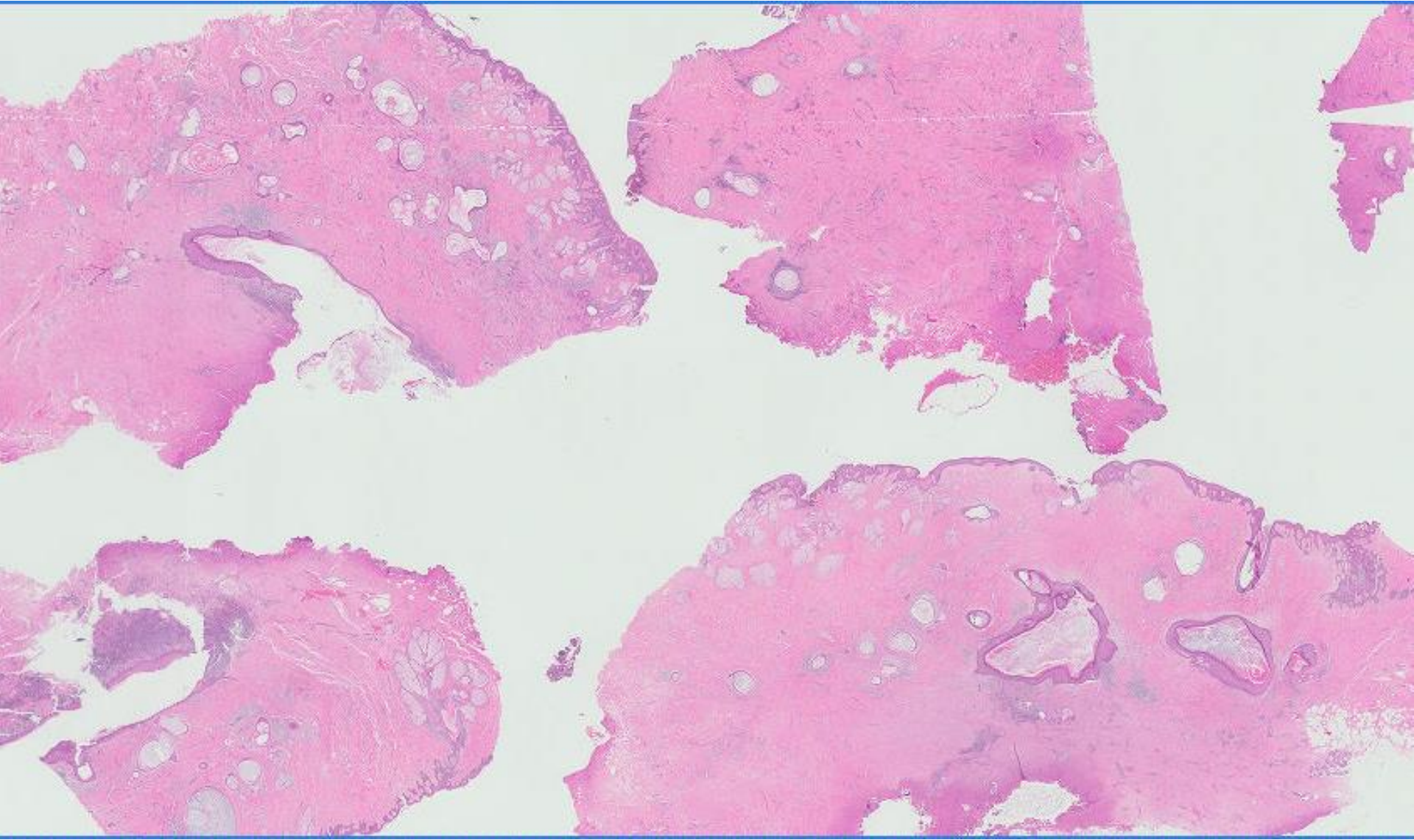
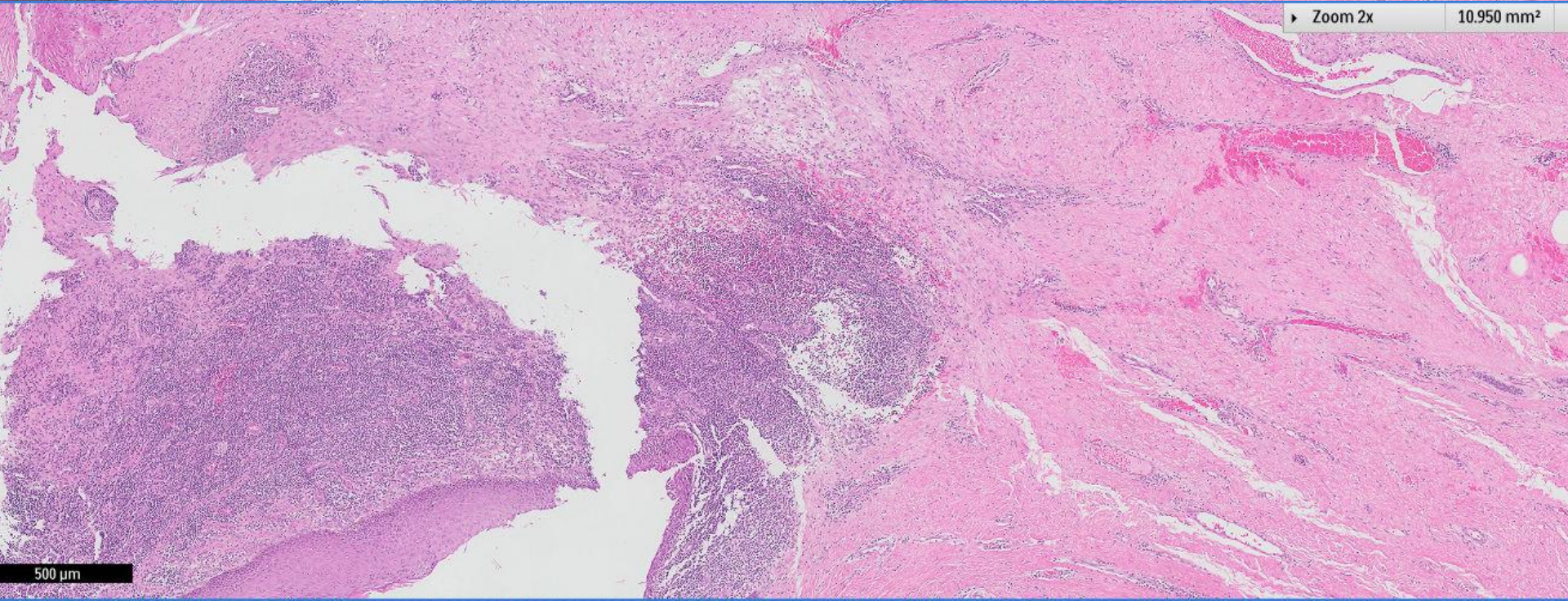
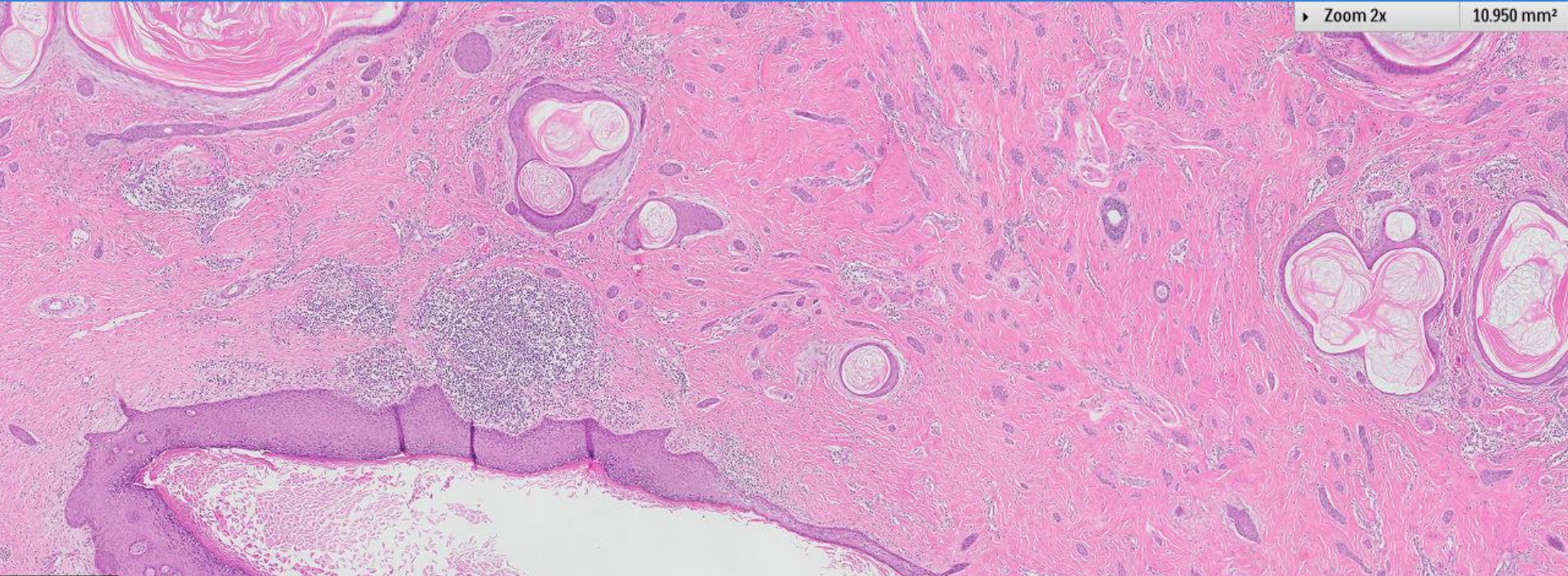


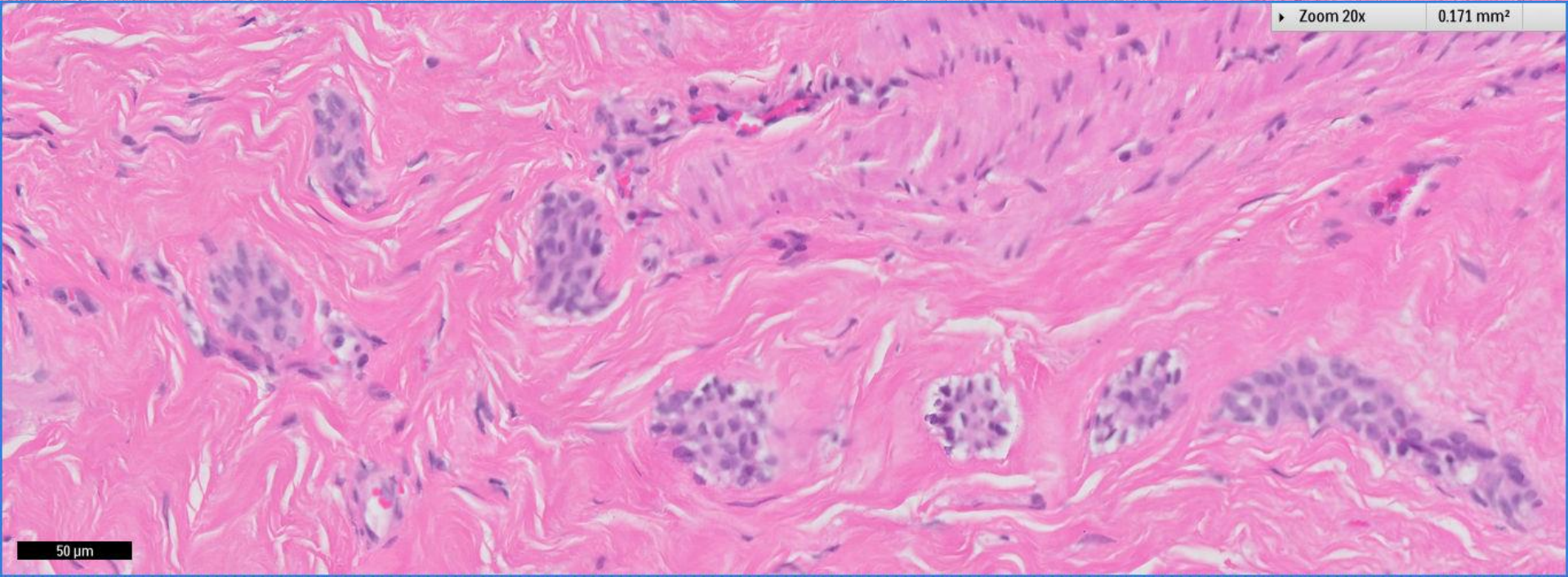
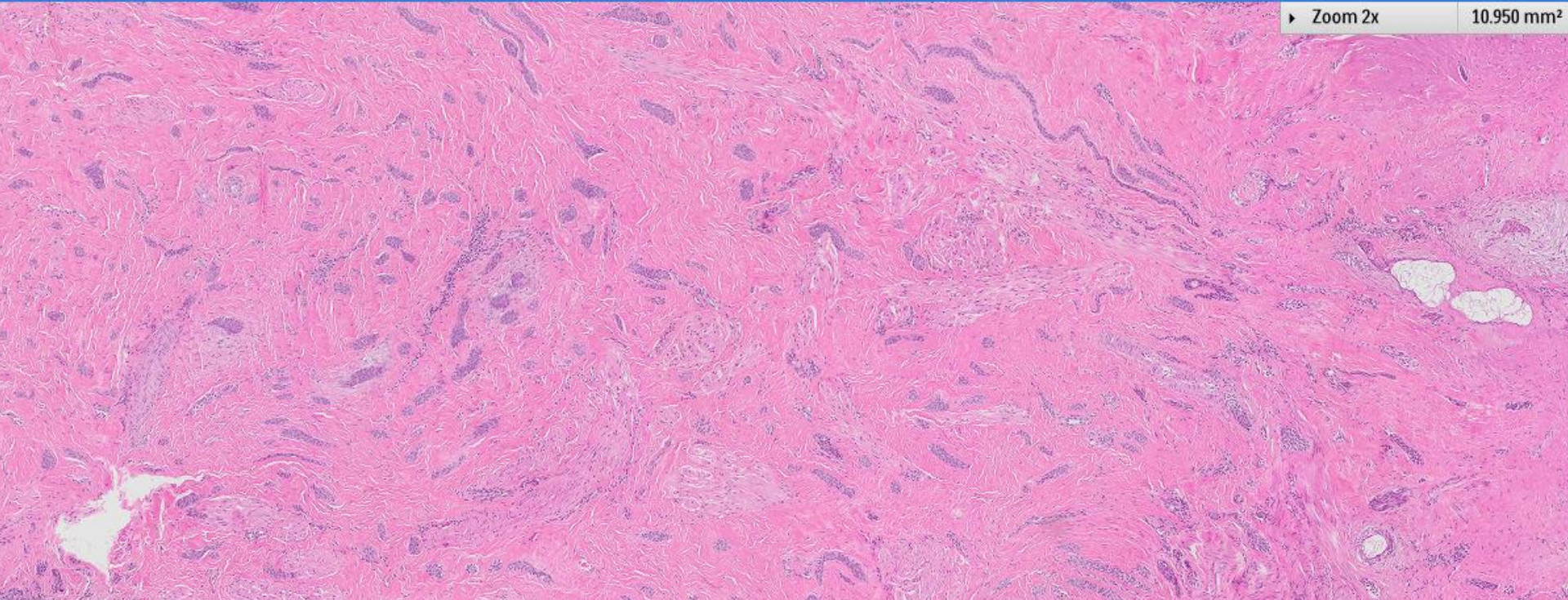
## Case 3

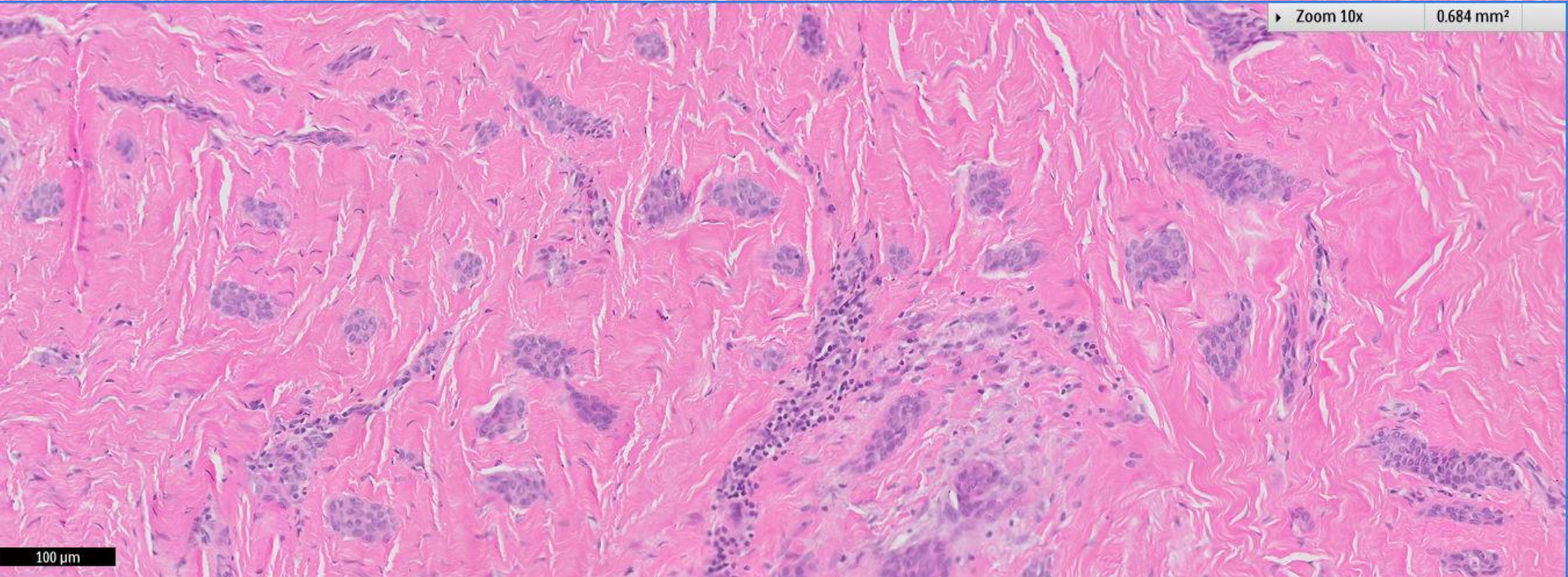
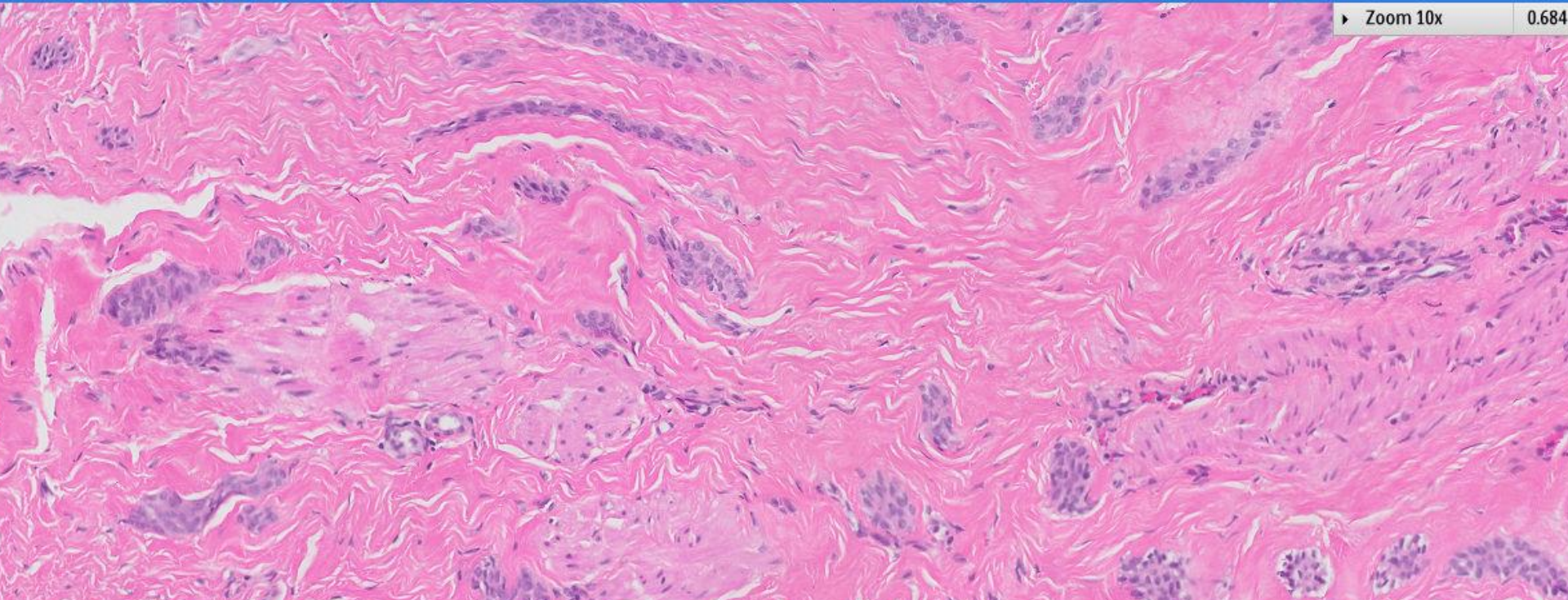
43 year old woman presented with a left  
nipple-areolar lump.

An excision biopsy was performed after a fine  
needle aspiration and core biopsy revealed  
atypical cells.



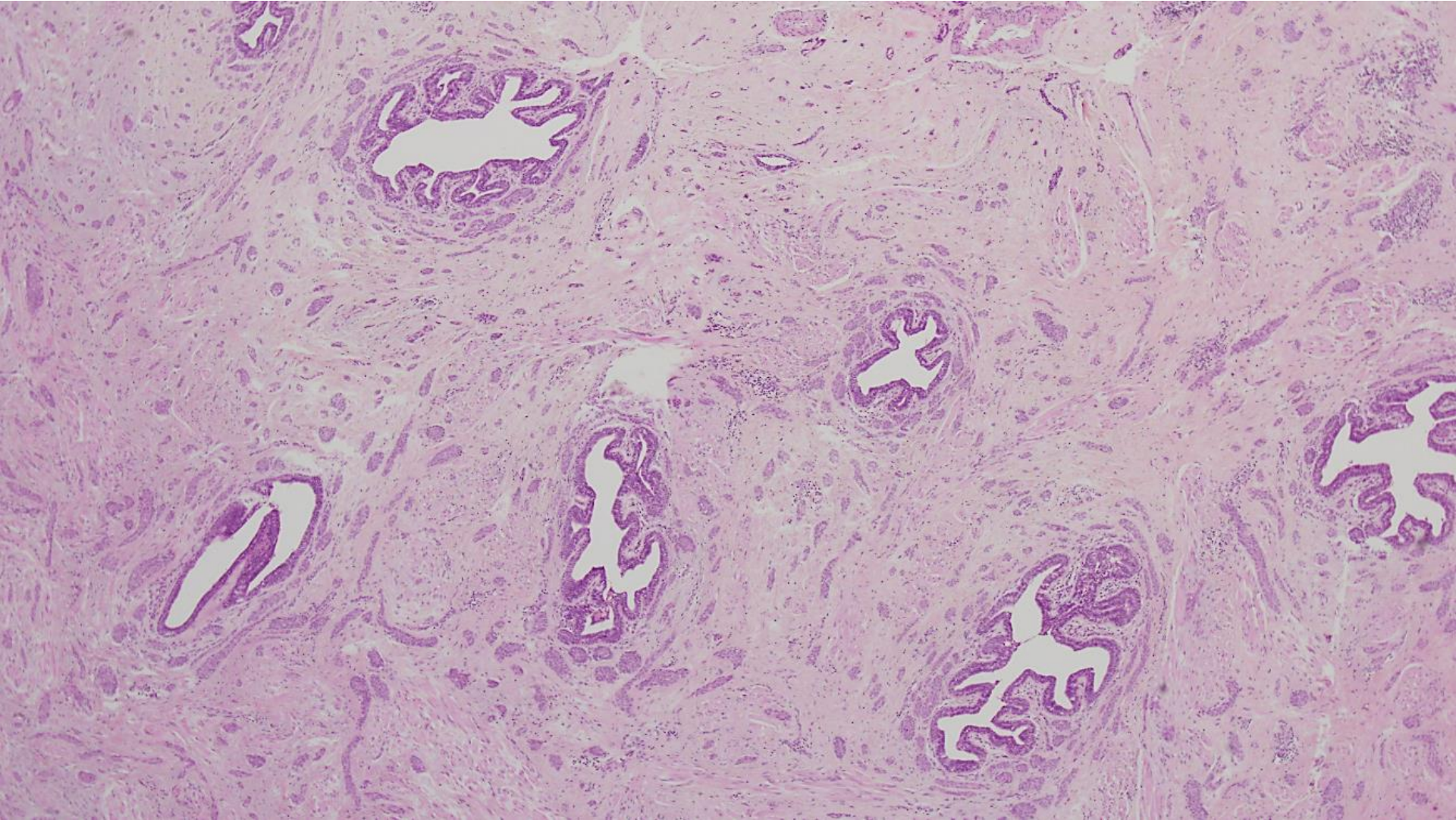


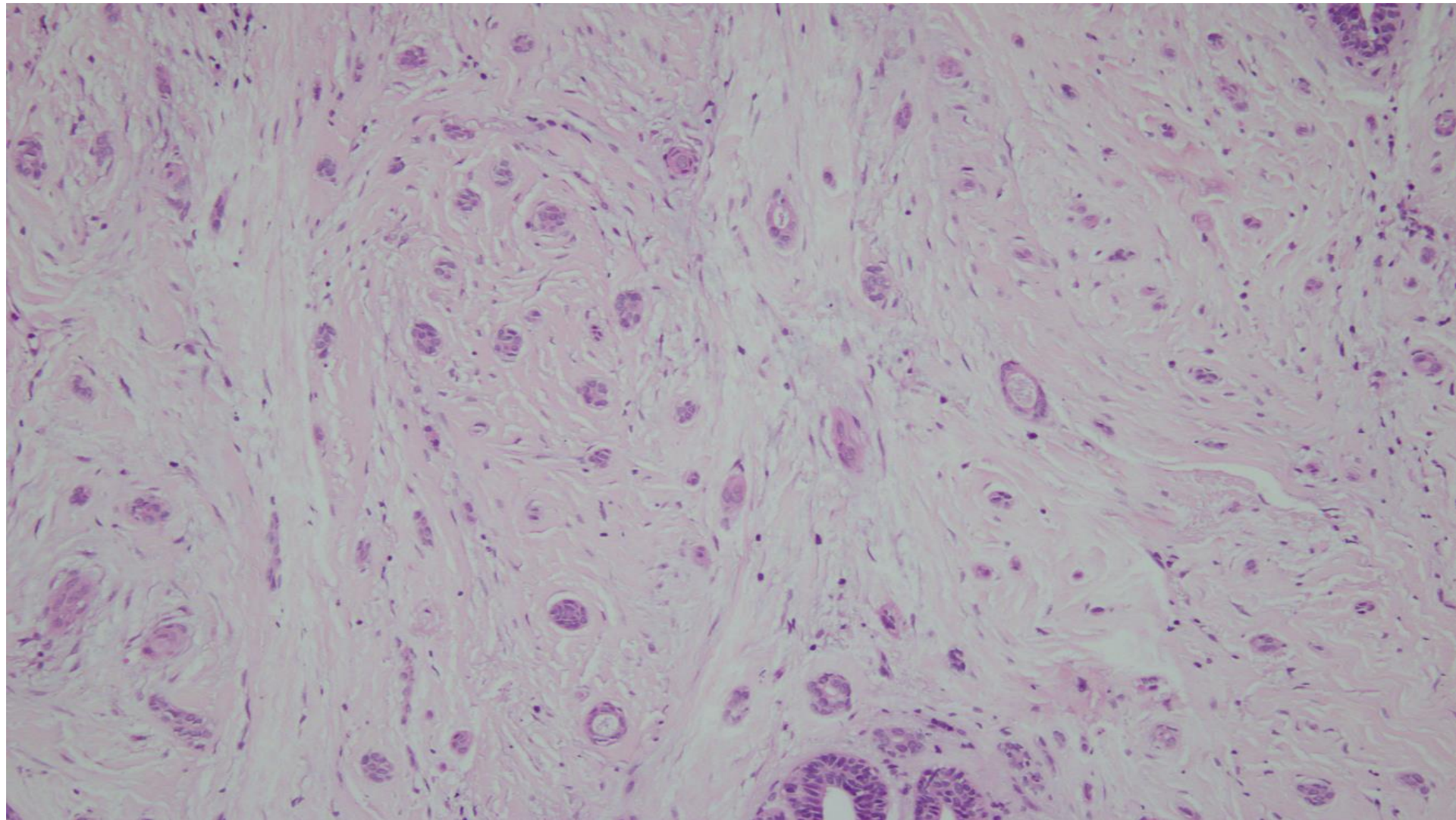




# *Marina Bay Sands & Art Science Museum*

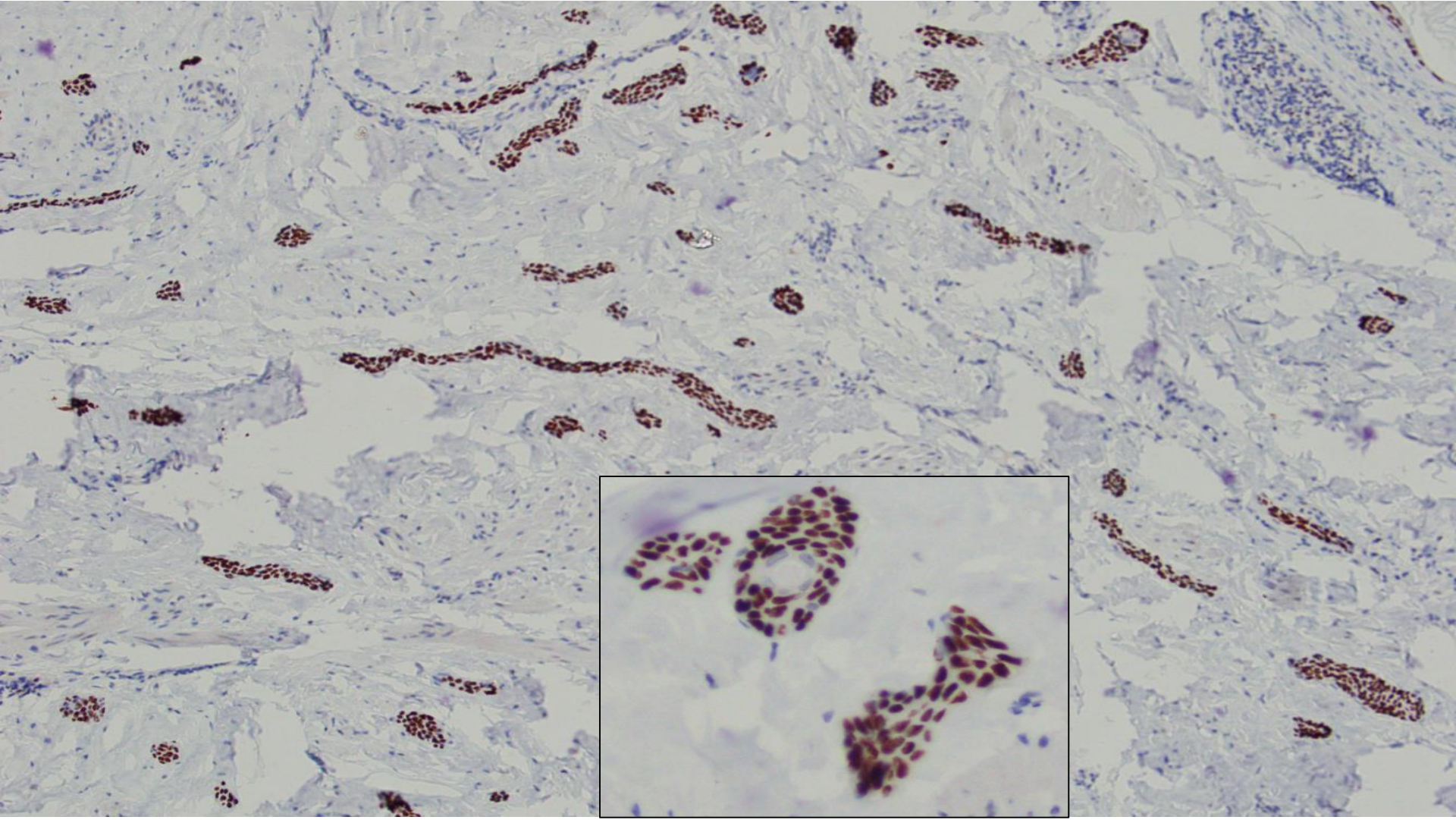




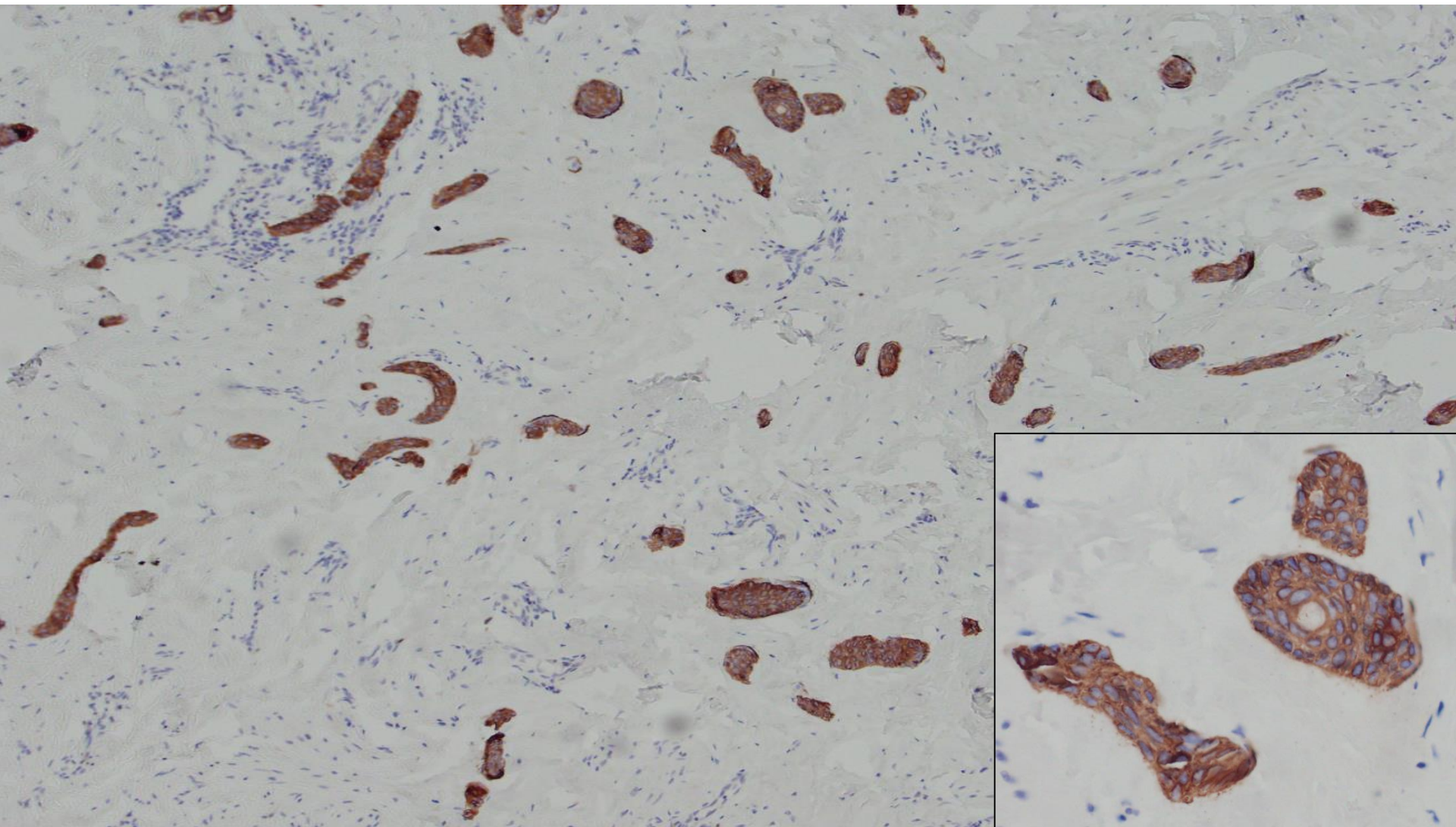




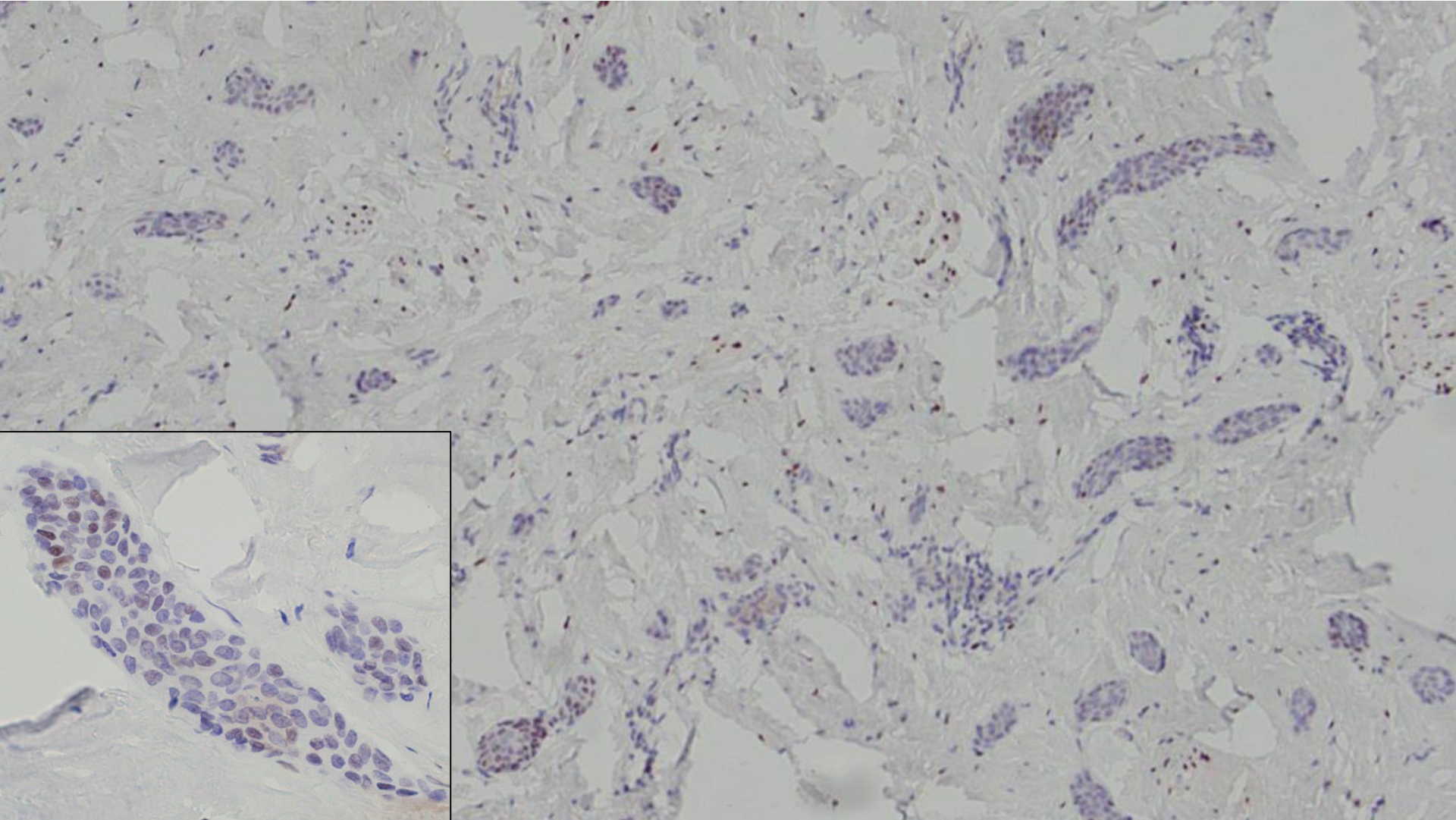
p63



**CK14**



ER



# Diagnosis

## *Syringomatous tumour of the nipple-areolar complex*

# Syringomatous tumour

- Uncommon, locally permeative tumour which shows sweat duct differentiation.
- Previously referred to as syringomatous ‘adenoma’, the term ‘tumour’ is preferred due to its histologic invasive appearance and the propensity for local recurrence.

# Syringomatous tumour ~ *differential diagnosis*

- **Low grade adenosquamous carcinoma**

Close histological and biological similarities between the nipple syringomatous tumour and low grade adenosquamous carcinoma.

Main difference is the occurrence of low grade adenosquamous carcinoma in breast parenchyma instead of the nipple-areolar region.

- **Tubular carcinoma**

Angulated patent tubules of the syringomatous tumour resemble those of tubular carcinoma.

Tubular carcinoma however, does not demonstrate squamous differentiation.

Immunohistochemically, tubular carcinoma shows positive hormone receptor expression and lacks myoepithelial cells, contrasting against the syringomatous tumour which is usually hormone receptor negative and shows positive reactivity for myoepithelial markers.

 Breast  
Pathology  
Course 2016



*Pathology Building 1958-2013, by Ong Kim Seng*