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Secretory Carcinoma of Breast Mimicking As Phyllodes - A Rare Case Report

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Abstract | **Case Report**

Secretory breast carcinomas (SBCs) are considered one of the rarest types of Breast carcinomas accounting for <0.15% of all breast cancers, generally seen in children and young adults also been reported in elderly patients. Males has much poorer prognosis. It is usually a unifocal tumor but there are reports of multifocal cases It was recently demonstrated that these carcinomas develop due to t(12,15) ETV6-NTRK3 gene translocation , this fusion product, may be the target of promising new treatment for this unique entity. Here is a 78 year old female presented with complaints of lump in the left breast since 6 months, insidious onset and gradually progressive painful and with nipple discharge from last 2 weeks. On examination lump of size 10x15x 6 cm present in the left breast involving all quadrants, Spherical in shape, skin appears normal surface is smooth and stretched, borders are well defined. Cystic in consistency, fluctuation present, transillumination negative, skin is pinchable, no fixity to muscle and chest wall. Blood discharge noted, NAC is normal & is displaced below and lateral, engorged and promienent veins without any palpaple axillary lymphnodes. Clinically diagnosed as phyllodes tumor but USG shows a large well defined unilocular cystic lesion occupying the entire left mammary region with thick free floating internal echoes, peripheral solid components and papillary excrescences BIRADS IVb and FNAC shows features of Proliferative breast disease with atypia; MASOOD cytology index 16/24.

Keywords: Secretory breast carcinomas (SBCs), unifocal tumor, transillumination.

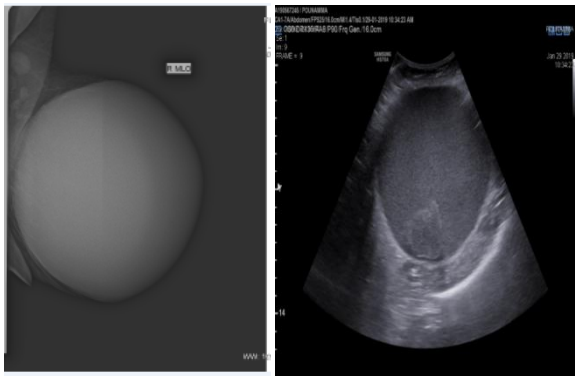
INTRODUCTION

Secretory breast carcinomas (SBCs) are considered one of the rarest types of Breast carcinomas accounting for <0.15% of all breast cancers, generally seen in children and young adults also been reported in elderly patients [1]. Males and has much poorer prognosis. It is usually a unifocal tumor but there are reports of multifocal cases It was recently demonstrated that these carcinomas develop due to t(12,15) ETV6-NTRK3 gene translocation, this fusion product, may be the target of promising new treatment for this unique entity [2].

CASE REPORT

Here is a 78year old female patient came to OPD with c/o lump in the left breast since 6 months, initially small later it progressed to present size 10x12 cm. Lump associated with pain since 2 weeks pricking type of pain. H/o discharge from the nipple since 2 weeks bloody. No h/o recent retraction of nipple. On examination: A diffuse lump of size 10x15x 6 cm present in the left breast involving all quadrants, Spherical in shape,skin appears normal surface is smooth and stretched,borders are well defined, NAC is normal & is displaced below and lateral, engorged and promienent veins present. No peau de orange, surface appears smooth On raising the arms above: No dimpling, no puckering No fullness noted in left axilla and supraclavicular region no edema of left upper limb, freely falling on leaning forward. Cystic in consistency, fluctuation present, transillumination negative, skin is pinchable, no fixity to muscle and chest wall. Blood discharge noted. No palpable lymphnodes in left axilla and left supraclavicular region.Right breast and axilla normal. Clinically diagnosed as phyllodes tumor. USG shows a large well defined unilocular cystic lesion occupying the entire left mammary region with thick free floating intrnal echoes, peripheral solid components and papillary excrescences BIRADS IVb and FNAC shows features of Proliferative breast disease with atypia; MASOOD cytology index 16/24.

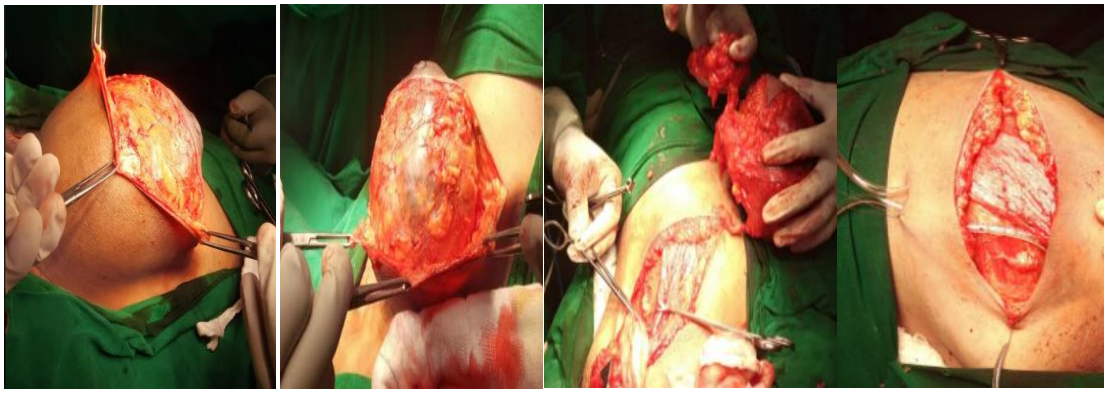
Clinical Images



Sonomammogram Pictuers

RESULTS

Patient was taken up for left modified radical mastectomy under general anesthesia. Intra operative findings are Soft cystic lump of size 10x10 x 6 cm with well defined margin noted .Multiple lymphnodess noted at level I & II in left axilla regionNot adharent to skin and underlying pectoralis fascia. Post operative periodwas uneventful Histopathological examination revealed margins – Uninvolved by tumor regional lymph nodes – Uninvolved by tumor lymphovascular invasion – Not identified features suggestive of SECRETORY CARCINOMA grade I; pt3;pn0, IHC-ER,PR and HER2NEU negative.



INTRA OPERATIVE IMAGES

DISCUSSION

In 1966, McDivitt and Stewart described 7 cases of BC with a distinct morphology in young children and named it juvenile carcinoma. Secretory carcinoma is a rare breast carcinoma and. It is generally seen in children and young adults also been reported in elderly patients. Seen in males and has much poorer prognosis [3]. It is usually a unifocal tumor but there are reports of multifocal Cases. It was recently demonstrated that these carcinomas develop due to t(12,15) ETV6-NTRK3 gene translocation [4]. The primary treatment option for secretory carcinoma is surgery (MRM). Sentinel lymph node biopsy is recommended because the Incidence of axillary metastases has been reported in 30% in patients with tumors larger than 2 cm. Histochemical staining of the intraluminal material for PAS and

immunohistochemical staining of tumor cells with S100 and EMA can be helpful in defining the diagnosis. It is usually a triple-negative (ER, PR and HER2 negative) molecular subtype. The tumor's prognosis is highly favorable. In contrast to the tumor's molecular appearance, it has extremely good prognosis. The risk of developing systemic metastases is also extremely low [5].

CONCLUSION

This is a rare case report Secretory carcinoma with extensive cystic degeneration. Prognosis is highly favorable. In contrast to the tumor's molecular appearance, it has an excellent prognosis. Rarely metastasize. Further research for a specific NTRK3 tyrosine kinase inhibitor could lead to the discovery of a new targeted treatment of this tumor.

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