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Original Research Paper

General Surgery

# METACHRONOUS BILATERAL MALE BREAST CARCINOMA - A RARE CASE REPORT

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**ABSTRACT** Incidence of male breast carcinoma is (0.5-1)%. It is rare in presentation. We present a case of infiltrating type of ductal carcinoma of male breast of left side. The patient was earlier treated by surgical intervention for infiltrating ductal carcinoma of the contralateral breast 1.5 years back. He was examined clinically, assessed radiologically by HR-USG of left breast, cytologically by fnac, histopathologically by tru-cut biopsy and after preoperative investigations and anaesthetic evaluation was taken up for surgical intervention. Postoperative follow up and adjuvant therapy was done as recommended.

**KEYWORDS :**

## INTRODUCTION:

Incidence of Male Breast Carcinoma is less than 1% of all diagnosed cases of Breast Carcinoma (*1).

Presents as lump in the breast with/without deformity in nipple areolar complex region.

Predisposing factors are familial history, Excess of endogenous or exogenous estrogen, radiation exposure (*4).

High rate of delayed diagnosis or misdiagnosis mostly due to lack of information and awareness.

Most common type being Infiltrating Ductal Carcinoma (*3).
5 year survival rate is 74% in male as opposed to 83% in female breast carcinoma (*2).

If breast carcinoma is diagnosed within 6months of treating the same on other breast, its known as synchronous, if more than 6months later, it is known as metachronous.

## CASE REPORT:

### HISTORY:

57 year old male presented to Surgery OPD with lump in left breast for last 3 months with puckering of nipple areolar complex for last 2 weeks.

Lump is gradually increasing in size. There is no history of nipple discharge, pain, fever.

History of Modified Radical Mastectomy in Right breast 1.5 years back for Infiltrating Ductal Carcinoma.

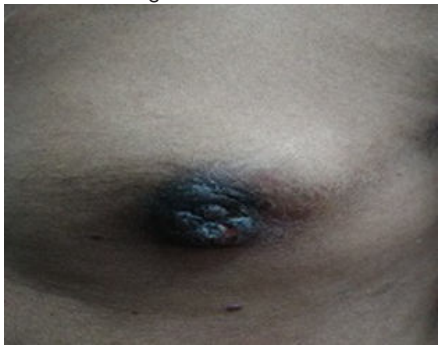

**FIGURE. 1 ( CLINICAL APPEARANCE)**

### CLINICAL EXAMINATION:

GCS 15/15
Vitals - stable
A lump of (3*4sq.cm) noted in left breast with puckering of nipple areolar complex.
No axillary lymph nodes palpable.
Chest wall fixity-absent
Scar mark noted in right breast.
Systemic examinations- NAD.

### INVESTIGATIONS:

Hb – 11.3 gm%,
TLC-6600/cu.mm,
FBS-120mg/dl, PPBS-180mg/dl,
Sr.urea-30mg/dl, Sr.Cr-0.8mg/dl,
Sr.Na-143meq/L, Sr.K-4.4meq/L.

**USG Breast(L)-** heterogenous, hypoechoic solid mass with irregular margin.

**FNAC:** malignant epithelial cells in syncytial clusters and dispersed population, features suggestive of infiltrating ductal carcinoma of left breast.

**TRU-CUT BIOPSY** suggested Infiltrating ductal carcinoma of left side with Estrogen Receptor Positive(ER+).

### MANAGEMENT:

Patient was planned for operative intervention and was scheduled for Modified Radical Mastectomy of Left side.

**Procedure:-**

MRM with level II axillary clearance done under General Anaesthesia with ET Tube. Two suction drains placed. One along chest wall and the other in axilla.

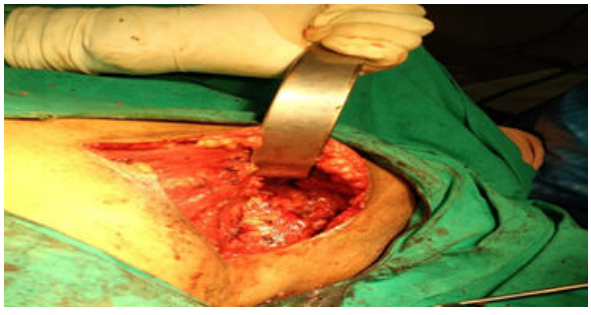

**FIGURE – 2 ( OPERATIVE PROCEDURE)**

Specimen of left breast and axillary lymph node was sent for HPE.

HPE of left breast specimen was suggestive of Infiltrating Ductal Carcinoma.

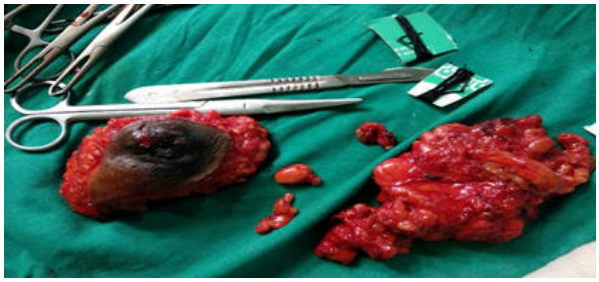

**FIGURE. 3 ( POST OPERATIVE SPECIMEN)**

Patient was referred to Oncology and Radiotherapy dept. for further management.

## DISCUSSION:

Almost 92% of Male breast cancer are 'ER+' and treated with ER modulators like TAMOXIFEN and Aromatase Inhibitors (*1).

## MYTHS:

-Breast cancer only affects women.
-Men feel that they have done something wrong and will die of a female disease.

Up until early 1980's,many used to remove testis of diseased patients as around 20% of male body estrogen is produced by testis(*3).

In 2005,Joe and Cathy Reid founded 'OUT OF THE SHADOW OF PINK' and also started their MBC advocacy efforts.

In 2017, Govt. Of Australia declared OCTOBER 20th as MALE BREAST CANCER AWARENESS DAY in Australia.

## MALE BREAST CANCER:WAY FORWARD

Include more men in clinical trials.
Promote awareness for early detection.
Proper counselling and psychological support to affected patients.
Protect masculinity as much as possible.
Increase research to determine difference between male and female breast cancer and possible differences in treatment.
Increased exposure to male breast cancer by incorporating MBC sessions at prominent breast cancer sessions and symposium.

## CONCLUSION:

The myths associated with male breast cancer needs to be broken and awareness for early detection and timely intervention should be promoted along with increased research on breast cancer to determine its possible differences from female breast cancer.

The increasing number of male breast cancer cases should be explored more extensively with particular emphasis placed on casually related genetic and hormonal factors.

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