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Arare Case of Intracystic Papillary Carcinoma of Breast Mimicking As Breast Abscess.

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I. INTRODUCTION

Papillary carcinoma of breast is a rare form of breast carcinoma. Intracystic papillary carcinoma (IPC) is a variant of papillary carcinoma and accounts for 0.5-1% of breast cancers only.Physical examination and imaging findings are not usually sufficient to distinguish between benign tumors and this malignant Intracystic lesion. The imaging technique which provides greatest information is Ultrasonography. Fine needle aspiration biopsy (FNAB) can show a malignant lesion but it is often inaccurate and excisional biopsy is usually necessary for definitive diagnosis. Complete excision of the cyst which should include the intracystic tumor is the treatment of choice(1).Here a rare case is described below.

II. CASE REPORT

A 47 year old woman presented with 3 month history of swelling in the left breast which is associated with pain. Patient had history of fever. On clinical examination, the swelling was 10x10.5cm located in the lower inner and lower outer quadrant extending to upper outer quadrant with erythema.The mass was cystic in consistency with local rise of temperature and tenderness. The right breast and both axillary area are free. She had no family history of breast carcinoma. Ultrasonography revealed left breast abscess associated with mastitis and left axillary lymphadenopathy. Mammography showed well defined radio opaque lesion with interspersed radiolucent areas in the lower quadrant of left breast. FNAC revealed breast abscess with inflammatory cells composed of neutrophils, cyst macrophages and macrophage clusters. Incision and drainage with excision and biopsy of cyst wall was performed under general anesthesia. Interestingly, the Biopsy report revealed intracystic papillary carcinoma with extensive areas of necrosis. The tumor cells are arranged in solid pattern and around fibrovascular cores. The tumor cells show moderate to severe pleomorphism with vesicular nucleus and prominent nucleoli. CT chest revealed few axillary nodes bilaterally measuring upto 9.3mm in the left axilla and thick air filled cavity with surrounding inflammatory changes in the left breast. Then the patient had undergone modified radical mastectomy. Frozen section biopsy report came out to be free of margins. IHC marker study revealed triple negative breast carcinoma

Figure 1: Clinical picture

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Figure 2: Specimen removed

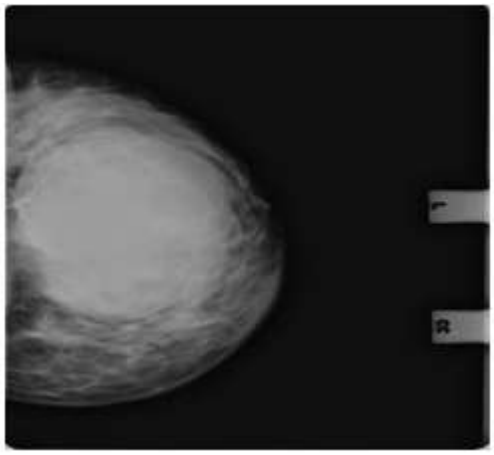

Figure 3: Left breast mammogram

III. DISCUSSION

Cystic carcinoma of the breast include IPC with or without invasion,ductal carcinoma with cystic degeneration, and cystic hypersecretory ductal adenocarcinoma(2). IPC can be present as a pure form or associated with ductal carcinoma in situ or ductal carcinoma invasive around the tumor.The frequency of lymph node involvement is 0% to 11%. IPCs are reported in patients from 25 to 80 years of age, with a peak incidence in patients aged 40 to 75 years old. These tumors may have a wide spectrum of presentations varying from a focally invasive lesion to a large mass located within a cystically dilated duct. IPCs are reported in different sizes, ranging from 1 to 10 cm(3). It may be seen anywhere in the breast, and not only in the retroareolar region.

The mammographic finding of IPC is usually a well-circumscribed, high-densitymass. Occasionally, satellite lesions or microcalcifications or both are present. Ultrasonography is the preferred imaging method to distinguish cystic from solid masses of the breast and to differentiate simple cyst from cysts with intracystic tumoral lesions(4). It is feasible to perform a preoperative ultrasound-guided Fine Needle Aspiration Biopsy Cytology (FNABC) or core biopsy of the cystic and solid component for cytological and histological studies(5). The aspirated fluid is often bloody, although the bloody aspirate is not pathognomonic for IPC. The treatment of IPC is similar to other forms of breast cancer in which lumpectomy, segmentectomy and mastectomy are reliable actions. Sentinel node biopsies or axillary dissections are often performed for evaluation of axillary lymph nodes.Radiation therapy may also be administered in some patient. Partial mastectomy without axillary lymph node dissection is the standard treatment for patients with noninvasive IPC, while patients with invasive IPC usually undergo mastectomy with lymph node dissection(1). The prognosis for IPC is usually very good with disease-specific survival rates approximately 100%.

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