

MICROINVASIVE IN SITU DUCTAL BREAST CARCINOMA IN MAN

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ABSTRACT

Breast cancer is rarely seen in man. The incidence of male breast cancer is less than 1% all of the cancer types of man and all types of breast cancer. During the evaluation of male patients with complaining of breast mass, breast cancer must be reminded and the therapy should be planned according to probable malignity. If breast cancer diagnosed predisposing factor must be evaluated. Hereby in this case report, the therapeutic approach of a 58 years old man who has been diagnosed high grade microinvasive in situ ductal carcinoma is presented with the literature data.

Keywords: breast cancer, man, in situ ductal carcinoma

ERKEKTE MİKROİNVAZİV İN SİTU DUKTAL MEME KARSİNOMU

ÖZET

Erkek popülasyonda meme kanserine oldukça nadir rastlanılmaktadır. Erkek meme kanserinin görülme oranı tüm meme kanserlerinin ve erkeklerde görülen tüm kanserlerin %1' inden azdır. Memede kitle şikâyeti ile değerlendirilen erkek hastalarda tanı malignite olasılığını kapsayacak şekilde değerlendirilmeli, meme kanserinin saptandığı olgularda altta yatan etkenler araştırılarak tedavi planlanmalıdır. Bu makalada sağ memesinde mikro invazyon odağı içeren yüksek grade' li insitu duktal karsinom saptanan 58 yaşında erkek hastanın takip ve tedavisi literatür verileri ile birlikte değerlendirilmiştir.

Anahtar sözcükler: meme kanseri, erkek, in situ duktal karsinom

Case report

58-years old man had been admitted to our clinic complaining from palpable mass under the areola of his right breast. Previously, he had various surgical operations such as tonsillectomy, coronary bypass, tympanoplasty. He uses oral antihypertensive, antilipemic and antidiabetic drugs. His sister has breast cancer and his brother died of lung cancer. His physical examination and vital findings were normal. The biochemical and the serological tests were normal. Two nodular lesions with 1 cm diameter under the areola of his right breast were found during the ultrasonography. An excisional biopsy was performed and ductal carcinoma in situ was diagnosed after histopathological evaluation. No metastasis was found in thorax, abdominal computed tomography and whole body bone scintigraphy preoperatively. A total mastectomy and a sentinel lymph node biopsy were performed. Auxiliary courage did not perform because sentinel lymph node biopsy was negative. Final histopathological result was micro invasive high grade insitu ductal carcinoma and there was no residual cancer tissue. Estrogen, progesterone, and C erb B2 receptors were negative. The patient was discharged uneventfully and his further follow up and therapy are going to be performed by our medical oncology clinic.

Conclusion

Breast cancer is a rare pathology in man population (1). Breast cancer in man is less than 1% of all breast cancer and all can-

cer types of man (2) Gynecomasty and subareolar mass which has irregular margin are the characteristic symptoms. Calcifications could be seen in mammography and ultrasonography helps to evaluate regional stage of the disease (3). Case reports give the information about breast cancer of man rather than series (4). Invasive ductal carcinoma is the most common breast cancer type in man. Additionally, sentinel lymph node biopsy is mainly positive in breast cancer of man (5). Surgery is still a gold standard therapy initially. Prognosis is similar with woman type at same stage (6). Obesity, chromosomal anomalies or the pathologies which increase circulating estrogen levels are the predisposing factors for breast cancer. The people who have these predisposing factors have to be evaluated for a probable disease (7). Our patient has no predisposing factor for breast cancer but interestingly, his sister has breast cancer. It has been pointed that ductal carcinoma in situ is seen at sixth decades and unilateral subareolar mass with efflux would be symptomatic (8). Infiltration rate of ductal carcinoma in situ is 95 %. Papillary histology with or without low grade cribriform component is usually seen with ductal carcinoma in situ (8, 9). High grade microinvasive focuses was found in the histology of our case. Malignity should be thought during the evaluation of a man who has mass in the breast. If breast cancer would diagnose predisposing factors must be searched in man.

References

1. Giordano SH. A review of the diagnosis and management of male breast cancer. *Oncologist* 2005;10:471-479. (PMID: 16079314).
2. Giordano SH, Buzdar AU, Hortobagyi GN. Breast cancer in men. *Ann Intern Med* 2002;137:678-687. (PMID: 12379069).
3. Mathew J, Perkins GH, Stephens T, Middleton LP, Yang WT. Primary breast cancer in men: clinical, imaging, and pathologic findings in 57 patients. *Am J Roentgenol* 2008;191:1631-1639. (PMID: 19020230).
4. Gu GL, Wang SL, Wei XM, Ren L, Zou FX. Axillary metastasis as the first manifestation of male breast cancer: a case report. *Cases J* 2008;1:285. (PMID: 18973653).
5. Boughey JC, Bedrosian I, Meric-Bernstam F, Ross MI, Kuerer HM, Akins JS, Giordano SH, Babiera GV, Ames FC, Hunt KK. Comparative analysis of sentinel lymph node operation in male and female breast cancer patients. *J Am Coll Surg* 2006; 203:475-480. (PMID: 17000390).
6. La Pinta M, Fabi A, Ascarelli A, Ponzani T, Di Carlo V, Scicchitano F, Saputo S, Russillo M, Andrich R. Male breast cancer: 6-year experience. *Minerva Chir* 2008;63:71-78. (PMID: 18427439).
7. Bagnera S, Campanino P, Barisone F, Mariscotti G, Gandini G. Imaging, histology and hormonal features of five cases of male breast cancer observed in a single year: comparison with the literature. *Radiol Med* 2008 [Epub ahead of print] (PMID: 18836815).
8. Hittmair AP, Lininger RA, Tavassoli FA. Ductal carcinoma in situ (DCIS) in the male breast: a morphologic study of 84 cases of pure DCIS and 30 cases of DCIS associated with invasive carcinoma—a preliminary report. *Cancer* 1998;83:2139-2149. (PMID: 9827718).
9. Cutuli B, Dilhuydy JM, De Lafontan B, Berlie J, Lacroze M, Lesaunier F, Graic Y, Tortochaux J, Resbeut M, Lesimple T, Gamelin E, Campana F, Reme-Saumon M, Moncho-Bernier V, Cuilliere JC, Marchal C, De Gislain G, N'Guyen TD, Teissier E, Velten M. Ductal carcinoma in situ of the male breast analysis of 31 cases. *Eur J Cancer* 1997;33:35-38. (PMID: 9071896).

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