Journal of Case Reports in Practice (JCRP) 2016; 4(2): 26-27

BRIEF REPORT

A Bangladeshi girl with secretory carcinoma of breast

Zuhayer Ahmed[1],Farjana Yeasmeen[2]

[1]Dhaka Medical College Hospital, Bangladesh [2]Hitech Multicare Hospital, Dhaka, Bangladesh

ABSTRACT

A rare case of secretory carcinoma of breast in 10 year old Bangladeshi girl is presented briefly in this paper. She had a palpable lymph node of about 1 x 1 cm in size, firm in consistency and mobile in the left axillary region. She underwent excision of a mass in the same area about 1 year ago, then after 6 months interval, she noticed the lump to grow progressively again. Though fine needle aspiration cytology revealed benign fibroadenoma, the histopathology report confirmed the diagnosis of infiltrative secretory juvenile carcinoma of left breast. There are insufficient cases from Bangladesh to draw conclusions about presentation in the region.

Key words: Bangladeshi girl, carcinoma of breast, fibroadenoma

A 10 years old girl from Bangladesh noticed a small mass in her left breast region which was gradually increasing in size. Previously, she underwent excision of a mass in the same area about 1 year ago by a local surgeon but tissues were not sent for histopathology then. She was well for about 6 months following surgery. After that, she again felt a small mass at the same site beneath the scar line which was painful. Her menarche did not set on and no other family member suffered from these sorts of conditions. She has no history of significant illnesses.

On general examination, she was mildly anemic with normal vitals. But she had a palpable lymph node in the left axillary region, which was about 1 X 1 cm in size, firm in consistency and mobile. Right axillary examination revealed no abnormality. There was a surgical scar in the left side of anterior chest wall. On local examination, there was an irregular lesion over scar mark on her left breast area about 4 X 3 cm in size, which was mildly tender. Her systemic examination revealed no abnormalities. Routine hematological and biochemical examinations were within normal limits. Fine needle aspiration cytology of the left breast showed no malignant cells, suggestive of juvenile fibroadenoma. Histopathology report revealed tumor cells showing tubules and focal papillae formation. Periodic Acid Schiff (PAS) positive secretory material was present within the tubules. Mitosis was rare but lymphatic invasion was present. It also showed that the tumor progressed very close to skeletal muscle (1 mm) along deep and one of the other resection margins. So, the final diagnosis was confirmed as juvenile (secretory) carcinoma of breast. She was treated by mastectomy with axillary clearance.

Histopathology, which included specimen of breast tissue as well as lymph nodes following surgery revealed anaplastic cells with abundant granular cytoplasm and vacuolation. There were tubule formation containing secretion, fibrous band, low grade nucleus cytoplasm with band uniform nuclei and circumscribed margins. Diagnosis was consistent with infiltrating secretory carcinoma with no lymph node metastasis. On follow up after about 5 months, the patient showed complete recovery from the disease. In reported cases, most of the patients had asymptomatic lump with no lymph node involvement. According to the 2002 World Health Organization classification of breast tumors, secretory carcinomas account for less than 0.15% of all breast cancers and are considered one of the rarest types of breast carcinomas.[1] They are slow growing and locally recurrent in nature.[2] Although secretory breast carcinoma usually has a favorable prognosis, tumor size greater than 2 cm, infiltrative margins, and more than 3 positive lymph nodes are indicators of a relatively worse prognosis.[3] However, it is important to establish a diagnosis of a solid mass in breasts, either by fine needle aspiration or by surgical resection.[4] Management by resection may always not be successful as in our case.

Correspondence:
Zuhayer Ahmed, MD
District Maternal, Child Health & Immunization Officer (DMCH&IO)
Global Alliance for Vaccines & Immunization-Health System Strengthening (Gavi-HSS),
Office of Civil Surgeon,
Faridpur, Bangladesh.
Tel.: +880-1776053926
Email: zuhayerbabu@gmail.com

CONFLICT OF INTEREST

None.

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