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Case report

Synchronous primary mammary osteosarcoma and invasive breast cancer. A case report – Pathohistological and immunohistochemical analysis



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ARTICLE INFO

Article history:

Received 29 April 2013

Received in revised form

14 November 2013

Accepted 5 April 2014

Keywords:

Extraskeletal osteogenic mammary sarcoma

Synchronous invasive ductal cancer

Immunohistochemistry

Radiotherapy

Multimodality treatment

ABSTRACT

Primary osteogenic sarcoma of the breast is a rare neoplasm, diagnosed mainly by pathohistological and immunohistochemical analysis.

We hereby present a case of primary osteogenic sarcoma in the right breast of a 62-year-old woman with synchronous appearance of an invasive ductal carcinoma. Clinical findings are manifested with two separate painless formations 2.5 cm/2 cm and 1.5 cm/1 cm in size, located on the border of the upper and lower lateral quadrant of the right breast. No axillary lymphadenopathy was diagnosed. The pathohistological and immunohistochemistry findings of both tumors revealed a synchronous manifestation of two distinct neoplasms – epithelial and non-epithelial. Multimodality treatment consisted of Patey's radical mastectomy; 3 cycles of adjuvant chemotherapy; postoperative 50 Gy radiotherapy to the chest wall followed by additional 3 cycles of chemotherapy and anti-estrogen hormone therapy.

Due to the rarity of osteogenic mammary sarcoma, even more so in a combination with epithelial breast tumors, its clinical features are unclear and optimal treatment remains controversial. Considering the poor prognosis of the combination of both malignomas, we discuss a number of diagnostic and therapeutic issues.

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1. Background

Extraskeletal osteosarcoma is a rare malignancy that accounts for <1% of all soft-tissue sarcomas. Primary osteogenic sarcoma of the breast occurs in 2–4% of all osteosarcomas¹

and in 0.1% of primary neoplasms of the breast.^{2,3} Extraskeletal sarcoma of the breast is considered an aggressive disease with early local recurrence and distant hematogenic metastases.^{3–8}

We present a casuistic clinical case of a synchronous occurrence of mammary osteosarcoma and invasive ductal carcinoma, localized in one breast.

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<http://dx.doi.org/10.1016/j.rpor.2014.04.003>

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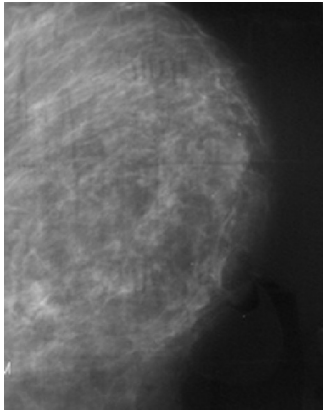


Fig. 1 – The right breast regular prophylactic mammography.

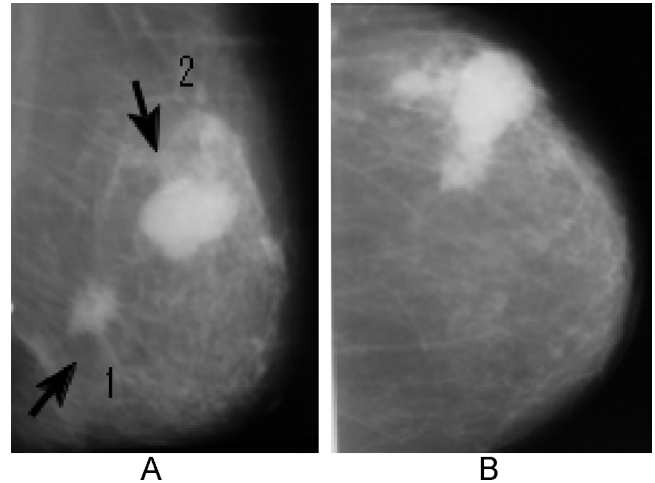


Fig. 2 – Mammographic features of both lesions in the right breast. (A) 1 – osteosarcoma and 2 – carcinoma.

2. Case presentation

Sixty-two-year-old Caucasian woman has developed an asymptomatic two lumps in the right breast. We have to mention, that 6 months before a regular prophylactic mammography was negative (Fig. 1).

Two tumor lesions were visualized on mammography at the border of both superior outer and inferior outer quadrants of the right breast (Figs. 2 and 3).

Detailed mammographic description: Two lesions were seen against the background of profound fat regression: (1) High density lesion 42/30 mm in size with unclear lobular contours and eccentric intra-lesion calcificates. (2) Spicular 20/19 mm lump with defined irregular contours (Fig. 2).

Detailed sonography description of the right breast: First lesion has an irregular lobular contour. Second lesion has also lobular

contour with decrease of US signal in its distal part. Additional founding – enlarged right axillary lymph nodes (Fig. 3).

Staging CT scan and skeletal scintigraphy showed no evidence of metastatic disease.

3. Multimodality treatment

The patient was treated with a radical Patey’s mastectomy. Detailed pathohistological and imunohistochemical analysis revealed two different malignomas – a rare extraskeletal osteosarcoma synchronous (Fig. 4); with an invasive epithelial invasive ductal cancer (Fig. 5).

Three courses of adjuvant chemotherapy with Pharmarubicin and Endoxan were followed by 50Gy postoperative

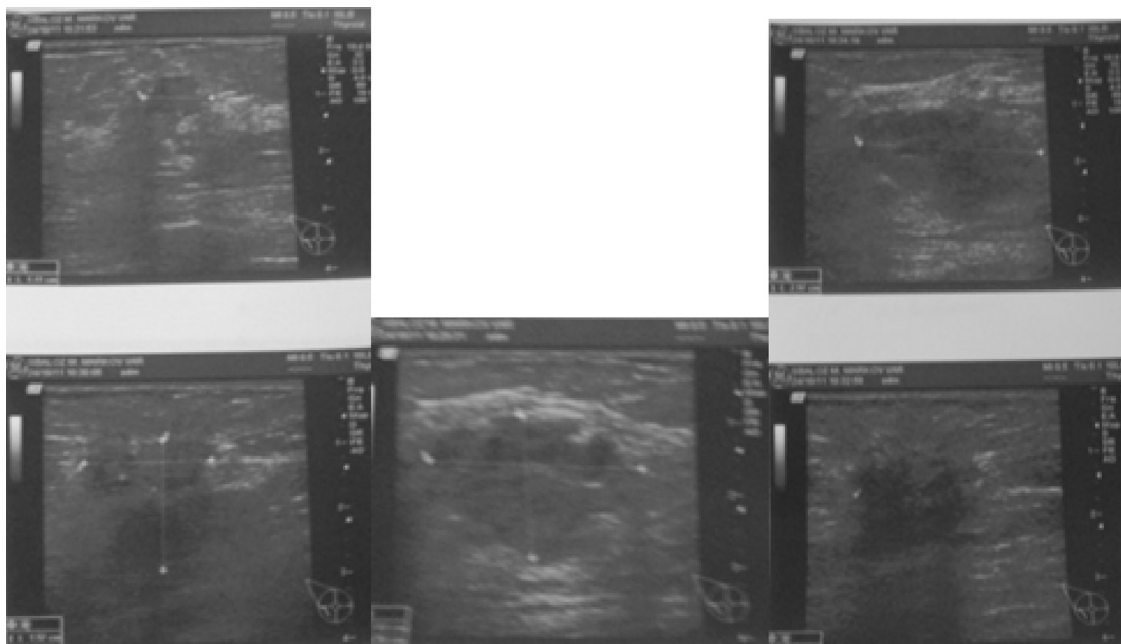


Fig. 3 – Diagnostic sonography of the right breast.

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