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RESEARCH ARTICLE

A RARE CASE OF MALE BREAST CARCINOMA: A CASE REPORT.

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Abstract

Significant advances have been made in the diagnosis and treatment of female breast cancer, resulting in a decline in incidence and a global improvement in clinical outcome. The statistics for male breast cancer (MBC) stand in sharp contrast – over the past several decades, there has been a steady rise in the incidence of this disease, and clinical outcome has improved at a much slower pace. In the current review, the clinicopathologic features of MBC are described in detail. An emphasis is placed on molecular profiling of MBC, which may identify candidate biomarkers and putative targets for pharmacologic intervention. The current role of cytotoxic chemotherapy and endocrine therapy (including tamoxifen, aromatase inhibitors and GnRH analogues) is defined in the context of currently available studies.

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Introduction:-

In recent years, much attention has been garnered by data suggesting a drop in the incidence of breast cancer. This trend has been attributed to a decline in use of hormone replacement therapy amongst post-menopausal females according to data reported from the Women's Health Initiative. While this phenomenon would be expected to have a tangible impact upon female breast cancer, the impact upon male breast cancer (MBC) is less clear. In fact, review of Surveillance, Epidemiology and End Result (SEER) data indicate a rise in the incidence of MBC, from 1.0 per 100,000 men in the late 1970s to 1.2 per 100,000 men from 2000–2010. A similar analysis of the United Kingdom Association of Cancer Registries (UKACR) database identified a parallel trend, with the incidence of MBC rising steadily between 1985 and 2010. Furthermore, while it is widely cited that MBC accounts for less than 1% of all cases of breast malignancy.

Case report:-

A 56-year-old male presented to surgical opd in santhiram general hospital nandyal, with a lump in the left breast associated with pain for 2 months, with alteration in shape of the nipple since 1 month. There is no history of trauma, no nipple discharge, no fever, no family history.

On examination:-

A 4x3 cm swelling in left retroareolar region with nipple retraction, swelling firm in consistency, not fixed to skin and chest wall, without any nipple discharge. Opposite breast and axilla are normal.

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Fig:-Left breast showing nipple retraction

Investigations:-

Ultrasound of left breast:-

4x3.3 cm well defined hypoechoic lesion in left breast, no regional lymphadenopathy

Fine needle aspiration cytology:-

benign ductal hyperplasia

Trucut biopsy:-

infiltrating duct cell carcinoma

Investigations for metastasis:-

negative

Management:-

Fig:- left modified radical mastectomy

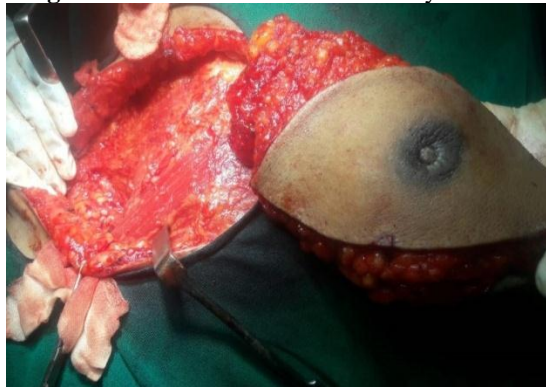
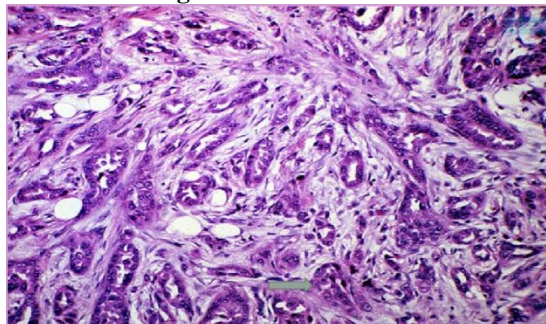


Fig:-Excised left breast



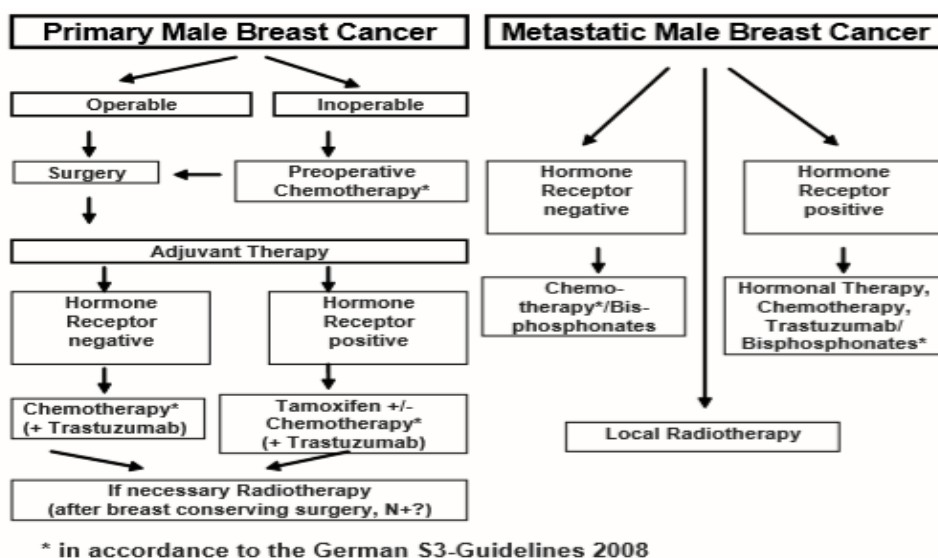
Histopathology of both the specimen proved to be infiltrating ductal carcinoma, SBR GRADE 3, pathological staging-PT2N1Mx. Specimens were tested positive for estrogen and progesterone receptors and but negative for Her2neu receptor

Final Diagnosis:-

left infiltrating duct cell carcinoma. Patient received 6 cycles of adjuvant chemotherapy with Cyclo-phosphamide, 5FU and Adriamycin. Postoperatively patient has recovered well. On follow-up, clinical examination and PET scan shows no signs of recurrence after 7 months

Discussion:-

The incidence of MBC on the rise and the prevalence potentially underestimated, there is a need to better understand the clinicopathologic features of this disease. Furthermore, it appears that males have derived lesser benefit from the substantial advances in breast cancer therapy made over the past several decades. A recent analysis of SEER data investigating trends in survival amongst patients diagnosed between 1996 and 2010 suggested a 42% decrease in breast cancer-related death amongst women, but only a 28% decrease amongst men. Despite a general adherence to female breast cancer guidelines, surgical management of MBC more frequently involves either radical or modified radical mastectomy



Conclusion:-

The incidence of MBC on the rise and the prevalence potentially underestimated, there is a need to better understand the clinicopathologic features of this disease.

A recent analysis of SEER data investigating trends in survival amongst patients diagnosed between 1996 and 2005 suggested a 42% decrease in breast cancer-related death amongst women, but only a 28% decrease amongst men. A challenge that lies ahead in the research community is uniting efforts for the development of randomized, prospective studies within cooperative groups and other clinical trial consortia are essential

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