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# Case Report on Bilateral Invasive Ductal Carcinoma

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**Abstract:** ***Carcinoma of breast is heterogenous disease. Using the light microscopic appearances, there invasive forms are divided into three main types: Infiltrating lobular carcinoma, infiltrating ductal carcinoma and other infiltrating carcinomas. Invasive ductal carcinoma is most common type of breast cancer but bilateral invasive ductal carcinoma is a rare entity. We report a 49 yr old female with bilateral inasive ductal cell carcinoma***

**Keywords:** breast cancer, bilateral invasive ductal carcinoma

## 1. Case Report

A 49 yrd old female presented to the surgery department of P. D. U. civil hospital Rajkot on 29thseptember 2022 who is unmarried and has intellectual disability with chief complaits of swelling over bilateral breasts associated with pain since 6 months

On examination breast masses were hard, immobile and irregular with no any Discharge from nipple. Right breast lump of approx 3×2 cm was present at upper outer quadrant at 3 o'clock position and left breast lump of approx 5×3cm size was present at upper outer quadrant at 1o'clock position, bilateral axillary lymph nodes were palpable

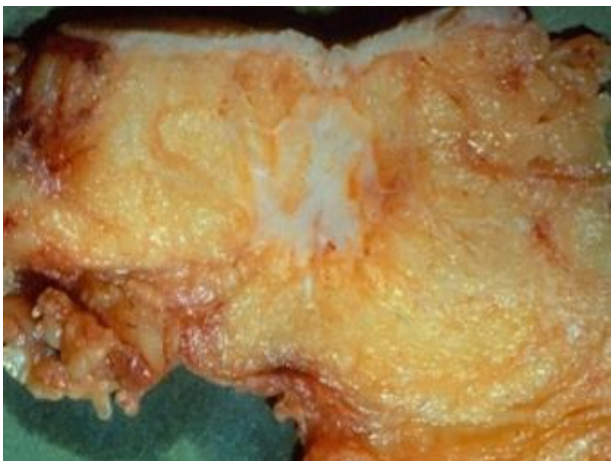
USG was suggestive of left sided 6×3cm sized ill defined heterogenous hypoechoic lesion noted involving nipple areola complex with evidence of internal vascularity and microcalcifications, lesion abuting underlying muscle and 13×5mm sized well defined heterogenous hyperechoic lesion at right breast with calcifications within

Histopathological report of excised specimen left breast suggestive of invasive ductal carcinoma grade 1, pT3N1Mx

After an interval of 10days patient again got admitted and undergone right breast modified radical mastectomy.

All the blood Investigations were within normal limits

Post operative period was uneventful



## 2. Discussion

Breast carcinoma may arise from a benign tumor or the tumors may coexist independently Bilateral breast carcinomas are very rare and comprise only 2-5% of all breast malignancies with only triple-negative breast malignancies being rarer. About 2-11% of breast cancer patients will develop cancer in the opposite breast in their lifetime with an incidence rate varying from 4 to 8 per 1000 people per year.

An infiltrative lobular carcinoma is more prone to multicentricity and bilaterality as compared to infiltrative ductal carcinoma. Bilateral tumors can be either metachronous or synchronous. Family history of breast cancer is a risk factor for the development of unilateral breast carcinoma; it wouldn't be an unreasonable hypothesis to think that it could be a risk factor for bilateral breast carcinoma.

In the current case, a 49 year-old female presented with bilateral breast masses of 6-month duration. On examination. she had bilateral palpable breast masses, which were hard, immobile, and irregular. On the right side, there was skin tethering and palpable axillary lymph nodes. Ultrasound examination showed left sided 6×3cm sized ill defined heterogenous hypoechoic lesion noted involving nipple areola complex with evidence of internal vascularity and microcalcifications, lesion abuting underlying muscle.

13×5mm sized well defined heterogenous hyperechoic lesion at right breast with calcifications within, microscopically the findings revealed bilateral invasive ductal carcinoma

According to the literature, the majority (87%) of the patients were treated with mastectomy and axillary nodal evaluation, and most of them (73%) received postoperative radiotherapy to the locoregional area. Only 8.7% of the patients had been treated with adjuvant therapy, which usually consisted of ovarian ablation (4.5%). There was no significant difference between the therapy given to patients.

In the current case, pt has 8 cycles of chemotherapy and got operated for left side MRM with right side lumpectomy followed by right side MRM.

Synchronous tumours are defined as two or more tumours where each are malignant, are distinct from each other i. e. of different histological type and where neither can originate with metastasis from another tumor. The incidence of synchronous bilateral cancer is of approximately 1% to 2% and that of metachronous cancer 5% to 6%. Bilateral synchronous breast cancer is an uncommon finding in women presenting with multiple breast lumps. It is reported to account for approximately 1% to 2% of women with breast cancer

Bilateral breast carcinomas are very rare. They form 2–5% of all breast malignancies. About 2–11% of breast cancer patients develop cancer in the opposite breast in their lifetime with an incidence rate varying from 4 to 8 per 1000 people per year.

Microscopically, the findings usually reveal infiltrative ductal carcinoma. The treatment of choice is bilateral modified radical mastectomy. Also bilateral separate two pathologies of the breast at the same time, or following each others are possible and should be put in mind whenever both side-findings were observed.

## 3. Conclusion

Bilateral carcinoma of the breast is very rare. Microscopically, the findings usually reveal infiltrative ductal carcinoma. The treatment of choice is bilateral modified radical mastectomy.

**Conflict of interest:** Nil declared.

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