

Multiple Solid Papillary Carcinomas of Bilateral Breasts in a Young Woman

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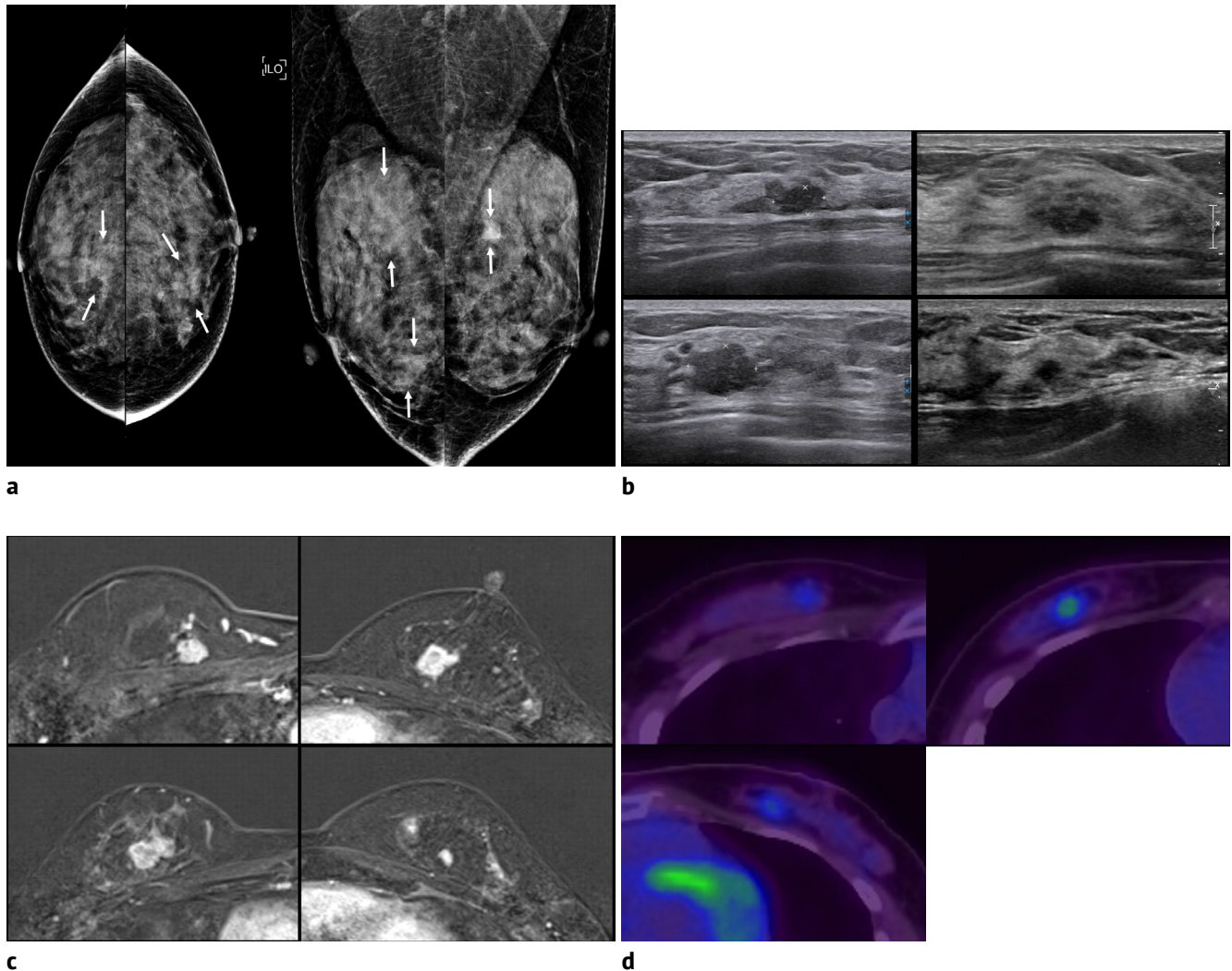


Fig. 1. A 29-year-old woman with bilateral solid papillary carcinomas.

a. Bilateral mammographies showed multiple masses (arrows) with obscured margins in both breasts. **b.** The US showed multiple irregularly shaped and hypoechoic masses in both breasts. **c.** MRI showed irregularly shaped homogenous enhancing masses with rapid enhancement and delayed washout kinetics in both breasts. **d.** PET-CT showed mild FDG uptake in each lesion.

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A 29-year-old woman was diagnosed with both breasts with solid papillary carcinoma (SPC).

The patient had symptoms of bloody nipple discharge that had occurred one month before, and the ultrasound was performed at an outside hospital. And the ultrasound-guided core needle biopsy was performed for right breast at 6 o'clock and 12 o'clock at the outside hospital. The patient was diagnosed with DCIS and invasive ductal carcinoma with ductal carcinoma, retrospectively. The second look US was performed due to similar suspicious enhancing masses in both breasts on preoperative MRI. Subsequent US-guided core needle biopsies were performed on her left breast at 6 o'clock and 9 o'clock, and both of them were diagnosed as DCIS. Therefore, both nipple-sparing mastectomies were performed, and the final pathology revealed multiple solid papillary carcinomas in both breasts.

Bilateral mammographies showed multiple masses with obscured margins in both breasts (Fig. 1a). The US showed multiple irregularly shaped and hypoechoic masses in both breasts (Fig. 1b). Color Doppler revealed increased vascularity inside the mass. MRI showed irregularly shaped homogenous enhancing masses with rapid enhancement and delayed washout kinetics in both breasts (Fig. 1c).

PET-CT also showed mild FDG uptake in each lesion (Fig. 1d).

SPC is a rare, low-grade tumor found in less than 1% of breast cancers and originates from large or dilated ducts. In general, it is known as a rare, low-grade tumor with a good prognosis affecting older women, but reports of its occurrence in younger patients like ours have not been thoroughly investigated (1-3). In addition, since SPC is frequently associated with mucinous carcinoma, it is likely to have a similar age distribution to that of mucinous carcinoma (1-3), but further research is needed.

References

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