Tubulopapillary Apocrine Carcinoma Arising in the Knee: A Case Report

Krutika Patel, M.D., and Brett Baskovich, M.D; University of South Alabama

Apocrine carcinoma is an extremely rare cutaneous adnexal malignancy. Distinctive clinical features, sex preponderance, and clinical course are not clearly defined. The most common site is the axilla, although it is also occasionally found in the anogenital area, nipple, and neck. Although controversy exists regarding its treatment, use of multimodal therapy with wide local excision and adjuvant radiotherapy has shown beneficial outcomes.

We present here a case of a 39-year-old female who presented with a 0.6-cm solid-appearing fixed nodular lesion on the knee, with crusting of the overlying skin. The cut surface had a fibrous appearance. Histopathological examination of the resected specimen showed a poorly circumscribed adenocarcinoma forming tubular and cystic lumina in a complex papillary arrangement. Some glandular lumina were cystically dilated and contained eosinophilic necrotic material. Variable nuclear pleomorphism and mitotic activity were noted. An infiltrative growth pattern into the surrounding adnexal structures and nerves was observed. There was no evidence of coexisting accessory mammary glands or any underlying occult malignancy. Based on these histomorphological findings, the diagnosis of apocrine carcinoma was made.

Apocrine carcinoma of the cutaneous appendages is the malignant counterpart of tubular apocrine adenoma and hidradenoma papilliferum, with some reports having explored the possible association between apocrine hyperplasia, apocrine adenoma, and carcinoma. The presence of decapitation secretion or a benign apocrine component on the periphery distinguishes it from the common differential findings, which include metastatic breast carcinoma and eccrine ductal carcinoma. Metastases to locoregional lymph nodes and distant viscera have been reported in 40% of cases. Our case exhibits multiple unique characteristics: a rare tumor, in an unusual location, diagnosed on a biopsy specimen. This case highlights the need for a definitive diagnosis in such rare entities to establish standard management guidelines.

A Pediatric Primary Anaplastic Large Cell Lymphoma of the Breast: Unusual Presentation in an Unexpected Clinical Setting

Agha Wajdan Baqir, MD, Raavi Gupta, MD, Lisa Dresner, MD, and Alejandro Zuretti; SUNY Downstate

Objectives: Anaplastic large cell lymphoma (ALCL) constitutes approximately 15% of childhood lymphoma cases, showing male predominance. We report a rare case of ALCL presenting as a breast mass in a pediatric patient.

Methods: The patient is a 14-year-old female who consulted for a lump in the left breast of 2 months’ duration that later progressed to an ulcerative lesion with axillary lymphadenopathy. The lesion was being treated as an abscess for 5 months but was unresponsive to antimicrobial treatment. Excisional biopsy showed breast tissue with overlying ulcerated skin and abscess with sinus formation. Histologically, it showed a mixture of inflammatory cells, including lymphocytes, neutrophils, plasma cells, and scattered large cells, which had abundant gray cytoplasm, large irregular nuclei, and prominent nucleoli. Numerous abnormal mitoses were seen.

Results: Immunohistochemical stains were done to delineate the phenotype of large cells. The anaplastic cells were positive for CD30 and MUM1 and negative for CD20, CD79a, CD3, ALK, CD68, S-100, EMA, CK7, mammaglobin, CK5/6, GCDFP, CD15, CD68, CD138, CAM5.2, AE1/AE3, and EBER (EBV in situ hybridization). They had a high proliferation index, 50%, by Ki-67 and expressed a null phenotype (CD4–, CD8–). Clonal rearrangement involving the TCR gamma gene was present. CT scan demonstrated lytic rib and vertebral lesions that were PET positive.

Conclusion: Presence of sheets of large anaplastic cells that are CD30+ and ALK− is consistent with the diagnosis of ALCL. Diagnosis of primary breast lymphoma necessitates exclusion of primary cutaneous lymphoma and systemic lymphoma with secondary breast and cutaneous involvement. This is an unusual case of ALCL arising in a young female as a breast mass masquerading as an abscess.

Correlation Study of In-House and Outside Consult Diagnoses for Barrett Esophagus With and Without Dysplasia: A Single-Institution Review

Ayaz Ghani, Debasmita Das, MD, Ramapriya Vidhun, MD, and Steven Sieber, MD; Danbury Hospital, Western Connecticut Health Network

Objectives: Barrett esophagus (BE) is a precursor lesion for development of esophageal adenocarcinoma. BE is believed to progress through stages of nondysplastic BE, low-grade dysplasia (LGD), high-grade dysplasia (HGD), and esophageal adenocarcinoma (EAC). There has been a longstanding policy at Danbury Hospital to send esophageal biopsy slides with in-house diagnosis of BE with or without dysplasia or EAC to the Cleveland Clinic for expert opinion only at the gastroenterologist’s or patient’s request. The purpose of this study is to analyze the concordance and discordance rates between the in-house and outside consult diagnoses.