Coincidence of Primary Non-Hodgkin's Lymphoma and Invasive Lobular Carcinoma of the Breasts

Clinical Diagnosis and Management

Anton Niedermayr, Kamran Gharehbaghi, Barbara Pacher, Monika Wirth and Werner Grünberger

From the Department of Obstetrics and Gynecology (A. Niedermayr, K. Gharehbaghi, W. Grünberger), Department of Radiology (B. Pacher), and I. Department of Medicine (M. Wirth), Krankenanstalt Rudolfstiftung, Juchgasses 25 , 1030 Vienna, Austria

Correspondence to: Dr Kamran Gharehbaghi, Krankenanstalt Rudolfstiftung, Department of Obstetrics and Gynecology, Juchgasse 25, 1030 Vienna, Austria. Tel: + 43 1 71165/5202. Fax: + 43 1 71165/5203.

Acta Oncologica Vol. 37, No. 3, pp. 305–306, 1998

Received 11 September 1997
Accepted 16 January 1998

Malignant lymphoma arising primarily from the breast is a rare condition. Primary malignant lymphoma is estimated to account for about 0.12% to 0.53% of all breast malignancies (1) and most of these reported cases are diffuse large cell lymphoma of B-cell phenotype (2).

A case of primary non-Hodgkin's lymphoma of the breast is reported. An 87-year-old woman noticed enlargement and inflammation of her left breast. Clinically, inflammatory breast cancer was suspected. Mammography revealed well-circumscribed nodules with diffuse increased opacity and skin thickening in the left breast which was not substantially different from the size of the palpable mass. Mammography also showed a solitary uncalcified starlike mass with increased density in the upper outer quadrant of the right breast (Fig. 1). This lesion was palpated as a firm mass, 2 cm in diameter. Ultrasonographic examination of the right breast revealed a hyperechoic lesion, 18 × 12 mm in size with posterior shadowing, corresponding to a palpable lump and simultaneously demonstrated multiple solid hypoechoic nodules with some heterogeneity of internal echotexture in the left breast. In some nodules a central vessel could be demonstrated. Magnetic resonance imaging showed an incompletely circumscribed lesion 15 mm in diameter with contrast enhancement in the right breast and diffuse contrast enhancement, partly well circumscribed on the left side (Fig. 2).

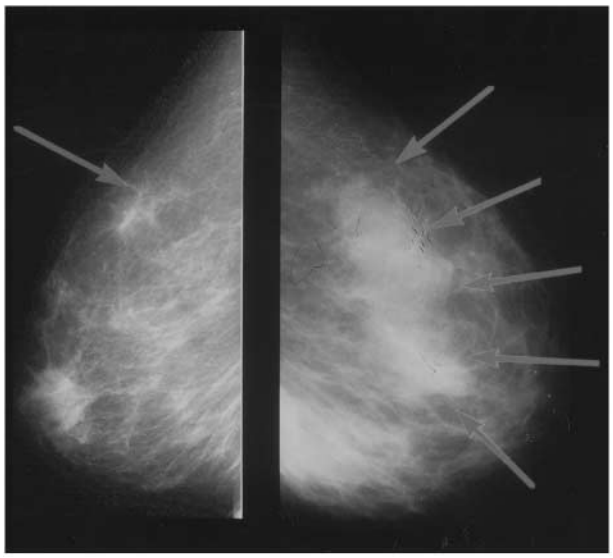

Fig. 1. Mediolateral view of the left breast shows well circumscribed nodules. A solitary uncalcified lesion is also demonstrated in the upper outer quadrant of the right breast.

Fig. 2. Contrast enhanced MRI show in the left breast areas with significant focal enhancement. The lesion in the right breast is presented in the same manner.

 ISSN 0284-186X

Both of these suspicious masses were core biopsied and histologically examined. In the left breast, there was a non-Hodgkin's lymphoma of B-cell nature and high-grade malignancy (L26 positive) and the mass in the right breast was an invasive lobular carcinoma. The physical and radiographic staging procedures, including thoracic and abdominal CT-scan, chest x-ray, bone scan, sonographic lymph node examination and posterior iliac crest biopsy detected minor lymphatic bone marrow infiltration, corresponding to a stage IV diffuse large B-cell lymphoma (REAL classification). There was no other lymph node or metastatic organ infiltration except bone marrow involvement. The patient received three courses of combination chemotherapy, vincristine, cyclophosphamide, idarubicin and prednisolon (CIOP). The initial treatment induced complete clinical remission of the lymphoma, verified by MRI-mammography. The lesion in the right breast was not affected. Thereafter, the patient underwent breast conserving surgery with ipsilateral axillary lymph node dissection.

Invasive lobular carcinoma without lymph node infiltration was detected histologically (pT1c, pN0, M0). After surgery, the patient received three additional courses of CIOP-combination chemotherapy and adjuvant Tamoxifen treatment for estrogen-receptor positive breast carcinoma. The patient is currently well and has enjoyed a very good quality of life since the diagnosis. The patient refused radiotherapy. There are no clinical sign of relapse 14 months after combined modified treatment with chemotherapy and surgery, but she is being closely monitored.

REFERENCES

1. Mambo NC, Burke JS, Butler JJ. Primary malignant lymphoma of the breast. Cancer 1977; 29: 1705–12.
2. Jeon HJ, Akagi T, Hoshida Y, et al. Primary non-Hodgkin malignant lymphoma of the breast. An immunohistochemical study of seven patients and literature review of 152 patients with breast lymphoma in Japan. Cancer 1992; 70: 2451–9.