



MALE BREAST CARCINOMA: A CASE REPORT

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**ABSTRACT**

Male breast cancer(MBC) is a rare disease and represents less than 1% of all malignancies in men and only 1% of all breast cancers. The mean age at diagnosis for men with breast carcinoma is older than the average age at diagnosis for women. It has a unimodal age frequency distribution that peaks at age distribution of 71 years. MBC behaves in a way similar to post menopausal breast cancer in women. The main predisposing factor is a positive family history of breast cancer. 90% tumors are ER positive. The most important prognostic indicators are stage at diagnosis and lymph node status.

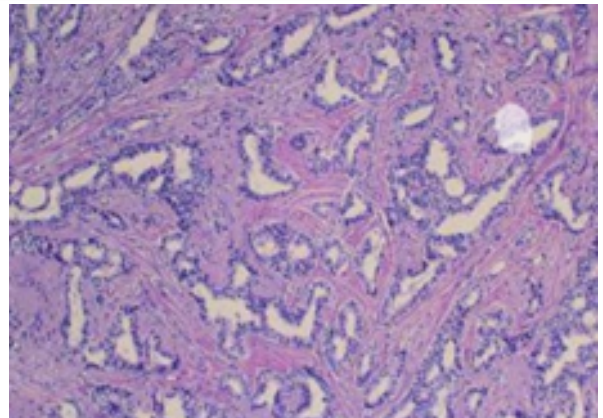
**KEYWORDS :**

**CASE REPORT**

A 58 year old male with complaints of left sided breast lump for 2 months associated with bloody nipple discharge for 20 days and retraction of nipple since 15 days. Swelling appear spontaneously and increases rapidly in size. No history of pain, trauma, discharge from swelling. He had no significant past medical or family history. He was not taking any medication. Physical examination revealed a single swelling of size 3×3cm, mobile, smooth, irregular, non tender, firm to hard, non fluctuating and non transilluminant, in lower outer quadrant of left breast. A single, mobile, firm, smooth, regular, anterior axillary lymph node of size 2×2 cm is palpable left axilla.

Ultrasonography revealed small soft tissue lesion of size 4.6×4 cm, present in lower outer quadrant left breast with multiple enlarged lymph node, largest of size 3×2 cm left axilla classified as Breast Imaging Reporting and Data System category 5 and diagnosed as invasive ductal carcinoma no special type with fine needle aspiration cytology and core needle biopsy.

He underwent modified radical mastectomy with anterior axillary node dissection done and histopathological examination shows infiltrating ductal carcinoma (NOS), Immunohistochemistry reveals estrogen receptor positive, progesterone receptor positive, HER 2 neu negative and Ki-67 labeling index of 50%. The axillary lymph node dissection showed 3 positive nodes. His final stage was IIIA (T2N2M0)

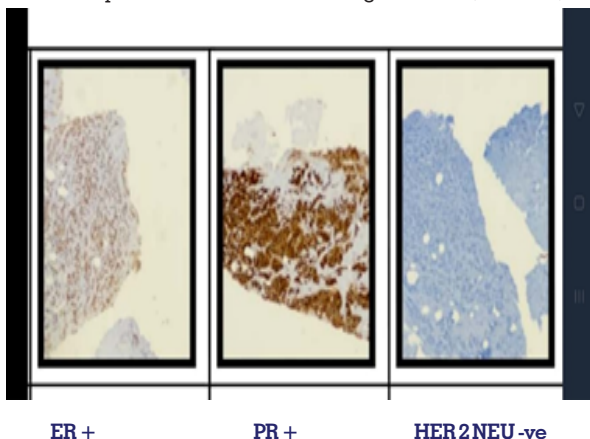


**INFILTRATING DUCTAL CARCINOMA**

He underwent adjuvant chemotherapy with 6 cycles of cyclophosphamide, adriamycin and 5-fluorouracil followed by hormonal therapy with daily tamoxifen 20mg. Patient was followed for one and half years after surgery and there was no tumor recurrence.

**DISCUSSION**

BRCA2 mutations are major genetic risk factor for familial cases of MBC than BRCA1 mutation. Median age at diagnosis among BRCA2 mutations cases is 58.8 year earlier than that of negative cases 67.9 year. An increase frequency of MBC is seen in men who works in hot environments like blast furnaces, steel workers to rolling mills because high temperature over long periods can lead to testicular failures. Other risk factor are klinefelter syndrome have 20-50 times higher risk than 46xy men, obesity causes hyperestrogenism hence double MBC risk, mumps orchitis, undescended testis have 12 fold increased risk, congenital inguinal hernia, pituitary adenoma and repeated and lengthy exposure to diagnostic and therapeutic radiation exposure. MBC cases have relation to HNPCC and Cowden syndrome 75-93%. MBC are highly sensitive to hormonal changes i.e., decreased testosterone, increased estrogen, increased gonadotropin are strongly related to MBC risk. Tamoxifen is considered standard adjuvant treatment. Advanced age is a negative prognostic marker. The rarity of MBC and therefore low index of suspicion for both patient and doctors, social stigma and



ER +

PR +

HER2NEU-ve

lack of information and emotional support has been largely responsible for delay in diagnosis and thus progression of disease before presentation.

## CONCLUSION

The prognosis of breast carcinoma is worse in men than in women. Men with breast carcinoma benefit from both adjuvant hormonal therapy and chemotherapy with same standard of care guidelines as used for women. Tamoxifen is most accepted frontline additive therapy. It has same standard of care guidelines as used as that for women. It was a rare presentation of MBC which was treated by MRM and adjuvant chemo and hormonal therapy. It provided adequate functional results.

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