

METASTATIC PRIMARY SQUAMOUS CELL CARCINOMA OF THE BREAST: A DEATH SENTENCE?

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Introduction

Histologically, breast cancers are classified as ductal carcinoma in situ, lobular carcinoma in situ and invasive lobular carcinoma. Squamous cell carcinoma of the breast (SCCB) is a rare variant which carries a poor prognosis. We report a case of primary SCCB in a 60-year-old patient.

Case Presentation

A 60-year-old female patient presented with right breast swelling, pain and purulent discharge for 3 weeks. Clinically there was an 8x8cm, infected mass at the lower inner quadrant. Mammogram and ultrasound revealed a BIRADS 5 lesion. Biopsy specimen was suspicious of squamous cell carcinoma (SCC). A staging CT showed a locally advanced right breast mass with axillary and liver metastasis. The patient underwent mastectomy and axillary clearance in view of the infective nature of the breast lesion. Final histopathology confirmed a primary squamous cell carcinoma of the breast which was positive for KCAI/A3 and CK 5/6. ER, PR, HER2 were negative. Axillary nodes were negative for malignancy. Patient refused for adjuvant therapy which led to disease progression and death.

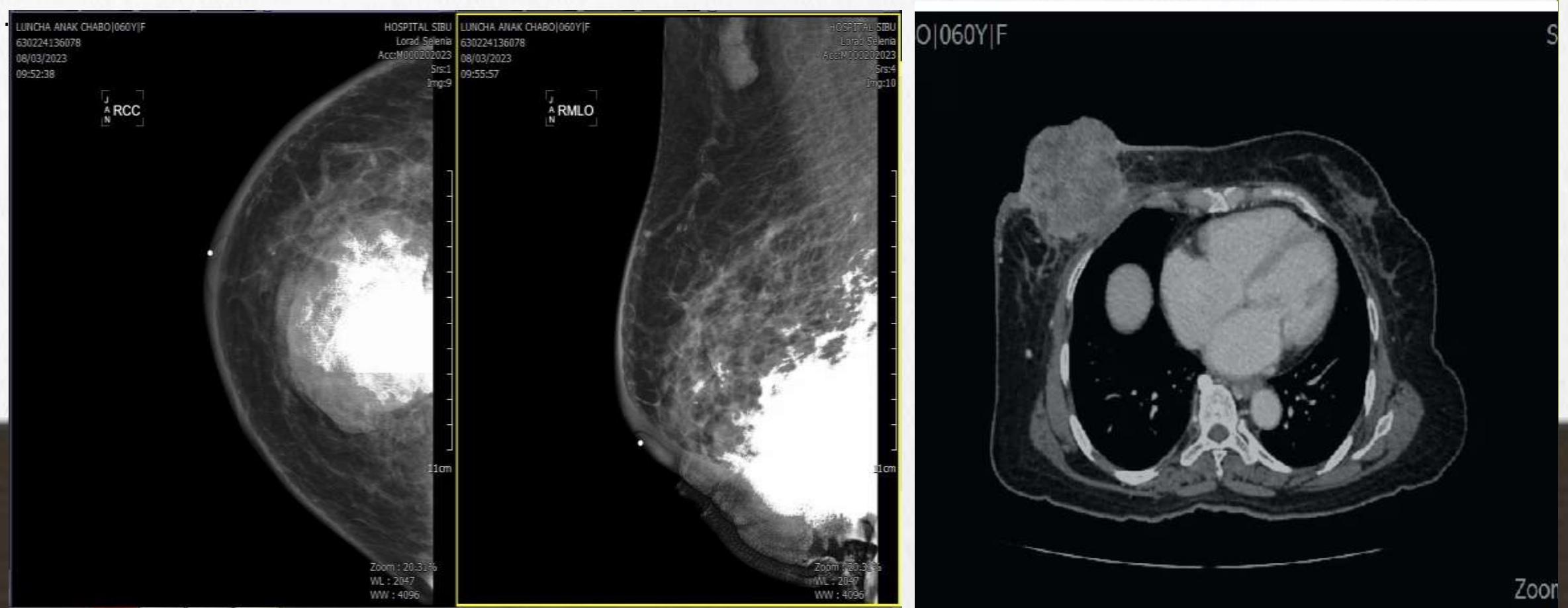


Figure 1. Picture post mastectomy and axillary in December 2023

Discussion

SCCB is a rare breast malignancy with incidence reported to be as low as 0.04 - 0.1%. It mostly affects post-menopausal women, who present with large tumour and distant metastasis. Lymphatics are usually spared. Reported median survival is dismal at only 37 months, owing to advanced-stage presentation, diagnostic challenges, unclear pathogenesis, lack of established treatment guidelines and treatment-refractory diseases. Histologically, SCCB can be recognized by the presence of keratin pearls, intercellular bridges and confirmed by immunohistochemistry which test positive for cytokeratin 5/6 and p63. Most SCCB are triple negative breast cancers and do not respond to hormonal treatments.

Conclusion

SCCB are rare tumours with poor prognosis which are confounded by late presentation and non-specific histological findings. A heightened degree of suspicion is warranted when dealing with atypical presentation of breast lesions.

Reference:

1. Malaysian Health Technology Assessment Section (MaHTAS) Medical Development Division, Ministry of Health Malaysia. CPG (clinical practise guideline) Of management of breast cancer. (2019)
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