BILATERAL CARCINOMA OF THE BREAST
REPORT OF TWO CASES
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During the past six years the writer has had the opportunity of observing two cases of simultaneous bilateral carcinoma of the breast, both of which are of sufficient interest to report in detail.

CASE I: Mrs. F., age sixty-six, was first seen in May, 1928. She had always been in good health, but for the past two years had been aware of a tumor in her right breast. This grew slowly at first. Seven months previously it had broken through the skin, and growth became more rapid. There was no pain, but bleeding became so profuse that the patient consulted her family physician, who referred her to us for treatment.

The right breast was enlarged and in its lower inner quadrant was an ulcerating, partly fixed tumor 8 cm. in diameter. In the right axilla was a hard, fixed node about 5 cm. in diameter. The left breast, when examined, was found to have a retracted nipple, and under this was an indefinite area of resistance, of which the patient was unaware. The left axilla was normal.

The condition was looked upon as incurable from an operative standpoint, because of the fixed node in the right axilla and because it was believed that the lesion in the left breast was a metastasis from the tumor in the right. However, since the films of the chest were negative, and as the hemorrhage was profuse, it was decided to do a bilateral simple mastectomy for palliative reasons. Recovery was uneventful, and post-operative roentgen irradiation was given over the operative fields, with special attention to the right axilla.

The pathological description by Dr. George Maner was as follows. Section through the mass in the right breast shows a cyst-like structure about 8 cm. in diameter which
has a very dense, thick, fibrous wall. It is filled with dark brownish red disintegrating blood clots. Projecting into this cyst from the wall is an irregular fungating gelatinous tumor mass; portions of this are quite friable and soft. Completely surrounding this cyst is a firm area, which has a dense, compact, gelatinous-like appearance. This averages about 1.5 cm. in thickness. Just beneath the nipple of the left breast is a mass, freely movable within the fat, 1.5 cm. in diameter. This is very firm, irregular in outline, and on section has a yellowish opaque appearance.

Sections from right breast show numerous small, irregular plugs of epithelial cells lying free in a mucoid supporting stroma; some few of the groups of cells have alveolar arrangement. The individual cells are very small, round and polyhedral, and have a clear acidophilic cytoplasm; the nuclei are small, compact, and hyperchromatic, and only a few mitotic figures are seen. The stroma is almost wholly of a mucoid nature, with small islands of connective tissue immediately surrounding the blood vessels.

In the left breast the tumor has a more distinct alveolar arrangement. . . . Most of the cells, however, have an irregular tubular arrangement. The cells are small and polyhedral, and the cytoplasm is pale and clear. The nuclei are small, compact and hyperchromatic. These plugs of cells lie free in a stroma which is more fibrous than the other breast, and there is only a small amount of mucoid degeneration.

Diagnosis: Mucoid carcinoma of right breast; adenocarcinoma (fibrous) of left breast.

The patient remained well until September 1932, when a recurrent tumor mass was found at the inner end of the scar of the right breast. This was on the point of breaking down; it was firmly fixed to the fascia. Following intensive roentgen irradiation, the mass was removed. Healing was uneventful and postoperative irradiation was again instituted. When last seen (February 1935), the patient was in good health.

Case II: Miss D., age fifty-seven, was first seen in May 1932, complaining of fleeting pains in both breasts. She had had a cyst removed from the right breast twelve years previously.

Examination revealed a nodule in each breast; the one in the left breast was 4 cm. in diameter, while the one in the right breast was an indefinite area of resistance deep in the breast, about 3 cm. wide. On the left side there was nipple retraction; axillary nodes were not palpable on either side. It was believed that the left breast was the seat of a carcinoma, and that the indefinite area in the right breast was probably chronic mastitis.

After a preoperative cycle of roentgen irradiation over both breasts, a radical
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Mastectomy was done on the left side. An exploratory incision was then done over the tumor in the right breast; it was found to be a carcinoma, and a mastectomy was done. Except for shock, which necessitated a transfusion, recovery was smooth. Postoperative radiation has been given over the entire thorax anteriorly. The patient's present condition (February 1935) is excellent.

The pathological description by Dr. Maner was as follows. The tumor in the right breast is deep-seated and is attached to the fascia. It is firm and measures about 1.5 × 1 cm. The sectioned surface is dull, with fine yellow comedo-like points. Directly under the left nipple is a firm, non-encapsulated mass approximately 2 cm. in diameter. This mass is stony hard and nodular. The sectioned surface is dry and gray, but finely and irregularly scarred. In the attached axillary fat there are several nodes filled with tumor.

Microscopic Study: Sections of the tumor of the right breast show large compact alveoli filled with polyhedral atypical epithelial cells with small rounded nuclei and opaque cytoplasm. In the surrounding connective tissue there are many small infiltrative groups of cells, similar in size and shape to those in the alveoli. Mitotic figures are moderately infrequent.

The cells in the tumor from the left breast are arranged in slender infiltrating cords only one or two cells thick. In some areas there are very small isolated groups, consisting of only two or three cells, embedded in the connective tissue. The cells resemble very closely in size and shape those of the right breast. Mitotic figures are infrequent.

Diagnosis: Multicentric carcinoma involving both breasts; metastases in left axilla.

Discussion

In reviewing these two cases, it is believed that the first one was a case of true bilateral carcinoma. The tumors were of somewhat different histological appearance. The second case also seems to represent a case of carcinoma of multicentric simultaneous origin, though the histological appearance of the growths in the left and right breasts was similar.