

Operable breast cancer in a young female: A rare presentation

Sir,

Breast cancer is uncommon in young women and correlates with unfavorable prognosis, unusual pathological features, and possible differences in terms of carcinogenesis and heritability, compared to breast cancer in older women.^[1] Breast carcinoma is the leading cause of death all over the world.

A 25-year-old female reported with a swelling in the left breast since four months. She was lactating since one month. The lump was small in size and had increased to the present size without any complaint of pain, loss of weight, or appetite. There was no family history of breast disease.

On examination, the lump was present in the left breast, in the upper, outer quadrant region. The nipple was inverted and the breast was enlarged in shape compared to the right breast, with normal appearance of the skin. The lump was of size 10 × 8 cm, hard in consistency, and mobile. Non-tender, mobile axillary lymph nodes were felt only on the left side. On pressing the breast, lactation was present. On fine needle aspiration cytology, diagnosis was made as breast carcinoma. Final diagnosis was kept as grade II breast carcinoma of the left side, in a young lactating woman. Modified radical mastectomy with primary closure of the skin was done [Figure 1]. The gross cut section of the specimen revealed a large tumor of about size 10 × 12 cm, whitish in color [Figure 2]. On histopathology, grade II, infiltrating ductal carcinoma came along with five lymph nodes.

On follow-up, she was put on an adjuvant chemotherapy course of 5-fluorouracil, cyclophosphamide, and methotrexate, and discharged on tamoxifen 20 mg once a day.

The incidence is less than 4% in females below the age of 35, and approximately 7% of all breast malignancies are diagnosed in women less than 40 years of age, which is broadly similar to the 13% in the current series, who had ductal carcinoma *in situ*.^[2,3] There were no infiltrating lobular or tubular carcinomas in the current series, confirming that these were usually encountered in older age groups.^[2,4] It is unfortunate that the tumor characteristics most often necessitate mastectomy in the age groups of patients most desirous of breast conservation. The risk for carcinoma in young women was seen in early stages and was increased in women with small tumors. Chemotherapy, mainly 5-fluorouracil, epirubicin, and cyclophosphamide (FEC), was recommended to all women with node-positive disease or node-negative, hormone receptor negative disease. The aim of the present study was to investigate, to what degree a worse prognosis in young women can be explained by stage, tumor characteristics, and treatment procedures.

Treatment should be based on the pathological features of the tumor rather than the age of the patient, but very young women have excessive risk of local recurrence and dying, as compared to their middle-aged counterparts, even if diagnosed early and receiving an intense treatment. After



Figure 1: Primary closure of the resected area — left breast

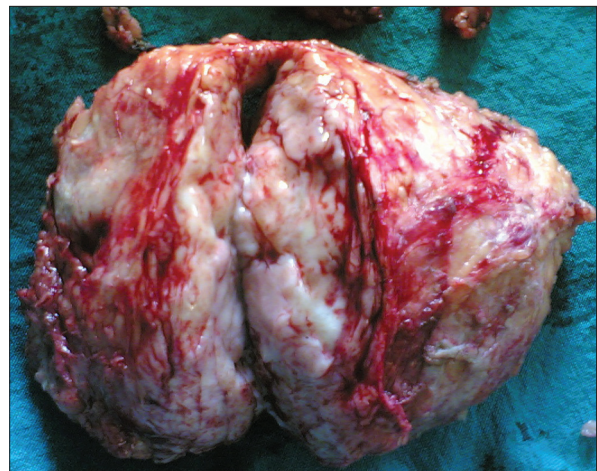


Figure 2: Gross cut section of the breast tumor

correction for stage, tumor characteristics, and treatment, age is an independent risk factor for death in women less than 34 years of age, in breast carcinoma.

Rikki Singal, Samita Gupta¹

Departments of Surgery, ¹Radiodiagnosis and Imaging, Maharishi Markandeshwer Institute of Medical Sciences and Research, Mullana, Ambala, Haryana, India

Correspondence to: Dr. Rikki Singal, Associate Professor, C/o Dr. Kundan Lal Hospital, Ahmedgarh, Distt-Sangrur, Punjab, 148021, India.
E-mail: singalrikki@yahoo.com

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