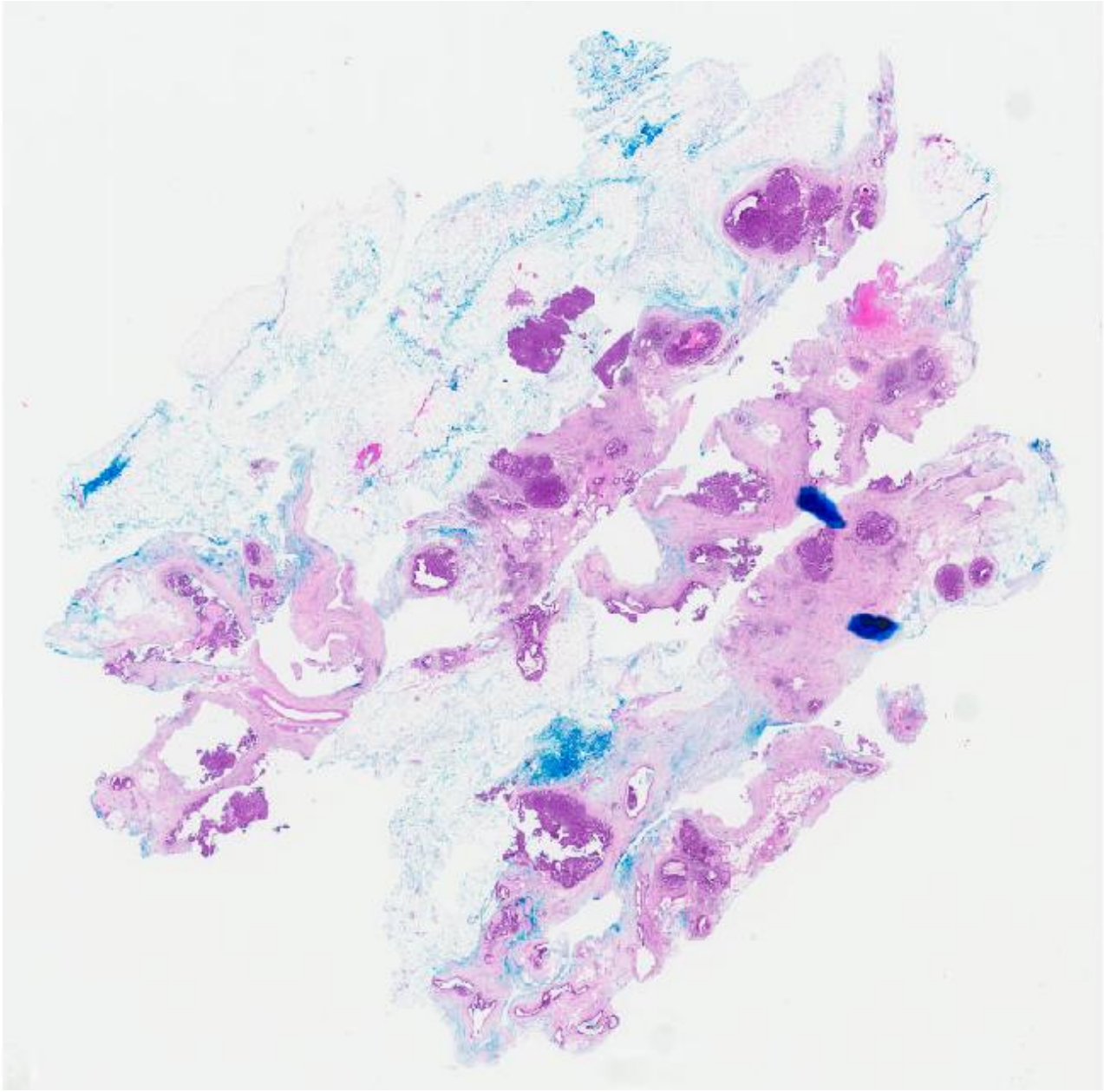
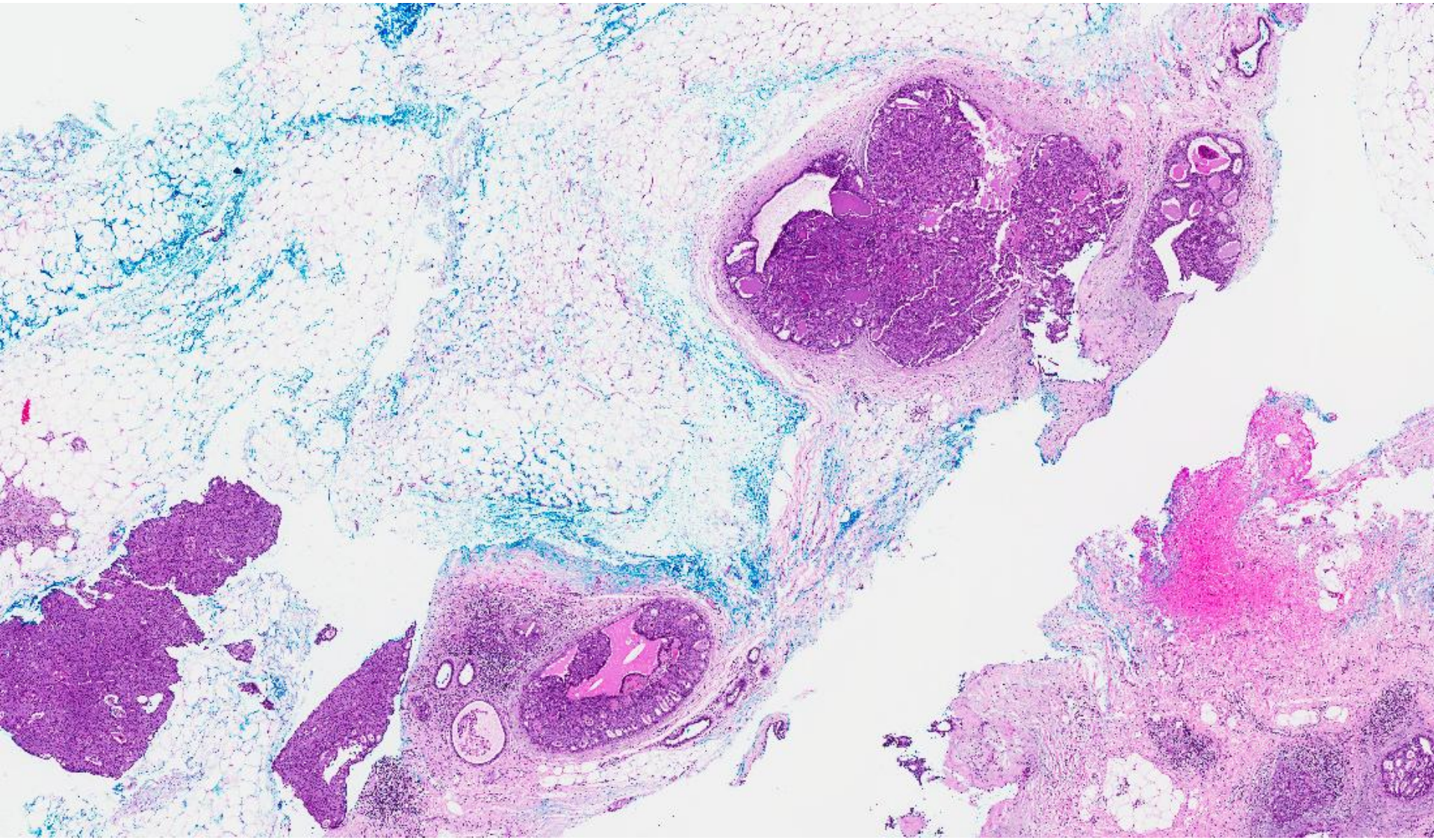
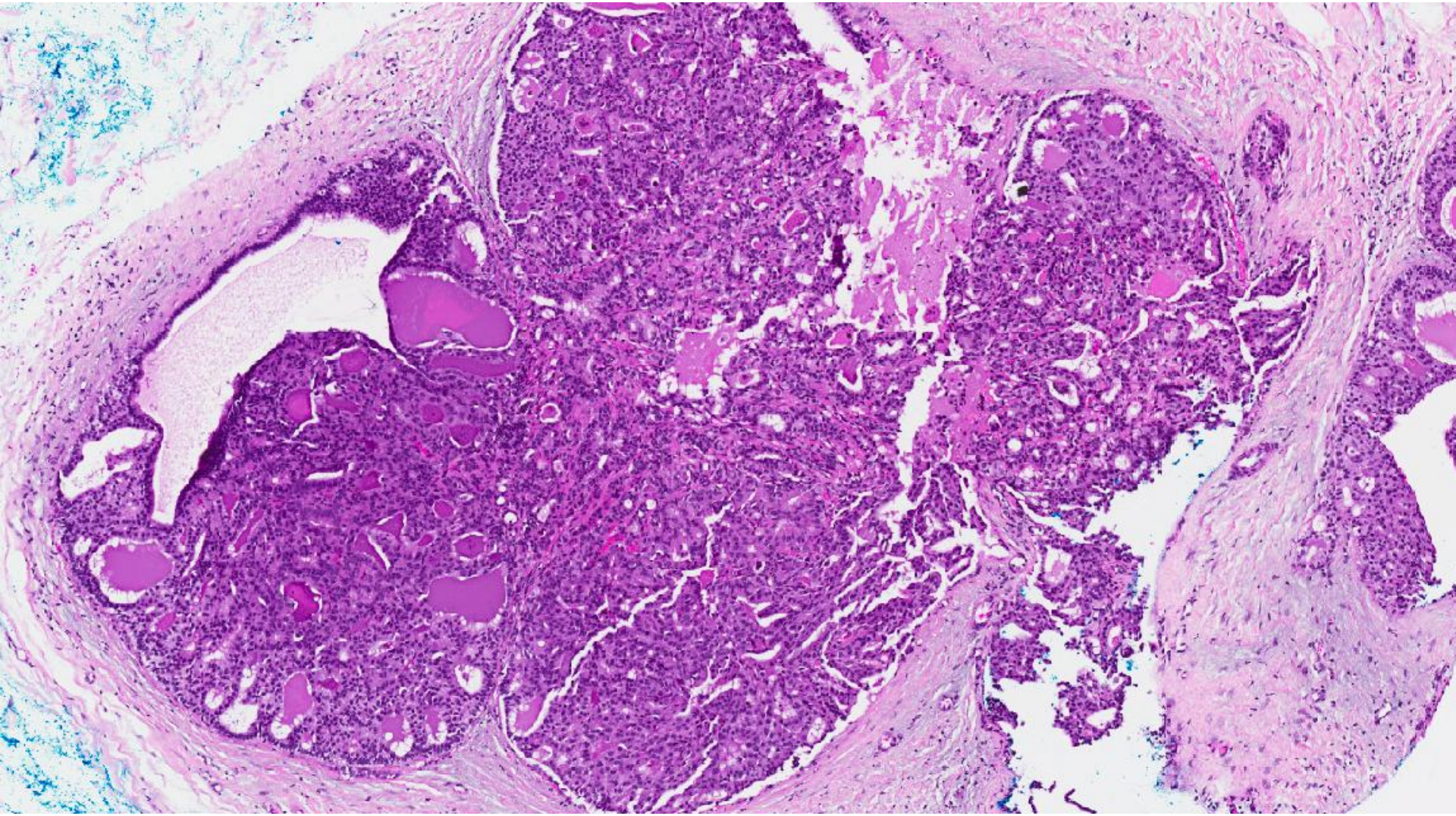
CASE 30

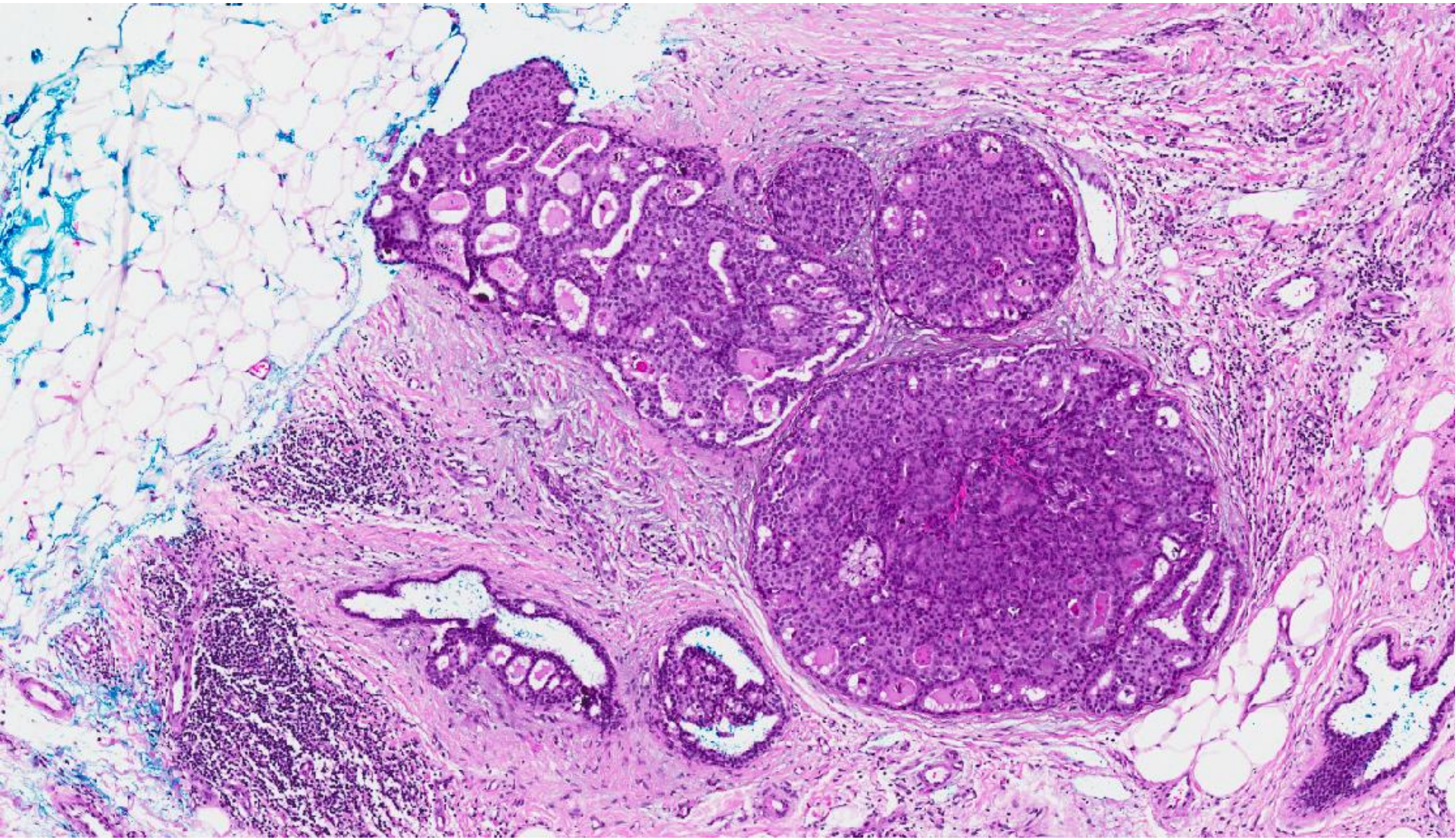
41 year old Chinese gentleman presented with blood stained left nipple discharge for a few weeks.
Clinically, there was no palpable lump.
On ultrasound examination, small ill-defined hypoechoic lesions, each a few mm in diameter, were discovered at 2 and 3 o'clock positions.
Mammotome biopsies of the left breast lesions were performed, at 2 o'clock and 3 o'clock.

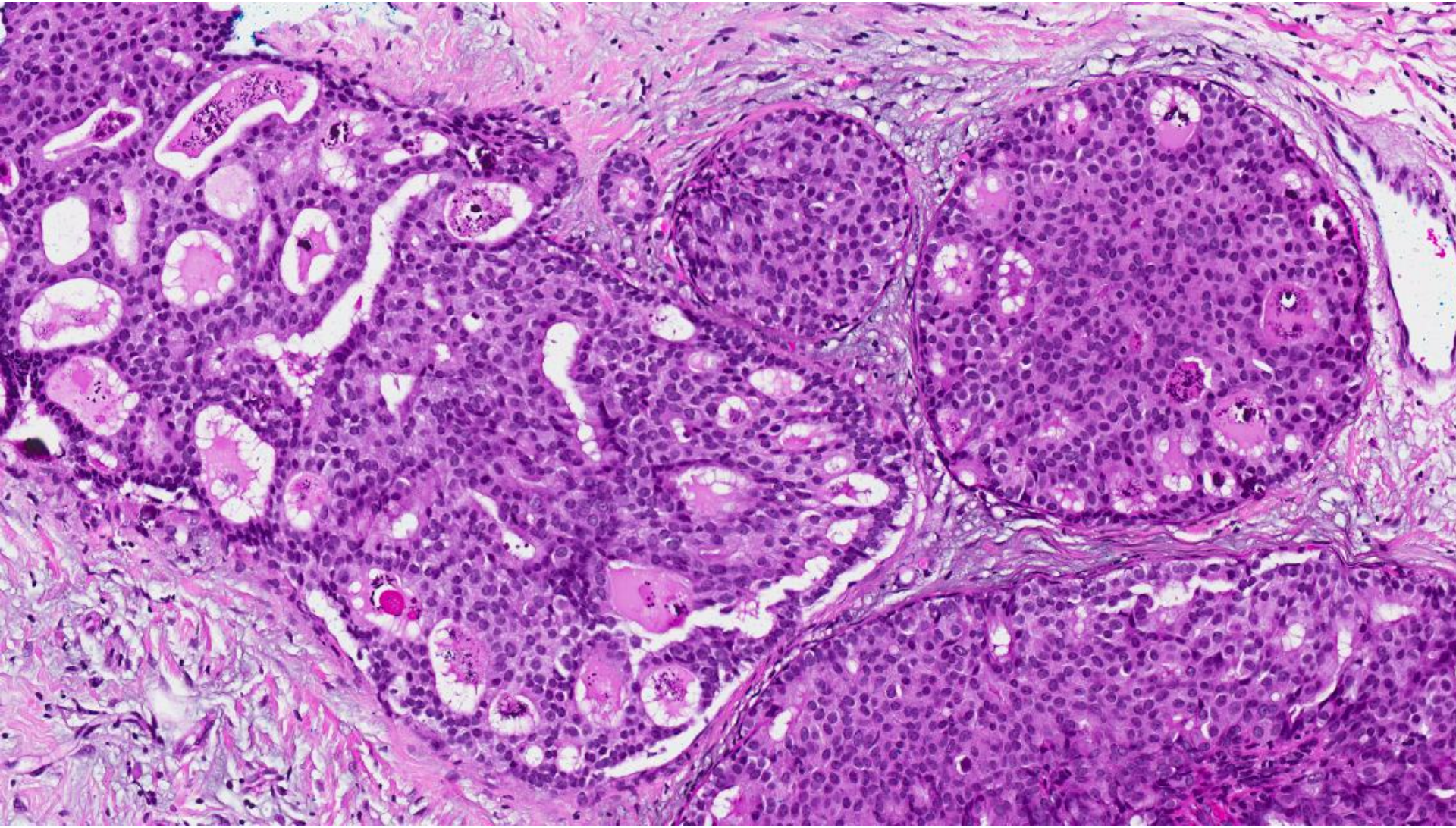
2 o’clock

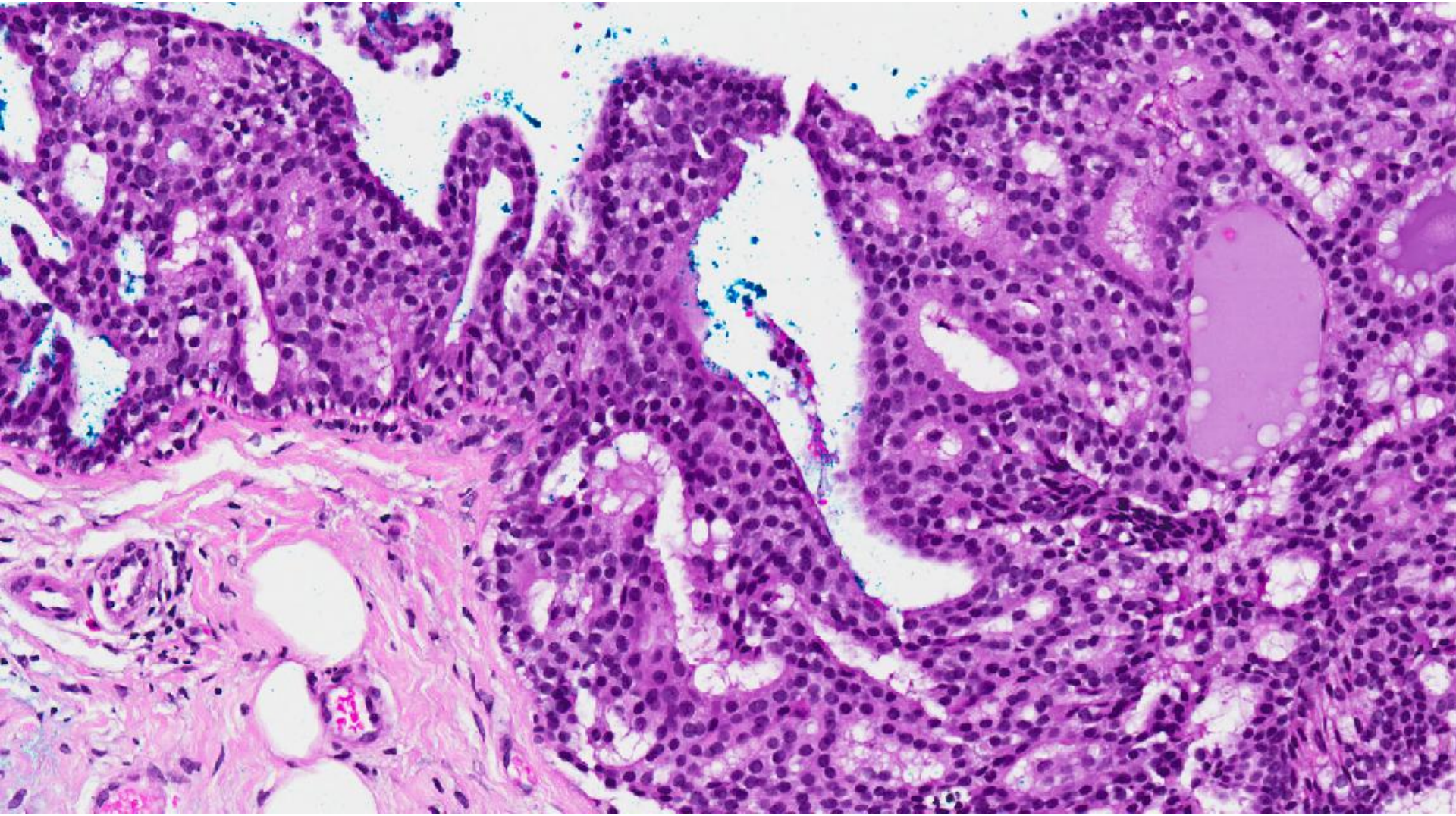




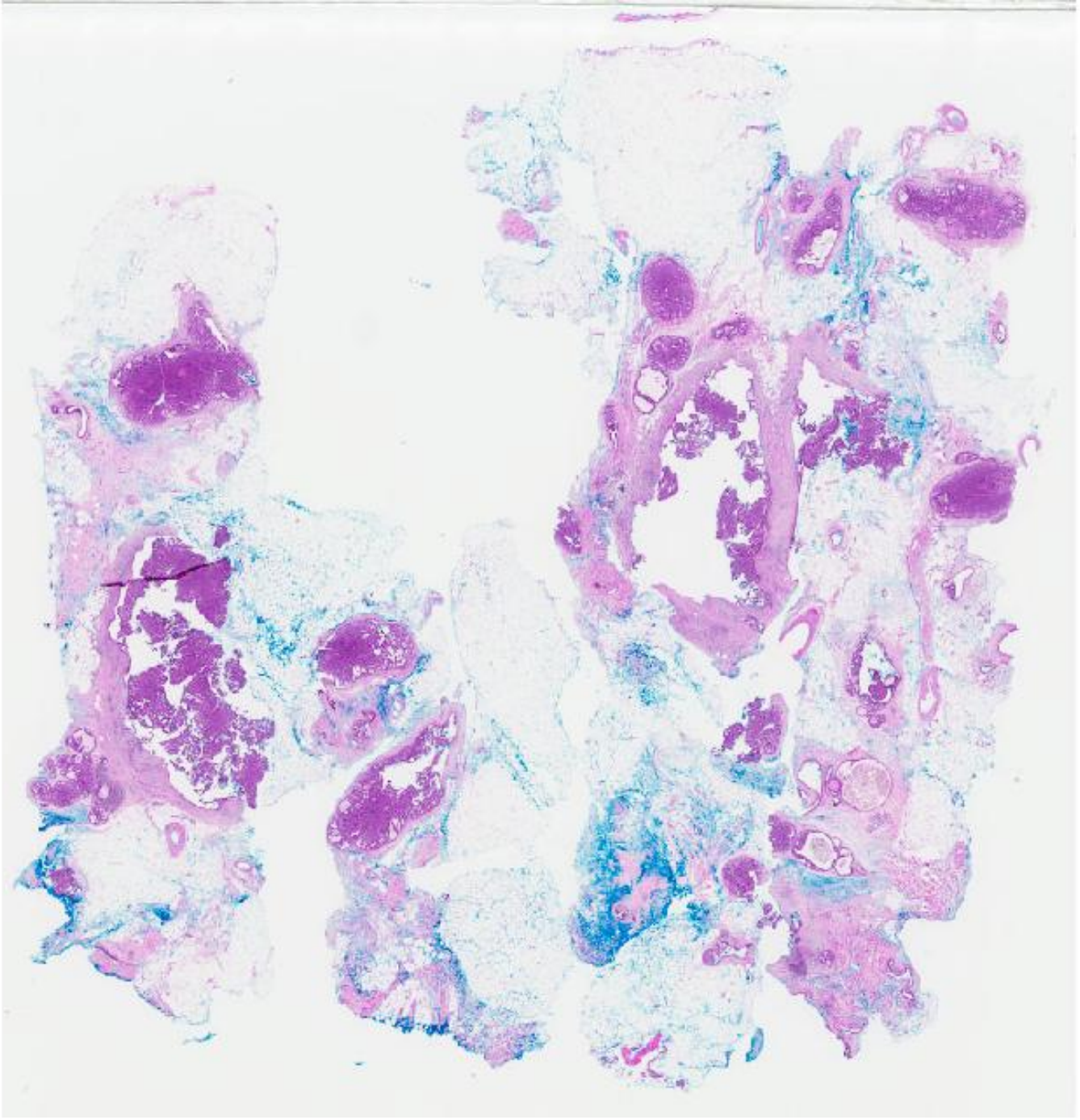


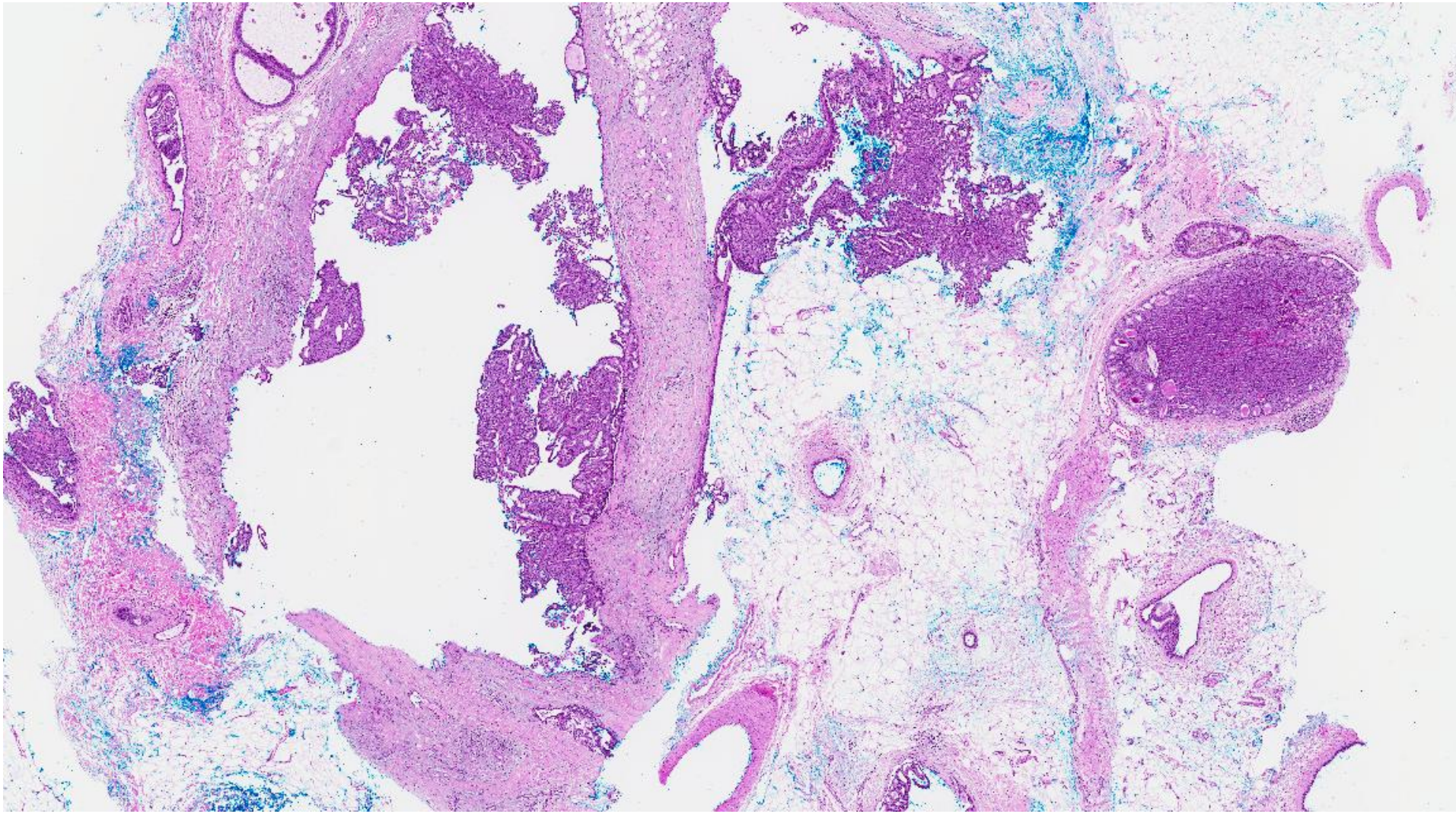


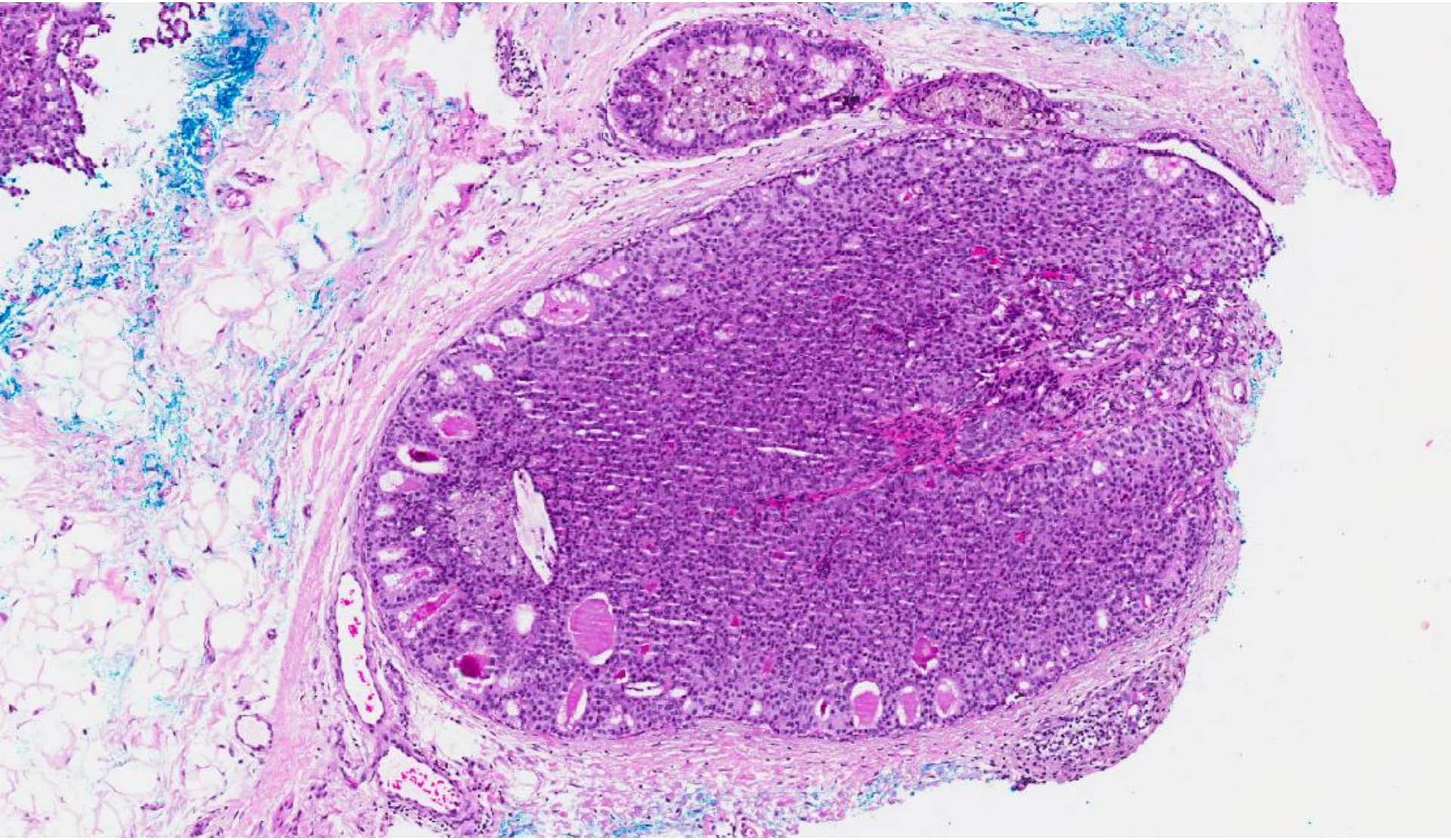


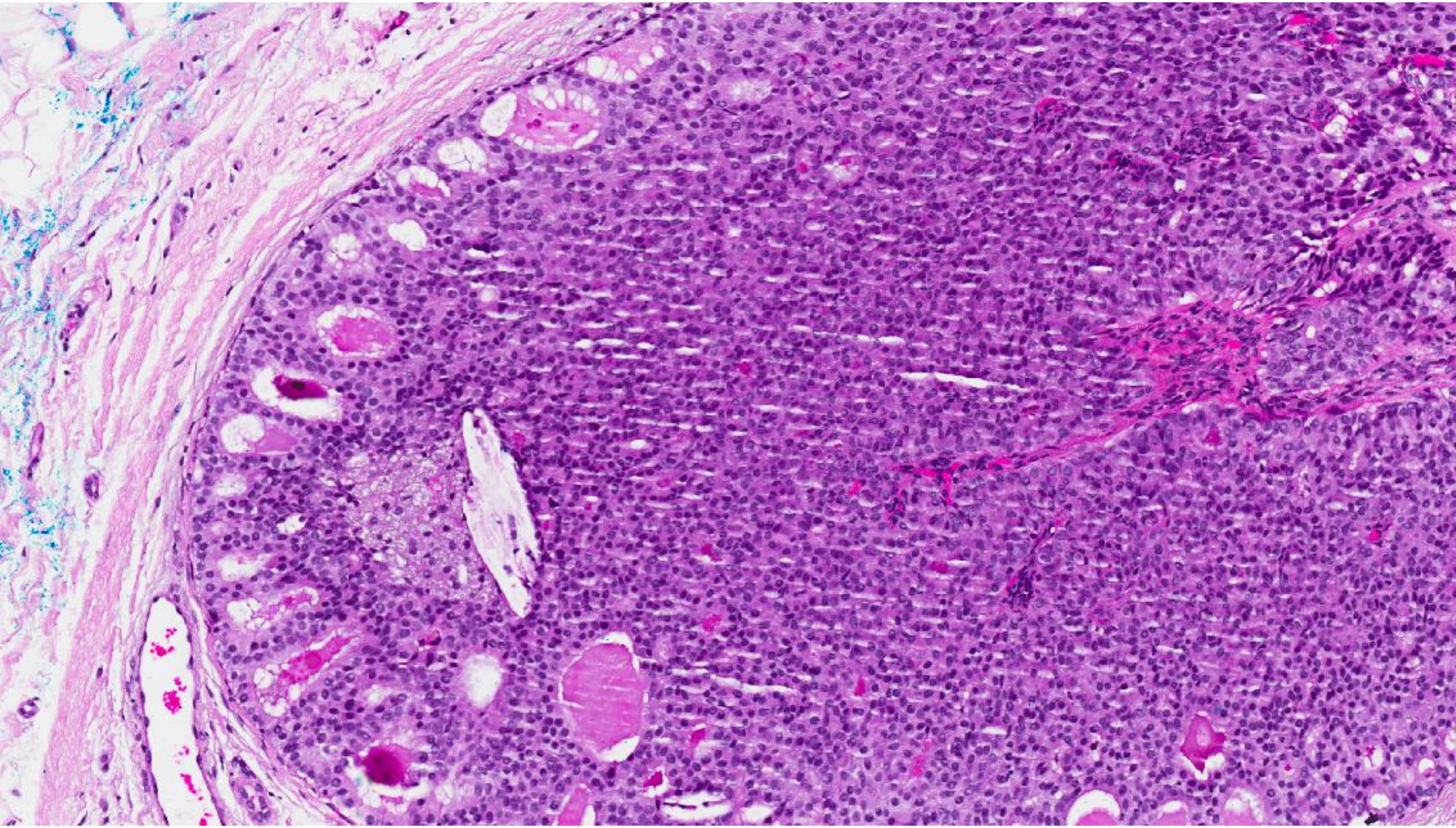


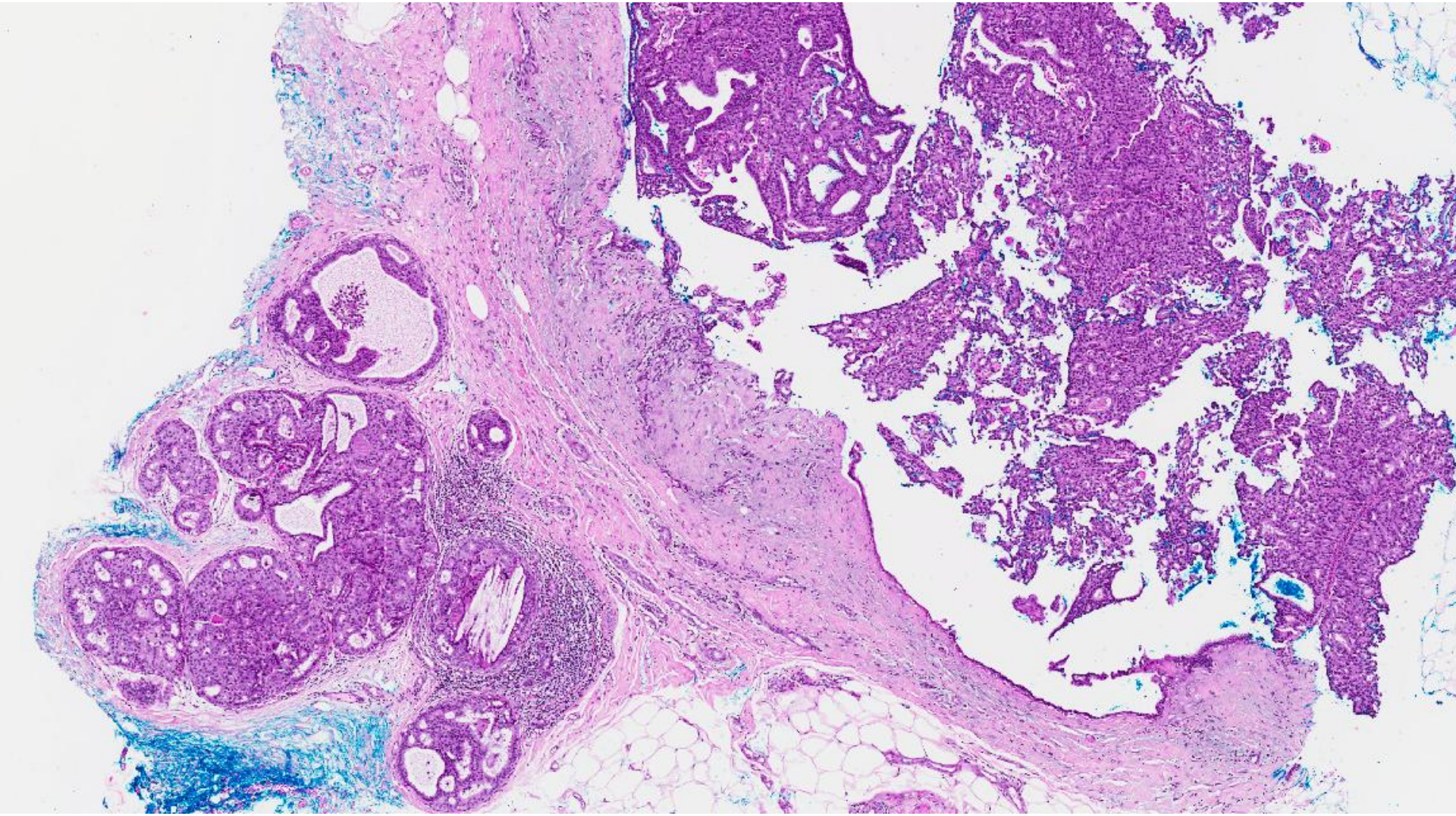
3 o’clock

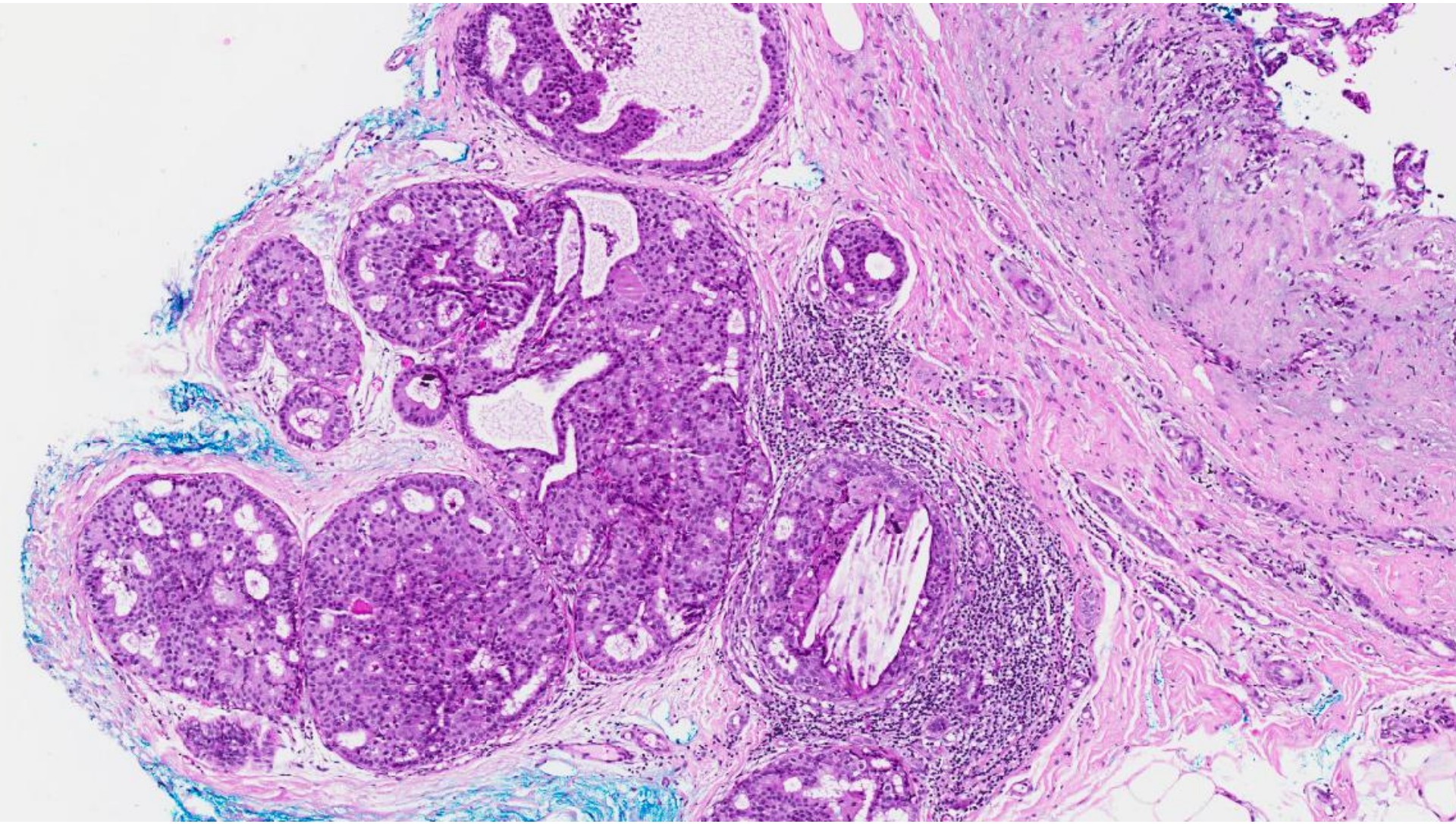


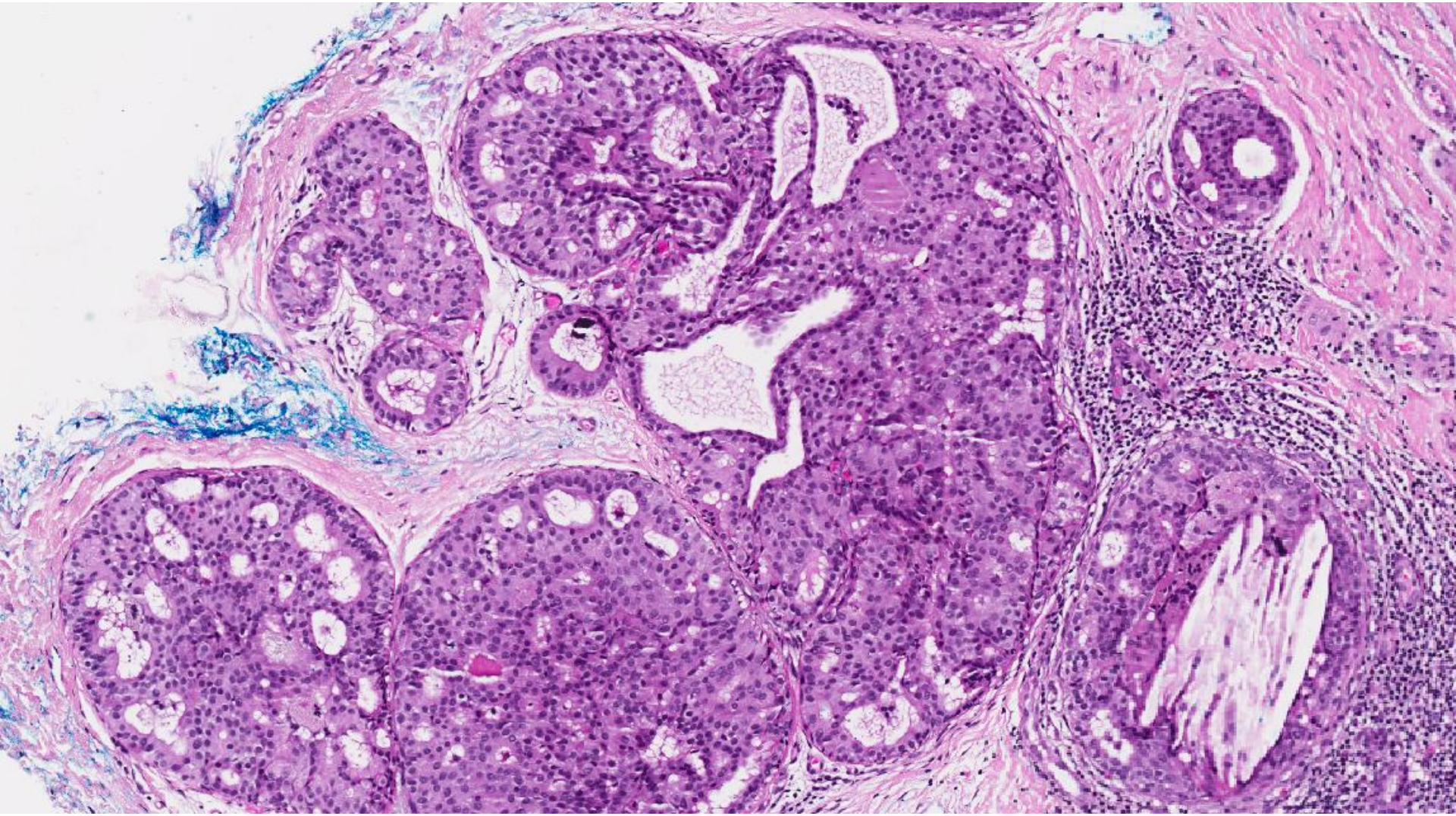


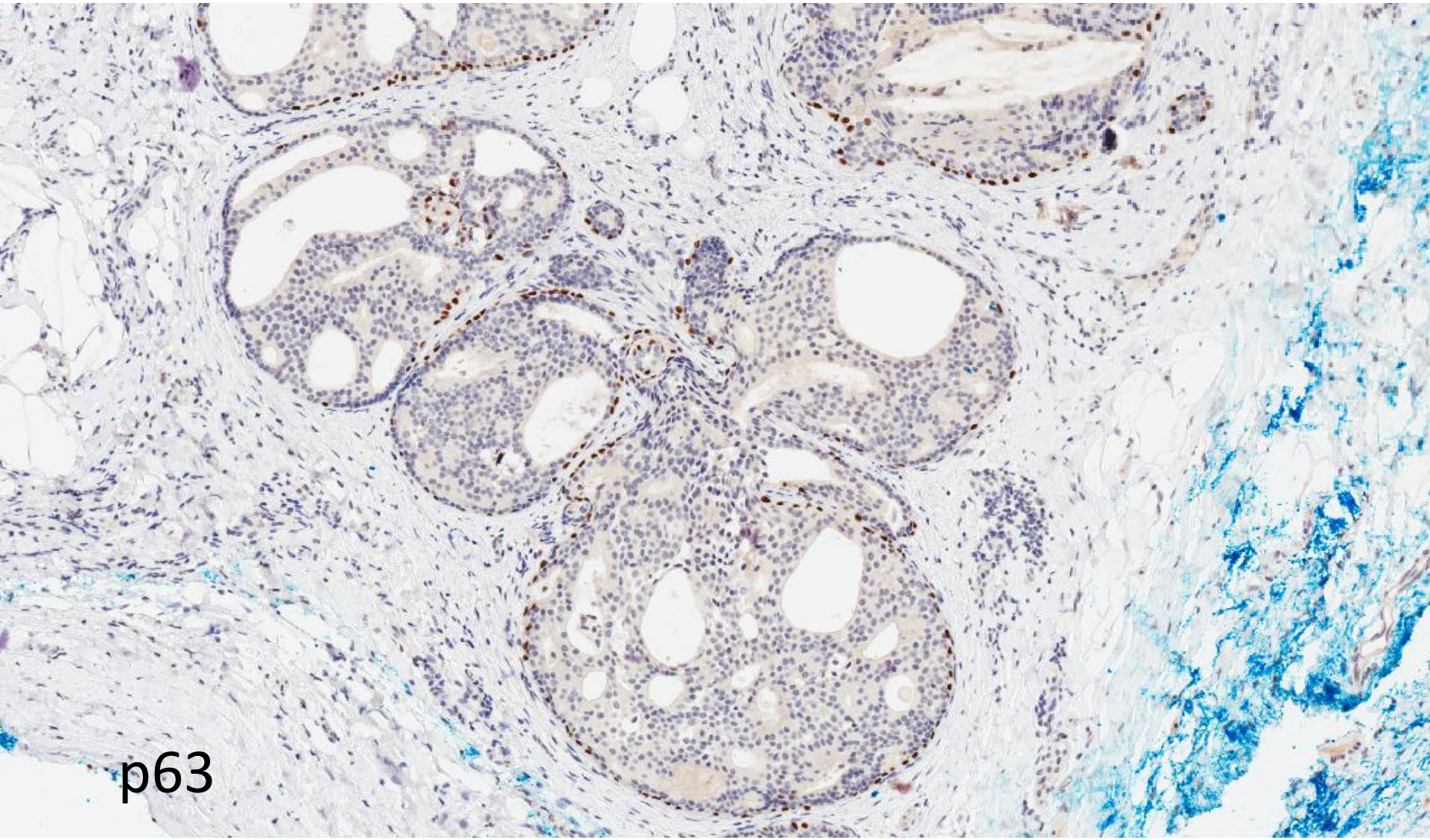








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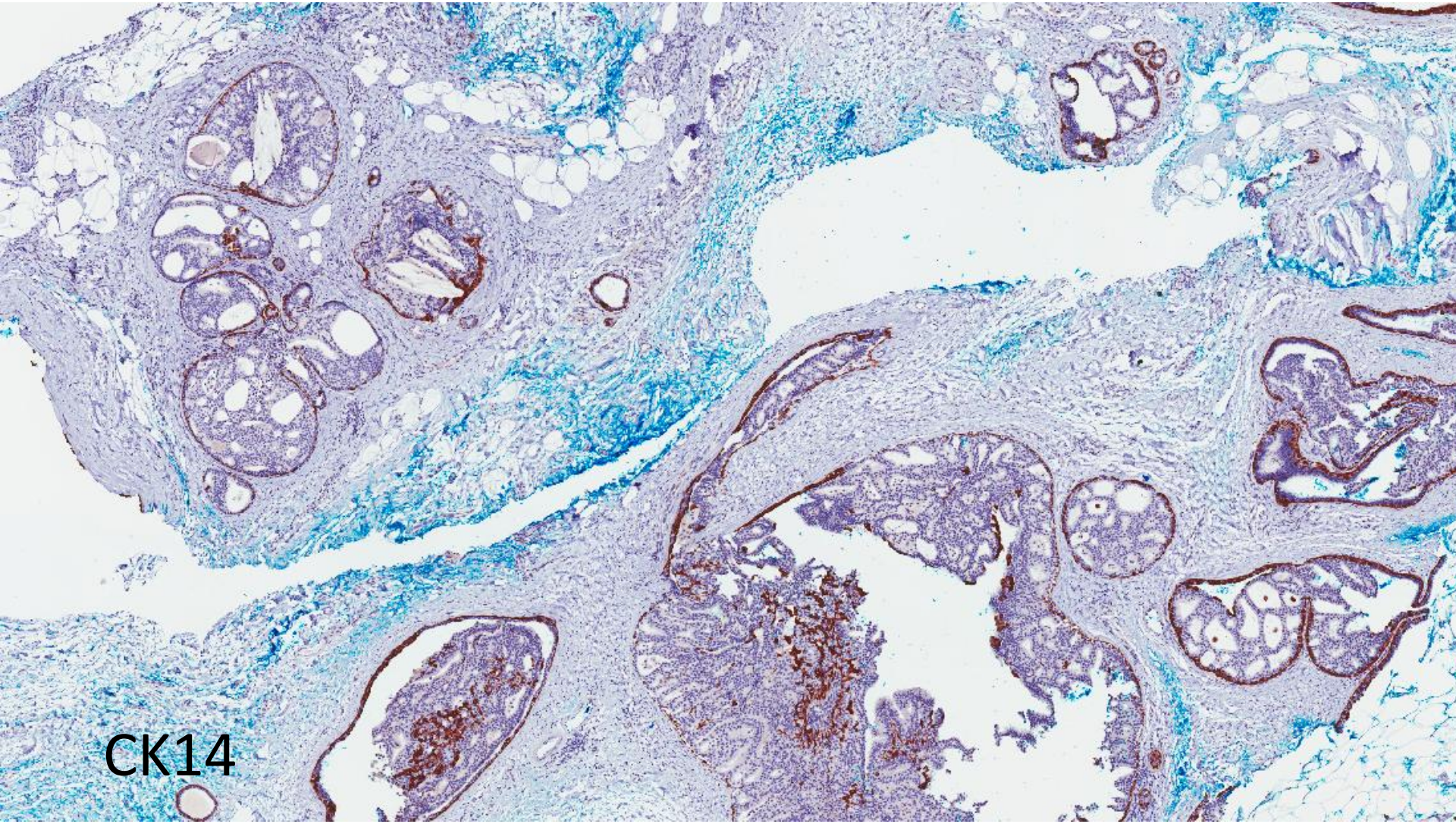
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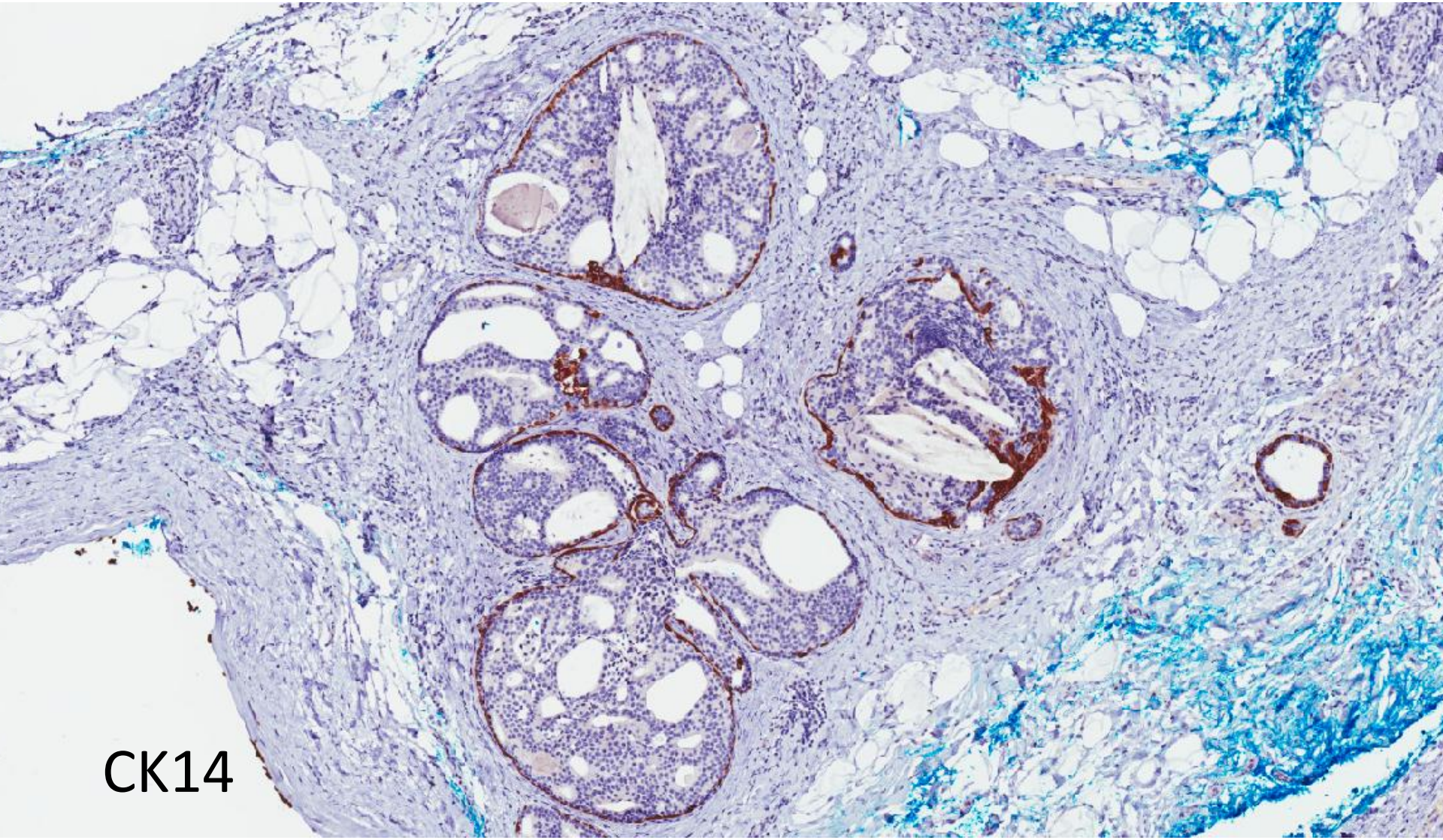
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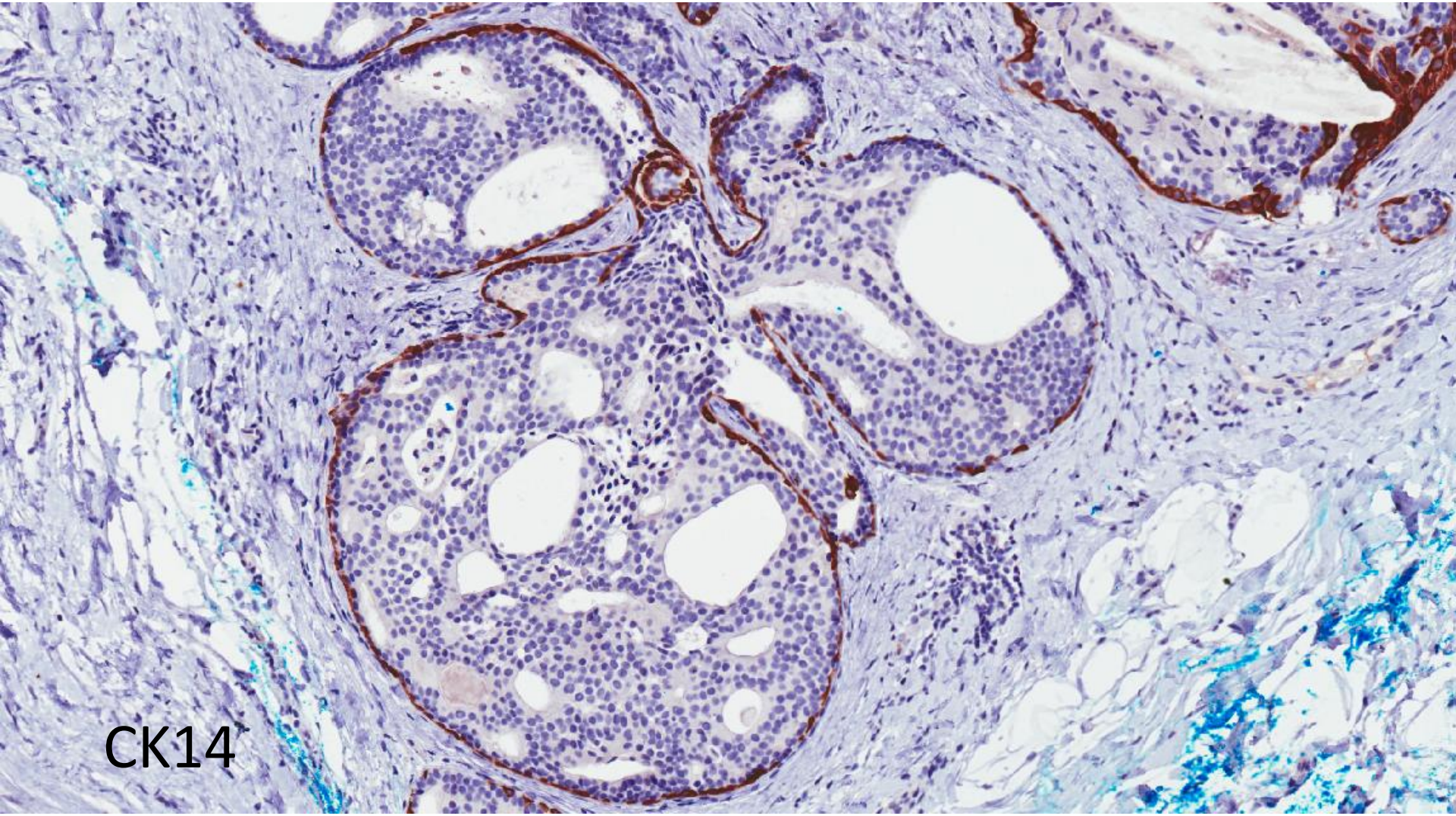
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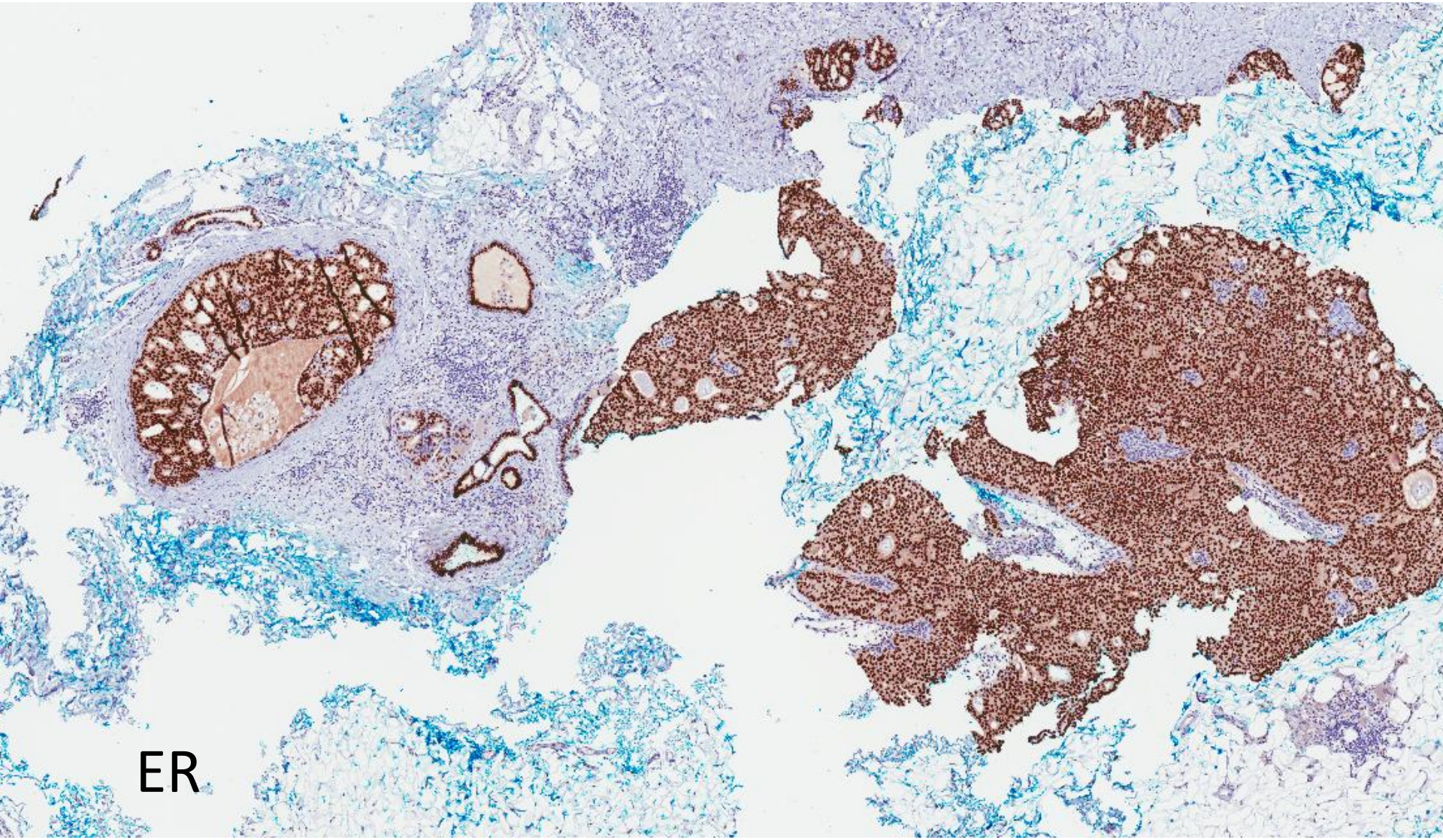
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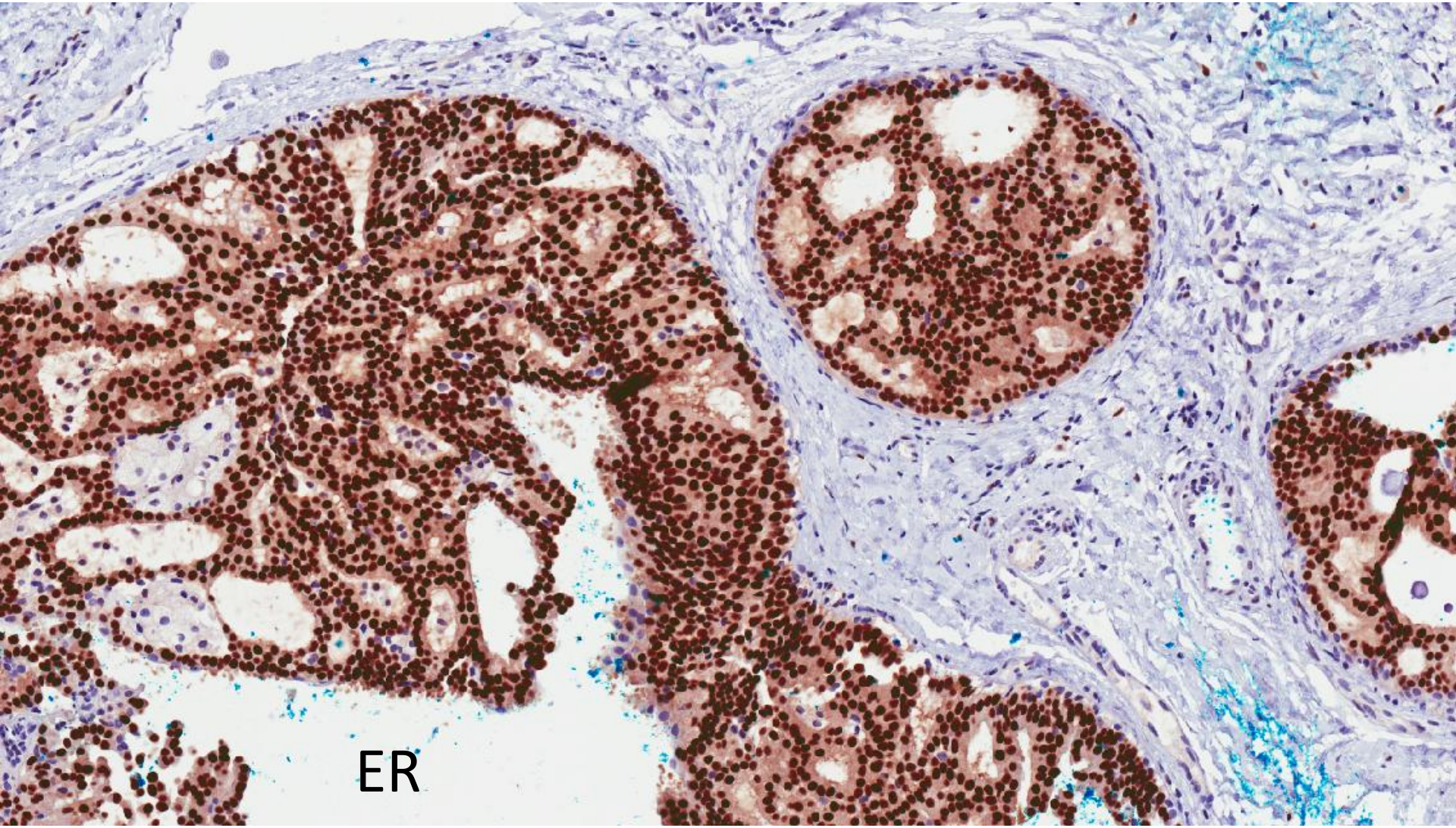
ER

Diagnosis

- Ductal carcinoma in situ, low nuclear grade.

Male breast cancer

- Accounts for < 1% of all breast cancers, 1% of all male cancers.
- Aetiology is unclear, but hormonal imbalance and environmental factors are contributory.
- Risk factors:
  - Obesity.
  - Testicular disorders – cryptorchidism, mumps orchitis, testicular trauma.
  - Radiation to chest wall.
  - Occupational exposure to radiation or electromagnetic fields, gasoline and airline fuels.
- Bloody nipple discharge occurs early, and is present in 75% of patients.

Male breast cancer - DCIS

- DCIS accounts for up to 10% of male breast cancer.
- DCIS morphology resembles that of DCIS occurring in women.
- Higher incidence of papillary DCIS and Paget disease.
- Lower incidence of comedo necrosis.
- Grading and hormone receptors assessed in a similar manner as for female disease.
- LCIS is extremely rare in men.