

## A rare case of synchronous breast Invasive ductal carcinoma and clear cell renal carcinoma.

Ahmed K. Awad

*Ain-Shams university hospitals, Cairo, Egypt.*

### Abstract

Nowadays the advances in screening protocols allow us from not only do a proper follow up for our patients but also discover the multiple primary malignant tumors incidence [1]. Multiple primary tumors incidence is rare, yet more rare is the incidence of multiple primary malignant tumors. Co-occurring tumors can be divided into synchronous and non-synchronous. Synchronous tumors are those tumors which present within a period not more than 6 months from each other's [2,3]. To define synchronous malignant tumors: metastasis shouldn't be present, both tumors have to show criteria of malignancy, and they should differ pathologically from each other [4]. Breast cancer is the most common tumor to be associated with other primaries especially; colorectal cancer, endometrial and ovarian cancer [5, 6], yet the occurrence of invasive ductal carcinoma with clear cell renal cancer is uncommon.

In our case we present a 59 years old female to our outpatient breast clinic at Ain Shams University hospitals with a palpable mass in her left breast. The patient had no family history of breast cancer and no comorbidities except for hypertension which was controlled. On examination the mass was suspicious and hard in consistency; mammogram was done, and it revealed a BIRADS (4) breast mass 13.5\*8.5 mm at 3 o'clock position. FNAC was done and it showed moderately differentiated invasive ductal carcinoma. Metastatic work up requested, and it was all free. Pre-operative laboratory works up were all within normal ranges; CA.15.3 was 16 U/ml, creatinine: 1.1mg/dl and HB; 10mg/dl. The patient went

for conservative breast surgery in the form of wide local excision with intraoperative frozen section examination which confirm the malignant nature of the mass and ensure that there was no invasion at the surgical margins. She was scheduled to take 30 sessions of radiotherapy and then to be on hormonal therapy in the form of Tamoxifen 20 mg/day for 5 years. During the last post-operative follow up -3 months later- the patient complains from right hypochondrial pain; furthermore, a multi-slice Triphasic Pelvi-abdominal CT which demonstrated a right renal mass having isoechoic homogenous texture with some cystic changes about 55\* 54 mm at the lower pole. The patient scheduled for Rt radical nephrectomy which was done through Rt transverse Para median incision; thus, a renal specimen was taken, and a histopathological examination showed a clear cell renal carcinoma, grade 2.

The synchronous occurrence of breast and renal cell carcinoma is uncommon, have not reported in literature except for two occasions. With the advances in screening and follow up protocols, the early detection of additional tumors and understand the different aspects of correlation between these tumors will be plausible, yet the finding of new primary malignant tumor should not be surprising.

### Biography

Ahmed K. Awad, General Surgery department, Ain-Shams university hospitals, Cairo, Egypt.