



GLOBAL JOURNAL OF MEDICAL RESEARCH: E
GYNECOLOGY AND OBSTETRICS
Volume 17 Issue 1 Version 1.0 Year 2017
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Early Contralateral Intramammary Lymph Node Metastasis Presented Soon after Mastectomy in Nigeria: Case Report

By Wilson IB Onuigbo & Hyacinth E Onah

University of Nigeria Teaching Hospital

Abstract- Mastectomy is an event that needs follow up. In this community, a report concerned recurrence in the mastectomy scar itself. Therefore, the present paper deals with metastasis beyond the midline itself, namely, spread across to an intramammary lymph node. It is considered here that interest in this location has long been delayed although its very existence was known as far back as 1892.

Keywords: breast, cancer, mastectomy, metastasis, intramammary node, contralateral, spread, 1892 history.

GJMR-E Classification: NLMC Code: QZ 202



Strictly as per the compliance and regulations of:



Early Contralateral Intramammary Lymph Node Metastasis Presented Soon after Mastectomy in Nigeria: Case Report

Wilson IB Onuigbo ^α & Hyacinth E Onah ^σ

Abstract- Mastectomy is an event that needs follow up. In this community, a report concerned recurrence in the mastectomy scar itself. Therefore, the present paper deals with metastasis beyond the midline itself, namely, spread across to an intramammary lymph node. It is considered here that interest in this location has long been delayed although its very existence was known as far back as 1892.

Keywords: breast, cancer, mastectomy, metastasis, intramammary node, contralateral, spread, 1892 history.

I. INTRODUCTION

Breast cancer is a subject of consuming interest worldwide from several angles (1,2). The senior author's interest was first aroused in this area with the epidemiology of breast masses among the local adolescents (3). Historical aspects also followed (4,5). In terms of malignancy, the importance of follow up after mastectomy was appreciated (6). Little wonder that our interest flowered with regard to the present case.

II. CASE REPORT

NEG, 36-year-old, Para 4 woman consulted the junior author (HEO) at the University of Nigeria Teaching Hospital, Enugu. She complained of ulcerative lesion in the *left* breast of 8 months' duration. Therefore, she underwent mastectomy. At follow up, after 4 months, there was a nodule in the *right* breast. After the usual investigations, it was biopsied.

When the specimen was received by the senior author (WIBO), it was a 3 cm ovoid, smooth surfaced mass. On section, it exhibited pale and darker areas. After routine processing, the lesion turned out to be a lymph node which proved to be the seat of metastatic cancer cells that formed glands typically. The Figure shows that both early subcapsular and deeper parenchymal deposits were picturesque. Therefore, metastatic poorly differentiated adenocarcinoma was diagnosed therefore.

Author α σ: Departments of Histopathology and Obstetrics and Gynaecology, University of Nigeria Teaching Hospital, Enugu 400001, Nigeria. e-mail: wilson.onuigbo@gmail.com

III. DISCUSSION

The question of the presence of lymph nodes within the breast itself has long been debated (7,8). Elsewhere, this was fully traced locally with reference to tuberculous lymphadenopathy within the breast (9).

Incidentally, a massive work was presented during the Meeting of the Edinburgh Medico-Chirurgical Society, as far back as 6th January, 1892. It concerned the careful observations made by Harold Stiles (10), assistant to the Professor of Surgery, University of Edinburgh, on the presence of lymph nodes in the breast. Consequently, it is well that modern literature now has this long neglected evidence!

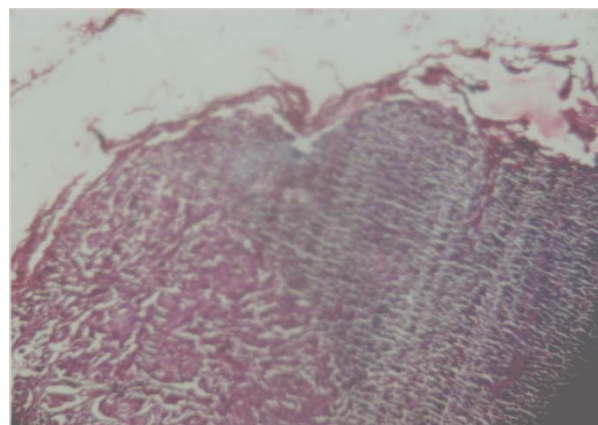


Figure 1: Lymph node showing sub-capsular and deeper deposits of poorly differentiated adenocarcinoma.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Regitnig P, Moser R, Thalhammer M, et al. Microsatellite analysis of breast carcinoma and corresponding local recurrences. *J Pathol*, 2002; 198: 190-197.
2. Walker RA. Are all ductal proliferations of the breast premalignant? *J Pathol*, 2001; 195: 401-403.
3. Onuigbo WIB. Adolescent breast masses in Nigerian Igbo. *Am J Surg*, 1979; 137: 367-368.
4. Onuigbo WIB. Paget's 1874 article on the breast. Modern misconceptions. *Int J Dermatol*, 1985; 24: 537-538.

5. Onuigbo WIB. The Paget cell. Mistaken for a parasite a century ago. *Am J Dermatopathol*, 1986; 8: 520-52.
6. Onuigbo WIB. Recurrent carcinoma in mastectomy scars. *J Coll Med*, 2004; 9: 1-3.
7. Egan RL, McSweeney MB. Intramammary lymph nodes. *Cancer* 1983; 51: 1838-42.
8. Jadusingh IH. Intramammary lymph nodes. *J Clin Pathol* 1992; 45: 1023-1026.
9. Onuigbo WIB, Njeze GE. Intramammary lymph node tuberculosis mimicking cancer. *J Infect Pulm Dis*, 2015; 1(1):doi <http://dx.doi.org/10.16966/jto.105>.
10. Stiles HJ. Contribution to the surgical anatomy of the breast and axillary lymphatic glands. *Ed in Med J*, 1892; 38: 26-42.

