An unusual case of infiltrating papillary carcinoma of the breast

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Abstract : Papillary carcinoma of the breast is a very uncommon form of infiltrating breast cancer. Infiltrating micropapillary carcinoma of the breast is a recently described and poorly recognized aggressive variant of infiltrating ductal carcinoma for which clinical significance and role of prognostic markers are not fully described. We hereby discuss the rare incidence, clinical scenario and further management of this rare recently described form of breast cancer.

Keyword : Infiltrating papillary carcinoma breast, incidence, clinical scenario, management

ABSTRACT:

Papillary carcinoma of the breast is a very uncommon form of infiltrating breast cancer. Infiltrating micropapillary carcinoma of the breast is a recently described and poorly recognized aggressive variant of infiltrating ductal carcinoma for which clinical significance and role of prognostic markers are not fully described. We hereby discuss the rare incidence, clinical scenario and further management of this rare recently described form of breast cancer.

KEY WORDS:
Infiltrating papillary carcinoma breast, incidence, clinical scenario, management

INTRODUCTION:

Papillary literally means 'nipple-like', and this cancer is characterized by a well defined margin and many small projections which look like finger or nipples or like bumpy surface of the taste buds in the tongue. Papillary carcinoma of the breast is commonly discovered as a palpable mass or a cyst of about 2-3 cm in diameter, containing brownish mixture of neoplastic tissue and blood clot.

CASE SUMMARY:

A 22 yr old female has come with complaints of lump in the left breast for the past four months, for which the patient has undergone lumpectomy, following which the biopsy of the lumpectomy specimen came back as infiltrating papillary carcinoma of the breast and the patient was referred to higher centre for further management. The patient presented to us with a lump of size 2x2 cm in the upper outer quadrant, with a radial scar of size 1x2 cm. A single mobile lymphnode was present in the left axilla. Opposite right breast and right axilla were free. We resubjected the paraffin block of the patient for repeat biopsy which again confirmed the previous diagnosis of papillary carcinoma of the breast. Surgical oncologist opinion was obtained and patient was advised BCT (breast conservation therapy). This decision for breast conservation therapy was taken considering the young age of the patient (22 years) and the patient was well aware of the potential risk involved in BCT & PATIENT was willing for regular follow up. Patient was not willing for an MRM PATIENT WAS POSTED FOR LEFT QUADRANTECTOMY AND AXILLARY DISSECTION. Circumareolar incision made and flaps raised.

Upper flap being raised and radial scar being excised. Left quadrantectomy being done.
Patient post operative period was uneventful. Biopsy came back as NO RESIDUAL MASS SEEN IN THE LEFT QUADRANTECTOMY SPECIMEN AND AXILLARY LYMPH NODES ARE FREE OF THE TUMOUR. HISTOPATHOLOGICAL PICTURES:

Post surgery, surgical oncologist opinion was obtained and since there was no residual tumor and resected margins were normal, considering the young age of the patient, it was considered that regular follow up of the patient could be done. Patient was discharged on the 10 POD. Tumour marker study was not done in this patient since the non availability in our institution and the patient could not afford it due to financial reasons.

DISCUSSION:

BREAST CANCER is a heterogenous disease, and extensive efforts have been made to enhance over understanding of its biology to enable us potentially aggressive tumours and the patient at higher risk for recurrence and metastasis. This information might be useful in planning appropriate therapeutic regimens. Increased recognition of specific subtypes logically has decreased the number of cases placed in the category of infiltrating ductal carcinoma, and not otherwise specified. Papillary breast cancer is diagnosed in 2 to 3% of all patients. Occasionally the disease is found in men also. Papillary carcinoma most frequently occurs in older, post menopausal women, and commonly presents as a moderate or grade 2 tumour in terms of perceived aggression. These tumours may not present during the self breast examination, but may show up in the mammography as a mass beneath the areola. Some may become large to be felt by the fingers and cause tenderness. Most of the papillary carcinomas do not present any symptom. Invasive papillary carcinoma usually occurs following the development of papillary ductal carcinoma in situ (DCIS), once again underlying the importance of benefits of early breast screening. If the carcinoma is just beginning to affect the ducts it might be called 'infiltrating papillary carcinoma' and if it is clearly within the ducts and moving beyond it would be termed 'invasive papillary carcinoma'. Mammography and sonography can usually identify papillary carcinoma, but a fine needle aspiration biopsy may not be sufficient to distinguish in situ, invasive and infiltrating forms. This is due to the fluid nature of the carcinoma, and because the invasion tends to occur at the edge of the tumour. BECAUSE OF THIS SURGICAL EXCISION OF THE TUMOUR IS OFTEN UNDERTAKEN.

Papillary carcinoma is a slow growing form of breast cancer and the 10 yr survival rates have been reported between 85% to 100%. With 10 year ‘disease free’ rate of just being under 75%. Non invasive papillary carcinoma has a similar prognosis to most other ductal carcinoma. However, the invasive presentation of the papillary carcinoma is thought to have a better prognosis than the other invasive carcinomas. Negative axillary lymph node significantly improves the 5 yr survival rate. Tumour size and cancer grade also plays a role. The outlook for papillary carcinoma is also more positive for younger patients.
As for treatment and follow up options, segmental mastectomy is the most frequent course of action. Less commonly, patients undertake hormonal and radiation therapies. Axillary samplings at regular interval is usually performed for women at higher risk or where invasion is felt more likely.

REFERENCES: