

Clinical Image

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Apocrine cancer: Clinical image

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Abstract

The incidence of apocrine carcinoma, a rare subtype of breast cancer, ranges from 0.3 to 4% [1]. Currently, its prognosis and treatment are the same as those of other ductal carcinomas without apocrine disruption [2,3]. However, the management of patients may be affected by its recognition.

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Description

We report a case of a 61-year-old woman sought our institution's advice regarding an autopalpable nodule in her left breast. Breast retraction and inflammatory symptoms at the level of the left superexternal quadrant.

This patient lacked a family history of cancer

The patient underwent a mammogram, which revealed the presence of two overcrosses of contiguous circumscribed opacities in the left breast: One measuring 20 mm well limited with polylobed contours and the other measuring 15 mm poorly limited seat of a focus of fine, irregular microcalcifications with suspension grouping and a slight thickening of the QS skin.



Figure 1:

Right breast without abnormality echographic complement

On the left breast: Presence of two contiguous formations at the level of the QSE: one slightly cystic hypoechogetic, well limited with polylobate contours, measuring 18 x 17 mm, the other very attenuating hypoechogetic with irregular limits measuring 21 x 17 mm, surrounded by a thick and irregular hyperechogetic halo.

Free axillary hollows.

Straight boobs without abnormality Examining BIRADS 5 to the left.

In addition, the patient was treated with a nodule-based microbiopsy that objectified an invasive ductal carcinoma with undifferentiated small cells and carcinomatous lymphangitis in the fats. With an IHC profile: Negative RH, Her2:0, 60% Ki67=Triple negative.

The patient received 6 cures of neo-adjuvant chemotherapy based on (3 AC60 + 3 pacli).

The clinical examination carried out in our institution was found in the left breast of an induration mass taking the upper quadrants, ulcerated, with exulceration facing the nipple.

Right breast: no palpable nodule.

Free axillary hollows.



Figure 2:

The patient received a left mastectomy and a homolateral axillary scrub with anapath: INFILTRATING NOS-TYPE BREAST CARCINOMA , Grade SBR III , EV + -In situ component 15% -IHC=RH=negative, HER2=0 , ki67= 80%=Triple negative axillary clearance = 4N+/5N.

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