

It can happen in men, An ulcerative male breast carcinoma

Vivek Mendapara, Vasant Temull, Jayantilal Bhimani

St. Vincent Charity Medical Center, Cleveland, Ohio

Objective - Illustrate the presentation and work up in a patient with male breast carcinoma And Spread awareness about breast carcinoma in male.

A 72 years old male with a PMH of hypertension and chronic alcoholism was presented to the ER with an ulcerated right breast mass. He noticed a painless breast mass which was small in size and increased gradually over a year and worsened 5 days prior to admission. The mass became increasingly painful and ulcerated with foul smelling bloody discharge. The patient attested to associated fatigue, decreased appetite, exertional shortness of breath which started 2-3 weeks ago and unintentional 10-pound weight loss in last few months. He was an ex-smoker who quit 27 years ago and has a long history of drinking 6 cans of beer and a pint of hard liquor every day. He denied family history of any cancers.

On physical examination his BP 167/84 mmHg, temperature 36.7, RR 18 breaths/min, pulse 85/min with Spo2 98% on RA. Examination was significant for an approximately 9x6 cm firm non-tender mass with central area of ulceration and visible bloody discharge, located lateral to right nipple, with irregular borders, not attached to underlying muscle but tethered to overlying skin. Surrounding skin was hyperpigmented. Left breast was normal. Right posterior non tender Axillary lymph node was palpable 2x1 cm.

An X-ray of the chest showed right chest wall mass. A diagnostic core needle biopsy was obtained and histopathology was positive for invasive cribriform carcinoma with multiple microcalcifications. Staging CT scan of chest, abdomen, and pelvis with contrast, suggested pulmonary emboli in the right middle and lower lobes with 6.5x3.4 cm ulcerated breast mass, 1.3 cm right axillary lymphadenopathy and hepatic steatosis. Bone scan was negative for bone metastasis. Patient was initially treated with therapeutic dose of lovenox and then switched to xarelto on discharge. Patient was reviewed by oncology and recommended initially neoadjuvant chemotherapy and then for surgery for stage 3b breast cancer and follow up as an outpatient.

Male breast cancer is a rare entity and occurs only in 0.5-1% of total breast cancers in the USA. Due to lack of awareness and unfamiliar screening guidelines for males, most cases are diagnosed at a later stage. This case spreads awareness for male breast carcinoma and proposes encouragement of men to do regular self-breast examinations and report any concern to primary care physician for a proper work-up.