Case Reports

CARCINOMA OF THE MALE BREAST

A Case Report and Review of the Literature

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CARCINOMA of the male breast is rare and is seen one hundred times less often than carcinoma of the female breast. Simultaneous bilateral carcinomata are unusual even in the female breast, and Paget's disease is not a common complication. It seemed worth, therefore, recording a case of simultaneous bilateral carcinomata, one side showing Paget's disease, in a man, because this combination must be of extreme rarity.

Case Report

S. B., a man of 54 (Middlesex Hospital, Reg. No. K.49196), presented with a swelling in each breast which he had noticed for four weeks. The right nipple had bled intermittently for six months sufficiently to stain his vest. The left breast was slightly tender. Examination showed the right breast to contain a lump $\frac{3}{4}$ in. diameter with slight but definite skin attachment and pressure produced a scanty blood-stained discharge. Deep to the left nipple was a hard mass, $1\frac{1}{2}$ in. in diameter, attached to the nipple but not to the underlying muscle. The left nipple showed typical appearances of Paget's eczema. The left axilla contained two enlarged hard nodes but the right axilla was normal.

On 16.1.62 the lump in the right breast was excised and a rapid section showed the presence of carcinoma. Because there were bilateral carcinomata and because the marked involvement of the nodes in the left axilla made it seem that a left radical mastectomy would be unlikely to eradicate the disease on this side, a wide bilateral simple mastectomy with skin grafts was performed. The patient's post-operative course was satisfactory and a full course of radiotherapy to the left axilla, supraclavicular region and internal mammary chain was begun 14 days later, a dose of between 4,000 to 4,500 rads being delivered over a period of 40 days. Histology showed invasion of both breasts by spheroidal cell carcinoma with Paget's disease of the left nipple.

When last seen, four months after his operation, the patient was well and there were no signs of recurrence locally or on chest X-ray.

Incidence

Carcinoma of the male breast was reported by the Registrar General as the cause of death in only 63 men in England and Wales in 1960. This represents three deaths per million live population, as compared with 383 deaths per million live population in women, and is 0.8% of all deaths from breast cancer. This agrees with the figures from reported series which vary from 0.8% to 1.2% of all carcinomas of the breast (Speese 1912; Neal and Simpson, 1920; Gilbert, 1933; Gerschickter 1945; Treves, 1954; Haagensen, 1956; Mitsuo

Segi, 1960; and Bartlett, 1961). Whereas the incidence of breast carcinoma in the female is slowly rising, that in man appears constant (Mitsuo Segi, 1960). The incidence in females also varies from country to country, and within a country from race to race. However, in man the incidence is constant both from country to country and from race to race (Marsden, 1958; Mitsuo Segi, 1960).

Bilateral carcinomata of the breast in females are rare: 0.6% of females present with simultaneous and 3% with consecutive bilateral primary carcinomata (Harrington, 1946; Desai, 1949; Reese, 1953; Guiss, 1954; Carrol and Shields, 1955; Farrow, 1956; Haagensen, 1956). The proportion of bilateral carcinomata in males is the same. Treves and Holleb (1955) collected 146 cases of male breast cancer and found one simultaneous and three consecutive. The overall incidence of multiple carcinoma of any site is 2 to 4% (Ogita, 1961).

Paget's disease of the nipple forms 3% of female breast carcinoma (Ciprut, Roberts and Volk, 1961). Sandison (1956) could only find 11 recorded cases of Paget's disease in the male. Ciprut, Roberts and Volk (1961) found 12 and added one of their own (a negro).

Ætiology

The ætiology of carcinoma of the male breast is unknown. About 25% have some family history of the condition, 15% have some endocrine abnormality but gynæcomastia is uncommon, and up to 35% give a history of trauma (Sandison, 1956; Mohardt, 1956).

Clinical Features

Carcinoma of the male breast may present at any age with a peak incidence around 55 years. The sides are affected with equal frequency, 65% present as a lump in the breast alone or combined with bleeding, retracted nipple, encrustation or ulceration, axillary swelling or pain (Treves and Holleb, 1955). Skin involvement and deep attachment are more common in the male than the female probably because the breast mass is so much smaller. The duration of symptoms (about one year) is longer than in women, perhaps due to less awareness both by doctor and patient.

In 80 to 90% the histology shows spheroidal cell or duct carcinoma, the rest being adenocarcinoma (Somerville, 1952; Treves and Holleb, 1955). In bilateral cases the histology is usually the same on both sides.

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Treatment

It is generally agreed that surgery is the first line of treatment. In practice, however, 20 to 35% are inoperable due to metastases, fixity to the chest wall, ulceration or emaciation (Somerville, 1952; Treves and Holleb, 1955; Mohardt, 1956). Radical mastectomy is performed if possible, otherwise a simple mastectomy or local excision. Pre- or post-operative radiotherapy plays an important part but the prognosis for those treated by radiotherapy alone is poor (Mohardt, 1956). Orchidectomy is usually indicated by the appearance of metastases, but it is sometimes combined with simple mastectomy. Oestrogens may be given for recurrences following orchidectomy and some remarkable results have been reported—e.g. Ogilvie, 1961—but other reports suggest that tumour activity can be increased by both oestrogens and androgens (Schofield, 1957; Pyrah, 1956) combined orchidectomy and adrenalectomy with success, but medical adrenalectomy is more widely used.

Prognosis

The poor prognosis of carcinoma of the male breast is undoubtedly due to the high inoperability rate which is in turn due to the delay in diagnosis. Thus the overall five-year survival for men in most reported series (Somerville, 1952; Mohardt, 1956; Sandison, 1956) is only 30%, but for the operable the figure is 42% (Sandison, 1956) and this compares favourably with the 34 to 48% quoted by Haagensen (1956) for women.

Summary

The case history of a 54-year-old man with simultaneous bilateral carcinoma of the breast with Paget's disease of one nipple is presented. The main features of carcinoma of the male breast are briefly reviewed.

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REVERSIBLE PSYCHOTIC SYNDROME AFTER POTASSIUM PERCHLORATE TREATMENT

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POTASSIUM perchlorate has been extensively used in the treatment of thyrotoxicosis since it has been shown to be an effective and relatively safe therapeutic agent (Godley and Stanbury, 1954; Morgans

and Trotter, 1954, 1960; Crooks and Wayne, 1959, 1960). Nevertheless side-effects may occur and up to date the following reactions to this drug have been reported: gastrointestinal disturbances,