A 46 year old woman presented a right breast mass. A breast carcinoma was diagnosed by needle biopsy and a right modified radical mastectomy with axillary content was done. The specimen consisted of radical modified mastectomy with axillary content measuring 14.0 x 10.5 x 6.2 cm. It was covered by an ellipse of the skin with unremarkable nipple and areola. Multiple cross sections through the specimen showed a large, and somewhat well circumscribed, whitish rubbery mass measuring 7.0 cm, which extended to the surgical margin of resection. The case was sent for consultation to our institution from Hospital Federico Trilla of the University of Puerto Rico with a differential diagnosis of Lymphoma vs lobular carcinoma.

Diffuse Large B-cell Lymphoma of Breast: A Case Report.

M.J. Bertoli-Avellä* MD, R. Velez* MD, and E. Diez**, MD.
Department of Pathology and Laboratory Medicine, School of Medicine, UPR
**Department of Pathology, Hospital Federico Trilla, UPR

Introduction
Diffuse large B cell lymphoma (DLBCL) is a neoplasm of large B lymphoid cells with nuclear size equal to or exceeding normal macrophage nuclei or more than twice the size of a normal lymphocyte that has a diffuse growth pattern. Lymphoma of the breast may present as a primary or secondary tumour, both are rare, accounting for < 1% of all malignant mammary neoplasm. Primary breast lymphomas may appear at any age, but the majority of patients are postmenopausal women. Secondary mammary involvement by lymphoma should be excluded before a diagnosis of primary breast lymphoma is made. There are no morphological criterions to differentiate between the two. We present the case of a 46 year old woman who presented a right breast mass. Histopathology evaluation and immunohistochemical stains confirmed a diffuse large B-cell lymphoma, non-germinal center B-like.

Discussion
DLBCL is a neoplasm of large B lymphoid cells with nuclear size equal to or exceeding normal macrophage nuclei or more than twice the size of a normal lymphocyte, that has a diffuse growth pattern. Subdivided into morphological variants, molecular, immunophenotypical subgroups and distinct diseases entities. The most common clinical features is a rapid enlarging tumour mass. At the time of diagnosis, almost half of the patients have stage I or II disease. Lymphoma of the breast may present as a primary or secondary tumour, both are rare, < 1% of all malignant mammary neoplasms.

The majority are diffuse large B-cell lymphomas, other types include: Burkitt lymphoma, extranodal marginal zone lymphoma, follicular lymphoma and rarely T-cell lymphomas.

The prognosis is very similar to lymphomas of corresponding type and stage in other sites.

References