

Breast carcinoma in men - it's rare but there

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Abstract

Background: Male breast carcinoma is a very rare disease. It accounts for less than 1% of malignancies in men. This study reviews the male breast carcinoma cases with regard to its incidence, presenting characteristics, risk factors, diagnosis, management and survival. **Methods:** We present a series of 5 consecutive cases seen at a single centre tertiary care teaching NIMS hospital over a period of from 2007 to 2013. We searched the paper charts of all male patients with a histologically confirmed diagnosis of breast cancer. A study of various epidemiological factors/clinical presentation and metastasis (local and distant) was done. **Results:** Mean age of diagnosis was significantly higher in males; mean survival after diagnosis was significantly lower in men because cancer was found at a more advanced stage in men at the time of diagnosis. **Conclusion:** Men have a delayed diagnosis, older age at diagnosis and shorter survival after the diagnosis of male breast cancer. There is a need for creating awareness of possibilities of breast cancer in men which would help in earlier diagnosis and potentially better outcome after treatment.

Keywords: Male, breast carcinoma, epidemiology, diagnosis, survival.

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INTRODUCTION

Breast carcinoma in men is an uncommon disease. In 2003, an estimated 1300 new cases were diagnosed¹. Male breast carcinoma represents 0.6% of all breast carcinoma and less than 1% of all malignancies in men. Because of the rarity of breast carcinoma in men, limited information is available regarding the epidemiology, treatment, and prognosis of this disease. To our knowledge, no randomized trials have been performed to date and most published series have been retrospective chart reviews covering many decades and including at most several hundred patients²⁻⁹. Only 2 studies have been published that have contained >500 male patients with breast carcinoma. One was focused on patterns-of-care and the other, which to our knowledge is the only

large population-based series published to date, described variation in survival rates by patient ethnicity^{10,11}.

AIMS

To reviews the male breast carcinoma cases with regard to its incidence, presenting characteristics, risk factors, diagnosis, management and survival.

MATERIALS AND METHODS

We present a series of 5 consecutive cases seen at a single centre tertiary care teaching NIMS hospital over a period of from 2007 to 2013. We searched the paper charts of all male patients with a histologically confirmed diagnosis of breast cancer. A study of various epidemiological factors/clinical presentation and metastasis (local and distant) was done.

Case 1: A 34 year old male patient presented with complaint of small peanut size lump near areola of right side of right breast. It was mobile, not adherent to overlying skin, size was 1x 1/2x1/2 cm, firm in consistency. **HPE** invasive carcinoma of breast lump.

Case 2: A 54 year old male patient presented with non healing ulcer, approximately 4x2 cm on left breast since 6 month. It was fixed to deeper structure, not fixed to chest wall. It started as a small lump 3 years ago. **HPE** invasive cancer breast.

Case 3: A 37 year old male patient presented a lump on right side of breast on lateral upper quadrant size of 5x3

cm since 1 year. Surface smooth, firm in consistency, not fixed to deeper structure. FNAC proved malignancy, Modified radical mastectomy done. **HPE** Ductal carcinoma

Case 4: A 57 year old male patient presented with previous scar mark on left side of breast, surrounding area is reddened and oedematous and fixed to deeper structure and chest wall. Lymph oedema present in right upper

limb. Mobile lymph nodes present on medical group of axilla with left supraclavicular lymph node enlargement. **FNAC** from nodule taken showing recurrent duct carcinoma.

Case 5: A 58 year old male patient presented with a ulcer over left nipple and areola and is fixed to deeper structure since 5 year. Mobile lymph nodes present on medical group of axilla. **HPE** invasive carcinoma.

RESULT

Table 1

Case No.	Age(Yrs)	Sex	Presentation	HPE/FNAC
1	34	Male	Pea nut size lump right breast	Invasive carcinoma
2	54	Male	Non healing ulcer left breast	Invasive carcinoma
3	37	Male	Lump right breast	Ductal carcinoma
4	57	Male	Previous scar mark left breast,lymphoedema right upper limb,axillary lymphadenopathy and left supra clavicular lymphadenopathy	Recurrent duct carcinoma
5	58	Male	Ulcer over left nipple and areola	Invasive carcinoma

Mean age of diagnosis was significantly higher in males, mean survival after diagnosis was significantly lower in men because cancer was found at a more advanced stage in men at the time of diagnosis.

DISCUSSION

It is interesting to note that male breast carcinoma incidence has not increased as dramatically as has the incidence of breast carcinoma in women. The larger increase in incidence rates noted in women may be due to improved ascertainment from increasing use of screening mammography. As in women, the incidence of breast carcinoma in men increases with age. However, the rate of increase in incidence does not appear to slow after the age of 50 years as is observed in women¹²⁻¹⁶. Men have more advanced disease at presentation compared with women. Men present with higher- stage disease, larger tumours, and more frequent lymph node involvement. It also may reflect a lack of public awareness of breast carcinoma in men and subsequent delays in diagnosis. Breast carcinoma in men has biological differences from breast carcinoma in women. The distribution of histological types varies between men and women. Previous small series have reported that 64-87% of men with breast carcinoma have invasive ductal histology^{3,4,9,17-19}. We also found that the majority of men (93.4%) have invasive ductal or unclassified carcinoma histology. In contrast to women, in whom invasive lobular is the next most frequent histological type, papillary carcinomas (2.6%) are the second most frequent histology in men. Lobular carcinoma occur in men, but are less common.

CONCLUSION

Men have a delayed diagnosis, older age at diagnosis and shorter survival after the diagnosis of male breast cancer. There is a need for creating awareness of possibilities of breast cancer in men which would help in earlier diagnosis and potentially better outcome after treatment.

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