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Research Paper

Recurrent Sarcoma In Male Breast

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Abstract: *A patient of 35 yrs male presented with lump in right side of breast.He was previously operated for lump breast (most likely lumpectomy) with diagnosis of cystosarcoma phylloides of malignant potency (previous FNAC & BIOPSY report).The lump was involving whole of the right breast with scar of previous operation .Skin was fixed & hyperpigmented & the lump was also slightly fixed to underlying pectrolis muscle.Contralateral breast was normal with no nodal involvement in both axilla.FNAC biopsy,CT,MRI chest revealed the lesion to be sarcoma with involvement of ipsilateral pectrolis muscle.This patient was treated with simple mastectomy with inclusion of involved pectrolis fascia & muscle.The margin of post operative specimen was free from tumor cells.For further management of recurrent sarcoma breast patient was referred to radiotherapy department after skin grafting.*

Keywords: *cystosarcoma phylloides, FNAC, Biopsy, Hyperpigmentation , pectrolis muscle, simple mastectomy , radiotherapy , skin grafting*

I. INTRODUCTION

Sarcoma of the breast is a rare primary breast tumour. Even rarer is a recurrent sarcoma of a male breast. To date no case have been traced in the literature.Sarcoma of the breast is difficult to diagnose preoperatively; however, a correct histopathologic diagnosis is important for determining the most appropriate surgical procedure.

II. CASE REPORT

A patient of 35 yr Hindu male presented with lump in rt side of breast.

FIG 1

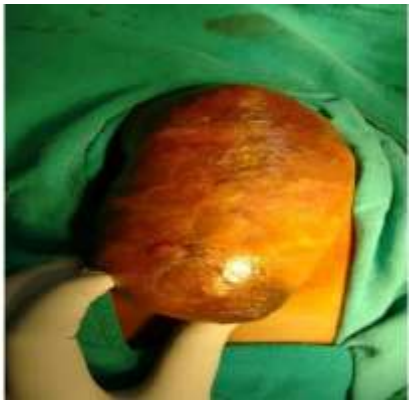


FIG 2

He was previously operated for lump breast (most likely lumpectomy) with diagnosis of low grade sarcoma (on the basis of previous FNAC & TRUE CUT BIOPSY report).This patient presented with lump involving whole of the rt breast after about 6 months(Fig 1 & Fig 2).There was scar of previous operation over the involved breast, skin was fixed & hyperpigmented & the lump was slightly fixed to

underlying pectrolis muscle.Contralateral breast wasnormal with no nodal involvement in both axilla.

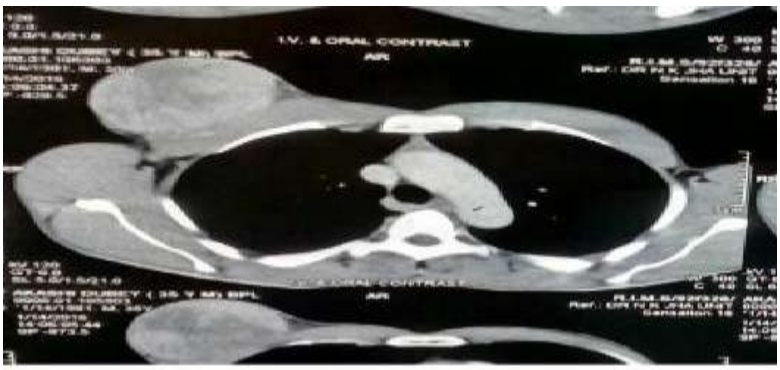
FIG 3

FIG 4

Macroscopically, the tumor measured 13.5X 10.7X5.2cm and had asoft pale cut surface with sharply demarcated margins.Histological examination revealed a spindle cell sarcoma of low grade malignancy (Fig 8).All surgical margins were negative for tumor.

III. INVESTIGATION

1.FNAC: Revealed low grade sarcoma breast
2.USG of rt breast: Revealed mass lesion of 11 x 14 cm size, hetroechoic with microcalcification & incresed vascularity.No axillary lymphadenopathy
3. CT - A solid mass with necrosis in right chest infiltrating underlying muscle most likely soft tissue sarcoma??
4. MRI (Fig 5 & Fig 6)-Large lobulated well defined T2 hyperintense & T1 hypointense mass at the region of right breast abutting chest wall muscles
4. EXCISION BIOPSY:Low grade soft tissue sarcoma (spindle cell)variety (Fig7) 5.IMMUNOHISTOCHEMISTRY: VIMENTIN+ve(Fig 9), CYTOKERATIN –ve (Fig 8) , DESMIN –ve (Fig 10)



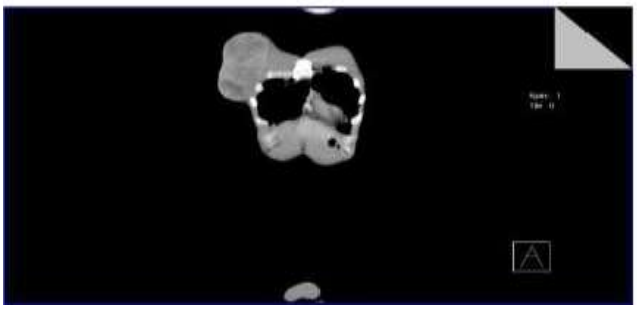


FIG 5 FIG 6

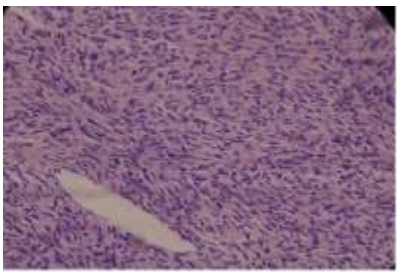


FIG 7

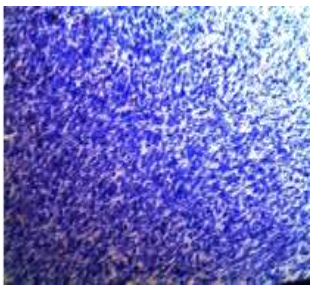


FIG 8

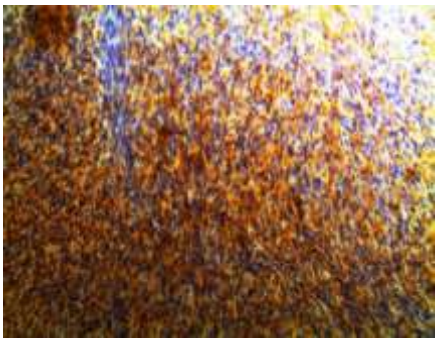


FIG 9

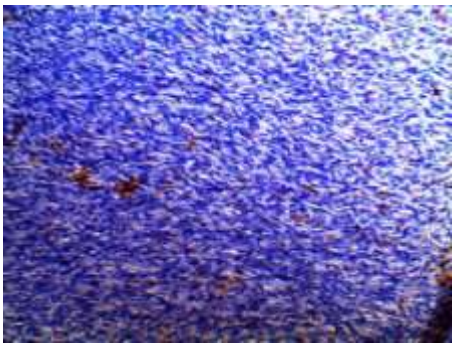


FIG 10

IV. DISCUSSION

We reported a rare case of recurrrent low grade stromal sarcoma of the male breast. Sarcomas of the breast as such account for just 1% of all malignant breast tumor. Hence diagnosis for such cases requires high degree of suspicion & expert surgical & pathological investigation. Sarcomas are graded based on cellularity,degree of differentiation, nuclear atypia, and mitotic activity.Primary treatment is wide local excision which may necessitate mastectomy.

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