

Carcinoma En Cuirasse Revealing Breast Cancer

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Abstract

Case Report

Carcinoma en cuirasse is an uncommon skin metastasis with diffuse cutaneous infiltration affecting usually the chest. It is characterized by sclerodermiform induration of the skin. Breast cancer is the most malignant tumor that metastasizes to the skin. We report the case of a man, 79-year-old, with an 18-month history of sclerodermiform infiltration in the left chest. The histological diagnosis was infiltrating breast carcinoma with lung and skin metastasis.

Keywords: Breast cancer, cutaneous metastasis, Carcinoma en cuirasse.

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INTRODUCTION

Carcinoma en cuirasse is an unusual skin metastasis of breast cancer with an incidence of 6% [1]. This type of cutaneous metastasis is the initial sign of disease in 37% of men and 6% of women [2]. It was first described by Alfred Velpeau in 1838, who used the term cuirasse because it resembled the breastplate of a cuirassier [3]. Clinically, it is presented as an erythematous and infiltrated plaque with a sclerodermiform-like shape. We report a 79-year-old man with an 18-month history of indurated plaque revealing breast cancer, confirmed by histology.

CASE SYNOPSIS

A 79-year-old man with no previous pathological history presented to our department with an 18-month history of painful and indurated skin lesions of the left side of his chest. The physical examination revealed an extensive, indurated shiny infiltration with telangiectasia, covering the entire range of the destroyed left mammary gland, extending to the adjacent area of the chest (Figure 1). The right breast was normal and left supraclavicular and axillary lymphadenopathy was found. Biopsy of skin was suggestive of cutaneous metastasis of infiltrating carcinoma (Figure 2). In addition, a biopsy of the mammary gland showed an infiltrating breast cancer, Immunohistochemical (IHC) staining revealed expression of hormone receptors and positive staining of HER2. Computed tomography showed lung

metastases. The patient was referred to the department of oncology for further treatment.



Fig-1: Sclerodermiform plaque in the left chest with destruction of mammary gland

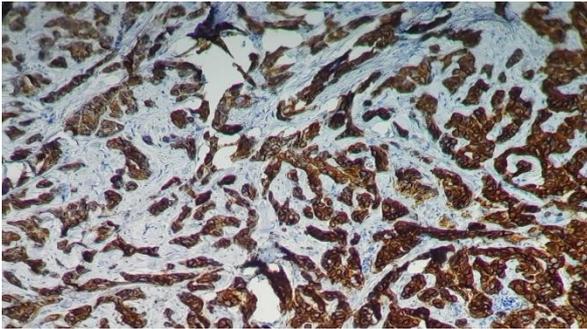


Fig-2: Positive immunohistochemical staining for cytokeratin 7

CASE DISCUSSION

Male breast cancer represents less than 1% of all breast carcinoma and less than 1.5% of all malignant tumors in men[4]. Generally, its prognosis is less favorable than women because of clinical stage, anatomic factor, or histopathologic type. Clinical manifestations of cutaneous breast cancer metastasis are variables: erysipeloid or sclerodermiform infiltration, papulonodular lesions, or carcinoma en cuirasse.

Carcinoma en cuirasse is rarely associated with other visceral cancers, such as adenocarcinomas in the lung, gastrointestinal tract, kidney, or cutaneous cell carcinoma[5]. In the context of breast cancer, carcinoma en cuirasse occurs usually after mastectomy, chemotherapy, radiotherapy[6]. In our patient, this form of metastasis was the first sign of breast cancer.

In addition, it is manifested clinically by erythema and odema in the early stage, often confused with benign dermatitis. In the late stage of disease, a sclerodermiform infiltration is noted[7]. The diagnosis is confirmed by histology. Carcinoma en cuirasse has other differential diagnoses like inflammatory breast cancer, radiation dermatitis, radiation-induced morphea, and other cutaneous metastasis.

In literature, there is a few cases of carcinoma en cuirasse. Consequently, there is no consensus on treatment. The therapeutic options reported are chemotherapy, radiotherapy, and hormonal antagonists.

CONCLUSION

Carcinoma en cuirasse is a rare form of cutaneous metastasis. Its early recognition and distinction from dermatitis, allow treating cancer at the earliest stage for an improvement of the survival.

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