

survival rates were 90%, 70%, and 60%, respectively^{10, 12, 20}. EMC has a poor response rate to chemotherapy and does not display a consistent response to any of the known commonly used chemotherapeutic agents for soft tissue sarcomas. Aggressive local control of disease is the primary approach to management²¹. Recent investigation into the tumor biology of EMC has identified the NR4A3-related pathway as a potential future molecular target for future therapeutic intervention. Trials already underway include the study of the effect of kinase inhibitor perifosine and the IGF1R antagonist antibody R1507 in patients with EMC, the results of which are anticipated to be available within the next few years.

In conclusion, primary EMC of the breast is an extremely rare entity and has never been reported in the English literature to the best of our knowledge. Practising surgical pathologists should include EMC in their differential diagnosis, while dealing with a myxoid tumor of the breast, either in a core needle biopsy or excision specimen. Additionally, appropriate immunohistochemical markers should be performed to arrive at a definitive diagnosis, as the treatment and prognosis of EMC (either primary or metastatic) is different from primary mammary neoplasms.

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