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Detection and Treatment Considerations for Multiple Synchronous Unilateral Breast Primary Tumors of Different Types: Case Series and Literature Review

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ABSTRACT

Synchronous breast cancers represent about 2-11% of new diagnoses. They are usually divided into bilateral and unilateral synchronous breast cancer subgroups and carry different prognosis when compared to single primary tumors. The detection of several primaries is facilitated by breast MRI and diligent "second look" imaging in case of indeterminate findings on initial imaging. The presence of synchronous neoplasms raises concerns of the presence of hereditary cancer syndrome. It certainly affects treatment approach and care coordination between providers of a multidisciplinary treatment team. One malignancy might be of a more aggressive in nature and determine the prognosis for a patient thus necessitating considerations for adjuvant or neoadjuvant chemotherapy and radiation therapy. Surgical considerations are affected as well, especially if breast preservation is desired. The presence of synchronous malignancies might contribute to the decision to perform a mastectomy, thus necessitating a separate discussion of reconstruction options.

We focus on synchronous unilateral breast primary malignant tumors and present a series of three cases with slightly different path to diagnosis for each patient. Patient # 1 and Patient # 3 were diagnosed at the time of diagnostic work up initiated by a primary care physician for obvious unilateral architectural breast distortion. Patient # 1 ultimately was found to have two low-grade masses and was treated with mastectomy and reconstruction, opting for staged prophylactic contralateral mastectomy at a later date. She also started adjuvant endocrine therapy. Patient # 3 had Her2 positive and Her2 negative tumor with Her-2 positive metastasis to the axillary lymph node. She completed neoadjuvant chemotherapy and neoadjuvant portion of anti-Her2 therapy and is currently awaiting surgery. Patient # 2 had partial mastectomy for small hormone receptor positive invasive lobular carcinoma and was diagnosed with diffuse micropapillary hormone-receptor positive invasive ductal carcinoma with significant lymphovascular invasion necessitating complete mastectomy. She completed her adjuvant chemotherapy and started radiation therapy.

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