

CASE REPORT

PRIMARY SQUAMOUS CELL CARCINOMA OF BREAST: A RARE CASE REPORT

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INTRODUCTION: primary squamous carcinoma of the breast is a rare and comprises of 0.1% of carcinomas of the breast. The rarity is unmentioned in literature as it is not classified in histological types of carcinoma of the breast.

CLINICAL HISTORY: A 55 year old postmenopausal women presented with history of lump in left breast [in upper outer quadrant]. There was no nipple discharge and skin over lump shows mild discolorations and ulceration. Patient did not have any pain and no axillary lymphadenopathy. No family members suffer from similar disease.

An FNAC suggested an epidermoid cyst. A subsequent FNAC done later for increasing size of lump suggested possibly of squamous carcinoma. She then underwent local excision at a local hospital and the biopsy showed squamous cell carcinoma. She was referred to us for further management.

She underwent complete evaluation at lions cancer hospital and her workup was negative for metastasis. She did not have any other site of squamous cell carcinoma. A digital mammography revealed normal breast and normal bilateral axilla, however, the left breast showed increased density in left supero-lateral quadrant with altered echotexture and fluid collection suggesting ? Post op changes or? Residual disease. However an FNAC from suspicious area revealed a breast abscess.

In view of lesion size and proximity to skin and her refusal.

For further surgical treatment. She received a course of antibiotics followed by adjuvant radiation therapy to adose of 50.4Gy/28 fractions. The patient has been on regular followup for the past four months and free from disease.

DISCUSSION: Squamous cell carcinoma of the breast [Azzopardi et al] has four categories:

1. Adenocarcinoma, showing varying degrees of squamous differentiation,
2. Squamous carcinoma with extensive spindle cell metaplasia mimicking fibrosarcoma and carcinosarcoma.
3. Squamous cell carcinoma arising from cystosarcoma phylloides.
4. Pure squamous cell carcinoma without spindle cell metaplasia.

SCC may originate from the epidermis, nipple or the malignant transformation of deep seated epidermal cyst.

Inclusion criteria for pure SCC of breast.

1. No other neoplastic elements be present in the tumor,
2. The tumor is independent of adjacent cutaneous structures and,
3. No other epidermoid carcinoma exists in the patient.

The main cytological features of these tumors are malignant squamous cells with keratinizing cytoplasm, hypochromasia, coarse chromatin, thickened nuclear membranes, keratin debris and back ground necrosis. A curious feature of these tumors is the relative lack of axillary lymphadenopathy, which is about 10%.

The rarity makes it difficult to predict the course of the disease and overall prognosis. These tumors are usually estrogen and progesterone receptor negative, thereby negating the feasibility of hormonal adjuvant therapy. However if they are receptor positive, tamoxifen should be the choice of adjuvant therapy. Receptor negative patients require adjuvant chemotherapy, especially if they are premenopausal.

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CONCLUSION: SCC of breast one of the unique and rare primary type of breast cancer, with characteristic histological features. Our case here presenting as a small cutaneous swelling and subsequent ulcer typically including all the criteria for the diagnosis of primary SCC of breast.

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