

Invasive lobular carcinoma versus duct carcinoma of the breast

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Abstract

Lobular carcinoma of the breast uncommon compared to duct carcinoma .77 specimens with breast carcinoma in the Diwania teaching hospital were examined in the period from feb.2000 to feb.2006.Thirteen out of 77 specimen were proved to be invasive lobular carcinoma of the breast and out of these 13 specimen 5 were from a patients with bilateral disease and two specimen proved to be lobular carcinoma insitu.All the specimen were examined for multifocality and compared with duct carcinoma.

Aim of this study

To confirm that invasive lobular carcinoma present bilaterally and it is multifocal

Key words:breast,carcinoma,lobular

Introduction

Invasive lobular breast cancer is uncommon, and affects about 10-15% of all women with breast cancer. It can occur at any age, but more commonly affects women in the 45-55 year age group. Men can also get invasive lobular breast cancer but this is very rare. Invasive lobular breast cancer is generally no more serious than other types of breast cancer. However, it is sometimes found in both breasts at the same time and there is also a slightly greater risk of it occurring in the opposite breast at a later date. Unlike other forms of breast cancer, invasive lobular cancer is more likely to show up as a thickening of the breast tissue rather than a definite hard lump. Because the symptoms can be vague, these cancers may sometimes grow to a larger size than other breast cancers before they are

picked up. The diagnosis can be confirmed by mammogram, ultrasound scan, fine needle aspiration and needle core biopsy. Invasive lobular breast cancer can sometimes be difficult to diagnose. This is because it is less likely to present as a firm lump and is therefore not easy to feel. It is also more difficult to see on a mammogram. This is because the white dots (calcifications) that may be seen on a mammogram with other types of breast cancer are not usually formed by invasive lobular cancers. The cancer cells are small, bland and uniform, about the size of normal ductile epithelial cells. Classically, the cells tend to infiltrate as individual rows (single or Indian file) and may form concentric arrays (targeted pattern). Occasionally, a solid pattern or cords of cells are produced. In about 10% of cases, tumors have mixed features of invasive ductal and lobular carcinomas.

Material and methods

77 patients with breast carcinoma were collected in a period from feb.2000 to feb 2006 referred from the surgical wards in the Diwania teaching hospital .These specimen were the radical mastectomy biopsies and the excisional biopsies were included under the headings of the mastectomy specimen in order to study the whole breast looking after the multifocality of the disease, while others were diagnosed by the FNAC and whole the breast were examined from the start.

All the specimen were kept in formalin 10% until the time of examination and all were examined grossly and prepared for microscopical examination after staining with H&E stains

Results

77 specimen were proved to be carcinoma of the breast

62 specimen were proved to invasive ductal carcinoma

13 specimen were proved to be invasive lobular carcinoma

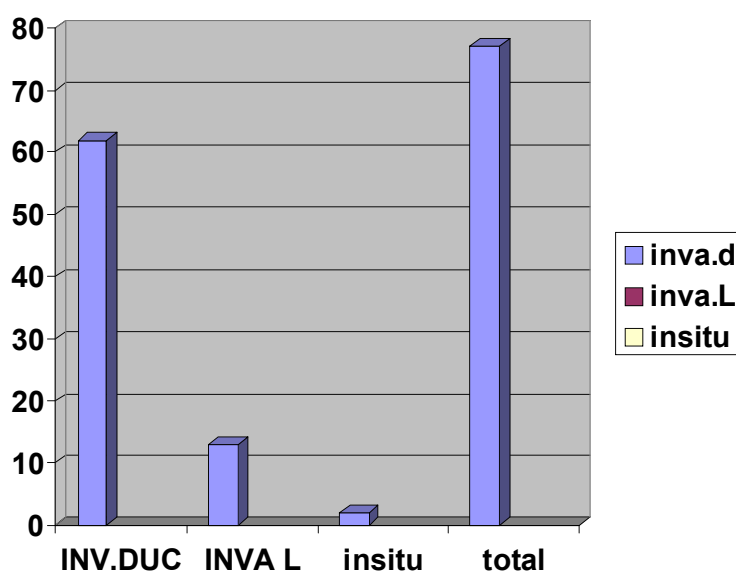
2 specimen were proved to be lobular carcinoma insitu

7 specimen were proved to have multifocal lesion in one breast(unilateral)

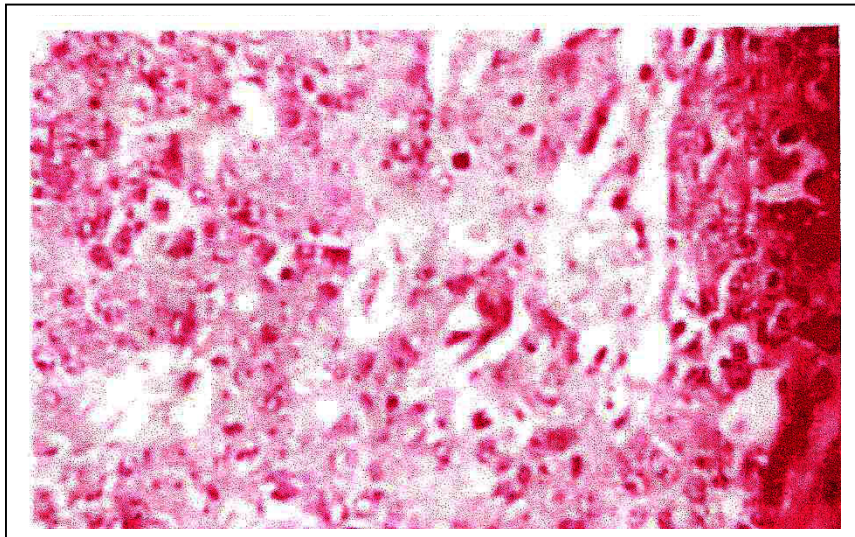
2 specimen were proved to have multifocal lesion in both

breasts(bilateral multi focal lesions) one ipiselateral and other contralateral breast.

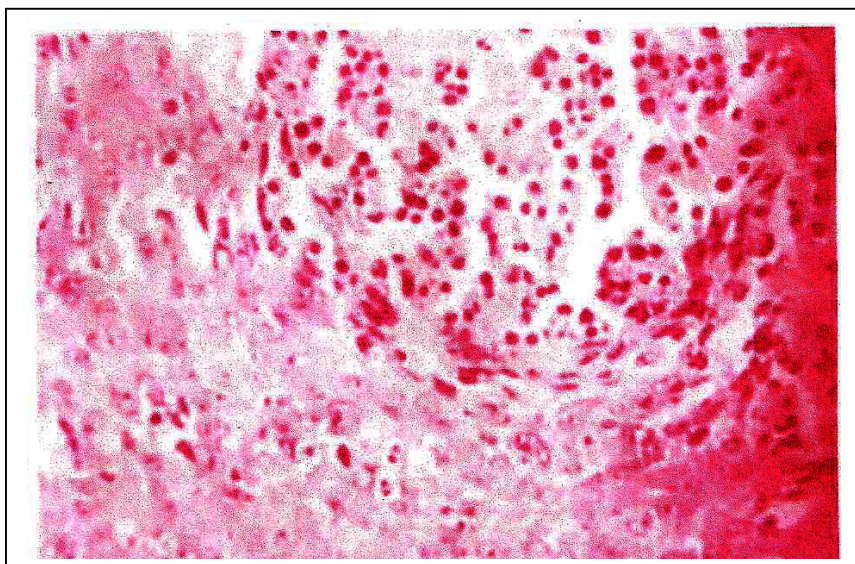
Invasive ductal	Invasive lobular	Lobular Carcinoma initu	Total
62	13	2	77



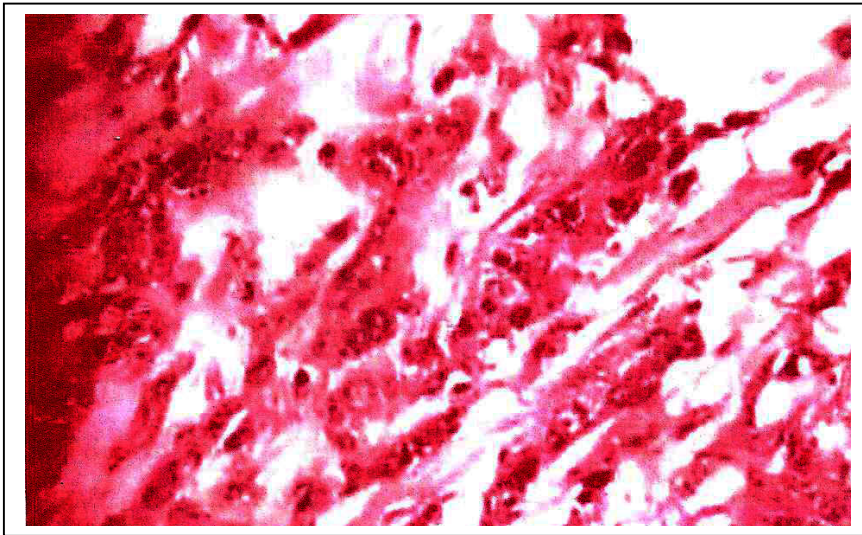
Slide showed comedo carcinoma of the breast in female 55 years old



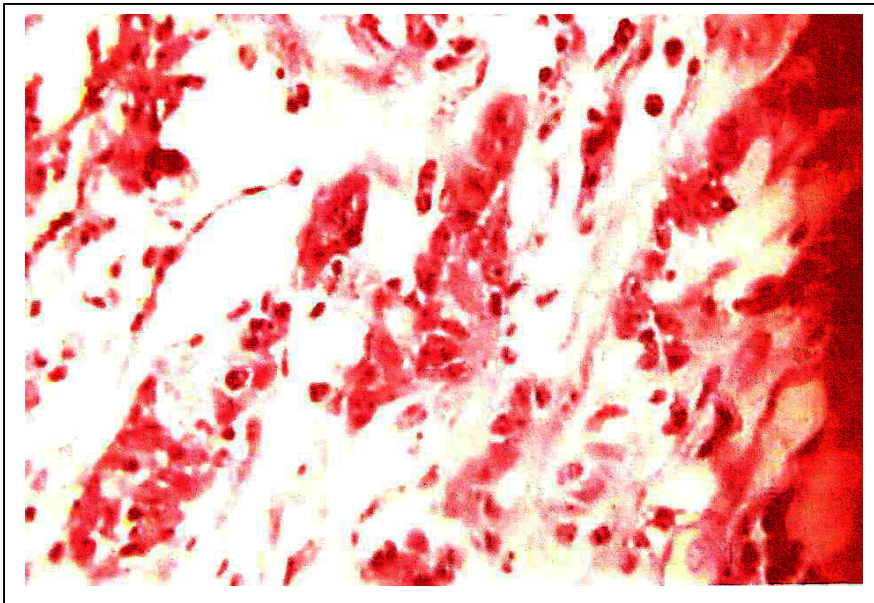
Slide showed invasive duct carcinoma of the breast in a female old 62 years



Slide showed invasive lobular carcinoma in a female 44 years old



Slide showed invasive lobular and duct carcinoma in a female 48 years old



Discussion

Carcinoma of the breast attacks large number of women all over the world(1),its incidence increased all over the world since the 2nd world war(2).The groups of specimen that collected in this paper were from patients referring to one hospital in Diwania district and it will not reflect the real incidence of this tumor in this locality.sixty two patient were proved to be invasive ductal carcinoma and these results account for 80.5 % of the cases which were confirmed by others(3) and 19,5% were proved to be lobular carcinoma and this number looks higher than others(4,5) which is reasonable findings as some of the specimen were from patients with carcinoma of the other breast and the operation performed one year later considering the retrospective examination of the previous biopsy.The two specimen in which lobular carcinoma insitu were from two female patient with breast biopsy for clinically diagnosed fibroadenosis which is confirmative with others(5).The multifocal lesions confirmation required several sections in the same specimen(6) and two out of the 13 cases of lobular carcinoma and the presence of multilocular lesion is the guide showed invasive ductal and lobular carcinoma for looking after the presence of lobular carcinoma(7,8).

Conclusions

- 1-Invasive lobular carcinoma is not common
- 2-Invasive lobular carcinoma can be bilateral
- 3-Invasive lobular carcinoma can be multifocal and this can be the guide for the diagnosis

REFERENCES

- 1-Baily&Love short practice of surgery 23rd Edition2000
- 2-Principles of surgery by Schwartz, Shire , Spencer 6th edition 1990
- 3-Robbins pathological basis of the diseases , Cortran , Kumbar ,Robbins 5th Edition 1994
- 4-Rosen PP. Coexistent lobular carcinoma in situ and intraductal carcinoma in a single lobular-duct unit. Am J Surg Pathol . 1980;4:241-246.

- 5-Maluf H, Koerner F. Lobular carcinoma in situ and infiltrating ductal carcinoma Int J Surg Pathol. 2001;9:127-131.
- 6-Haagensen CD, Lane N, Bodian C. Coexisting lobular neoplasia and carcinoma of the breast. Cancer. 1983;51:1468-1482
- 7-Current, Surgical Diagnosis & Lawrence W. Way 9th edition 1990
- 8-Urbán JA. Bilaterality of cancer of the breast. Biopsy of the opposite breast. Cancer. 1967;20:1867-1870.