Case Report

Unusual presentation of a case of intra cystic papillary carcinoma of breast

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Abstract

The term "intra cystic papillary ductal carcinoma in situ", has recently changed and is now more appropriately referred to as "intra cystic papillary carcinoma'' constituting only 0.5% to 1% of all breast cancers. Herein, we discuss an unusual case of intra cystic in situ papillary carcinoma of breast in a postmenopausal woman, the diagnosis of which was made on histopathology. So careful histopathological evaluation is the mainstay to arrive at the correct diagnosis to avoid untoward complications related to under diagnosis and/ over diagnosis.

Key words

In situ papillary carcinoma, Histopathology.

Introduction

The term "intra cystic papillary ductal carcinoma in situ", has recently changed and is now more appropriately referred to as "intra cystic papillary carcinoma'' constituting only 0.5% to 1% of all breast cancers.

Case report

A 71-year-old post-menopausal female presented with a well-circumscribed swelling in the left lower outer quadrant of left breast measuring 3 cm in diameter. The lump was freely mobile and not fixed to skin and deeper tissue. Mammography showed a circumscribed mass in breast with partially obscured margins. Sonography showed a cystic mass with internal echoes without posterior acoustic shadowing. All hematological parameters were within normal limits. We discuss an unusual case of IPC of breast in a postmenopausal woman in sharp contrast with the clinic-radiological diagnosis (**Figure – 1, 2, 3**).

Figure - 1: Gross specimen showing intracystic papillary lesion.

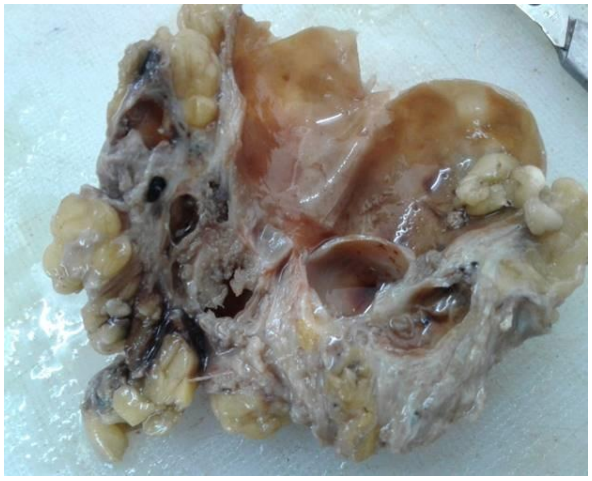
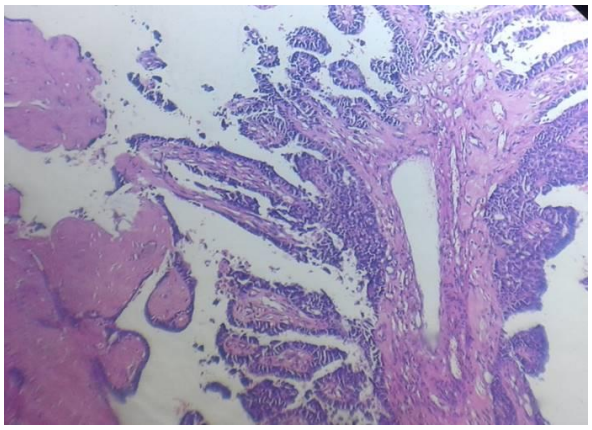


Figure - 2: In situ papillary carcinoma of breast.

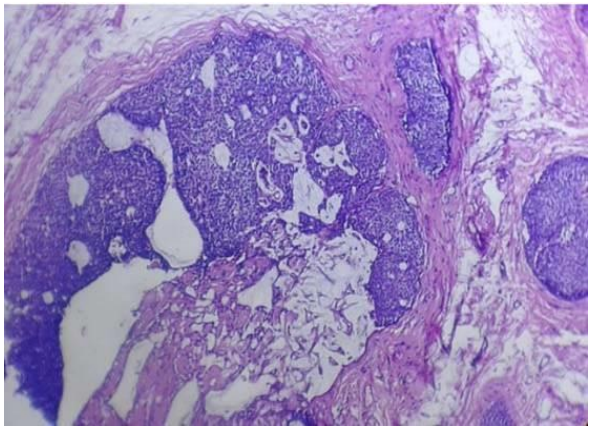


Discussion

Intra cystic papillary carcinoma (IPC) is an uncommon breast cancer constituting only 0.5% to 1% of all breast cancers [1]. Benign and malignant papillary lesions of the breast can be very difficult to distinguish on cytology [2, 3]. It is said to occur more frequently among whites and postmenopausal women [2]. Papillary lesions of breast have been evaluated in a wide spectrum ranging from intra ductal papilloma to in situ papillary carcinoma of breast and invasive papillary carcinoma [3, 4].

In view of the desmoplasia often surrounding these lesions, the distinction between in situ and invasive papillary carcinoma can be very difficult to make. Therefore, IPC had been divided it into three subgroups which seem to correlate with the prognosis: IPC alone, IPC plus DCIS and IPC with invasion [5]. In this manner, the term "papillary DCIS" would refer to a more diffuse process that involves multiple ducts as opposed to a localized lesion [5].

Figure - 3: Showing intraductal papillary and solid pattern.



However, variations exist on ultrasounds from intra ductal lesions associated with ductal dilatation and a predominantly solid pattern with the intra ductal or intra cystic mass totally filling the duct [6].

Grabowski, et al. [7] published the largest series in the literature with 917 patients, and stated that classification of IPC as in situ or invasive did not have a clinical significance, with excellent prognoses in both types. In addition, they advocated the treatment of all IPCs as DCIS.

Fayanju, et al. [8] reported that adjuvant radiotherapy and hormonotherapy would reduce the risk of local recurrence in patients with DCIS under the age of 50 or those with micro invasion.

In conclusion, IPC of the breast should be kept in mind especially in post-menopausal patients with clinically or radiologically suspicious breast cysts, and biopsy and local excision should be considered. Although there is not any standard approach for patients with this diagnosis, each patient must be evaluated for surgery and should be individually assessed in terms of adjuvant therapy.

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