

Unusual Presentation of Malignant Breast Tumor

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Figure 1: A large, necrotic, fungating, right breast mass.



Figure 2: Large ulcerating right breast tumor (14 x 6 x 11 cm) with infiltration of the right chest wall musculature (Blue arrows).

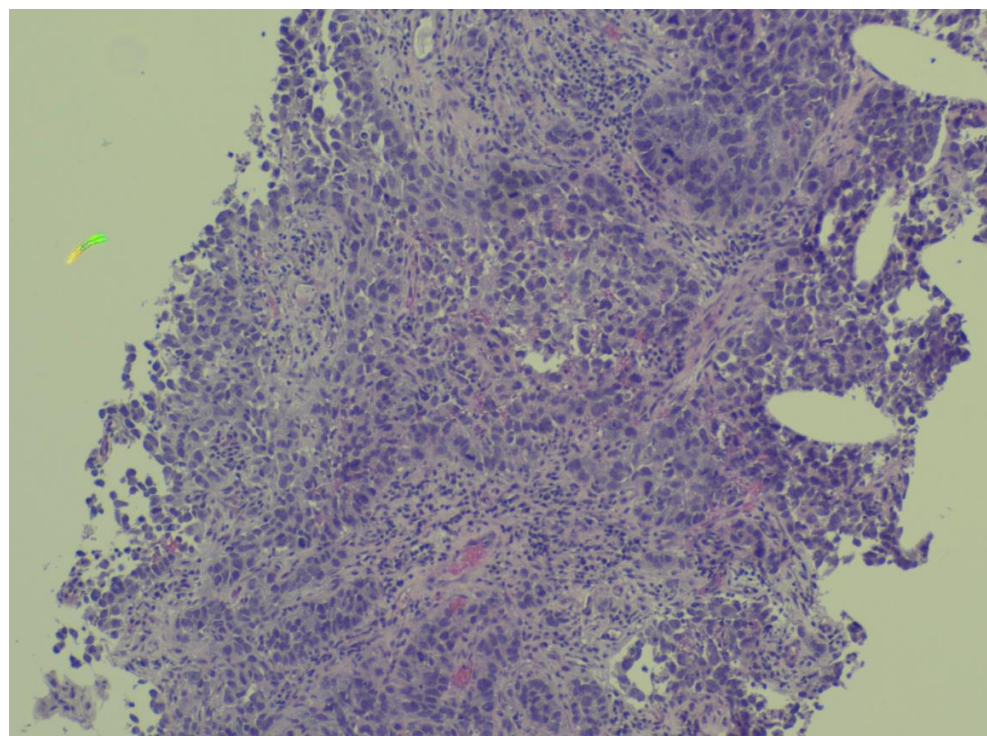


Figure 3: Malignant cells with hyperchromatic nuclei, prominent nucleoli and scant cytoplasm with some forming glands in an inflammatory background.

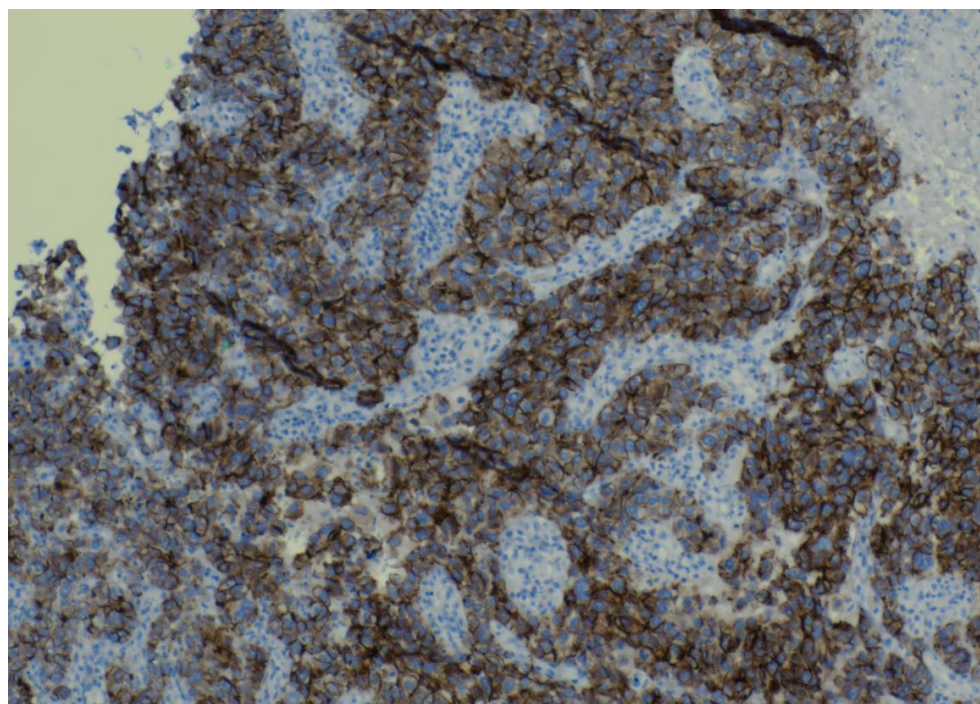


Figure 4: E-cadherin immunohistochemical stain demonstrates membranous staining of the tumor cells confirming ductal phenotype.

Clinical Image

A 78-year-old, African American, legally blind female presented to the emergency department following recurrent mechanical falls. The patient's past medical history was significant for atrial fibrillation, diabetes mellitus, hypertension, and hyperlipidemia and her family history was remarkable for ovarian cancer in her sister and prostate cancer in her brother. On physical exam, a large, necrotic, fungating, right breast mass with purulent drainage was found (Figure 1). The onset, per patient, was 4-5 months prior to presentation and the patient never had it evaluated. Chest computed tomography (CT) scan with contrast revealed a large ulcerating right breast tumor (14 x 6 x 11 cm) with infiltration of the right chest wall musculature (Figure 2), large right axillary lymph node metastases, and multiple pulmonary metastatic lesions (compatible with a stage T4b N3 M1 lesion). The patient underwent a core-needle biopsy, and the report showed invasive ductal carcinoma grade 2 (Figure 3). The immunohistochemical stain for E-cadherin was positive confirming the ductal phenotype (Figure 4). As per the current College of American Pathologists (CAP) and American Society of Clinical Oncology (ASCO) criteria, hormone receptor testing was done and resulted with Estrogen Receptor (ER): Negative, Progesterone Receptor (PgR): Positive (Percentage of cells with nuclear positivity: <5%), and Human Epidermal growth factor Receptor 2 (HER2): Negative. The patient was considered for systemic chemotherapy and breast-conserving therapy (BCT) via radiation therapy to palliate symptoms, prolong survival, and maintain quality of life.