

Clinical-Medical Image

Male Breast Cancer: Skin Lesion in the Nipple and Complete Clinical Response after Sequential Chemotherapy

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Figure 1: Crusty skin lesion in the right nipple before chemotherapy.



Figure 2: After chemotherapy.

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Male breast cancer is a rare malignancy that accounts for less than 1% of all cancers in men and less than 1% of all breast cancers. But the incidence is rising and in some patient groups reaching 15% over the course of their lives. The major risk factors for the development of male breast cancer include advancing age, hormonal imbalance, radiation exposure and a family history for breast cancer. We illustrate a new diagnosed breast cancer in a patient of 55 years old, without a particular pathological history who has a crusty skin lesion in the right nipple appeared 3 months ago, chemotherapy give an excellent local response with almost complete disappearance of the skin lesion.

Male breast cancer (MBC) is a rare but important condition accounting for only 1% of all breast cancer worldwide and less than 1% of all male malignancies. We illustrate a new diagnosed breast cancer in a patient of 55 years old, without a particular pathological history who has a crusty skin lesion in the right nipple appeared 3 months ago. Written informed consent was obtained from the patient.

Case presentation

The patients, a 55 years old, without a particular pathological history who has a crusty skin lesion in the right nipple appeared 3 months ago (Figure 1). The cutaneous biopsy finds a ductalcarcinoma of the breast that expresses hormonal receptors with HER2 negative, chemotherapy based on 4 cures of anthracycline and cyclophosphamide followed by docetaxel give an excellent local response (Figure 2), the patient had a mastectomy with lymph node dissection followed by Radiotherapy , then he received hormonal therapy based on tamoxifen. Breast cancer in men is rare, it is necessary to think about it in front of any lesion of the nipple or gynecomasty. Most tumours are ductal and 10% are ductal carcinoma *in situ*. Surgery is usually mastectomy with axillary clearance or sentinel node biopsy. Indications for radiotherapy, by stage, are similar to female breast cancer. Because 90% of tumours are oestrogen-receptor-positive, tamoxifen is standard adjuvant therapy, but some individuals could also benefit from chemotherapy. Hormonal therapy is the main treatment for metastatic disease, but chemotherapy can also provide palliation [1-3].

Keywords: Male breast cancer; Skin lesion; Chemotherapy; Hormonal therapy; Radiotherapy

Conflict of Interest

None of the authors has any conflicts of interests to disclose.

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