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% of all 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

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. 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 cancer 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 estrogeen 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

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