

A “Spontaneously Shrinking” Breast Mass: Unusual Presentation of Invasive Tubular Carcinoma

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A solid breast mass that decreases in size over time without treatment is generally felt to be inconsistent with a diagnosis of malignancy. We describe a case where this dogma proves to be incorrect. Mammographic features of a mass, along with the patient’s clinical hormonal status, need to be considered along with size characteristics.

Introduction

Screening mammography is recommended every one to two years in all women over age 40 and yearly for women over the age of 50 [1]. There are certain mammographic findings, including spiculated mass borders, pleomorphic calcifications and architectural distortion, which are suspicious for malignancy and lead patients to further imaging work-up and subsequent biopsy. We describe a case where biopsy of a suspicious mass was delayed because of an interval decrease in mass size, leading to the clinicians to assume that the mass represented a benign process.

Case Report

A 63-year-old post-menopausal female presented six months previously for a second opinion regarding a right breast mass. Review of prior outside mammograms demonstrated an ill-defined nodule in the upper outer quadrant of the right breast. This mass had been noted on the previous outside mammogram reports from different institutions. The reports that were available for review indicated that the mass was decreasing in size. The original mammogram

noting the mass and any recommendations given at that point were not available for review.

Six years prior to presentation, the mass measured at 9 mm. It progressively decreased in size to 4 mm on the most recent mammogram (Figure 1). Given its apparent interval decrease in size, the radiologist felt that this was unlikely to represent a malignancy and recommended a 6 month follow-up mammogram.

At the 6 month follow-up, recommended by the second opinion at our institution, the mass remained unchanged in size but had slightly different shape characteristics. Additional spot compression views revealed the mass to have spiculated margins, a worrisome feature on mammography that is highly suggestive of malignancy (Figure 2). Regardless of the decrease in size of the mass over the six years preceding presentation for a second opinion, biopsy was recommended.

An ultrasound-guided biopsy (Figure 3) revealed invasive tubular carcinoma with ductal carcinoma in situ. The patient underwent lumpectomy and sentinel lymph node biopsy. The excised specimen confirmed a 0.4 cm infiltrating tubular carcinoma, Bloom-Richardson grade 1, with a co-existing small region of ductal carcinoma in situ. The tubular carcinoma was estrogen and progesterone receptor (ER/PR) positive. The two sentinel lymph nodes were negative for metastatic disease.

Of note, the patient had a natural menopause at age 53, and subsequently was placed on hormone replacement therapy (HRT). Secondary to concerns about cardiovascular risk and increased risk for breast malignancy, the patient terminated her HRT use approximately five years prior to presentation for the second opinion. This coincides with the interval decrease in size of the suspicious breast mass on mammography. The patient was unable to recall exact details of her prior HRT regimen. She restarted her HRT (Prempro 0.3/1.5 one per day) approximately six months prior to presentation for a second opinion.

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Abbreviations: ER/PR, estrogen and progesterone receptor, HRT, hormone replacement therapy, IRB, investigational review board, SERM, selective estrogen modifiers, STAR, study of tamoxifen and raloxifene, MLO, medial lateral oblique

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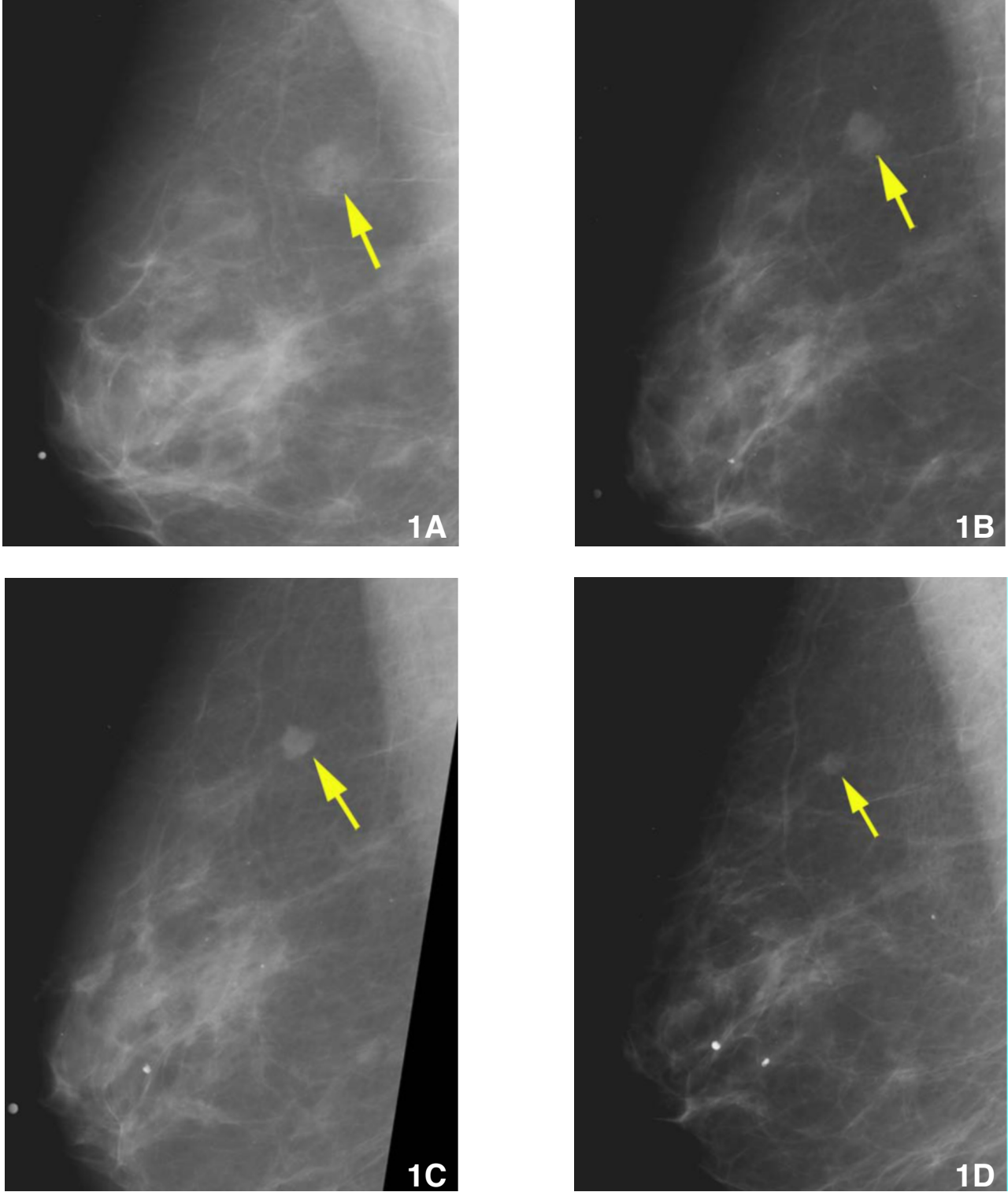


Figure 1. Mammograms of the right breast in the medial lateral oblique (MLO) projection demonstrating a mass (arrow) in the upper outer quadrant that is decreasing in size over six years. A, Six years prior. B, Four years prior. C, Two years prior. D, At presentation.

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