

Marked regression of tumor occupying almost the entire breast following chemotherapys

BENEDITO BORGES DA SILVA

Department of Gynecology, Universidade Federal do Piauí, Teresina, PI, Brazil

Study conducted at Setor de Mastologia do Hospital Getúlio Vargas / Universidade Federal do Piauí, Teresina, PI

Correspondence to: Avenida Elias João Tajra, 1260, Apto. 600, Bairro Jockey Club, Teresina - PI
 CEP: 64049-300 – Phone: (86) 3232-5063 – Fax: (86) 3215-0470 – beneditoborges@globo.com

Image from a 26-year old, breast-feeding woman, G6, P6, delivered seven months previously and hospitalized with an advanced breast tumor affecting the entire right breast. The tumor was ulcerated, infected, infiltrating the chest wall and ipsilateral axillary lymph nodes fixed to one another (Figure 1). Chest x-ray, chest and abdomen CT, and bone scintigraphy detected no signs of metastases. Histology revealed a poorly differentiated invasive ductal carcinoma. Therefore, T4cN2aMO, stage IIIc. The patient ceased breast-feeding and received primary chemotherapy with doxorubicin and cyclophosphamide (four cycles) followed by four cycles of paclitaxel, culminating in marked regression of the tumor and mammary gland (Figure 2). The patient received additional radiotherapy; however,

there was a recurrence of the lesion locally and in the lungs nine months later.

Breast cancer that occurs during pregnancy or within one year after an obstetric delivery is considered pregnancy-associated breast cancer. The women with this association are at a statistically significant higher risk of presenting with a more advanced disease, worse prognosis and higher risk of death¹. Anthracyclines and taxanes are the most active widely used chemotherapeutic agents in the treatment of advanced breast cancer², as in the present case. To our knowledge, this is the first report of marked regression of tumor and mammary gland following chemotherapy for advanced breast cancer in a young breastfeeding woman.



Figure 1



Figure 2

REFERENCES

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