MALE BREAST CARCINOMA- A CASE THAT IS AGAINST THE ODDS

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INTRTODUCTION

Carcinoma of the male breast accounts for less than 0.5% of cases of breast cancer. It is linked to BRCA2 gene mutations.
DCIS is defined as the proliferation of malignant-appearing mammary ductal epithelial cells without evidence of invasion beyond the basement membrane[1].A central problem in the management of DCIS is the lack of understanding of its natural history and the inability to determine its progress to metastasis[2]
This case presentation aims to highlight the presenting features, genetic pathology and surgical intervention used in the clinical diagnosis and treatment in a rare case of ductal carcinoma of the male breast.

CASE REPORT

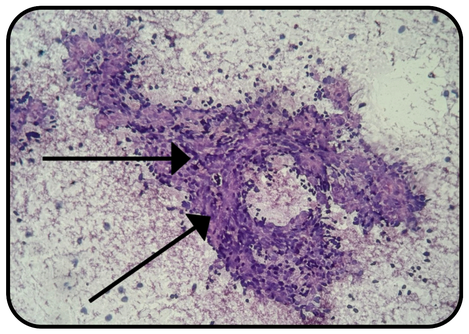
A 53 y/o male presented with complaints of a painless, progressive lump over the left breast since 3 months associated with reddish nipple discharge and retraction of the nipple. The patient gives no familial history of a breast lump.

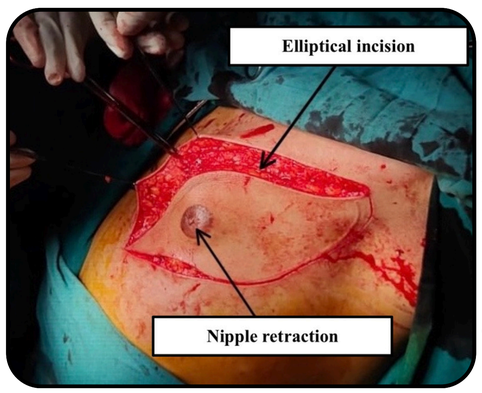
Clinical examination revealed a solitary lump felt in the retro areolar region which was non-mobile, firm, non tender and not fixed to underlying structures with no palpable lymph nodes or signs of metastasis.

MANAGEMENT

CT thorax and abdomen- well defined, regularly marginated soft tissue lesion measuring 4.4x2.9 cms in the retro-areolar region with no fixity to the underlying structures or any pectoral or axillary lymphadenopathy

FNAC - pleomorphic ductal cells in a background of bare nuclei and haemorrhage in clusters with occasional mitotic figures and mixed inflammatory cells; s/o Ductal carcinoma.





Hormone status- ER/PR positive, Her2neu negative, Ki67 negative AJCC-TNM Stage II carcinoma (T2 N0 M0) managed surgically with a Modified Radical Mastectomy.

DISCUSSION AND CONCLUSION

The incidence of breast carcinoma in males is rare and is likely to be associated with increased exposure to oestrogen or reduced androgen levels in conditions like Klinefelter's, undescended testis, cirrhosis, etc[2].

Male breast carcinoma commonly presents later in life (>60 years) and at an advanced stage. The most common histopathological subtype is infiltrating ductal carcinoma [2].

Male breast carcinoma has a high hormone receptor (ER/PR) positivity rate as compared to females. Results from the National Cancer Institute's Surveillance, epidemiology, and End Results database have shown that more than 90 % of the male breast cancers are ER positive[3]. Similar results have been shown in Indian studies with an ER/PR positivity rate of around 80 %.[4]

Modified radical mastectomy is the most common surgical procedure for Male breast carcinoma as reported in the literature[5]. Breast conservation is a relatively less feasible option due to paucity of breast tissue, central location and advanced stage at presentation [6].

The genetic mutations involved have paramount influence on its incidence and is an intriguing entity in surgery.

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