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Pamectomy in Lobular Breast Cancer

Maha Lhaloui[1*]; Hassnaa Sarhane[2]; Kaoutar Bahida[3]; Fatimazahra Belouazza[4]; Nouhaila Yartaoui[5]; Amina Etber[6]; Aziz Baydada[7]

[1,2,3,4,5,6,7] Gynecology-Obstetrics and Endoscopy Service, IBN SINA University Medical Center, Rabat, Morocco

Corresponding Author: Maha Lhaloui*
IBN SINA University Hospital – Department of Obstetrics, Gynecology and Endoscopic Procedures, Rabat, Morocco

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Abstract: Invasive lobular carcinoma is often diagnosed at an advanced stage. Its morbidity and mortality are comparable to those of other types of invasive breast carcinoma. The serosal membranes are frequently involved as metastatic sites for this form of breast cancer. Hormone therapy remains the cornerstone of the therapeutic arsenal.

Keywords: *Invasive Lobular Carcinoma, Hormonotherapy, Peritoneal Metastasis, Pamectomy.*

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I. INTRODUCTION

Invasive lobular carcinoma is most frequently observed in postmenopausal women [1]. On average, it tends to affect older patients compared to those diagnosed with invasive epithelial breast cancer [2].

In histologic variants there is round cells lacking nuclear pleomorphism, with acidophilic cytoplasm and peripherally located nuclei [3].

In terms of prognosis, this carcinoma carries a severity comparable to that of invasive ductal carcinoma [4–5].

➢ *Patient and Clinical Observation*

A 63-year-old nulligravid woman, 16 years of menopause, presented with a self-detected nodule in the right breast associated with bloody nipple discharge.

II. CLINICAL EXAMINATION

➢ *Right Breast*

A 2 cm retroareolar nodule was palpated. It was firm, mobile, and associated with nipple retraction. No signs of skin inflammation (SI) or peau d'orange (EM) were observed. Axillary lymph node (ADP) in the homolateral region had regressed.

➢ *Left Breast*

No palpable masses were noted. However, axillary examination revealed the presence of homolateral axillary lymphadenopathy.

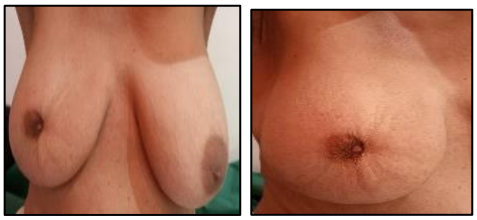

Fig 1 Clinical Examination

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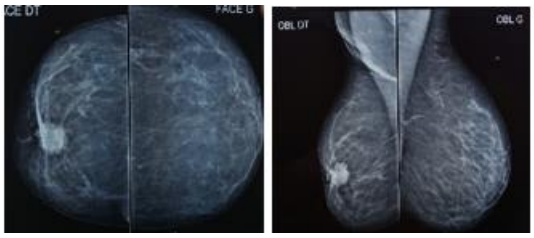

Fig 2 : Mammography

- A dense retroareolar mass with spiculated margins and the retraction of the areol was identified in the right breast.
- Two additional opacities were observed straddling the upper quadrants of the left breast.
- No signs of architectural distortion or suspicious microcalcifications were noted.
- A suspicious homolateral axillary lymph node was detected.
- The overlying skin appeared thin and regular.
- The lesion was classified BI-RADS 5.

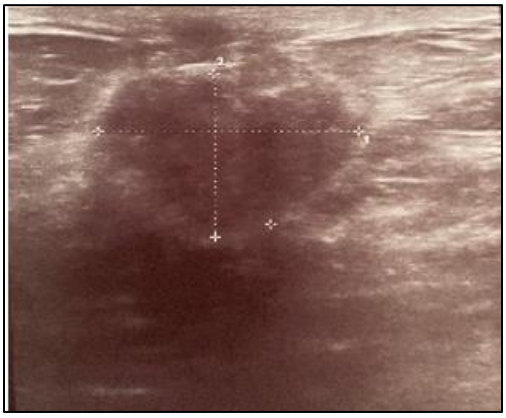

Fig 3 Sonographic Findings

Heterogeneous hypoechoic tumor with posterior acoustic attenuation, measuring 19 × 17 × 14 mm, located across the lower quadrants of the right breast.

➢ *Tru-cut Biopsy:*
Invasive lobular carcinoma, grade SBR 3, with vascular invasion present (VI+). Estrogen receptor : 95%;

➢ *Progesterone receptor : 80%;*
Ki-67: 30% and HER2 negative.

➢ *Fine Needle Aspiration Cytology (FNAC):*
Presence of metastatic cells.

➢ *Staging Workup:*
No evidence of distant metastases.

➢ *Pamectomy:*
Surgical exploration.

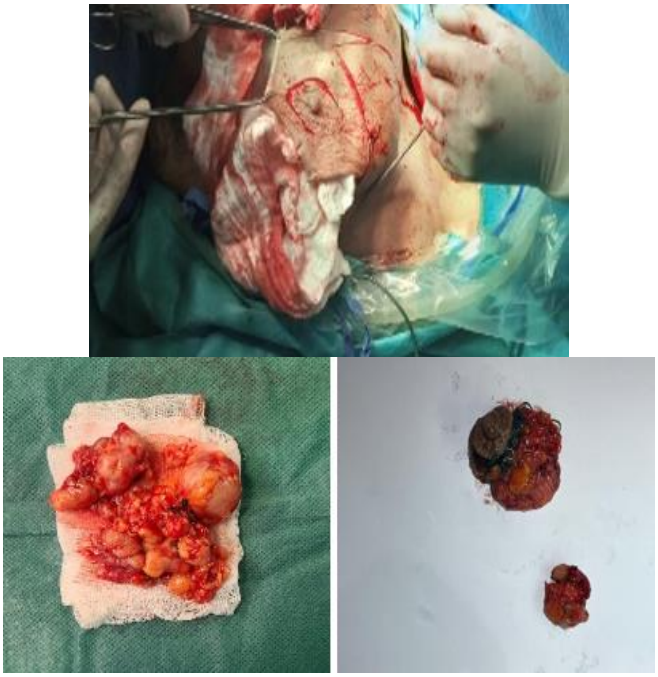

Fig 4: Operative Specimens

➢ *Histopathological Examination:*
Invasive lobular carcinoma, grade II, high-grade differentiation. Presence of vascular emboli. Hormone receptors were positive; HER2 was negative. Numerous tumor emboli were noted. Surgical margins were free of tumor. Five nodes were positive from lymph node dissection. The postoperative course was uneventful.

III. DISCUSSION

Lobular carcinoma is a rare tumor [6]. A lot of study noted a significant association with menopausal estrogen-progestin hormone therapy, which increases the risk of developing this type of cancer [7].

Invasive lobular carcinomas thus exhibit a slowly progressive tumor profile; however, their prognosis is not better than that of ductal carcinomas, likely because lobular cancers are diagnosed lately.

Metastases are frequently found in the peritoneum, retroperitoneum, meninges, stomach and gastrointestinal tract, bone marrow, as well as gynecological organs. Pleuropulmonary metastases are less commonly observed [8].

Invasive lobular carcinomas have particular imaging presentations on conventional mammography, often appearing as mammographically occult lesions. Ultrasound thus serves

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as an essential complementary tool, especially in dense breasts, in cases of clinicoradiological discordance, or suspicious radiological findings. Elastography and digital breast tomosynthesis are emerging techniques that can help optimize biopsy targeting [9].

Pamectomy consists of the excision of a portion of the mammary gland along with the nipple–areolar complex (NAC) located in the corresponding area. If the lesion is subclinical (non-palpable or presenting as microcalcifications), radiological localization is required[10]. Any consevative surgical therapy of breast cancer necessitates adjuvant local radiotherapy [11].

The young age (under 35 years, or under 40 years), suboptimal local treatment (positive surgical margins, absence of radiotherapy), high histoprognostic grade, and peritumoral emboli have a high degree that increase local recurrence [12–13].

IV. CONCLUSION

Invasive lobular carcinoma remains a rare entity among breast cancers. Advances in conventional imaging techniques and percutaneous biopsies have reduced surgical morbidity and contributed to improved overall survival rates.

- *Ethics Committee Authorization :*
  Our institution does not require ethics committee.

- *Author Contribution :*
  Maha Lhaloui, Hassnaa Sarhane, Kaoutar Bahida, Fatimazahra Belouazza, Nouhaila Yartaoui : Manuscript and picture editing, paper writing.

- *Amina Etber, Aziz Baydada*
  Bibliography, research direction.

- *Guarantor*
  Maha Lhaloui.

- *Research Registration Number*
  No applicable data.

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