

secretion was noted (Fig. 1a–c). Numerous plasma cells were present within the papillary cores (Fig. 1d). Frequent mitoses, cytologic atypia (Fig. 1e), extension into the subcutaneous fat, cribriform architecture, and focal necrosis were present (Fig. 1f). Varying degrees of immunoreactivity to epithelial membrane antigen, cytokeratin (CK) 7, CAM 5.2, 34betaE12, carcinoembryonic antigen (CEA), and gross cystic disease fluid protein (GCDFP-15) were noted in the apical as well as basal cells (Fig.2). CK5/6 and p63 showed positivity only in the basal cells of the tertiary papillae. MIB-1 expression varied from 10% to 17.6% within the tumor. CK20, CDX-2, S-100, mammoglobin, estrogen receptor, GATA3, and smooth muscle actin were negative. As mammoglobin and GATA3 were quite good and sensitive mammary-lineage-associated markers, particularly at the metastatic site, their negativity along with estrogen receptor negativity argued against a breast primary in the present case. She was on close follow-up and there was no sign of recurrent disease when she was seen at the 1-year follow-up.

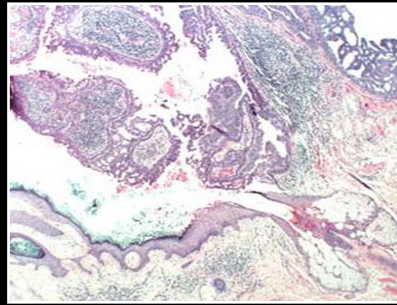


Figure 1D

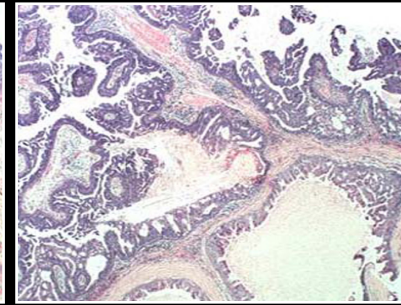


Figure 1E

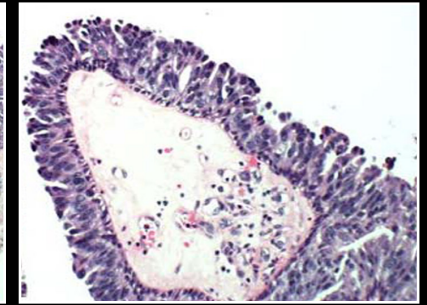
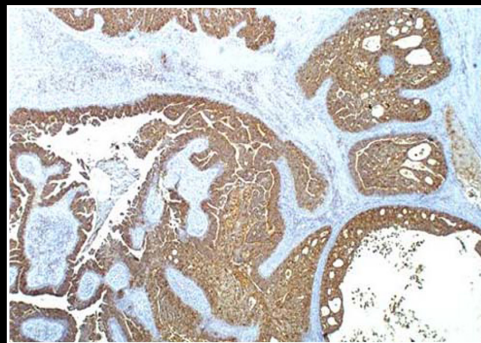
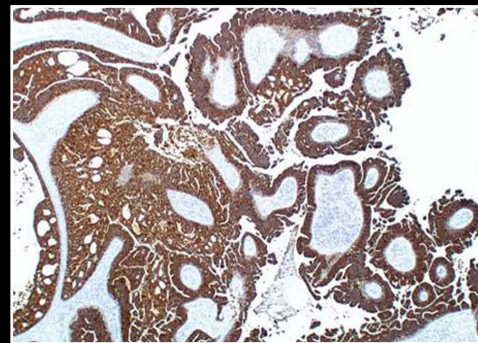


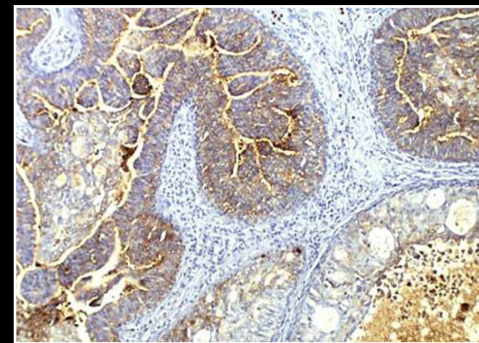
Figure 1F



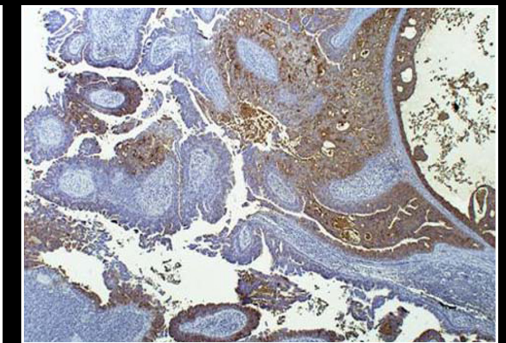
EMA



CK7



CEA



GCDFP-15

DISCUSSION

Syringocystadenocarcinoma papilliferum (SCACP) is a very rare malignant tumor of the sweat glands. It is a slow-growing lesion, which mostly arises from syringocystadenoma papilliferum and some are associated with nevus sebaceous. To the best of our knowledge, 21 cases