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A Case of Myoepithelial Carcinoma of the Breast

Seung Young Shin, MD., Se Jeong Oh, MD., Woo Chan Park, MD., Jeong Soo Kim, MD., Eun Deok Chang, MD.¹ and Sang Seol Jung, MD.

A 42-year-old woman presented with a mass in the lower inner quadrant of the left breast that had been present for about 1 month. The mass was irregular in shape and rubbery in consistency, and measured 2×1.5 cm. It appeared well-demarcated, with a high density mass shadow on the mammogram. Lumpectomy was performed, with a 2 cm safety margin surrounding the tumor mass, with simultaneous ipsilateral axillary dissection. The tumor was diagnosed from its histology and immunohistochemistry as a myoepithelial carcinoma, in which the tumor cells were immunoreactive for the epithelial membrane antigen (EMA), smooth muscle actin and S-100 protein. These proteins are not specific to myoepithelial cells, but in combination, positive findings indicate myoepithelial differentiation. Most myoepithelial tumors of the breast are benign. However, invasive breast tumors, showing myoepithelial cell differentiation, are rare and usually give rise to metastases. She had received postoperative radiotherapy, and local recurrence and distant metastasis have not occurred so far. Here, we present a case of myoepithelial carcinoma of the breast, with a review of the literatures. (*J Korean Surg Soc* 2002;63:74-78)

Key Words: Breast, Myoepithelial carcinoma

Departments of Surgery and ¹Clinical Pathology, College of Medicine, The Catholic University of Korea, Seoul, Korea

(I)

가 가 (2) Tavassoli(3) (myoepitheliosis), (adenomyoepithelioma), (myoepithelial carcinoma)

가 (2,4-6) 42

: 42 , : 1 4 가 가 : . 3-0-3-3 , . 4 3×2 cm 가 가 4 (supernumerary nipple) : X- 4 가 3×2 cm 가 (Fig. 1). 가 (posterior echo

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 403-720,
 Tel: 032-510-5691, Fax: 032-510-8615
 E-mail: ohsj@olmh.cuk.ac.kr
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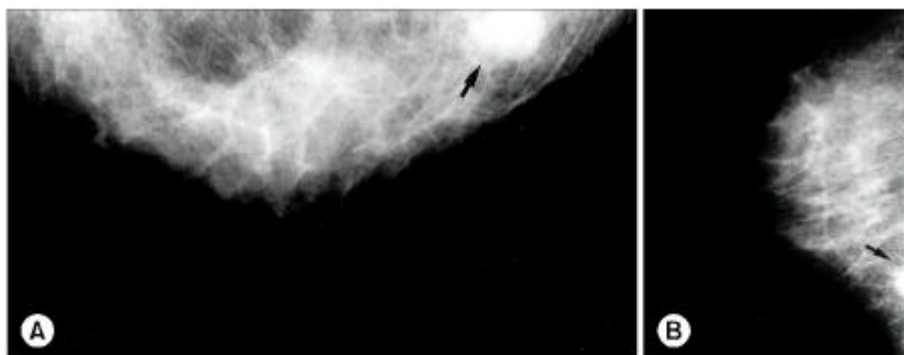


Fig. 1. Mammographic findings. The cephalocaudal view (A) and mediolateral view (B) of left breast show relatively ill-margined, high density mass shadow in the lower inner quadrant (arrow).

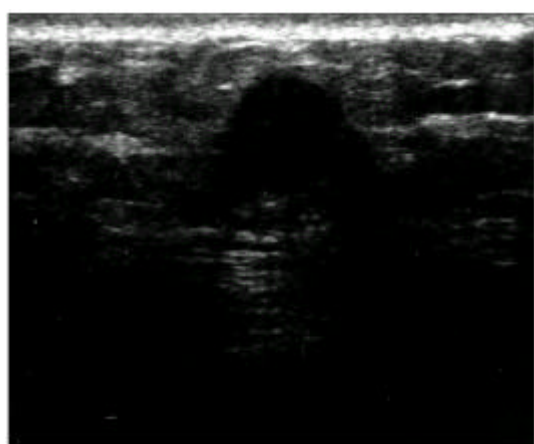


Fig. 2. Ultrasonographic finding. It shows a relatively well-defined, hypochoic, round shaped mass density. But the mass appears kind of upright in shape.

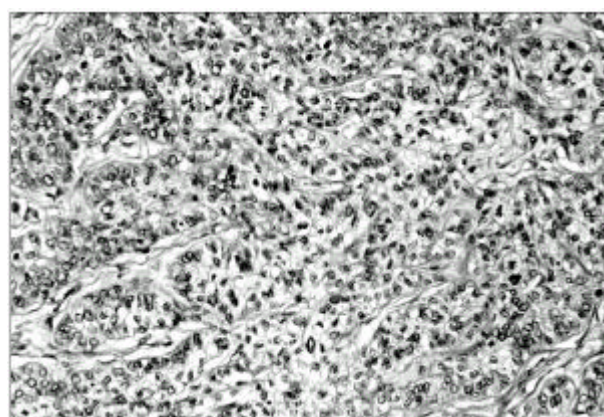


Fig. 3. Nests of tumor cells with clear cytoplasm and vesicular nuclei are surrounded by hyalinized fibrous tissue. The tumor cells show frequent mitoses (H&E, × 100).

enhancement) (Fig. 2). X-
 (bone scan),
 : 9.2 g/dl,
 28.7%
 :
 가
 2 × 1.5 cm
 가
 (Fig. 3), 1
 8 10
 . PAS
 EMA, smooth muscle actin S-100 protein
 (Fig. 4).

erbB-2, p53
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 2 cm
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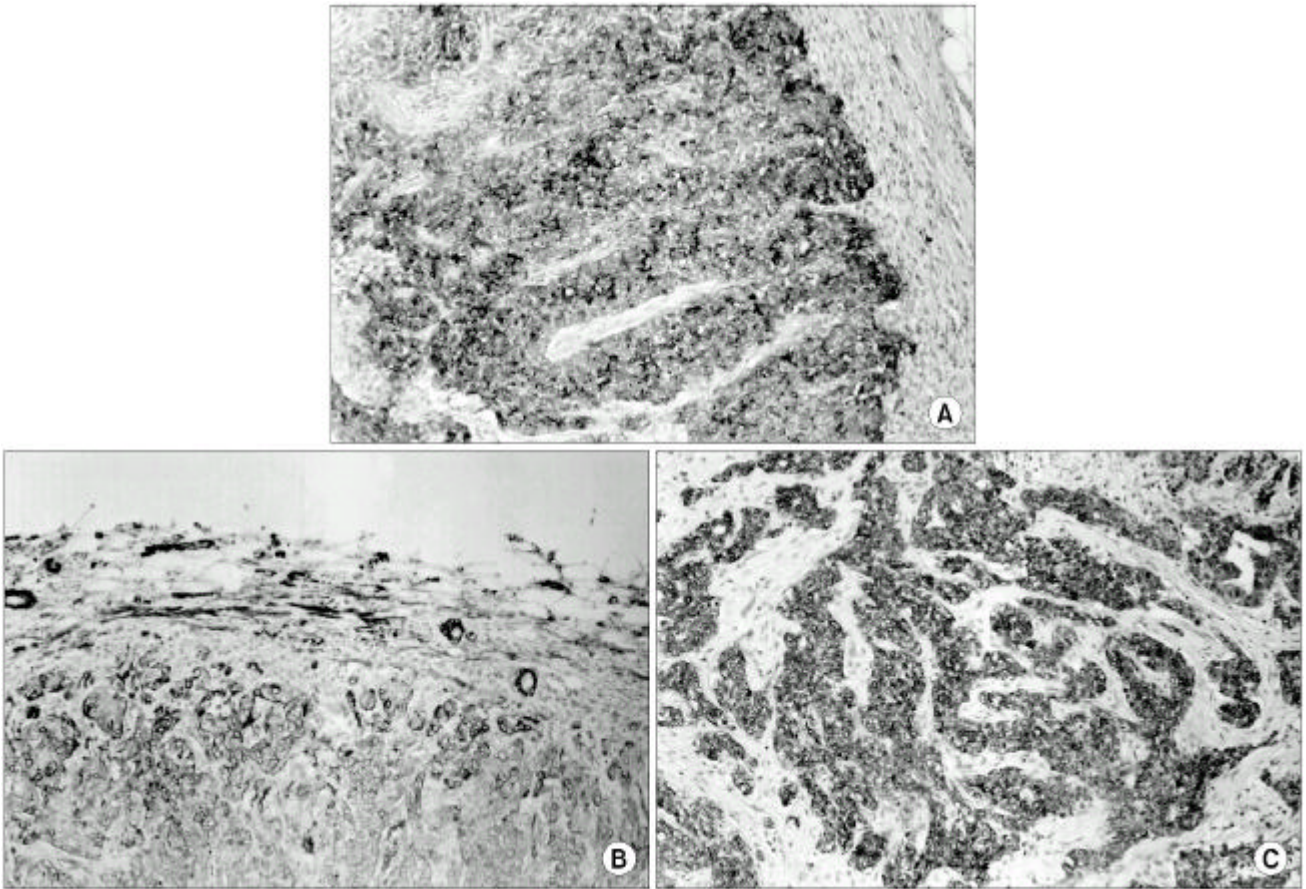


Fig. 4. Tumor cells show positive immunohistochemical reaction for EMA (A), smooth muscle actin (B) and S-100 protein (C) (immunohistochemical stain, × 100).

(low grade malignancy) , ,
 .(7)
 가 , S-100 protein,
 (sclerosing adenosis), (ductal adenoma) smooth muscle actin, cytokeratin, EMA glial fibrillary
 (papilloma) actin acidic proten (GFAP) . Tavassoli(3)
 , cytoke-
 가 . , S-100 protein
 , GFAP 가
 .(2,4-6)
 Tavassoli(3) .
 , Trojani (5) 가 가 .(7,10)
 (mitotic rate) . 10
 가 2 3
 가 11 15
 가 .(8) 1 8
 10 . ,

가 , 가
 가
 (4) 가
 (2,12) (11)
 가
 (13) 가
 가 0.5 cm 10 cm
 (metachromasia)
 가 (cystosarcoma phyllodes)
 (14)
 가 (15)
 가
 (16-18)
 (19,20) 가
 1
 가
 (3,4,7,8) Ta-
 moxifen
 (7,21)
 1
 NSABP protocol B-06
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