Case report **Pathology**

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MEDULLARY BREAST CARCINOMA IN A YOUNG FEMALE AGED 30: A RARE CASE REPORT

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ABSTRACT

Medullary carcinoma is a rare subtype of invasive breast carcinoma, comprising less than 5% of all breast cancers. It is commonly seen between 45-54 years age group and is very rare in ≤ 30year. Case presentation- 30yr female presented with a lump in breast which was diagnosed clinically as fibroadenoma. On histological examination- Medullary carcinoma of breast was diagnosed. Conclusion- We should be very careful in diagnosing breast lump in young female as benign appearing lesion can be a malignant one. So triple test of clinical examination, mammography/ USG & biopsy are essential for diagnostic accuracy and optimal treatment of patient with breast lump.

KEYWORDS : Medullary breast carcinoma, Lump, Fibroadenoma.

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INTRODUCTION

Medullary breast carcinoma is a rare subtype of invasive ductal breast carcinoma, comprising less than 5% of all breast carcinoma in majority of studies. Mean age of presentation is 45 to 54yrs but is very rare in thirty or less than thirty. The histological hallmark of medullary carcinoma breast is that it is well circumscribed, has syncytial architecture in greater than 75% of its surface, contains diffuse inflammatory infiltrate, and has atypical nuclear forms, no glandular pattern. The tumor does not always feel like a lump. At times it feels like a spongy area of breast tissue. Since the cells of medullary carcinoma are large and tend to stay together and expand in one place, the tumor may feel rather smooth sided like a breast cyst and is often misdiagnosed as fibroadenoma. Medullary carcinoma tends to be a high grade usually does not spread to the lymph node as often as other types of invasive breast cancer. The prognosis of medullary carcinoma is often better than some other more common type of invasive breast carcinoma.

CASE PRESENTATION

30yr old female presented with a lump in the outer quadrant of left breast in district hospital Mandla (M.P.). On physical examination the lump was well circumscribed, firm, mobile, non-tender. Overlying skin was normal. There was no nipple discharge. She had no family history of breast carcinoma. Clinically and ultrasonographyically a diagnosis of fibroadenoma was made and lumpectomy done. The specimen was send to our histopathology department of NSCB medical college Jabalpur for Histopathology reporting. The specimen received consists of creamish white nodular soft tissue mass measuring 2x2x1cm. Cut section is solid grayish white.

Microscopic examination- H/E stained section show tumor cells arranged in sheets with syncytial growth pattern and surrounded by lymphocytic infiltrate. Tumor cells are large have a pleomorphic nuclei, prominent nucleoli and indistinct cell border. The tumor has a pushing border. Histological features are suggestive of Medullary Carcinoma Breast.

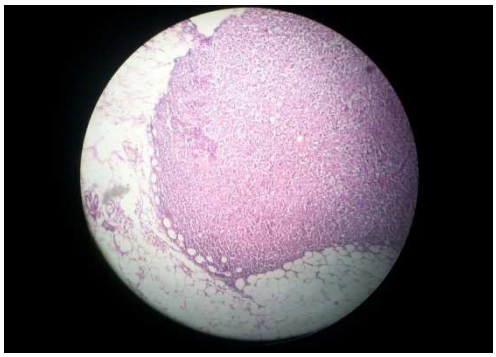
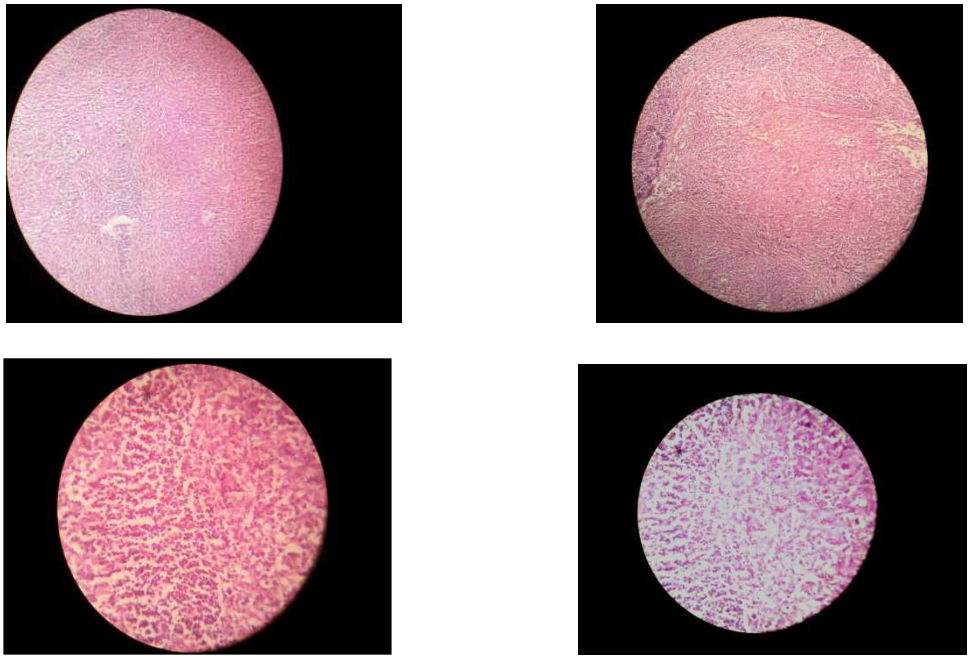


Figure 1
medullary carcinoma breast with pushing border



DISCUSSION

Breast carcinoma is rare in young women especially in women less than 30yrs age. According to SEER data collected in year 1975 to 2000 less than 1% of all breast carcinoma cases occurred in women under age 30 yrs (1). Older women are much more likely to get breast cancer than younger women. From 2006-2010, the median age for a breast cancer diagnosis was 61 years of age. Approximately 0.0% was diagnosed under age 20; 1.8% between 20 and 34; 9.6% between 35 and 44; 22.2% between 45 and 54; 25.2% between 55 and 64; 20.7% between 65 and 74; 14.8% between 75 and 84; and 5.7% 85+ years of age (SEER, 2013). Medullary carcinoma is rare breast malignancy comprising less than 5% of breast carcinoma in majority of studies (2). Medullary carcinoma is an uncommon type of infiltrative breast carcinoma which occurs in women between 45-54yrs. It is very rare in 30 or less than 30yrs (3,4,5). It carries a very good prognosis as compare to other breast carcinoma, probably due to increase lymphocytic infiltrate in the tumor reflecting a strong host defense mechanism which is responsible for the remarkable high survival rates following radical treatment (2,6). There are several difficulties in diagnosis of medullary carcinoma in young women due to greater tissue density which may obscure the lesion

and partly because medullary carcinoma do not have typical malignant feature on mammography. Medullary carcinoma breast mimics a benign mass at both mammography and ultrasound (4). The difficulty in distinguishing benign from malignant lesion on clinical & imaging assessment in young female stresses the importance of triple test of clinical examination, mammography or USG and biopsy (7). Medullary carcinoma since it is usually well circumscribed and has a pushing border (noninfiltrative). It is often diagnosed clinically and grossly as benign lesion. In our case also the patient was young 30yrs female, diagnosed as fibroadenoma clinically which on Histological examination comes out to be a medullary carcinoma. So we should always be very careful in diagnosing a breast lump in young female as it could be a malignant lesion.

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