



**ORIGINAL RESEARCH PAPER**

**Obstetrics & Gynaecology**

**A RARE CASE REPORT OF CA BREAST IN PRIMIGRAVIDA OBSTACLE TO AN OBSTETRICIAN**

**KEY WORDS:** Pregnancy associated breast cancer; Primigravida; Medical termination of pregnancy

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**ABSTRACT**

**INTRODUCTION:** Pregnancy associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. **CASE:** A 20 year old Primigravida married for 9 months came to our department with a history of right sided breast lump since 6 months, she consulted an Oncosurgeon, diagnosed as poorly differentiated carcinoma Phyllodes tumour. Oncosurgeon opted her Chemotherapy with MTP. After Senior obstetrician and anaesthesiologist expert opinion patient taken for second trimester MTP procedure underground 2. Patient vitals monitored and aborted uneventfully. Post abortal chemotherapy started with multidisciplinary approach. **CONCLUSION:** Breast cancer in pregnancy is an uncommon illness but those women with breast cancer diagnosed very early in pregnancy or with rapid advancement of the disease may opt for termination of pregnancy.

**INTRODUCTION:**

1838, Johannes Muller for the first time described a benign breast mass which had then dormant for a long period and had then enlarged rapidly. Breast cancer is the most common malignancy associated with pregnancy, with an incidence of approximately 1 in 3000 pregnancies. Approximately 10% of women with breast cancer who are less than 40 years of age will be pregnant at diagnosis. Pregnancy associated breast cancer (PABC) is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. The average age of women with PABC is 32 to 38 years. Because of the rising incidence of this challenging clinical condition and the limited clinical experience that most generalist obstetricians have in dealing with it, it is essential that obstetricians, surgeons and oncologists are familiar with development in the clinical management of this disease. These management strategies should be based on a multidisciplinary team approach.

We report a rare case of carcinoma of breast in primigravida women.

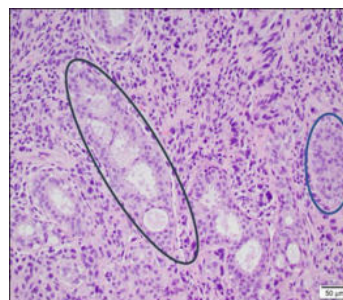
**CASE:**

20 year old primigravida married since 9 months came to tertiary care centre with referral from outside. In view of Medical termination of pregnancy under ground 2. Patient had history of breast lump for which she took treatment from outside hospital and diagnosed (Immunohistochemistry report) as Poorly differentiated carcinoma ?? Phyllodes tumour. She had past operated history of breast lump surgery 6 months ago. As per histopathology report it was fibroadenoma of right breast. Post op period were uneventful, patient discharged on day 3. After 3 months again she noticed swelling in Right breast which is increasing day by day and reached present size within one month. Patient consulted an Oncology surgeon, Management started and found to be pregnant. Surgeon opted her Chemotherapy with MTP. After Senior obstetrician and anaesthesiologist expert opinion patient taken for second trimester MTP procedure with due risk and consent. Tab. Mifepristone 200 mg given on day 1 followed by Tab. Misoprostol 400 mcg sublingual given. 2nd dose of Tab. Misoprostol repeated after 4 hours. Total dose of Tab. Misoprostol 800 mcg. Patient got aborted uneventfully.

Vitals monitored. Surgery opinion taken and advised followed. Patient managed with a multidisciplinary approach.



1) Clinical picture showing phyllodes tumour



2) Histopathology picture of phyllodes tumour  
1. Pleomorphic hyperchromatic nuclei.  
2. Abundant eosinophilic cytoplasm.

**IMAGING:**

Ultrasonography is helpful in distinguishing solid from cystic lesions of the breast but it cannot differentiate benign from malignant lesions. It is an inexpensive choice of imaging for a pregnant woman with a palpable lump in the breast.

Screening mammography is a specific type of breast imaging that uses low dose X rays to detect cancer early – before women experience symptoms- when it is most treatable. A breast MRI is mainly used for women who have been

diagnosed with breast cancer, to help measure the size of the cancer, look for other tumours in the breast and to check for tumours in the opposite breast.

**DIFFERENTIAL DIAGNOSIS OF A BREAST LUMP IN PREGNANCY:**

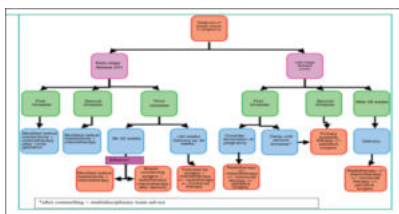
- Lactating adenoma
- Invasive carcinoma
- Fibroadenoma
- Cystic disease
- Lobular hyperplasia
- Milk retention cyst (Galactocele)
- Abscess
- Lipoma
- Hamartoma and leukemia
- Lymphoma
- Sarcoma
- Neuroma
- Tuberculosis

**INTERVENTIONAL METHODS TO ESTABLISH DIAGNOSIS:**

A core needle or excisional biopsy is the gold standard for the diagnosis of breast cancer. If the mother is breast feeding ,suppression of lactation with cabergoline will reduce the risk of milk fistula or abscess formation. Fine needle aspiration may also be used for the initial evaluation of a breast mass and shows good sensitivity but carries a higher risk of false positive results during lactation and pregnancy .This is due to the presence of hyperproliferative cells present in mammary tissue during these conditions.

The pathologist should also be aware that the woman is pregnant in order to avoid misdiagnosis of these hyper proliferative changes. Core needle biopsy appears to be the most cost effective diagnostic test because of its high sensitivity and specificity.

**TREATMENT:**



**THE ROLE OF TERMINATION OF PREGNANCY:**

There is no evidence to suggest that termination of pregnancy improves prognosis.The decision to end pregnancy is,to a large extent ,a personal choice of the women or the couple following extensive discussions with a multidisciplinary team.

**CONCLUSION:**

Breast cancer in pregnancy is an uncommon illness but one which poses dilemmas for both women and their carers.Triple assessment with clinical examination ,imaging and biopsy provides an accurate investigation of symptomatic breast cancer.Ultrasound is the safest imaging modality in pregnant women,but mammography can be performed if necessary.There are no randomised controlled trials regarding the optimum management of pregnancy associated breast cancer. A multidisciplinary approach is recommended for clinical decision -making.Those women with breast cancer diagnosed very early in pregnancy ,or with rapid advancement of the disease ,may opt for termination of pregnancy.

**TAKE HOME MESSAGE:**

Pregnancy associated breast cancer has low incidence but it can occur at any age even malignant non operable tumour in pregnancy.But breast screening in terms of self breast

examination and Mammography will be useful to detect lesions at early stages.

**Acknowledgement:**

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