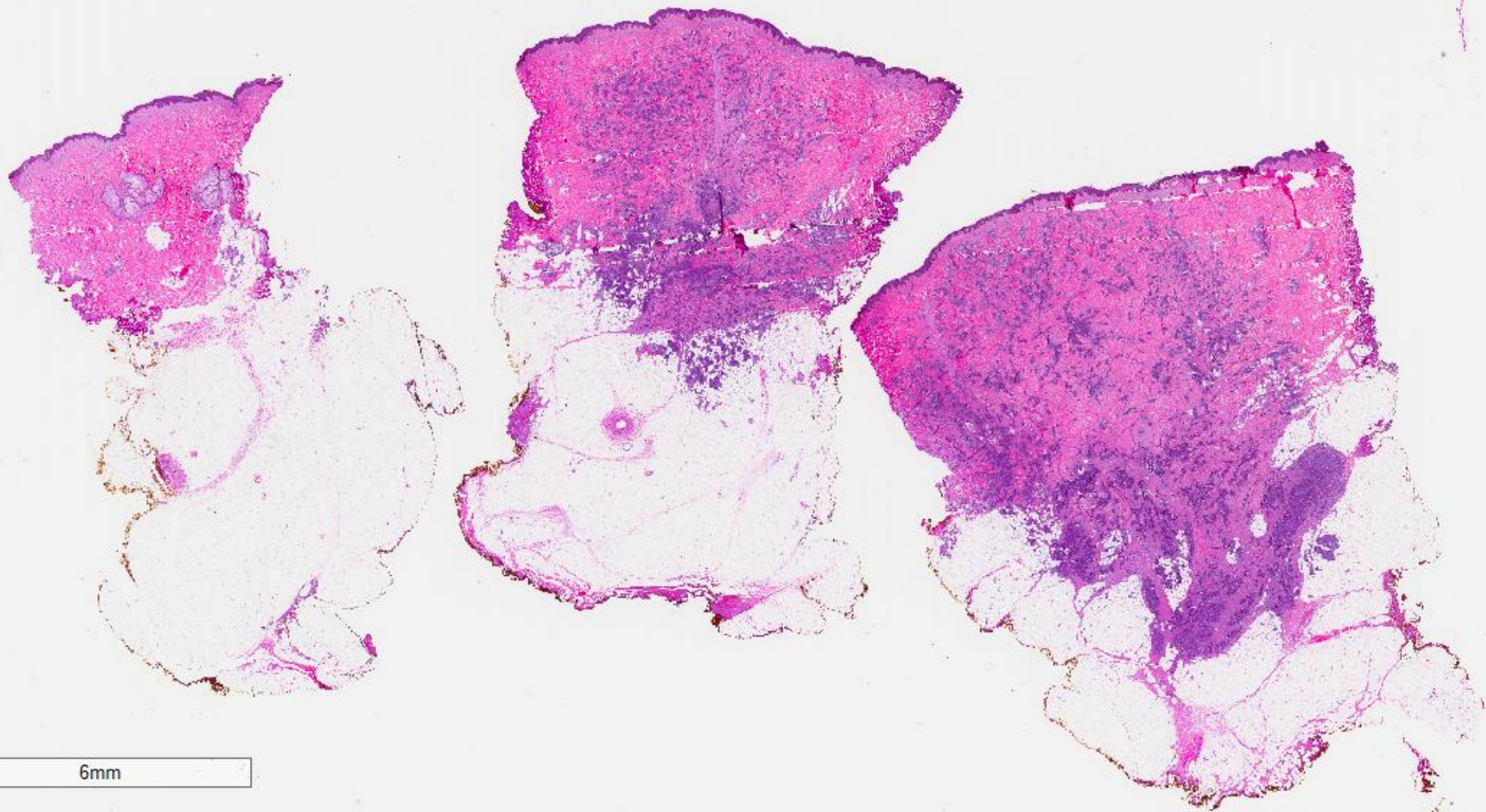
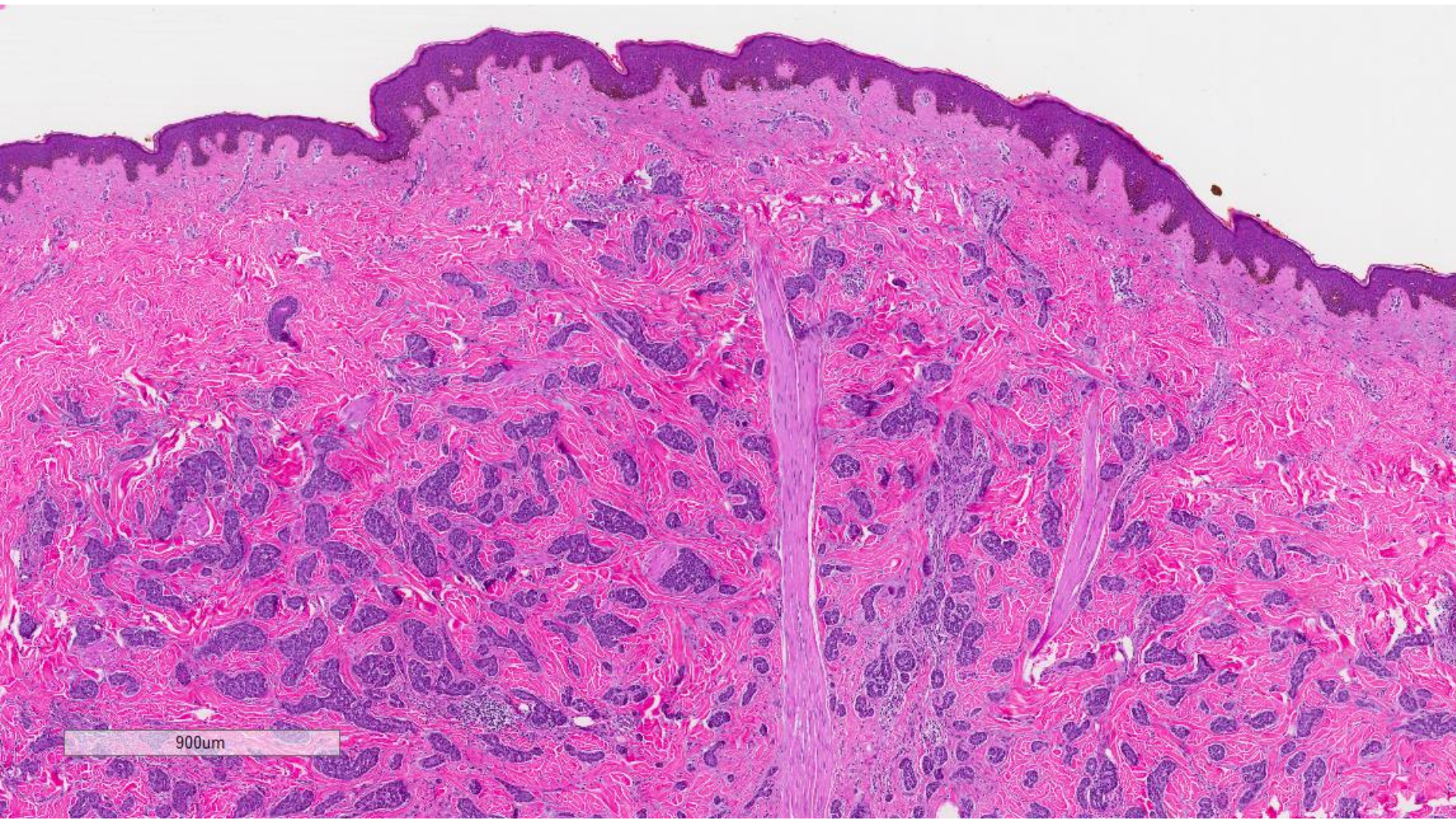


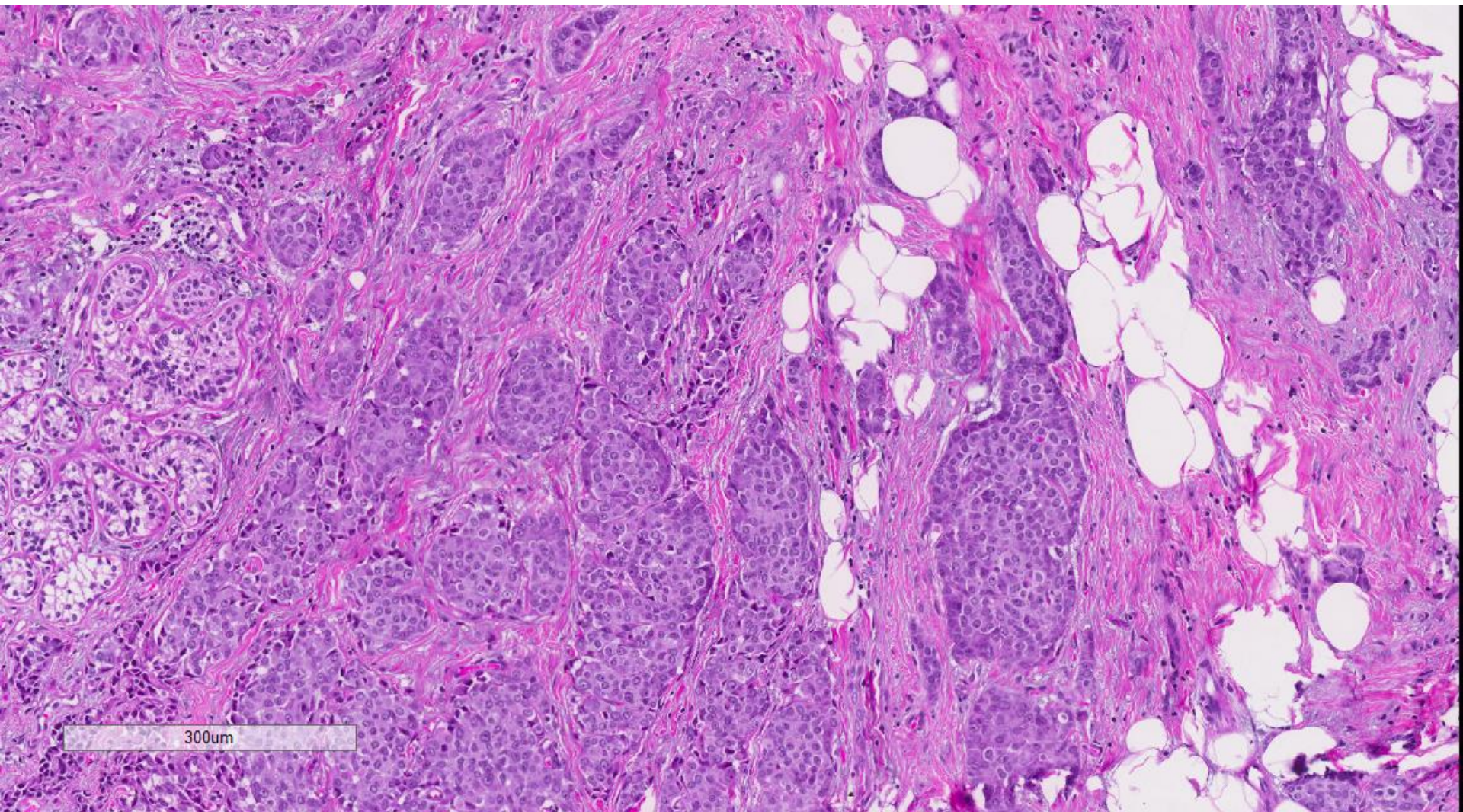
Case 40

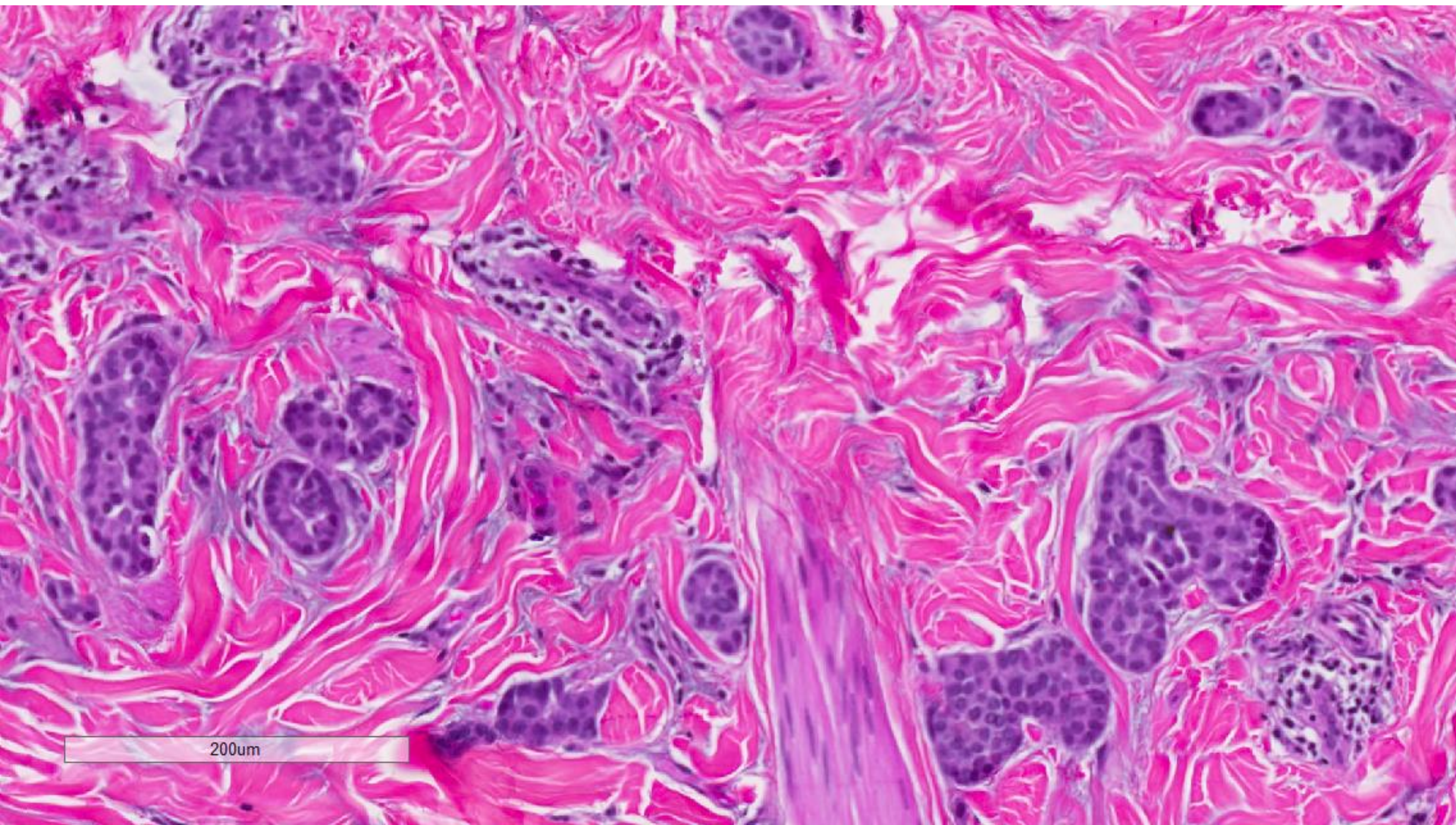
51 year old man complained of a right breast mass in the retroareolar region.
Excision was performed.



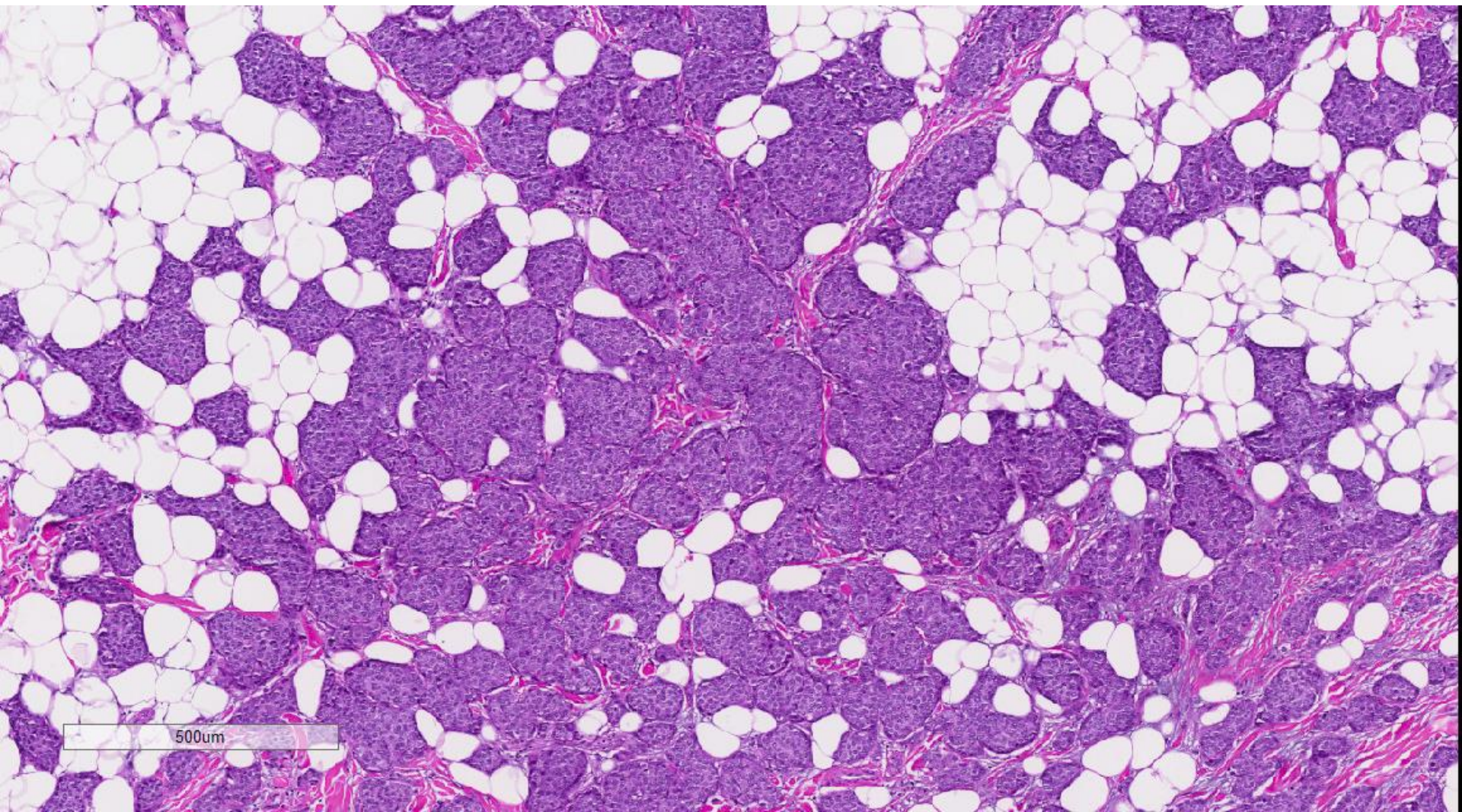


900um

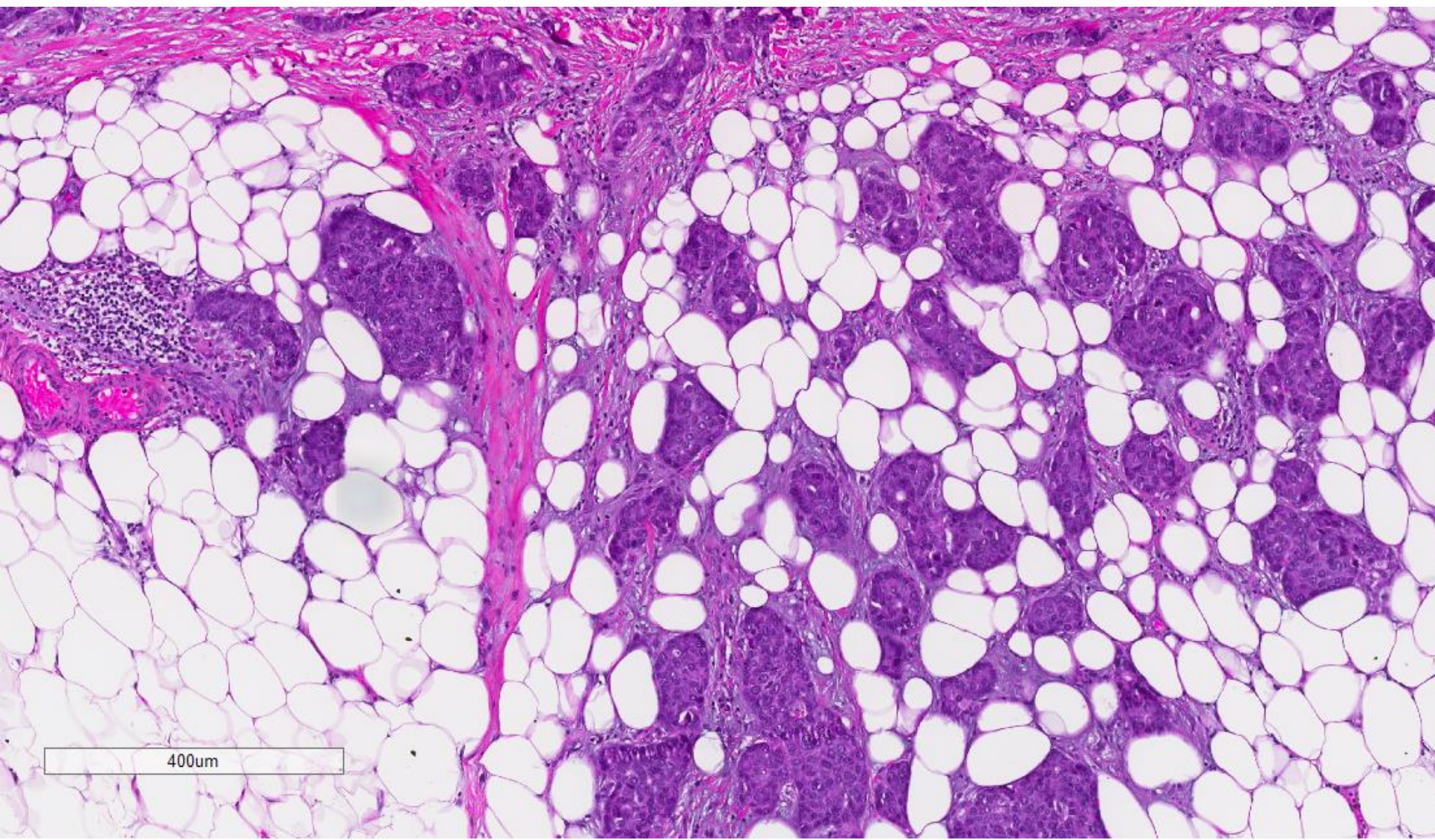




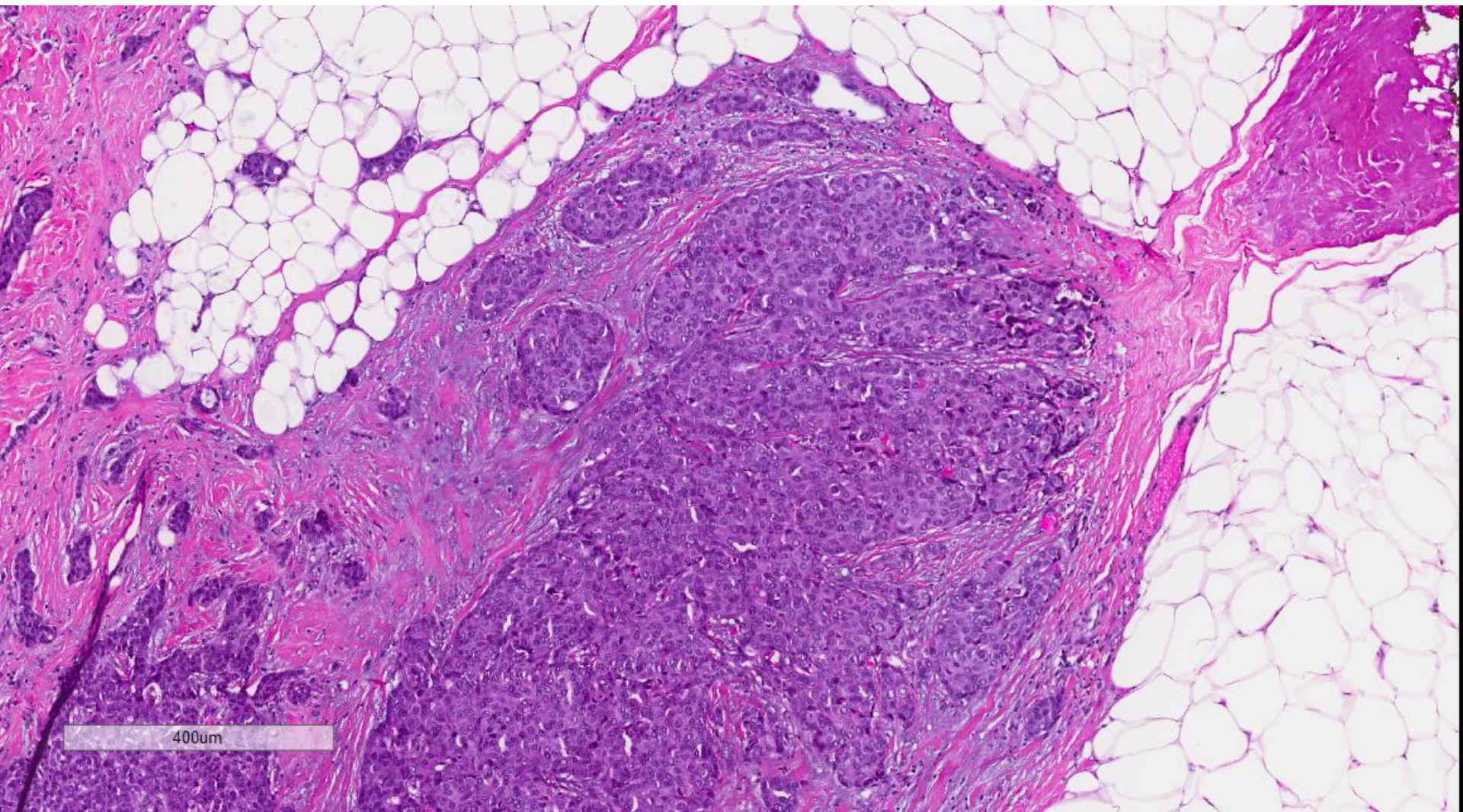
200um

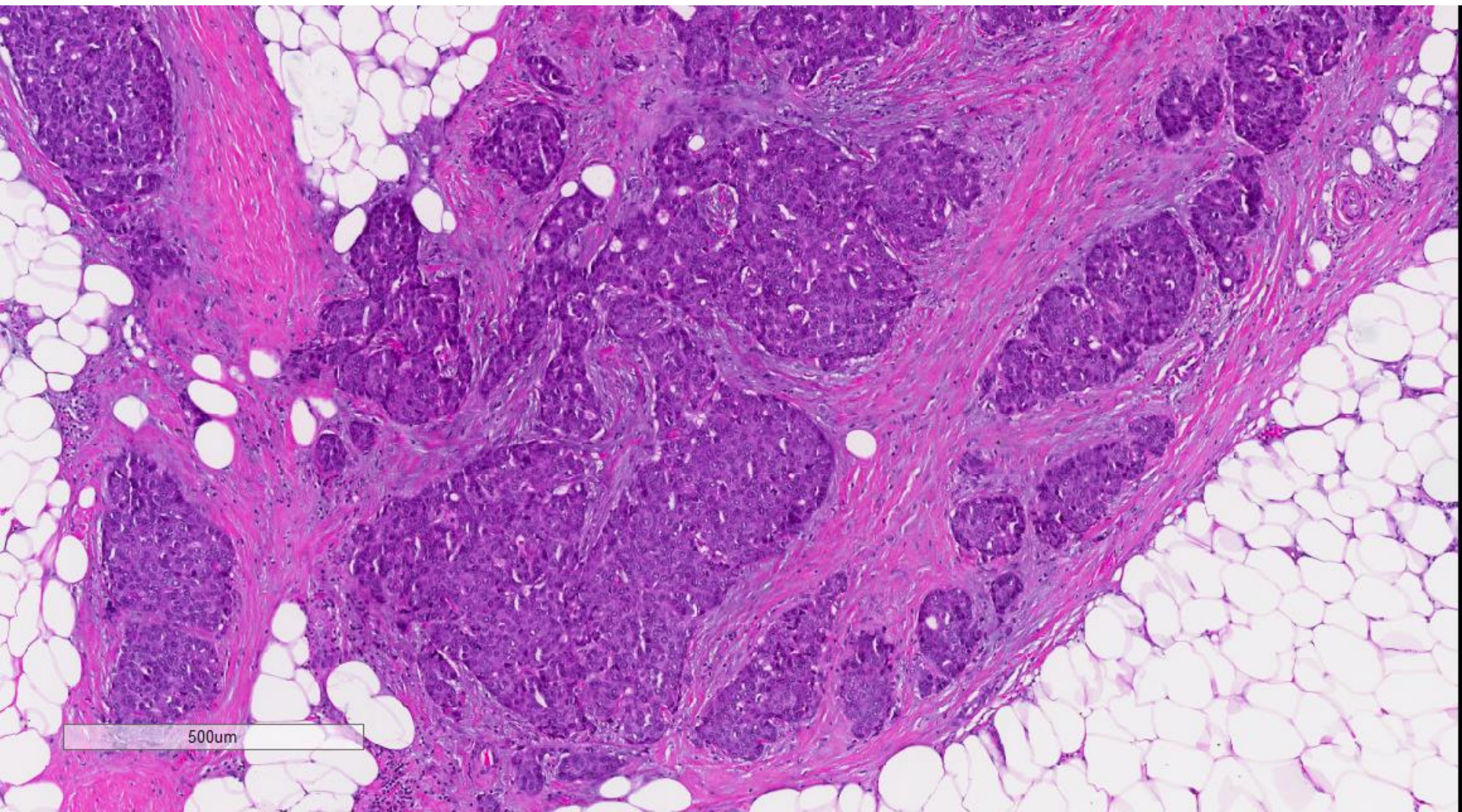


500µm

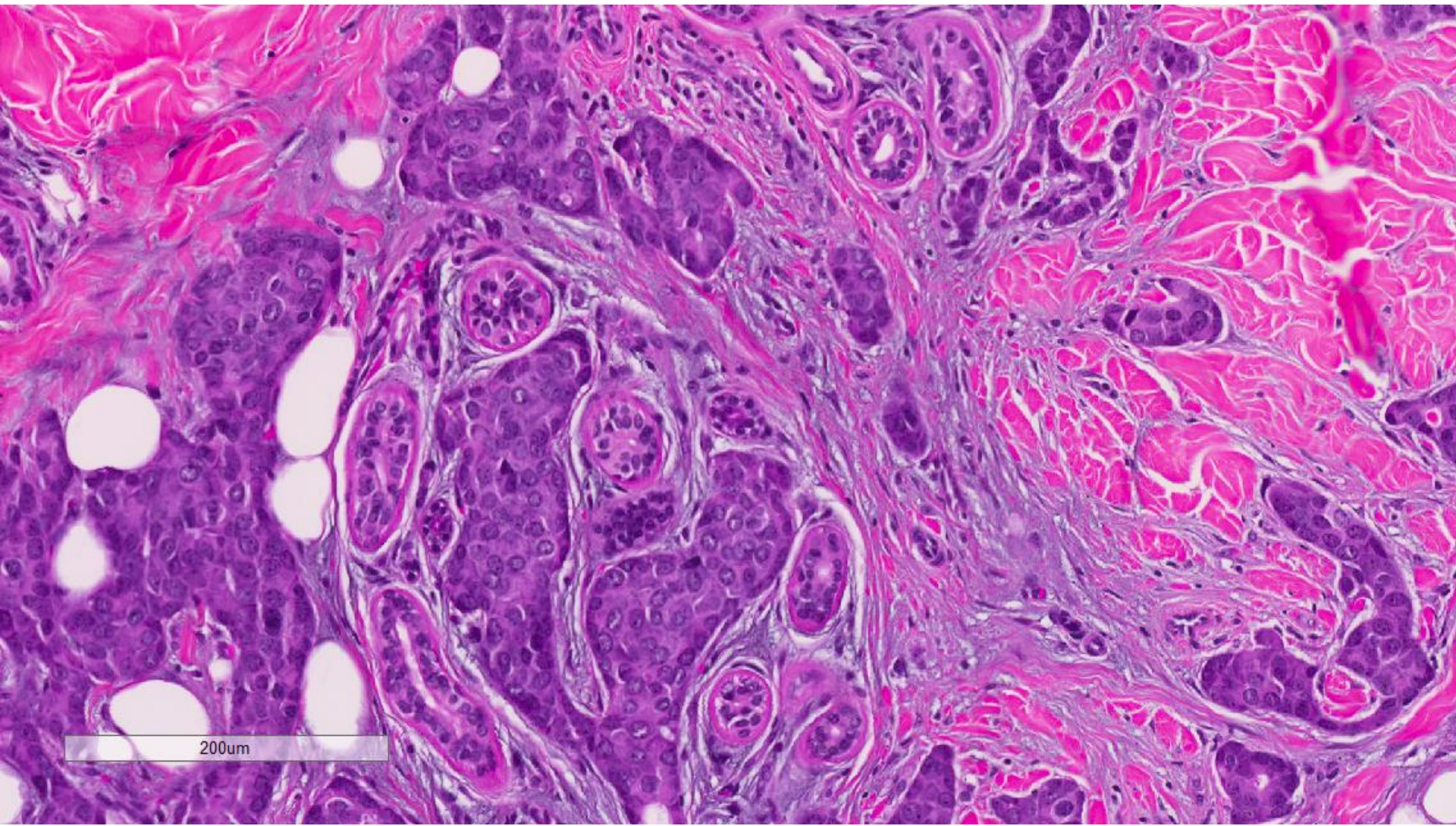


400um



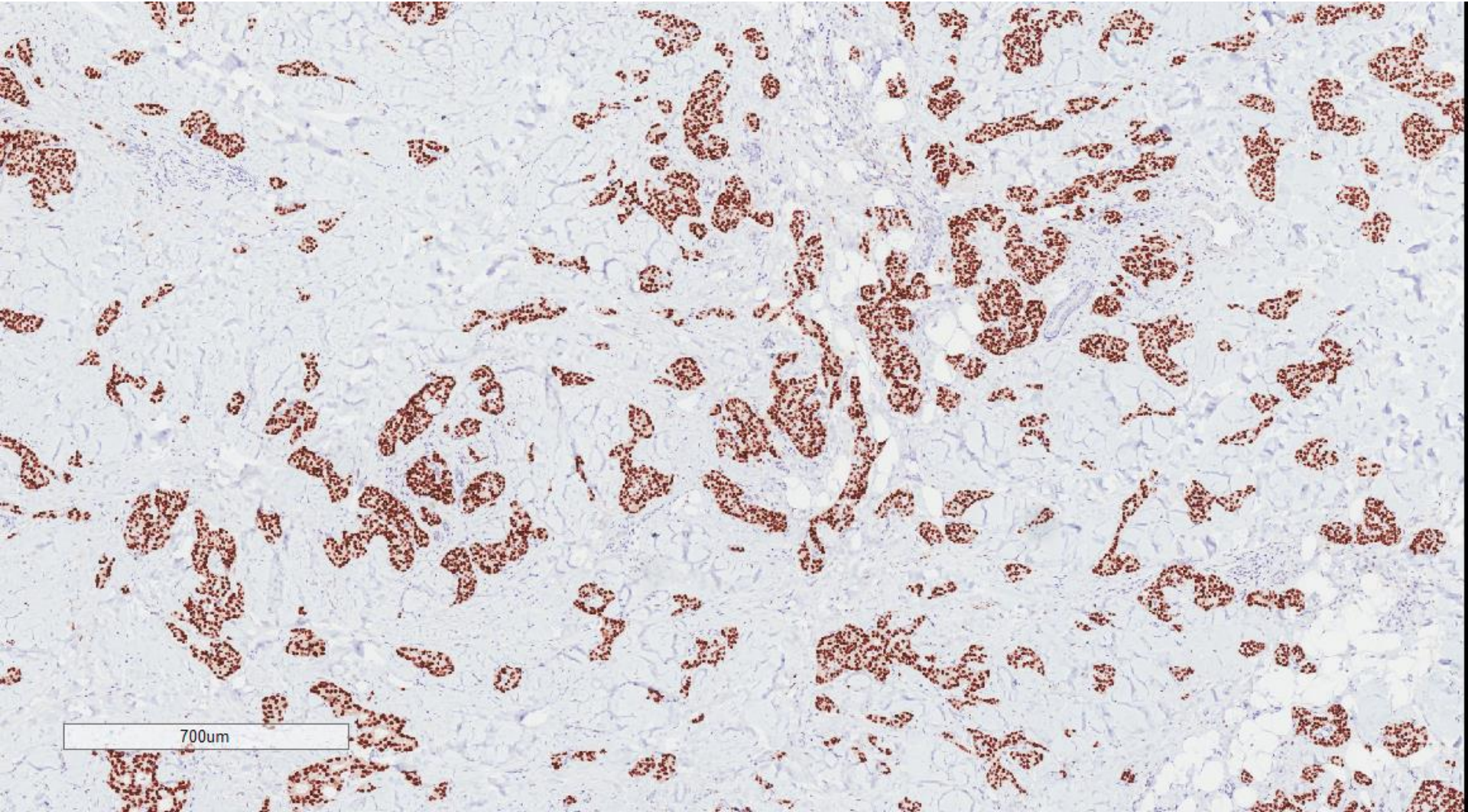


500um

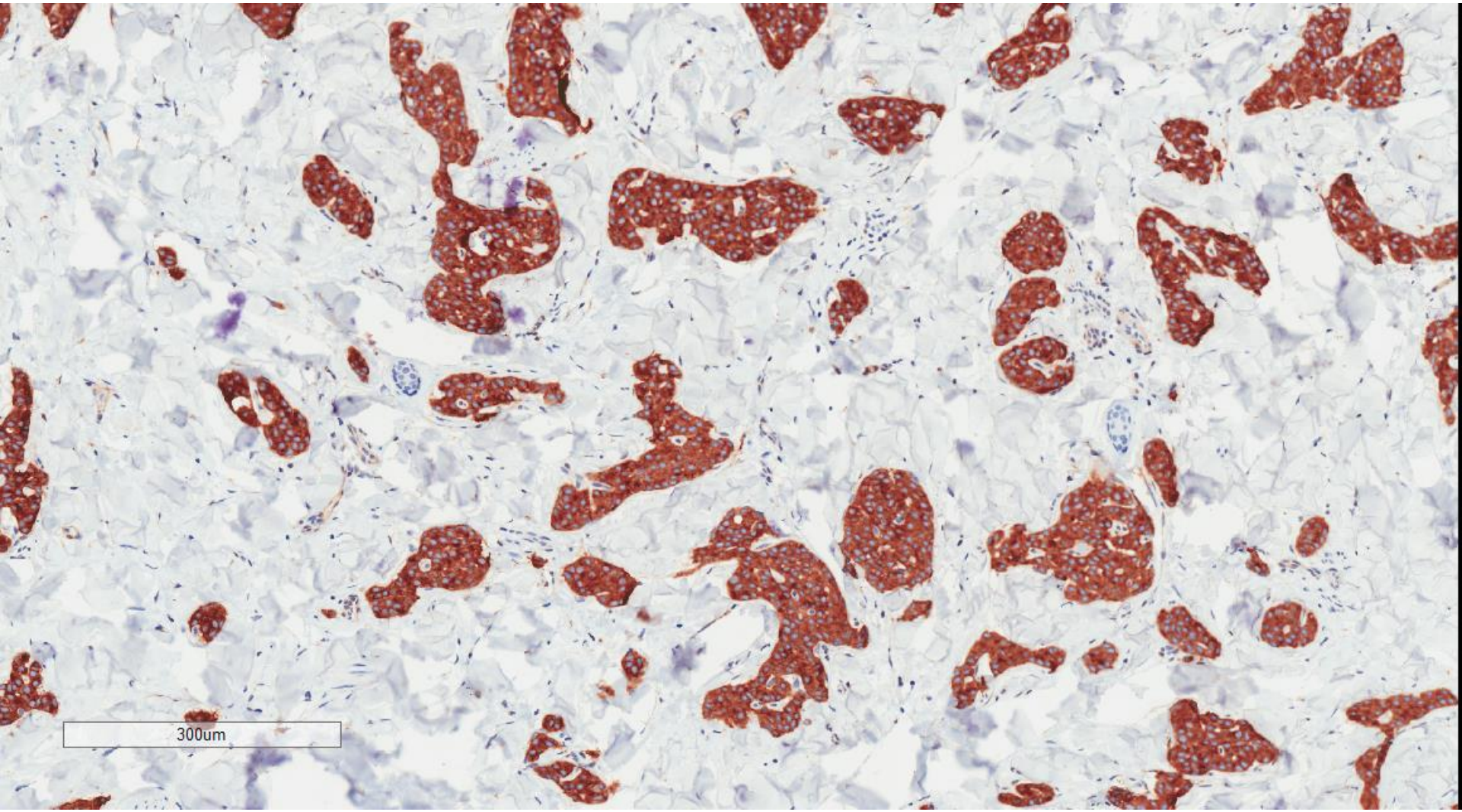


200um

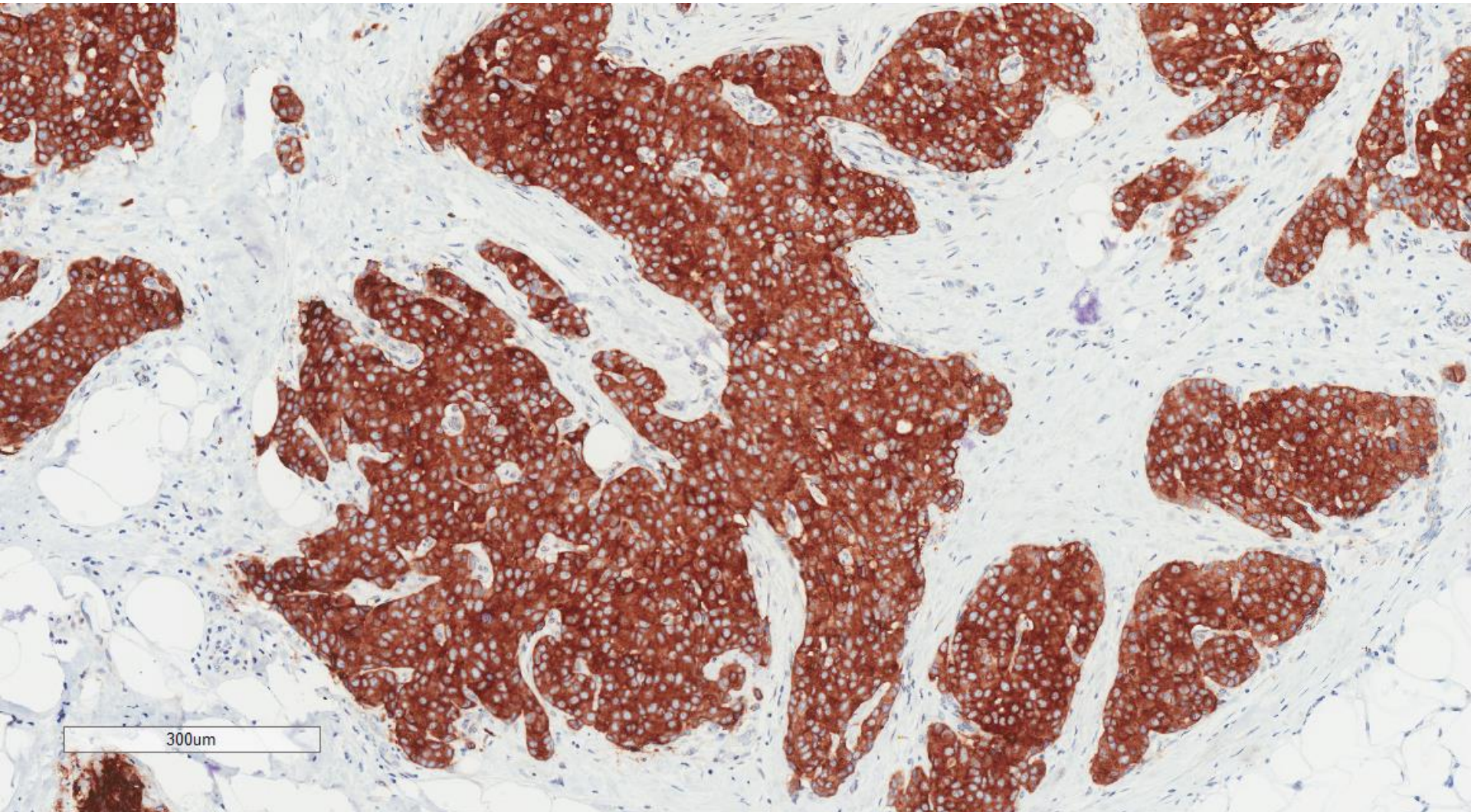
ER



Synaptophysin



Synaptophysin



Invasive ductal carcinoma with
neuroendocrine differentiation, grade 1,
1.5 cm;
ER positive, PR positive, cerbB2 negative

Male breast carcinoma

- Rare; accounts for < 1% of all breast cancers and about 1% of cancers in males.
- Higher incidence in central Africa where male breast cancer accounts for 6% of all male malignancies.
- Histologically identical to cancer of the female breast.
- Both in situ and invasive variants can be seen.

Male breast carcinoma

- Clinically presents as a painless firm mass in the subareolar region.
- Unlike gynaecomastia, the lesion tends to be located eccentrically in relation to the nipple.
- Usually unilateral, but may rarely (0–1.9% of cases) involve both breasts.
- Bloody nipple discharge may occur at a fairly early stage and is associated in 75% of cases with malignancy.

Male breast carcinoma

- Compared with the female breast, changes in the nipple areolar complex, seen as fixation, retraction, inversion and ulceration, are more frequent.
- Paget disease of the nipple has been documented.
- Advanced stage (tumour size > 2 cm and positive axillary lymph nodes) are more common.
- Palpable axillary nodes are detected in approximately 50% of cases.

Neuroendocrine differentiation in male breast cancer

- Scant data.
- Alm P et al. APMIS. 1992 Aug;100(8):720-6.
 - *51 cases of consecutive male breast cancer.*
 - *‘Expression of neuroendocrine differentiation was 45%, which is between two and eight times higher than reported for female breast carcinomas by other investigators.’*