Mediscope



The Journal of GMC

ISSN: 2307-7689

CASE REPORT

Metastatic male breast cancer

MK Sarker¹, PK Chowdhury², DK Mondal³

Abstract

Breast cancer of female is common but rare in male. It is diagnosed in advanced stage due to the limited amount of breast tissue and lack of awareness. Most cases occur over the age of 60 years. Male breast cancer is treated like female breast cancer. The outcome of the disease is worse, 5-4 year's survival in about 40% cases.

Key words: Breast cancer, male, metastatic

Introduction

Male breast cancer is a rare disease, with an incidence rate of 0.5% to 1% in comparison with female breast cancer. 1-5 Men are more likely than women to have a delay between the onset of symptoms and diagnosis of breast cancer, possibly due to low public awareness and the rarity of breast carcinoma in men.

It is reported that male breast cancer is associated with worse outcome compared to female breast cancer. 4,6 Some studies have suggested that survival differences between sexes disappear after stratification for age and stage due to low incidence of male breast cancer. 6-8 Many of these studies suffered from small sample sizes, short follow-up time, and a non-population-based design, limiting their interpretability.

Over the last few decades, survival of female breast cancer has improved significantly. This is due to combined result of earlier detection and improvements in treatment. 9,10 Given the

scarcity of male breast cancer, data on risk and outcome for male disease is lacking. A study of gender and age-specific incidence rate curves reported by Anderson et al showed stable incidence rates among men, compared with increasing trends among women. 11 A comparison of prognostic factor led to the conclusion that male breast cancer is more similar to post-menopausal female breast cancer than premenopausal breast cancer.11

The case

Hasan Ali aged 70 years old coming from Morolgonj, Bagerhat got admitted in Khulna Medical College Hospital on June, 2012 with the complaints of multiple nodules on right chest wall and persistent cough for one year. He was diagnosed with a right-side ductal invasive carcinoma about 3 years back. He was treated with right simple mastectomy. He did not receive any adjuvant therapy. Recurrence occurred after 1.5 years and treated at the same way. The patient was found ill-looking, anxious. On examination,

^{1.} MK Sarker, Associate Professor of Radiotherapy, Khulna Medical College, Khulna

^{2.} PK Chowdhury, Assistant Professor of Respiratory Medicine, Khulna Medical College, Khulna

^{3.} DK Mondal, Professor of Anatomy, Gazi Medical College, Khulna



Fig. 1. A recurrent case of male breast cancer.

The patient was found ill-looking, anxious. On examination, multiple nodular growth along with ulcer was found on his right chest wall. Axillary and supraclavicular lymph nodes were also present. Posterior-anterior view chest X-ray shows the presence of multiple metastatic foci in both lung fields. There was no pleural effusion. A CT scan of whole abdomen was advised but patient could not afford it. Ultrasonogram of whole abdomen shows normal studies. Other routine examinations were normal. It is a case of recurrent breast cancer with metastasis to the lung. We treated him by systemic chemotherapy with FAC schedule.

Discussion

Breast cancer in men is rare only representing 1% of breast cancer. Most cases occur over the age of 60. Presentation is typically with locally advanced disease. The advance stage of male breast cancer at the time of diagnosis is probably due to the limited amount of breast tissue and the lack of awareness among men.

Breast cancer is diagnosed on average 5 to 10 years later in men than in women. 12 Because of the lack of early detection by mammography and awareness of early signs of breast cancer, the duration of symptoms before diagnosis has been reported to be longer in men, with a median of 4 to 6 month. 13

The improvement in male breast cancer survival is not pronounced. Lack of evidence-based treatment guideline and



Fig. 2. Posterior-anterior view chest X-ray showing multiple metastatic foci in both lungs.

differences in compliance with treatment may explain the less survival benefit than women. Most clinicians treated the male breast cancer base on guide lines for female breast cancer. However, Anti-estrogen treatment like Tamoxifen is not well tolerated by men, resulting in lower treatment compliance. 14-16

In conclusions, over the last 40 years male breast cancer risk has remained constant. In male patients onset is late and diagnosis is done at advanced level of the disease than in female patients. The outcome of the disease is worse, 5-4 year's survival in about 40% cases.

References

- Goss PE, Reid C, Pintilie M, et al. Male breast carcinoma: a review of 229 patients who presented to the Princess Margaret Hospital during 40 years: 1955-1996. Cancer 1999;85(3):629-39.
- 2. Jemal A, Tiwari RC, Murray T, et al. Cancer statistics, 2004. CA Cancer J Clin 2004;54(1):8-29.
- 3. Giordano SH, Cohen DS, Buzdar AU, et al. Breast carcinoma in men: a population-based study. Cancer 2004;101(1):51-7.
- 4. Czene K, Bergqvist J, Hall P, et al. How to treat male breast cancer. Breast 2007;16(Suppl 2):S147-54.
- 5. Fentiman IS, Fourquet A, Hortobagyi GN. Male breast cancer. Lancet 2006;367 (9510):595-604; Erratum in Lancet 2006;367(9525):1818.
- 6. Scott-Conner CE, Jochimsen PR, Menck

- HR, et al. An analysis of male and female breast cancer treatment and survival among demographically identical pairs of patients. Surgery 1999;126(4):775-80.
- 7. Rvandi-Kashani F, Hayes TG. Male breast cancer: a review of the literature. Eur J Cancer 1998;34:1341-7.
- 8. EL-Tamer MB, Komenaka IK, Troxel A, et al. Men with breast cancer have better disease-specific survival than women. Arch Surg 2001;139(10): 1079-82.
- Kalager M, Zelen M, Langmark F, et al. Effect of screening mammography on breast-cancer mortality in Norway. N Engl J Med 2010;363(13):1203-10.
- Berry DA, Cronin KA, Plevritis SK, et al. Effect of screening and adjuvant therapy on mortality from breast cancer. N Engl J Med 2005;353(17):1784-92.
- 11. Anderson WF, Althuis MD, Brinton LA, et al. Is male breast cancer similar or different

- than female breast cancer? Breast Cancer Res Treat 2004;83(1):77-86.
- 12. Giordano SH. A review of the diagnosis and management of male breast cancer. Oncologist 2005;10(7):471-9.
- 13. Scheike O. Male breast cancer: 5 clinical manifestations in 257 cases in Denmark. Br J Cancer 1973;28(6):552-61.
- 14. Anelli TFM, Anelli A, Tran KN, et al. Tamoxifen administration is associated with a high rate of treatment-limiting symptoms in male breast cancer patients. Cancer 1994;74(1):74-7.
- 15. Gennari R, Curigliano G, Jereczek-Fossa BA, et al. Male breast cancer: a special therapeutic problem. Anything new? Int J Oncol 2004(3);24:663-70.
- Visram H, Kanji F, Dent SF. Endocrine therapy for male breast cancer: rates of toxicity and adherence. Curr Oncol 2010;17(5):17-21.

Suggestion for citation of the above: