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Case Report

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MEDULLARY CARCINOMA OF THE BREAST: A CASE REPORT

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ABSTRACT

We report the observation of a 45-year-old female patient with no specific pathological history in whom the clinical examination found a 50x60 mm nodule. Breast ultrasound showed an adenofibroma without microcalcifications. The CA15-3 assay was positive at 46.8 U/ml. The Anapath test was in favor of a medullary carcinoma of the breast confirmed histologically and the patient was treated conservatively. This is a rare clinical form of breast cancer with a favorable evolution despite poor prognostic factors. The therapeutic indications are identical to those of other infiltrating carcinomas with, however, a greater indication for chemotherapy due to the frequency of triple-negative tumors.

KEYWORDS: Carcinoma - Medullary - Breast - Treatment - Prognosis.

INTRODUCTION

Typical medullary carcinoma of the breast is a particular clinical form because of its rarity - less than 5% of all breast cancers. It is a difficult cancer to diagnose, of high histological grade but with a good prognosis. It occurs more frequently in women under 50 years of age.

MATERIALS AND METHODS

We report the observation of a 45-year-old female patient with no particular pathological history.

The clinical examination revealed a 50x60 mm nodule, well limited and mobile in relation to the 2 planes. The breast ultrasound showed an oval opacity in contact with the pectoral muscle with regular hypoechogenic contours and posterior enhancement corresponding to an adenofibroma without microcalcifications. The CA15-3 assay was positive at 46.8 U/ml.

The Anapath test was positive for histologically confirmed medullary breast carcinoma according to the RIDOLFI criteria, which was treated conservatively with adjuvant chemotherapy, tamoxifen-based hormonal therapy and adjuvant radiotherapy.

RESULTS AND DISCUSSION

Typical medullary carcinoma of the breast is a rare form of breast malignancies. It presents clinically as a unilateral mass, often localized in the upper quadrants, especially in the superior-external quadrant, rounded, well-limited, and mobile, suggesting a benign formation. In most cases, the tumor is palpable, without adherence to the deep planes or to the skin. Its clinical appearance is that of a painless nodule, ranging in size from 10 mm to 70 mm. Medullary carcinoma is generally manifested immediately by nodules that are rather palpable, which allows an early diagnosis and therefore a better prognosis.[1] Ultrasound and mammography are essential in the diagnosis of medullary carcinoma of the breast. Because of the young age of the patients, the breasts are generally dense, which sometimes makes the interpretation of mammograms difficult,[2] and this type of carcinoma is characterized by its deceptive mammographic appearance, falsely benign, evoking in particular a benign phyllodes tumor or an adenofibroma, as in the case of our patient. It classically presents as a well circumscribed opacity, rarely with a stellate appearance. The pathology shows "well-limited carcinomas, consisting of poorly differentiated cells in a sparse stroma, with intense lymphoid infiltration.[4,5] The tumor cells are large, with vesicular nuclei, large nucleoli, and unclear cytoplasmic boundaries. Genetically, recent data have suggested an association between medullary carcinoma and the BRCA1/2 mutation.[5]

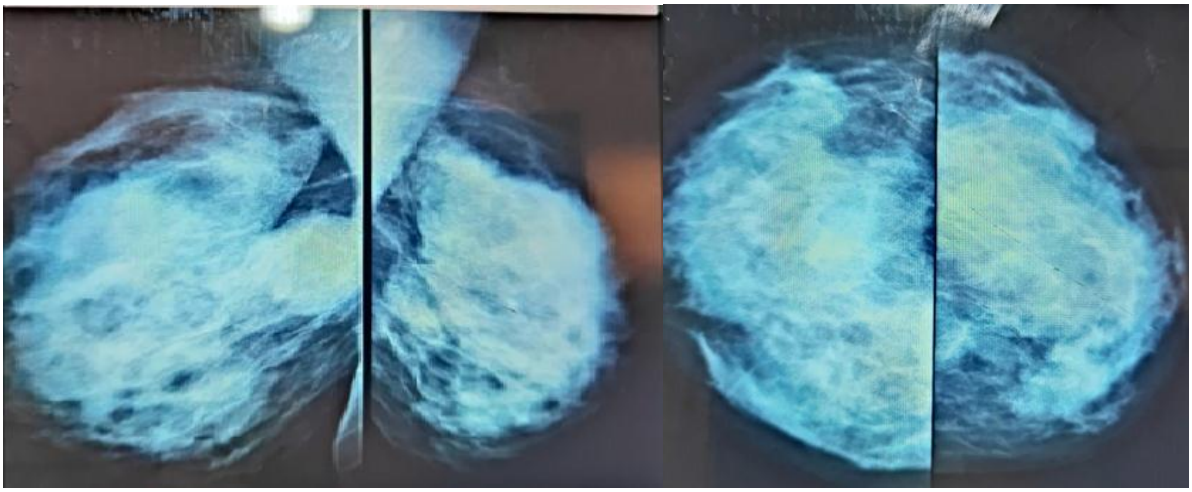

Figure 1: Mammographic images showing the presence of a rounded opacity of the right IQ with a watery tone classified as ACR2.

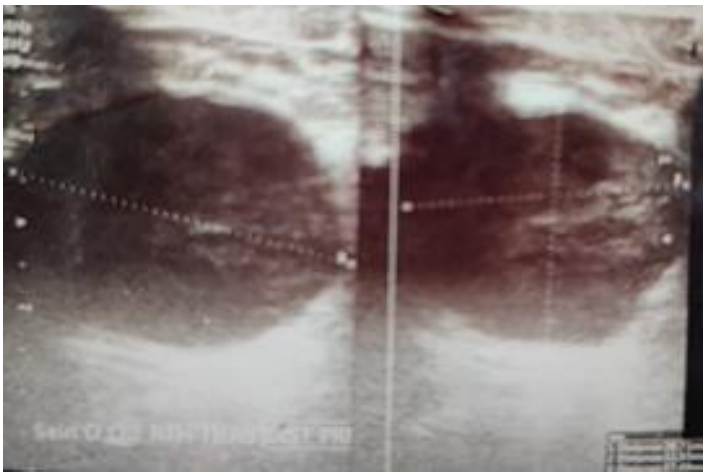

Figure 2: Image taken for an adenofibroma by breast ultrasound.

Treatment is based primarily on conservative surgery depending on the size of the tumor. Radiation therapy is indicated in all patients because of the significant benefit it offers in terms of local control. Hormone therapy is offered to all patients with positive or unknown hormone receptors, regardless of the type and level of these receptors, the patient's menopausal status and their age. Chemotherapy is indicated in case of N+ and in N- patients with poor prognostic factors (Hormone receptor negative, young age, tumor size ≥ 3 cm). Our case agrees with those in the literature and confirms the favorable prognosis of this histological form.

CONCLUSION

Since its introduction in the literature more than half a century ago, medullary breast carcinoma continues to gain more and more interest. This is due to the particular clinico-pathological and evolutionary characteristics of this entity. Indeed, the morphological aggressiveness of this neoplasia contrasts with its favorable evolution in comparison with other histological types of breast cancer. Its treatment remains similar to that of other breast cancers.

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