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# A RARE CASE OF BILATERAL PAPILLARY CARCINOMA OF BREAST IN A MALE.

SURGERY

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## ABSTRACT

Breast cancer is the most common malignancy occurring in females worldwide, but in males it is rare and accounts for approximately 1% of all breast cancers and therefore fewer clinical data exists. We present a rare and interesting case of bilateral carcinoma breast in a male patient who presented with mobile and cystic lumps in both breasts and histopathological examination after excision revealed a diagnosis of papillary carcinoma of breast. As the metastatic diagnostic workup was negative, it fits into the diagnosis of synchronous bilateral male breast cancer. Our patient has subsequently undergone bilateral axillary lymph node dissection. He has recovered well and planned for adjuvant chemotherapy.

## KEYWORDS

Male breast carcinoma, papillary carcinoma of breast.

## INTRODUCTION

Breast cancer is a major public health problem throughout the world for women, however it is a rare malignancy occurring in males. Lesser clinical data and fewer studies exist about male breast carcinoma. Male breast carcinoma has been attributed to genetic causes, most commonly BRCA gene as well as hormonal factors. Generally, the incidence of male breast cancer increases with age and men tend to be 5 to 10 years older than women at the time of diagnosis. Mean age at diagnosis of male breast carcinoma is 65-68 years. Use of screening mammography, early diagnosis and use of multimodal therapy has significantly improved the outcome arising out of this disease in females. However it carries a guarded prognosis in males due to delay in presentation, diagnosis and subsequent intervention.

### Case summary

A 62 year old male, resident and native of Gorakhpur, Uttar Pradesh, retired clerk in Indian Railways presented with history of lump in the left breast for the last 2 years and a relatively smaller lump in the right breast for last 4 months. Lump over the left breast had gradually increased in size over the last 2 yrs while the lump in the right breast was relatively smaller and consistent in size over the last 4 months. Patient had not undergone any evaluation and management for his condition during the last 2 years. Recently, as the lumps were gradually increasing in size an ultrasonography of the lump was done and the patient was referred from Gorakhpur to our hospital.

On local examination of breast, a lobulated and tense multicystic left breast lump of size approximately 15 x 10 cms was noted and a similar cystic right breast lump approx 3x4 cms was noted. Bilateral breast lumps were mobile without any fixity to underlying chest wall. There was no discharge per nipple bilaterally. Bilateral axillary lymphadenopathy was noted, mainly involving the central group (Level I) of lymph nodes. Patient's vitals were stable and general examination was unremarkable. Systemic examination and spine examination were unremarkable Patient had undergone ultrasonography of bilateral breast lump in a private hospital which was suggestive of multicystic disease of bilateral breast, while an FNAC done previously was inconclusive. Patient subsequently underwent a CT scan of thorax which was suggestive of cystic neoplasm involving bilateral breast. All routine blood investigations including usg of abdomen and pelvis and chest X ray were normal.

Patient was posted for bilateral simple mastectomy and as the lump on the left side was large, a split thickness skin graft was used to cover the wound after mastectomy. A primary closure after wide local excision was achieved on the right side. Samples sent for histopathological examination and immunohistochemistry for the purpose of diagnosis. Final histopathology reports were suggestive of papillary carcinoma of breast, positive for estrogen and progesterone receptors. Patient subsequently underwent bilateral axillary clearance and planned for adjuvant chemotherapy and tamoxifen. Post operative recovery was uneventful. Post operative PET CT was done as a part of metstatic work up, which was negative for any systemic metastatsis. Hence a diagnosis of synchronous carcinoma involving bilateral breasts.

**Fig. 1 : Pre operative photograph (supine)**

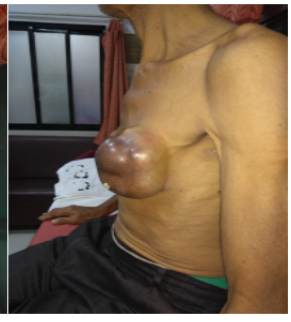

**Fig. 2 : Pre operative photograph (left profile)**

**Fig. 3 : Postoperative photograph (rt breast)**

**Fig. 4 : Post operative photograph (left breast)**

## DISCUSSION

Breast cancer is the most frequent cancer occurring in females and the leading cause of cancer related deaths in females worldwide1. However, male breast carcinoma is very rare and has variable incidence throughout the world. The prevalence of male breast carcinoma is less than 1 in 100,000. Highest incidences have been noted in Jewish men. 15% of all male breast carcinomas are caused by germline mutations. 0.4% of male breast carcinoma patients have BRCA 1 mutation. The mean age of diagnosis is 65-68 years. 15- 20 % of male breast carcinoma patients have a first degree family member with a history of breast cancer.

There are certain common risk factors for development for male as well as female breast cancer such as age, high estrogen levels, obesity, heavy alcohol consumption, liver diseases and radiation exposure. In both males and females breast cancer presents with symptoms such as enlarged breast, nipple pain, nipple discharge and enlarged lymph nodes2.

Despite the common characteristics between males and females, there are certain aspects of male breast cancer which distinguish it from its female counterpart. Men with breast carcinoma tend to be diagnosed at a later stage than women. Men are also twice as likely to have a malignancy that has spread to the lymph nodes as compared to women3. A large number of male breast cancers are hormone receptor positive.4

Everything from marathons to the “pink ribbon” and brochures are targeted at women with breast cancer4. Breasts are often associated with femininity and sexuality. Conversely, male breasts more commonly known as “pecs” are viewed in todays' world as a symbol of masculinity and strength. Part of initial response of male to diagnosis of breast cancer may be due to disbelief and confusion of having a woman's disease5.

All histological types of carcinomas have been described in males, but the predominant histological type of male breast cancer is invasive ductal carcinoma which constitutes more than 90% of cases. Lobular carcinoma is less common in males than in females and accounts for only 1.5% of the cases. Neither differentiation nor lobular formation occurs unless breast is exposed to increased concentration of endogenous or exogenous estrogen. Other rare types include papillary and mucinous cancers6. Most of the male breast cancers are positive for estrogen and progesterone receptors. Primary treatment in operable patients is total mastectomy with axillary lymph node dissection along with adjuvant chemotherapy, as the lesions are usually subareolar in location. Breast conservation surgery is done only in selected cases due to possible delay in presentation. Principle of sentinel lymphnode biopsy may be similarly used in patients with an axillary node negative status. Tamoxifen is employed as a part of adjuvant treatment in such cases.

## CONCLUSION

Male breast cancer is a serious issue that needs to be addressed and awareness needs to be generated amongst the general public as well as medical fraternity. As stated by Bunkley et al (2000) we should not let infrequency of breast cancerin men allow the treatment providers o view breast cancer as a gender exclusive disorder. Just as men are examined for testicular, rectal and prostate cancers, they should be regularly examine for breast cancer as well7.

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