

Male Breast Metastasis from the Bladder Carcinoma: Case Report

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Abstract— The most frequent sites of metastasis from primary bladder carcinoma are the lymph nodes, liver, lung and bone. Nevertheless many other areas have also been described.

Breast lesions secondary to urothelial tumors have been reported either in male or in female. The diagnosis of metastases is made on unilateral involvement and the appearance of a nodule closes easily palpable, ultrasound and mammography allow to confirm it and finally immunocytochemical studie is the gold standard in the identification of an unknown neoplasm in the male breast.

This type of neoplasm generally occurs in middle age, is usually diagnosed at an advanced stage and is usually associated with a poor prognosis.

We report a case of 64 year man with a breast metastasis of bladder carcinoma histologically proven.

Index Terms—About four key words or phrases in alphabetical order, separated by commas.

I. INTRODUCTION

Metastases to the breast from extramammary malignancies represent approximately 2% of malignant mammary tumors. Metastatic carcinoma in the male breast is even more exceptional than in the female [1].

Carcinoma of the bladder metastatic to the breast is only sporadically reported in the literature [2].

We report a case of 64 year man with a breast metastasis of bladder carcinoma histologically proven.

II. CASE REPORT

A 64-year-old man, followed since May 2017 for urothelial carcinoma of the bladder, surgically treated by radical cystectomy with a Briker-type shunt. A year later he presented a rapidly increasing lump in his right breast, and the extension workup did not show any further lesion.

The patient underwent a mastectomy with axillary dissection and the immunohistochemical study returned in favor of a breast location of a poorly differentiated carcinomatous process compatible with a bladder origin with; CK7 +, CK20 +, GAT3 + and Mammaglobulin -.

He did not receive chemotherapy and did not show any other metastatic localization during 1 year of follow-up.

III. DISCUSSION

Male breast carcinoma represents only 1% of all breast tumours and 1% of all male malignancies [3], [4]. Clinically, the lesions are usually round, painless, without skin retraction or associated adenopathies (33%) [2].

The mammographic criteria of male breast cancer are analogous to similar lesions in the female breast, and include a lesion usually eccentric to the nipple, with punctate microcalcification and irregularly spiculated margins, cutaneous thickening, and nipple and areolar retraction [1], [5]. Microcalcification can be the only sign of malignancy. Diagnosis, sometimes suggested by morphological study of the tumor, is confirmed by immunohistochemistry [2], [6].

The first case of carcinoma of the bladder metastatic to the male breast was reported by Truesdale et al in 1979 [7]. A poorly differentiated transitional cell carcinoma metastatic to the breast and suprasternal area was detected 7 months postcystectomy. The first detailed description of a case of transitional cell carcinoma of the bladder metastatic to the female breast was reported by Erkman et al in 1982 [8]. The patient was a 43-year-old woman who presented 3 months after a radical cystectomy two asymptomatic right breast masses as the first evidence of widely metastatic bladder carcinoma. Recently, breast metastasis originating from urinary bladder carcinoma has been described sporadically [2]. This type of neoplasm is usually associated with a poor prognosis.

IV. CONCLUSION

Breast metastases from bladder cancer are rare, only histological examination can confirm the primary or secondary nature of a breast lesion.

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