SOLID PAPILLARY CARCINOMA - A rare case of recurrence

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INTRODUCTION

- Solid papillary carcinoma of the breast is a rather rare type of cancer (approximately 1% of all breast cancers) that can behave as either in situ or invasive.
- We present an atypical case of solid papillary carcinoma with **locoregional recurrence** 4 years after mastectomy.

CASE REPORT

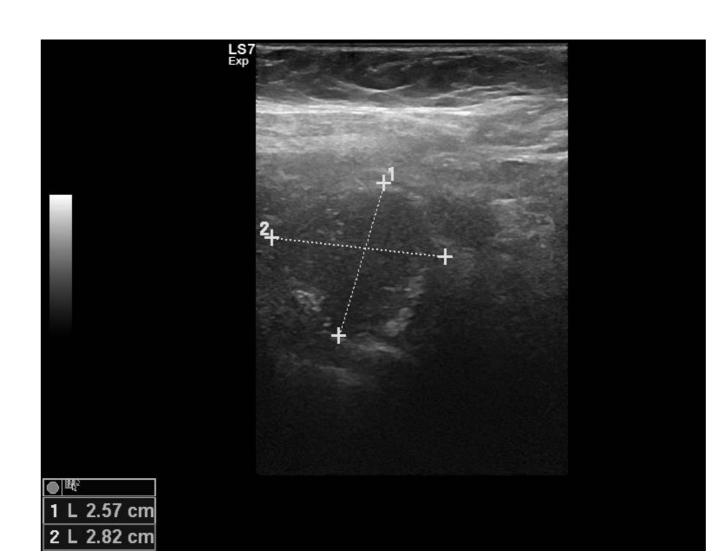
- A 69-year-old menopausal patient was referred to our Breast Unit in 2019 due to microcalcifications in the upper outer quadrant of the left breast (BIRADS 4) found in a routine mammography. Biopsy revealed an extended DCIS RE+
- She underwent simple mastectomy and sentinel lymph node biopsy, revealing G2 ductal carcinoma in situ (pTisN0) with a comedonecrosis and solid architectural pattern, associated with central calcifications. Posterior margin was of 0,1mm
- Adjuvant radiotherapy was administered, and she started hormone therapy with Anastrozole.

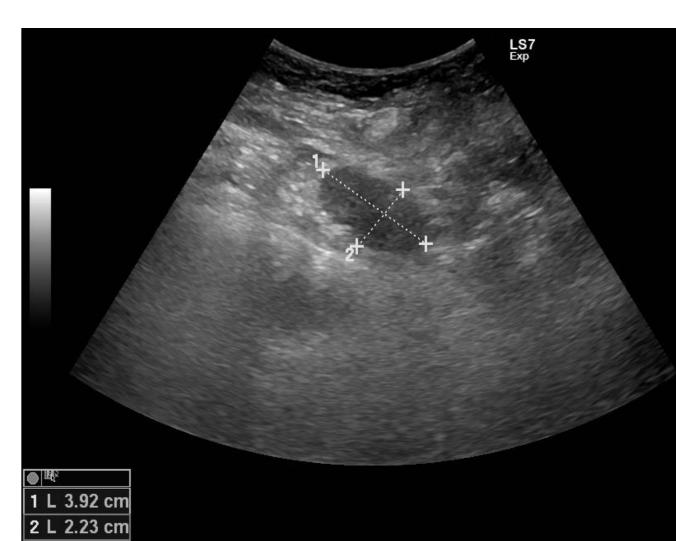
CONCLUSION

- Being a rare entity with unique characteristics, solid papillary carcinoma poses a diagnostic challenge for physicians, both clinically and radiologically.
- The transformation from an **initially in situ** tumor to its **recurrence as an invasive form** underscores the dynamic nature of cancer progression and highlights the importance of vigilant monitoring and aggressive management strategies in oncological care.
- Despite the limited number of reported cases, it is known that this type of carcinoma is associated with a **favorable prognosis**.

RESULTS

- Four years later, with a left axillary conglomerate recurrence, axillary ultrasound identified a two nodular formations (figures 1 and 2) which were biopsied and classified as **metastasis of carcinoma**, with ER (10%) and Ki-67 (40%) positivity, and negativity for PR, PDL-1, and HER-2.
- Breast MRI and PET (figure 3) revealed two voluminous lymph nodes in the left axilla, likely secondary to the patient's previous ductal carcinoma in situ (DCIS).
- Review of histopathology sample from simple mastectomy and lymph node biopsy suggested locoregional recurrence of a primary solid papillary carcinoma of the breast with invasive behavior.
- Following multidisciplinary discussion, the patient was proposed for chemotherapy.





Figures 1 and 2. Ultrasound of two lymph nodes found in the left axilla.

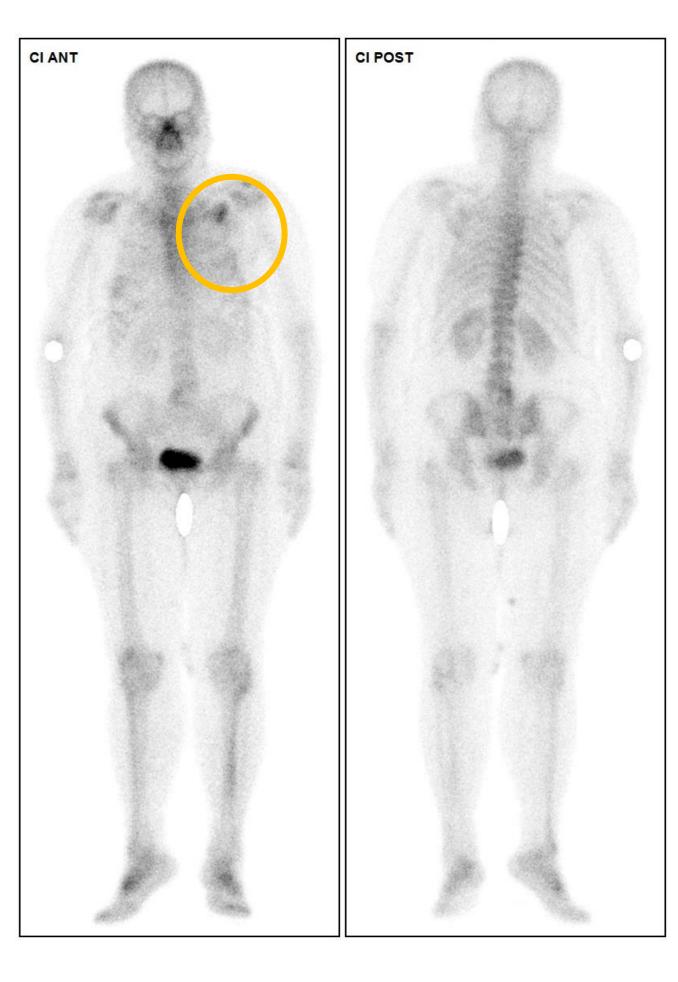


Figure 3. PET scan