

Case Report

Bilateral Breast Cancer

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Breast carcinoma is one of the common malignancies encountered in clinical practice. The prevalence is 0.1% of females in any given year. It accounts for 18% of cancer deaths in females. Bilateral breast cancer is very rare. Some author reports an incidence of less than 1%. Here I present a case with bilateral breast cancer.

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Key words : Bilateral breast cancer, Lobular carcinoma, Mammography screening.

Breast cancer is a reasonably common clinical condition. Perhaps the incidence and prevalence is increasing. The prevalence is 0.1% of females in any given year. The mortality rate is 27% per 100000 females. It accounts for 18% of cancer deaths in females, bilateral breast cancer occurs in up to 10% of patient either simultaneously (less common) or sequentially¹. Some author reports an incidence of less than 1%². Bilateralism occurs more often in women under age 50 and is more frequent when the tumour in the primary breast is Lobular. The incidence of second breast cancer increases with the length of the patient alive after the first breast cancer- about 0.5% per year.

CASE REPORT

A 48 years old female came to the clinic with complains of a lump in her right breast for last one year. There was no pain or fever. On examination we found a moderately build patient with a mild pallor. The lump was in the outer and upper quadrant, about 6 cm x 8cm, firm, mobile. There was peau d' orange changes, and doubtful pectoral fixation. Axillary and other nodes were not involved. Abdominal examination was within normal limit.

Though the patient did not complain, examination of the opposite breast revealed a firm lump, 2 cm x 3cm in the outer quadrant with no axillary or muscle involvement.

Investigations — Blood examination revealed Hb 8 gm%, others were reasonably normal. Fine needle aspiration cytology gave the report of lobular carcinoma in both sides. Chest x-ray and USG abdomen was normal.

Editor's Comment :

- No breast lump should be left alone without tissue diagnosis.
- Never forget to examine the contralateral breast & axilla - an age old teaching.
- Be sure to consider mammography when in doubt.

Treatment — Modified Radical mastectomy (Patey's) was done, first on the right side. The other side was operated after an interval of two weeks (Fig 1).

The postoperative period was uneventful. The patient was referred to medical oncology.

DISCUSSION

Epidemiology and the Problem — Breast cancer is the second leading cause of cancer-related death, second to lung cancer, with approximately 40,000 deaths annually. Breast cancer is also a global health problem, with more than 1 million cases of breast cancer diagnosed worldwide each year. The overall incidence was increasing until approximately 1999 because of increases in average life span. Thereafter it decreased from 1999 to 2006 by approximately 2% per year. This was due to reduction in the use of hormone therapy and reduction in screening mammography.

Survival rates in women with breast cancer have steadily improved over the last several decades, with 5 year survival rates of 63% in the year 1960s, 75% during the year 1975-1977, 79% during 1984-1986 and 90% during 1995-2005. The decreased mortality from breast cancer is thought to be the result of earlier detection via mammography screening, a decreased incidence of breast cancer and improvement in therapy. The current treatment of breast cancer is guided by pathology, staging and more recent insight into breast cancer biology. There is an increased emphasis on defining disease biology and status in individual patients³.

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Fig 1 — The Postoperative Patient with Bilateral Breast Cancer

Bilateral Breast Cancer— A bilateral breast cancer (BBC) can be defined as a cancer occurring in both the breast of the same individual. It can be primary, that is developing de novo in both the breasts, or secondary, when the second one develops as a spread from the first one.

Again it can be synchronous (0.2-2% of all breast cancer), meaning second one developing within six months of first one. Or metachronous (5-6%), when the second one appears after six months.

BBC occurs in less than 5% of cases, but there is as high as a 20%-25% incidence of later occurrence of cancer in the second breast. Bilaterality occurs more often in familial breast cancer, in women under age 50 years and when the tumor in the primary breast is lobular. The incidence of second breast cancer increases directly with the length of time the patient is alive after her first cancer – about 1%-2% per year.

In patient with breast cancer, mammography should be performed before primary treatment and at regular intervals

thereafter, to search for occult cancer in opposite or conserved ipsilateral breast. MRI may be useful in the high risk group⁴.

Conclusion —BBC represents a small subset of breast cancer. The incidence of BBC is higher in younger premenopausal women as compared with older women. It can be detected in the early stage with a clinical examination at regular intervals. If required mammography or FNAC can be done. These tumor have a poor outcome with standard treatment and should be individualized based on tumor characteristics.

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REFERENCES

- 1 Keys HM — Clinical Oncology-a multidisciplinary approach. American Cancer Society. 6th Edn (1993); 120-1.
- 2 Armando E Giuliano — Current Surgical Diagnosis and Treatment. Lawrence w way 10th Edn(1994); 293-303.
- 3 Gerard M Doherty — Current Diagnosis and Treatment Surgery, 14TH edn, 314.
- 4 Townsend — Sabiston text book of surgery: 20th edn, 837.

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