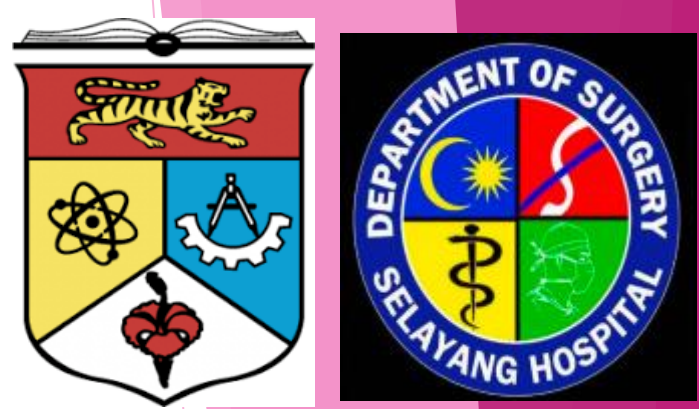


MALE BREAST CANCER IN BREAST ENDOCRINE CENTER SELANGOR: A CASE SERIES

AR Mokhtar^{1,2}, AR Nurul¹, Dineshwary P¹, DI Hai¹, AL Juliana¹

¹Hospital Selayang, Selangor, Malaysia
²Universiti Kebangsaan Malaysia, Selangor, Malaysia



INTRODUCTION: Male breast cancer (Male-BC) is a rare disease, accounting for less than 1% of all breast cancer diagnosed. (2,3) Although there has been increase in the incidence along with female breast cancer, however little is known about the etiology. (3,2,4) In this case series, our aim is to analyse retrospectively collected cases of male breast cancer at Hospital Selayang between 2018 to 2023 based on latest information on the epidemiology, clinical presentation, histological findings, and treatment approach.

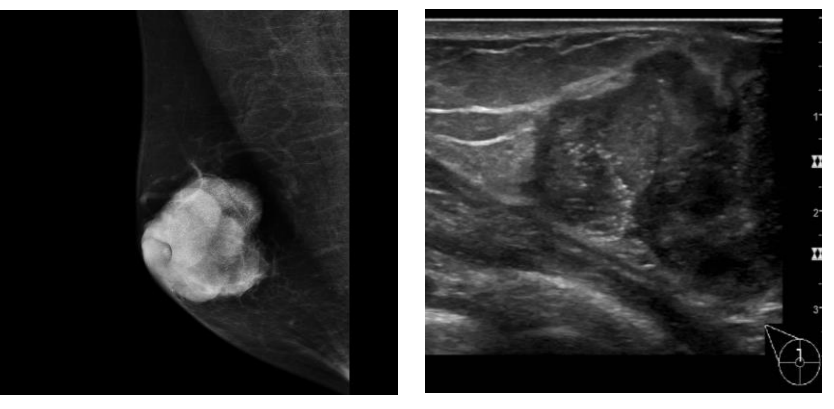
CASE SERIES RESULTS

Retrospectively we identified 4 cases of Male-BC at Hospital Selayang. They presented as an advanced age and disease, ranging from 54-75 old)

Our data shows that the breast lump size ranging from 3 cm to 6 cm, with 1 case in T1 and 3 cases with T4: . In 3 out of 4 cases, nodal involvement is presents.

Invasive breast cancer accounted for 100% of the subtypes observed in this case series. Higher rates of hormone receptor expression in Male-BC individuals. Fifty percent had both positive ER and PR, and the remaining fifty percent had positive ER but negative PR. Each one has a negative HER2 receptor.

2 out of 4 cases proceed with mastectomy and axillary clearance. Only one out of 2 cases come for further follow up post-surgery. While the other 2 inoperable cases with advanced metastatic breast disease. Both cases referred to oncologist with palliative intention.



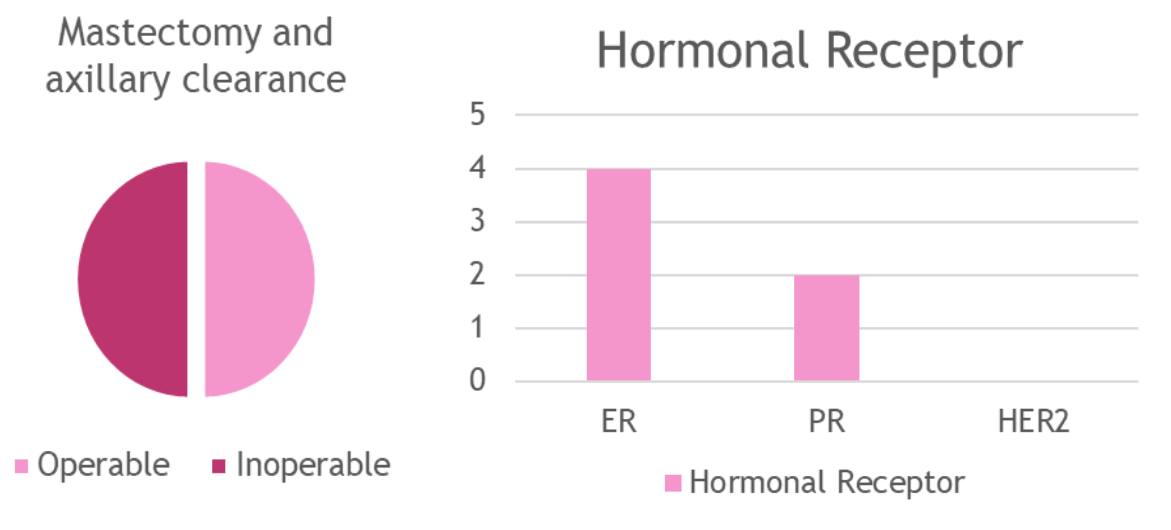
Mammogram and ultrasound can be helpful in differentiating gynaecomastia as malignant breast tumours are more often eccentric and have irregular spiculated edges (3). Macrocalcifications more common in female rather than male breast cancer. (5)

Invasive ductal carcinoma was the most common subtype with 90% of Male-BC prove to be and about 1.5% with histotype of invasive lobular cancer. (1,3) Since male breast lacks lobular system, lobular carcinoma is uncommon compared to female unless it exposed to high dose endogenous and/or exogenous estrogen (3). In situ ductal or lobular in situ carcinoma account almost 10% of Male-BC in some population-based study. (3)

Axillary lymph node involvement is very common in Male-BC and as reported in our case series. This high rate of lymph node involvement with advanced disease is explained based on lack of awareness and delayed diagnosis in males compared to females. (1) Due to this, overall survival rates are lower for men due to older age diagnosis and advanced presentation. (2)

Breast cancer in males treated with similar strategy in women with modified radical mastectomy with axillary node dissection. Some studies and case series have consideration of conservative breast surgery and sentinel lymph node biopsy in selected patients with small tumours. (2,3,4)

Men with breast cancer do tend to be treated with radiation therapy because disease was more locally advanced and more aggressive. (2,3,4) Limited data available regarding the role of adjuvant chemotherapy in male patients, but generally similar guidelines are recommended in men as in women. (2, 4) Adjuvant hormonal therapy with antioestrogen tamoxifen generally accepted as a standard care as about 90% of cases with hormone receptor-positive tumours. (2, 4) As for metastatic disease in general similar with female breast cancer with hormonal therapy as first approach. (4)



Picture from patient 1 and 2

DISCUSSION

The delay in diagnosis of male breast cancer due to rarity of its illness which leads late presentation with more than 40% present with stage III/IV of disease. (4) They commonly presented with painless retro areolar lesion. Others may include nipple retraction, ulceration and/or bleeding from the nipple.

Male-BC will go through triple assessment for diagnostic work up.(5) Among primary consideration of differential diagnosis is gynaecomastia which affects approximately 30% of healthy men. (3) Combine imaging :Mammography and ultrasonography is an effective diagnostic technique with sensitivity and specificity up to 90% in detecting the lesion. (3 n 4)

Smoking and family history is a significant history in developing cancer in our series. this case series most of them had history of benign breast condition, with history of breast trauma (2 cases) and nipple discharge (2 cases).

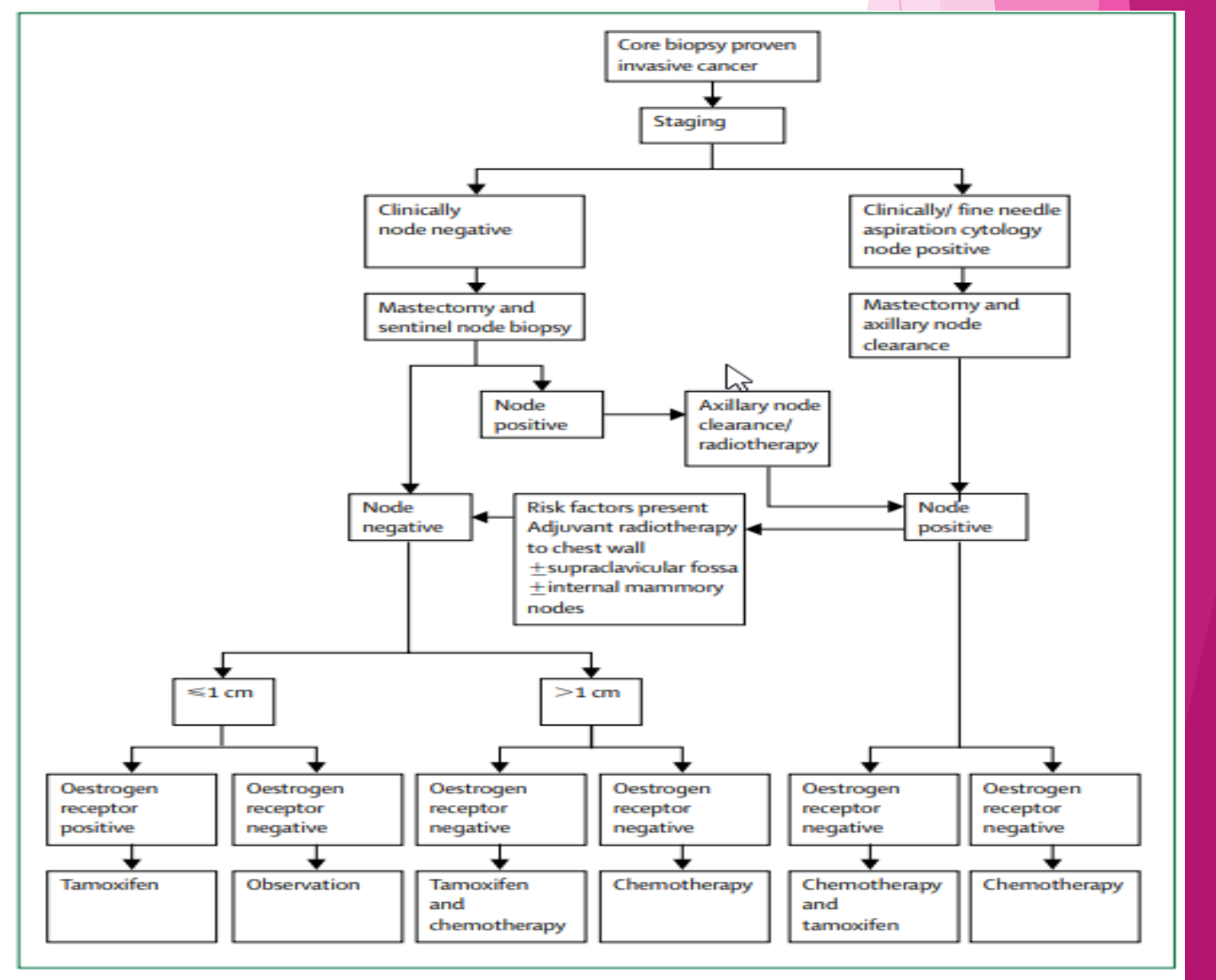


Figure 1: Treatment algorithm for operable male breast cancer

CONCLUSION

Male-BC is an uncommon disease with causes that are incompletely characterised and understood. (4) Delay in diagnosis can result from ignorance of the existence of breast cancer among men. (4) Less data about it available and this study is a contribution made to educate both public and health professionals, to make earlier diagnosis and improve survival rates in male breast cancer.

1) Majdouline El Fouhi et al. Male breast cancer: a report of 25 cases. Pan African Medical Journal. 2020;37(343). 10.11604/pamj.2020.37.343.23004
2) Sharon H. Giordano. A Review of the Diagnosis and Management of Male Breast Cancer. The Oncologist 2005;10:471-479
3) L. Ottini et al. Male breast cancer. Critical Reviews in Oncology/Hematology 73 (2010) 141-155
4) Ian S Fentiman et al. Male breast cancer. Lancet 2006; 367: 595-604