

Disease Pattern of Breast Masses in Men with Advancing Age.

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Breast enlargement is not unique among men but the benign breast diseases must be differentiated from the malignant lesions. Infiltrating ductal carcinoma is the most common histopathological presentation whereas gynecomastia is the commonest benign lesion. The age of the patient, presenting complaint, and history of various predisposing factors provide a clue to the diagnosis. This article illustrates the history, clinical presentation and histopathological records of 20 patients, above 35 years of age, who presented in a 2-year period in the Services hospital Lahore.

KEYWORDS: Male breast, carcinoma, fibroadenoma, gynecomastia.

Breast enlargement in men is a common condition in advancing age. The main problem in this age group is to differentiate gynecomastia or benign enlargement from carcinoma because malignancy in men is much more aggressive as compared to females and reaches an advanced stage quite rapidly and has an over all poor prognosis. Following is a retrospective study to see the mode of presentation and histopathological records of benign and malignant breast lesions among male subjects over a two-year period at Services hospital Lahore.

Material and Methods:

20 patients above 35 years of age presenting with breast masses over a 2-year period at Services hospital were included in the study. Medical records of these patients were reviewed and data were collected from patients' charts and histopathology records. Data collected included the various modes of presentation of the breast diseases with which the above patients presented that is diffuse breast enlargement, breast lump whether painful or painless. Information was obtained from the history record regarding any drug intake, associated liver disease, and history of infertility and family history of breast or any other malignancy. Age at presentation was noted down in particular.

Results:

Histopathology records revealed that that 3 out of 20 selected patients had infiltrating ductal carcinoma. 1 had a fibroadenoma while 16 patients were diagnosed to have gynecomastia (Table I). Patients suffering from carcinoma were all above 60 years of age where as gynecomastia was more common in a younger age group, mean age being 36.4 years. In 15 patients the disease afflicted the left breast. Simple breast enlargement was the presenting complaint in 16 cases where as lump breast was the presenting mode in 4 cases (Table II). Pain was not a significant symptom. Only 2 cases presented with painful breast masses. Family history of malignancy was present in only 1 patient. History of cigarette smoking was present

in the majority of cases i.e. 16 out of 20 patients were smokers where as history of intake of relevant drugs known to cause breast enlargement was positive in 4 patients only.

Table I

Histopathology	n=
Infiltrating ductal carcinoma	3
Fibroadenoma	1
Gynecomastia	16

Table II

Presenting Symptoms	n=	%age
Painless breast enlargement	14	70
Painful breast enlargement	2	10
Lump breast	4	20

Table III

Predisposing Factors	n=	%age
History of drug intake	4	20
History of cigarette smoking	16	80
Family history of carcinoma	1	5

Discussion:

Breast enlargement is not an uncommon condition among the male subjects but it is the carcinoma of breast which is an alarming condition and must be excluded in patients presenting with breast masses.⁸ The elderly age of the patient and the presenting complaint painless breast lump provide a clue to the diagnoses of neoplastic breast lesions. Review of the literature also suggests the average age among men afflicted by carcinoma of breast to be 60 years.¹ In my study also the mean age of patients suffering from carcinoma breast was 61.2 years. More over lump breast was the main presenting complaint in 3 men afflicted by carcinoma where as breast enlargement was complained of by majority of patients in the benign. In 65% patients the disease affected the left breast and this too is in accordance with the available literature which suggests that there is usually a left-sided preponderance² of diseases among male subjects.

There is a strong familiar predisposition for developing

carcinoma breast and use of certain drugs like isoniazid, cimetidine, estrogens, known to cause hypertrophy of breast increase the risk of breast diseases in men.⁷ However record of only 1 patient in my study showed a family history of carcinoma. About 20% patients had given history of relevant drug intake especially cimetidin. While 80% patients were smokers which in itself may be a predisposing factor for developing breast disease.⁸

Invasive ductal carcinoma is the commonest variant seen among malignant male breast lesions⁶ where as gynecomastia is the most common benign lesion. Though the literature declares male breast carcinoma to be a very rare condition but in my study conducted over a short span of time revealed 15% cases of breast among men to be malignant lesions. This surely is an alarming rate and suggests that elderly men presenting with breast masses must be dealt vigilantly. All efforts must be instituted to differentiate benign conditions from the malignant lesions at the earliest so that proper therapy can be given timely.

For this more awareness of the disease pattern in male breast is required among patients as well as doctors.

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