GESTATIONAL BREAST CANCER – MISCELLANEOUS PRESENTATIONS WITH CONSISTENT POOR OUTCOMES

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PROBLEM
STATEMENT

- ✓ Gestational breast cancer is defined as breast cancer diagnosed during pregnancy, first postpartum year and, for some authors, any time during lactation.
- ✓ It is one of the most common cancers in pregnant women, affecting 15-35/100 000 deliveries.
- ✓ There are several possible presentations of breast cancer affecting woman during and after pregnancy.
- ✓ Delays in diagnosis are frequent; it is frequently at an advanced stage when diagnosed.

METHODS

Descriptive study – clinical record analysis of the three cases diagnosed and surveilled in the last two years, in Hospital Beatriz Ângelo, a portuguese public hospital.

→ ~2500 deliveries/year

RESULTS

	CASE 1	CASE 2	CASE 3
AGE	45 years old	32 years old	35 years old
ETHNICITY	caucasian	caucasian	caucasian
FAMILY HISTORY OF BREAST CANCER	no	Grandmother? (had mastectomy, malignancy unknown)	Grandmother and aunts
FIRST SYMPTOM(S)?	Unilateral <u>de novo</u> painfull mass (left)	Unilateral <u>de novo</u> painless 5cm mass (left)	(quick) enlargement of <u>previously known</u> breast nodule Studied before pregnancy ⇒ NON SUSPICIOUS
OTHER SIGNS AND SYMPTOMS?	✓ nipple retraction ✓ homolateral <u>axillary lymph nodes enlargement</u>	✓ homolateral <u>single lymph node enlargement</u>	✓ non palpable lymph nodes
WHEN?	Puerperium (5 months post partum in breastfeeding woman)	During pregnancy (30 weeks of gestation, during self examination) Decided induction of labour at 38 weeks of gestation	During pregnancy
FIRST IMPRESSION/ SUSPICION?	✓ At first ⇒ <u>puerperal mastitis</u> ✓ Evolution to ⇒ breast <u>abcess</u> ✓ Refractory to antibiotic treatment ⇒ biopsy with diagnosis	6-week period from self examination to specialised appointment with diagnosis	Not valued during pregnancy; referred to specialised appointment after delivery due to persistance
TYPE OF CANCER	Infiltrative malignant neoplasia		
	ER -ve PR +ve 10% HER2 3+ ki67 80%	ER -ve PR -ve HER2 3+ ki67 80%	ER +ve 90% PR +ve 90% HER2 -ve ki67 10%
	eligibility to mastectomy + neoadjuvant chemotherapy		during staging – nodules <u>de novo</u> in the right breast ⇒ biopsies technically difficult ⇒ impossible to rule out malignancy ⇒ Bilateral mastectomy according to patient's will

CONCLUSIONS

- ✓ Revision of these consecutive cases of this rare event exemplifies three different presentations, all diagnosed at an advanced stage
- ✓ Awareness to this entity is essential to allow early diagnosis and treatment

→ HIGH INDEX OF SUSPICION NEEDED in any breast mass in pregnancy or puerperium