

Fourty Two Years Old Perimenopausal Lady Presented with Painless Progressive Swelling and Redness of the Left Breast for Past Four Months

Megha Tandon

*Senior Resident, VMMC & Safdarjung Hospital, New Delhi

Case

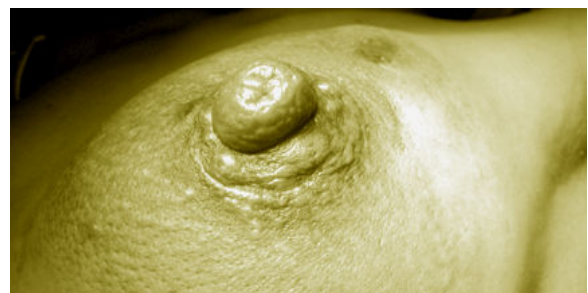
A 42 years old perimenopausal lady presented with the painless progressive swelling and redness of left breast for past 4 months. She was married and had two children; which were born at the age of 24 and 27 years. Both the children were breastfed for one year each. She had no family history of breast cancer. She was treated with antibiotics by a local practitioner mistaking it to be a mastitis; which led to her delayed presentation.

General physical examination was un-

remarkable. Local examination showed pulled up and edematous left nipple-areola complex. There was erythema and peau-de- orange involving three fourth of the left breast. Due to extensive induration no lump could be identified on palpation. Enlarged mobile lymph nodes were palpable in the axilla (central group) and supraclavicular fossa on left side. No abnormality was detected in the right breast and axilla.

1. What is the clinical diagnosis?
2. How will you confirm the diagnosis?

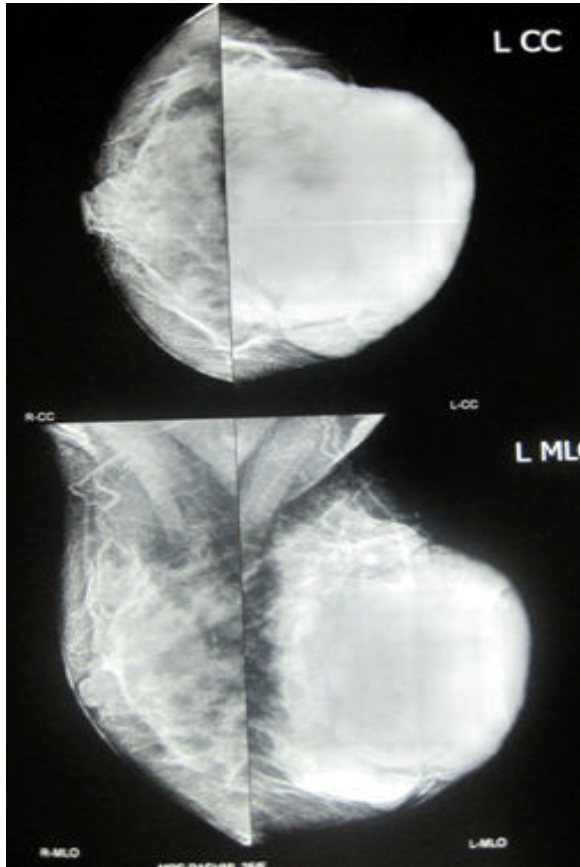
Fig 1: Clinical profile



Corresponding Author: Megha Tandon, Senior Resident, VMMC & Safdarjung Hospital, New Delhi.

Email: meghasjh@gmail.com

Fig 2: Mammogram of the patient (CC and MLO views) showing BIRADS V lesion involving almost the entire left breast



3. What are the Investigations required for staging the disease and work-up of this patient?

4. How will you treat this patient?

Answers

1. This is a case of inflammatory carcinoma of the left breast with classical clinical presentations.
2. Triple assessment should be done. Thorough clinical examination is followed by mammography of both breasts and core biopsy from the lesion (incisional biopsy from the skin in this case).
3. According to TNM classification clinically the patient is T4dN1M0. Complete metastatic work-up according to NCCN guidelines will be required; which include: CECT thorax and abdomen; bone scan; LFT.
4. Treatment involves 3-6 cycles of anthracycline based neoadjuvant chemotherapy with assessment of response after each cycle; followed by surgery in the form of MRM. Adjuvant treatment is decided after the final histopathology and hormone receptor status of the tumor.