

Pagets Disease of Left Nipple Areola Complex with Underlying Invasive Ductal Carcinoma a Diagnostic Dilemma and its Management - A Case Report from Barpeta District of Assam

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Abstract: Pagets disease of the breast is a rare condition presenting in 0.5% to 5% of all breast cancer cases. It is often associated with an underlying in situ or invasive carcinoma. In this case report we review a 36 year lady presenting with pagets disease of the left nipple areola complex with left axillary matted lymph node in central quadrant. The dilemma pertaining to this case is the histopathological report showing features of pagets disease without carcinoma after two repeat biopsies. Even on image guided biopsy histopathology was still that of pagets disease. FNAC from left axillary lymph node showed reactive changes and metastatic workup showed localised disease. The initial workup and management including final outcome is discussed in this case report.

Keywords: pagets disease of nipple, carcinoma breast, diagnostic dilemma, modified radical mastectomy, barpeta, Assam

1. Introduction

Pagets disease represents in situ carcinoma in the nipple epidermis. Its clinical manifestations include eczematoid changes, crusting, redness, irritation, erosion, discharge, retraction and inversion. Rarely pagets disease may be bilateral².

2. Case

Patient description-The patient a 36 year female presented with proliferative lesion around the nipple areola complex of left breast.

Case History – the patient gives history of proliferative lesion around the nipple areola complex of left breast since last 1 year. The lesion was initially very small but gradually progressed to the current size over a period of 1 year.

Obstretic History-P2L2

Age of Menarche-12 Years

Breast Feeding Uptill Both Children Were 2 Years Old.

Cycle-28 Days Regular

Flow – 3 to 4 days

No history of malignancy in family.

NO H/O-HTN, DM, TB.

Physical Examination: A fungating mass 5 cm x 6 cm over the lt nipple areola complex completely replacing it.

No palpable lump in the breast.

It central axillary lymph node 3 cm x 2cm firm to hard in consistency, matted but mobile.

Pathological test and other relevant investigations-It breast mass incisional biopsy-pagets disease, no evidence of invasive carcinoma in the underlying stoma in the specimen. S100-negative.

Repeat trucut bx from base of fungating mass-negative for malignant cells.

USG guided biopsy from mass below the proliferative growth around nipple areola complex-features of pagets disease of nipple. No evidence of invasive carcinoma.

FNAC from It is axillary lymph node-shows reactive changes.

MRI breast-proliferative growth left nipple areola complex with underlying lesion of size 4 cm x 3.5 cm. No other lesion or areas of calcification seen.

Treatment plan-patient planned for lt BCS (grisotti) WLE+FS for margins+ reconstruction + slnd.

Patient did not give consent for lt BCS-plan changed to lt mastectomy+ FS for HPE+ SLND.

Expected outcome of treatment-full recovery with acceptable cosmesis.

Final procedure executed-It mastectomy+ FS for HPE+ SLND-both came positive for malignancy-so proceeded to lt alnd.

Actual outcome-post operative period uneventful. Made full recovery with healthy scar and acceptable cosmesis.

Final hpe-serial sections from the growth showed features of pagets disease of breast with infiltrating ductal carcinoma. 1/10 lymph nodes positive for malignancy.

3. Discussion

Paget's disease of the breast, a disorder of the nipple–areola complex, first described by Sir James Paget in 1874³.

Mammary Paget's Disease (MPD) is almost always associated with an underlying breast cancer in 92–100% of cases. Approximately 50% of these patients present with an associated palpable mass in the breast. In cases where a mass is palpable, invasive carcinoma is likely to be found. On the other hand, patients presenting without a clinical mass more likely have ductal carcinoma in situ (dcis). The tumors which may or may not be palpable, located usually close to the areola, tend to be central and are often multifocal⁴.

5. Pictures



Picture 1: Pre Operative



Picture 2: Pre Operative

4. Conclusion

This case of Paget's disease of the left nipple with underlying invasive ductal carcinoma is being reported from Barpeta district of Assam. The best modality of care was provided within the facilities permitted.

The patient came for the first follow-up; scar tissue was healthy and there were no late surgical complications on evaluation. Removal of the drain was done. The patient is planned for adjuvant treatment.

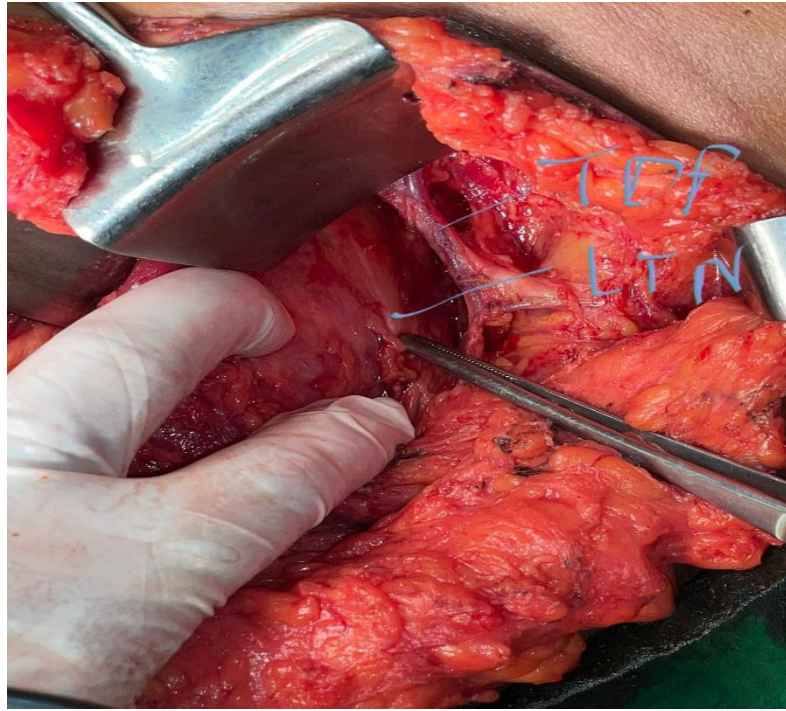
The patient will be kept under follow-up, and further data will be added after each routine follow-up.



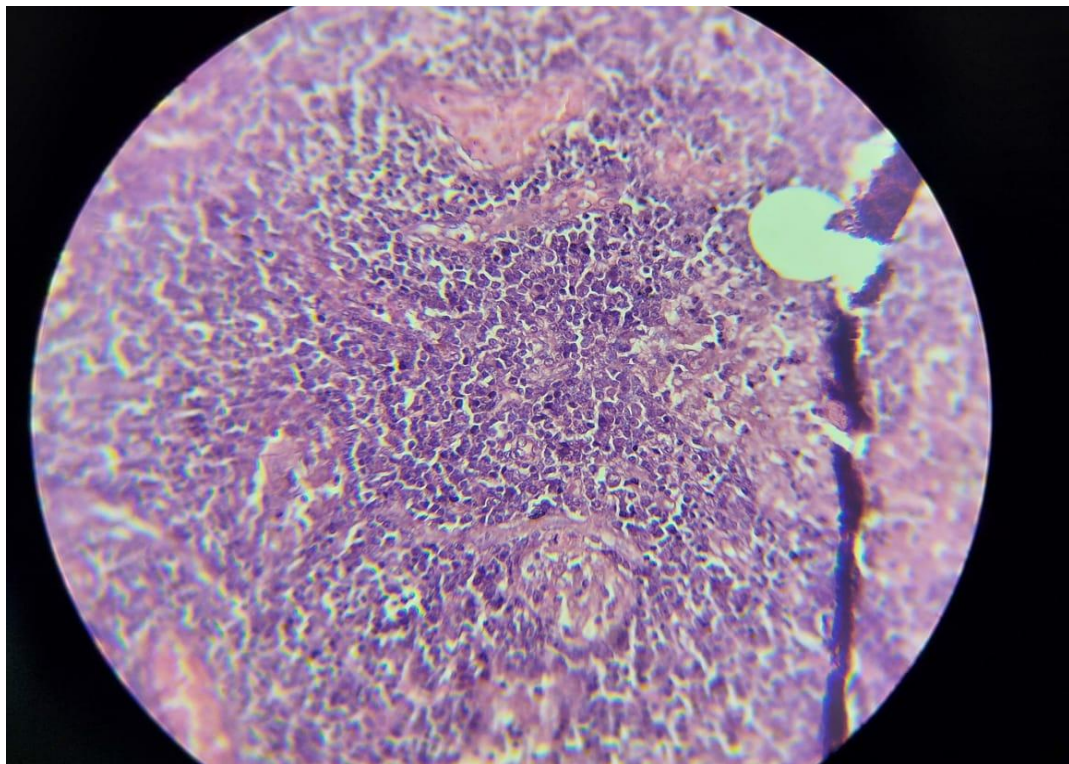
Picture 3: Pre Operative



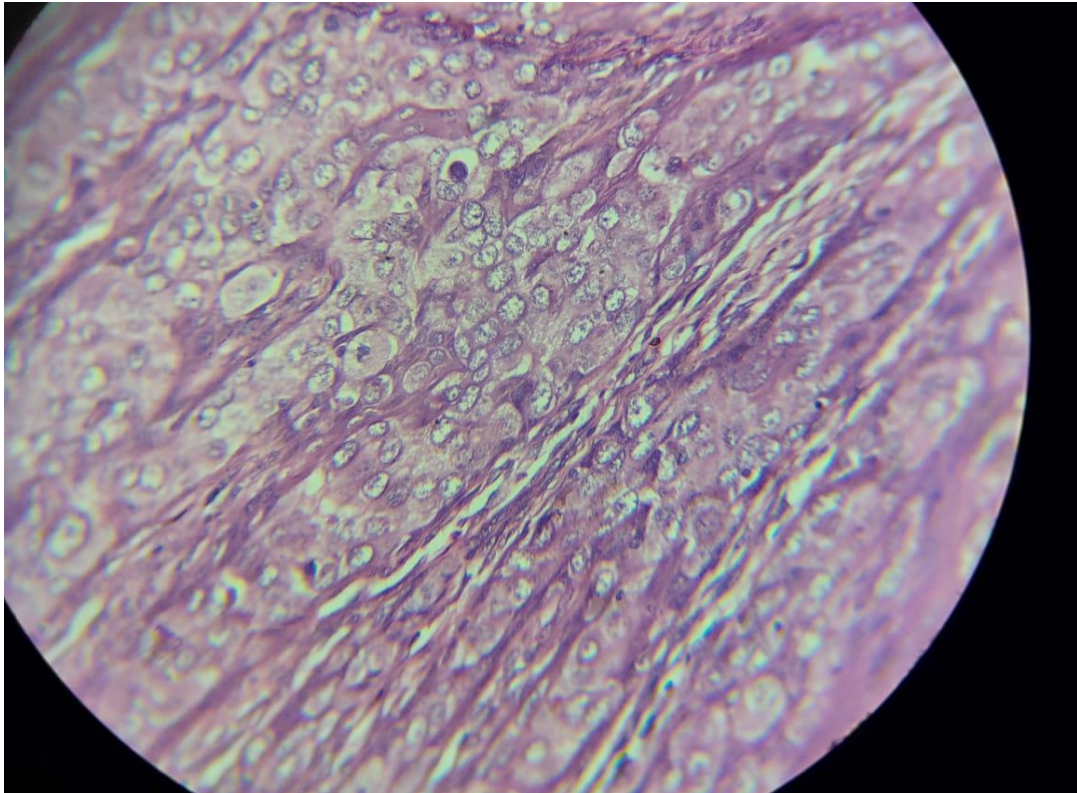
Picture 4: Intra Operative



Picture 5: Intra Operative



Picture 6: Histopathology Slide



Picture 7: Histopathology Slide

References

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