

FATAL BREAST SARCOMA

M A TAHER¹, M. SAADUDDIN JAIGIRDER²

In our country, many patients with breast lumps are neglected. A woman of 45 years came with a fungating lump in right breast initially treated by homeopaths in 1998 and later operated twice in April 2000 and August 2000 (Biopsy : cystosarcoma of right breast). The patient was sent to Mumbai (November 2000), but no radiotherapy/chemotherapy was given there. The patient was asymptomatic during the whole of 2001, chest X-ray showed opacity in upper zone of right lung. She complained bone pain in January 2002, isotope bone scan (99m Technetium phosphonate) revealed multifocal bony lesions. Radiotherapy with cobalt-60 was started in January 2002. On 3 February 2002, she suffered pertrochanteric fracture of left femur. Her ECG report showed gross abnormality which restricted chemotherapy in full dose. She was treated with traction, telecobalt radiotherapy on the right lung, lumbar spine and left femur. In addition, she received chemotherapy of FU (5 fluorouracil), Endoxan (Cyclophosphamide) and lastly single agent Holoxan (ifosfamide) with Mesna (uroprotector). She needed occasional oxygen inhalation till 15 April 2002. She had multiple cutaneous metastases on the right chest in May 2002 which was also irradiated but she died on 19 May 2002.

DISCUSSION

Non-epithelial neoplasms of breast like sarcomas of various types e.g. fibrosarcoma, leiomyosarcoma, angiosarcoma, -all are extremely rare. Prognosis of these tumors are very poor. Widespread dissemination cause rapid death unless treated at a very early stage. Sarcomatous changes in a soft tissue fibroadenoma account for more than half of the cases of sarcoma of the breast. Mean age of incidence is 48 years. A history of swelling, which is present for months or years, and has recently enlarged rapidly, is frequently obtained. On examination, a large prominent swelling with dilated subcutaneous veins and without retraction of the nipple is observed. It is of unequal consistency, parts of it being hard, parts being soft and parts fluctuating, due to cystic degeneration or haemorrhage. Only in the late stages does the skin become adherent (without being infiltrated) or fungation occur. Lymph nodes are not

involved until very late.¹ About 25% of breast sarcoma recur locally. In case of recurrence, it may be aggressive and distant metastases may also occur.²⁻⁶

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¹ Director, Nuclear Medicine Centre,

² Asstt. Prof. of Radiotherapy, Rangpur Medical College, Rangpur, Bangladesh.