

Squamous Cell Carcinoma of the Breast: A Case Report

Mahteme Bekele, Mulugeta Kasshun, Yishak Suga and Abraham Ariaya*

St. Paul's Hospital Millennium Medical College, Medical school in Addis Ababa, Ethiopia

***Corresponding Author:** Abraham Ariaya, St. Paul's Hospital Millennium Medical College, Medical school in Addis Ababa, Ethiopia, Tel: +251961016194, E-mail: abraham.ariaya@gmail.com

Citation: Mahteme Bekele, Mulugeta Kasshun, Yishak Suga, Abraham Ariaya (2022) Giant Retroperitoneal Liposarcoma: Case Report. Stechnolock J Case Rep 2: 1-4

Copyright: © 2022 Abraham Ariaya. This is an open-access article distributed under the terms of Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Introduction

Breast cancer is the leading cancer that affects women. It has common histologic types but at times the histology reveals special subtypes with peculiar clinical behaviors. Decisions on the management of patients with rare breast cancer histology's should derive from careful case-by-case multidisciplinary evaluations.

In this report we discuss a rare type of breast cancer, which occurred in a 27 years old PLWHA patient. She had presented with lump in her breast and histology report after mastectomy revealed a metaplastic squamous cell carcinoma with lymph node secondaries. The case is discussed and literature reviewed.

Keywords: Breast Cancer, Squamous cell carcinoma, PLWHA

Introduction

Squamous cell carcinoma (SCC) of the breast, a very aggressive, hormone receptor negative tumor, is a very rare tumor which accounts for less than 0.1% of all invasive breast. It has a poor prognosis. Very few cases have been reported in literatures. [1,2]. People living with HIV/AIDS (PLWHA) are at a higher risk for a variety of cancers including breast cancer with survival rates inversely proportional with the initial stage at diagnosis. (3,4) We report a case of SCC of the breast in a 27 years old female PLWHA

Case Report

A 27 years old women who is a known PLWHA was referred to our hospital from a local health center. In her primary evaluation the patient mentioned that she had been taking antiretroviral drugs for 8 years and she engaged in her daily activity without difficulty. She currently presented with a small swelling in her left breast with associated pain. She was investigated and FNAC done at private center and referred with a diagnosis of atypical ductal hyperplasia for further evaluation and management to our hospital. Otherwise, she doesn't have any family history of breast disease and no other risk factors.

Her physical examination revealed left breast nipple retraction with no skin color change, discharge or ulceration, on palpation a 6x4cm mass was detected at upper inner quadrant which was firm in consistency, non-tender and mobile. There were no palpable axillary lymph nodes. Her laboratory profile was all within normal limit and breast Ultrasound showed a 3.3x1.7 cm hyperechoic mass with irregular margins with an index of a lt. breast suspicious mass. Chest Xray and abdominal US were unremarkable. She was subsequently admitted for an excisional biopsy.

The intraoperative finding was an 8x6 cm highly vascularized inflammatory adherent mass that was not invading the underlying or overlying structures. Excisional biopsy was performed and the histopathologic examination revealed a metaplastic carcinoma of the breast. The patient was readmitted and completion mastectomy and lymph node dissection was performed and specimens were sent for pathologic evaluation. Histologic examination revealed metaplastic squamous cell carcinoma with lymph node metastasis. Patient was subsequently linked to our Oncology Clinic.

Discussion

Metaplastic breast cancers are a heterogenous group of tumors which are characterized by differentiation of the neoplastic epithelium into squamous or mesenchymal phenotype. The WHO classifies metaplastic breast cancers into four: squamous cell carcinoma, spindle cell carcinoma, metaplastic carcinoma with mesenchymal differentiation and mixed metaplastic carcinoma. Black and Hispanic women are diagnosed with metaplastic carcinomas of the breast more than their Caucasian counterparts [2].

Pure primary squamous carcinoma of the breast is a very rare, poorly differentiated and aggressive form of metaplastic carcinoma of the breast. It is a hormone receptor negative tumor with less lymphatic spread than adenocarcinoma. At the time of surgery lymph node metastasis has been detected in 10-30% of the cases. Metaplastic carcinoma of the breast may show solid and cystic components with micro lobulations upon ultrasound imaging studies. The etiology of SCC of the breast is unclear and more research is warranted in this area. [1,2].

Sachin A Badge et. al reported SCC of the breast in a 72 years old female patient and stated that the disease is a tumor of the elderly. Our finding of SCC of the breast in a 27 years old female patient contradicts with their conclusion [1].

The management of SCC of the breast does not differ from other breast cancer variants and involves surgery with axillary lymph node dissection for staging, hormonal therapy, chemotherapy and radiotherapy. But there are reports of less sensitivity to commonly used breast cancer chemotherapy drugs as methotrexate, cyclophosphamide, 5-fluorouracil (5-FU) and anthracycline. Due to its high grade and receptor negativity, hormone therapy may not also be effective. A small retrospective series of 11 patients has demonstrated a 5-year survival rate of 67% for this rare entity [1]. Well differentiated metaplastic carcinomas, which are extremely rare findings are associated with a good prognosis [1,2].

During the early days of the AIDS epidemic, it was noted that PLWHA (People living with HIV/AIDS) were at a higher risk for cancer. Although PLWHA were initially thought to be less affected by breast cancer, this has later been disproved in a large retrospective study done in the US. Breast Cancer in PLWHA were associated with younger age of onset, advanced stage at diagnosis, aggressive behavior and poor prognosis. In the current HAART era the incidence of breast cancer in PLWHA is approaching that of the general population, it was initially thought to be less. Breast cancer survival rates of PLWHA is inversely proportional with the initial stage, showing a 100% survival for stage I, 66% for stage II, 43% for stage III, and 0% for stage IV, over a 5-year period after diagnosis of breast cancer. When undertaking chemotherapeutic management of breast cancer in PLWHA the possibility of drug interactions with anti-retroviral drugs should be taken into consideration. The association between HIV and Breast cancer has not been clearly defined and further research in this area is warranted [3, 4].

References

- 1.Sachin A Badge et. Al. (2014) Primary squamous cell carcinoma of the breast. *Int J Appl and Basic Med Res* 4: 53-5.
- 2.Maria Vittoria Dieci et. al (2014) Rare Breast Cancer Subtypes: Histological, Molecular, and Clinical Peculiarities, *Oncologist* 19: 805-13.
- 3.Joshua Gulvin et al (2016) Squamous Cell Cancer of Unknown Primary and Primary Breast Cancer in an HIV-Infected Woman: The Importance of Cancer Screening for People Living with HIV/AIDS, *Journal of the International Association of Providers of AIDS Care* 15: 194–200.
- 4.Nora T. Oliver et al. (2017) Malignancies in women with HIV infection, *Curr Opin HIV AIDS* 12: 69-76.