

Adenomyoepiteliom prsu

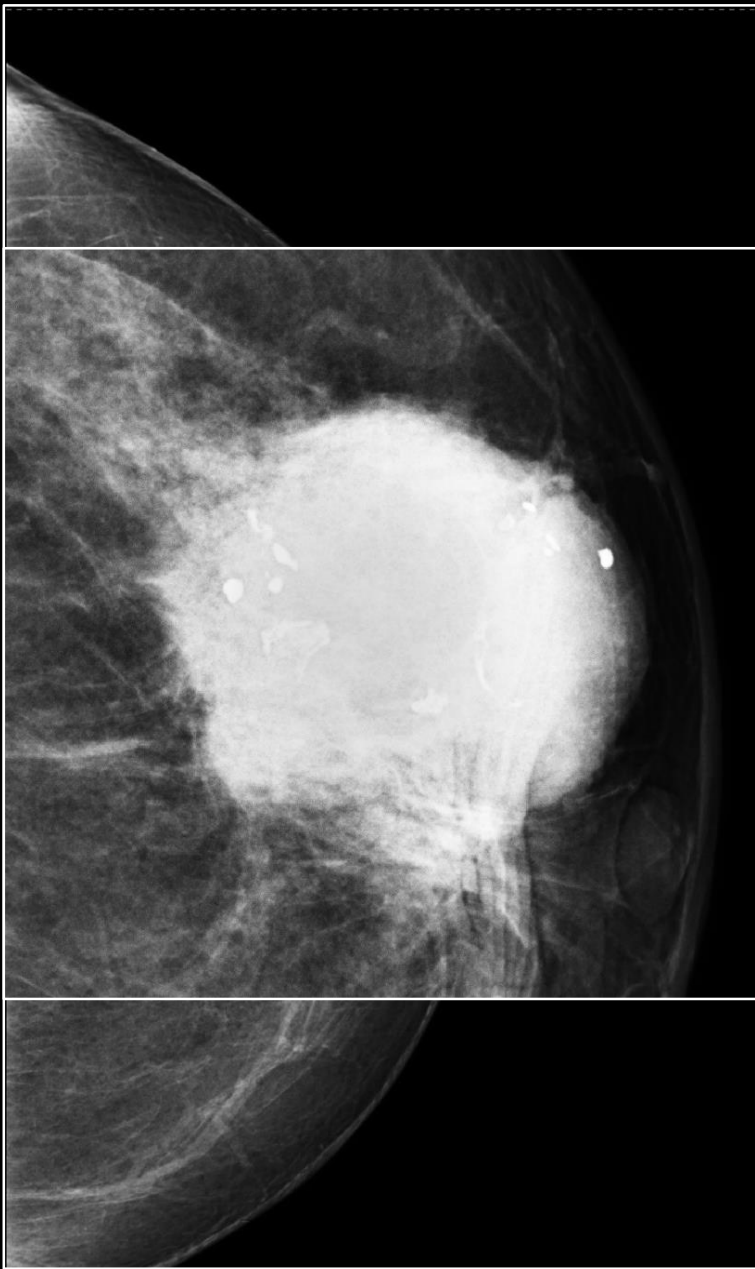
Přehled problematiky a osobní zkušenost

Zdeněk **KINKOR**, Nikol PTÁKOVÁ,
Veronika HÁJKOVÁ, Petr MARTÍNEK

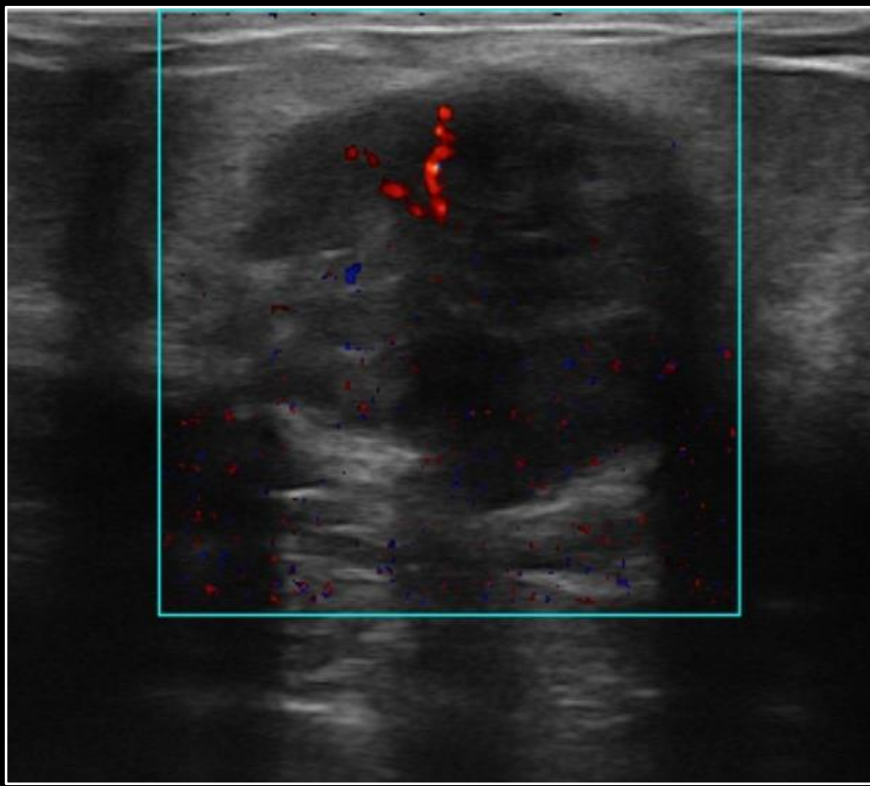
Letní bioptický seminář SD IAP

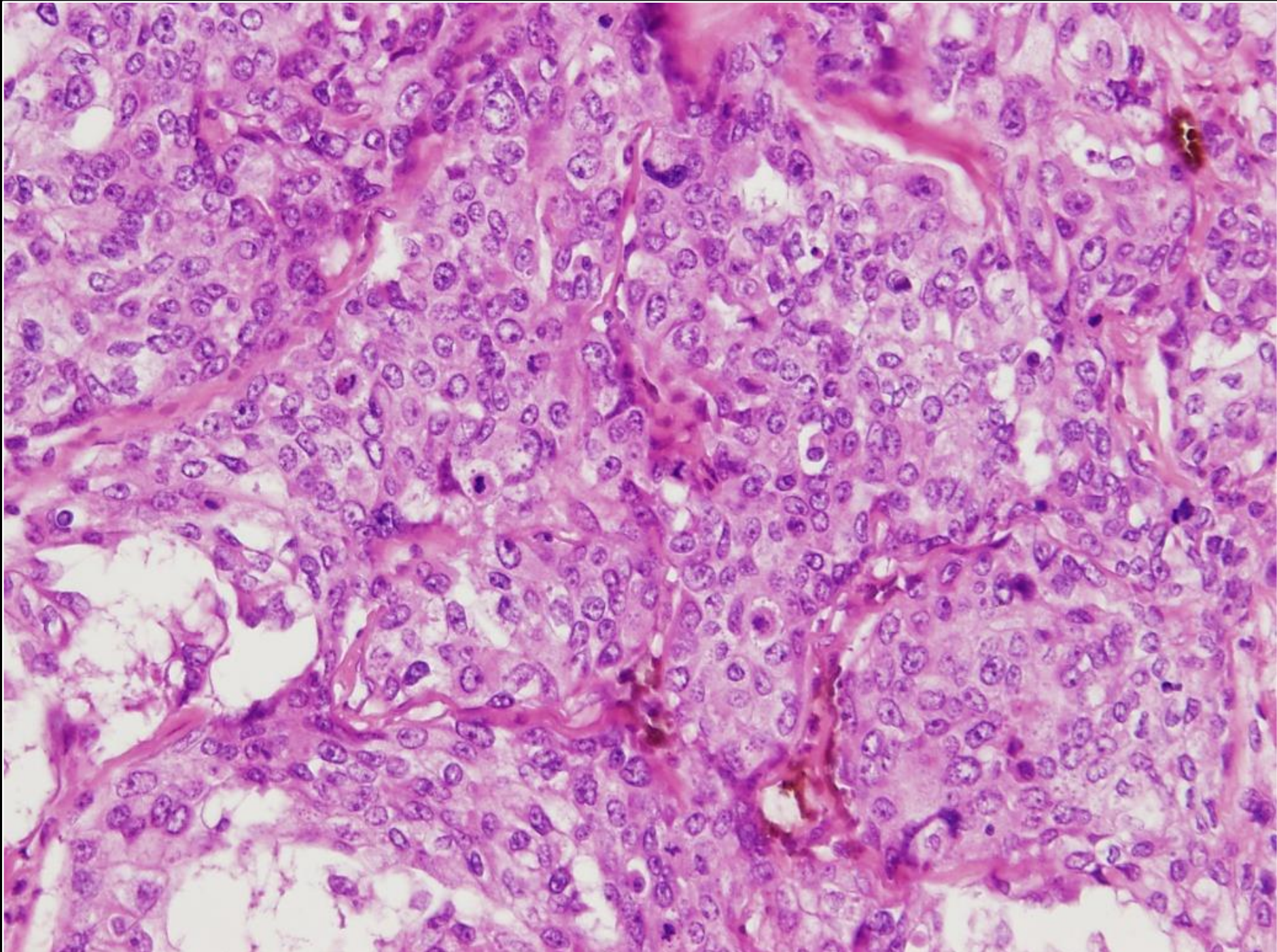
Senec 2019

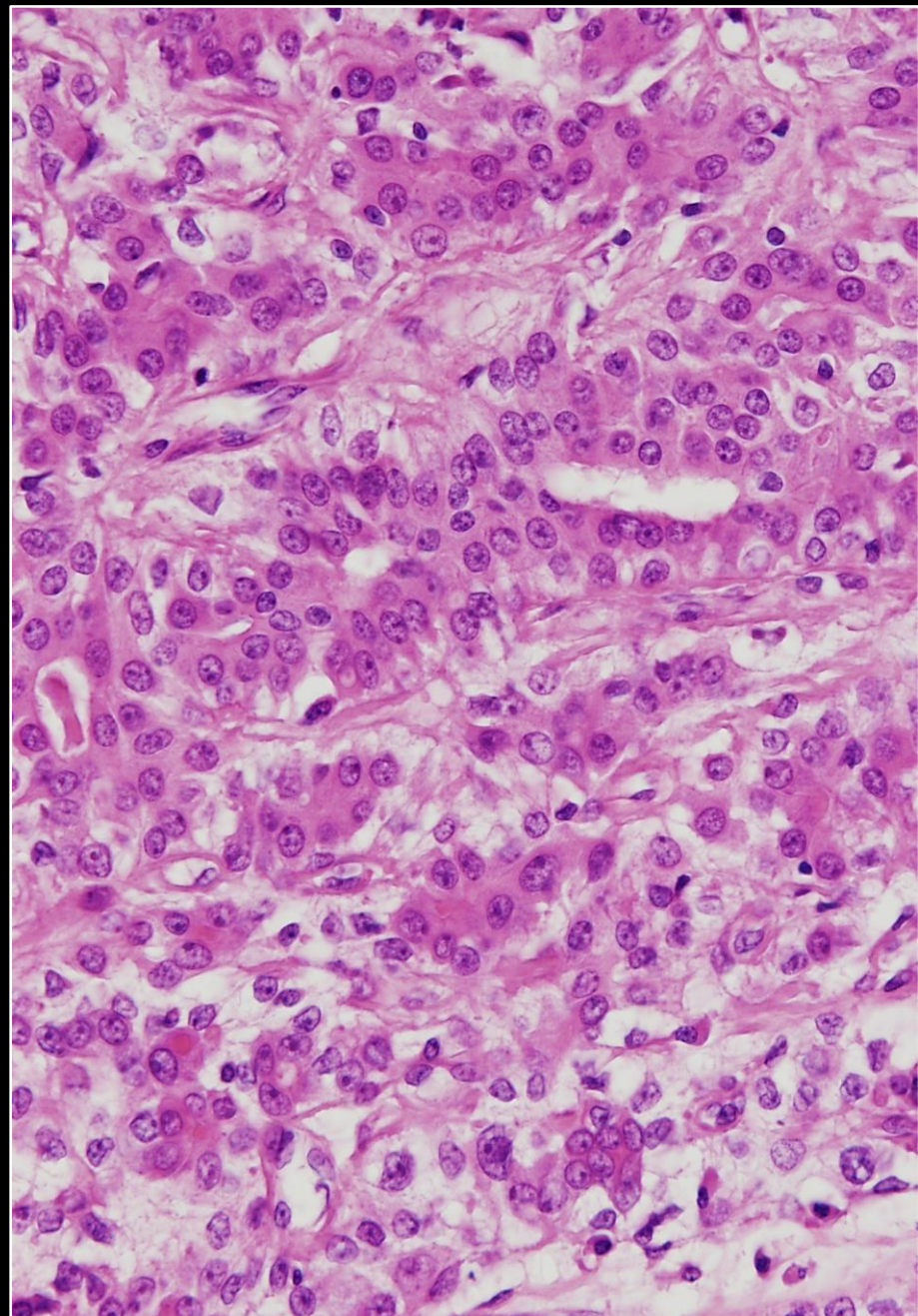
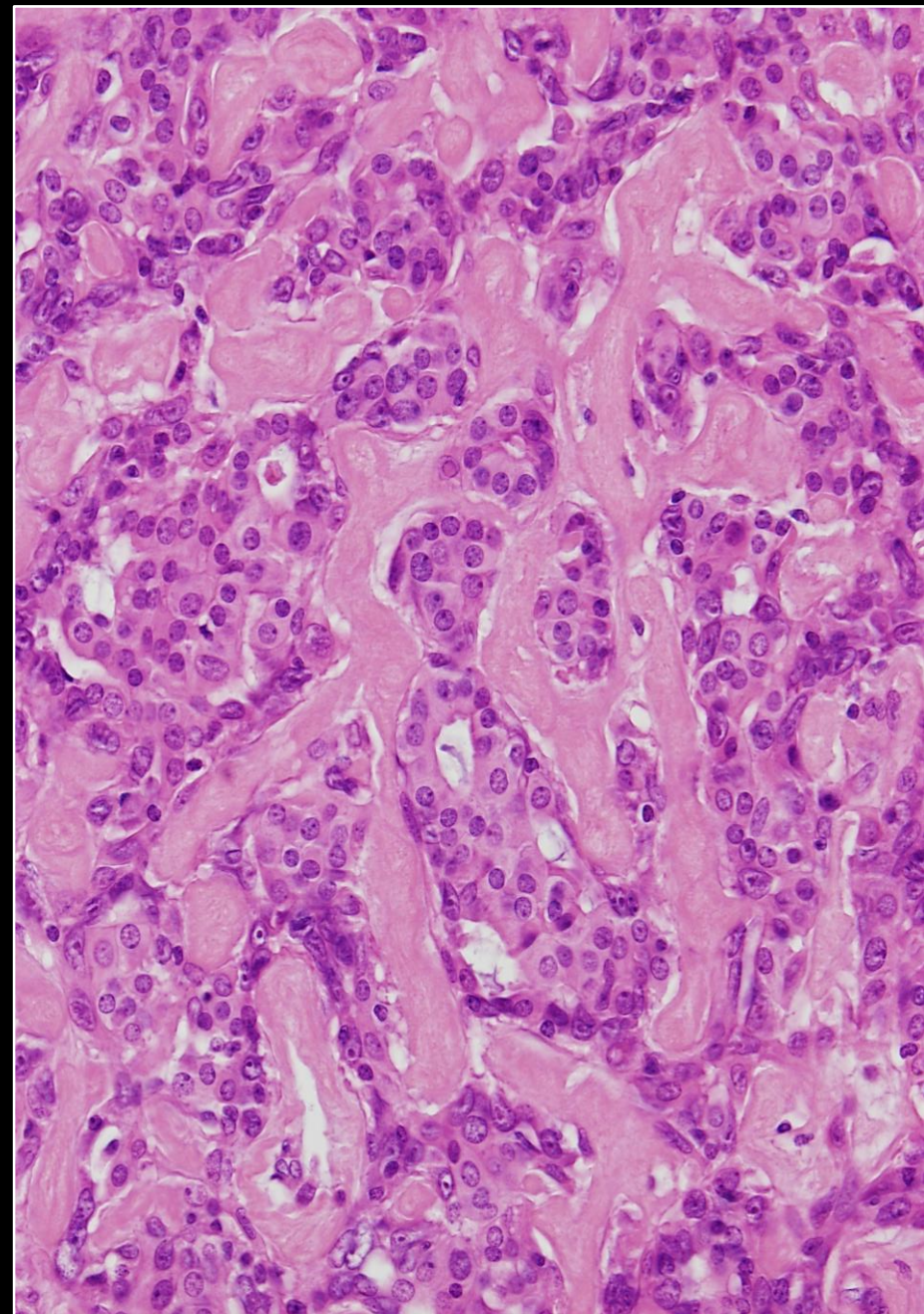




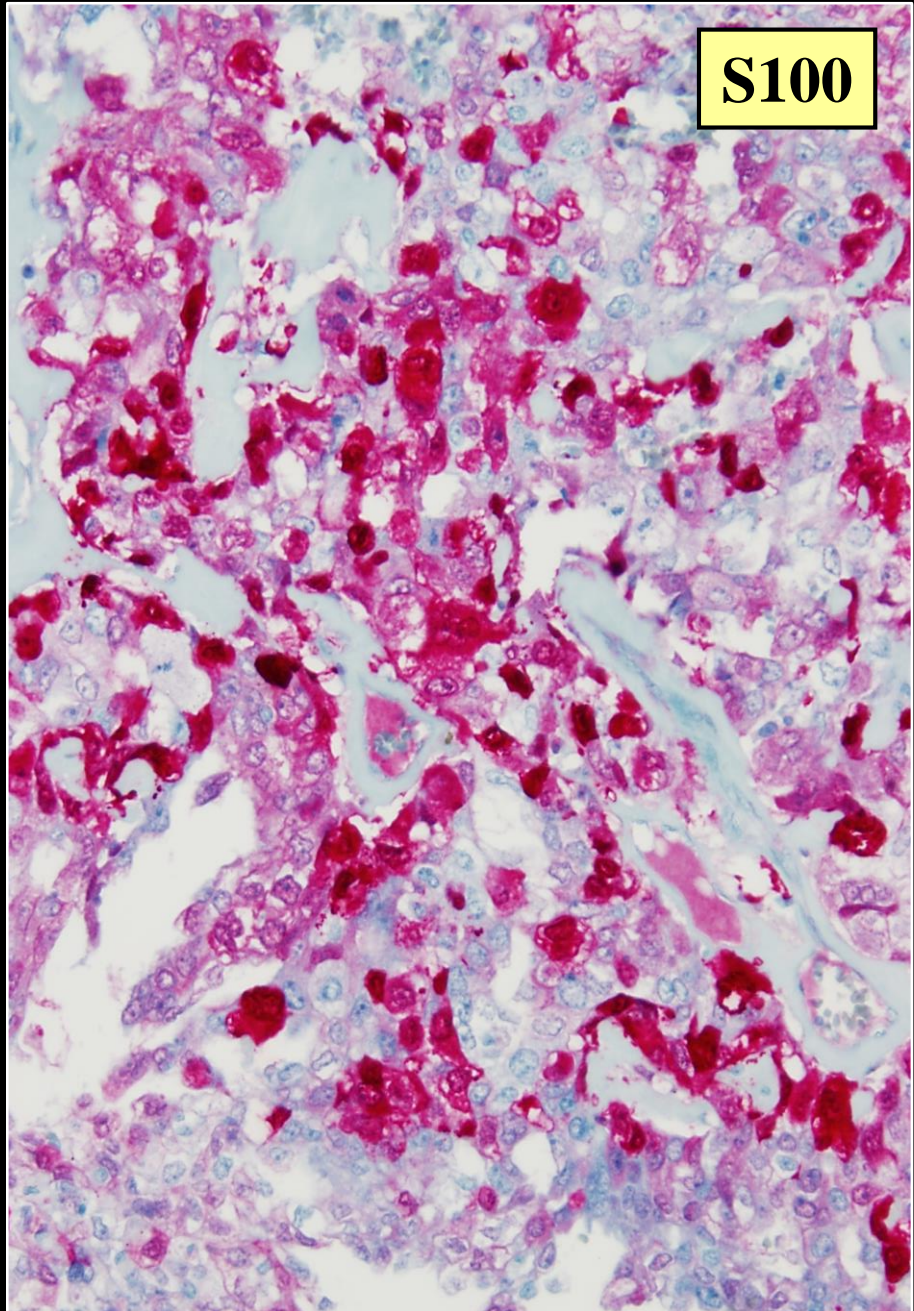
52letá žena,
tumor levého **prsu 30 mm**
(dg. zasílajícího patologa - **metaplastický,**
matrix-produkující karcinom)



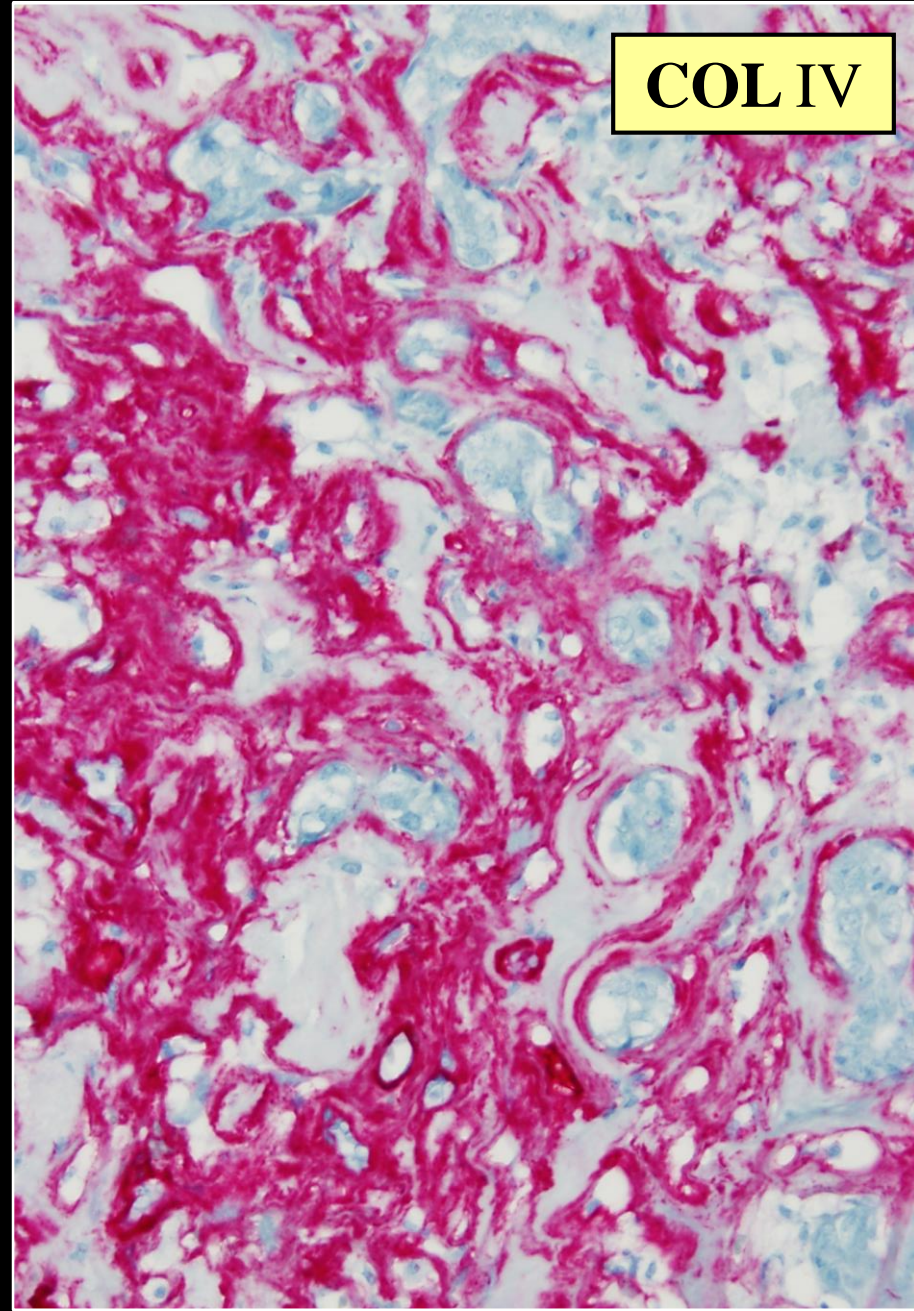




S100



COL IV



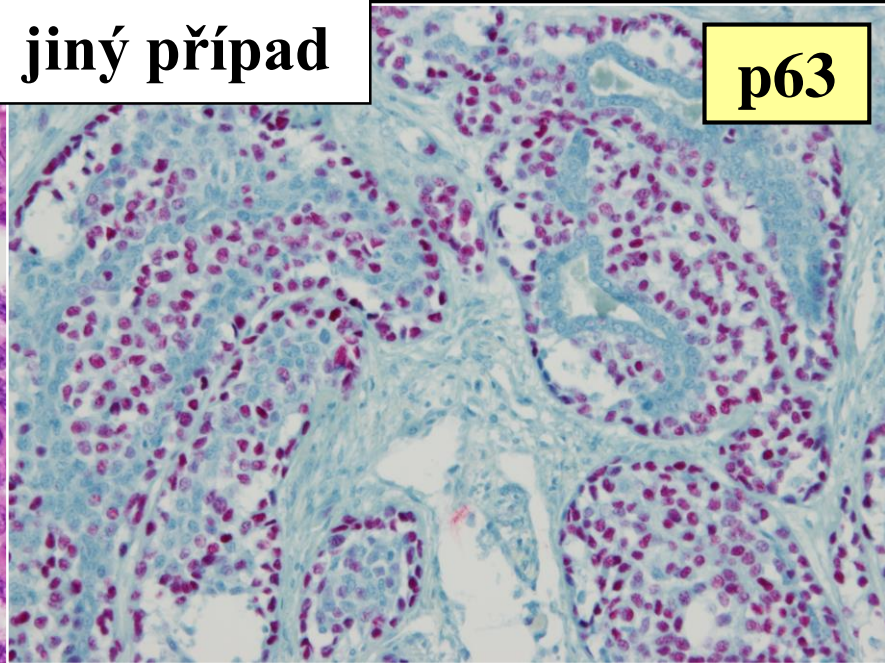
Konečná diagnóza

Maligní adenomyoepiteliom

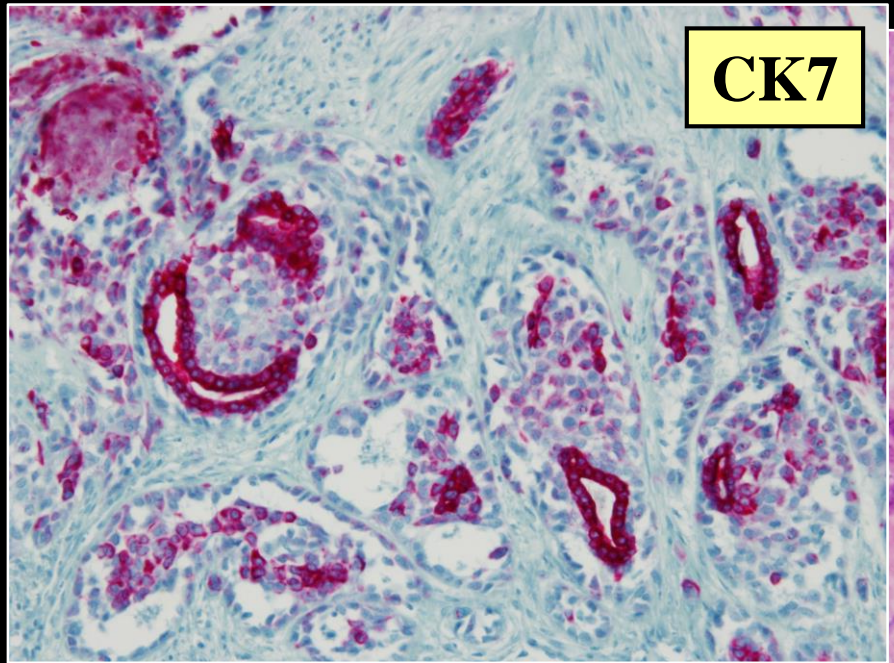
(metaplastický) **karcinom** vznikající v **adenomyoepiteliomu**

jiný případ

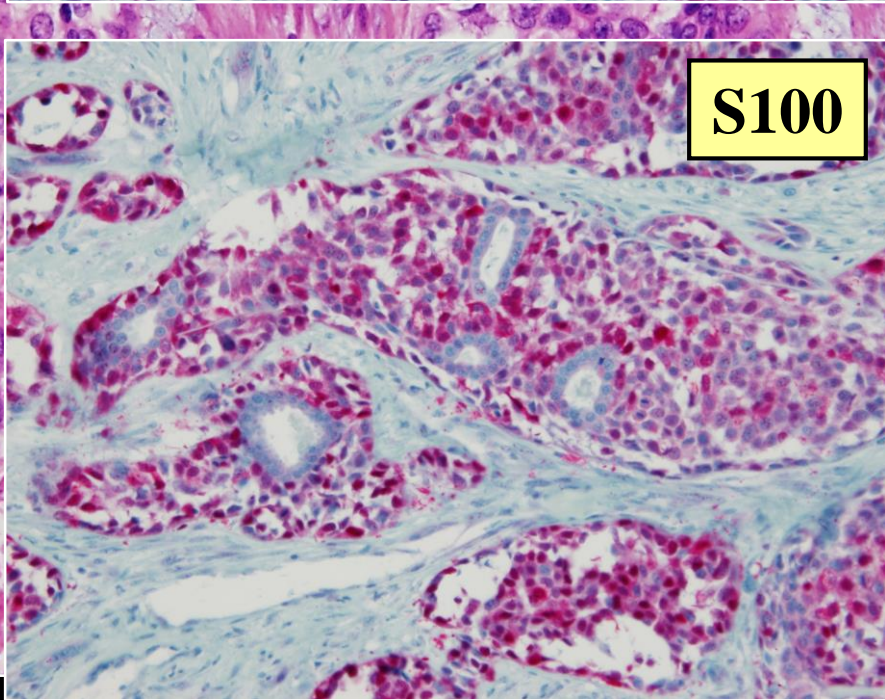
p63



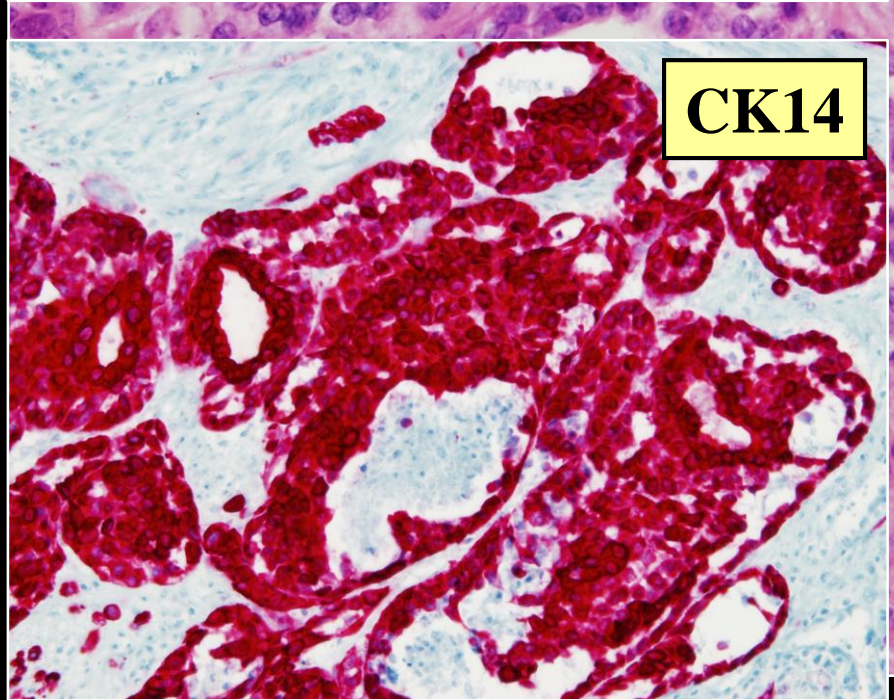
CK7



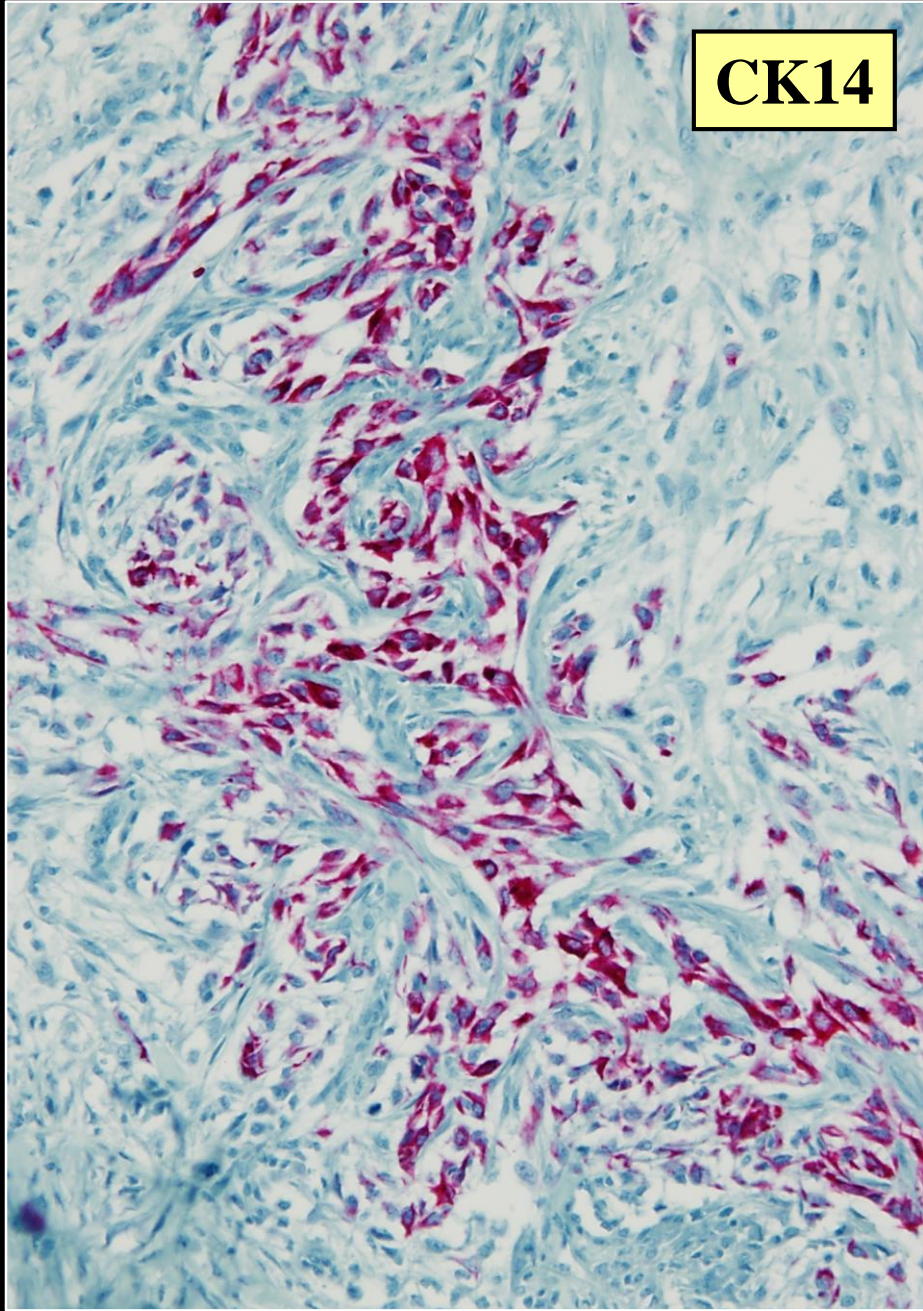
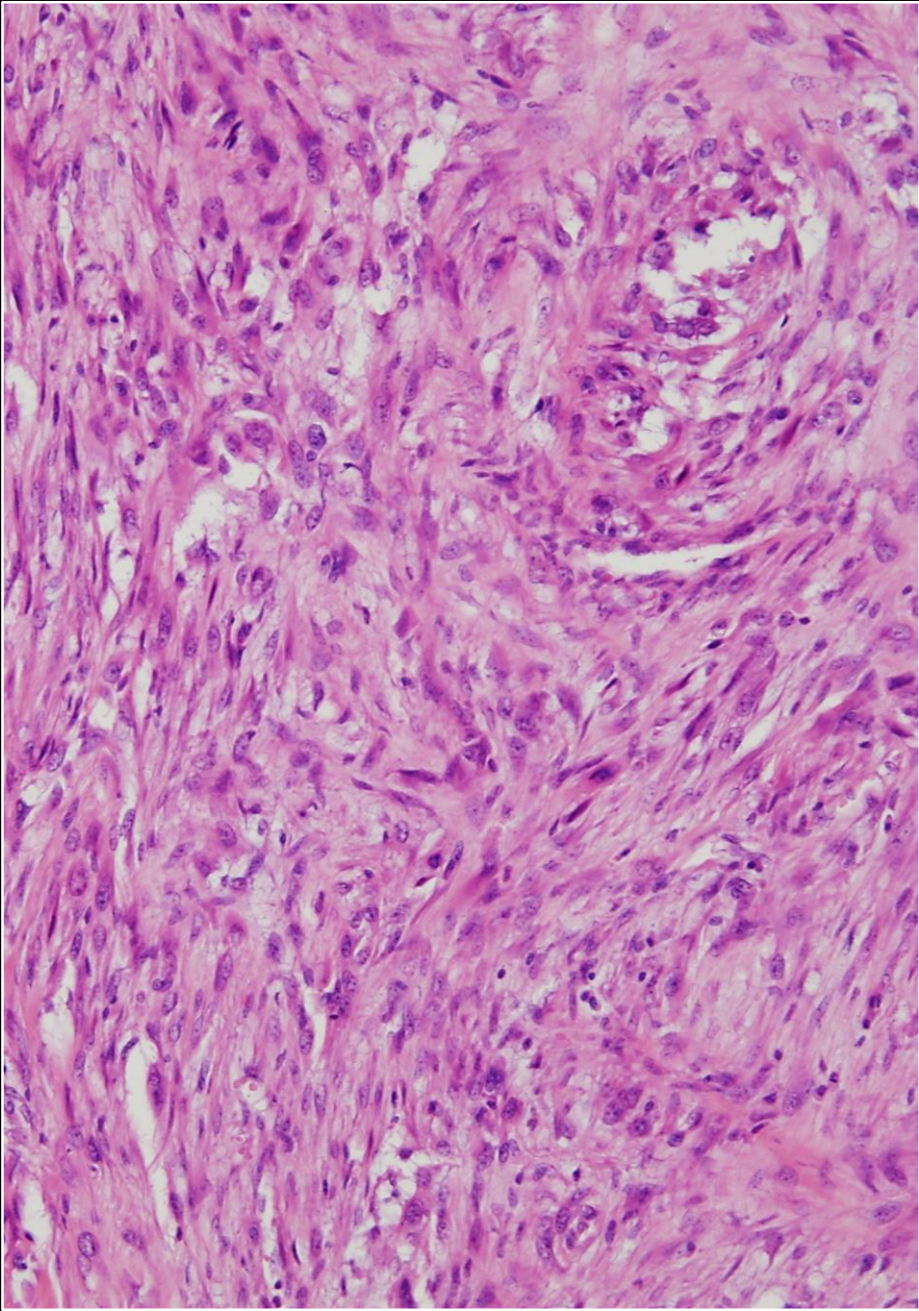
S100



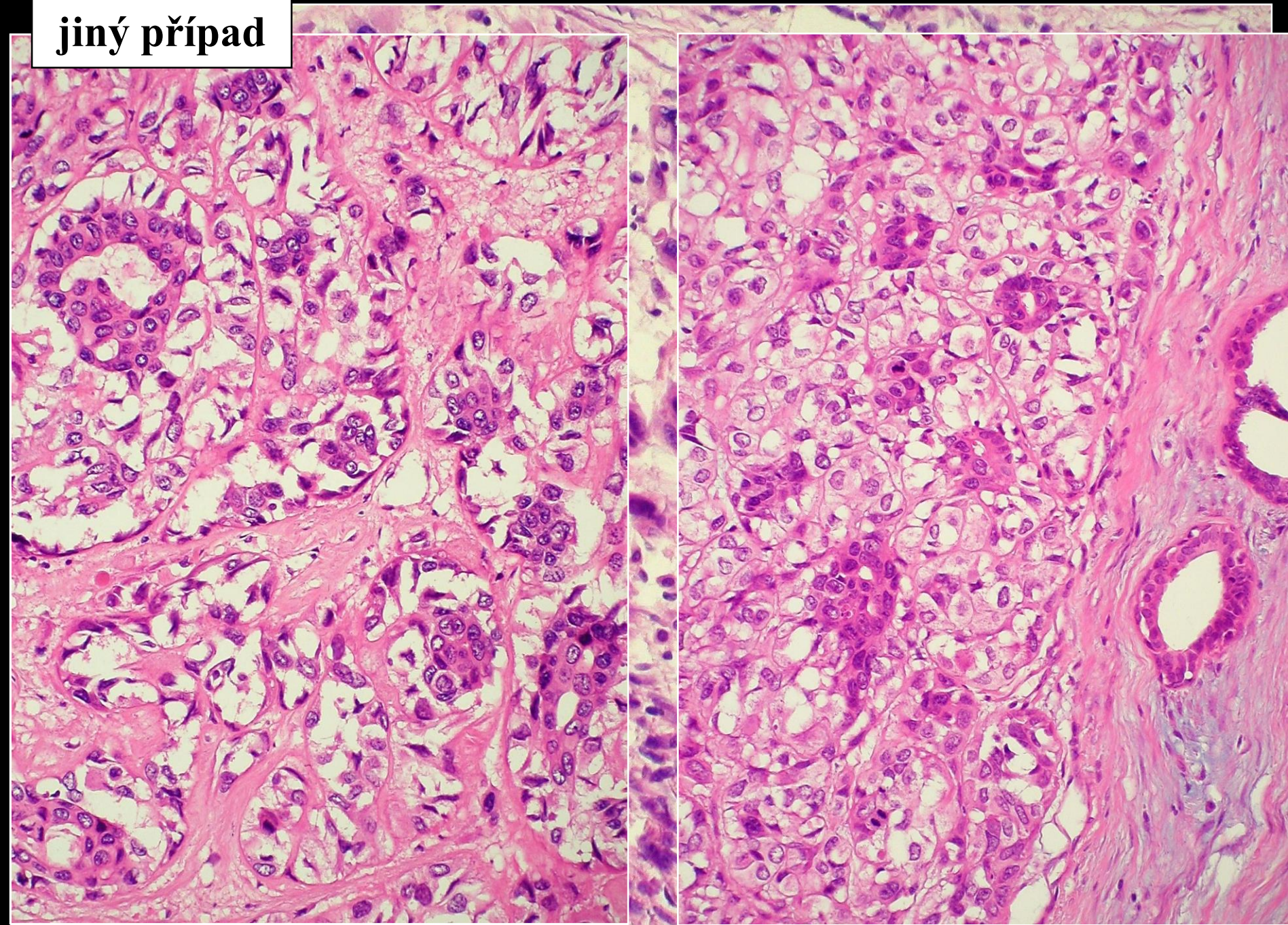
CK14

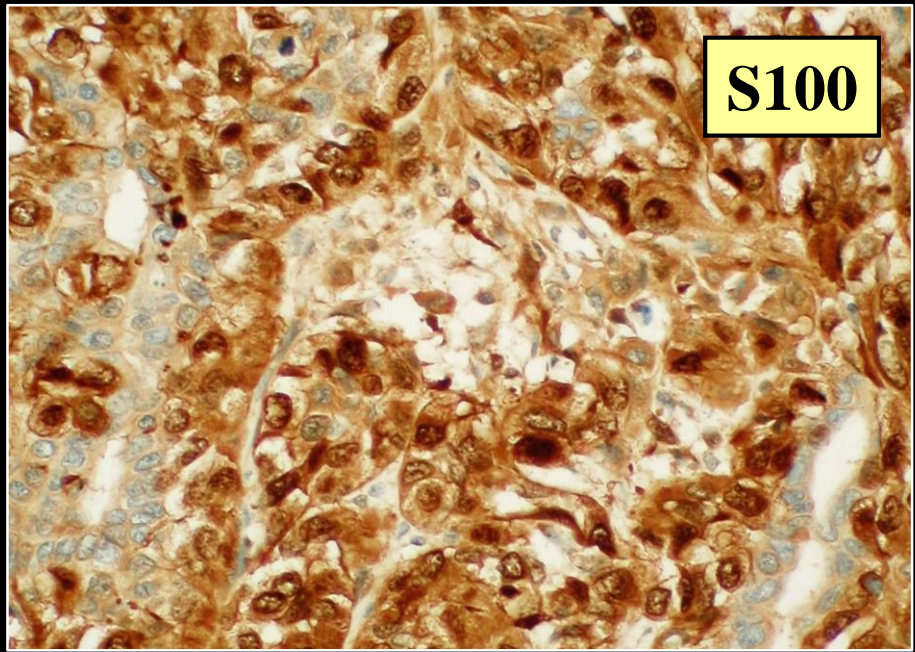
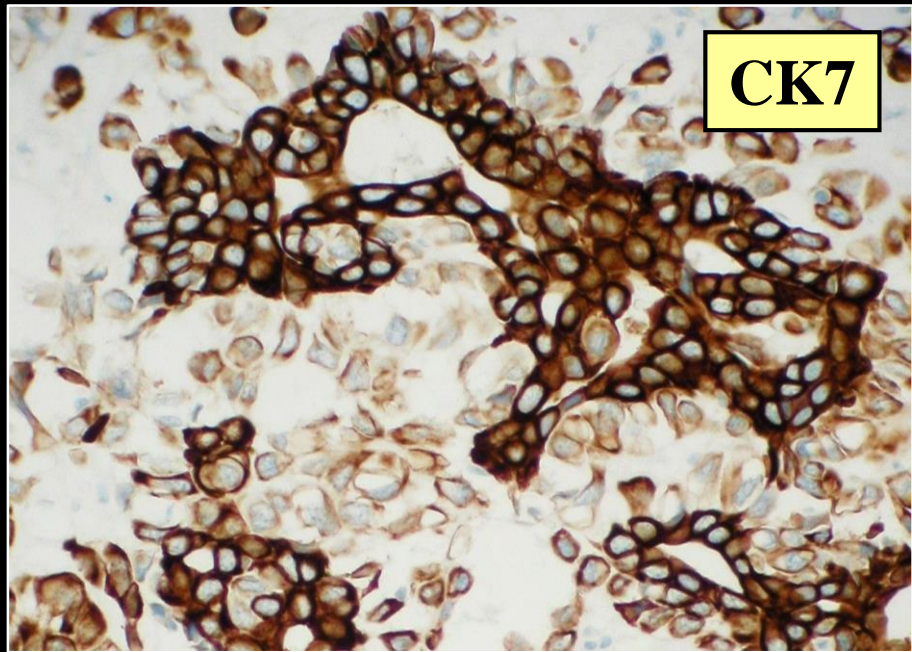
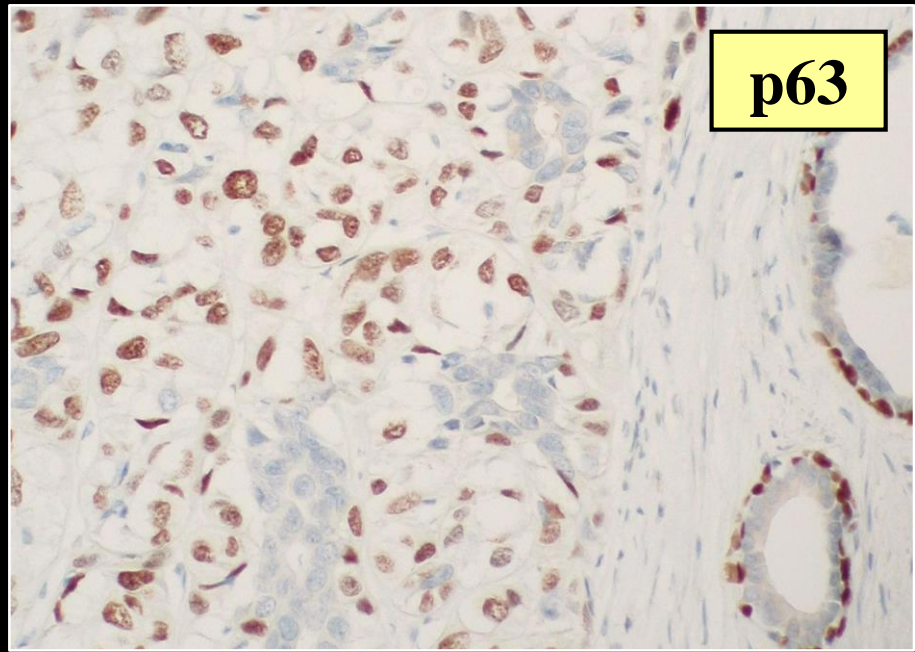
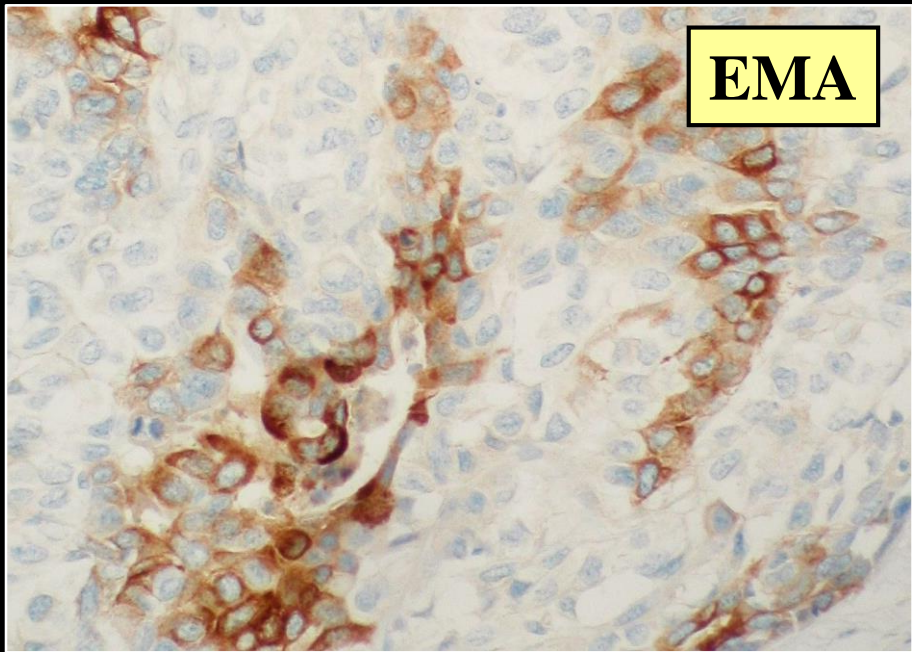


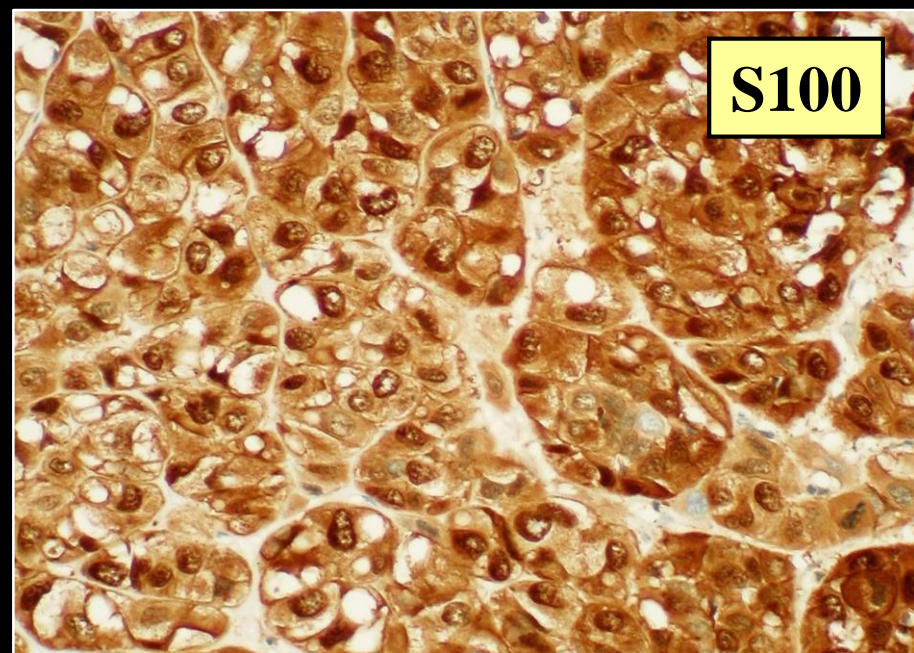
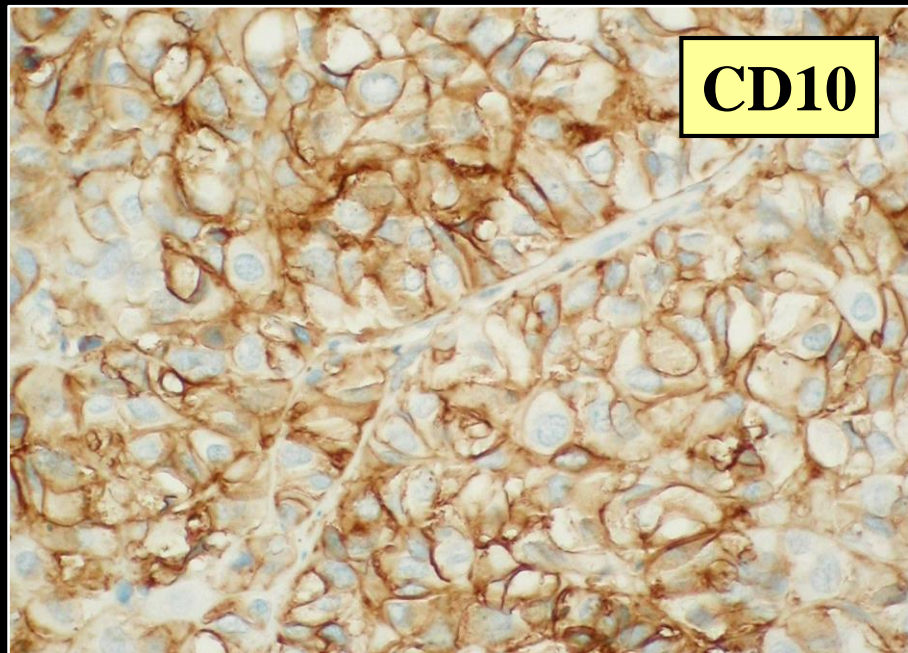
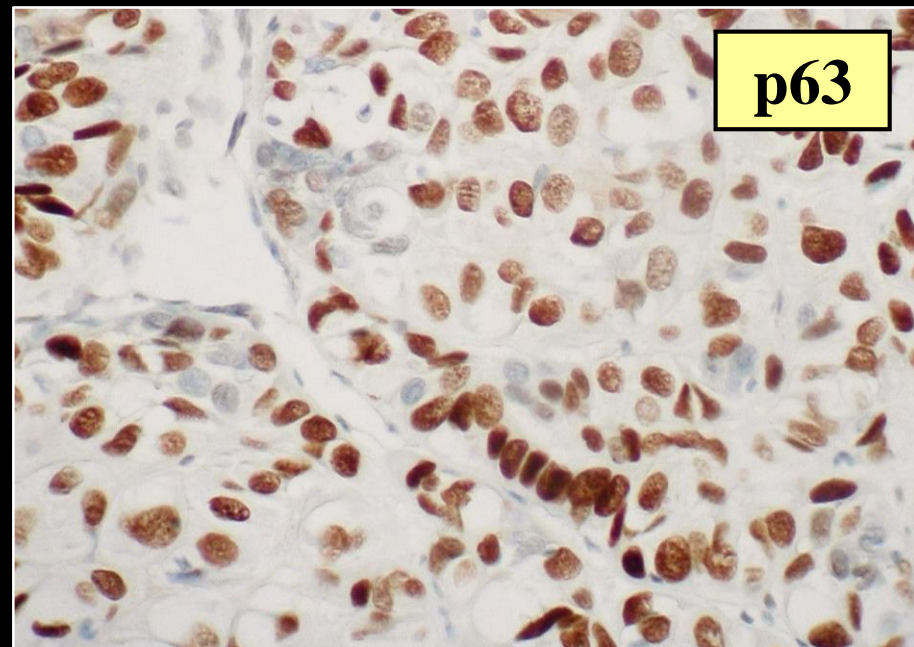
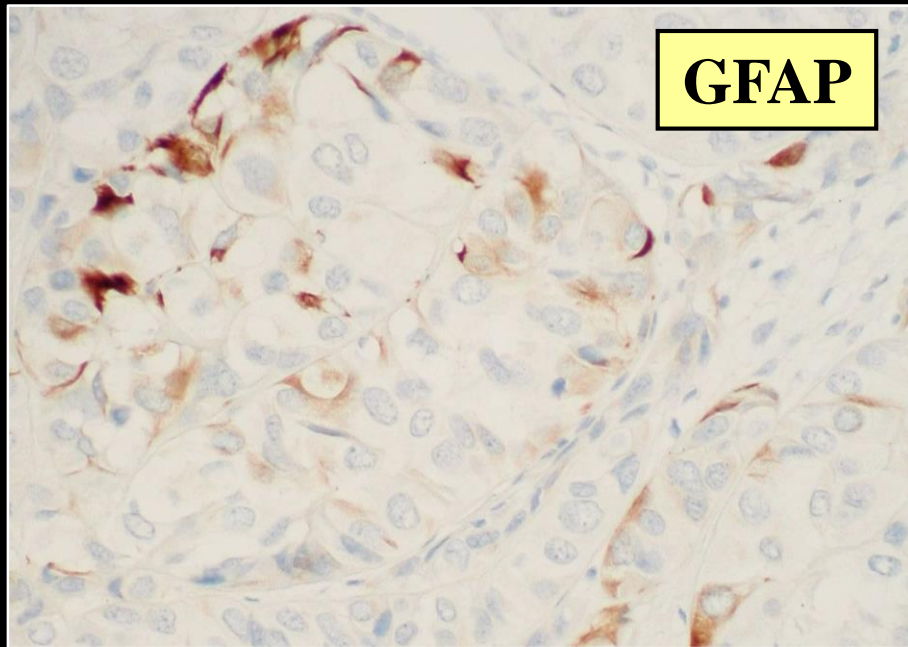
CK14



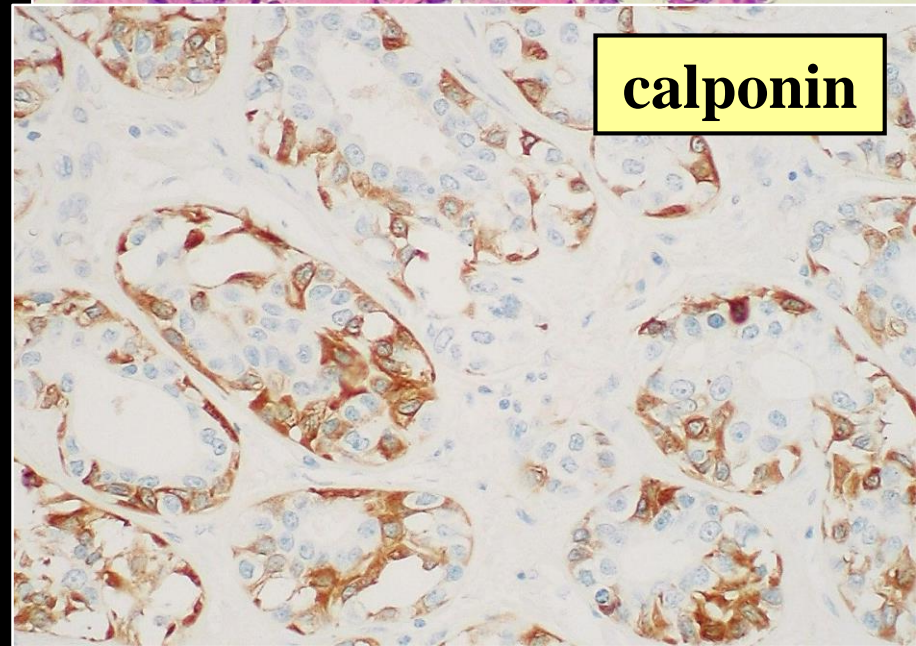
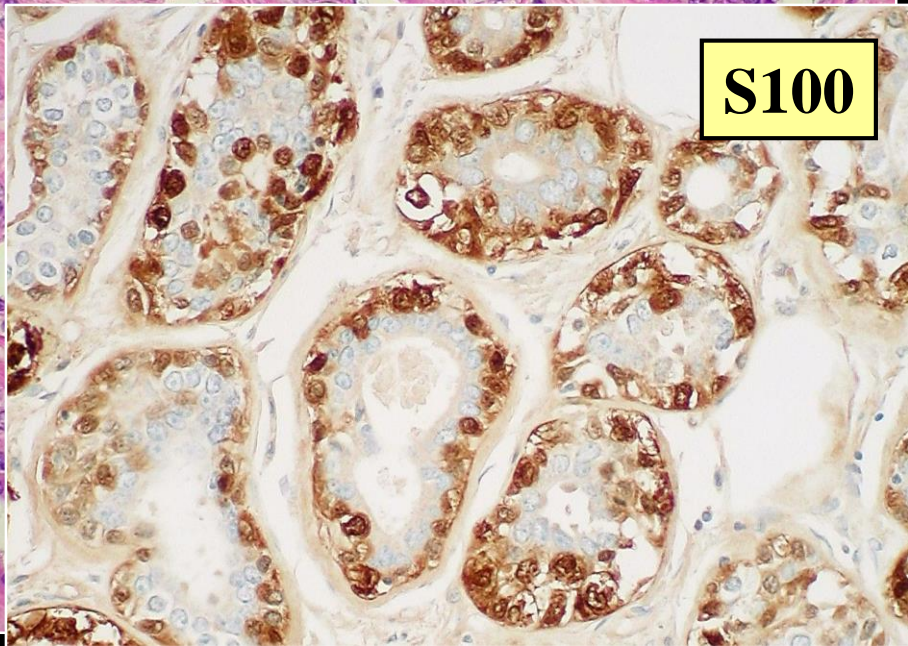
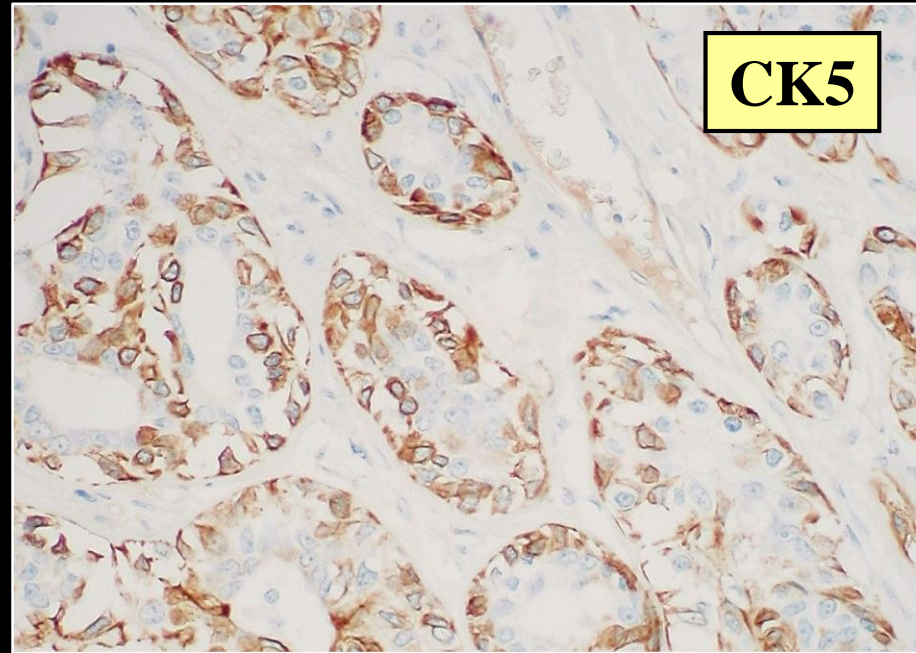
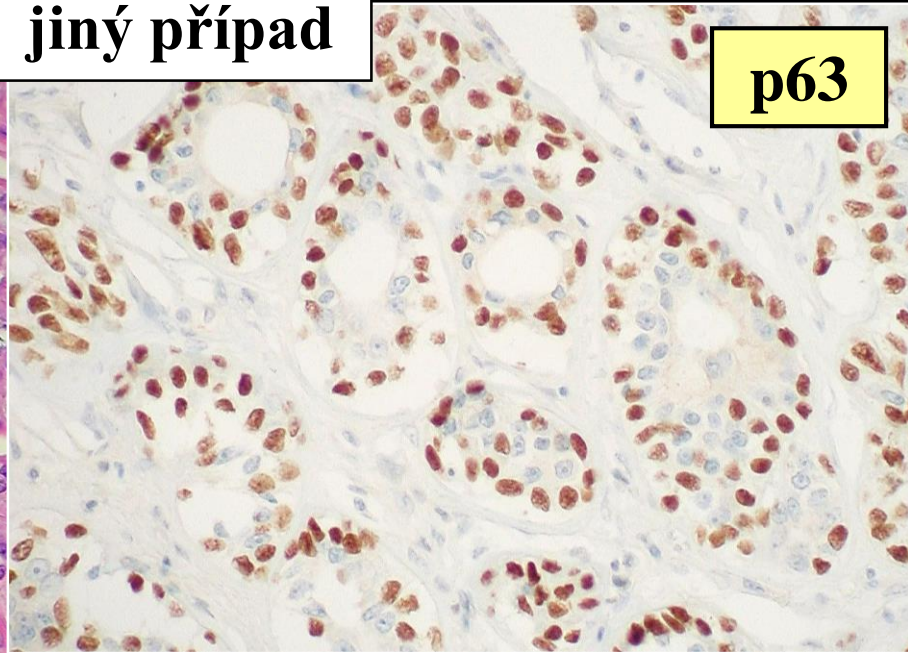
jiný případ

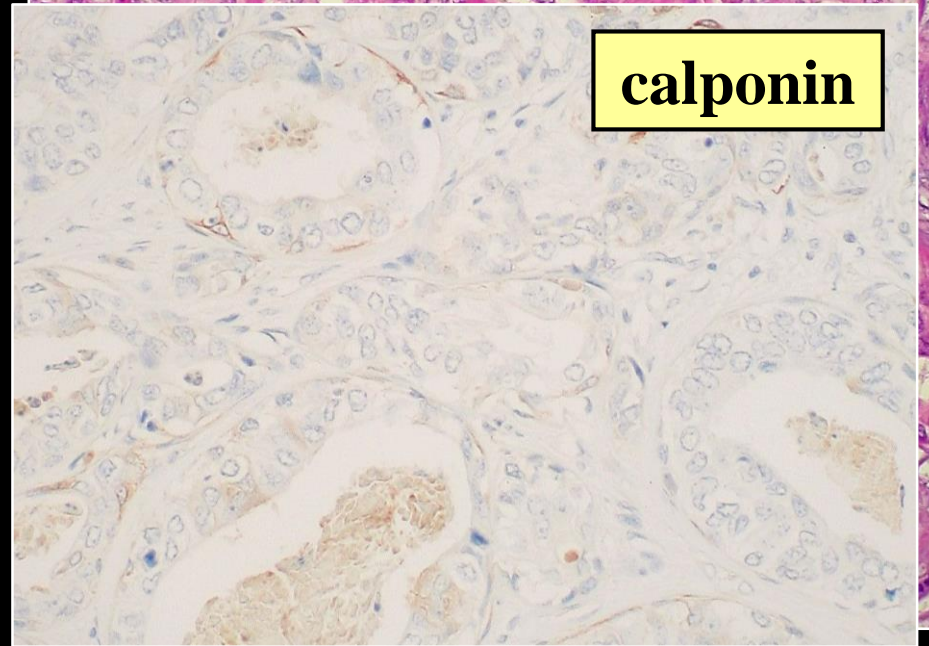
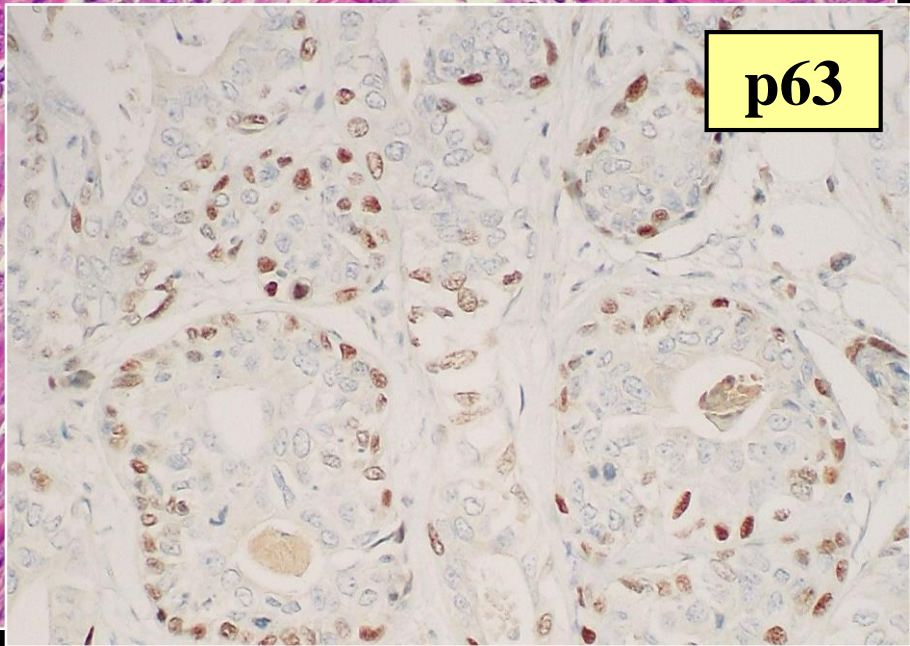
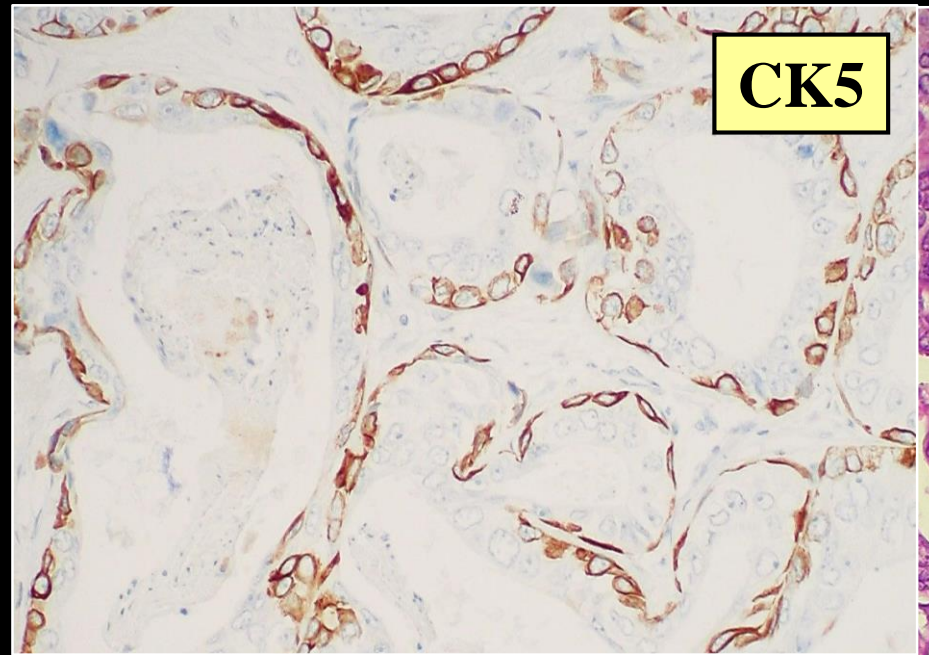
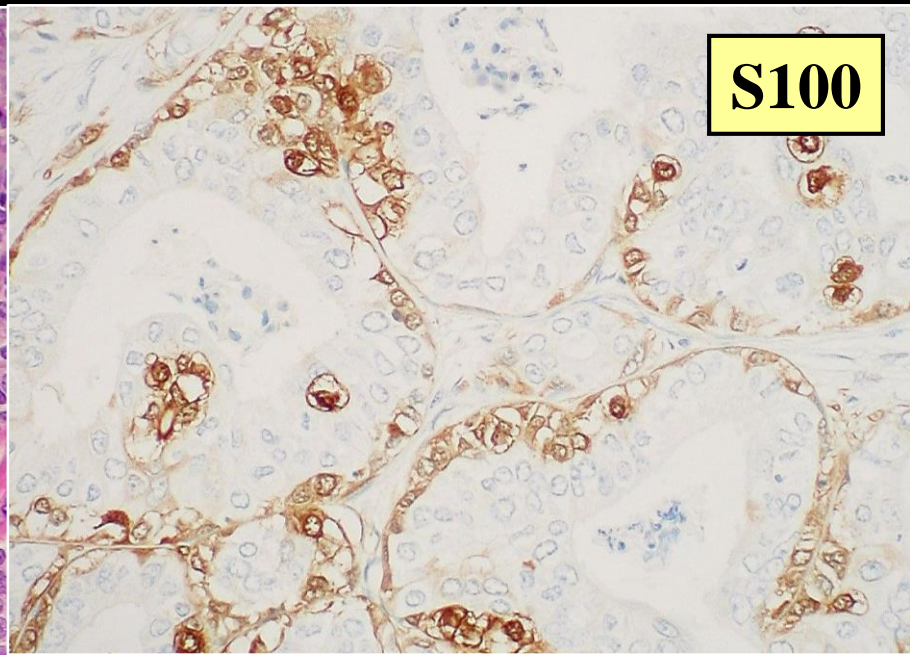




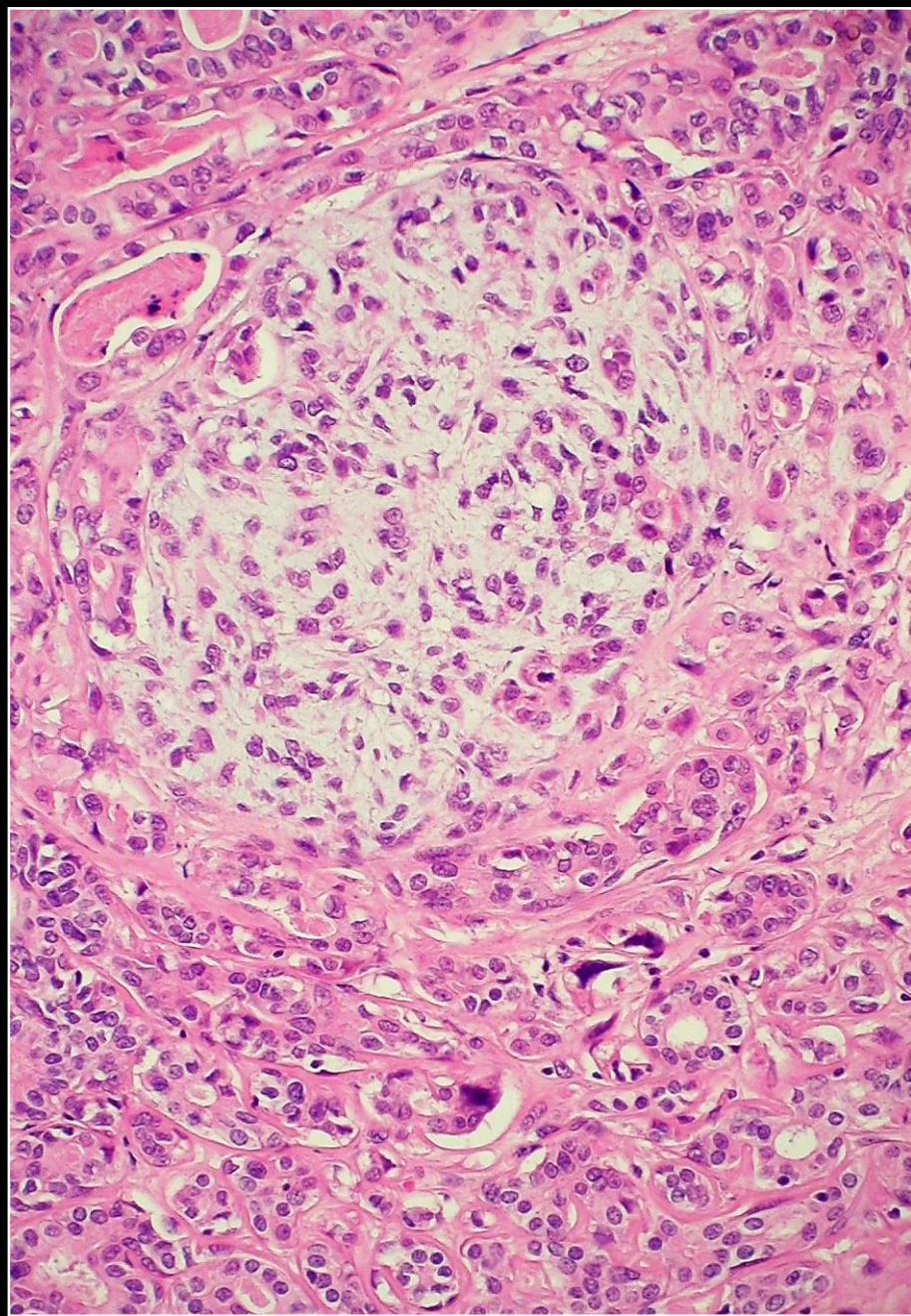
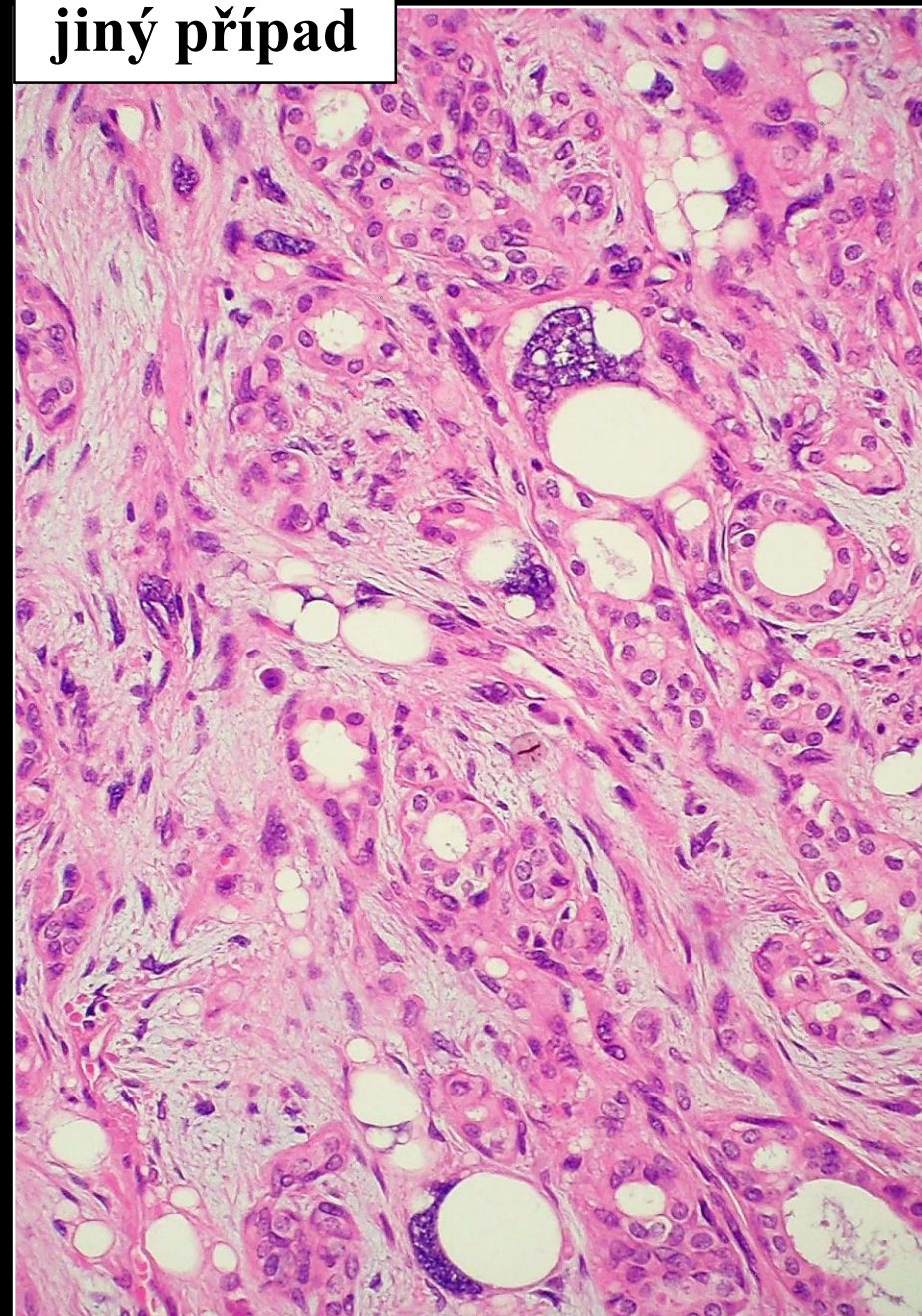


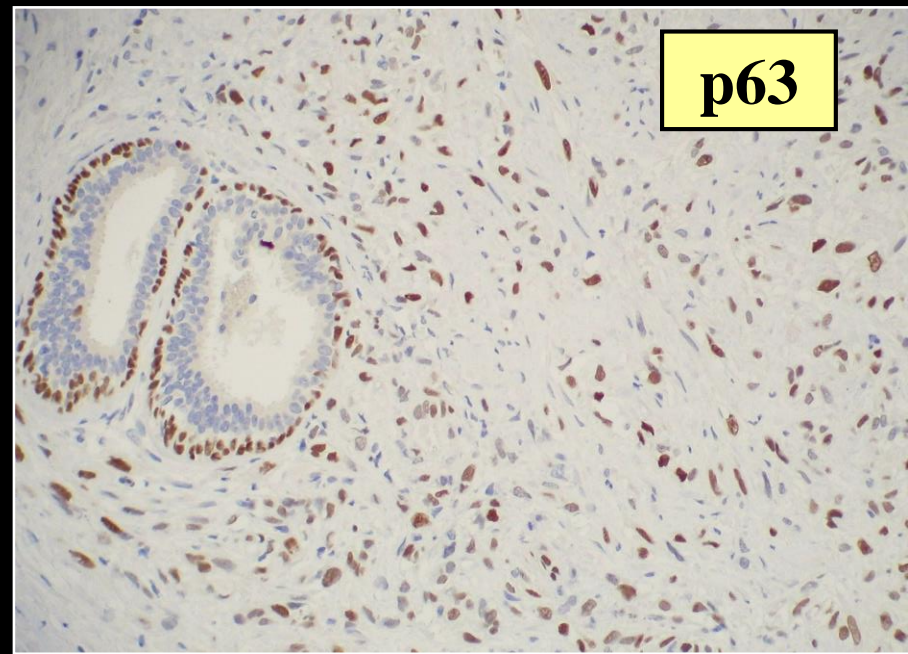
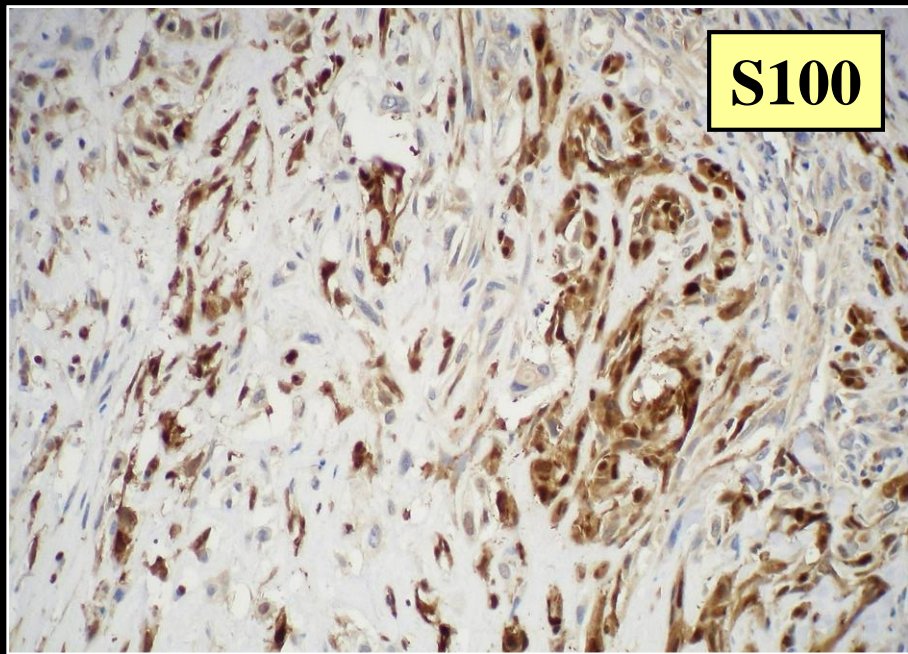
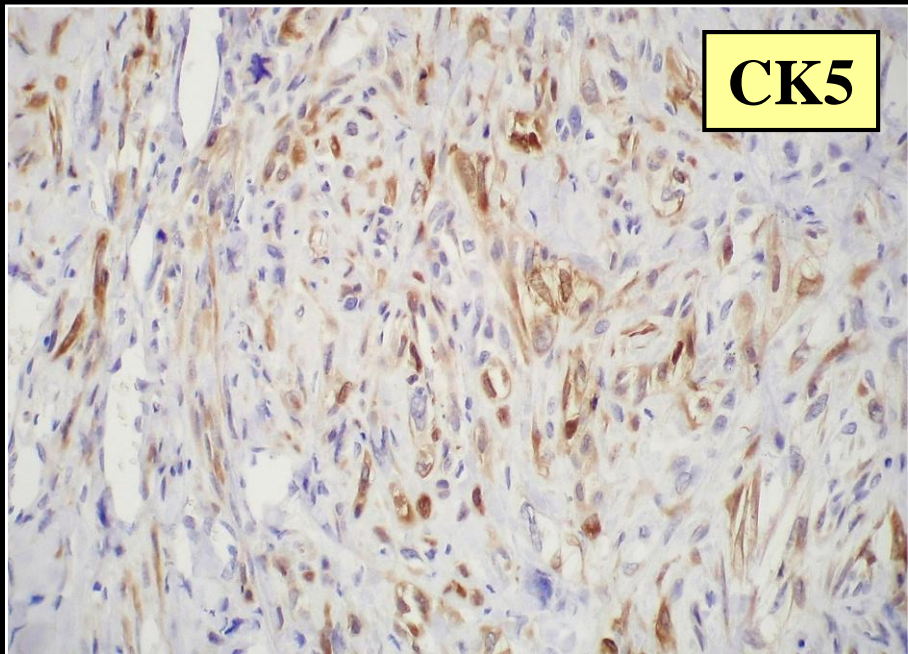
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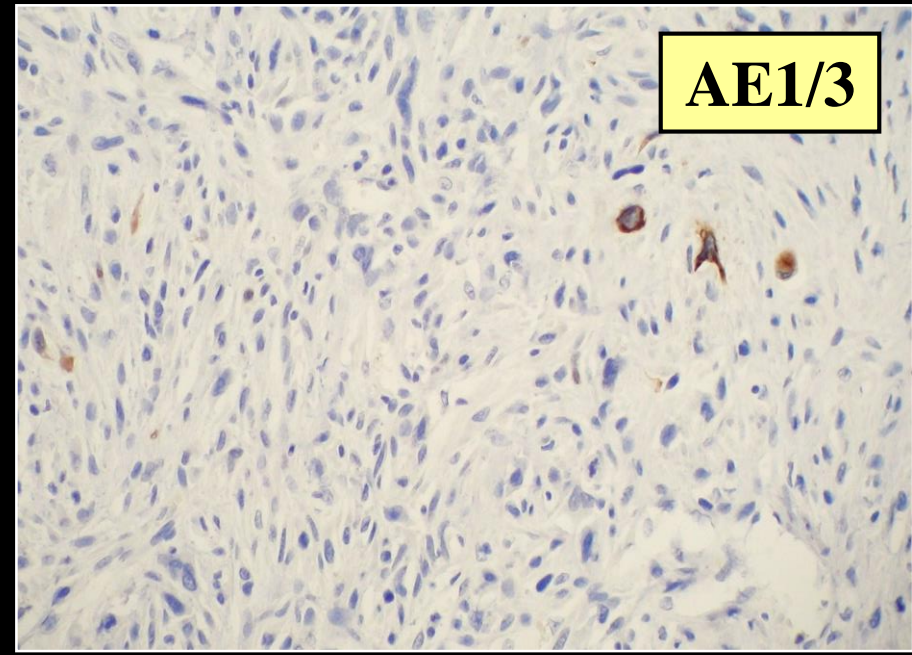
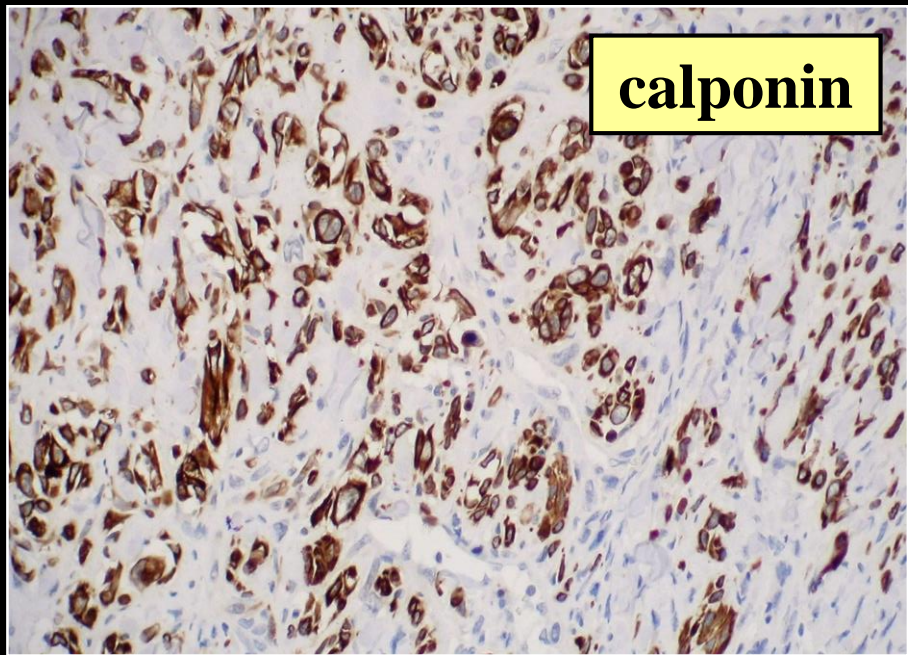
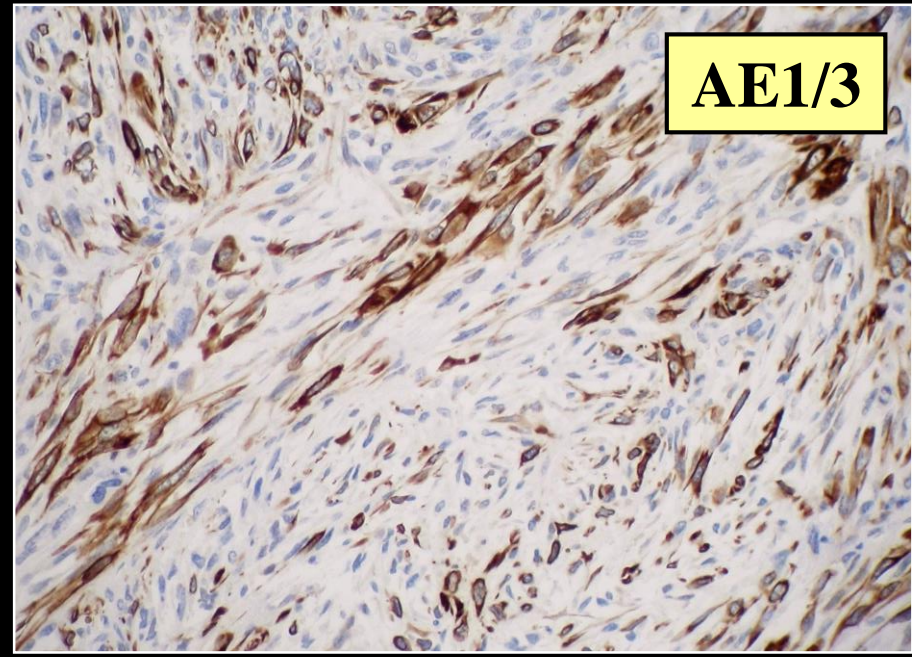
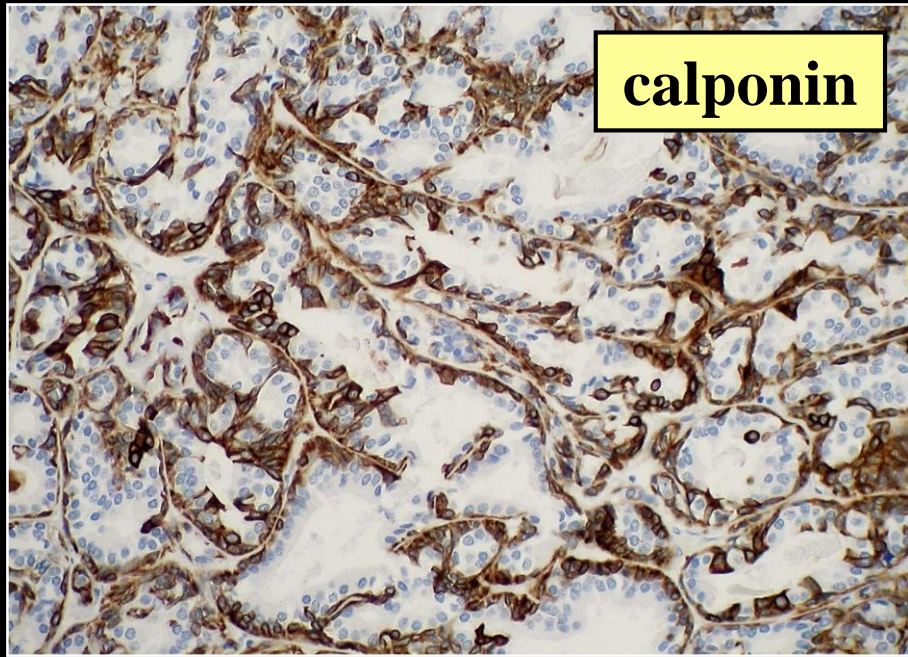




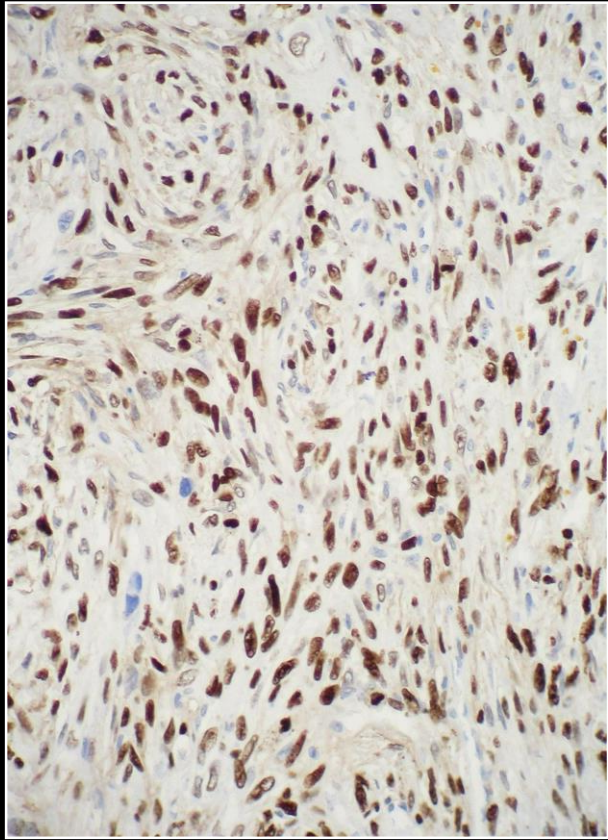
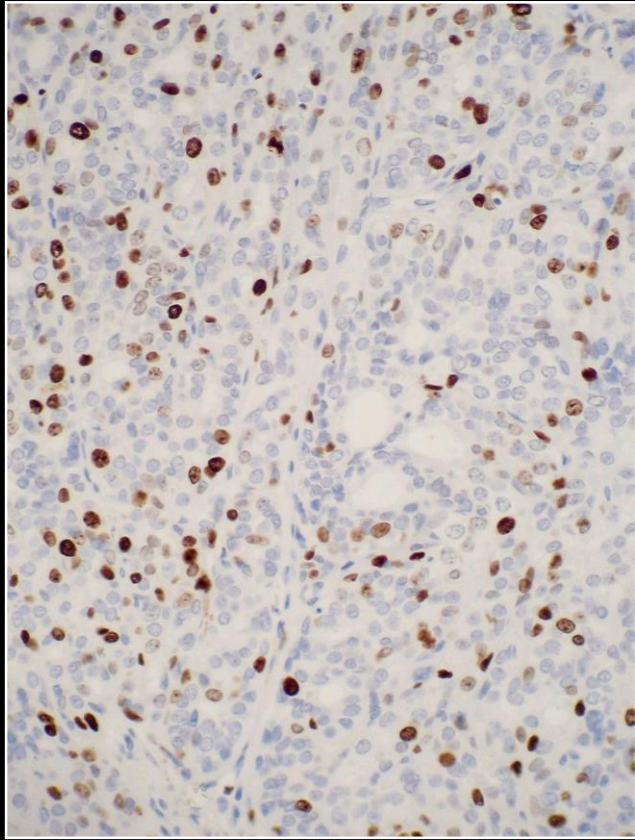
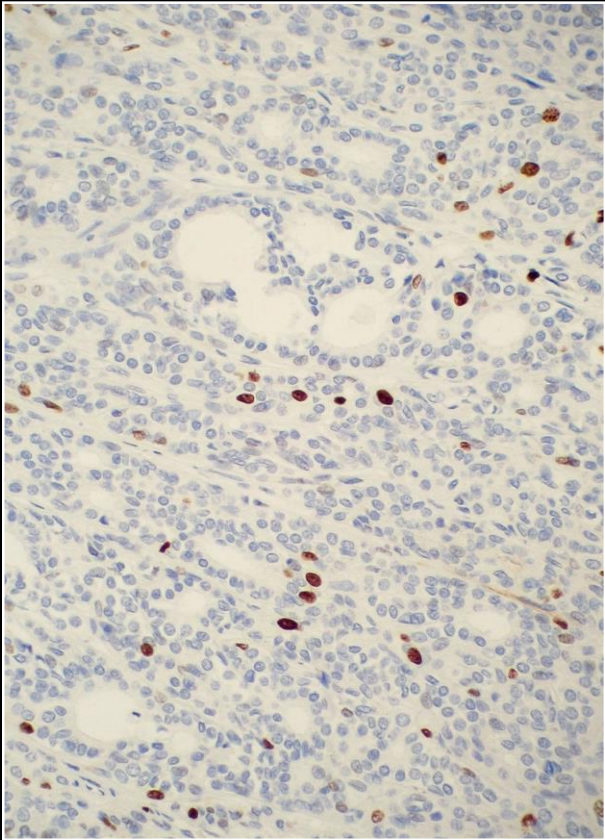
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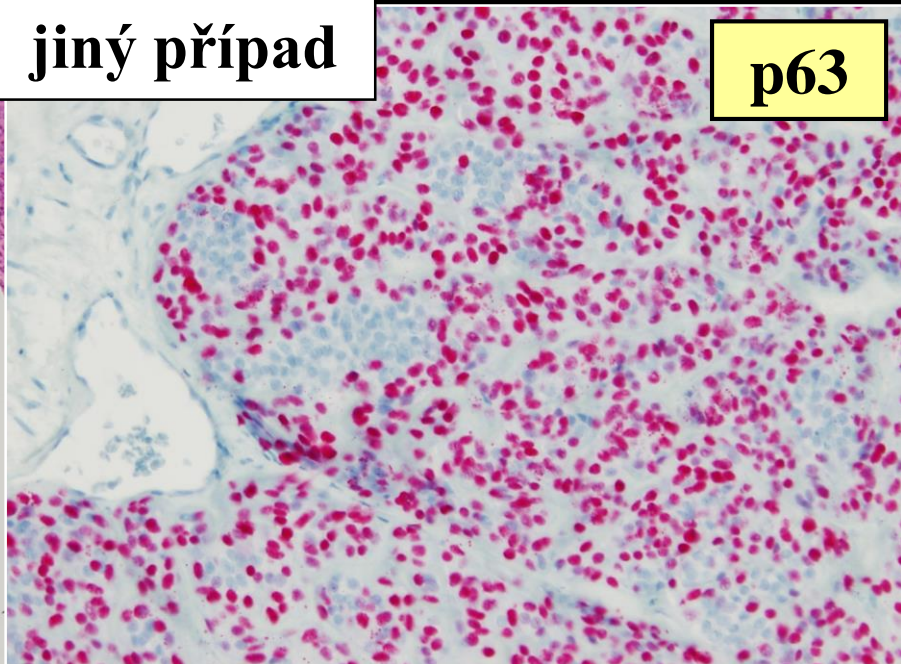


MIB1

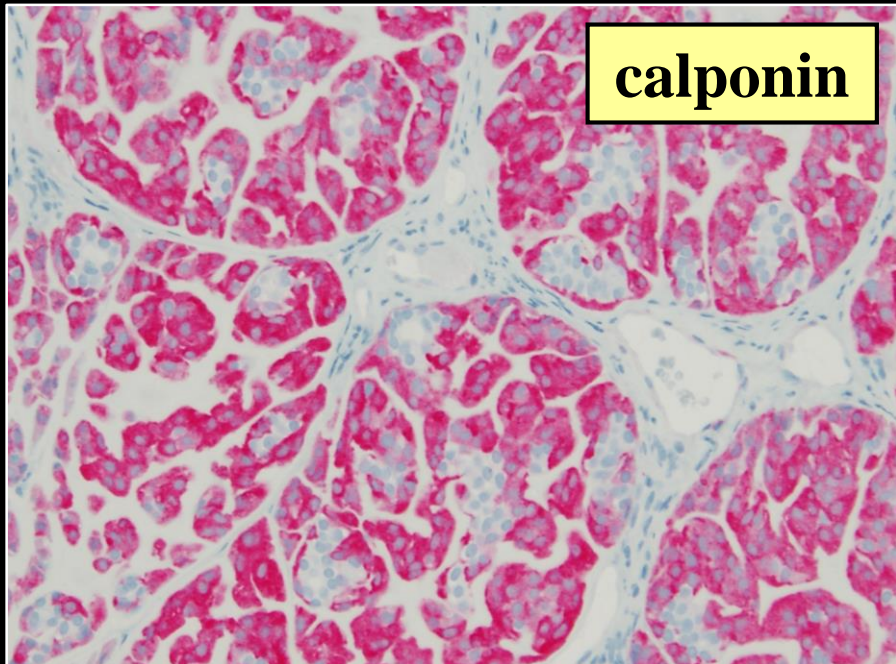


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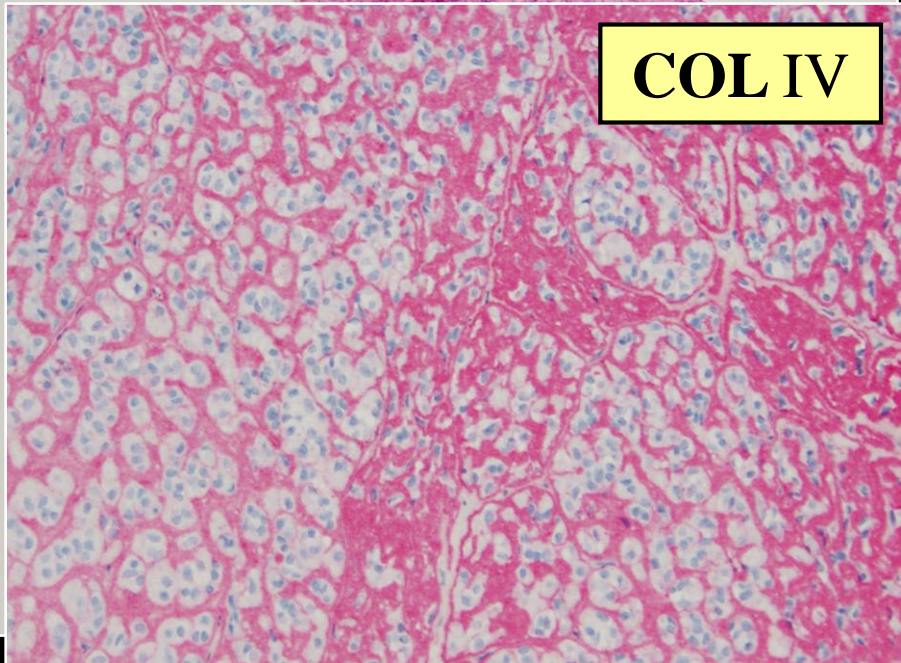
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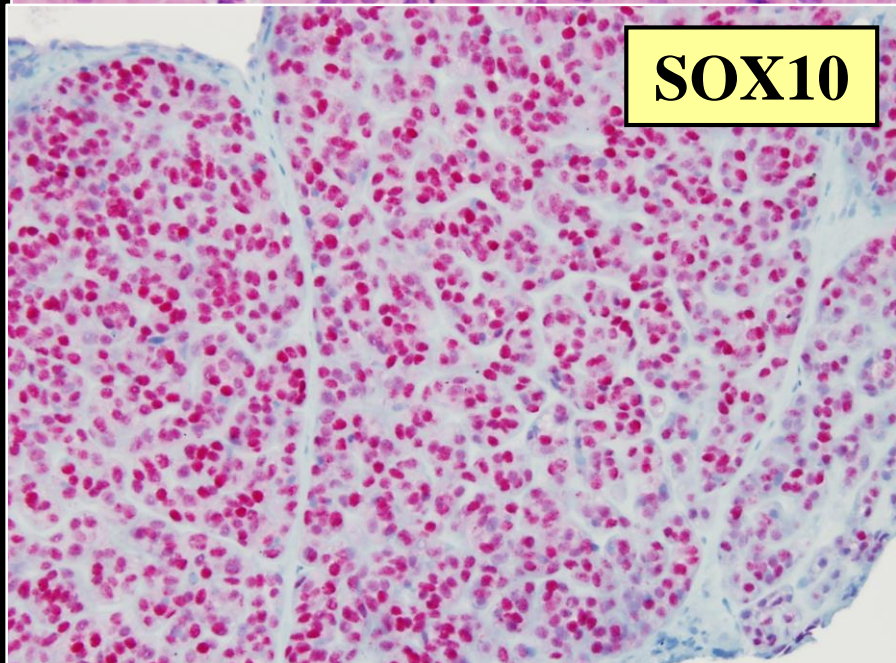
calponin



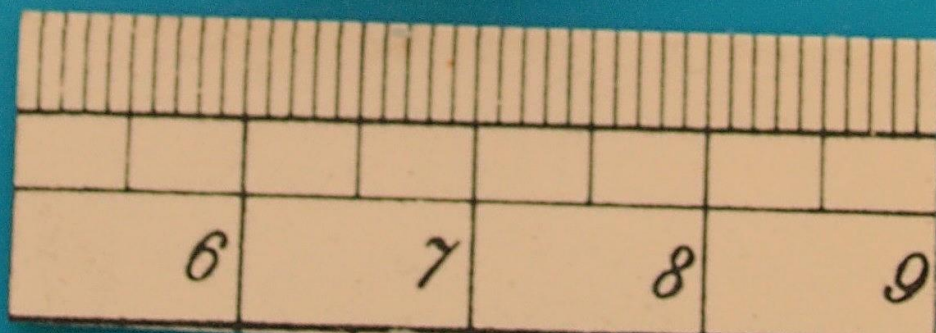
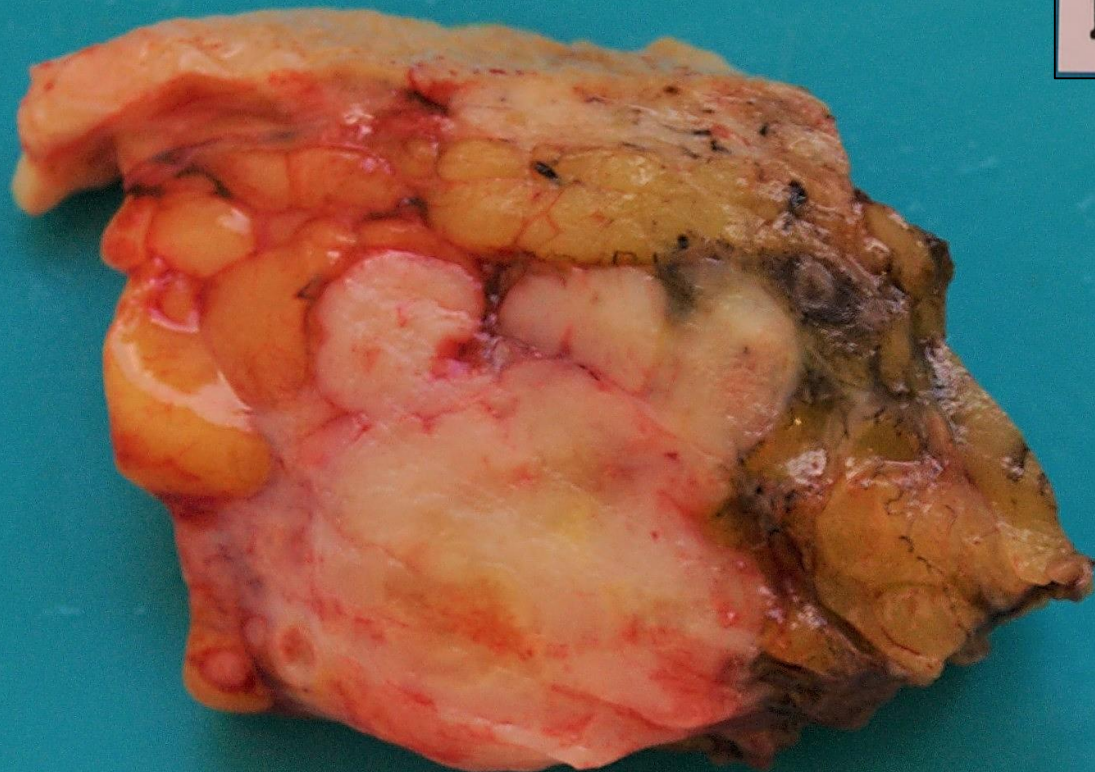
COL IV

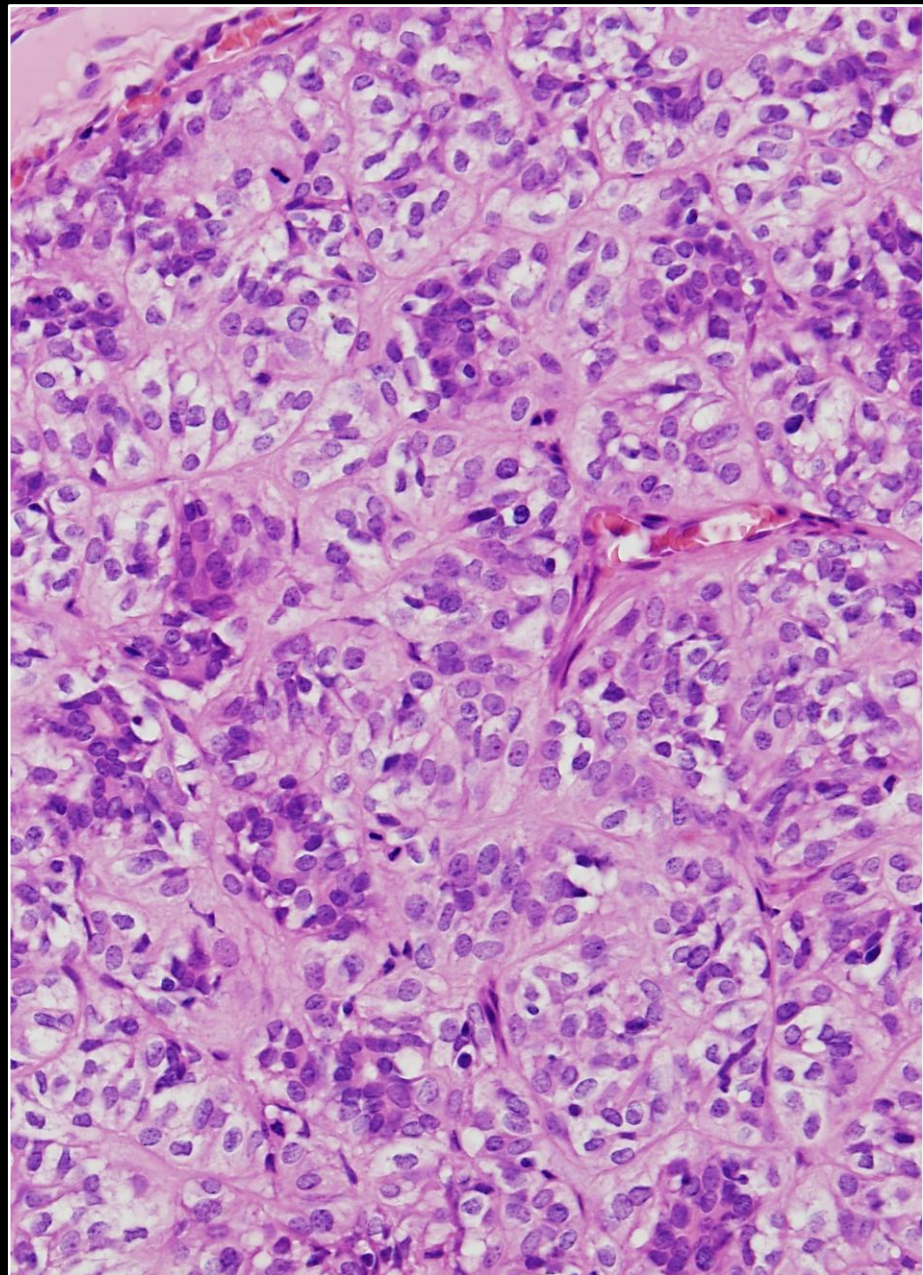
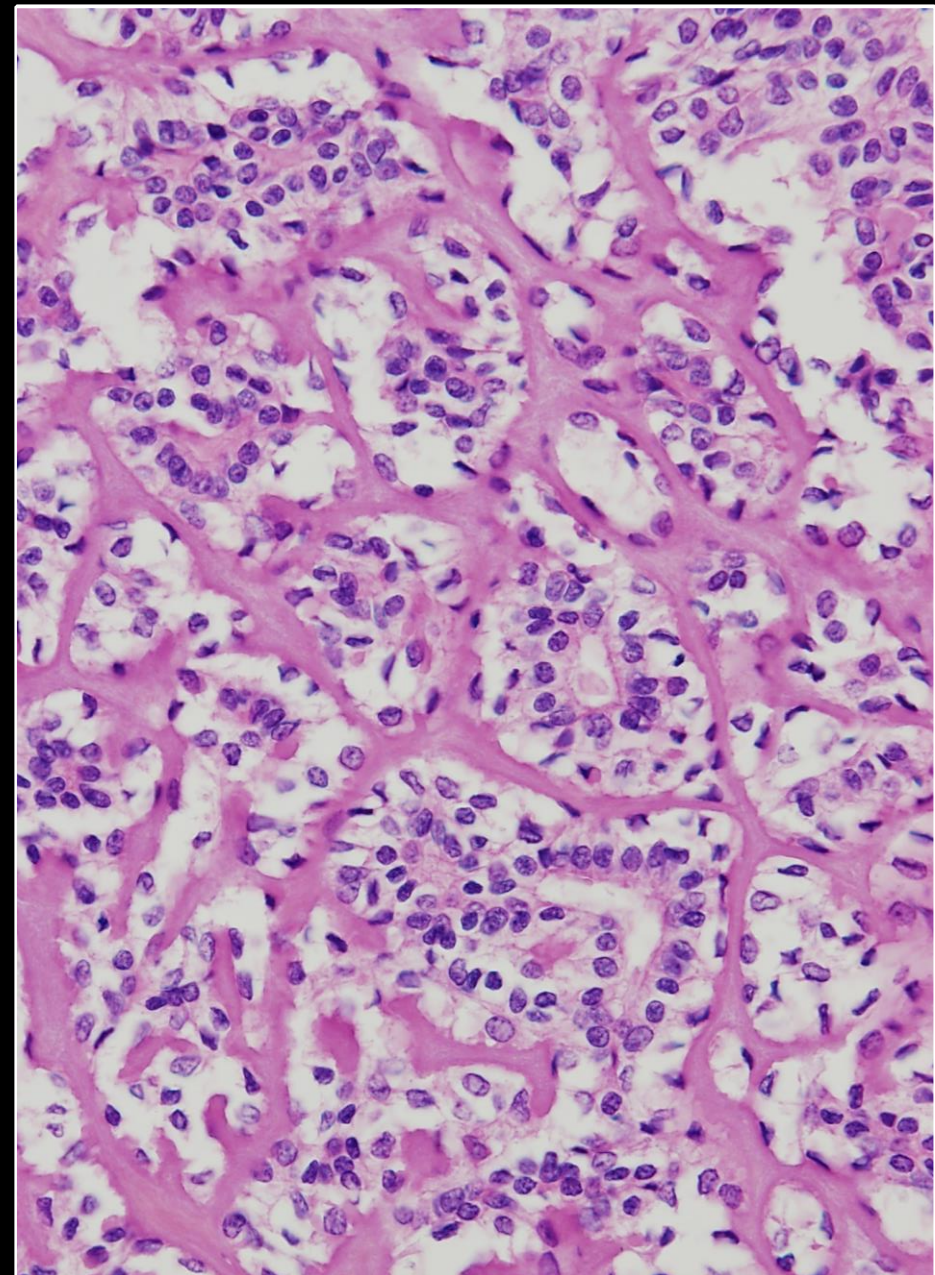


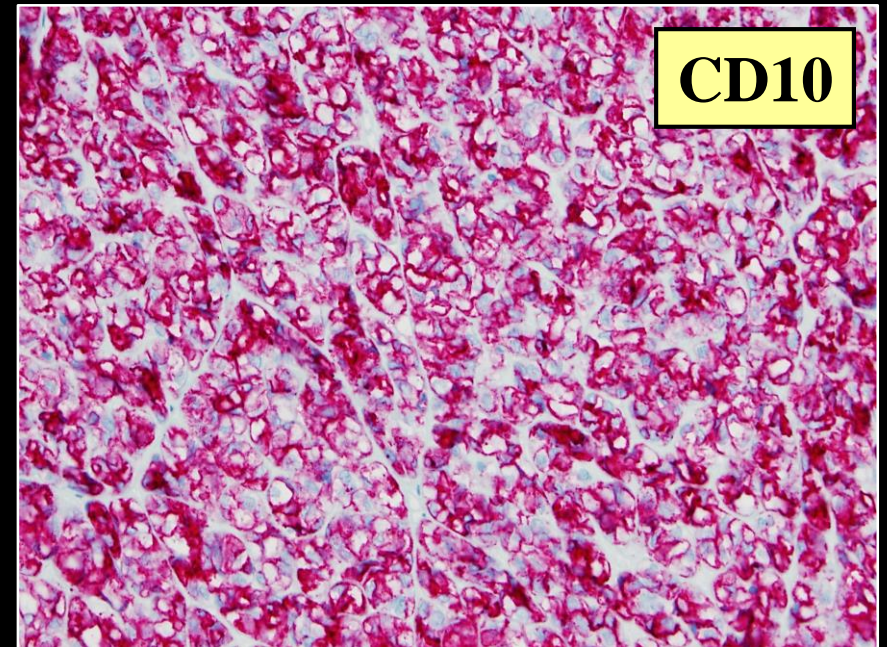
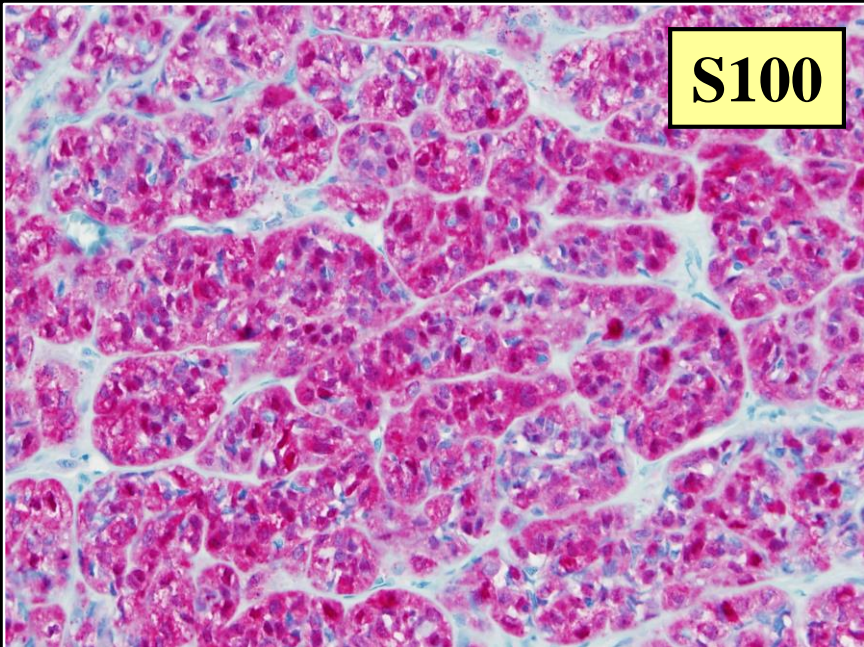
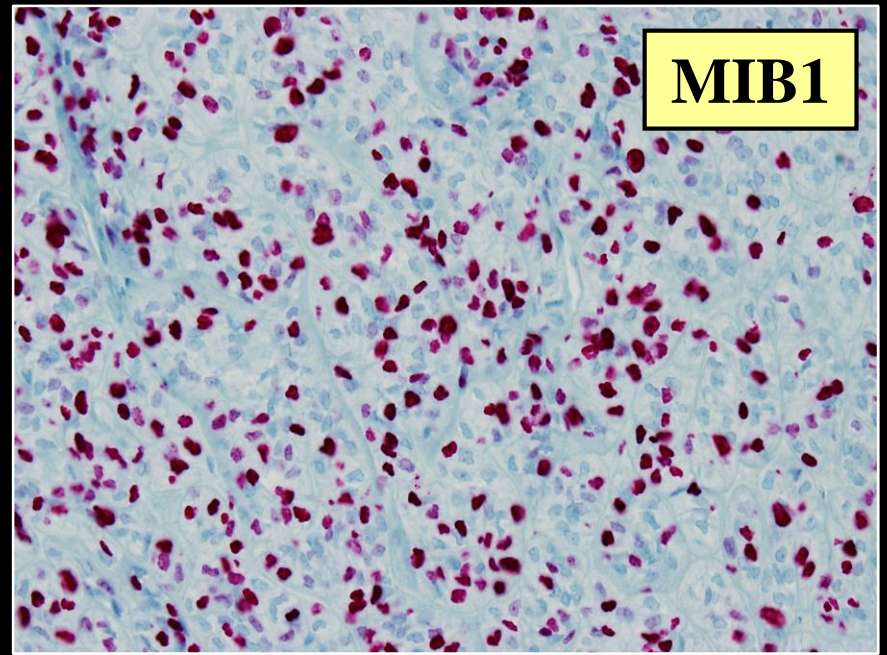
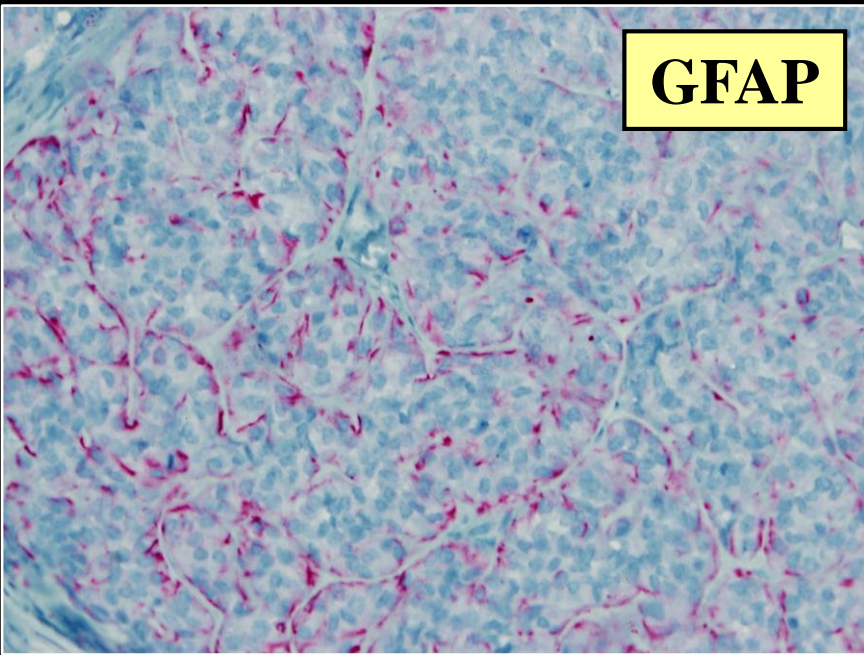
SOX10



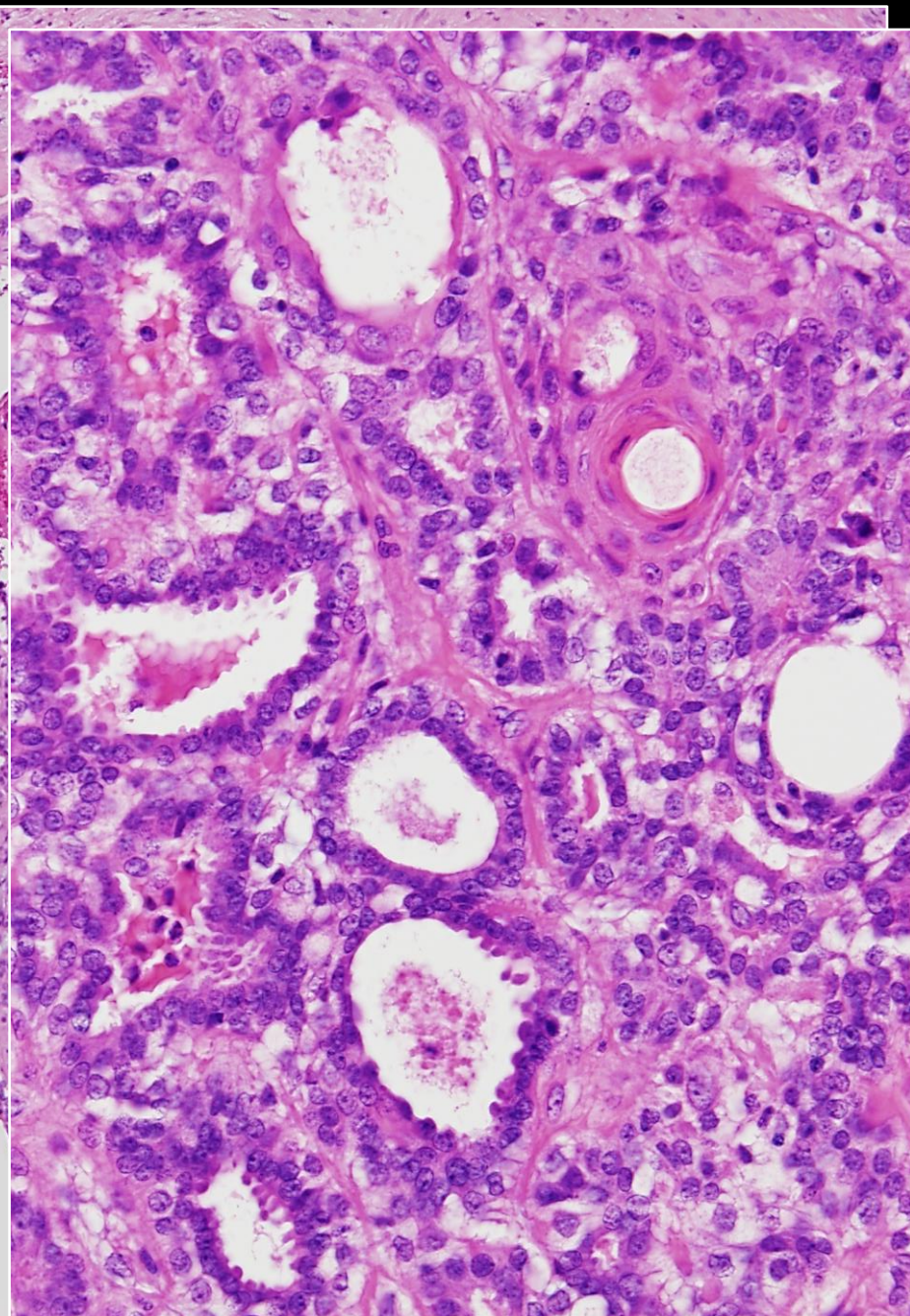
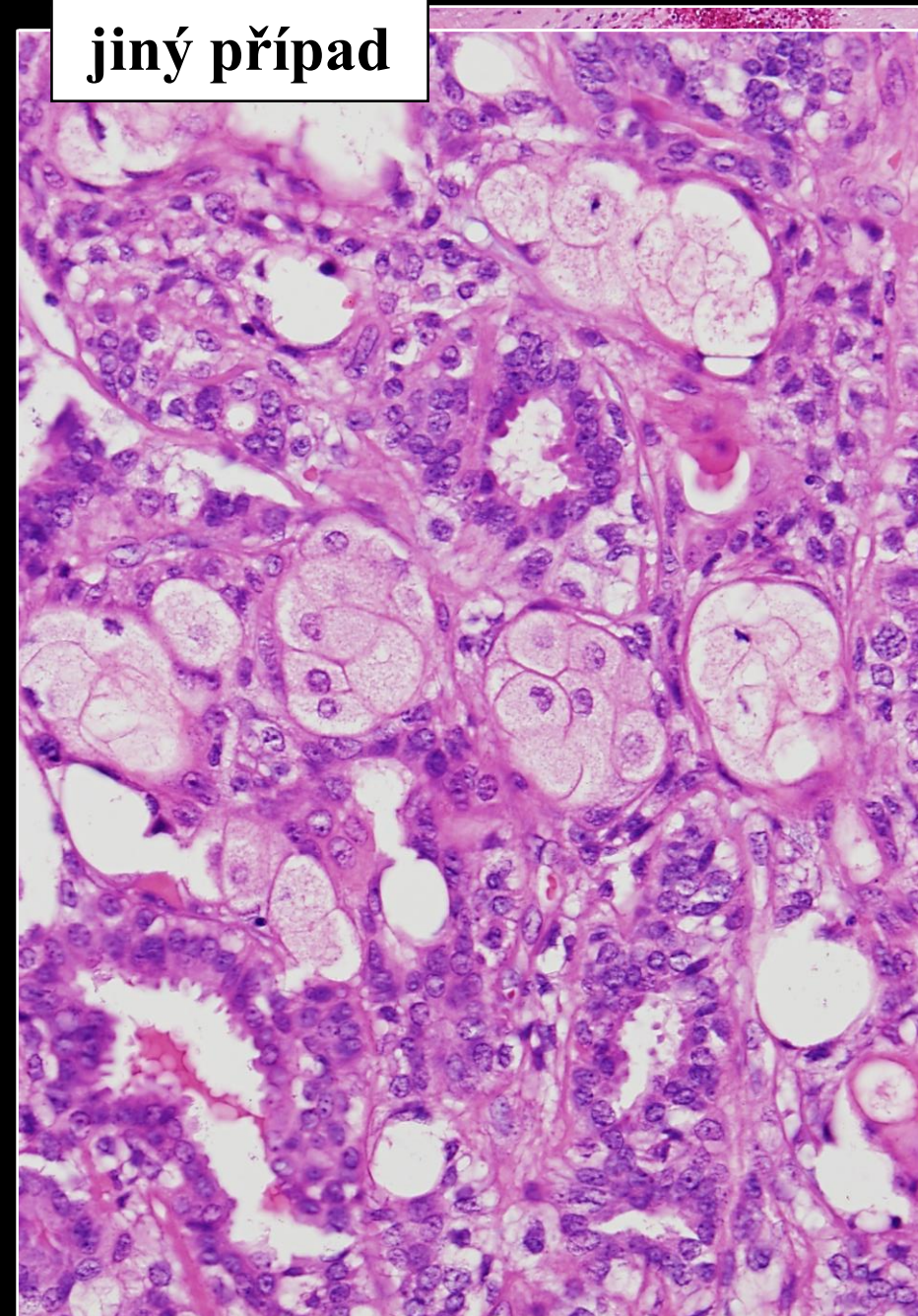
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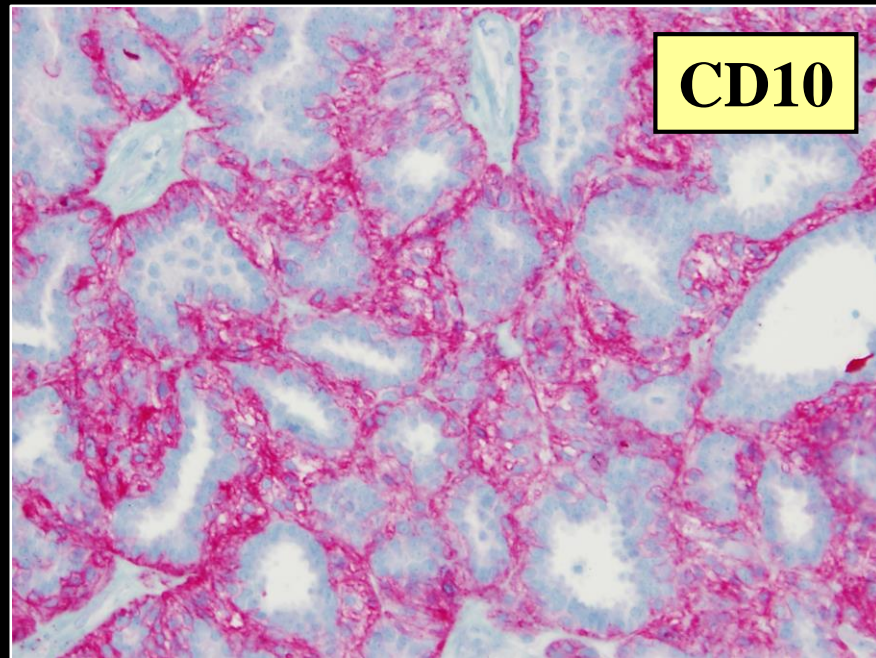
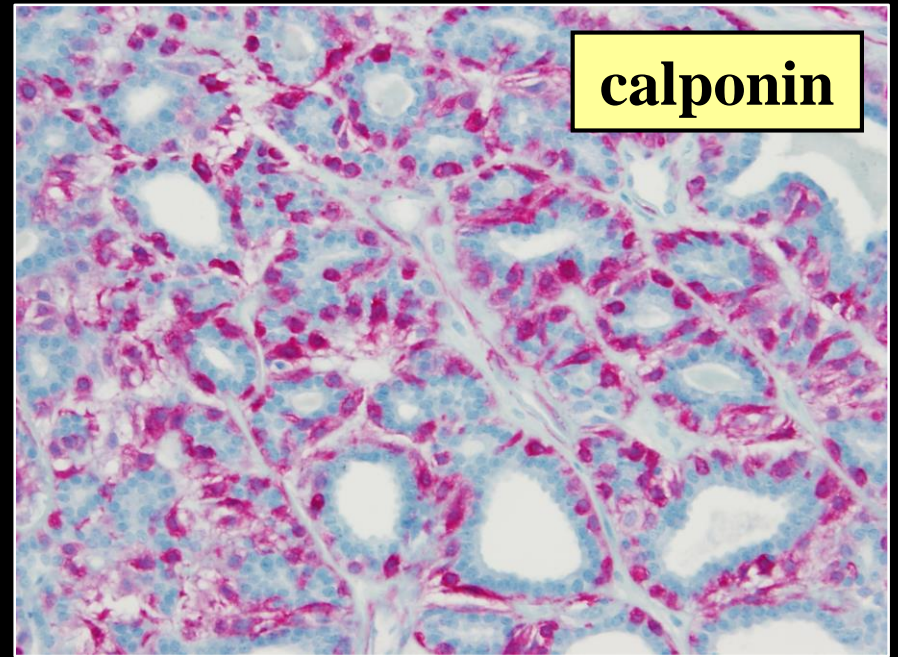
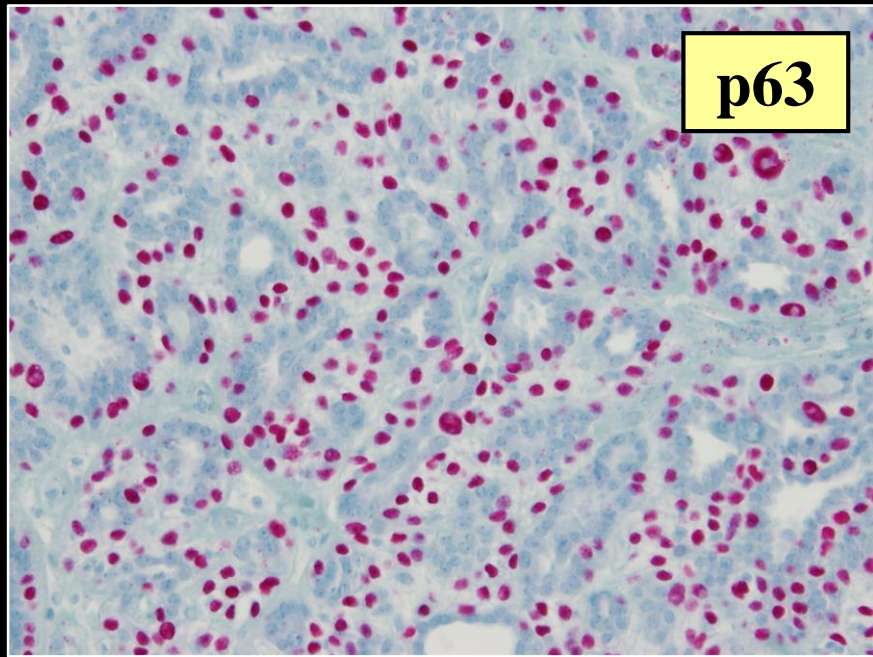




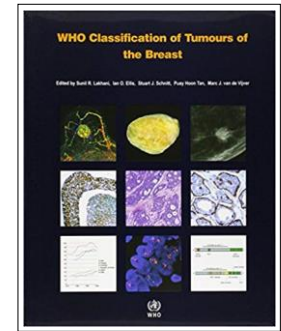


jiný případ





Adenomyoepiteliom prsu (WHO 2012)



Organoidně uspořádaná bifázická (duální) léze tvořená vnitřní luminální (sekreční) a periferní myoepiteliální složkou; zastoupení obou složek je variabilní.

Biologie nejistá; možný vznik jednoznačného CA z obou komponent (izolovaně, vzácně i společně)

ICD-O code: **8983/0** Adenomyoepiteliom

8982/3 **Maligní** adenomyoepiteliom

kde končí adenosis tumor, tubulární adenom, papilom ...?

Adenomyoepiteliom (AME) VS epimyoepteliální karcinom (EMECa)

- proč identická léze extramamárně je **karcinom** ?
- chovají se **všechny** EMECa **maligně** ?
- kde je **hranice** mezi benigním a maligním AME ?
- lze určit, **která komponenta** AME malignizuje ?
- znamená **mts** benigního AME jasnou **malignitu** ?



...adenomyoepiteliom prsu je identická léze jako epimyoepteliální CA slinných žláz, bronchu či kůže...

... identická terminologie by měla být používána pro tumory s identickou morfologií, bez ohledu na jejich různou orgánovou lokalizaci ...

...existuje benigní AME (epimyoepteliální adenom) i maligní AME (epimyoepteliální CA) mléčné žlázy

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and Millis [22], the clinico-pathological features of seven cases of adenomyoepithelioma of the breast with features suggestive of malignancy are presented. In their series one patient died of an intracranial metastasis, and four others had local recurrences. The two cases without recurrence have been followed-up for only a year. This is a much higher recurrence rate than has been reported for series of unselected adenomyoepitheliomas.

adenomyoepitheliomas into tubular, lobulated and spindle cell variants. The lobulated subtype corresponds to the epithelial–myoepithelial carcinoma of the salivary glands in the cellular biphasic structure, the histoarchitecture with duct-like formations surrounded by clear myoepithelial cells and the immunohistochemistry.

Genuine myoepithelial tumours with monocellular (monophasic) differentiation must be distinguished from

cal structure is
carcinoma of the
ed WHO histo-
is a discrete tu-
4, 26, 34].

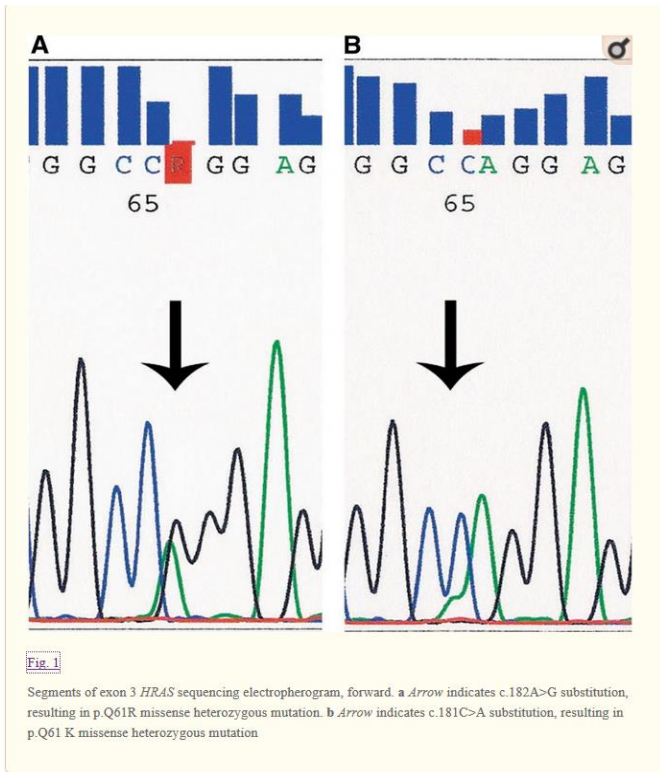
29] subdivides

Mutace HRAS / PIK3CA / AKT1

Head Neck Pathol. 2014 Jun;8(2):146-50. doi: 10.1007/s12105-013-0506-4. Epub 2013 Nov 26.

HRAS mutations in epithelial-myoeplithelial carcinoma.

Chiose S¹, Miller M, Seethala RR.



ORIGINAL ARTICLE

OPEN

Diagnostic Significance of *HRAS* Mutations in Epithelial-Myoeplithelial Carcinomas Exhibiting a Broad Histopathologic Spectrum

Makoto Urano, MD, PhD,* Masato Nakaguro, MD, PhD,† Yoshinari Yamamoto, MT, CT,‡
Hideaki Hirai, MD, PhD,‡ Maki Tanigawa, DDS, PhD,‡ Natsuki Saigusa, DDS,‡
Akira Shimizu, MD, PhD,§ Kiyooki Tsukahara, MD, PhD,§ Yuichiro Tada, MD, PhD,||
Kouhei Sakurai, DDS, PhD,* Madoka Isomura, DDS, PhD,* Yuki Okumura, MD,†
Hiroshi Yamaguchi, MD, PhD,‡ Jun Matsubayashi, MD, PhD,‡ and Toshitaka Nagao, MD, PhD‡

87 případů
(včetně extrasalivárních, **jen 4 ex PA ?**)

21% PIK3CA **7%** AKT1

HMGA2 / PLAG1 **nevyšetřovány**

82% **HRAS !** (žádný EMCA ex PA)

salivary
EMCA

breast
AME

HRAS
HMGA2
PLAG1
PIK3CA
AKT a další

HMGA2
HRAS

PIK3CA
AKT1
HRAS
HMGA2
a další ...

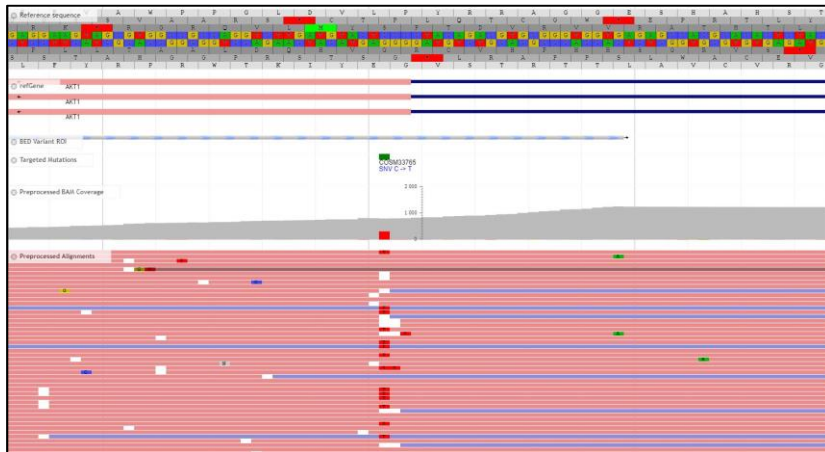
jen malá část AME by mohla být reálnou mamární analogií EMCA ...

Mutační analýza 12 případů AME prsu (BL, Plzeň)

BENIGNÍ

3 / 3

AKT1 c.48G>A, p.(Glu17Lys)

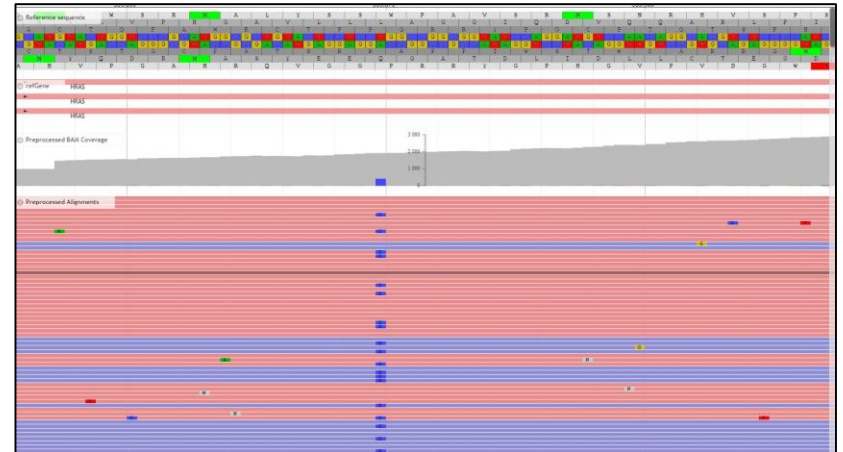


MALIGNÍ

2 / 9

HRAS c.37G>C, p.(Gly13Arg)

HRAS c.182A>G, p.(Gln61Arg)



...další salivární a mamární nádorové analogie

- Adenoidně cystický karcinom (*MYB / MYBL1-NFIB*)
- Sekretorický karcinom (*ETV6-NTRK3 / RET / MET*)
- Acinic cell-like karcinom ? (subset *HTN3-MSANTD3*)
- Pleomorfní adenom (mixed tumor) (*PLAG1 / HMGA2* fúze)
- Mukoepidermoidní karcinom (*METC1-MAML2*)

Maligní epitelový nádor prsu

... **invazivně** rostoucí léze (s **absencí** myoepitelíí)
a **metastatickým** potenciálem,
který může být **smrtící** ...

**LG adenoskvamózní
karcinom ?**

**mikroglandulární
adenóza ?**

LG ASC

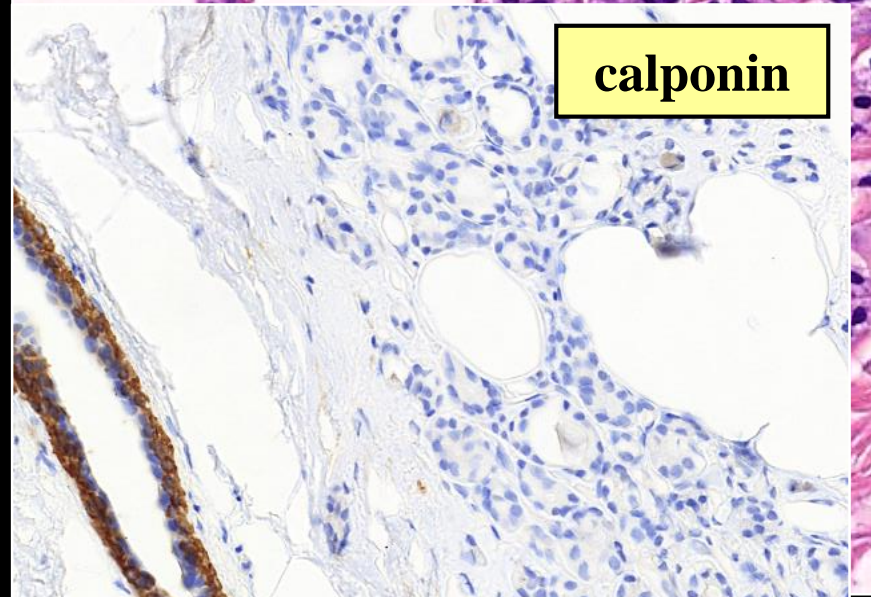
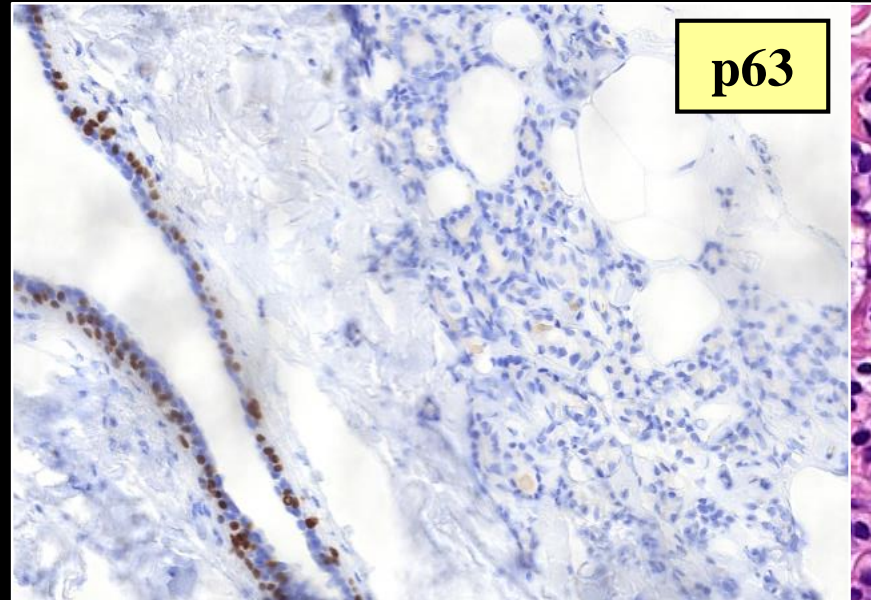
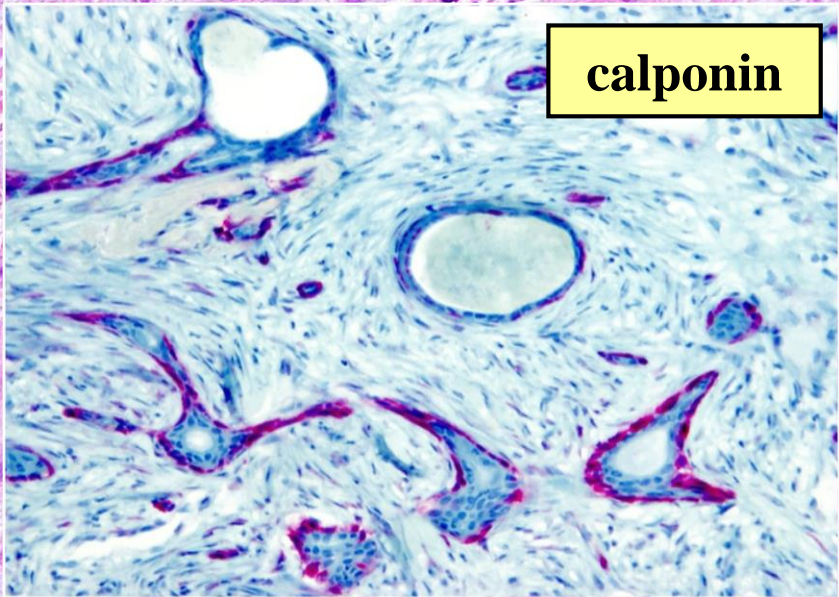
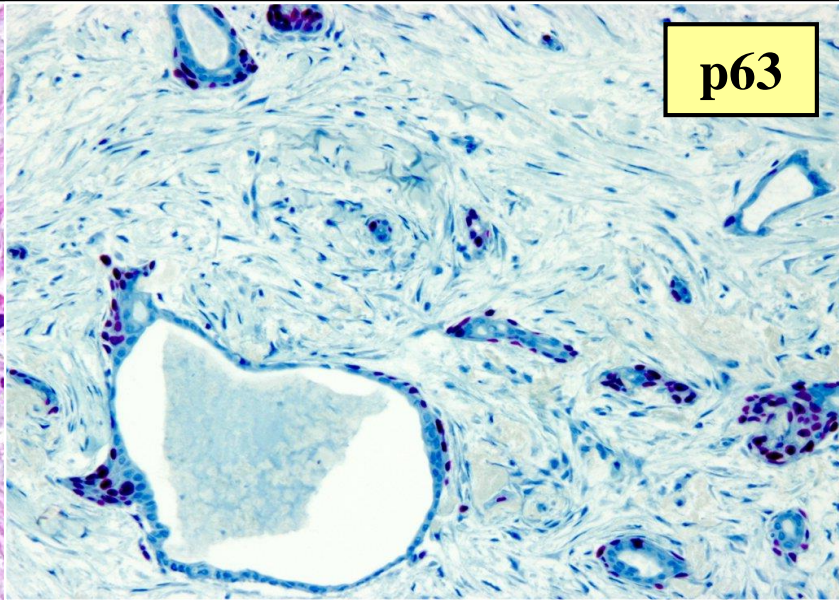
p63

calponin

MGA

p63

calponin



Take home message

- většina blandně vypadajících AME v prsu se chová **benigně** (ve slinných žlázách jsou to karcinomy **?!**)
- odlišení tzv. **maligního** AME je někdy problematické
 - **definice ?** (atypie, nekróza, ztráta bifázické úpravy, absence myoepitelií, infiltrativní růst ...)
- těžko pochopitelná existence **metastázujících lézí** s organoidní (bifázickou) úpravou - vždy zřetelně převažuje myoepiteliální složka **?**



Děkuji za pozornost