Interesting images

Autoamputation of breast caused by invasive ductal carcinoma

Autoamputación de mama causada por carcinoma ductal invasivo

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A 55-year-old woman presented with a 3-year history of deformation and decrease in size of the right breast accompanying with a discharge from the right nipple. The patient had taken no treatment during that time. In physical examination the right breast was seen as almost 90% decreased in size, the nipple was deviated medially and a significant deformation and retraction of the skin was observed (Fig. 1).

The ultrasonography showed a hypoechoic solid area located between the nipple and the pectoral muscle reminding fibrosis and did not define a mass lesion. In the right axillary fossa there were lymphadenomegalies reaching 3 cm in diameter. MR imaging revealed the lesion in the retroareolar region as hypointense in T1 and T2-weighted images and without significant contrast enhancement corresponding a fibrotic lesion (Fig. 2).

Fig. 1. Almost total loss of right breast with deformation and retraction of the skin, areola and nipple.

Fig. 2. T1 (a) and T2 (b) weighted MR images showing hypointense lesion with lack of contrast enhancement.
The patient had undergone $^{18}$F-Fluorodeoxyglucose PET/CT scan. In the right breast the mass lesion was seen behind the retracted and deformated areola with intense FDG uptake ($S_{UV\max} = 11.4$) (Fig. 3a). Multiple hypermetabolic lymph nodes were observed in the right axilla and interpectoral region (Fig. 3b). There was no other pathologic hypermetabolic focus in other parts of the body (Fig. 3c). The patient was interpreted as primary breast malign disease with metastatic lymph nodes. A true-cut biopsy was performed from the lateral side of the retroareolar lesion and the histopathology revealed invasive ductal carcinoma. The Ki-67 score of the tumor was 30% and it was containing estrogen and progesterone receptors. The patient was treated with neoadjuvant chemotherapy.

Autoamputation of an organ due to malignancy had been demonstrated rarely before in various organs. As far as our knowledge breast autoamputation was reported in only four cases up to date. First two cases were reported from Israel in 1970s.\(^1\) Last two cases were reported in 2008 and 2009 from South Africa and India.\(^2,3\) They were presented with complete loss of breast tissue with large ulcerated areas on the skin. In our case there was no ulceration in the breast but normal mammary tissue was almost absent and a manifest deformation and retraction of the skin and nipple was seen. The etiopathology of this process has not been explained yet properly but delay of diagnosis and a slow desmoplastic and fibrotic reaction in the breast tissue may be responsible. Educating people about personal health care and early referring to physician when a problem occurred may be the only way of not observing this kind of views.

References