Carcinoma Male Breast
A CASE REPORT

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Abstract

Carcinoma of the male breast is a rare entity comprising less than 1% of all malignancies in the male. It is because of this rarity that the problem has not been studied extensively and that experience in any institution is limited. Management is as for carcinoma of the female breast. Prognosis is guided by the duration of symptoms and the extent of lymph node involvement. We recently had a case of carcinoma of the male breast, who had presented with an ulcerated lump with axillary lymph node involvement. After confirming the diagnosis by FNAC, a modified radical mastectomy and axillary clearance was done. Histopathological examination was suggestive of an Infiltrating duct carcinoma with axillary metastasis.

CASE REPORT

An 84-year-old male presented to the out patient department of Nazareth Hospital with a lump in the left breast since two years, which he attributed to an injury sustained by the kick of a cow. The lump had rapidly increased in size since two months.

Clinically he was in good health and very active for his age. Locally there was a 10cm x 10cm bosselated lump over the left chest with the center at the nipple. The nipple had been completely eroded. The lump had multiple ulcerations with blood stained exudates. The lump was firm in consistency and not fixed to the underlying pectoralis fascia or muscles. There were palpable lymph nodes in the axilla which were firm in consistency. The right breast was however normal. Clinically there was no evidence of distant metastasis.

All relevant investigations including chest X-Ray and sonography of the abdomen was normal. FNAC of the lump was suggestive of an infiltrating duct carcinoma and that from the axillary nodes was suggestive of a metastatic adenocarcinoma (poorly differentiated.)

A modified radical mastectomy was done. The axilla was cleared of all the lymph nodes and fibro fatty tissue. The skin defect was covered with a split skin graft taken from the ipsilateral thigh. Post operative recovery was uneventful and the skin graft had taken up well. The patient has already received two cycles of chemotherapy with CMF and on completion will be followed up with radiotherapy.

FIG 1: Pre-operative appearance of the growth

FIG 2: Post operative photograph

Histopathology of the tumor was suggestive of Infiltrating Duct Carcinoma involving the skin. The deep surgical margins were tumor free. All the axillary lymph nodes showed metastasis.

DISCUSSION

Carcinoma of the male breast usually occurs in the elderly age group 60-70yrs. The predisposing factors include pre-existing gynaecomastia, obesity, carcinoma breast in the family [3, 4, 5, 6], estrogen intake as for carcinoma prostate and previous history of irradiation for carcinoma thyroid.

Male breast carcinoma is evaluated and managed in a similar fashion as that of a female breast cancer sharing a common origin. Mammography is less useful than in women because of the small breast size. However it should be done to assess the contralateral breast [1]. Primary management in early disease is modified radical mastectomy. Breast preservation is usually not an option because of the small size of the breast and absence of psychological problems which occurs in females who has undergone mastectomy. There are no firm recommendations regarding adjuvant chemotherapy and is the same as for the female patients depending on the stage of the disease. Doxorubicin and alkylating agents are most active drugs. As regards hormone therapy, the first line of treatment is by Tamoxifen for metastatic disease in Er+ve (Estrogen Receptor positive) patients, the second line is by progestins or anti androgens/Lutenizing hormone releasing harmone (LHRH). The third line of hormone treatment is orchiectomy and aminoglutethimide[1].

Better prognosis is a reflection of reduction in delayed treatment. Survival is similar to the females. The most powerful predictor of the outcome depends upon the duration of symptoms and the status of axillary lymph nodes[1,2]. Patients who seek treatment in less than six months after onset have a better prognosis than those who delay medical attention. Improved public and medical awareness of the disease and benefits of prompt diagnosis, cure may be possible. Relapse free 5 Yr survival in node negative patients is about 87% and in node positive patients is 30%[1]. The profile of the stages at diagnosis, the treatment approach, and the survival rates approximate those reported in series of female breast cancers, and overall, the two diseases are remarkably similar.

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