

tan-gray, partly hemorrhagic, and partly cystic tumor was present in the central area of the breast; ivory white areas are seen interspersed with tan areas. The tumor was 4.0 cm from the deep/posterior resection margin, 2.0 cm from the overlying skin, 2.5 cm from the superior margin, 2.0 cm from the inferior margin, 4.5 cm from lateral margin, and 9.0 cm from the medial margin. Multiple tan, ovoid, and rubbery axillary lymph nodes were identified, which range from 0.4 cm to 1.5 cm in maximum dimension.

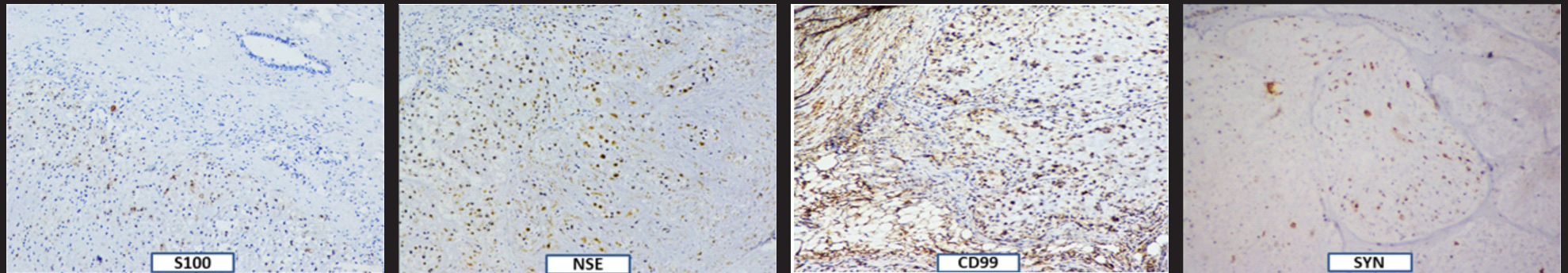


Figure 2

Microscopic Features: The microscopic evaluation revealed a malignant neoplasm with a prominent nodular growth pattern. The tumor cells were arranged in anastomosing cords and strands. Individual tumor cells showed mild to moderate pleomorphism, hyperchromatic nuclei, prominent nucleoli, and moderate to scant eosinophilic cytoplasm and were embedded in an abundant myxoid, basophilic matrix. Necrosis, hemorrhage, and brisk mitotic activity were noted. No malignant epithelial element was seen. The benign breast acini and ductules were present in between the above-mentioned nodules; no periacinar/ductular condensation of stroma was observed (Figure 1). Lymphovascular invasion was not observed. Eighteen axillary lymph nodes examined were negative for tumor. A battery of Immunohistochemical stains, including mesenchymal, epithelial, and mammary lineage-associated markers were performed to type the tumor and ascertain the histogenesis of the tumor. The tumor cells depicted immunoexpression for vimentin, S-100 protein, neuron specific enolase (NSE), CD99, and

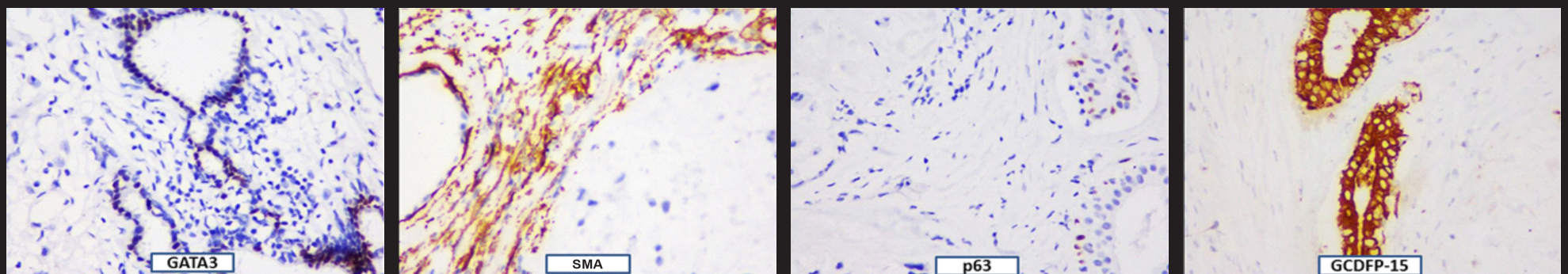


Figure 3