



Fig. S2. Pathological examination of the tumour. (A) Prominent burrowing and ill-defined cysts pattern associated with suppurating areas. (B) Architecture of the invasive component present cuniculatum carcinoma features. Well-differentiated proliferative epithelium, koilocytes, few basal mitoses, no nuclear atypia. (Haematoxylin and eosin staining (A) $\times 12.5$; (B) $\times 400$).