Male Breast Cancer: A Case Report

Breast cancer in men is very rare, accounting for just under one percent of cases.

BY PAOLA RODRIGUEZ, MD

An 81-year-old man presented to the LAC+USC emergency room with a chief complaint of chest pain. He was noted to have a right chest wall lesion of unknown origin. The patient stated that he initially had a small bump on his right chest that was surgically excised many years ago in Belize. He was told it was cancer, but did not know what kind, and he did not have a pathology report. About five years ago, he presented to Boston City Hospital for further evaluation and treatment. He says he underwent a number of imaging tests, and after determining that there were no metastatic lesions, physicians ordered 30 days of radiation therapy as an adjuvant treatment for an unknown neoplasm.

In the last couple of years, the patient has noticed a slow growing bump recurring in the same location, but he thought it was a side effect from the radiation so he did not seek medical evaluation. He denies systemic symptoms such as fever, cough, abdominal pain, or night sweats, but he does have an unintentional weight loss of 12 pounds over about four months.

On physical exam, the patient had a 5 x 3 m fungating, keloidal mass on the right chest with involvement of the nipple. There were two satellite, firm, 1cm nodules (Figure 1). The right axilla has palpable, non-tender lymphadenopathy. A punch biopsy was taken from the mass and showed a poorly differentiated adenocarcinoma. The hematoxylin-eosin and subsequent immunohistochemistry are consistent with primary breast carcinoma.

DISCUSSION
Breast cancer is the most common malignancy in women in the United States and is second only to lung cancer as a cause of cancer death. However, breast cancer in men is very rare, accounting for just under one percent of cases. Few male breast cancer-specific epidemiological or clinical trial data are available, thus our understanding of male breast cancer comes from studies of female breast cancer, painting an inaccurate picture when it comes to determining contributing factors. Still, male and female breast cancers share many common risk factors; for example, advancing age and previous family history. Also, conditions that result in a relative excess of estrogen or relative lack of androgen result in an increased risk of breast cancer in both women and men. Of interest to dermatologists is the risk of altering this ratio when using finasteride for androgenetic alopecia.

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