A Rare case: Mucinous Cystadenocarcinoma of Breast

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I. Introduction

Mucinous cystadenocarcinoma of the breast is an unusual primary malignancy of breast which bears striking resemblance to mucinous cystadenocarcinoma of the pancreas and the ovary. To our knowledge, only 6 cases have been reported ¹⁻³A case of a 65 year old woman with an unilateral mucinous cystadenocarcinoma of breast is reported and the literature is reviewed.

II. Case Report:

A 65year old postmenopausal woman presented with a painless breast lump measuring (3x2.7)cm²clinically over upper outer quadrant of left breast for 1year. On palpation there was a firm mass. An axillary lymph node was enlarged and measured (1x0.5)cm² clinically.

A modified radical mastectomy was performed. The specimen of the left breast with nipple and areola measured 17x11x5.5cm with a solid and cystic areain the upper outer quadrant measuring 4x3x1.5cm. Cut section showed mucinous secretions with whitish solid areas. Five lymph nodes were identified. Sections from the largest lymph node measured (1.2x0.7x0.5) cc.

On microscopy, sections from the breast revealed dilated cystic spaces lined by tall columnar cells with abundant cytoplasm, basally located nuclei and inconspicuous nucleoli. The cystic spaces were dilated with mucin pools (Figure 1 & 3). Sections from the lymph node revealed cystic structures with papillary infoldings having tall columnar cells with abundant cytoplasm (Figure 2). This indicated a lymph node metastasis from the primary in breast.

Immunohistochemistry was done which showed tumour cells to be negative for estrogen and progesterone receptors with a high Ki67 labeling index. *DISCUSSION:*

Mucinous cystadenocarcinoma of the breast is an unusual primary entity which bears a striking resemblance to mucinous cystadenocarcinomas of the ovary and pancreas. Only 6 cases have been reported to date. 1-3 It comes under the broad umbrella of mucinous carcinomas of breast. Other mucinous carcinomas being mucinous carcinoma (colloid carcinoma), signet ring cell carcinoma and columnar cell mucinous carcinoma. Only mucinous cystadenocarcinoma produce intracellular as well as extracellular mucin; mucinous carcinoma produce extracellular mucinwhereas columnar cell mucinous carcinoma and signet ring cell carcinoma produce intracellular mucin.

A review of the literature reveals that the age at diagnosis of mucinous cystadenocarcinomaranges from 49 to 96 years, with a mean of 68 (Table).Most of the cases were in postmenopausal women, and 2 cases were in women older than 70 years. Similarto what Koenig and Tavassoli² previously reported, wefound the tumor cells negative for ERand PR, suggesting that MCAs of the breast develop independently ofestrogenic stimulation. This may partly accountfor the average age at diagnosis being higher for MCAsthan for usual invasive ductal carcinomas.

MIB-1 index was found to be high in the present case.

Axillary lymph node status was positive both in the present case and in the previously reported cases (Table). However, it was not related to an adverse prognosis.

Table:Summary of clinical features of previous cases & present case.

Case no	Age,	Presenting	Size,cm	Treatment	Lymph node	Follow up data
	years	symptom(s)			metastasis	
1	79	Palpable mass &	6.0	M,LND	-	9y†
		skin retraction				
2	54	Large ulcerated	19	M,LND	+	ANED,
		mass				24mo
3	67	Palpable mass	2.3	M,LND	-	ANED,
						22mo
4	49	Palpable mass	8.5	M,LND,chemo+radio	-	ANED,
						11mo
5	61	Mammographic	0.8	Lumpectomy, ND	-	Unknown
		mass				
6	74	Palpable mass	10	M,LND	-	ANED,2y
Present case	65	Palpable mass	3.0	M,LND	+	ANED,
		_				28mo

M, mastectomy; LND, lymph node dissection; chemo, chemotherapy; rad, radiotherapy; ANED, alive with no evidence of disease.

Ordinary mucinous carcinomas are also described morefrequently in elderly women (mean age, 65 years). ERand PR are frequently expressed in mucinous carcinomas.

The gross appearance of MCA resembles that of cystic hyper secretory carcinoma. Abundant, intensely stained, orange to gray-green secretions can also be seen in cytological preparations from cystic hyper secretory carcinomas. 7.8 However, the tall columnar cells with abundant cytoplasm found in MCAs are not a feature of cystic hyper secretory carcinomas.

Moreover, ERand PR arefrequently expressed in cystic hyper secretory carcinoma.9 Finally, the age at diagnosis is higher for MCAs (mean, 68years) than for cystic hyper secretory carcinomas (mean 56 years).¹⁰

References:

- [1]. Rosen PP, Scott M. Cystic hypersecretory duct carcinoma of the breast. American Journal of Surgical Pathology. 1984;8:31–41.
- Koenig C, Tavassoli FA. Mucinous cystadenocarcinoma of the breast. American journal of Surgical Pathology. 1998;22:698-703. [2].
- Domoto H, Terahata S, Yamazaki T, Sato K, Takeo H, Tamai S. Mucinouscystadenocarcinoma of the breast showing sulfomucin [3]. production. Histopathology.2000;36:567-569.
- [4]. S.J.Schnitt, X.SastreGarau. Invasive Breast Carcinoma.World Health Organisation tumours, Pathology & Genetics, Tumours of the Breast & Female genital organ; IARCPress, Lyon 2003; 31-32.
- [5]. Toikkanen S, Kujari H. Pure and mixed mucinous carcinomas of the breast:aclinicopathologic analysis of 61 cases with long-term follow-up. Human Pathology1989;20:758-764.
- McCarty KS Jr, Barton TK, Fetter BF, et al. Correlation of estrogen and progesteronereceptors with histologic differentiation in [6]. mammary carcinoma. Cancer.1980;46:2851-2858.
- [7]. Kim MK, Kwon GY, Gong GY. Fine needle aspiration cytology of cystichypersecretory carcinoma of the breast. A case report. ActaCytologica. 1997;41:892-896.
- Lee WY, Cheng L, Chang TW. Diagnosing invasive cystic hypersecretoryduct carcinoma of the breast with fine needle aspiration [81. cytology: a case report.ActaCytologica. 1999;43:273-276.
- Herrmann ME, McClatchey KD, Siziopikou KP. Invasive cystic hypersecretoryductal carcinoma of breast: a case report and review [9]. of the literature. Archives of Pathology & Laboratory Medicine. 1999;123:1108–1110.

 Guerry P, Erlandson RA, Rosen PP. Cystic hypersecretory hyperplasia and cystic hypersecretory duct carcinoma of the breast:
- [10]. pathology, therapy and follow-up of 39 patients. Cancer. 1988;61:1611-1620.

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[†] died of the disease other than carcinoma.

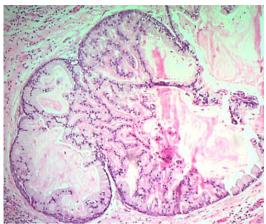


Figure 1: Histopathological picture of mucinous cystadenocarcinoma showing a dilated cystic space filled with mucin. The cyst is lined by tall columnar cells, having abundant cytoplasm& basally located nuclei. (H&E Stain; X100)

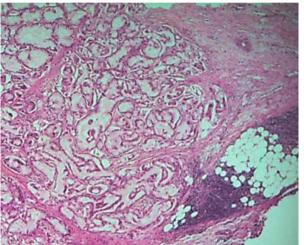


Figure 2: Histopathological picture showing lymph node metastasis from mucinous cystadenocarcinoma of breast(H & E Stain;X40)

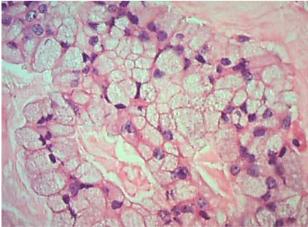


Figure 3: Histopathological section showing columnar cells filled with mucin& extracellular mucin pools (H & E Stain; X 400)

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