INTRAMUSCULAR RECURRENCE OF NONINVASIVE BREAST PAPILLARY CARCINOMA AFTER MASTECTOMY AND LIPOFILLING

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INTRODUCTION

Papillary carcinoma of the breast is rare
Considered an *in situ* lesion
Enigmatic physiopathology

TREATMENT GUIDELINES

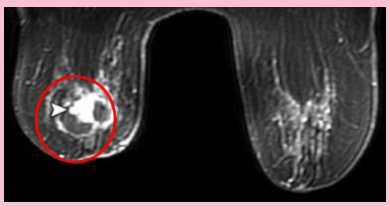
Tumorectomy & adjuvant radiotherapy or mastectomy
Hormonotherapy if high nuclear grade

CASE REPORT

♀ **33 y.o**

Biopsy: **low-grade intraductal papillary carcinoma**, CK 5/6/14 negative, ER 100%, PR 70-90%, **no invasive component**

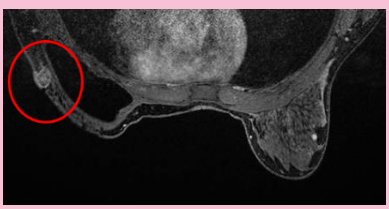
DAY 0



Skin sparing mastectomy, sentinel node (SLN), expander
Histology: **low grade *in situ* ductal carcinoma**, multiple intraductal papillary foci, negative margins (<0.1 cm) & SLN

Reconstruction with silicone implant and lipofilling

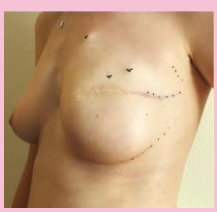
+ 2 Y

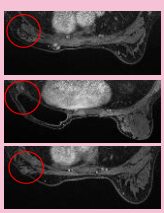


❖ Nodules under mastectomy scar

Enlarged tumorectomy with readvancement of the serratus muscle flap over the implant
Histology: subcutaneous relapse of ***in situ*** **papillary carcinoma**

+ 5 M



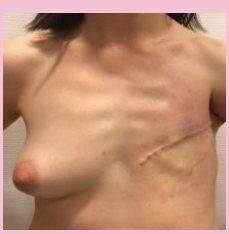


❖ New subcutaneous and intramuscular nodules

En-bloc resection, including implant, anterior and posterior capsules, pectoralis major, serratus muscles + axillary dissection (Berg 1)
Histology: **encapsulated papillary carcinoma** negative LN

Adjuvant radiotherapy

+ 5 Y



Hormonotherapy
Disease-free
No new reconstructive procedure

CONCLUSION

Studies have proven lipofilling to be oncologically safe after mastectomy
In our patient with no invasive component, intramuscular recurrence after mastectomy makes us question if lipofilling could have seeded residual tumor cells at the margins of the mastectomy site
CAVE: multifocal lesions with close resection margins

Early lipofilling must be questioned in unusual types of breast cancer