



A CASE REPORT: MALE BREAST CANCER DIAGNOSED AT TERTIARY CARE HOSPITAL OF A TRIBAL AREA CHANDRAPUR

Dr. Bhushan Naitam

Assistant Professor Department of Pathology GMC Chandrapur

Dr. Devishri Atram

Assistant Professor Department of Community Medicine GMC Chandrapur

ABSTRACT Male breast cancer accounts for 1% of all breast cancer cases. The average age of diagnosis of breast cancer in men is between 60 and 70 years, which is about 10 years later than that in women. As a result men often present with later stage of disease, most likely due to a lack of awareness that men can develop breast cancer. Generally, men with breast cancer have lower survival rates — probably because the disease spreads rapidly due to scanty tissue in the breast area. We present a case of 51 years old male having breast cancer diagnosed histopathologically at earlier stage resulting in improved prognosis.

KEYWORDS :

Introduction:

Male breast cancer is a relatively rare disease, which accounts for less than 1% of all instances of cancer in men and about 1% of all breast cancer cases^(1,2). It accounts for less than 0.2% of all cancer related deaths among men⁽²⁾. In the united states about 1910 cases were diagnosed in 2009 and 440 cases died⁽³⁾. 2240 men were diagnosed with breast cancer within the year 2013 in USA. The lifetime rate of diagnosis with male breast cancer is 1 in 1000⁽⁴⁾.

The mean age at the diagnosis in men is 68 years, which is 10 years more than that for breast carcinoma in females⁽⁵⁾. Breast cancer is seen at a relatively early age in Indian males. Disease is aggressive in nature with high hormone receptor positivity⁽¹⁾. A family history of breast carcinoma, clinical conditions causing hypoandrogenism (including Klinefelter's syndrome, testicular trauma, or infertility), liver disease causing hyperestrogenism, and gynecomastia have all been implicated as possible risk factors. Unfortunately, these factors are not consistently reported; therefore, their relation to the disease is unclear.^(6,7)

Men with breast cancer have a higher occurrence of ductal histology⁽²⁾. Infiltrating ductal carcinoma represents more than 90% of all MBC cases⁽²⁾. Over the past two decades, major improvements have been achieved in the understanding of breast cancer, and cure can be offered if the disease is diagnosed at an early stage. However, the disease is more often diagnosed at more advanced stages (3 or 4) in men, in contrast to women. Its rarity among men as well as lack of awareness leads to its detection at later stages. Randomized studies cannot be carried out due to the low incidence of breast cancer in males, with only a few published prospective therapeutic studies in the literature⁽⁴⁾. We present a case of male breast cancer in a 51 year old patient; diagnosed at our institute.

Case Presentation:

A 51 years old male presented with painless lump over right chest since 2 months and no family history of breast cancer. On clinical examination lump was firm to hard 3 cm × 4 cm situated in upper outer quadrant, fixed to chest wall. There was no nipple retraction and no nipple discharge. Patient was referred to pathology department of our institution for FNAC. All blood investigations and metastatic work up done and found to be normal. Anatomopathological analysis confirmed diagnosis of invasive ductal carcinoma NOS. No lymph node metastasis. Patient was referred to TATA hospital Mumbai where he undergone modified radical mastectomy and received radiotherapy and chemotherapy.

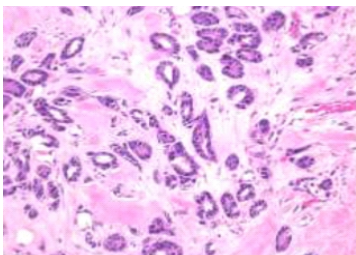


Fig 1: Histopathological finding of breast cancer

Discussion :

Male Breast Cancer (MBC) is rare in contrast to female breast cancer (FBC), which is the second leading cause of death in females⁽⁸⁾. In a study from India, eight out of 1,200 (0.7%) male cancer diagnoses in a pathology review represented breast cancer⁽⁹⁾. Incidence of male breast cancer has been increasing which raises the probability of other family members developing the disease. Studies have shown several risk factors. These include obesity, low physical activity, gynecomastia, cryptorchidism, Klinefelter syndrome, exposure to radiation, chronic liver disease, schistosomiasis, and a family history of BRCA-1 or BRCA-2 mutations⁽⁸⁾. Dr.G.Karthick et al reported a similar case of 79 years old male with infiltrative ductal breast cancer at Tamilnadu which is rare in their institute⁽⁸⁾.

Conclusion:

This case highlights the importance of FNAC in the diagnosis of breast cancer and the potential for improved prognosis in men. Confirmed diagnosis of case has been done at tertiary care hospital of tribal area. There is poor awareness regarding disease among population resulting in late presentation. A comprehensive multiinstitutional study is required to exactly delineate the behaviour of disease & to better understand clinical spectrum.

References:

- 1) Deepak Sundriyal & Sumedha Kotwal & Ramesh Dawar & K. M. Parthasarathy Male Breast Cancer in India: Series from a Cancer Research Centre Indian J Surg Oncol (December 2015) 6(4):384–386 DOI 10.1007/s13193-015-0473-1.
- 2) Mojgan Haji Seyed Ebrahim Darkeh, Edward Azavedo Male Breast Cancer Clinical Features, Risk Factors, and Current Diagnostic and Therapeutic Approaches International Journal of Clinical Medicine, 2014, 5, 1068-1086.
- 3) Marcelo Madeira, André Mattar, Rodrigo José Barata Passos, Caroline Dornelles Mora, A case report of male breast cancer in a very young patient: What is changing? Madeira et al. World Journal of Surgical Oncology 2011, 9:16.
- 4) Metin Yazala, Aydin Inan, Mikdat Bozer Male Breast Cancer jBreast Health 2016; 12: 1-8 DOI: 10.5152/jbh.2015.2711.
- 5) Muhammad Ashraf Sharif, Nadira Mamoona, Adeel Arif, Sajid Mushtaq, Muhammad Tahir Khadim Histological and Immuno-histochemical Study of Male Breast Carcinoma in Northern Pakistan J Pak Med Assoc Vol. 59, No. 2, February 2009.
- 6) Brinton LA, Richesson DA, Gierach GL, Lacey JV Jr, Park Y, Hollenbeck AR, et al. Prospective evaluation of risk factors for male breast cancer. J Natl Cancer Inst 2008;100:1477.
- 7) SB Chikaraddi, V Deshmane, R Krishnappa Male breast cancer in Indian patients: Is it the same? Indian Journal of Cancer, Vol. 49, No. 3, July-September, 2012, pp. 272-276.
- 8) Dr.G.Karthick, Dr.R.Ravi, Dr.S.Meena, Dr.S.Natarajan Male Breast Carcinoma – A Rare Case Report In Our Institute IOSR Journal of Dental and Medical Sciences-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 15, Issue 11 Ver. V (November. 2016), PP 32-35.
- 9) Kalyani, R.; Days, S.; Bindra Singh, M. S.; Kumar, H. (2010). "Cancer profile in Kolar: A ten years study". Indian Journal of Cancer. 47 (2): 160–165.