

Figure 1 H and E stain ($\times 200$) showing a papilloma.

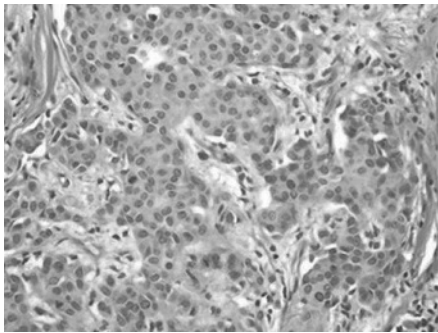


Figure 2 H and E stain ($\times 200$) showing an invasive ductal carcinoma.

authors identified focal CD10 staining of breast epithelial cells. We recently saw a case of co-existent intraductal papilloma, intraductal carcinoma and infiltrating ductal carcinoma of breast (figs 1 and 2). The cytoplasm of epithelial cells in all components was pan-cytokeratin positive and CD10 positive (figs 3 and 4) in addition to myoepithelial CD10 staining in the intraductal papilloma. Kalof *et al* also mentioned the study of Moritani *et al*,² which showed lack of CD10 positivity in both non-neoplastic and neoplastic breast epithelia. Methodological differences were mentioned by Kalof *et al* as possible reason(s) for the discrepant results between their study and that of Moritani *et al*. Comparison of the methods used in the study of Kalof *et al*, that of Moritani *et al* and our case study (table 1) indicates that CD10 immunostaining methods using 56C6 clone and/or non-heat antigen retrieval detect CD10 expression in non-neoplastic and neoplastic breast epithelial cells.

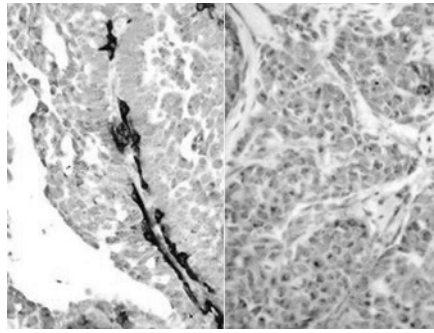


Figure 3 CD10 immunostain ($\times 400$). Left: epithelial cytoplasmic positivity in papilloma; right: cytoplasmic positivity in invasive ductal carcinoma.

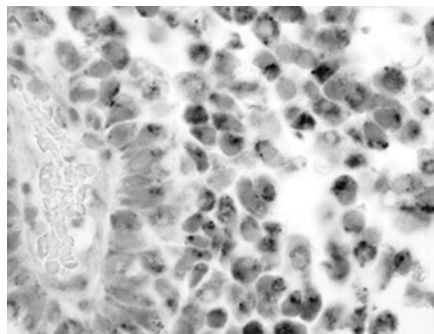


Figure 4 CD10 immunostain ($\times 1000$) showing epithelial cytoplasmic staining.

In their *in vitro* study of phenotypic and functional characterisation of a multipotent epithelial cell in the normal adult human breast, Stingl *et al*³ identified a bipotent human breast epithelial cell progenitor that can express MUC-1, CD10 and epithelial-specific antigen and can generate mixed colonies of both epithelial and myoepithelial cells. Therefore, it is possible to see CD10 expression in the breast luminal epithelial cells arising from these bipotent cells.

Although we cannot draw any conclusions about CD10 expression in breast epithelium based on the study by Kalof *et al* and our single case result, CD10 positivity in epithelial cells should not rule out the possibility of primary breast cancer during the work-up of a metastatic adenocarcinoma. Larger studies using different CD10 antibody clones and different

antigen retrieval methods could help clarify CD10 positivity in mammary epithelium.

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References

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- 2 Moritani S, Kushima R, Sugihara H, *et al*. Availability of CD10 immunohistochemistry as a marker of breast myoepithelial cells on paraffin sections. *Mod Pathol* 2002;**15**:397-405.
- 3 Stingl J, Eaves CJ, Kuusk U, *et al*. Phenotypic and functional characterization *in vitro* of a multipotent epithelial cell present in the normal adult human breast. *Differentiation* 1998;**63**:201-13.

CORRECTIONS

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There was an error in the author list of an article published in the June issue (Chuang S-S, Liu H, Ye H, *et al*. Pulmonary mucosa-associated lymphoid tissue lymphoma with strong nuclear B-cell CLL/lymphoma 10 (BCL10) expression and novel translocation t(1;2)(p22;p12)/immunoglobulin chain-BCL10. *J Clin Pathol* 2007;**60**:727-8.) The correct author order should be Chuang S-S, Liu H, Martín-Subero JI, Siebert R, Huang W-T, Ye H.

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The email address of a corresponding author of an article published in the July issue has since changed. (Goddard KA, Townsend R, Ridgway E. Rapid diagnosis of intrapartum group B streptococcal carriage by fluorescent *in situ* hybridisation. *J Clin Pathol* 2007;**60**:842-3.) The new email address is mkekirstg@aol.com