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Male Breast Cancer: A Case Report

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ABSTRACT

Although it is the most common cancer in women, breast cancer is rarely seen in men. The most common clinical finding is painless stiffness in the breast, as in women. Although the treatment of male breast cancer is similar to that of female breast cancer, the cases are usually diagnosed at an advanced stage. In this case report, it was aimed to present a 78-year-old male patient with unilateral palpable stiffness in the breast with clinical, imaging, and surgical operation findings.

Keywords: Breast cancer, elastography, male breast carcinoma



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INTRODUCTION

Breast cancer is the most common cancer in women.^[1] Although the incidence is gradually increasing, nowadays, female breast cancers are detected at an earlier stage with the widespread use of mammography screening. However, since there is no screening or examination program developed for male breast cancers patients are diagnosed late. In addition, patients' hesitation about this situation or the fact that they think age-related gynecomastia and do not care about this situation is other factors that prolong the duration of hospitalization. This case report aimed to raise awareness among clinicians and patients by presenting a 78-year-old patient who had complained of itching in the right nipple for one year but presented to us with a palpable mass in the breast.

CASE REPORT

A 78-year-old male patient was admitted to our clinic due to a painless stiffness in his right breast. Physical examination revealed that the right nipple was retracted, except for brown nevi on both nipples in the patient who reported nipple itching for one year (Fig. 1). Immobile stiffness was approximately 2 cm in diameter and palpated in the right breast. Palpable lymphadenopathy was not detected in both axillae. In the ultrasonographic examination, a hypoechoic solid mass lesion with lobulated contours measuring 20×16 mm in the widest part extending to the lower outer quadrant was observed in the retroareolar region of the right breast (Fig. 2a). In the elastographic evaluation, significantly increased hardness was observed within the lesion (Fig. 2b). Mammographic examination showed smooth lobulated contoured asymmetric retroareolar mass density with respect to the left, which causes retraction in the right nipple (Fig. 3). The case was evaluated as malignant breast cancer with its imaging and clinical features. The right breast specimen was sent for frozen examination in the patient undergoing operation, and it was evaluated as invasive carcino-



Figure 1. Retraction of the nipple.

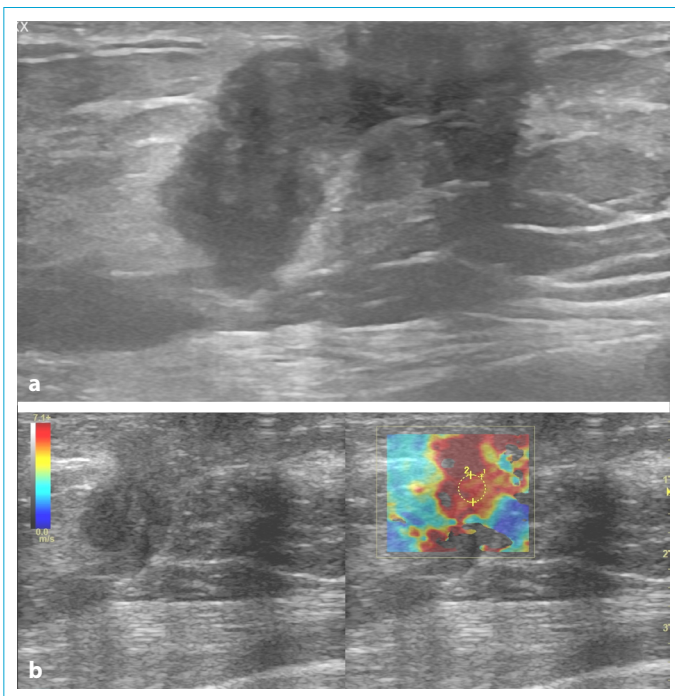


Figure 2. (a) Hypoechoic solid lesion with lobulated contours. The lesion was approximately 2.5 cm in diameter, in the retroperiareolar area of the right breast in gray-scale ultrasonography. (b) The increasing in stiffness in the lesion red color coding in elastography evaluation.

ma histopathologically. In the detailed histopathological evaluation of the tumor, it was evaluated as estrogen receptor (+) and progesterone receptor (+), human epidermal growth factor receptor-2 (-) (Her-2), and grade-2 invasive ductal carcinoma with Ki-67 25%. Hormonotherapy treatment was also given to the patient who underwent modified radical mastectomy.



Figure 3. An asymmetrical density in the retroareolar region of the right breast in the mammography.

DISCUSSION

Male breast cancers represent 1-5.7% of all breast cancers.^[2] The incidence may vary geographically. While it is 1% in European countries, it increases up to 5–15% in African countries. It is generally seen in the ages of 50–60.^[2,3] Although hyperestrogenism, obesity, heavy alcohol consumption, trauma to the chest area, and radiation therapy are accused etiologically, its cause is not known exactly.^[3-5] The results of the studies on this subject are not sufficient, as it is seen much less than in women breast cancer. The most common pathological type is infiltrative ductal carcinoma, as in women.^[3] Again, as in female breast cancers, hormone receptors are positive in many male breast cancers.^[4] Since gynecomastia is common in older men, male patients with breast cancer may not pay attention to this situation and do not apply to the hospital. This situation usually causes patients to be diagnosed at an advanced stage. Although treatment protocols, mean survival, and prognosis after treatment are similar to female breast cancers, treatment success and survival rates decrease, because patients are generally at an advanced stage at the time of diagnosis.^[2]

Another importance of male breast cancer, it may be associated with hereditary breast cancers.^[6] If there is breast cancer in a male individual in a family, the risk of breast cancer also increases in female individuals who have a blood relationship in the family. Therefore, female relatives of the patient should definitely have breast examination and radiological imaging, and if necessary, BRCA gene mutation analysis should be done.

CONCLUSION

As a result, breast cancer can be seen in men as well as in women. Malignancy should definitely be ruled out in cases of newly formed asymmetric growth, stiffness, color, and shape change in the nipple in advanced-aged men. If malignancy is detected, close relatives women who have a blood relationship should also have routine breast screening.

Disclosures

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