CASE

This 44 years old single mother who delayed seeking treatment as she needed to take care of her ill elderly mother, presented with 2 years of right breast mass, which progressively increased in size and evolved into an ulcerated fungating mass. She noted left breast mass after a few months later. Clinically there was an ulcerative fungating mass with cauliflower like appearance and foul odour discharge along with right palpable supraclavicular and axillary lymph node. On the left breast, there was a large hard mass occupying the whole breast associated with Peau D Orange and nipple retraction. Biopsy of both breast lesions revealed bilateral invasive carcinoma. CT revealed locally aggressive disease with lung and extensive nodal involvement. She completed total 8 cycles of neoadjuvant chemotherapy. Bilateral mastectomy with right chest wall reconstruction was done. Patient had uneventful post-operative period and discharged on day 15. HPE revealed bilateral invasive carcinoma. Patient subsequently completed 15 cycles of radiotherapy. Now patient is well.
FIGURE 2. Left Ultrasound showing ill defined lobulated hypoechoic mass seen at all quadrant periareolar region.

FIGURE 3. During diagnosis.

FIGURE 4. After Operation (Bilateral mastectomy with right chest wall reconstruction)
DISCUSSION

Bilateral breast carcinoma occurs rarely. It accounts for 1-3.2% of all breast malignancies. It can be either synchronous or metachronous. Synchronous breast carcinoma is a contralateral tumour diagnosed within 6 months from the diagnosis of the first and a metachronous breast carcinoma refers to cases in which the contralateral cancer is diagnosed more than 6 months after the diagnosis of the first. Patients with primary unilateral breast cancer have higher risk in developing bilateral breast carcinoma and bilateral breast cancer is usually invariably advanced when diagnosed. Several clinicopathological parameters such as age at diagnosis, family history, histopathological type and the status of hormone receptor have been considered as important risk factors in occurrence of bilateral carcinomas. Both MBBC (metachronous bilateral breast carcinoma) and SBBC (synchronous bilateral breast carcinoma) showed poorer prognosis compared to unilateral breast carcinoma. There are data which suggested that metachronous bilateral breast carcinoma is associated with shorter disease-free survival if compared to synchronous bilateral or unilateral breast cancer.

CONCLUSION

In conclusion, despite the low incidence rate of bilateral breast carcinoma, patients with bilateral breast carcinoma may have poorer prognosis. Regular follow up and early detection of contralateral breast cancer is crucial. It is expected that with prompt adequate treatment, the survival from bilateral breast cancer should improve. Surgery is safe in patients and give good palliation from their wounds.

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