

## **Male breast carcinoma: Clinical-pathological behavior in our area**

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### **Abstract**

#### **INTRODUCTION:**

Breast cancer in men has long been considered a medical curiosity. It ranks 19th in the incidence of cancers which affect men in Cuba. Its cause remains obscure. Its clinical presentation, pathology and natural history are similar to those in women, although the prognosis is different.

#### **MATERIAL AND METHODS:**

In this paper we analyze the clinical and histological profile of 8 men diagnosed with breast cancer in "Dr Mario Muñoz Monroy" University Hospital in Colón Province, Matanzas, Cuba, over a period of 24 years; from January 1980 to December 2004. This study has been designed as observational, descriptive, cross sectional and retrospective; and we have included a review of the literature.

#### **RESULTS:**

Among the most relevant results at hand are that breast cancer in men had an incidence of 1.6 %; the average age at diagnosis was 69 years; the most frequent site was subareolar; in 6 patients infiltrating ductal carcinoma was histologically confirmed; in one case a scirrhous carcinoma was diagnosed, and in the other a papillary carcinoma. 50% were found to be at Stage II a, and the modified radical mastectomy has replaced the radical mastectomy as the surgical treatment in the initial stages.

#### **CONCLUSIONS:**

The results coincide with the findings in the literature reviewed, the common denominator being the rule that the worst prognosis of breast cancer in men is that based on an early lymphatic invasion and early distant metastases.

### **Introduction**

Breast cancer in men is a rare and infrequent illness, and appears as a very low proportion of all types of cancer. It constitutes from 0.2 to 1.5 % of all malignant tumors in men, and approximately 1 % of breast cancers of both sexes (1-6). This illness has been considered for a long time as a medical curiosity and ranks 19<sup>th</sup> in the incidence of cancers that affect men in Cuba. The earliest reference to breast cancer is found in the Edwin Smith Surgical Papyrus of Egypt, which dates from 3,000 to 2,500 years before the present era, and seems to refer specifically to a man. The first clinical description of a case occurred in England during the Fourteenth Century, and is attributed to Juan de Anderme (7).

Reviewing the world literature on breast cancer in men we find more up-to-date reports such as that of Auvinen and Curtis who compiled a multicentric study with a total of 1,778 cases that were reported in *Surveillance Epidemiology and End Results* (SEER) and published in the year 2002 (8). On the African continent we find studies such as that presented by Dr. Hassan of Nigeria in 1995 (9) and by Omari-Alaoni of Morocco with 71 cases in the year 2002 (1). In the United States of North America the incidence of breast cancer in men is 0.8%. 1,500 new cases are diagnosed annually. According to reports in the *New York Times Magazine* in its section dedicated to health (November 1998), in that country there are 300 cases of death annually due to breast cancer in men, which represents 0.6% of the total deaths from breast cancer in both sexes (46,240) and 0.08% of all deaths from cancer in men (4, 15). This disease appears between the ages of 60 and 65, that is, some 6 to 11 years older than the age at diagnosis among women (1,2,10-12).

The clinical diagnosis is made upon finding a subareolar node, which is located centrally in 70 to 90% of the cases. The average diameter of the mass is generally from 3 to 3.5 cm., but can vary from 0.5 to 12 cm. Modifications of the areola-nipple complex such as retraction of the nipple (7 to 38%), ulceration of the nipple or of the skin (14 to 22%) and telorrhea (4 to 15%), are clinical manifestations that accompany tumor formation. The condition is bilateral in up to 5% of the cases, whether synchronous or metachronous.

In male breast cancer it is possible to see the same histological variations of the tumor as in the female, although the one that predominates is infiltrating ductal carcinoma without any other specification. Due to the morphological structure of the male breast, which does not have lobules, nor acini, cases of lobular carcinoma are rarely seen (13). The American Cancer Society seems to agree that male breast cancer can be attributed to certain risk factors, such as:

- Advanced age
- Elevated socio-economic status
- Exposure to ionizing radiation and electromagnetic fields
- Family history (breast cancer in the mother or sister)
- Exposure to hormones
- Reduced testicular function (undescended testicles, infectious orchitis, inguinal herniation, Klinefelter's Syndrome)
- Hyperprolactemia (cranial trauma, prolactinoma, medicinal)
- Hepatic dysfunction (hepatic cirrhosis)
- Gynecomastia (sign of feminization).