

METASTASIS IN THE MALE BREAST FROM A LUNG ADENOCARCINOMA

Metastasis in the male breast is a very rare clinical event (1–3). We present a patient with a primary lung adenocarcinoma who developed metastasis in the left breast 18 months after the diagnosis of the primary tumour.

Case report. A 63-year-old white man with a primary adenocarcinoma (T2N1M0) in the right lung was inoperable due to severe respiratory restriction and treated with chemotherapy and radiotherapy. He then remained asymptomatic for a period of 14 months when he got symptoms from bone metastasis in the spine confirmed by bone scintigraphy and magnetic resonance imaging (MRI). In August 1991, 18 months after the diagnosis of the primary lung tumour, the patient complained of a hard, painless 4×3.5 cm mass in the left breast near the areola. Mammography showed a polylobulated, rather sharply demarcated mass (Fig. 1). Smears from fine-needle aspiration biopsy showed highly pleomorphic cells, isolated or irregularly clustered. Sections from the cell-block showed a solid, poorly differentiated carcinoma with focal intracellular mucus production (Fig. 2). The morphology of the breast mass and the pulmonary adenocarcinoma was quite similar.

Discussion. Metastasis in the male breast, although uncommon, has been reported, especially from adenocarcinoma of the prostate.

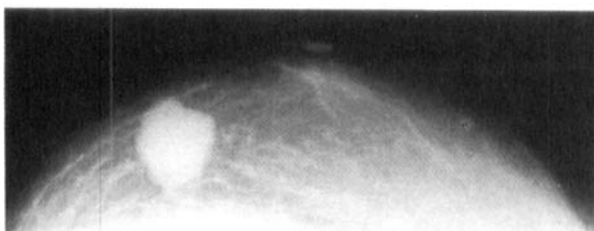


Fig. 1. Mammography, left breast. Cranio-caudal view.

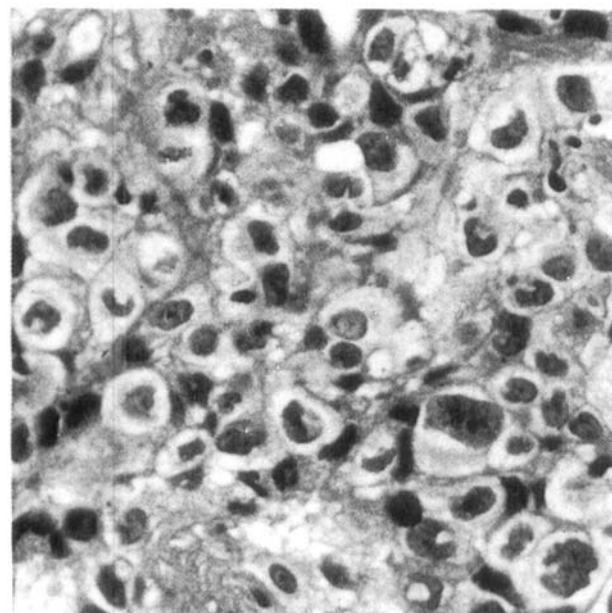


Fig. 2. Aspiration biopsy of breast mass (cell-block): Large pleomorphic cells with clear cytoplasm and occasional secretory vacuoles (H-E $\times 250$)

Salyer & Salzer (4), in postmortem studies, found microscopical disease in 11 of 46 analyzed patients with adenocarcinoma of the prostate, none of whom had clinical evidence of breast disease. Berger (5) found, in a large postmortem study, 22 cases of metastasis of the male breast among 2 195 cases of metastatic carcinoma in men. In 20 of these 22 cases the primary tumour was an oestrogen-treated prostatic carcinoma. Bilateral breast metastases from carcinoma of the prostate have been reported in a patient while on oestrogen therapy (6). Some authors have suggested that oestrogens increase the vascularity of the breast and the amount of loose fibrous periductal tissue, which may provide a more fertile environment for the growth of metastatic lesions (4). Charache & Brooklyn (7) reported 4 cases of metastasis in the male breast, 2 from malignant melanoma, 1 from prostate carcinoma and 1 from renal carcinoma. Hajdu & Urban (8) reported 51 cases of breast metastasis of which 7 occurred in males. Silverman et al. (3) described 2 cases of male breast metastasis and McCrea et al. (2) reported one case. Toombs et al (9) found, at a review of the literature, 21 reported cases with metastasis in the male breast. In 1987, Hultborn et al. (10) in a survey of the Swedish cancer register of male breast cancer found 5 cases of breast metastasis (one from a gastric cancer and 4 from prostate carcinomas) which had been erroneously registered as primary breast cancer.

The presently reported patient had never undergone hormonal therapy and had neither gynaecomastia, nor other signs of hyperoestrogenism.

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