

## CASE 4

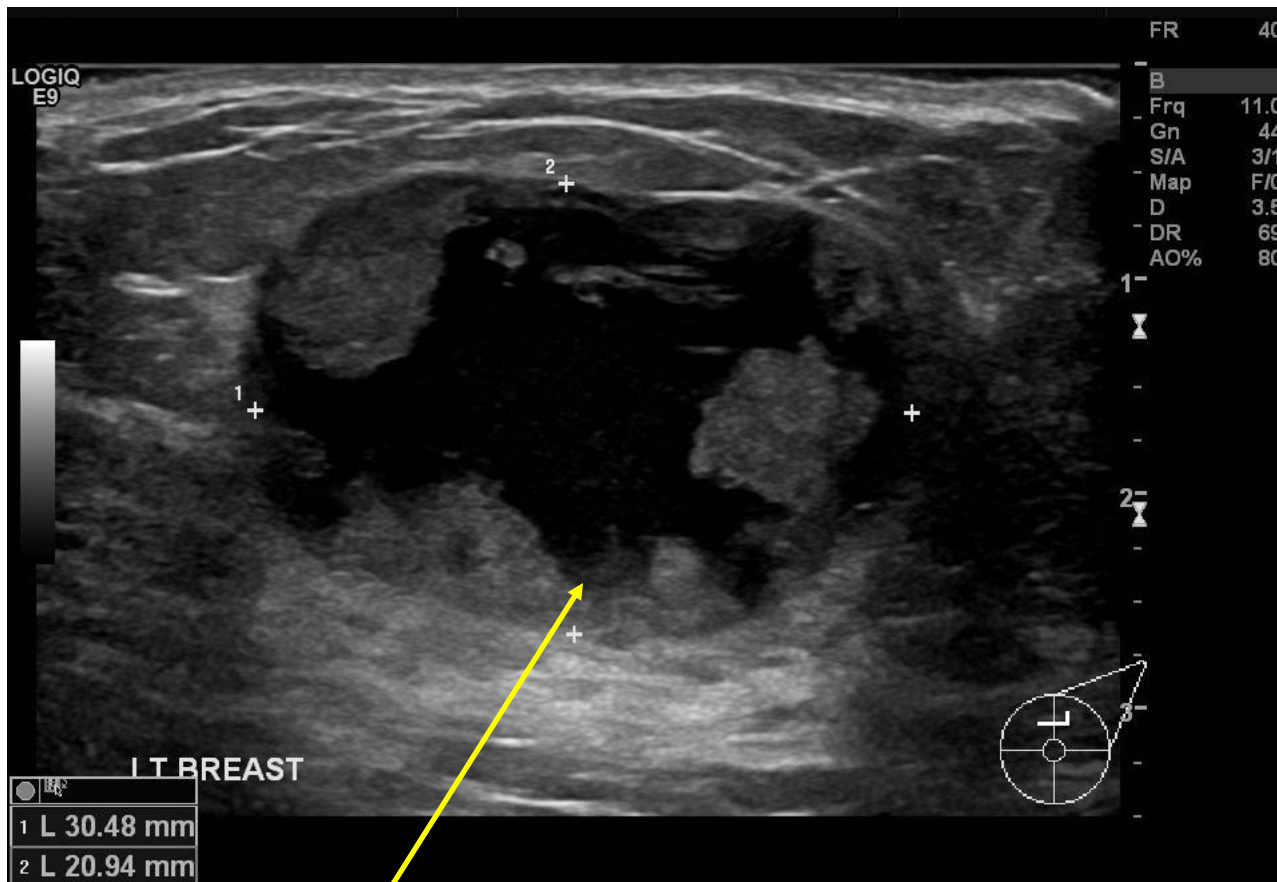
74 year old Chinese lady presented with 2 masses in the left breast.

At 0700, a 38 x 27 x 26 mm mass appeared to have an intraductal component.

At 1200, a 30 x 27 x 20 mm solid-cystic mass was observed.

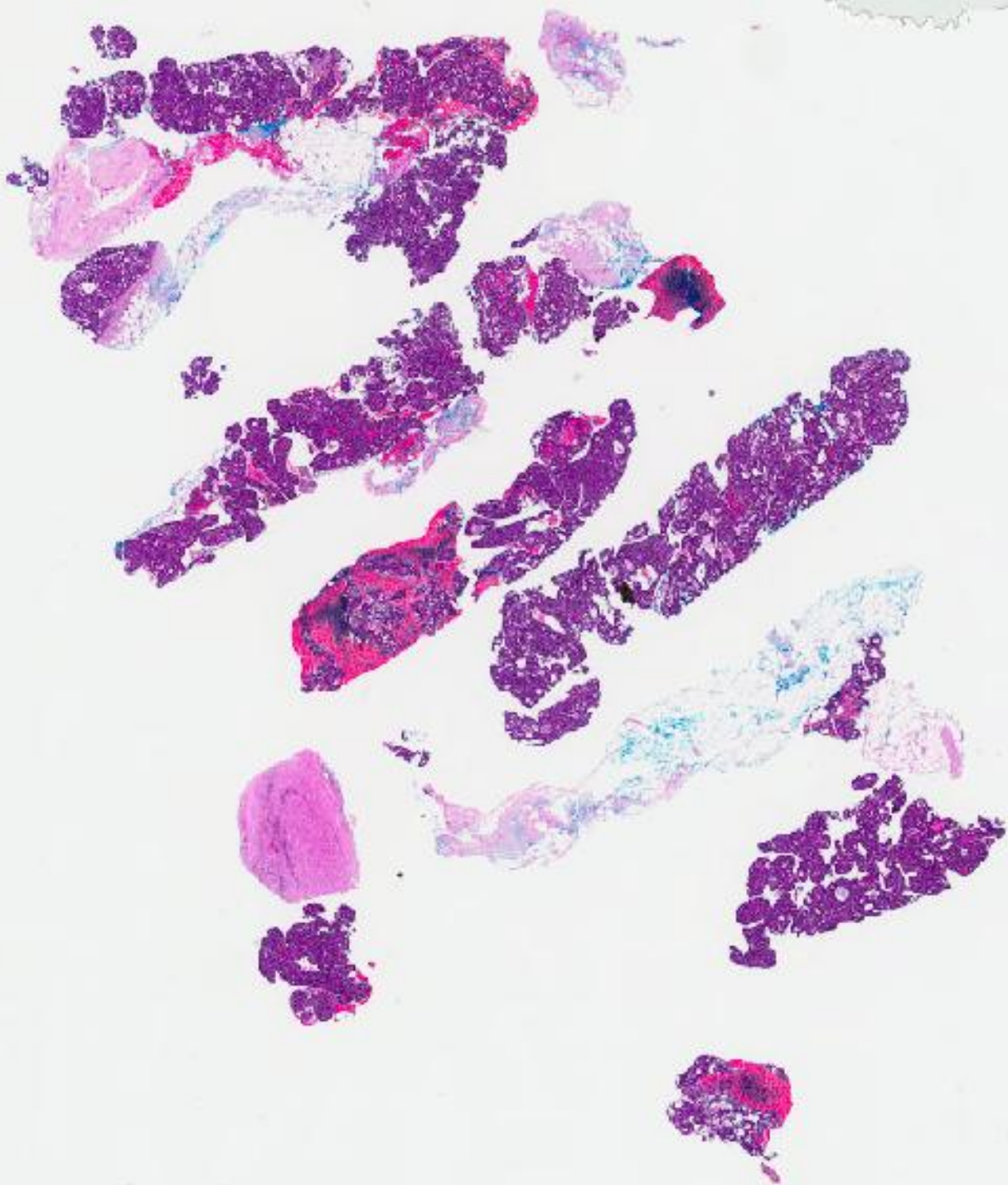
Ultrasound guided core biopsies were performed for masses at both 1200 (A1) and 0700 (B1) locations of the left breast

1200 mass

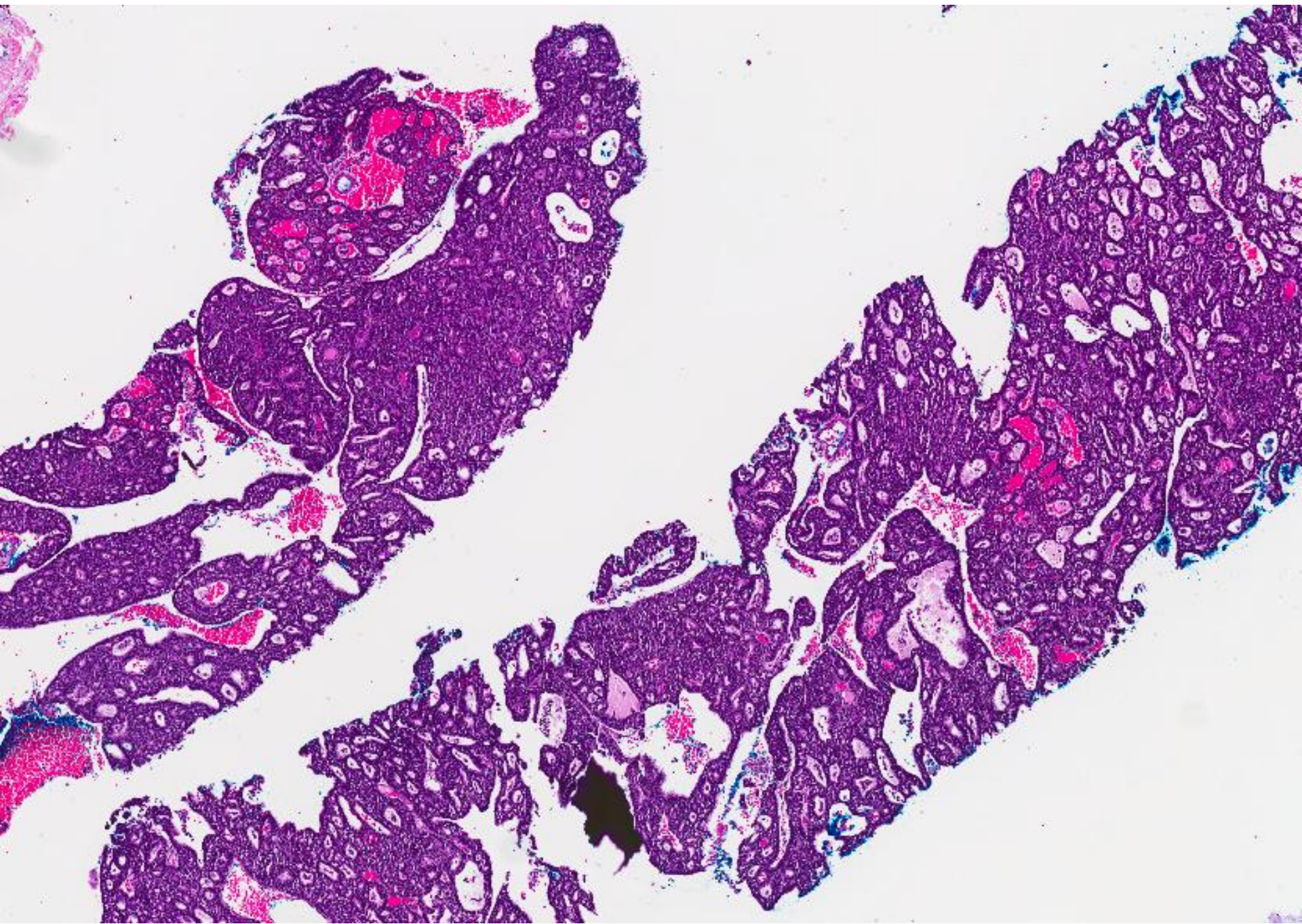


Solid –cystic mass, left 1200 position

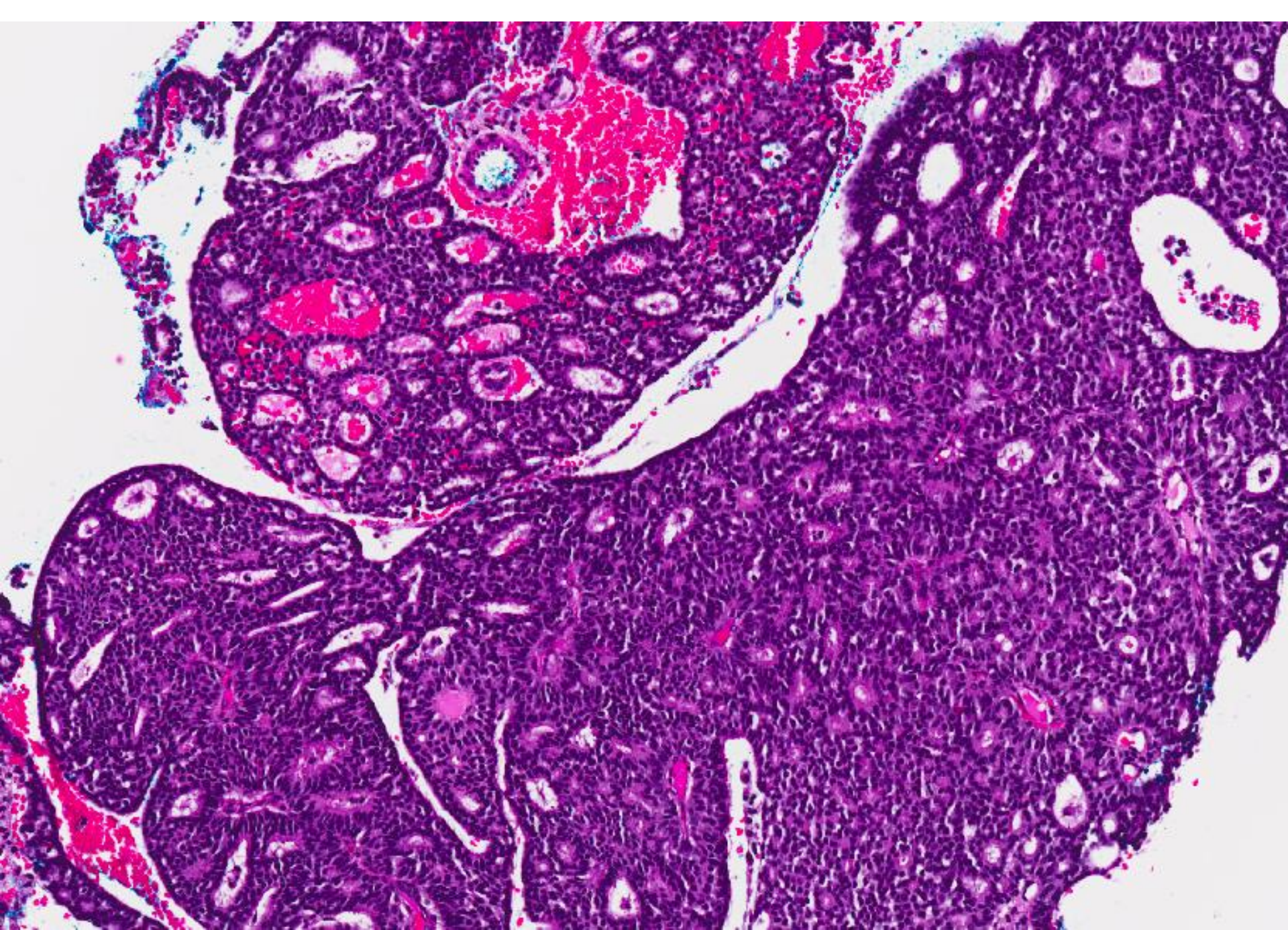
solid component appears irregular (arrow)



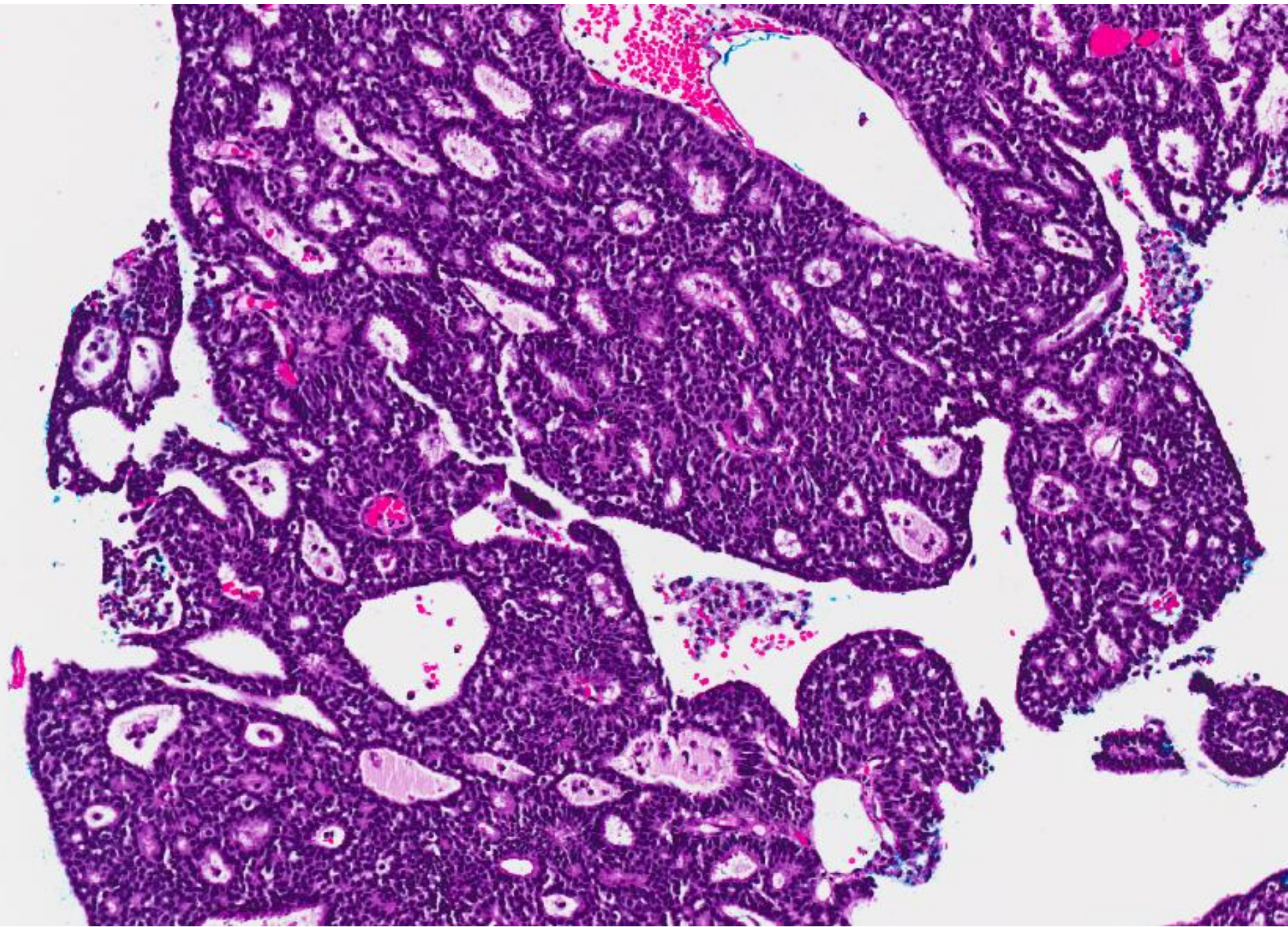




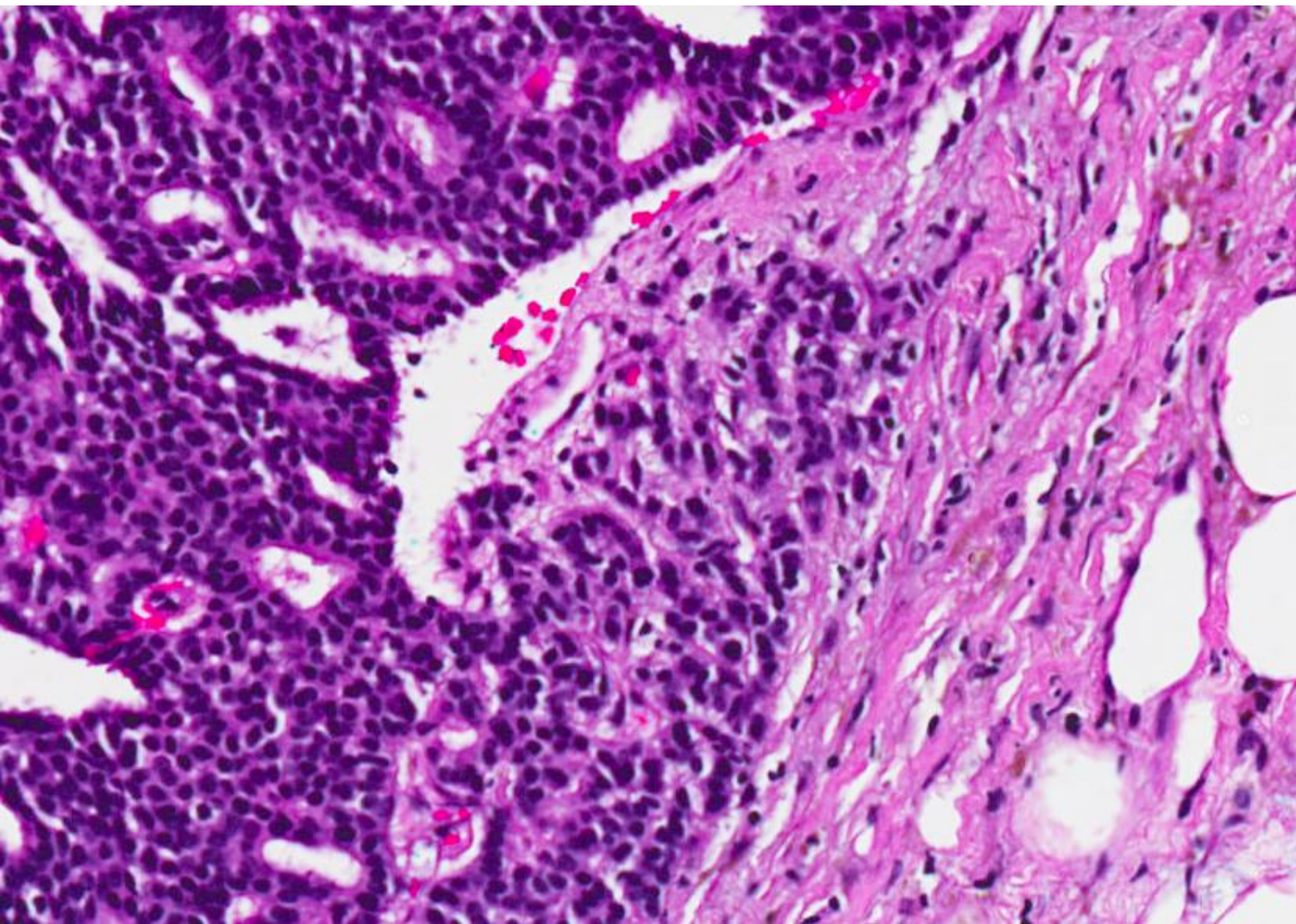




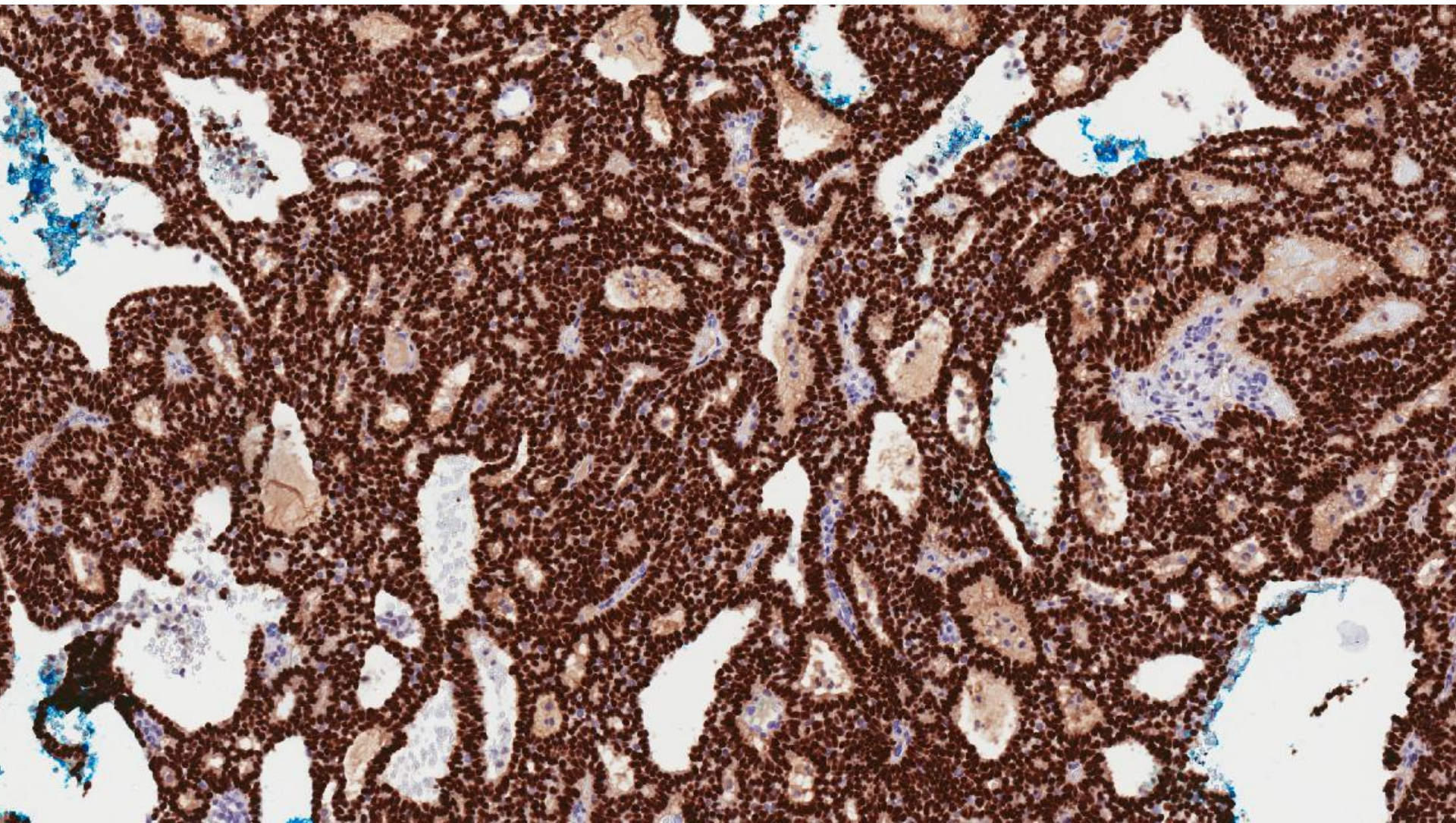






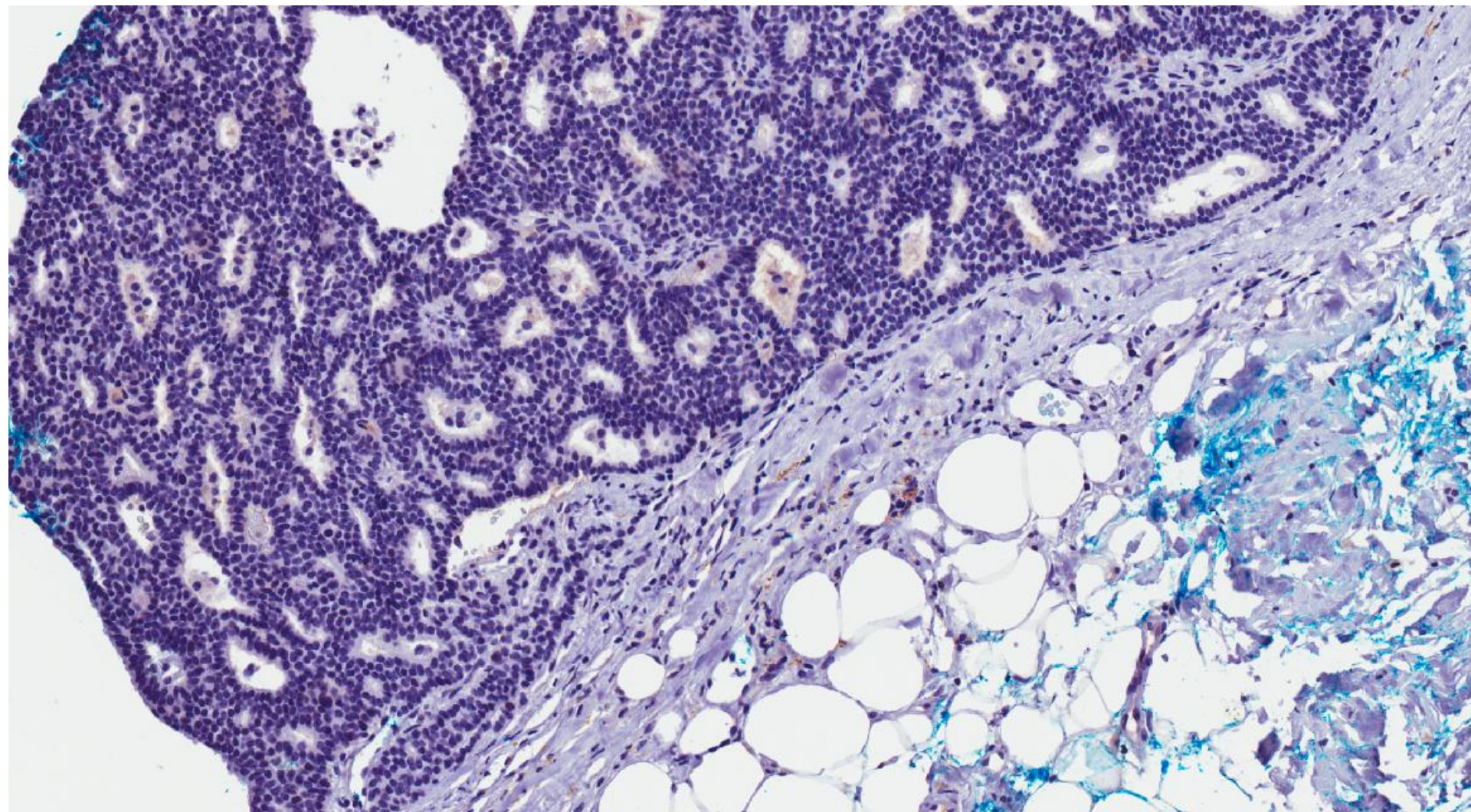






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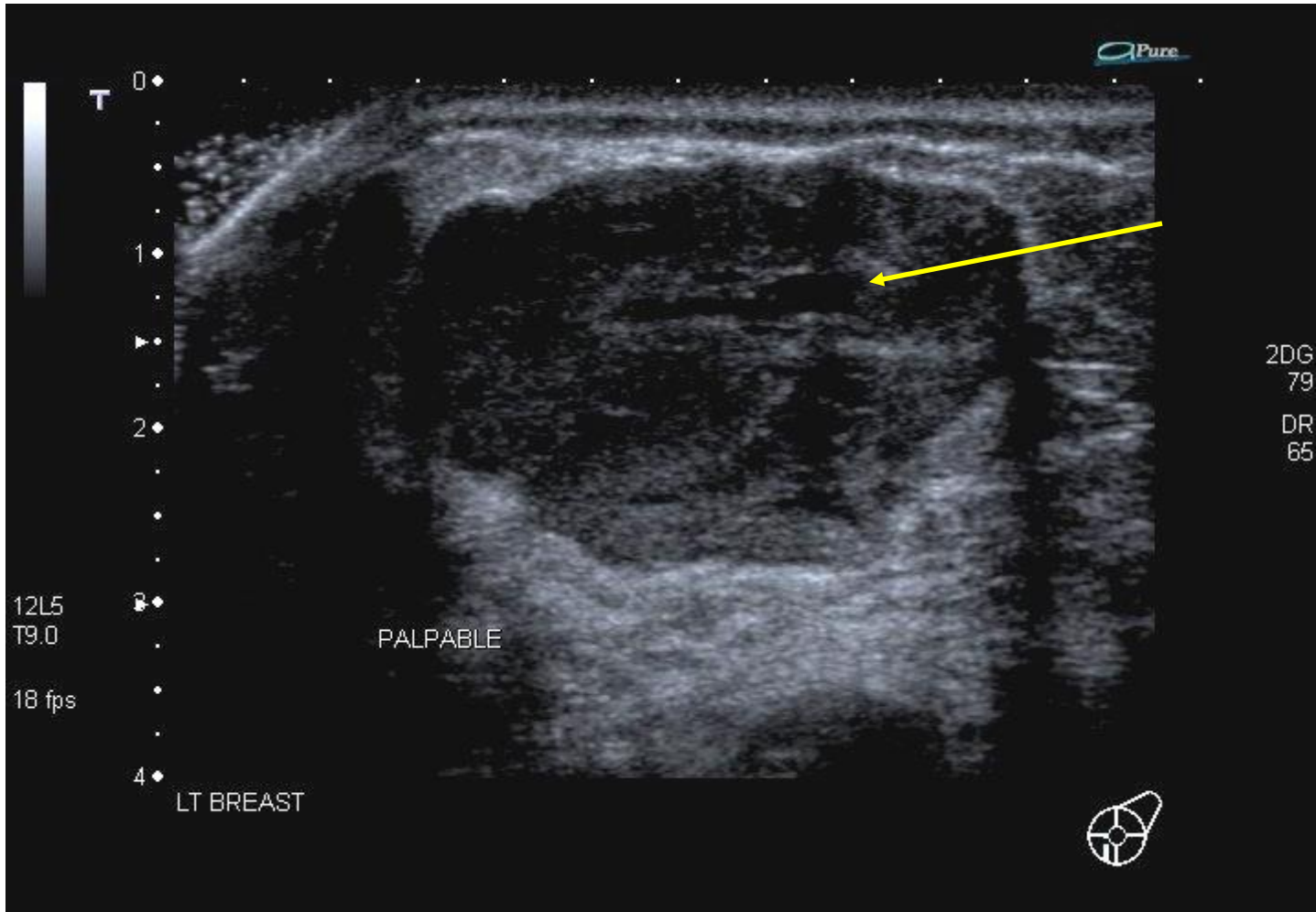


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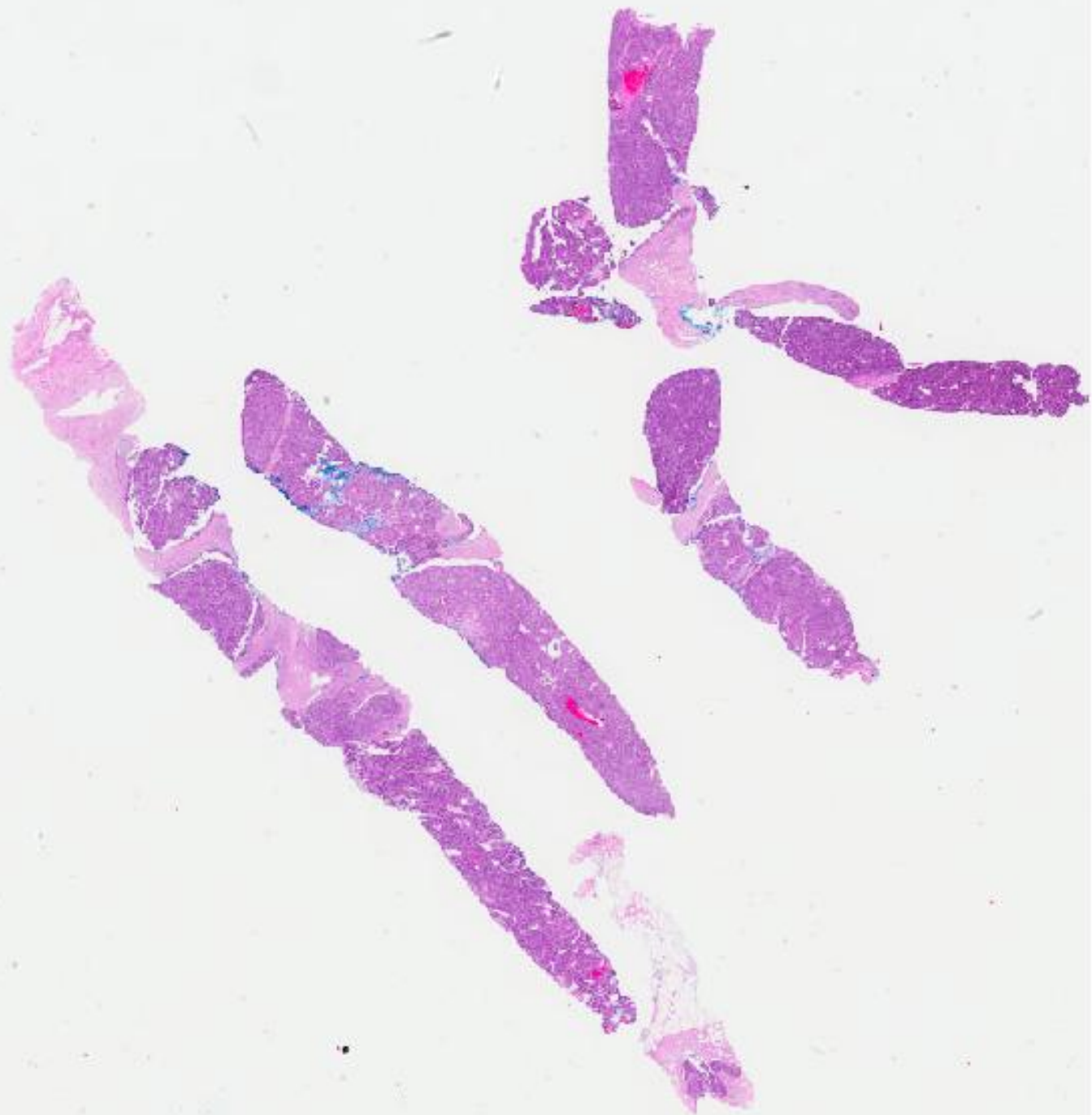


0700 mass

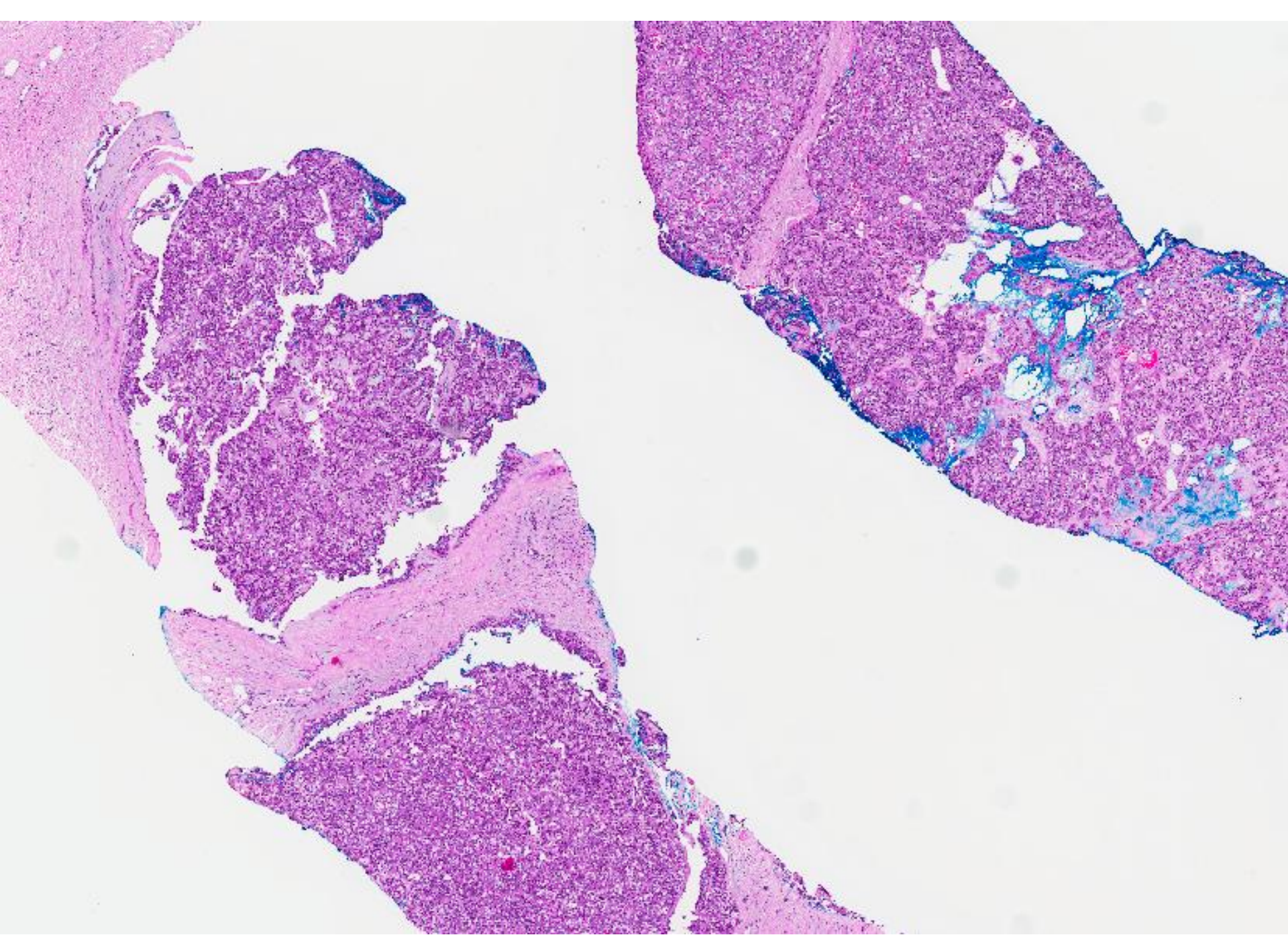




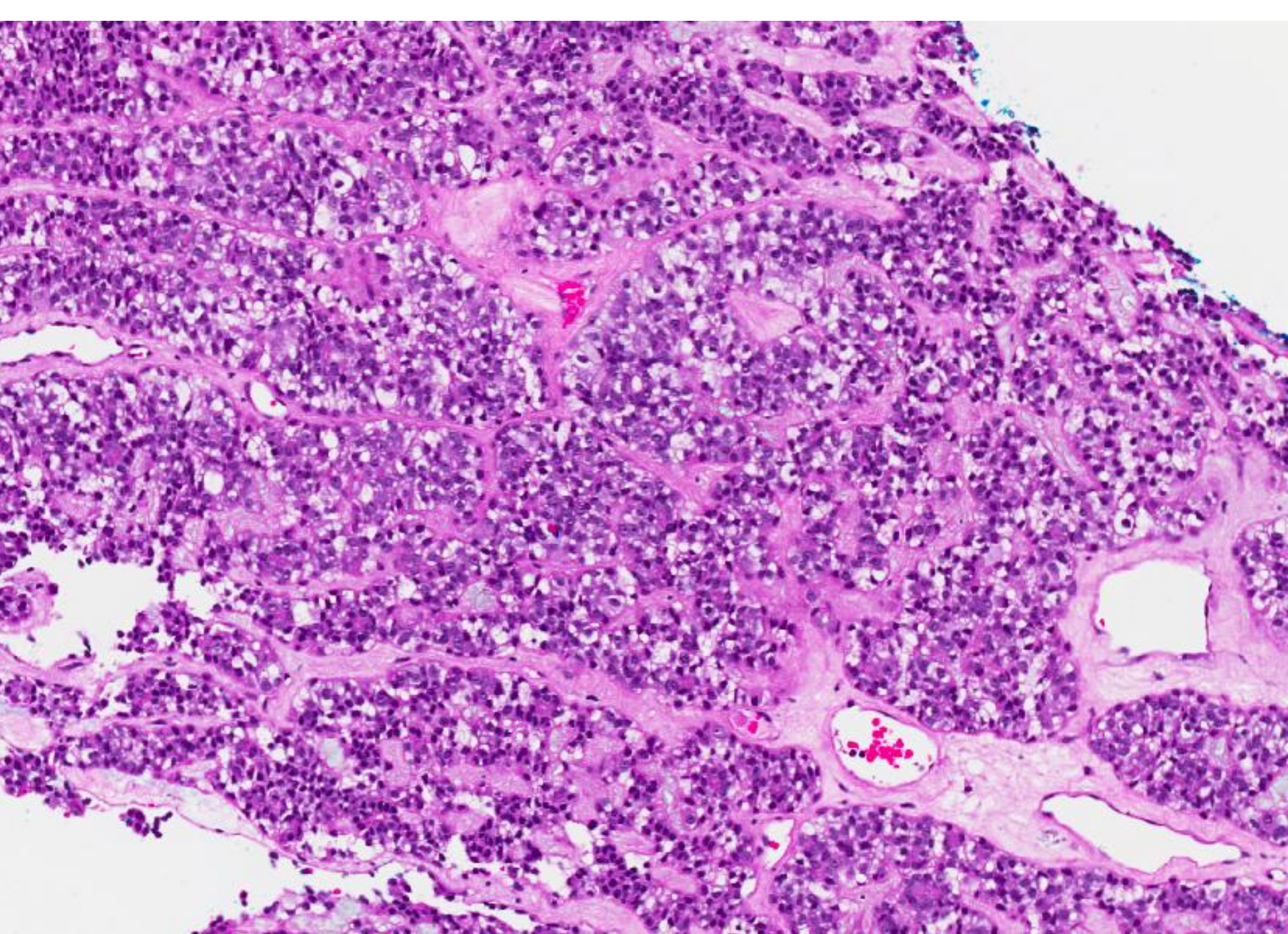
left 0700 position, lobulated mass with cystic cleft (arrow)



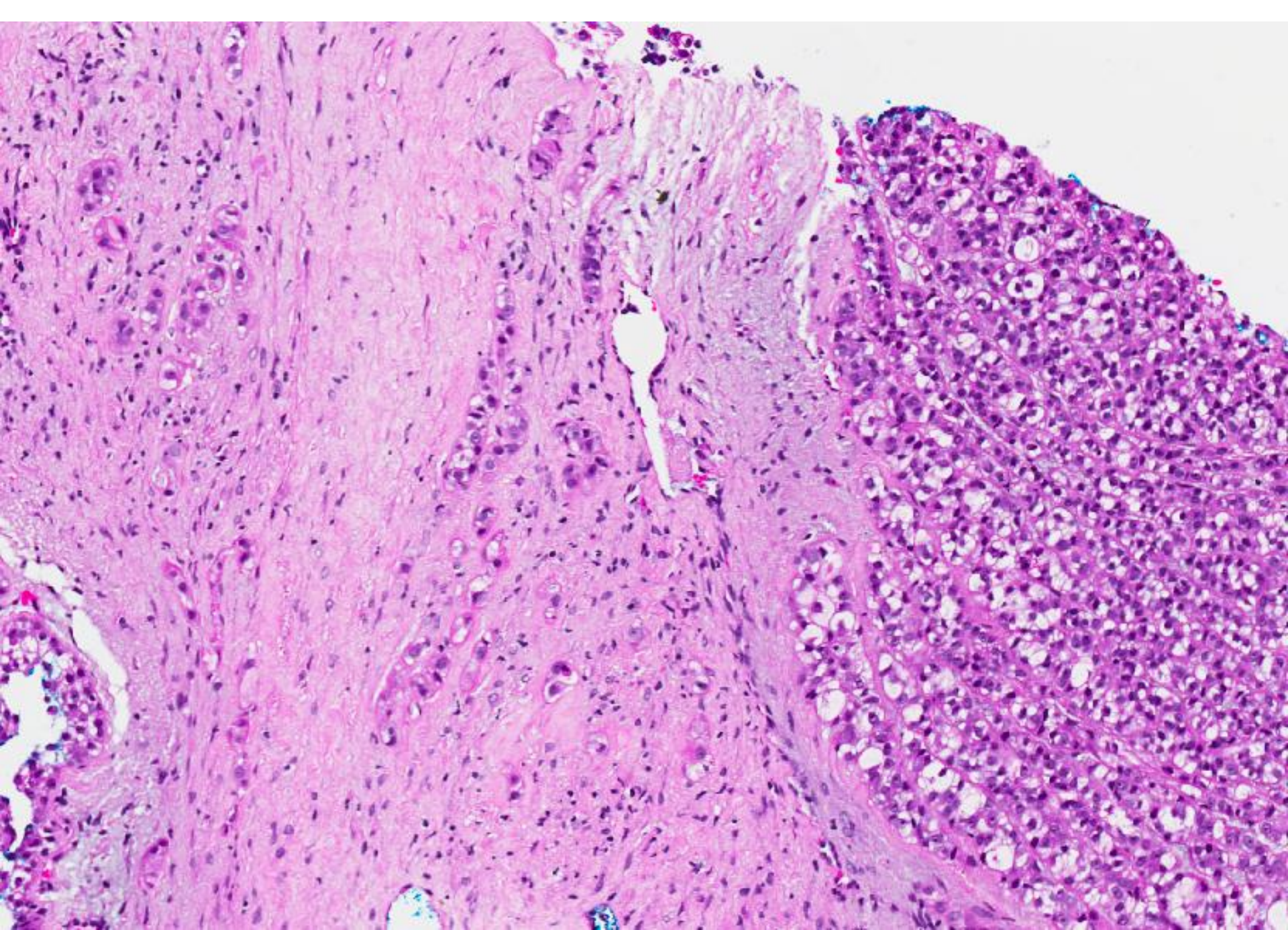




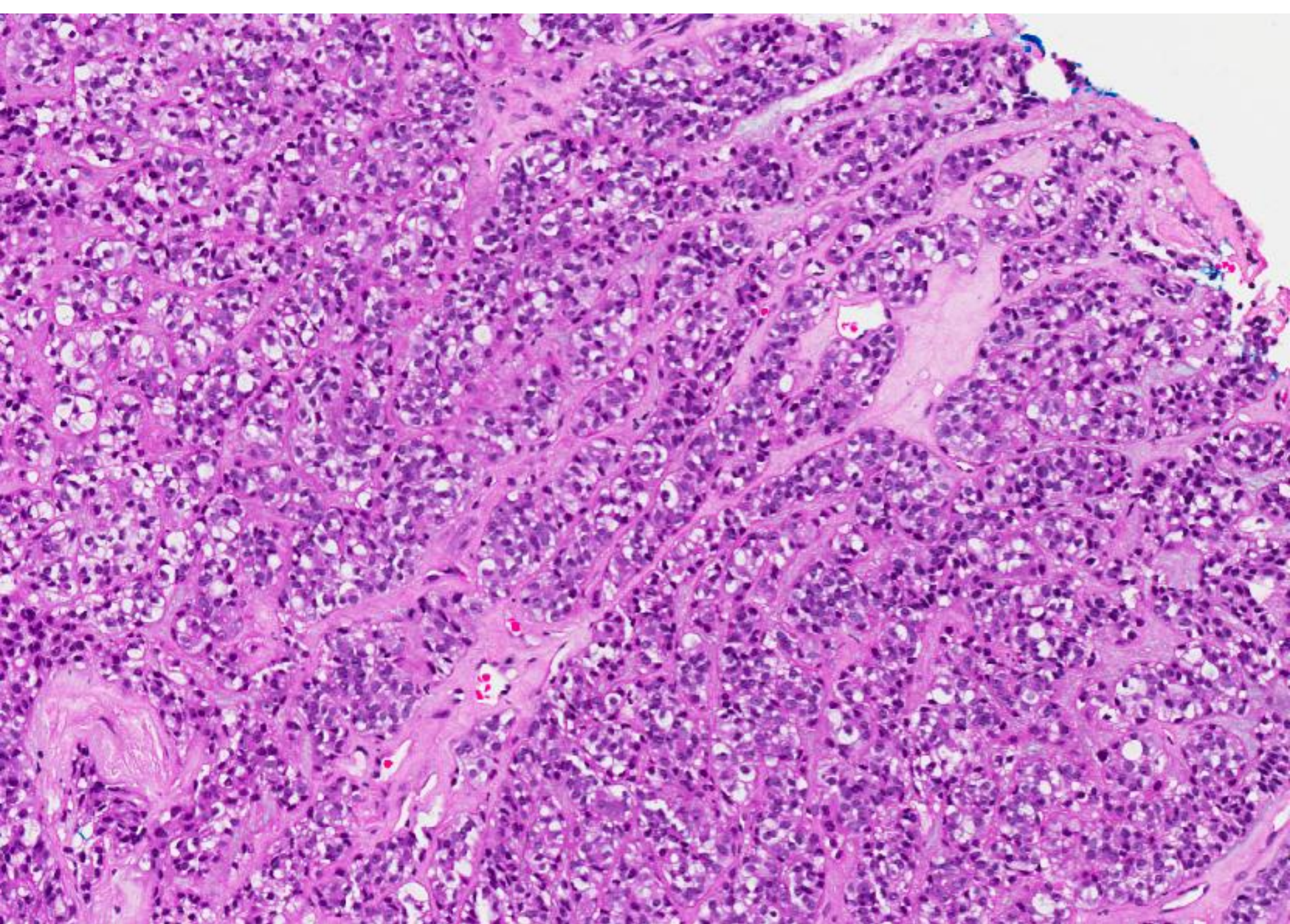




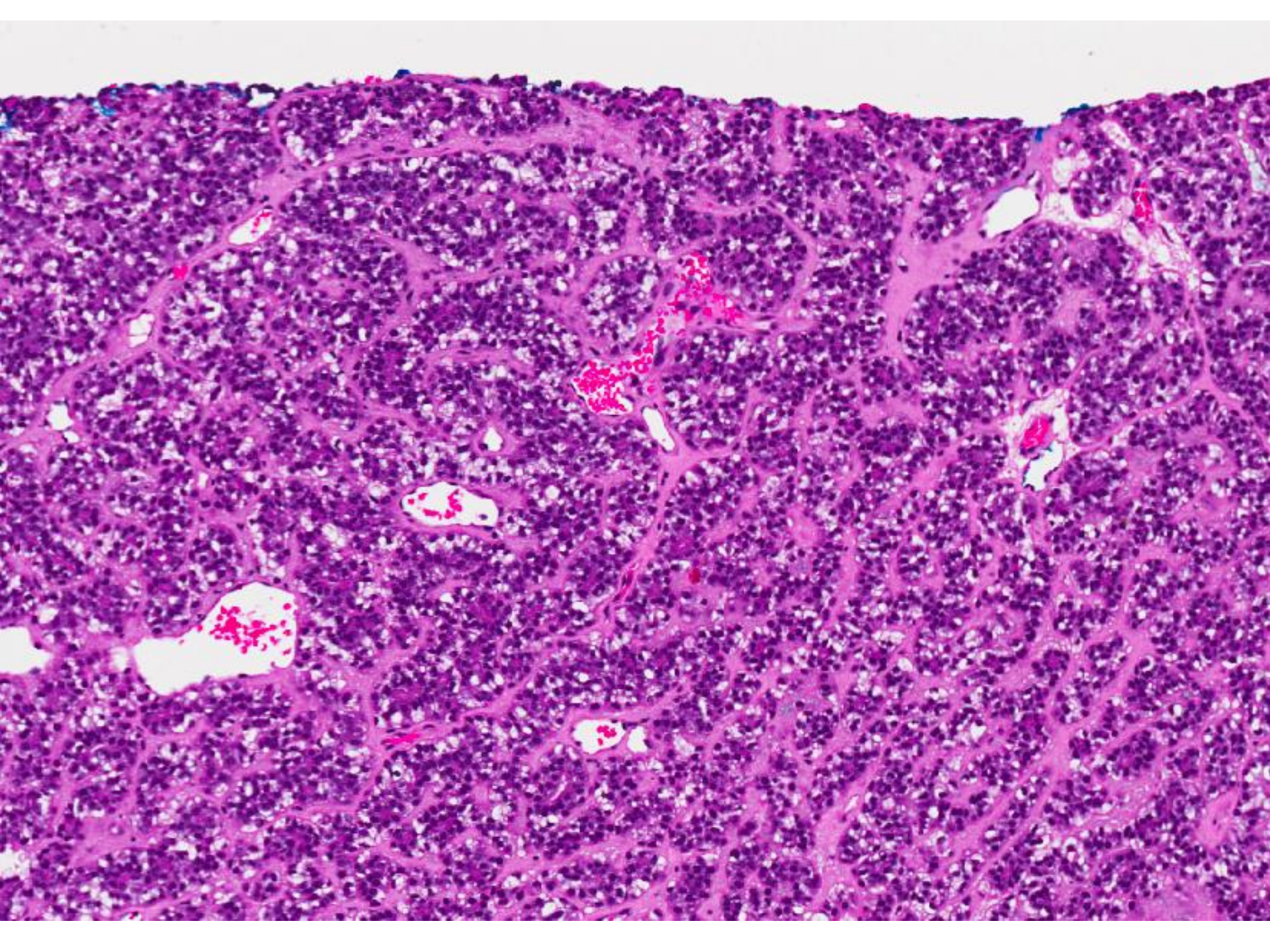




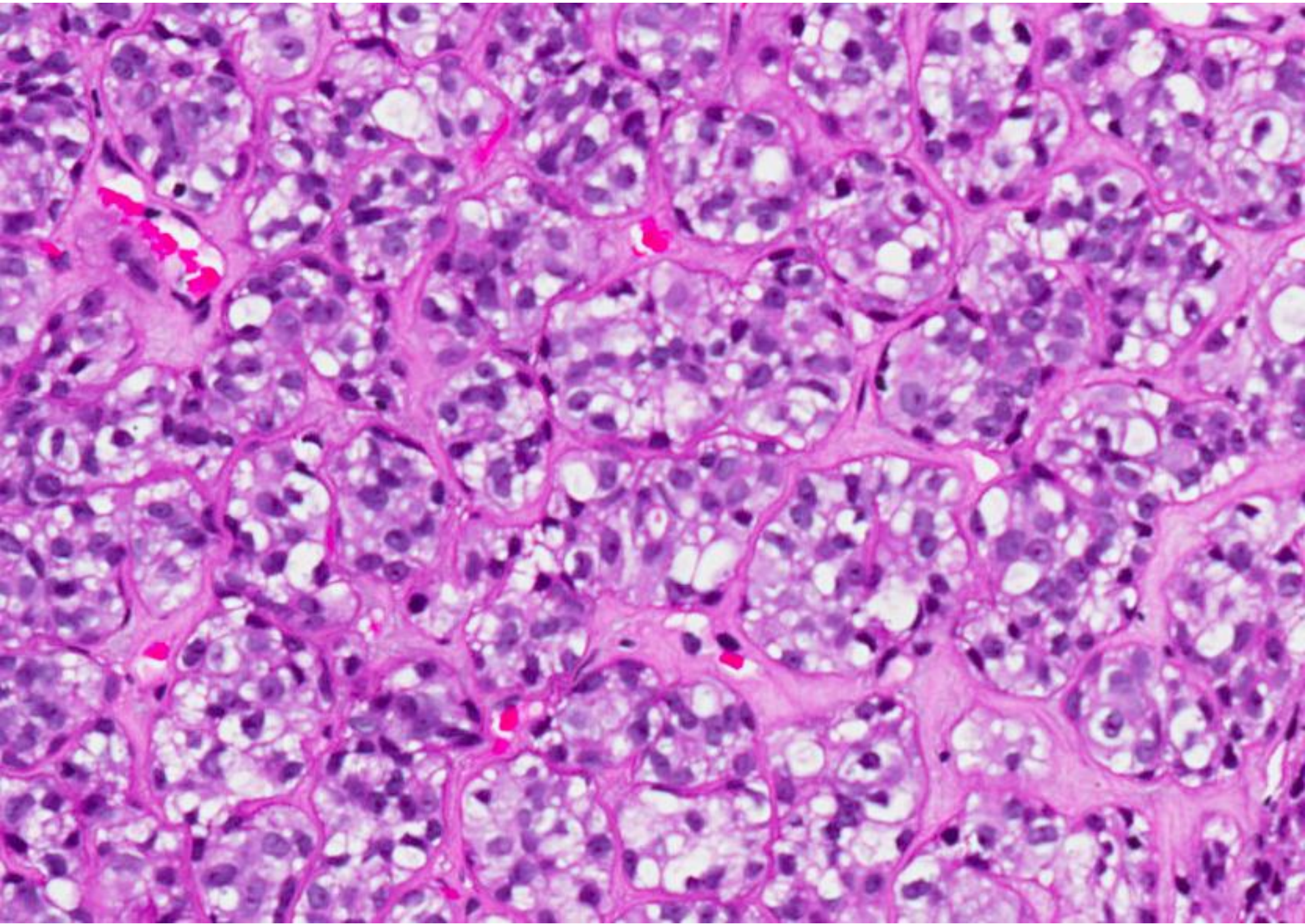




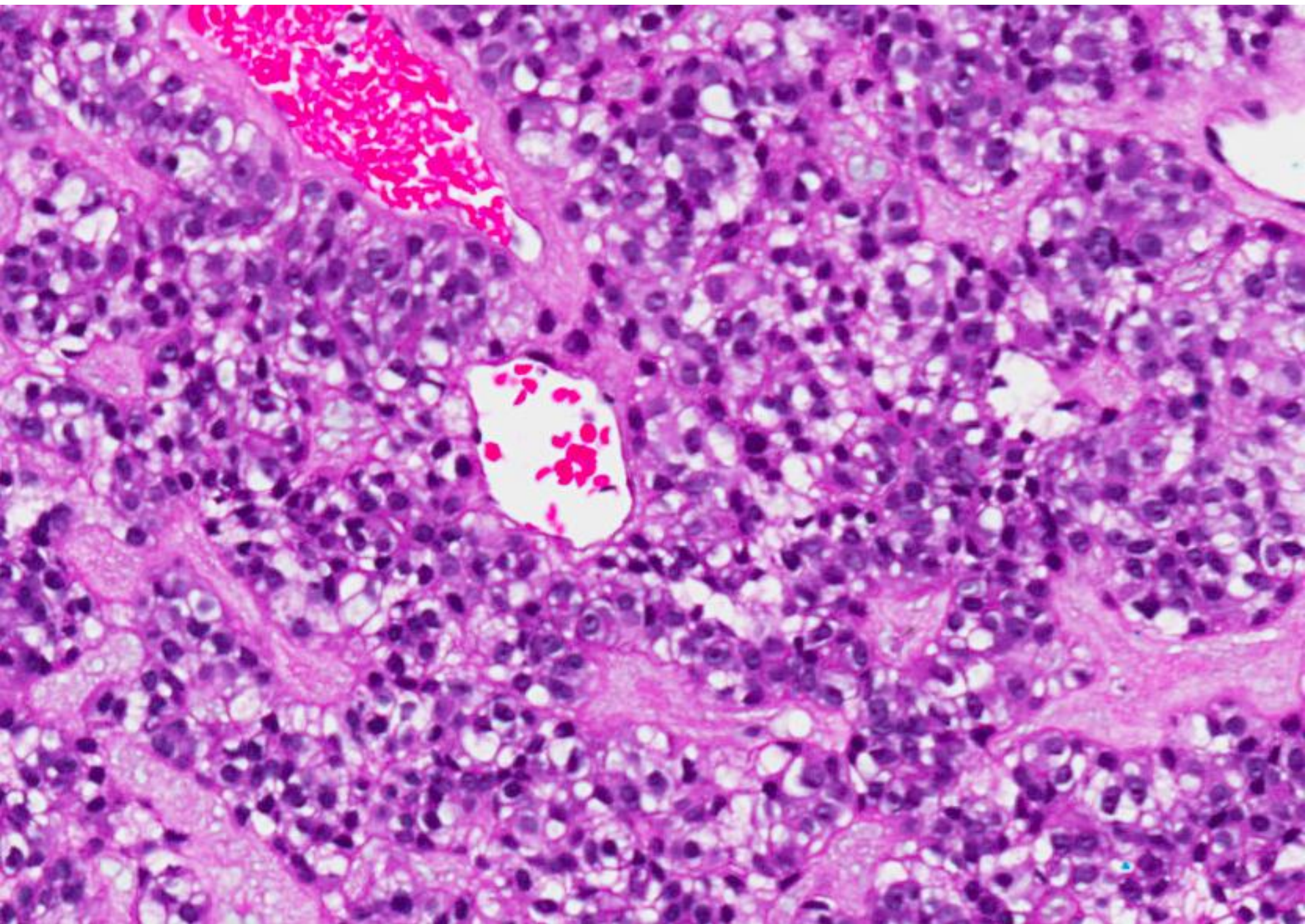




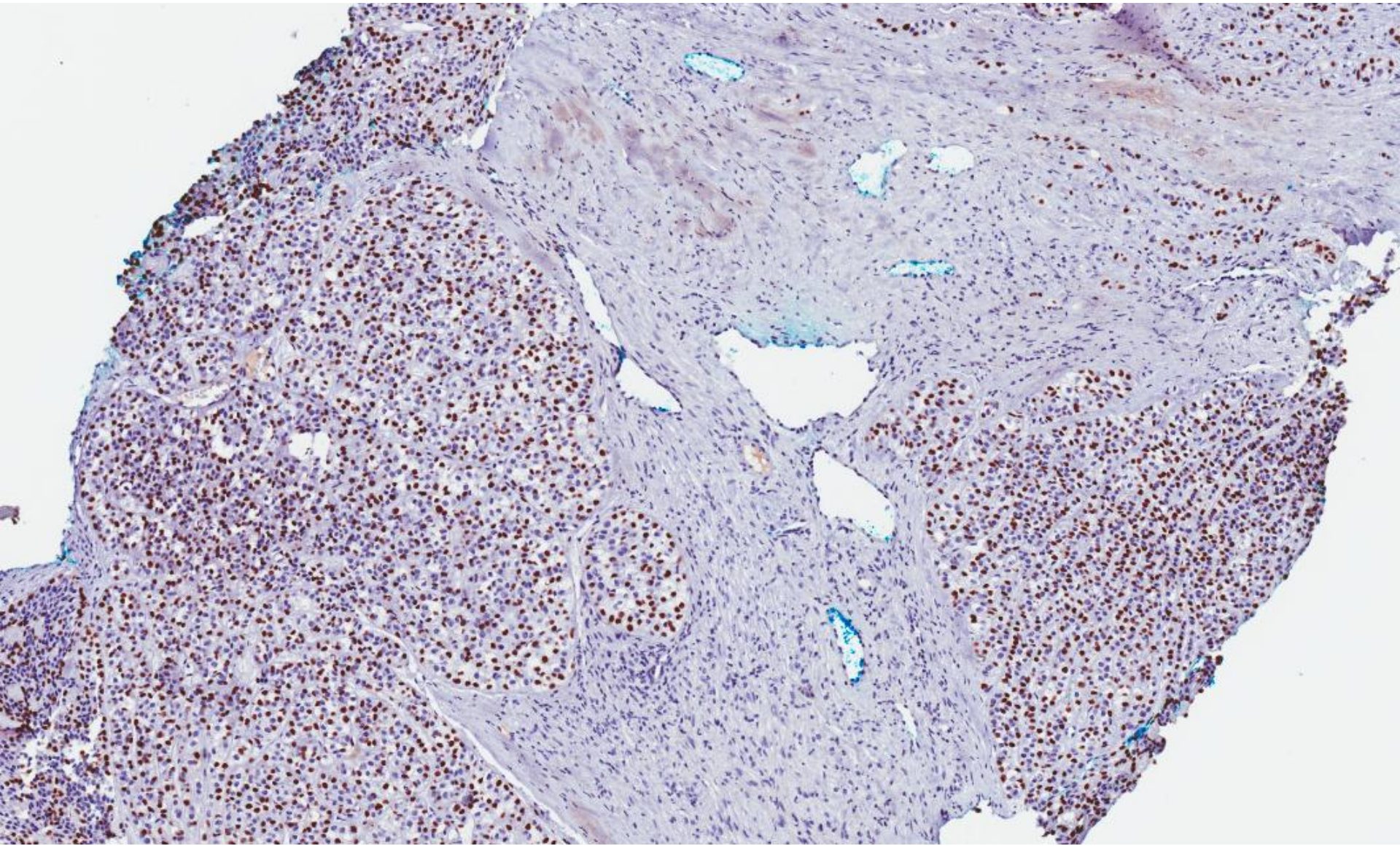






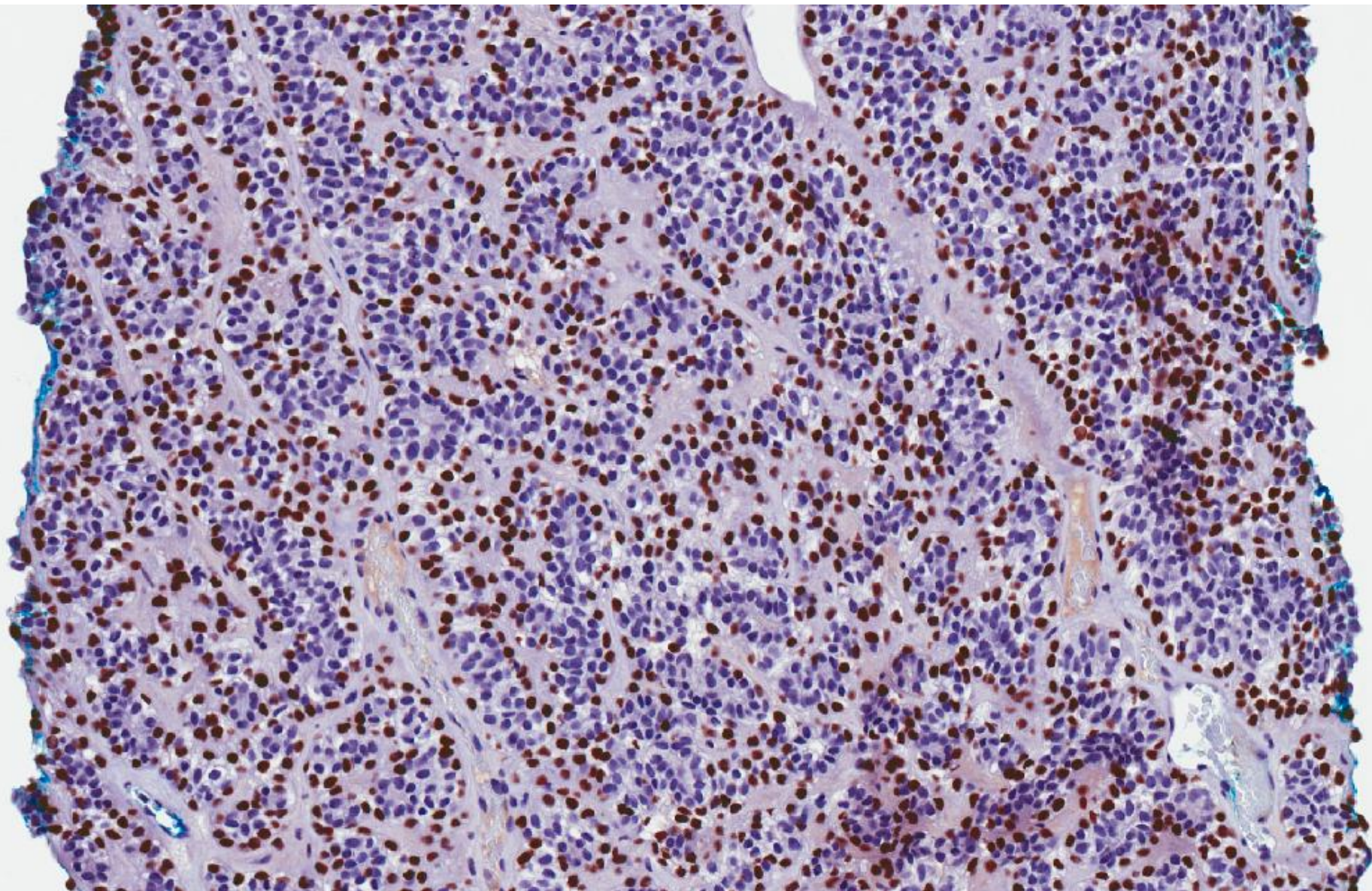






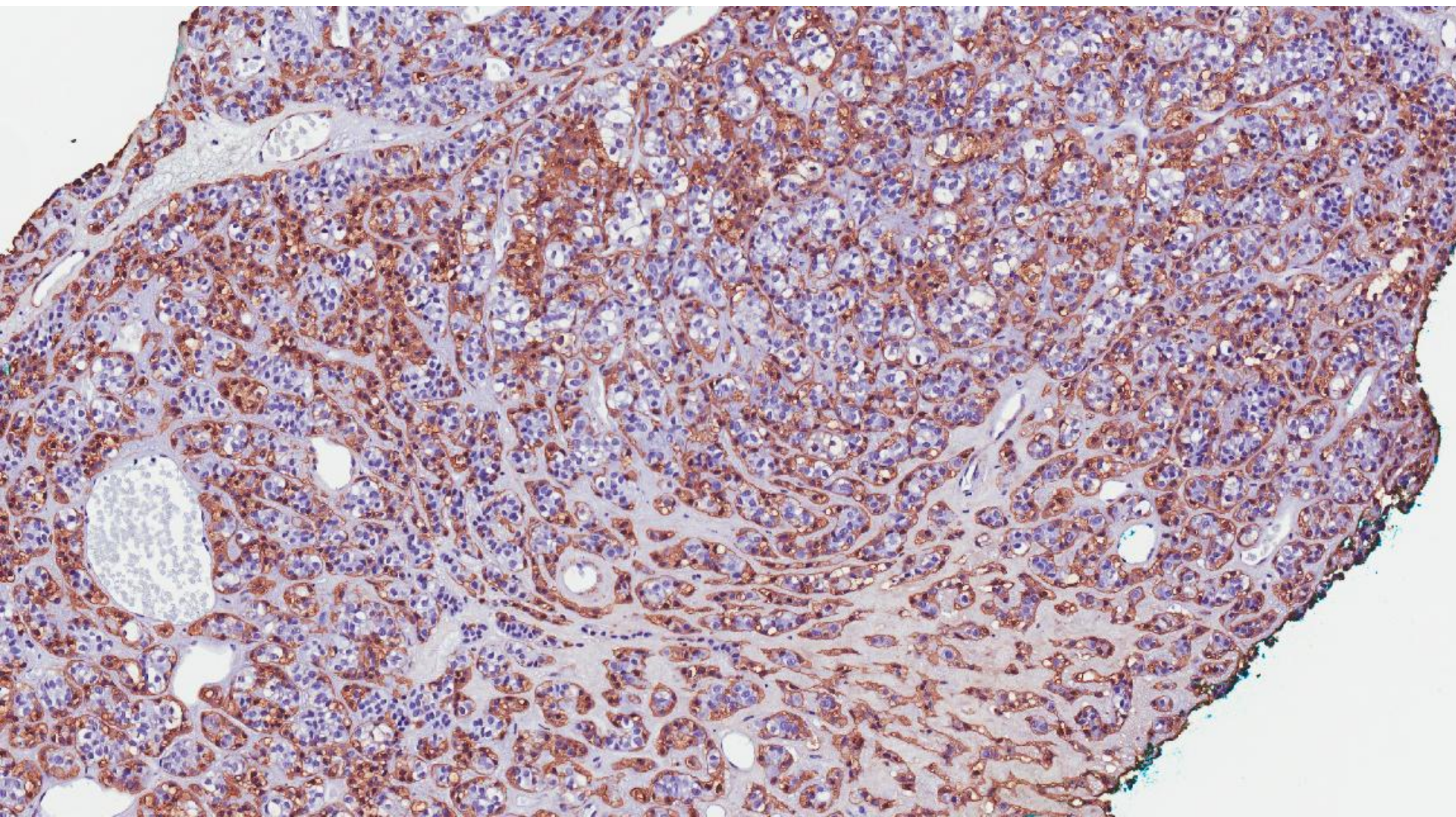
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SMA



# Diagnosis

- 0700 mass: Parts of an adenomyoepithelioma.
- 1200 mass: Cribriform carcinoma, at least in situ ductal carcinoma.



# Adenomyoepithelioma on core biopsy

- Can mimic an invasive carcinoma.
- Clues to diagnosis:
  - Presence of pale to clear cells.
  - Dual cell population.
  - Intraductal growth.
- Confirmation with immunohistochemistry for myoepithelial cells.