CARCINOSARCOMA OF THE FEMALE BREAST

(Report of 2 Cases)

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SUMMARY

A review of twenty five years histology record (1958-1982) of the department of Pathology revealed seven hundred and nineteen carcinoma, nine sarcoma and two carcinosarcoma of the breast. The histories of the carcinosarcoma breast cases in females aged 42 and 45 years are presented. Carcinosarcomas formed 0.26%, carcinoma 96.33% and sarcoma 1.2% of all the breast malignancies.

Introduction

Carcinosarcoma of the female breast is a very rare tumour in which carcinomatous and sarcomatous elements intermingle giving rise to a single tumour. This type of tumour is essentially different from a growth where two seperate neoplasia, epithelial and mesenchymal growing side by side encroach on each other giving rise to a so called collison tumour. During 25 years (1958-1982) of study of breast lesions, 719 carcinomas, 9 sarcomas and 2 carcinosarcomas were encountered. Thus carcinoma formed 96.33%, sarcoma 1.2% and carcinosarcoma only 0.26% of malignant tumours indicating the rarity of carcinosarcoma of the breast.

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CASE REPORT

Case 1

On 5-2-1982 a 42 year old female came with a painless lump in the right breast for one month. This breast was slightly bigger than the left. Covering skin was intact but veins traversing it were prominent, no nipple retraction or discharge was observed. On palpation, a well defined firm to cystic nodular mass 10 x 8 cm., not fixed to the deeper structures, was felt in the outer lower quadrant reaching the areolar margin. Regional lymph nodes were not palpable. A fine needle aspiration biopsy of the mass showed large hyperchromatic elongated or polyhedral cells with many mitotic figures and tumour giant cell formation in isolation or in groups. Surgically excised mass showed 3 cm. wide cavity with ragged walls and filled with dirty brown necrotic material. A greyish white tumour mass 1 cm. in size was seen on one side of this cavity (Fig. 1). The impression smears from this mass showed cells similar to those seen on aspiration cytology (Fig. 2). Histology of the tumour showed a lobular growth comprising of large

polyhedral pleomorphic cells with pink cytoplasm, hyperchromatic bizzarre nuclei arranged as groups, ducts or sheets and pleomorphic hyperchromatic spindle shaped cells arranged in interlacing bundles. Supporting stroma was loose, pseudocartilaginous at places and showed perineural lymphatic permeation. Specimen of simple mastectomy done 2 days later (Fig. 1) showed a tumour free surgical bed and early mesoplasia of the parenchyma. The lesion was diagnosed as the carcinosarcoma of the breast and patient put on chemotherapy. Six months later patient reported with a solitary enlarged lymphnode in the right axilla, the aspiration cytology of which was similar to that seen on the first aspiration of the mass. Bone scan did not reveal anything positive and the patient continues to be asymptomatic to date.

Case 2

On 19-6-1964, a 45 year female reported with a mass in the right breast which was fixed to the deeper structures but covering skin was intact and the nipple was neither discharging nor retracted. Regional lymphnodes were not palpable. Specimen removed on surgical resection showed a soft mass with necrotic areas. No lymph nodes were identified.

Histologically the tumour showed large hyperchromatic cells in groups, cords and ducts (Fig. 2) intermixed with spindle shaped hyperchromatic cells and large number of tumour giant cells (Fig. 3), surrounding breast parenchyma was unremarkable. The lesion was diagnosed as a carcinosarcoma. The patient did not report for follow-up.

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See Figs. on Art Paper V