CIRUGÍA y CIRUJANOS
Órgano de difusión científica de la Academia Mexicana de Cirugía
Fundada en 1933
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CLINICAL CASE

Primary non-Hodgkin's lymphoma of the breast. A case report☆

José Sebastián Villalón-López[a,*], **Rosalía Souto-del Bosque**[b], **Pedro Gonzalo Méndez-Sashida**[c]

[a] *Servicio de Oncología Quirúrgica, Hospital de Ginecopediatría No. 48, Centro Médico Nacional de León, Guanajuato, Mexico*
[b] *Servicio de Radioterapia, Hospital de Especialidades No. 1, Centro Médico Nacional de León, Guanajuato, Mexico*
[c] *Servicio de Anatomía Patológica, Hospital de Especialidades No. 1, Centro Médico Nacional de León, Guanajuato, Mexico*

Received 14 April 2015; accepted 4 September 2015
Available online 12 January 2017

KEYWORDS
Breast lymphoma;
Non-Hodgkin's lymphoma;
Breast cancer

Abstract
Background: Primary breast lymphomas, a rare subtype of non-Hodgkin's lymphoma, represent 0.04–0.5% of all breast cancers, 0.38–0.7% of all lymphomas, and 1.7–2.2% of extranodal lymphomas. The treatment choice is based on chemotherapy containing anthracycline and rituximab. Surgery is limited to being less invasive and only for diagnostic purposes. Radiotherapy has an important role as consolidation therapy, particularly in patients with negative nodes.
Clinical case: A 70 year old woman with a breast nodule in the left upper outer quadrant, with slow growth, expansive, painless, and accompanied by skin changes, malaise, weight loss, fatigue, chill, and sweating. There was tissue replacement by the mammary gland tumour, skin changes due to invasion, and a 5 cm axillary lymphadenopathy. The mammography showed skin thickening and a dense pattern of 80% of breast tissue replacement, and the lymphadenopathy with loss of radiolucent centre and soft tissue invasion. The biopsy confirmed a diffuse high grade large cell lymphoma. She received an rituximab (R-CHOP) chemotherapy scheme and radiotherapy with tangential and supraclavicular and axillary fields. After completing the chemotherapy, the patient is on follow-up, and at 15 months she is alive without disease activity.
Conclusions: Primary lymphoma of the breast is a rare entity. Multimodal treatment with combined chemo-radiotherapy is the cornerstone. Surgery is reserved only for diagnostic purposes.

☆ Please cite this article as: Villalón-López JS, Souto-del Bosque R, Méndez-Sashida PG. Linfoma no Hodgkin primario de la glándula mamaria. Reporte de un caso. Cir Cir. 2017;85:70–75.

* Corresponding author at: Servicio de Oncología, Hospital de Ginecopediatría No. 48, Centro Médico Nacional de León, Instituto Mexicano del Seguro Social, Boulevard Adolfo López Mateos e Insurgentes SN, Colonia Los Paraísos, C.P. 37000 León, Guanajuato, Mexico. Telephone: +52 477 717 4800ext.31389.
E-mail address: jsvillalon@yahoo.com (J.S. Villalón-López).

PALABRAS CLAVE
Linfoma de mama;
Linfoma no Hodgkin;
Cáncer de mama

Linfoma no Hodgkin primario de la glándula mamaria. Reporte de un caso

Resumen
Antecedentes: Los linfomas primarios de la glándula mamaria son un raro subtipo de linfoma no Hodgkin que representan del 0.04 al 0.5% de los tumores malignos mamarios, del 0.38 al 0.7% de todos los linfomas y del 1.7 al 2.2% de los linfomas extranodales. El tratamiento de elección está basado en la quimioterapia que contenga antraciclinas y rituximab. La cirugía está limitada a ser lo menos invasiva, y únicamente con propósitos diagnósticos; la radioterapia tiene un importante rol como terapia de consolidación, particularmente en pacientes con ganglios negativos.
Caso clínico: Mujer de 70 años con un nódulo mamario izquierdo en el cuadrante superoexterno de crecimiento lento, expansivo, indoloro, acompañado de cambios cutáneos, con ataque al estado general, pérdida de peso, fatiga, calosfrío y diaforesis. Tiene sustitución tumoral de la glándula mamaria, con cambios por invasión en la piel; axila con adenopatía de 5 cm. En la mastografía se observa engrosamiento de la piel y un patrón denso que sustituye el 80% del tejido mamario, así como adenopatías con pérdida del centro radiolúcido e invasión en tejidos blandos. Una biopsia corrobora linfoma no Hodgkin difuso de células grandes de alto grado. Recibe quimioterapia con esquema tipo Rituximab (R-CHOP) y radioterapia con campos tangenciales y axilo/supraclaviculares. Una vez finalizado el tratamiento, la paciente queda en vigilancia médica por el Servicio de Oncología y, a 15 meses, se encuentra viva sin actividad de la enfermedad.
Conclusiones: Los linfomas primarios de la glándula mamaria son una entidad rara. El tratamiento suele ser multimodal, donde la quimiorradioterapia combinada es la piedra angular; la cirugía está reservada con fines de diagnóstico.

Background

Although primary lymphomas of the mammary gland are rare, they are a well-defined subtype of non-Hodgkin's lymphoma and represent from 0.04% to 0.5% of malign tumours of the mammary gland, from 1.7% to 2.2% of extranodal non-Hodgkin's lymphomas and from 0.38% to 0.7% of all non-Hodgkin's lymphomas.[1–3]

The term ''mammary gland lymphoma'' refers to primary lymphomas in the mammary gland, in the absence of other previously detected lymphoma locations.[1]

Wiseman and Liao[4] established 4 diagnostic criteria for this entity in 1972. These consist, firstly, of appropriate pathological evaluation of the essential disease in diagnosis; secondly, in the association of nearby mammary tissue with lymphoma infiltration in the mammary gland; thirdly, there is the criterion of exclusion, which corresponds to patients with concurrent disseminated disease or those with a previous diagnosis of extra-mammary lymphoma; finally, the fourth criterion refers to the invasion of homolateral ganglia, which is considered acceptable on condition that both lesions developed simultaneously.

The treatment of choice after diagnosis and staging should be based on the use of chemotherapy with regimes containing anthracyclines and rituximab (R-CHOP). Surgery is restricted to being the least invasive, and it has the sole purpose of diagnosis. Radiotherapy plays an important role as a consolidation therapy, particularly in patients with negative ganglia.[1–3]

The case we present is that of a patient with non-Hodgkin's lymphoma of the left mammary gland. It was managed with biopsy of the lesion to confirm the disease and chemotherapy based on the monoclonal antibody rituximab together with cyclophosphamide, doxorubicin, vincristine and prednisone (R-CHOP) for 8 cycles, followed by radiotherapy of the mammary gland and the axillary/supraclavicular field, as well as maintenance rituximab during 12 months; after 15 months of follow-up the patient is alive and without evidence of active disease.

Clinical case

A 70 year-old woman referred to the Oncology Department of Hospital de Ginecopediatría No. 48 of the Instituto Mexicano del Seguro Social, with the diagnosis of cancer of the left breast.

She is diabetic and in treatment with oral hypoglycemics; she also has hypertension, for which she takes enalapril.

The process commenced 4 months before she visited her doctor, when she detected mammary nodule in her left breast. The initial lesion was located in the superoexternal quadrant of the left mammary gland, and growth was slow, expansive and painless; it was accompanied by local cutaneous changes and malaise, with weight loss, fatigue, chill and sweating. She therefore visited her Family Medicine Unit, where the diagnosis was mastitis and antibiotic treatment was prescribed. As there was no improvement in the