



Ductal Carcinoma *In Situ* of the Male Breast Detected by Microcalcification in Mammography

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Clinical Image

Screening mammography for Male Breast Cancer (MBC) is not feasible due to the low incidence of MBC. The majority of affected men presents with a palpable mass, nipple retraction and nipple discharge [1]. Among mammographic findings for 57 MBCs [1], a non-calcified mass was the most common (69%), followed by a mass with calcifications (29%); only 1 (2%) of 57 MBC cases was detected with calcifications alone, while gynecomastia, which does not in itself seem to be a risk factor for MBC [2], was noted in 40% of MBC patients. A 92-year-old man presented to our surgical department complaining of a painful lump of the left breast that was initially thought to be typical of gynecomastia on a physical examination. Mammography revealed asymmetrical gynecomastia along with segmental pleomorphic calcification in the upper-outer portion of the left breast (Figure 1). Ultrasonography (US) showed an irregular hypoechoic mass with an indistinct margin and calcification (Figure 2), and a US-guided biopsy showed ductal carcinoma of the breast. The patient underwent mastectomy, and a postoperative pathological evaluation showed high-grade ductal carcinoma *in situ* and calcification associated with comedo necrosis. Immunohistochemistry showed that the carcinoma cells were positive for ER, PgR and Her2, while the Ki-67 value for cell proliferation was 5%.

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Received Date: 08 Jun 2020

Accepted Date: 24 Jul 2020

Published Date: 28 Jul 2020

Citation:

Tsutsui S, Kawata K, Eda K, Yamaguchi S, Konishi K, Maeda T, et al. Ductal Carcinoma *In Situ* of the Male Breast Detected by Microcalcification in Mammography. *Clin Surg.* 2020; 5: 2877.

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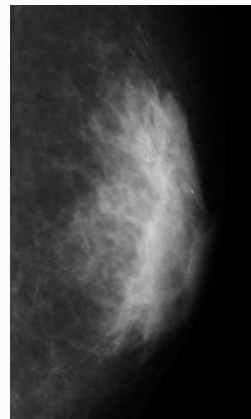


Figure 1: Mammography (left MLO view) showing unilateral breast enlargement (contralateral breast not shown) and segmental pleomorphic calcification in the upper-outer portion of the left breast. There was no mass, and nipple retraction was not found.

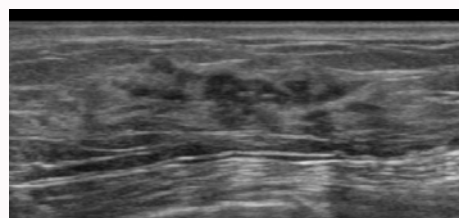


Figure 2: Ultrasonography (US) showing an irregular hypoechoic mass with an indistinct margin and calcification. A US-guided biopsy demonstrated ductal carcinoma.

References

1. Mathew J, Perkins GH, Stephens T, Middleton LP, Yang W. Primary breast cancer in man: Clinical, imaging, and pathologic findings in 57 patients. *Am J Roentgenol.* 2008;191:1631-9.
2. Ewertz M, Holmberg L, Tretli S, Pedersen BV, Kristensen A. Risk factors for male breast cancer. *Acta Oncol.* 2001;40(4):467-71.