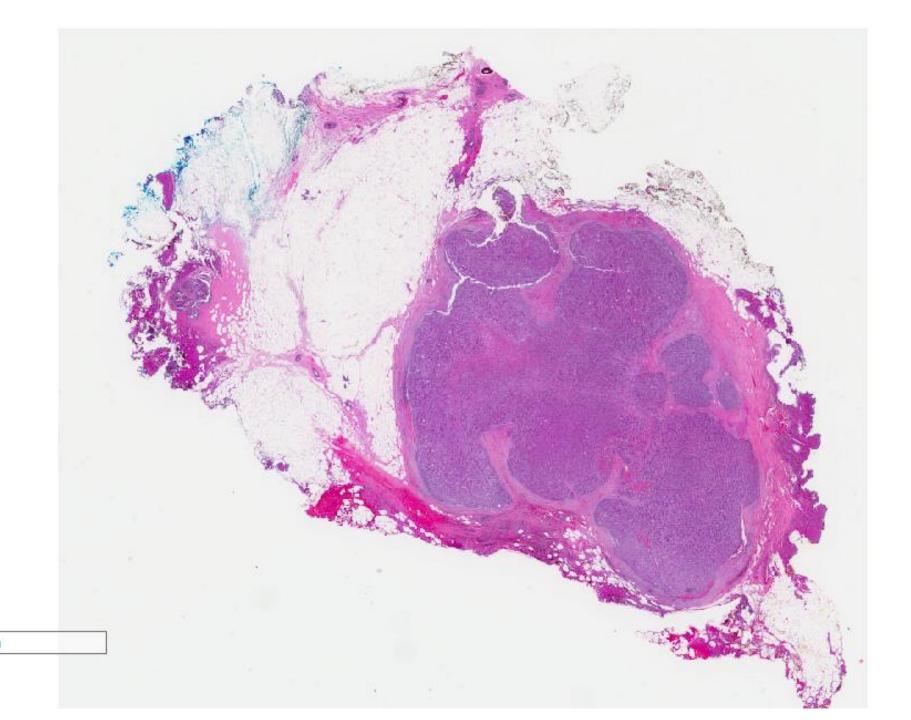
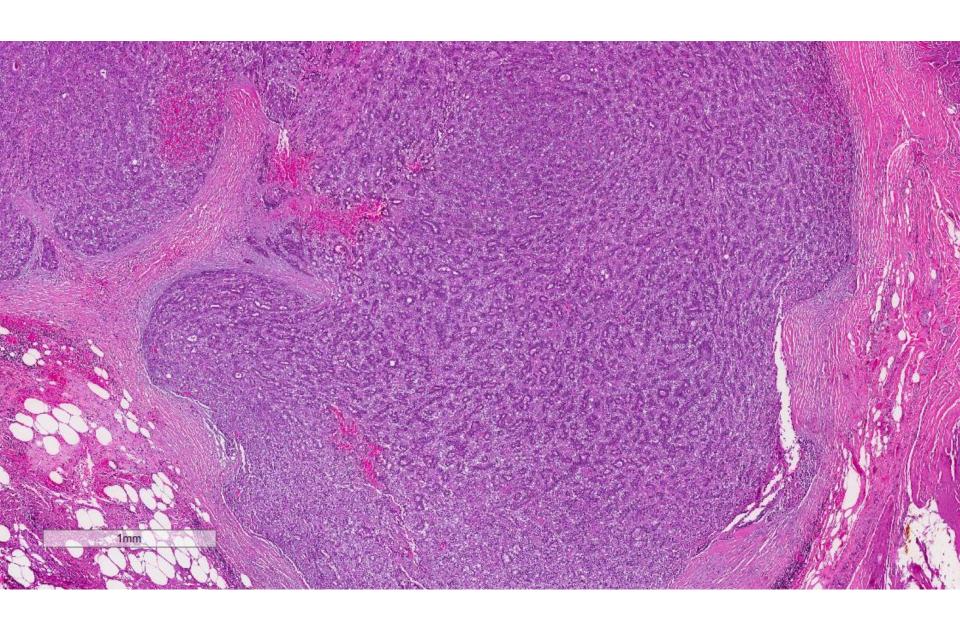
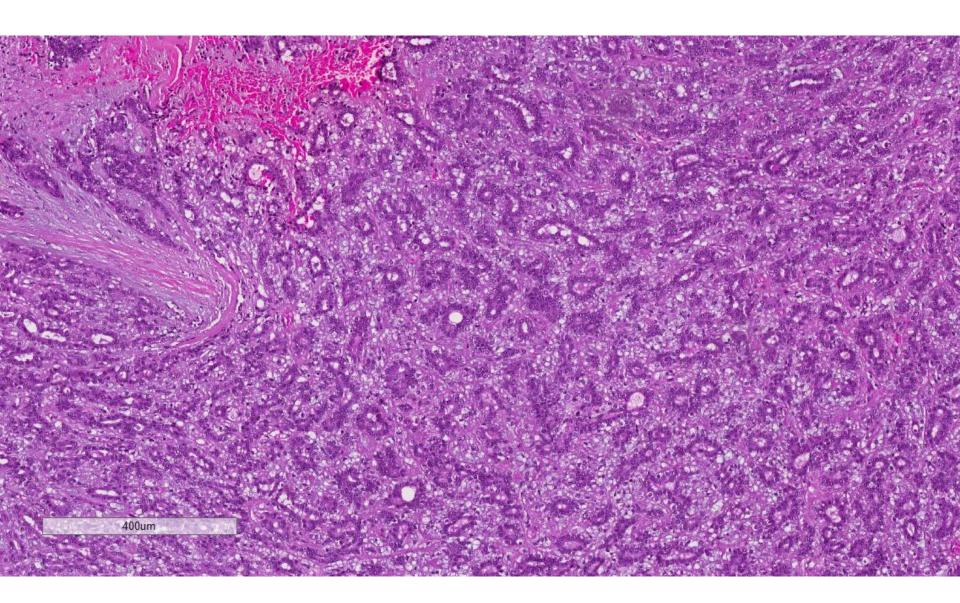
# Case 8 59 year old lady underwent a localisation excision biopsy of a right breast nodule.

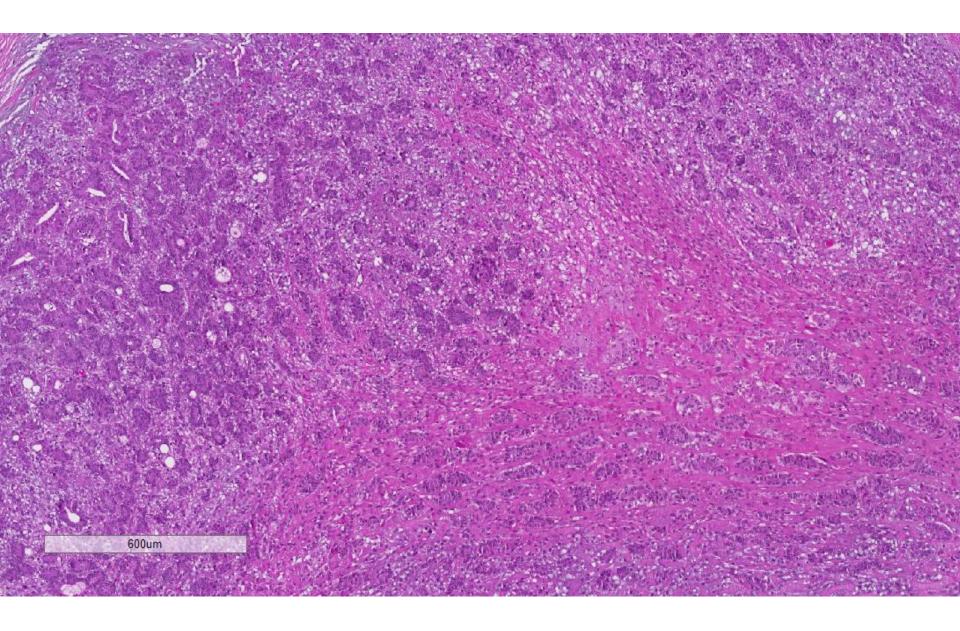


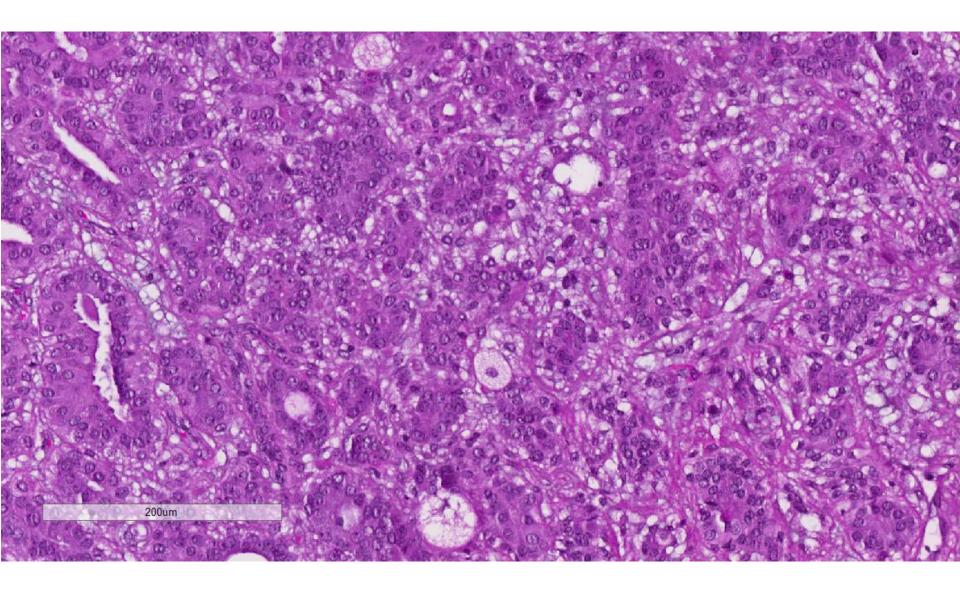


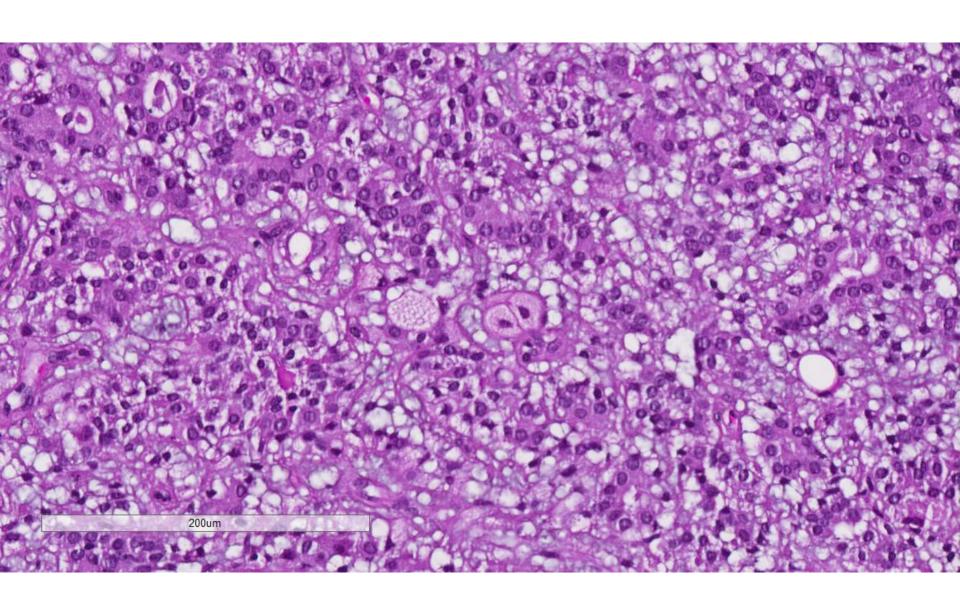
















- Tumour formed of a proliferation of myoepithelial cells surrounding small epithelium-lined spaces.
- Rarely, one or both components can become malignant (adenomyoepithelioma with carcinoma).
- Macroscopically, rounded nodules of >1 cm are seen, with a median size of 2.5 cm.
- Adenomyoepitheliomas with carcinoma are large tumours that are partially well-circumscribed. Cystic degeneration, necrosis and calcifications often seen.





- Characterized by a proliferation of layers of myoepithelial cells around epithelium-lined spaces.
- Histological lobulated, papillary, tubular and mixed patterns on the basis of architecture.
- Low-power often shows a multilobulated appearance.
- Microscopic satellite nodules may occur at the periphery of the tumour.
- Sclerosis and necrosis of the central area can be present.



- Relatively uniform and balanced admixture of small ducts and surrounding myoepithelial cells.
- Myoepithelial cells can show a range of morphology, including spindle, epithelioid, and glycogen-rich clear cells.
- Apocrine, squamous metaplasia, and sebaceous differentiation can be seen in the glandular elements.





#### Adenomyoepithelioma: prognosis

- Cured by complete excision.
- Local recurrence may occur, possibly related to multinodular growth or intraductal extension of the lesion.
- Rare cases have metastasized.





## Adenomyoepithelioma with carcinoma: prognosis

- Adenomyoepithelioma with carcinoma has greater potential to recur locally and has significant metastatic potential, likely related to the grade of the transformed component and the tumour size.
- Metastases typically occur in patients who have highgrade malignant transformation, and with tumours of greater than 2 cm.



