
CASE REPORT: CARCINOMA OF THE MALE BREAST

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Cancer of the male breast is a rare condition with an incidence of 0.5/100,000 per year in Denmark¹ and about 1000 men in the world.² It may be more serious than in female owing to much less amount of tissue between the carcinoma and the chest wall, and may fungate quite early.³ The risk of breast cancer in men is proportional to the amount of breast tissue present and therefore is increased in patients with substantial gynecomastia.⁴ In this report we present a case of carcinoma of the male breast.

CASE REPORT

A 68 years old man with left breast enlargement sine 1992 was operated on 1993. Biopsy revealed ductal carcinoma in situ with papillary pattern. Because in situ carcinoma was diagnosed, a left simple mastectomy was performed. Pathological examination of the specimen revealed infiltrating ductal carcinoma. The patient had radiotherapy, combination chemotherapy including tamoxifen, but developed multiple metastases confirmed by isotope bone scan and died on 7th November, 1998.

DISCUSSION

Gynecomastia, the most frequent lesion of the male breast, occurs mainly in peripuberty and around 50 years of age and may rarely harbour an intracystic carcinoma.⁵ The adolescent gynecomastia is usually bilateral and seems to disappear spontaneously within 1 to 2 years.⁶ The gynecomastia of older men may be caused by hormonal imbalance, may accompany systemic disorders (advanced alcoholic cirrhosis or renal failure), or may be drug-induced. The idiopathic gynecomastia persists after puberty in normal, healthy men and is usually unilateral.⁶

Gynecomastia is not thought to be

associated with the development of male breast cancer unless the gynecomastia is part of Klinefelter's syndrome.^{7,8} Gynecomastia is found in 0% to 20% of males with breast cancer.^{9,10} A recent study showed that ductal carcinoma in situ may appear on high-resolution sonography(10-13 MHz) as calcifications, masses or focally dilated ducts.¹¹ Ultrasound can guide aspiration of cyst fluid as well as aspiration of cells directly from the papilloma. In the case of intracystic carcinoma, the cystic fluid is often hemorrhagic and dark brown. However, cytology of cystic fluid may be falsely negative.¹²

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