

**CASE REPORT**

Lobular Carcinoma of the Male Breast

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Abstract

Breast carcinoma in men comprises less than 1% of all breast cancers. Lobular carcinoma in men is extremely rare. There are only case reports in literature. This report details two additional cases of lobular carcinoma of the male breast.

Key Words

Lobular Carcinoma, Male Breast

Introduction

Breast carcinoma in men is extremely rare comprising less than 1% of all breast cancers (1-3). The most common invasive subtypes are infiltrating ductal carcinomas (about 85% of tumors) and papillary carcinoma (5% of tumors) (4). Lobular carcinoma represents only 1% of tumors (5). Although lobular carcinoma of the female breast is common, comprising approximately 15% of all cases of female breast cancer, in the male patient this histopathologic form is thought to be exceedingly rare. As recently as 1987, reviews have discounted the existence of lobular carcinoma in the male breast (6). Here, we report two cases of lobular carcinoma in men.

Case 1

A 62 year old man presented with a painless mass in the right breast. The patient's past history did not include any evidence of liver disease, medication or any hormonal treatment. Breast examination revealed a 4x3 cms hard mass which was fixed to the underlying right pectoralis major muscle. There was marked retraction of nipple and areola. No lymph nodes were palpable in the axilla or supraclavicular areas. There was no organomegaly. Testicular examination revealed left sided undescended testis. Liver function tests were within normal range. Bone scan was negative. Mammography, showed a mass in the right upper quadrant. Total mastectomy with axillary clearance was performed. Histopathological examination

revealed an invasive lobular carcinoma, composed mostly of small cells showing classic "Indian file pattern" (Fig. 1). The tumor cells were small, uniform, showing round to oval nuclei and minimal nuclear atypia. The cells were evenly spread, with distinct cell borders and showed loss of cohesion with pagetoid spread. Mitosis was uncommon (5).

Case 2

A 60 year old man presented with a mass in the left lower quadrant of the left breast of six months duration. He had noticed distortion of the nipple and areola and increase in size of the mass. He gave a positive family history. His mother had died of metastatic breast cancer. There was no history of drug intake. Physical examination disclosed a 5x4 cms mass in the left lower quadrant of left breast. The mass was fixed to the underlying muscle with marked retraction of nipple and areola. There was no lymphadenopathy or organomegaly. The patient underwent a radical mastectomy. Histopathological examination revealed an invasive lobular carcinoma with foci of lobular carcinoma in situ (Fig. 2). The deep resection margins were free and there were no deposits of tumour in the lymph nodes.

Discussion

Breast cancer in males is relatively an uncommon disease accounting for less than 1% of all breast cancers and less than 1.5% of all malignancies in men (7,8). With

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Fig 1. Photomicrograph Showing Invasive Lobular Carcinoma with General Characteristics of Discohesion and Indian File Formation. (H & E \times 100)

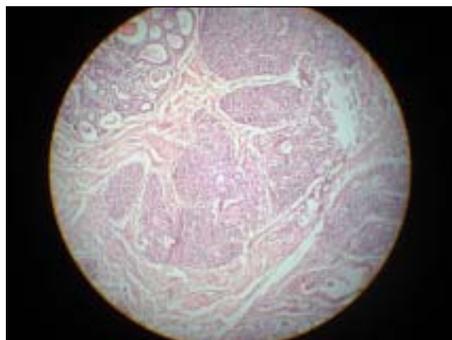


Fig 2. Photomicrograph Showing Lobules Expanded by Lobular Carcinoma in Situ. (H & E \times 100).

the exception of Egypt and Africa, male breast cancer is distributed uniformly throughout the world. The reasons for this geographic variability remain unclear. However, this may be due to higher prevalence of liver disease (Schistosomiasis or malnutrition) resulting in increase in endogenous estrogens. Estrogen has a profound effect on male breast tissue and is liable to stimulate formation of acini and lobules identical to those of female breast. In our hospital based study, of over 25 years (Jan 1983 to July 2008), male breast carcinoma gives an incidence of 4.1% of the total breast cancer cases. The risk is increased in patients with undescended testes, congenital inguinal hernia, orchiectomy, orchitis, testicular injury, infertility and Klinefelter's syndrome (9,10).

Lobular carcinoma in men is extremely rare because lobules and acini are not found in normal male breast tissue (5) except rarely (11). One of our cases had a positive family history of breast carcinoma and the other case had a history of undescended testes. Both these conditions are being implicated as risk factors. Both these cases were positive for estrogen receptors (40%). One case was positive (30%) and the other negative for

progesterone receptors. Both cases were E-Cadherin negative. Carcinomas of the male breast have higher rate of hormone receptor positivity than do those of the female breast when matched for tumour stage, grade and patient age (1).

Although some factors favour early detection, the interval between first complaints and diagnosis appears to be longer in men, so the tumour may be advanced at the time of initial diagnosis. Both our cases were not in an advanced stage and no metastasis was seen. When compared with invasive ductal carcinoma, lobular carcinoma may present greater difficulty in clinical diagnosis, potentially adding to the observed delay in diagnosing male breast cancer (12).

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