

# A CASE SERIES OF OCCULT BREAST CARCINOMA

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## INTRODUCTION

Oculta breast cancer (OBC) is a very rare entity and has an incidence of approximately 0.1–0.8% of all breast cancers. Here these patients present with regional or distant disease (usually axillary lymphadenopathy) and on histological evaluation the findings are consistent with a primary breast cancer, but clinical and mammographic evaluation of the breast tends to be normal. Here, I present three cases, who attended surgery outpatient clinics over the period of 2014-2019 in Saveetha medical college in Southern India (Chennai).

## CASE SERIES

First patient, a fifty year old diabetic and hypertensive women who came with left breast pain and painless swelling in the left axilla. On examination there was no lump palpable in the breast with non tender mobile axillary lymphadenopathy.

Second patient aged fifty five years came with painless right axillary swelling for one month and breast examination was normal with enlarged mobile central group of nodes. Third patient who was fifty four years and diabetic, presented with a mobile right axillary lymphadenopathy for a duration of four months and her breast examination was normal.

All these patients underwent mammogram, were normal and contralateral axilla was clear. So we proceeded to thoroacoabdominal scan which were also normal. Hence these patients were subjected to ultra-sound guided core needle biopsy which revealed ductal carcinoma deposits. So we ordered immunohistochemistry, first two patients were ER/PR positive and HER 2 negative and last patient was triple negative. Magnetic resonance imaging of both the breasts were done did not reveal any suspicious changes. These patients were not willing for radiotherapy, so were discussed in tumor board (MDT) and planned for mastectomy with axillary dissection; ALND and hormonal and chemotherapy were necessary. They are under follow up.

## DISCUSSION

OBC accounts for 0.3 to 1% of newly diagnosed breast carcinomas(1).

Treatment protocol for occulta breast carcinoma by National comprehensive cancer network was either mastectomy or whole breast irradiation with ALND. This management is based on several relatively small case reports and retrospective studies. It is difficult to compare and come to a conclusion based on such studies owing to recent advances in imaging, changes in treatment protocols over time, and also to limited access to long term follow-up. Initially, mastectomy was the gold standard treatment for these types of malignancy which were clearly outlined by Halsted (2). The main advantage of this treatment modality was for confirming the diagnosis by thorough histopathological examination of the specimen. However these data could change as with advent of various advanced modalities, we can pick up even small tumors. So the treatment is still controversial.

## CONCLUSION

OBC is an uncommon tumor, and its best management is difficult to determine and remains controversial. Treatment should be a choice between whole-breast radiotherapy, breast conservation treatment(3) (after innovative investigative modalities) and mastectomy, since survival is equivalent. Adjuvant systemic treatment should be offered.

## REFERENCES

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- 3) Feigenberg Z, Zer M, Dintsman M. Axillary metastases from an unknown primary source. Isr J Med Sci. 1976;12:1153–1158.