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%.

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
