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A Case Report of Lobular Carcinoma in Male Breast

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Abstract: ***Breast carcinoma in male is very rare approximately 0.8% of all breast cancer. Amongst that most common is Invasive Ductal Carcinoma. Due to absence of terminal lobule in male Lobular Carcinoma is rare in male. Lobular subtype of breast remains an enigmatic elusive disease that needs additional research to unravel its overall pathogenesis to provide insight for improved therapeutic management options. We report a case of Lobular Carcinoma in male.***

Keywords: Lobular Carcinoma

1. Case Presentation

A 50-year-old male presented with complaint of swelling in left breast which he noticed 1 month back, which was increasing in size gradually and is associated with dull pain. He has also complaints of scanty bloody discharge from nipple for 3 days. No previous history suggestive of liver disease, hormonal drugs consumption and BRCA-2 gene related cancers in family members. On examination there was swelling of 3x2 cm size is seen around the left areola which was hard in consistency and fixed to underlying pectoralis major muscle with overlying skin showing peau-de-orange appearance and retraction of nipple. Another swelling is also palpable in left axilla which was of size 1x1cm, hard in consistency and fixed. Opposite breast and axilla were unremarkable. TNM T4bN2aM0 stage IIIB2 that is locally advanced cancer.

We proceeded for trucut biopsy; result suggested of Infiltrating Ductal Carcinoma no otherwise specific type-2. Then to know local spread and distant metastasis whole body CT scan was done which suggested of tumor was infiltrating the pectoralis major muscle and overlying skin with bilateral axillary lymphadenopathy with no distant metastasis. We posted this patient for left modified radical mastectomy, tumor was found to be adherent to pectoralis major muscle, specimen was removed and axillary dissection was done and sent for histopathological examination. Report suggested of Lobular Carcinoma in situ with lymphovascular invasion present (pT2pN1apMx).

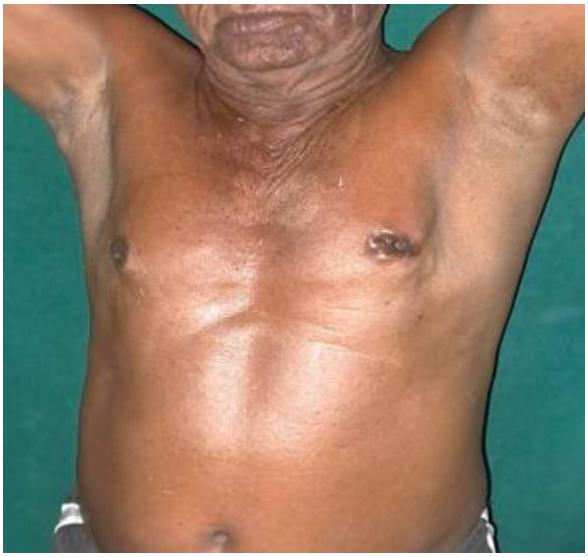

Figure 1: Pre-operative patient in both arm raised position

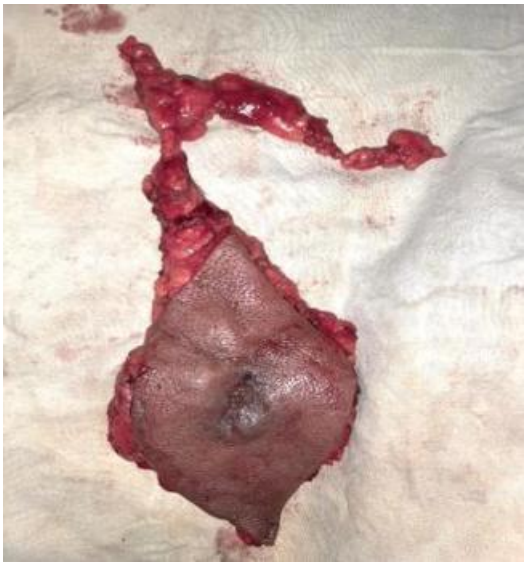

Figure 2: Post-operative modified radical mastectomy specimen

2. Discussion

Male breast cancer may be the result of an abnormal balance between estrogen and androgen, the risk is increased in

patients with undescended testes, congenital inguinal hernia, Klinefelter's syndrome, though in our case no such history was present. Lobular Carcinoma does not show much desmoplastic reaction in tissue which leads to no significant lump presentation and delayed presentation of patient and due to very scanty breast tissue in males underlying muscle involvement is common. Male breast carcinoma has higher rate of hormone receptor positivity. In our case it was ER +ve, postoperative hormonal and chemo-radiotherapy is suggested.

3. Conclusion

Lobular carcinoma in male breast is exceedingly rare for which accepted staging and management protocol is based on the female counter part of this diagnosis. Male carcinoma breast has propensity for diffusion and distant metastasis resulting in poor outcome.

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Conflict of interest: None

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