



## Medullary Breast Cancer: About A Case

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### 1-Introduction:

Medullary breast carcinoma is a rare anatomical-clinical form representing less than 5% of breast carcinomas in the literature [1].

At IBN ROCHD University Hospital, it concerns 1.4% of all breast cancers managed. It is characterized by a more favorable prognosis compared to breast malignancies [2].

Can be classified histologically and according to Ridolfi [3] into two groups: typical medullary carcinoma and atypical medullary carcinomas .

### 2- Patient and observation :

Mrs KH, 37 years old, IIIIG IIIP, always in PAG, without any particular pathological ATCD , who consulted for a nodule of the right breast. The clinical examination revealed a 5\*4 cm nodule in the isolated right QSI (figure 1). The left breast was free of any abnormality.

Mammography showed an opacity in the QSI of the right breast, on breasts of type C density and without any other associated abnormality (Figure 2). The ultrasonographic translation of this opacity was the presence of a heterogeneous tissue mass with poorly defined calcifications, measuring 38.6x47.1mm.

The trucut biopsy revealed a CCI, SBR III, with vascular emboli.

The patient underwent a right radical treatment.

Histopathological examination after fixation of the surgical specimen revealed an invasive and atypical medullary carcinoma, SBR III, measuring 5 cm long, without vascular embolism or Paget's disease, and with a triple-negative immunohistochemical profile with a Ki67 of 45%.

The postoperative course was unremarkable.

The patient benefited from CRTH as an additional treatment.

### 3- Discussion:

Medullary carcinoma of the breast is a rare entity that accounts for 5-7% of breast carcinomas [1]. Moore and Foote [4] described it as a lymphoid stromal carcinoma with a good prognosis.

In 1977, Ridolfi [3] differentiated between typical and atypical medullary carcinoma.

Thus, typical medullary carcinoma of the breast is defined by Ridolfi's five histological criteria [3]:

- complete histological constituency
- predominantly syncytial architecture (more than 75% of the tumor surface)
- absence of tubuliferous differentiation
- moderate or marked diffuse lymphoid infiltrate
- moderate or marked nuclear pleomorphism (Figure 2)

The average age at diagnosis is between 46 and 54 years depending on the series. Kroupis [5] reports that 11% of breast cancers in women under 35 years of age were medullary forms.

Medullary breast cancer is often associated with a family history of breast cancer, 14% of cases according to Ridolfi [3]. Not found in our case.

Several studies [6] have reported a higher incidence of BRCA 1 and 2 mutations in this histological form compared to invasive carcinoma.

Most authors agree that the tumor is often discovered by the patient herself in front of the appearance of a breast nodule [9]. This was the case in our patient.

Clinically, medullary carcinoma of the breast usually presents as a unilateral mass, often located in the upper quadrants, especially in the

It is rounded, well limited and mobile, suggesting a benign formation [10].

Radiologically, medullary carcinoma of the breast is characterized by a falsely benign appearance, evoking in particular an adenofibroma or a benign phyllodes tumor. It presents as a well-circumscribed opacity with fine irregularities that are difficult to detect and require careful reading by an experienced radiologist [1,11-12].

Concerning the TNM classification at the time of diagnosis, 54% of medullary cancers in a series of 56 cases were classified as T2N0 or N1 [13]. In another series of 95 medullary breast carcinomas, 63% were classified as T2N0 or N1 [10]. In our case it was a cT2N0M0 stage.

Macroscopically, it was a well circumscribed tumor, soft on section with occasional areas of necrosis. Microscopically, the five Ridolfi criteria mentioned above are mandatory for diagnosis. The presence of a predominantly syncytial architecture and the absence of one or two of the Ridolfi criteria defines atypical medullary carcinomas.

The treatment of medullary carcinoma of the breast does not differ from that of invasive carcinomas of the breast and is therefore based on the most conservative surgery possible and radiotherapy as locoregional treatment, chemotherapy and hormonal therapy as systemic treatment are reserved for forms with a poor prognosis [13]. For some, given the good prognosis of this histological form, chemotherapy is only indicated in case of lymph node involvement greater than or equal to four nodes [10].

Given the low risk of lymph node involvement, tumor constituency, medullary breast carcinoma is known to have a better prognosis compared to invasive ductal carcinoma [12].

Five-year survival varies between 69.5 and 85% depending on the series [3,11].

The prognostic factors are identical to those of other histological forms, it should be noted that the Scarff-Bloom-Richardson (SBR) histopronostic grade cannot be applied to this histological type, as it would be high in contradiction with its favorable prognosis [14,15].

#### **4- Conclusion:**

Considered as a rare clinicopathological form of breast cancer, medullary type cancer is characterized by a better prognosis, a deceptively benign clinico-radiological appearance, and a more frequent occurrence in the context of familial breast cancer.

However, the treatment does not present any particularity and the therapeutic response as well as the survival at 5 years remain satisfactory.

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