Jefferson

Small Cell Carcinoma of the Breast Victor Carlson, Paolo Cotzia MD, Juan P. Palazzo MD Department of Pathology, Anatomy, & Cell Biology, Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA

INTRODUCTION

Small cell carcinoma of the breast (SCCB) is a rare, highly aggressive neoplasm first reported in 1983. With striking histologic similarity to small cell carcinoma of the lung, it is comprised of small cells with relatively large, hyperchromatic nuclei and scanty cytoplasm. While capable of hormone secretion, this is a rare occurrence in this variant of small cell carcinoma. Patients typically present with a suspicious breast mass confirmed on imaging, with variable lymph node invasion.

EPIDEMIOLOGY

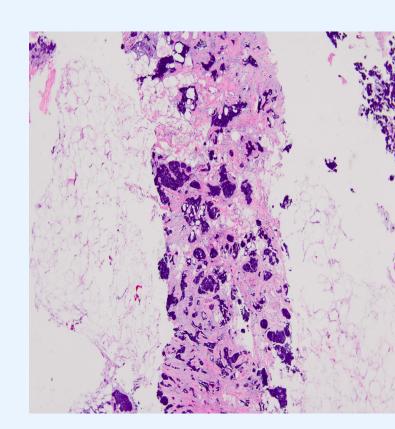
- SCCB is responsible for <1% of all breast neoplasms
- Average survival following diagnosis is only 7 months
- Peak onset is in the sixth and seventh decades of life with an average age of onset of 55 years old
- The overwhelming majority of cases are female, with only one reported case of SCCB in a male

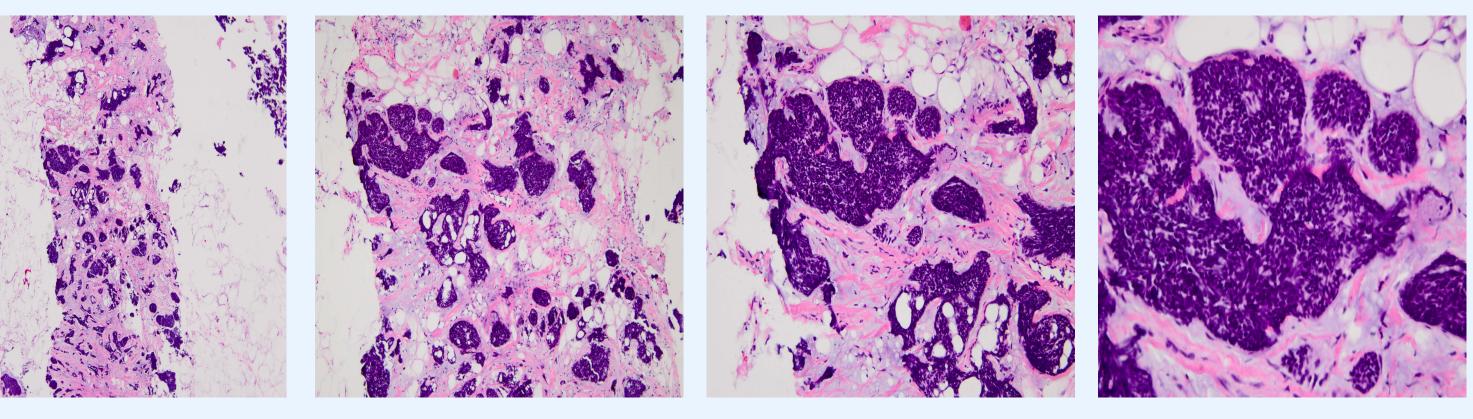
CASE STUDY

A 55 year old female presented with a palpable mass in the left breast. The biopsy revealed poorly differentiated invasive cancer with histologic features consistent with small cell carcinoma. Positive staining for pancytokeratin and e-cadherin confirmed the diagnosis of invasive carcinoma. Estrogen, progesteron receptors and Her2 stains were negative. Neuroendocrine markers chromogranin, synaptophysin, NSE were also negative.

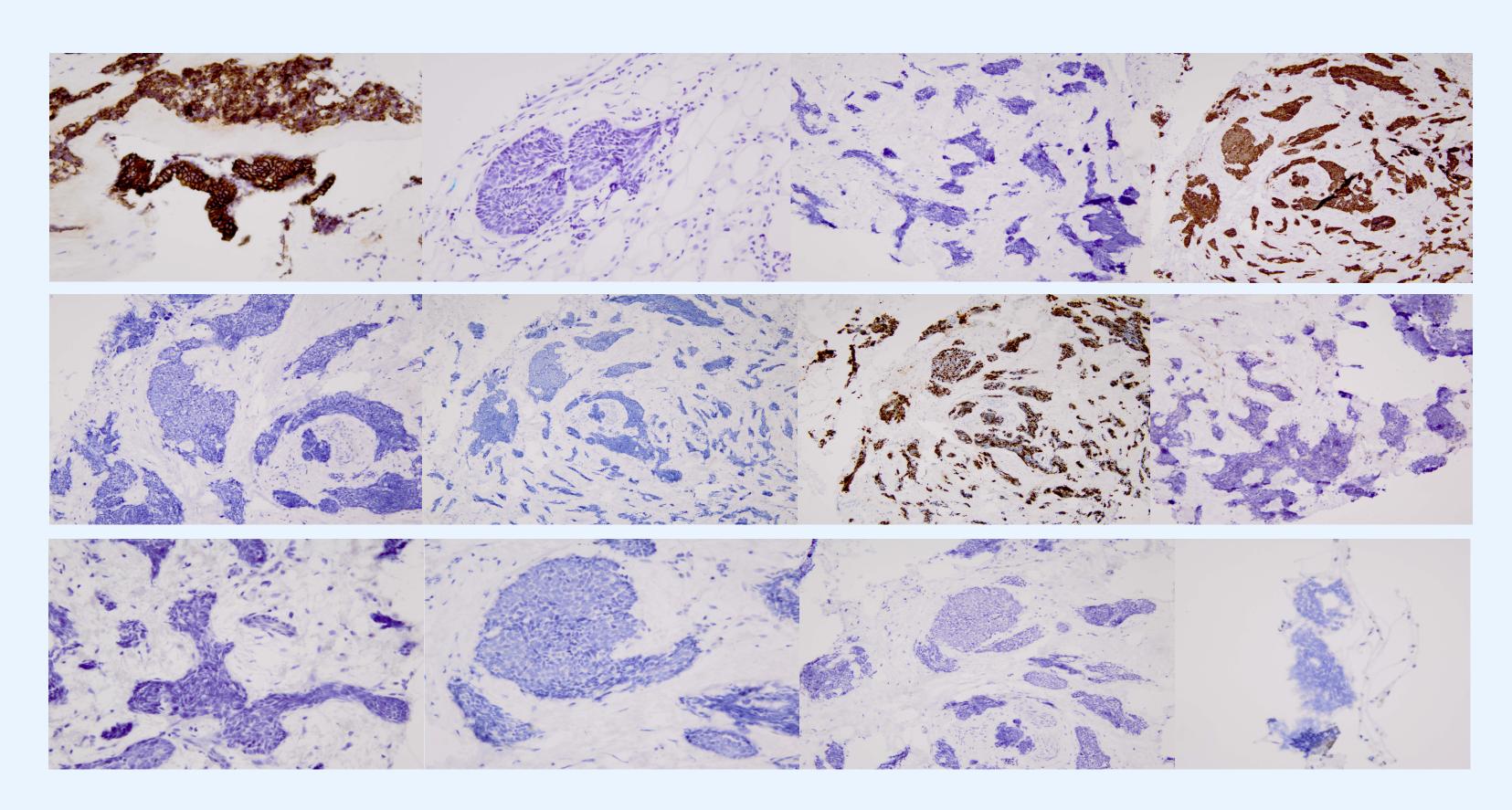
The patient underwent 4 cycles of cisplatinum and etoposide therapy; she responded well to therapy and is alive and doing well.

CASE STUDY (CONTINUED) H&E: histology consistent with small cell carcinoma

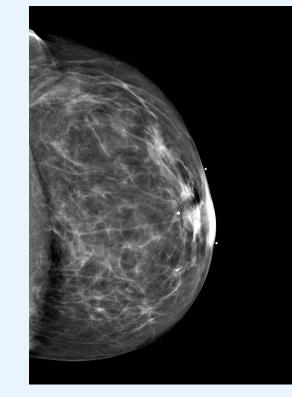


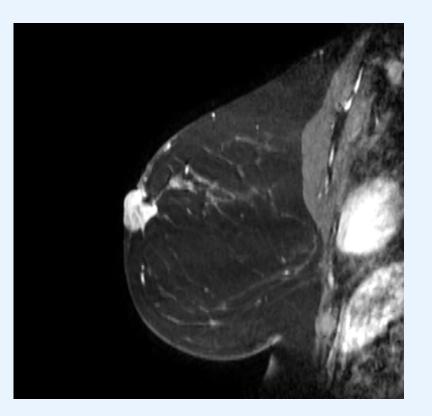


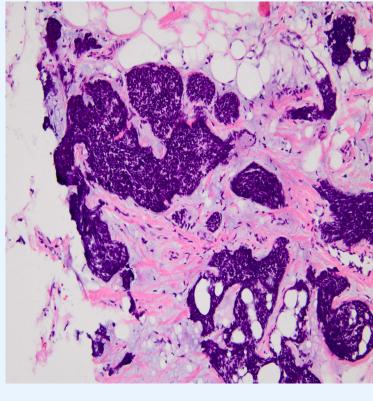
Left to right: H&E at 4X, 10X, 20X, 40X IHC: diffusely positive for AE1/AE3, ECAD, & Ki67

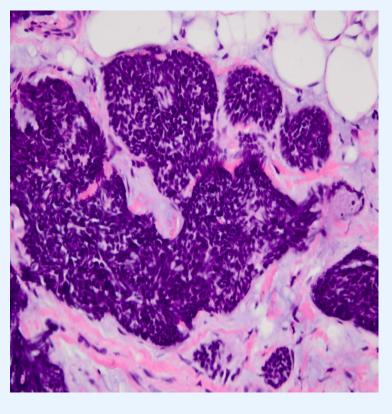


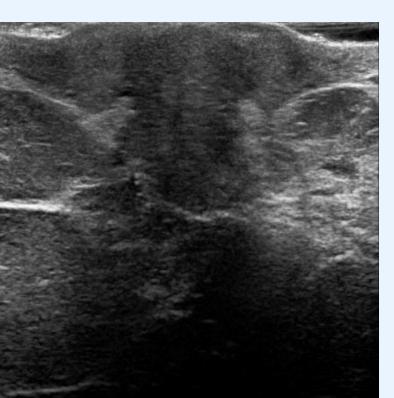
Top row, left to right: AE1/AE3, chromogranin, CK20, ECAD Middle row, left to right: ER, Her2, Ki67, NSE Bottom row, left to right: CALP, PR, synaptophysin, TTF-1 Imaging: mammogram, MRI, ultrasound, Doppler

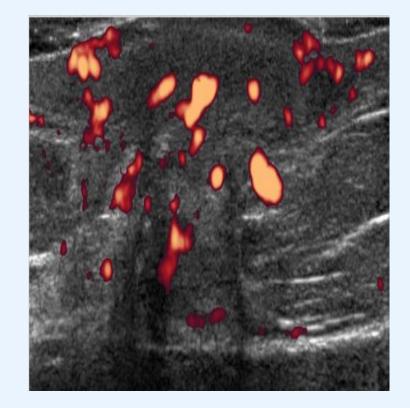












DISCUSSION

In addition to SCCB, the differential diagnosis for a suspicious breast mass includes:

Invasive ductal card

Metastasi lung or mel

Small cel

Exclusion of metastasis from another site

CONCLUSION

SCCB is an uncommon neoplasm characterized by morphologic neuroendocrine appearance (despite negative IHC stains) and poor prognosis. This study examined the case of a 55 year old female with SCCB, diagnosed using histologic and immunohistochemistry findings.

ifferential diagnosis of breast neoplasm		
breast rcinoma	Invasive breast Iobular carcinoma	SCCB
sis from elanoma	Merkel cell tumor	Lymphoma

The following characteristics are suggestive of SCCB:

Common characteristic of SCCB		
ell morphology	Neuroendocrine markers (Chromogranin, synaptophysin, NSE)	