Bilateral primary breast lymphoma - case report

Th. Vasilakaki, A. Zizi-Sermpetzoglou, E. Katsamagkou, X. Grammatoglou, N. Petrakopoulou, C. Glava

Department of Pathology of Tzaneion General Hospital of the Piraeus, Piraeus (Greece)

Summary

Primary lymphoma of the breast is an uncommon malignant breast tumor which is seldom distinguished preoperatively from other more common forms of breast cancer. Bilateral breast lymphoma affects younger women especially during pregnancy or postpartum. We report a case of a 55-year-old woman who was admitted to our hospital with painless bilateral breast enlargement. A bilateral radical mastectomy with bilateral axillary lymph node dissection was performed. The histology of the surgical specimen was non-Hodgkin's malignant lymphoma of the diffused large B cell type. Most of the neoplastic cells resembled large centrocytes and sometimes blast cells showing some degree of plasmacytoid differentiation. Foci with a sufficient number of immunoblasts were also noted. The patient was also found to have a bilateral axillary lymph node metastasis. After additional clinical and laboratory screening, there was no other evidence of lymphatic disease at other sites. The patient was submitted to the anticancer hospital for further treatment. She was free of recurrence two years after surgery. The rarity of the disease, lack of uniform classification and variable treatment modalities make prognostic predictions of breast lymphoma difficult.

Key words: Primary breast lymphoma; Bilateral breast lymphoma.

Introduction

Primary non Hodgkin's lymphoma of the breast is a rare disease with an incidence ranging from 0.4 to 0.53% of all malignant breast tumors. It is seldom distinguished preoperatively from other more common forms of breast cancer [1-5]. Extremely rare is also the bilateral type that affects younger women [6, 7]. We report a case of bilateral primary lymphoma of the breast which occurred as a painless enlargement of both breasts.

Case Report

A 55-year-old woman presented during the 3rd trimester with bilateral breast swelling. A bilateral radical mastectomy with bilateral axillary lymph node dissection was performed. The histology of the surgical specimen was non-Hodgkin's malignant lymphoma of the diffused large B cell type. Most of the neoplastic cells resembled large centrocytes and sometimes blast cells showed some degree of plasmacytoid differentiation. Foci with a sufficient number of immunoblasts were also noted (Figure 1, Figure 2, Figure 3). The patient was also found to have a bilateral lymph node metastasis. Immunohistochemically the tumor was positive for LCA, L26 and B. After additional clinical and laboratory screening there was no other evidence of lymphatic disease at other sites. The patient was admitted to the anticancer hospital for further treatment. She was alive and well with no evidence of recurrence two years after surgery.

Discussion

Primary non-Hodgkin's lymphoma of the breast is a rare disease with an incidence ranging from 0.4 to 0.53% of all malignant breast tumors. It affects mainly females with an age range of 50 to 60 years old, although it can also occur in men. Bilateral breast lymphoma affects younger women especially in pregnancy or postpartum [1-8]. It occurs as a painless enlargement of the breast, which is preoperatively seldom distinguished from other more common forms of breast cancer with clinical and radiological findings. Histologically the majority of the reported cases, are diffuse large cell lymphoma of B cell phenotype, immunoblastic type [9-15]. Histological evidence of lymphocytic mastopathy, a recently described autoimmune disease of the breast, has been found in most of the cases. Expression of estrogen receptor protein as determined by immunocytochemical investigation using specific monoclonal antibodies was negative in these neoplasms although a small number of them were positive for estrogen [16, 17]. Survival ranges from 33 to 45 months. The rarity of the disease, lack of uniform classi-

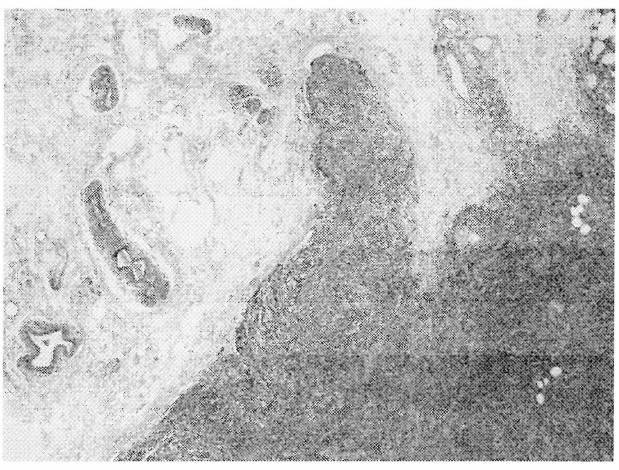

Figure 1. — Lymphoma of the breast. H&E x 100.

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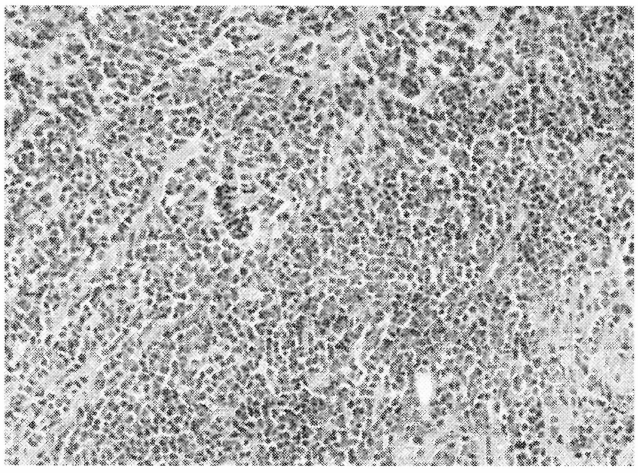

Figure 2. — Lymphoma of the breast. H&E x 200.

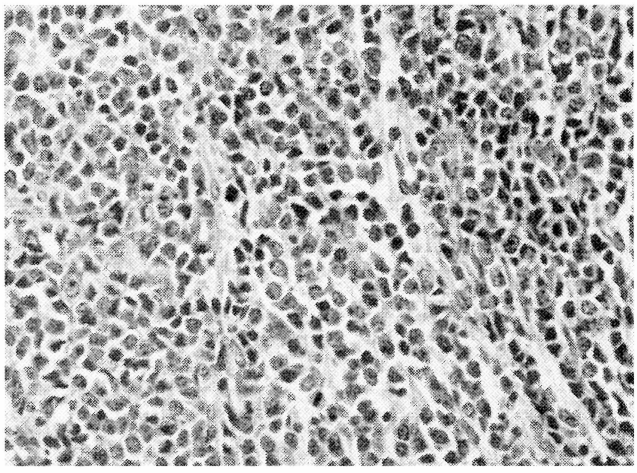

Figure 3. — Lymphoma of the breast. H&E x 400.

fication and variable treatment modalities make prognostic predictions of breast lymphoma difficult. The prognosis appears to be related to the histological type and stage of the disease. The majority of the patients received chemotherapy and radiation therapy [18-20]. We conclude that primary breast lymphoma is a rare and aggressive breast malignancy with poor prognosis despite different treatment options.

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Address reprint requests to:
TH. VASILAKAKI, M.D.
5 Zappa Street
14565 St. Stephanos
Athens (Greece)