Synchronous Bilateral Breast Carcinoma with Two Different Histology Subtypes

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1. INTRODUCTION
Breast cancer is the most common malignancy that affects women in many countries worldwide. Tumour is most commonly solitary. Multicentric malignant lesions occur in less than 4%. The different histological types are extremely rare and they occur in less than 1% of all cases [1, 2].

We report the case of a 68-year-old woman with bilateral multicentric locations and two subtypes of the breast carcinoma.

2. CASE PRESENTATION
A 68-year-old woman initially presented with tumour mass in the upper outer quadrant in the left breast. She had no known family history of breast cancer. Subsequent clinical investigation, x-ray mammography and ultrasonography showed tumour masses in both breasts (Figures 1 and 2). Two lesions were revealed (in the upper outer quadrant 1.4 x 1.8 cm and on the border of upper quadrants 2.5 x 2.0 cm) in the left breast. One lesion was presented in the subareolar region of the right breast. Fine needle aspiration biopsy was performed and confirmed bilateral carcinoma but with different cytological findings. The cytological feature of the left breast suggested ductal carcinoma and of the right breast raised possibility of a well different carcinoma. Patient underwent bilateral mastectomy with evacuation of axillary lymph nodes. Histological examination showed bilateral carcinoma with two different histological features: invasive ductal

![Figure 1. X-ray mammography of left (panel L) and right (panel R) breast.](image-url)
(no special type) in the left breast and invasive lobular carcinoma in the right breast (Figure 3).

3. DISCUSSION

We present the case report of a bilateral multifocal carcinoma of the breast containing two different histological subtypes of carcinoma, which is very rare in clinical practice. We detected two neighbouring foci of an invasive ductal breast cancer in the left breast and one lesion of a well-differentiated carcinoma in the right breast. One lesion was presented in the subareolar region of the right breast (Figures 1 and 2). This could be an indication for a possible early event in carcinogenesis associated with a biological event or secretion that indicates the differentiation and/or migration of stromal cells or macrophages. Multicentric malignant lesions especially with different histological types are rare in breast cancer, and the prognostic significance of their presence is uncertain [1, 3, 4]. Proper diagnostic and therapeutic procedures are very important in those cases. In our case careful examination and combination of x-ray mammography, ultrasonography and ultrasound guided fine needle aspiration biopsy gave the best results in the preoperative diagnostic of breast cancer. Choice of modality of therapeutic treatment depends on the exact diagnose.

REFERENCES