

Medullary Carcinoma of Breast: Case Report.

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ABSTRACT

Medullary carcinoma is an infrequent type of mammary duct carcinoma usually considered to have a better prognosis than common forms of infiltrating duct carcinoma.^[1] It constitute less than 5% of all breast cancer. A 48 years old female presented with lump in upper inner quadrant since 6 months. On local examination a lump of size 3*3 cm, painless, soft to firm and mobile, skin nipple areola were unremarkable. No axillary lymphadenopathy .all routine investigation were within normal limit. Radiological examination of chest, pelvis and abdomen showed no evidence of metastasis. Patient underwent modified radical mastectomy with axillary clearance. Specimen sent for histopathological examination turned to be medullary carcinoma breast.

Keywords: Breast, Medullary Carcinoma.

INTRODUCTION

Medullary carcinoma is an infrequent type of mammary duct carcinoma usually considered to have a better prognosis than common forms of infiltrating duct carcinoma.^[1] It constitute less than 5% of all breast cancer.^[2]

CASE REPORT

A 48 years old female presented with lump in upper inner quadrant since 6 months. On local examination a lump of size 3*3 cm, painless, soft to firm and mobile, skin nipple areola were unremarkable. No axillary lymphadenopathy .all routine investigation were within normal limit. radiological examination of chest, pelvis and abdomen showed no evidence of metastasis.

FNAC

1. Smear with cells in loose cluster and scattered
2. Cells are large having prominent nucleoli, cytoplasm indistinct.
3. Cell group are showing intermixed lymphocytes, background showing haemorrhage.
4. Impression ;features of breast carcinoma medullary type

Patient underwent modified radical mastectomy with axillary clearance. Specimen sent for histopathological examination.

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Gross Specimen

Mastectomy specimen with nipple areola complex of size 15cm *12.5cm *2.5 cm with skin flap of size 13.5 cm *7.5 cm with axillary tail of length 3 cm. Cut section showed well circumscribed mass with variegated appearance with areas of haemorrhage and necrosis.

Microscopic Examination

1. Tumour mass show arranged syncytial masses and sheets of tumour cells separated by fibrous septae.
2. Individual tumour cells are large round to polygonal with moderate to abundant cytoplasm and large round to pleomorphic vesicular nucleus with few mitotic figures.
3. Tumour giant cells and bizzare cells are also seen.
4. Fibrous septae and sheet of tumour cells show infiltration by small mature lymphocytes.
5. Histological features are of medullary carcinoma of breast.
6. Total 7 lymph nodes identified all are free from tumour infiltration

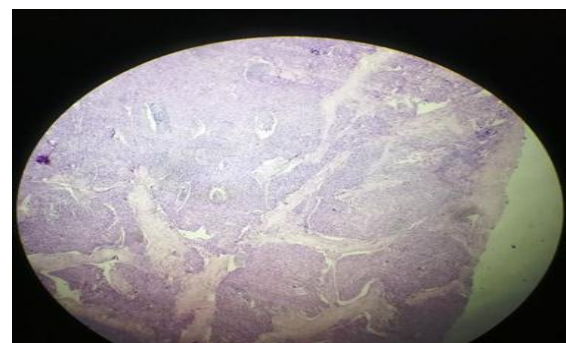


Figure 1: Photomicrograph showing medullary carcinoma in low power.

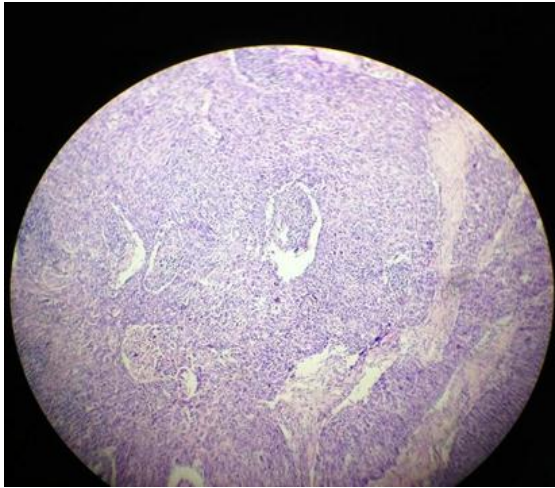


Figure 2: Photomicrograph showing medullary carcinoma having large syncytial growth pattern with dense lymphoplasmacytic infiltration (H&E stain, 200x).

DISCUSSION & CONCLUSION

Medullary breast carcinoma is a rare type of infiltrative breast carcinoma that usually affects women in late fifth and early sixth decades. It is usually misdiagnosed clinically with fibroadenoma hence we should keep this as a differential diagnosis.

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