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ADENOMYOEPITHELIOMA OF THE BREAST

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Mammary neoplasms composed in part of myoepithelial cells are uncommon. Our purpose was to present a recently diagnosed case of Adenomyoepithelioma of the breast and review the literature. The patient was a 39 year old woman, who presented with nipple discharge and a subareolar mass of the right breast. Grossly there was a lesion 25mm in diameter. The cut surface of the lesion was solid, soft, and gray. Microscopically, the lesion developed in both, a tubular as well as an intraductal fashion. It consisted in gland forming epithelial cells, as well as myoepithelial cells. Most myoepithelial cells were polygonal with clear, vacuolated cytoplasm and there was some spindle cell differentiation as well. The tumor presented few, if any, mitoses. There was no feature indicating malignancy. The striking feature of the double cellular differentiation of the tumor, i.e. glandular and myoepithelial, was also confirmed by immunostaining for CK18, CK19, CK14, EMA, Smooth muscle-actin and vimentin. Adenomyoepitheliomas of the breast are considered benign lesions, though they harbor a potential of ultimate malignant degeneration.

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AXILLARY LYMPH NODE METASTASES IN EARLY (pT1) BREAST CARCINOMAS: MOST OF THE COMMON PROGNOSTIC FACTORS LACK PREDICTIVE VALUE

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Introduction: Axillary lymph node status is an important prognostic feature for patients with breast cancer, but the diagnostic and therapeutic value of axillary lymph node dissection in early breast carcinomas has been questioned. **Aim:** The purpose of this retrospective study was to determine whether routine biological tumor markers, in addition to conventional clinical and histopathological features can predict axillary lymph node metastases in early breast carcinomas (pT1). **Material and methods:** Data from 90 patients with pT1 breast cancer who underwent radical mastectomy or lumpectomy with axillary lymph node dissection between January 2000 and April 2003 were investigated. The association between axillary lymph node status and several clinico-pathological factors (age, size, tumor grade, histological type), as well as immunohistochemical expression of estrogen and progesterone receptors (ER/PgR), Ki-67 and p53, were analyzed. Hormone receptor status, Ki-67 and p53 expression were assessed by immunohistochemistry and the results were evaluated by performing the standardized scoring system. **Results:** From the total of 90 patients, 35 (39%) were with axillary lymph node metastases. Among the factors studied only the tumor size appeared to correlate with the incidence of lymph node involvement, but this was not statistically significant ($p=0.07$). Axillary lymph node involvement was present in 4 (28%) of the 19 patients with primary tumors $<1\text{cm}$ (pT1a+pT1b), compared with 31 (44%) of the 71 with tumors $>1\text{cm}$ (pT1c). Hormone receptor status, proliferative activity (Ki-67), and p53 expression were not predictors of nodal involvement in early breast carcinomas. **Conclusion:** Therefore, biological tumor markers as well as most of the common prognostic clinico-pathological factors are not reliable predictors of lymph node metastasis in early breast carcinomas.

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THE SENTINEL LYMPH NODE BIOPSY IN BREAST CANCER: OUR EXPERIENCE

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Background: The axillary nodal status is the most important predictor of survival for patients with primary breast cancer and the axillary lymph node dissection (ALND) has been the most reliable method of determining this status. Although there is no doubt of the reliability of the method there is a debate on the extent of the procedure since its importance for the overall survival is unclear and its morbidity quite important. **Objective:** The purpose of this study is to test the hypothesis that the histological status of the first draining lymph node (SLN) accurately predicts the histological status of all the axillary lymph nodes and to estimate the reliability and the accuracy of the method of sentinel lymph node biopsy (SLNB) in our hands. **Method:** 35 patients with early breast cancer underwent SLNB with the use of blue dye and/ or gamma probe after injection of Technetium-99 nanocolloid. After the SLN was identified and removed, a level I and II axillary lymphadenectomy was performed in all patients. **Results:** SLN was identified in all the 35 (100%). The histological status of the SLN accurately predicted the histological status of the entire axilla in 31 of them (88,6%). Immunohistochemistry in SLNs is to be done. **Conclusions:** The early results of the study are encouraging. It seems that the method of SLNB is simple and safe and it may be valuable for staging of early breast cancer although our results do not yet justify abandoning axillary lymph node dissection.