Primary squamous cell carcinoma of breast

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A 49 years old premenopausal woman presented with 4x3 cm size, hard, mobile lump in upper inner quadrant of right breast. There was no skin and chest wall involvement. Opposite breast was normal. Axillary lymph nodes were not palpable. There was no history of carcinoma in other parts of body; family and medical history was insignificant.

Mediolateral and craniocaudal mammograms of the right breast demonstrated a spherical lesion with ill-defined margins. The skin-nipple-areola complex was not involved and micro calcification was not seen. Histopathological examination of specimen revealed squamous cell carcinoma (SCC)- Fig 1. Immunohistochemistry showed estrogen and progesterone receptors status negative with positive for cytokeratin.

On confirmation of diagnosis of primary SCC of breast, the patient underwent radical surgery in form of modified radical mastectomy. Adjuvant treatment was given in form of six courses of paclitaxel and carboplatin based chemotherapy.

Primary SCC of the breast account less than 0.074% of all primary invasive carcinoma of breast.1 Pure SCC of breast may originate from epidermis, the nipple or the malignant transformation of a deep seated cyst.2 This multimodality management is recommended at the same stage of adenocarcinoma.1

REFERENCES


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