CASE REPORT

AN UNUSUAL PRESENTATION OF A HUGE BREAST TUMOUR IN AN ELDERLY FEMALE: A CASE REPORT

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ABSTRACT: Pleomorphic breast carcinoma is a rare variety of breast carcinoma, with a highly aggressive behaviour and poor prognosis, which usually presents after 50 years of age. Our case presented in a very similar way as phyllodes' tumour of breast (even the FNAC report also suggested it as a case of phyllodes' tumour). But postoperative histopathological report clearly revealed it as a case of this rare entity of pleomorphic carcinoma of breast.

KEYWORDS: Breast Tumour in elderly lady, Phyllodes' tumour, Pleomorphic Carcinoma.

INTRODUCTION: Pleomorphic breast carcinoma is a poorly described entity whose phenotype is not well recognised. It is a high grade variant of carcinoma breast (NOS) which usually presents after 50 years of age.¹ Here we are presenting such a case of a 70 years female.

CASE REPORT: A 70 years old lady presented with a huge mass in the right breast for 2 months without any H/O nipple discharge, systemic or axillary lymph node metastasis. O/E it is a mass with 15cm diameter, globular in shape, occupying the entire breast, mildly tender, firm, smooth, with overlying stretched out excoriated skin at some places. No remarkable nipple changes found. No palpable axillary lymphadenopathy found. On FNAC, it was diagnosed as a Phyllodes' tumour.

Patient undergone simple mastectomy. Recovery was uneventful. Histopathological examination showed it as a case of pleomorphic ductal carcinoma. Receptor status evaluation was beyond the scope of our institution. After discharge, the patient attended our OPD for follow up only once. So, further follow up could not be done.

DISCUSSION: Pleomorphic carcinoma of breast is a rare entity. It is diagnosed when $\geq 50\%$ of the tumour shows pleomorphic cell population (>6 fold variation in nuclear size).¹ Mean age of presentation is 53 (51-55) years and mean size is 54mm. Most are clinically diagnosed as a palpable mass and in minority, in screening mammography, this tumour often fails to show classic characteristics of breast carcinoma e.g. lack of calcification and sometimes shows features of benign breast disease or malignant phyllodes' tumour.

USG shows it is a low echo mass with distinct circumscription and intracystic features within the tumours. T2-weighted MRI shows a homogeneous hyperintense cystic mass and contrast enhancement in irregular portions of the tumour walls. Adjacent DCIS or transition to a classic ductal carcinoma can be seen. Histologically, most the tumours are Grade III. Some may have giant cells and they have high ($>20\%$ /HPF) mitotic rate with abnormal mitosis. Spindle cell component is found in 40% cases and can make upto 25% of the total tumour mass. 50% cases have positive lymph node status in axilla. Metastasis most commonly to the liver followed by lung, pleura and bone.

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Most of the tumours are aneuploid and have a high S-phase fraction (>10%). All cases are ER negative and mostly PR, Bcl-2 and Her-2/neu negative.^[2,3] Although invasive lobular carcinoma is less aggressive than its ductal counterpart but pleomorphic lobular carcinoma is very aggressive and usually Grade II or III.^[4,5] They have greater vascular invasion and more multifocality.^[4] Loss of Heterozygosity and lack of E-Cadherin are characteristic of this.^[3, 6, 7] In most cases modified radical mastectomy and in minority, breast conservation surgery is undertaken. A 5-year disease free survival is 40% although about 40% of women with pleomorphic breast cancer may succumb to the disease in 2-3 years.^[2,8] Absence of spindle cell component and tumor size of less than 5cm at the time of diagnosis has positive effect on survival.

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Figure 1: Sections from breast lump shows proliferation of pleomorphic and bizarre tumor giant cells comprising of 70 % of tumour cells in the background of poorly differentiated adenocarcinoma. Mitotic figure is 22 per HPF. Tumour necrosis is prominent. Actually it qualifies grade III carcinoma (Nottingham modification of the Bloom – Richardson system of grading). Here in the picture (40X) there are two abnormal mitotic figures (marked by arrow). Even in the 10X magnification abnormal mitosis is obvious.

Figure 1

Figure 2

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