



Occult Breast Carcinoma- An Enigma

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ABSTRACT

Occult breast carcinoma is the rare presentation of breast cancer which is difficult to diagnose .we had a 60 yr old female presented with right axillary swelling suspected to be an infected axillary node. On further investigations found to be a malignant node . further investigated to rule out malignancy from all primary draining sites. Biopsy of the node were positive for estrogen and progesterone receptors suggested primary as breast tumor Later diagnosed as OBC and proceeded with right axillary lymph node dissection followed by WBRT (whole breast irradiation)of right breast.

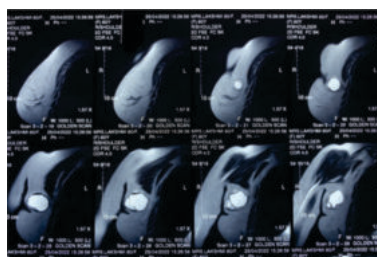
KEYWORDS : axillary node, occult breast carcinoma ,WBRT, axillary dissection

INTRODUCTION

Occult primary breast tumor is a very rare entity with incidence of around 0.3-0.8% which occurs when primary presentation of patient is with axillary nodal enlargement without any detectable primary breast tumour clinically or mammographically . Later diagnosis should be made by either MRI of breast or PET scan and biopsy of the node. Hence axillary node without obvious primary is a diagnostic and therapeutic challenge which needs detailed evaluation of multiple system and proper therapy as per the availability . NCCN guidelines suggesting various therapeutic approaches for occult primary breast tumor as per the staging and hormonal status either as mastectomy with axillary lymph node dissection or simple axillary lymph node dissection with whole breast irradiation . Systemic chemotherapy , hormonal therapy , radiotherapy based on nodal status .

CASE REPORT

We report a 60 year old female presented with right axillary swelling for past 6 months with recent onset of pain clinically suspicious of infected node. Initially sonogram evaluation of axilla suggested necrotic node suggested of metastatic node. Xray Mammogram of bilateral breast shows normal breast parenchyma with no evidence of breast lump. To rule out primary MRI of bilateral breast taken shows normal tissue . All other draining sites of axilla chest, upper GI , head and neck were evaluated using CT imaging upper GI scopy and found to be normal. Biopsy of the node shows metastatic axillary node immunohistochemistry suggested CK7 positivity with estrogen and progesterone receptor positivity . As per NCCN guideline categorized to be T0N1M0 in Stage II A. Patient treated by right axillary node dissection with whole breast irradiation for 15 fractions for 3 weeks and started on hormonal therapy.



Intraoperative Image Of Right Axillary Dissection



D. Enlarged Axillary Node With Necrotic Changes



Image Showing Right Axillary Node

CONCLUSION

Axillary node with occult breast primary is a very rare entity were diagnosis and therapeutic modality remains challenging . Among multidisciplinary approach axillary dissection with ipsilateral breast radiotherapy will be a good treatment option in view of organ preservation and patient satisfaction.

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