



What Lies Beneath?

Authors

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Abstract

We present a 65 year old female, who came with complaints of ulcer in the right breast which was later found to be a metaplastic squamous cell carcinoma of the breast, a rare histological variant.

Keywords: Metaplastic Squamous Cell Carcinoma, Carcinoma Breast, Rare Histological Variant, Triple Negative Variant.

Introduction

MBC belongs to a group of rare breast cancers with a prevalence of 0.2%. SCC is one of the most common members of this group. A study in 2014 from Poland quoted a figure of 56% SCC in their series of 18 MBC cases.¹

Case

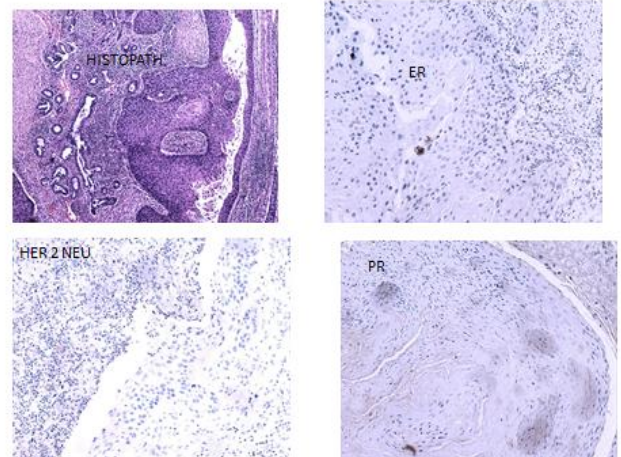
A 65 year old woman came with complaints of ulcer and discharge in her right breast, involving both the inner and outer quadrants. On examination there was an ulcer of size 2x3x1 cm with a seropurulent discharge. On further examination there was a mass around the ulcer of size approximately 5x5 cm and there was associated fixity of the breast and nipple retraction. The contralateral breast was normal. A core needle biopsy was taken, which was reported as dcis which was focally positive for er and pr and 2+ for her-2 neu.

We proceeded to a modified radical mastectomy. The operative specimen was sent for a further pathological examination.

A report of metaplastic squamous cell carcinoma with foci of invasive ductal carcinoma and dcis

which was triple negative was obtained, with negative margins.

As nodes were positive for metastases the patient was referred to oncology for further management



Discussion

MBC belongs to a group of rare breast cancers with a prevalence of 0.2%. SCC is one of the most common members of this group. A study in 2014 from Poland quoted a figure of 56% SCC in their series of 18 MBC cases.¹

In the 2012 WHO classification of BC (2012), MBC's these have been described as: low-grade adenosquamous carcinoma, fibromatosis-like metaplastic carcinoma, SCC, spindle cell carcinoma, and carcinoma with mesenchymal differentiation (chondroid differentiation, osseous differentiation and other types of mesenchymal differentiation). In the new 2012 update, myoepithelial carcinoma has also been added to the list of MBCs. In an overview of the 2012 WHO classification, a study in Germany advocated a descriptive classification because of the heterogeneity of MBCs.²

SCC of breast is considered to originate from the metaplasia of ductal epithelium and is independent of any connection with overlying skin. Moreover, there should be no other primary SCC at any other site in association with it. SCC may occur as a 'pure' or a 'mixed' type. The pure SCC has more than 90% SCC component and does not contain any other neoplastic component. The classical example of 'mixed' SCC type is the adenosquamous carcinoma of breast.

In keeping with these definitions, our case belongs to a mixed type of SCC, as it also contains foci of invasive ductal carcinoma.

The age of the patient reported in the present study was 65 years. Historically, SCC of breast is a disease of old age.³ A study from Turkey has reported 14 MBC cases, out of which 9 had squamous component, with an age range of 32-76 years (mean: 51 years).⁴

MBCs are considered to be large tumours at the time of presentation. A study from Turkey reported six cases with a size range of 1.5-4.5cm (mean 2.7cm).⁵

Two lymph nodes were positive for metastasis out of seven, in our patient who underwent axillary clearance metaplastic squamous cell carcinomas of a triple negative type have a poor prognosis, though node negative disease may have a fairly better prognosis.^{6,5,7}

As metaplastic breast carcinomas are rare, specific treatment regimens are unavailable at present.

References

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