

Carcinoma Breast Male: A Case Report

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Abstract Carcinoma of male breast is a rare cancer in male and accounts for less than 1% of all breast cancers. Affected men are usually in their 7th or 8th decade. In a study in India 0.7% of breast carcinoma is seen in men. Predisposing factors include genetic factors, exposure to radiation and excess estrogen. High exposure to estrogen may result from excess estrogen conditions or due to androgen deficiency states.

Keywords: carcinoma, male breast, estrogen excess states, mastectomy

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1. Introduction

The affected male with carcinoma breast is usually in his sixties or seventies. Histological types and routes of metastasis (lymphatics and vascular) of male breast cancer are similar as in females. Hence the TNM staging system of male breast carcinoma is same as in females. Excess estrogen exposure is a common cause and may result from excess estrogen levels or due to deficient states. Genetic mutation, obesity, alcoholism, liver disease, senescence are important predisposing factors. Men with BRCA1, BRCA2 and Klinefelter's syndrome are at highest risk of developing breast cancer. Size of the tumour and lymph node status are prognostic determinants.

2. Case Report



Figure 1. Right breast shows retracted nipple and sub

A 65 year old male presented with "deformity of the right side of chest" On examination, the nipple retraction was apparent but there was no nipple discharge. A firm retroareolar mass of size 3 X 3 cm (approx.) was palpable. There were no clinically palpable axillary lymph nodes.

The left breast and axilla were normal. FNAC of right breast lesion was done which depicted ductal epithelial carcinoma. Modified radical mastectomy with axillary clearance was done on priority. Patient is now on Tamoxifen which we intend to continue for 5 years.



Figure 2. Shows Modified Radical Mastectomy Dissec Areolar mass



Figure 3. Shows axillary clearance



Figure 4. Shows resected breast

3. Discussion

Male breast cancer has identical pathology as in females, but lesions infiltrate locally faster due to lesser breast tissue. In 50% of cases, lesion in male is in advanced stage III. Hence the treatment guidelines are based on experience in female breast cancer management doing mastectomy initially followed by relevant adjuvant therapy.

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