

**SQUAMOUS CELL CARCINOMA OF THE BREAST, ABOUT A CASE AND REVIEW
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ABSTRACT

Primary epidermoid carcinoma (PEC) also known as squamous cell carcinoma of the breast are rare. They are tumors of metaplastic origin whose definition and histogenesis are controversial in the literature. The clinical and mammographic findings are not specific, however, the necrotic and fluid aspect of the lesions should be sought on breast ultrasound. The diagnosis is histological and is made on biopsy. Breast PEC is known to be low lymphophilic and non-hormone-dependent. Treatment is poorly codified and is based on surgery, radiotherapy and chemotherapy. These tumors have a poor prognosis because of their rapid evolution. We report a case of squamous cell carcinoma of the breast collected at the Gynaecological-Mammary Unit of the National Institute of Oncology at the Ibn Sina University Hospital in Rabat and a review of the literature.

KEY WORDS: Primary epidermoid carcinoma, breast, metaplastic origin, surgery.**INTRODUCTION**

Primary squamous cell carcinomas of the breast are rare tumors which represent 0.1% to 2% of breast cancers. They are part of the metaplastic carcinomas of the breast, whose etiopathogenesis and prognosis are controversial^[1] We report a case of squamous cell carcinoma of the breast observed at the National Institute of Oncology Sidi Mohammed Ben Abdellah, through which and in the light of the literature, we will specify some particular characteristics of these tumors on the clinical, mammographic, histological and therapeutic.

OBSERVATION

This is Mrs. F. Q., 49 years old, single, with a history of hemi-thyroidectomy, right breast lumpectomy in 2008 for low-grade phyllodes tumour, then she benefited in 2013 from a left patey with on the pathological examination of a high-grade infiltrating ductal carcinoma then lost to view without adjuvant treatment.

The patient consulted on 08/11/2022 in the emergency department of the National Institute of Oncology in a state of septic shock.

Admission exam finds

- GCS at 13, discolored conjunctivae, BP=80/50mmhg, HR=90 bpm and SaO₂ =69%.
- Bulky necrotic, purulent, haemorrhagic right breast mass, with a fixed crater in both planes and fixed ipsilateral axillary lymphadenopathy. (Picture)

- Left mastectomy scar free
- Left axillary hollow seat of an ectopic breast of 6cm.

The patient was hospitalized with conditioning and assessment, put on triple antibiotic therapy and transfused with 4 red blood cells.

After stabilization, we performed a biopsy, the anatomopathological examination of which showed a grade III SBR squamous cell carcinoma, with no intraductal or intralobular component, positive vascular emboli, negative hormone receptors and negative hercept test.

An extension assessment was carried out, which did not reveal any secondary localization.

Faced with the hemorrhagic nature of the tumor, the patient benefited from a halsted right of cleanliness.

The postoperative follow-up was simple and the patient was referred to oncology for adjuvant chemotherapy.



Figure: Locally advanced right breast tumor.

DISCUSSION

Primary squamous cell carcinomas of the breast are rare, representing 0.1% to 2% of all breast cancers; they belong to the group of metaplastic breast carcinomas.^[1]

The histogenesis of this cancer group is still obscure^[2]: the original cell that underwent metaplasia is not determined: epithelial, myoepithelial or totipotent reserve cells.^[3] Some authors incriminate the chronic inflammation observed in abscesses, chronic mastitis and biopsy sites in the genesis of these tumors. Benign squamous metaplasia of the lining could be a potential precursor.^[4]

Squamous cell carcinoma of the breast is the prerogative of women aged between 30-80 years with an average age of 57 years.

No predisposing factor has been described, however the notion of a history of local trauma has been described, it affects both the right breast and the left breast. Bilateral involvement is rare.

The clinical and radiological aspects are not specific and do not differ from those of other carcinomas.^[5, 6] The size of the tumor is variable according to the stage of the evolution, it varies from 3 to 10 cm, their consistency is firm or indurated.

However, breast ultrasound raises the importance of necrosis as well as the cystic aspect of the lesions, which can pose a problem of differential diagnosis of a complex breast cyst.

The diagnosis can be made by a simple biopsy as in our case, but the immunohistochemical study is essential.^[7] Histologically, squamous cell carcinoma has the same architecture and cytonuclear features as other squamous cell carcinomas that develop at another site. However, the diagnosis is retained only in the presence of certain

conditions: absence of a local extension of a squamous cell carcinoma of the skin covering opposite or of the nipple and of a metastasis from a distant squamous cell carcinoma.^[8]

Immunohistochemistry generally shows epithelial tumor cell expression of high molecular weight cytokeratins and absence of expression of vascular endothelial markers. The majority of these tumors do not express hormone receptors in our patient: HR and the Hercept test were negative.

This type of tumor is reputed to be not very lymphophilic and in 70% of cases there is no lymph node metastasis after axillary dissection.^[2] Molecular studies show overexpression of the p53 protein and of the angiogenesis markers VEGF and HIF-1 α .^[9] The treatment of squamous cell carcinoma of the breast is identical to that of invasive ductal carcinoma. Conservative surgery is possible; the patey is indicated if large tumor followed by radiotherapy and chemotherapy. The use of hormone therapy is limited by the lack of hormone dependence of this type of cancer.^[3, 10]

In neoadjuvant, in the literature, there is a significant response with reduction in tumor size and in the case of locally advanced tumors regression of inflammatory signs.

Tumor size and axillary lymph node invasion are the main prognostic factors according to many authors.^[2]

Some authors consider that the predictive factors of a poor evolution of squamous cell cancers are the fusiform component, necrosis, and cellular acantholysis.^[1]

The prognosis of squamous cell carcinomas remains pejorative, the site of predilection for metastases occurring during the first five years is the lung, the liver,

the bone or the brain. The average survival at 5 years is estimated between 50 and 63%.^[2,3]

CONCLUSION

Squamous cell carcinoma of the breast is a very rare entity that shares the same clinical aspects and mammograms with other breast carcinomas.

Unlike adenocarcinomas, this variety of cancer is not hormone-dependent.

Surgery and radiotherapy represent the two main therapeutic weapons. The place of chemotherapy remains to be assessed. Their prognosis seems to be closer to other breast cancers.

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