

Intracystic papillary carcinoma of the breast: a case report

Yassine El Baraka, Salah Achkif, Karam Saoud, Nissrine Mamouni, Sanaa Errarhay, Chahrazed Bouchikhi and Abdelaziz Banani

University Sidi Mohammed Ben Abdellah, Service de Gynécologie-Obstétrique I, CHU Hassan II, Fès, Maroc

Abstract: *Intracystic papillary carcinoma of the breast is a very rare entity and represents 0.5 to 1% of all breast carcinomas. It is characterized by a slow growth with a good prognosis. We report 01 histologically proven cases, in one treated by conservative surgery, followed by radiotherapy on the existing breast and tamoxifen-based hormonal therapy in both patients. Tamoxifen in the two patients with positive hormone receptors. Our patient had good locoregional control with post-treatment follow-up follow-up of 12 to 18 months.*

Keywords: Intracystic; papillary; carcinoma

Introduction

Papillary intracystic carcinoma (PICC) is a very rare variant of intracanal variant of intracanal carcinoma, constituting only 0.5% to 1% of all of all breast cancers. Benign and malignant papillary lesions of the breast lesions are very difficult to distinguish on cytology, hence the need for histological study supplemented by immunohistochemistry [1,2].

The PICC is generally characterized by a slow growth with a good prognosis, and evolutionary aspects of this rare tumor.

Patient and observation

This is a 61-year-old female patient, G3P2, still in good health, with no pathological history who presented 10 months before the consultation a right breast a nodule of the left breast, without inflammatory signs or nipple discharge. or nipple discharge. On initial examination, the nodule was located in the super internal quadrant of the left breast, measuring 1.8x1.5 cm in diameter, without axillary adenopathy. The mammography coupled with breast ultrasound (Figure 1) showed a mass in the of a mass in the super lateral quadrant of the right breast with a double cystic and tissue component. After large lumpectomy, the anatomo-pathological study shows a histological aspect of an intra-cystic papillary cystic papillary carcinoma. The patient received the whole left breast at a dose of 50 Gy in 25 fractions of 2 Gy with a good fractions of 2 Gy with good clinical tolerance and then put on tamoxifen 20 mg/d. She has good loco regional control.

Discussion

PICC is a rare malignant ductal tumor, representing 0.5 to 1% of all breast carcinomas. It occurs after 40 years of age with a mean age ranging from 55 to 67 years according to the authors. In about 50% of cases, it is central and precisely in the central and more precisely in the retroareolar region. The size of the tumor size varies from 1 to 14 cm [1].

The classic radiological sign on mammography is a sharply contoured well-circumscribed, oval or polylobed opacity. À ultrasound, it presents as a complex cystic mass with a solid component mass with a solid component showing vascular flow on color Doppler. These radiological features should raise suspicion of this rare form of cancer. raise suspicion of this rare form of breast cancer. Magnetic resonance imaging of the magnetic resonance imaging of the breast with contrast enhancement can guide the diagnosis by showing the partitioning and the mural nodules [2].

Biopsy of the lesion involving the solid portion is usually more informative. The macroscopic study finds within a cyst fibrous cyst, a multi-lobed, friable and hemorrhagic formation. hemorrhagic formation. On microscopy, the tumor architecture is papillary most often with cribriform aspects. The diagnosis of a stromal invasion is difficult [3]. The therapeutic strategy is variable given the rarity of this form of breast cancer. of breast cancer. Breast-conserving surgery with wide excision is the most commonly used, however, in some cases, mastectomy with or without breast mastectomy with or without immediate breast reconstruction can be proposed can be proposed (for example, large tumors, insufficient margins, recurrence margins, recurrence and patient preference). The lymph node metastases are exceptional. Surgery on the in the form of sentinel lymph node biopsy or axillary curage is or axillary curage is to be avoided in order to spare the patient the morbidity of axillary curage [4]. The search for arguments to support the theory that adjuvant radiotherapy significantly reduces significantly reduces the risk of local recurrence in patients who have had breast-conserving surgery for PICC is still underway. still ongoing. However, many published articles and data recommend radiation therapy in young women under 50 years of age under 50 years of age, in forms associated with invasion and/or ductal carcinoma in situ (DCIS) [5]. The low potential for metastatic potential and vascular invasion makes chemotherapy non mandatory. Adjuvant

hormonal therapy mainly with tamoxifen should be prescribed to reduce the risk of local recurrence in case of positive hormone receptors. Despite these general principles, the optimal treatment of PICC remains controversial [6].

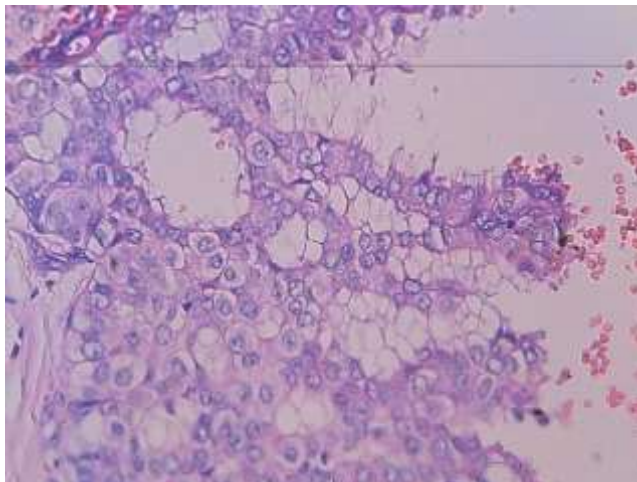
PICC is generally characterized by slow growth with a very good prognosis compared to other intracanal carcinomas. Lefkowitz reports a 10-year disease-free survival rate of 91% [7].

Conclusion

Intracystic mammary carcinoma represents a particular entity of breast particular entity of the breast cancers by its occurrence at an advanced age, its slow its slow intra-canal growth and its papillary architecture. Ultrasound is the main diagnostic examination. The diagnosis is confirmed by a microbiopsy of the fleshy portion. The basis of treatment is treatment is a mastectomy or a breast-conserving lumpectomy of the breast. Adjuvant radiotherapy and/or hormone therapy are to be considered in appropriate cases are to be considered in appropriate cases.

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Histological aspect of a biopsy of an intra cystic carcinoma with papillary growths, atypical nuclei, agglutinated chromatin and severe pleomorphism