Primary ectopic axillary breast carcinoma: about five cases.

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Background:

Ectopic breast tissue is present in 2 to 6 % of women.
To the best of our knowledge one hundred and seventy one cases of ectopic breast cancer were described in the literature, reducing the available evidence.

Aim:

The aim of this case series is to report the long-term outcomes of five cases treated at our institution.

Methods:

We report five cases of primary axillary breast carcinoma followed at our institution between 1999 and 2005.

Results:

The median age of our patients was 48 years old (33-60 years) and median follow up was 8 years(4-10 years). Four times the ectopic breast tissue was located in the right axilla. The median tumor size was 25 mm (15-55 mm).Four of them had wide local excision and axillary lymph node dissection. Three of those patients had positive lymph nodes thus they had adjuvant chemotherapy, radiation therapy and hormonal therapy. The other patient with negative lymph node had adjuvant radiation therapy and hormonal therapy. One of the patients had a positive supraclavicular lymph node and received Radiation therapy chemotherapy and hormonal therapy after four years she had a loco-regional relapse and was treated with mastectomy and chemotherapy. One patient had a distant relapse after two years of follow up and received chemotherapy.
The three other patients were free of relapse during their follow up period.

Discussion:

The prognosis of carcinomas of the ectopic mammary gland is identical to that of anatomical breast cancer at the same stage. However, these tumours would tend to metastasize early in the lymph nodes, given its anatomical situation which is closer to lymph node relays and late diagnosis.

Conclusion:

Primary axillary breast carcinoma is a rare entity. Despite the paucity of literature, our findings and experts recommendations suggest that local excision can be performed safely with promising outcomes in this subset of patients.

Patient	Age	Side reached	Classification	Treatment	Histologic type	Invaded nodes	SBR	Recurrence
1	60	Right	T3N3cM0	Biopsy + CT + RT + HT	ILC	-	II	Yes
2	48	Left	T2N1M0	ssurgical removal + LND + CT + RT	ICC	1N+ / 13N	III	No
3	53	Right	T2N1M0	surgical removal + LND + CT + RT	ICC	1N+ / 13N	III	No
4	60	Right	T1N1M0	Surgical removal +LND + CT + RT + HT	ICC	11N+/13N	II	No
5	33	Right	T2N0M0	Surgical removal +LND+CT + RT	Medullar Carcinoma	9N- /9N	-	No

Board: Clinical and therapeutic chracteristics of the 5 Cases

Spiculated opacity within an ectopic gland

Surgical excision of an ectopic gland containing a tumor nodule