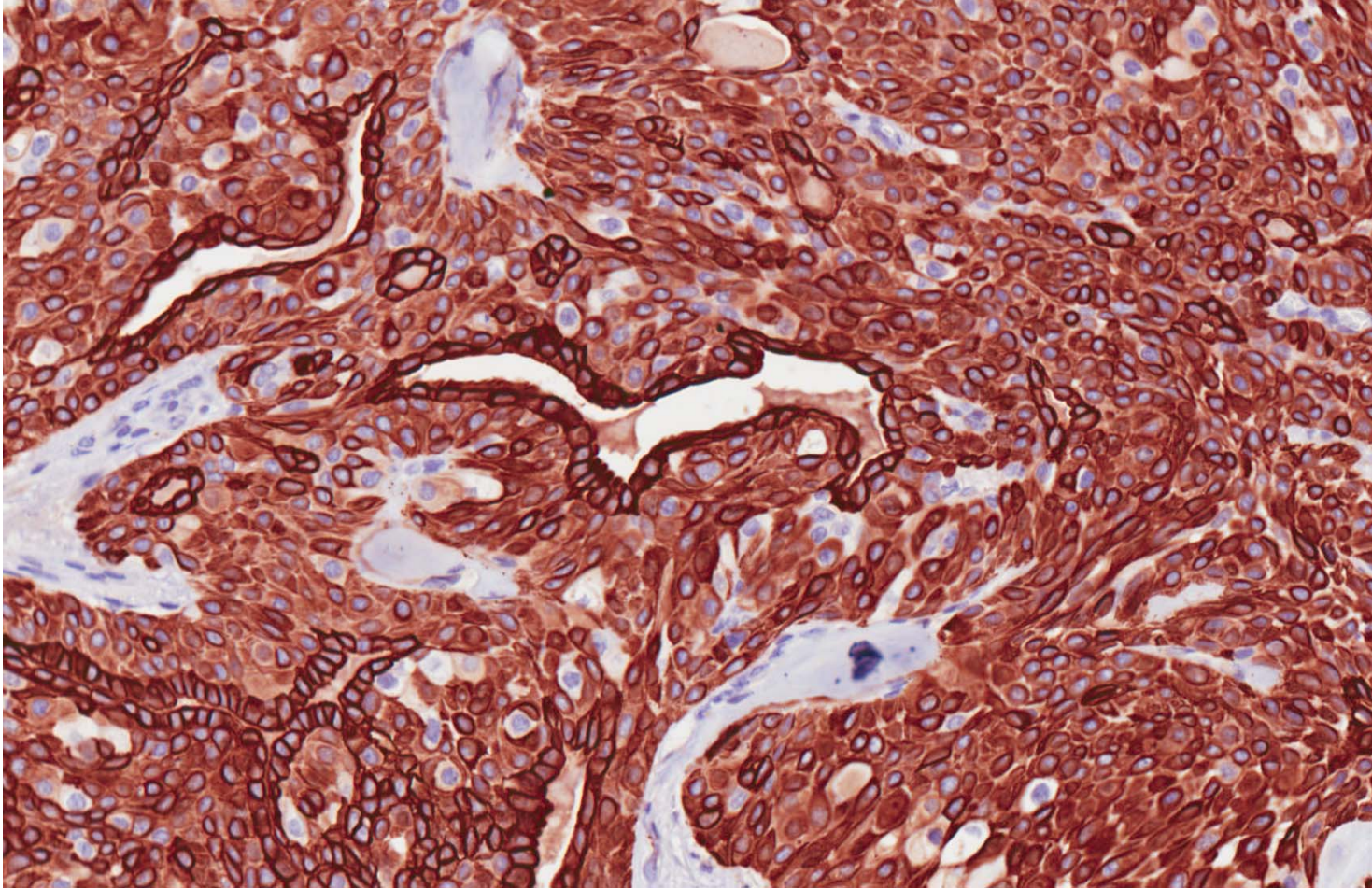
p63



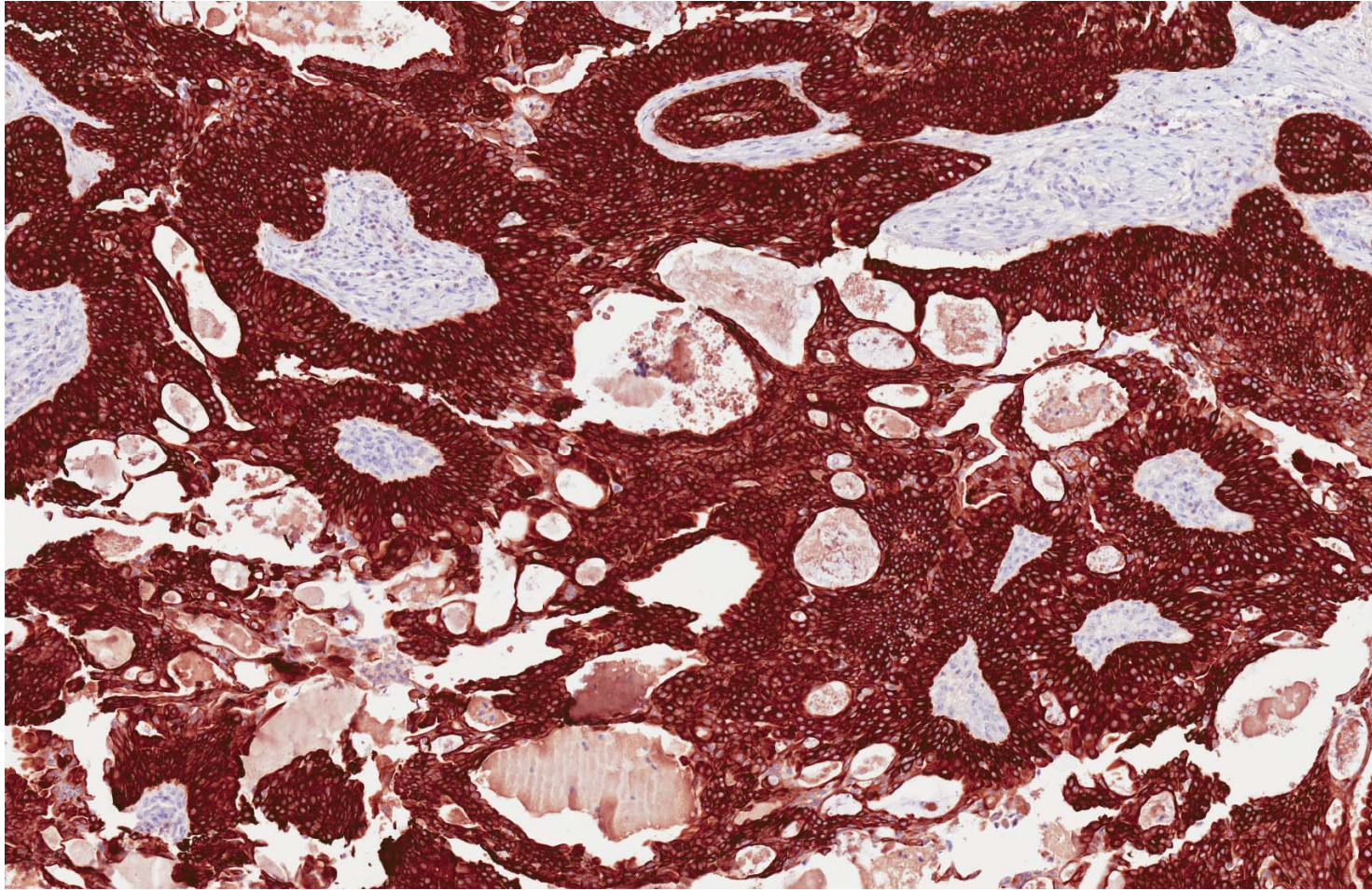
CK14



CK14



CK5/6



- Intraductal papillary lesion –
 - Features reminiscent of an adnexal type origin (hidradenoma)
 - Differential diagnosis of adenomyoepithelioma.

Myoepithelial cells

- Antibodies:
 - SMA (but may highlight myofibroblasts).
 - SMMHC (smooth muscle myosin heavy chain)
 - p63
 - CK5/6
 - CK14
 - Calponin
 - Caldesmon
 - CD10
 - D2-40
 - Variable staining of myoepithelial cells.
 - Care needed if D2-40 is used for decorating lymphatic channels.
 - Rabban JT. Hum Pathol 2008; 39: 175-83.

Learning points

- Awareness of adnexal type breast lesions.
- Use of markers to define myoepithelial cells
 - Spectrum of markers available.
 - Familiarity with pitfalls.
 - Use of panel approach.
 - Laboratory technical familiarity with specific antibodies.