

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

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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.

Index terms— breast, cancer, mastectomy, metastasis, intramammary node, contralateral, spread, 1892 history.

1 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, ??). 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.

2 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.

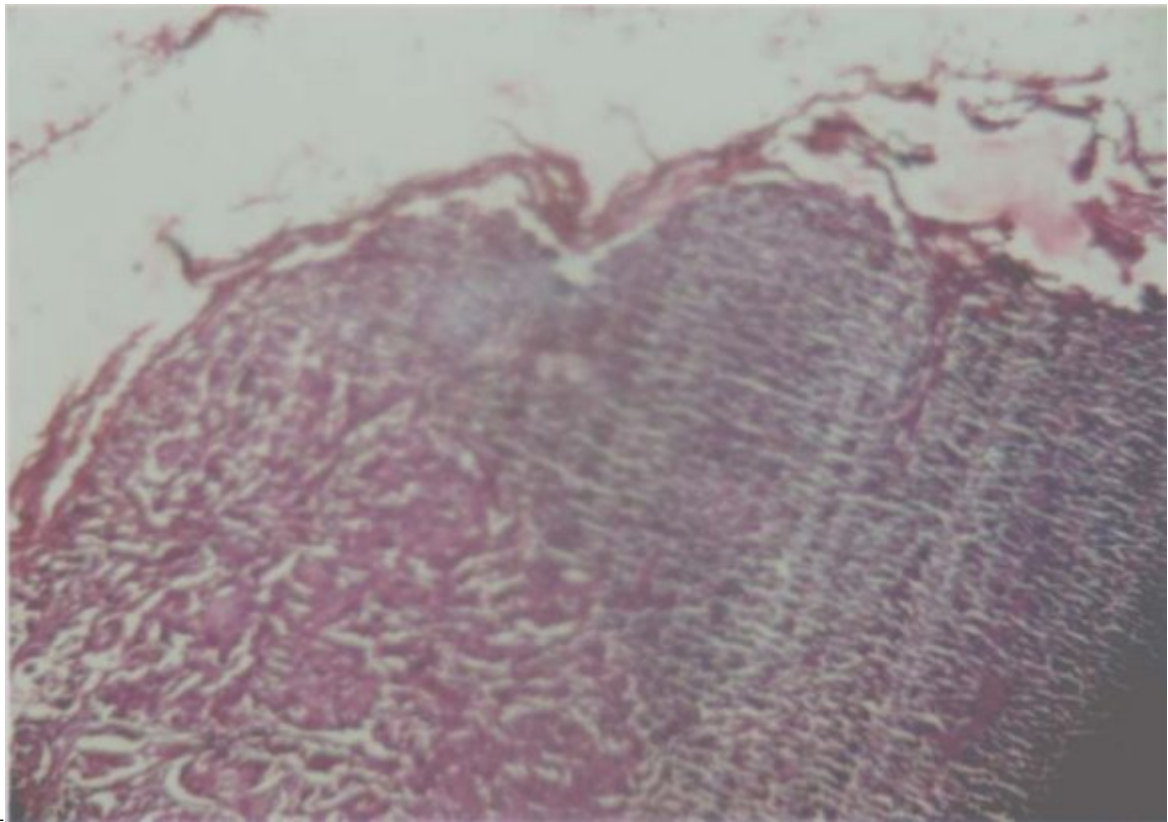
When the specimen was received by the senior author (WIBO), it was a 3 cm ovoid, smooth surfaced mass. On section, it exhibited pale and darker areas. After routine processing, the lesion turned out to be a lymph node which proved to be the seat of metastatic cancer cells that formed glands typically.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

3 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! ¹

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Figure 1: Figure 1 :

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