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Newly described entities

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In recent years, more attention has been paid to breast tumors displaying granular cytoplasm. This granular aspect is variable depending on the different organelles of which it is constituted, such as mitochondria, secretory products, or lysosomes.

Oncocytomas (oncocytic carcinomas) were recently described by Damiani *et al.* (1). Most of these lesions have low-grade nuclei and show eosinophilic granular cytoplasm. Antimitochondrium antibody is strongly positive, while the apocrine markers are frequently negative. At ultrastructure these lesions show numerous enlarged mitochondria scattered throughout the cytoplasm. Secretory gran-

ules, when present, are located at one pole of the cell. In recent years we have seen grade III DCI cases loaded with mitochondria as well as myoepithelial cell carcinomas with oncocytic changes. This latter type of tumor is easily overlooked in the breast.

An acinic cell carcinoma of the breast have been described by Roncaroli *et al.* (2) as a single case report. Since then we have seen a number of tumors with a distinct morphology (similar to that seen in acinic cell carcinoma of salivary glands) and in which salivary gland amylase and lysozyme showed immunocytochemical positivity.

Lysosome rich cells have been seen in leiomyoma of the breast which is a rare lesion, newly described by Roncaroli *et al.* (3). Adenohibernoma (4) is a benign lesion that has to be recognized in order to avoid erroneous diagnoses of malignancy such as in the cases of solitary fibrous tumors (5). In contrast low-grade adenosquamous carcinomas which look like benign lesions and often interpreted as sclerosing adenosis, show a locally aggressive attitude and frequent lymph node metastases (6).

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