soho2023
ELEVENTH ANNUAL MEETING

BREAST PLEOMORPHIC LIPOSARCOMA IN A CASE WITH A HISTORY OF HODGKIN LYMPHOMA

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INTRODUCTION

Breast sarcoma is an uncommon mesenchymal neoplasm of the breast and constitutes < 1% of all malignant breast neoplasms and < 5% of all sarcomas. According to Surveillance, Epidemiology, and End Results (SEER) data, the breast sarcoma annual incidence rate is 4.6 cases per 1,000,000 women [1].

AIM

We report a case with right breast pleomorphic liposarcoma after receiving chest wall radiotherapy for Hodgkin lymphoma (HL).

METHOD

This case was diagnosed and observed in April 2018 till now at the Department of Surgical Oncology, Oncology Center, Mansoura University, Egypt.

We are reporting on a 23-year-old female patient with a history of HL who presented in April 2021 to the Department of Surgical Oncology, Oncology Center, Mansoura University with a right breast pleomorphic liposarcoma. This patient was diagnosed with HL in April 2018 by core needle biopsy from a right-sided neck swelling and an amalgamated mediastinal lymph node sized 14.7 cm SUV max 16.7 by positron emission tomography/computed tomography (PET/CT) scan. This patient received 6 cycles of ABVD protocol and LD-IFRTH 30GR/15FR. The following-up PET/CT scan was free. The patient developed a right breast lump in April 2021 sized 32 mm and BIRADs IV by breast US and breast MRI.

RESULTS

A core needle biopsy from this lump revealed a high-grade malignant tumor either metaplastic carcinoma or malignant phyllodes tumor with negative ER, PR, HER2-neu, and a high ki-67 (40%). The patient underwent conservative breast surgery with a sentinel lymph node biopsy that was free.

The postoperative pathology revealed a firm yellow mass sized 3 cm and microscopically revealed malignant pleomorphic large tumor cells. Immune stains were focally positive for S100 and negative ER, PR, HER2-neu, ck5/6, CD34, P63, and MDM2 supporting the diagnosis of pleomorphic liposarcoma. All surgical cut margins were free with the least margin >1 cm.

The multidisciplinary team's decision was to follow up without any adjuvant therapy every 6 months to assess any nodal or local recurrence.

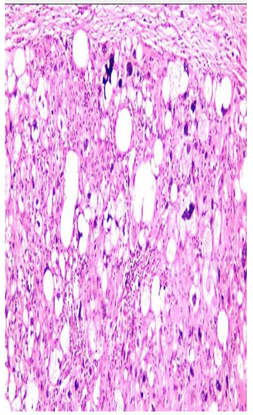


Figure.1: show high grade pleomorphic tumor with varying numbers of pleomorphic, bizarre, with prominent cytoplasmic vacuolization (classic lipoblasts with scalloped nuclei). Signet ring lipoblasts are scattered within the tumor(Hx &Ex 400)

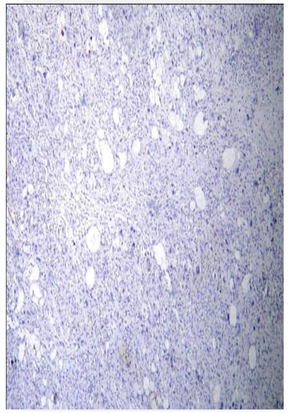


Figure.2: An immuno-stain for MDM2 is negative, consistent with lack of amplification of the 12q13-15 region seen in dedifferentiated liposarcoma and well differentiated liposarcoma.

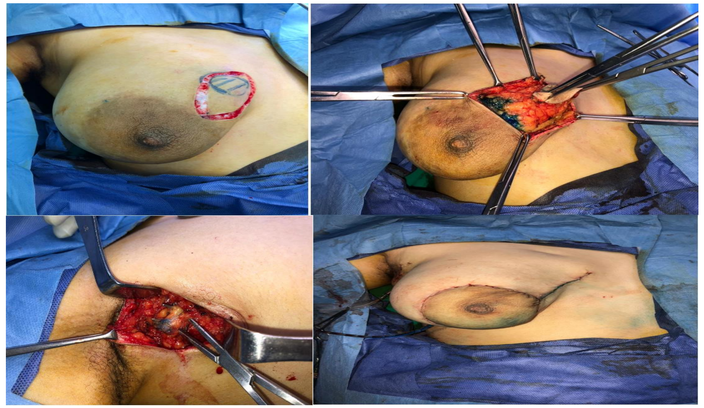


Figure.3: Conservative breast surgery for breast pleomorphic liposarcoma with sentinel lymph node biopsy.

CONCLUSIONS

Strict breast follow-up is needed when a patient is administered chest wall radiotherapy, especially in young females.

REFERENCES

1. Pollard SG, Marks PV, Temple LN, Thompson HH. Breast sarcoma. A clinicopathologic review of 25 cases. Cancer. 1990 Sep 1;66(5):941-4.

ACKNOWLEDGEMENTS

I am deeply indebted to all my colleagues at the Oncology Center, Mansoura University for their contributions in reporting this case.

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