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Invasive lobular carcinoma of the breast revealed by an inaugural medullary metastasis



Mustapha Azzakhmam^{1,&}, Mohamed Oukabli¹

¹Department of Pathology, Faculty of Medicine, Military Hospital of Rabat, Rabat, Maroc

[&]Auteur correspondant: Mustapha Azzakhmam, Department of Pathology, Faculty of Medicine, Military Hospital of Rabat, Rabat, Maroc

Received: 19 Feb 2020 - Accepted: 26 Feb 2020 - Published: 28 Feb 2020

Domain: Pathology

Key words: Invasive lobular carcinoma, medullary invasion

Images in medicine | Volume 2, Article 78, 28 Feb 2020 | 10.11604/pamj-cm.2020.2.78.21876

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com/content/article/2/78/full>

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The Invasive Lobular Carcinoma (ILC) represents the second most common histological variant after the Ductal Infiltrating Carcinoma (IDC). The exact clinical aspects of the ILC are controversial. The studies showed a great frequency among menopausal women. The ILC is relatively difficult to diagnose by palpation or mammography because of its imprecise margins. We report the case of a 69-year-old woman which was presented in clinical hematology consultation for non-regenerative anaemia. Osteomedullar biopsy (BOM) (A,B) showed a rich-infiltrated bone marrow by non-cohesive tumoral cells, generally isolated or forming "Indian file" pattern. Many plasma cells were observed and of broad beaches of small lymphocytes also. Immunohistochemical study to confirm the diagnosis showed: positive staining of tumoral cells with CKAE1/AE3-antibody highlighting the

"Indian file" pattern (C). A focal staining with CD138-antibody showing few plasmocytes (D). Nuclear weak and focal staining by the oestrogens-receptor antibody (E). The small reactional lymphocytes indeed were stained with CD5 antibody (F). At last, negative staining with the E-cadherin. Thus, the final diagnosis of medullary invasion by an ILC was retained. The meticulous clinical and para clinical explorations of the patient were taken again and ended up detecting a left axillar ganglionic cluster with nodule of permeation, from which the histopathological study confirmed the diagnosis. Thus, the patient underwent mastectomy and the later histopathological exam confirmed mammary infiltration by a lobular carcinoma without formation of any macroscopic tumour. This is an exceptional revelation mode of lobular carcinoma; as far to our knowledge it may be the first reported case.

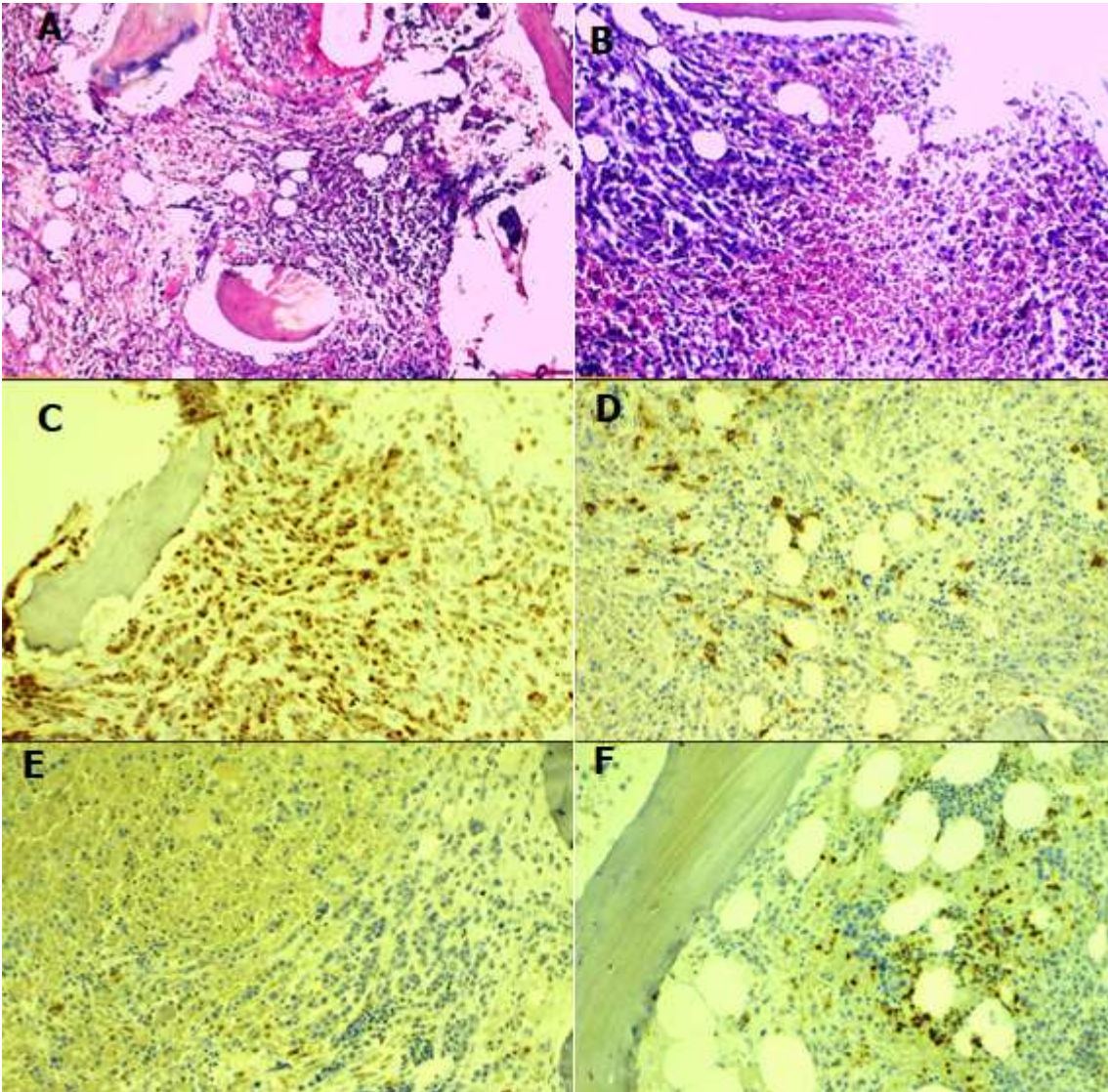


Figure 1: microscopy: (HEX20) osteomedullary biopsy (BOM) (A, B) showed a rich-infiltrated bone marrow by non-cohesive tumoral cells, generally isolated or forming "Indian file" pattern: observance of many plasma cells and of broad beaches of small lymphocytes; immunohistochemical study showed: positive staining of tumoral cells with CKAE1/AE3-antibody highlighting the "Indian file" pattern; C) a focal staining with CD138-antibody showing few plasmocytes; D) nuclear weak and focal staining by the oestrogens-receptor antibody; E) the small reactional lymphocytes stained with CD5 antibody; F) negative staining with the E-cadherin