

Auto-Amputation of Nipple-Areolar Complex Due to Breast Carcinoma

Meme Kanserine Bağlı Gelişen Nipple-Areolar Kompleksin Oto-
Amputasyonu
Genel Cerrahi

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Özet

Vücudun çeşitli organları için oto-amputasyon olguları bildirilmiştir ancak memenin oto-amputasyonu ile ilgili sınırlı sayıda vaka bildirimi bulunmaktadır. Tanı konmamış bir psikiyatrik hastalık öyküsü olan ve sol memede açık yara yakınması ile başvuran 60 yaşındaki kadın hastanın sol meme başı-areolar kompleksin olmadığı görüldü ve meme kanseri tanısı konuldu. Bu yazıda, meme kanserine bağlı gelişen oto-amputasyon olgusunun literatür eşliğinde sunulması amaçlanmaktadır.

Anahtar kelimeler: *Oto-amputasyon, meme kanseri, tanı, meme başı*

Abstract

Auto-amputation has been reported in the literature for various organs of the body. However, there have been limited case reports in the literature with auto-amputation of the breast. In the examination of a 60-year-old female patient who presented with an open wound in the breast, it was observed that there was no left nipple-areolar complex. The patient had an undiagnosed psychiatric disease. In this article, it is aimed to present a case of auto-amputation due to breast cancer in the light of the literature.

Keywords: *Auto-amputation, breast cancer, diagnosis, nipple*

Introduction

The dictionary meaning of the word auto-amputation is "spontaneous detachment from the body and elimination of an appendage or an abnormal growth, such as a polyp" and auto-amputation of an organ has been known for various reasons, and cancer-related auto-amputation has been published for penile and breast cancer. Auto-amputation of the breast is extremely rare, and its etiology and pathophysiology are unclear. It has been reported that there may be a process that begins with skin necrosis and leads to the loss of breast tissue with infiltration of the tissues that support the breast. However, the effect of patient and tumor-related factors is not clear.

Case Report

A 60-year-old female patient with a complaint of a wound in the left breast. It gradually increased in ulcerated about 18 months. She has an undiagnosed psychiatric disorder and no children and surgical intervention surgery or breast cancer family history. The physical examination revealed that there was no nipple-areolar complex (NAC) with accompanying loss of breast tissue (Figure 1).

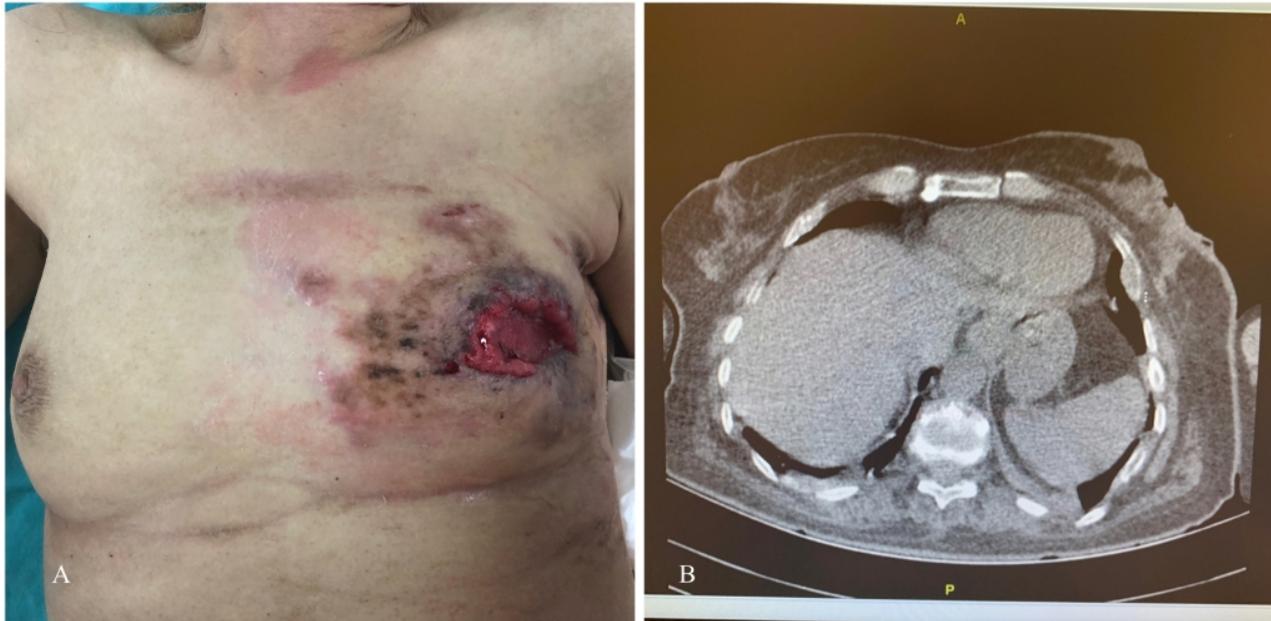


Figure 1

Auto-amputated left breast B, Nipple-areolar complex loss in Computerized Tomography of Thorax.

There were left axillary palpable lymph nodes and breast skin lesions that could be tumoral implants. Left axillary and supraclavicular metastatic lymph node, lung and diffuse bone metastases were detected. The result of the incisional biopsy was invasive ductal carcinoma; estrogen and progesterone receptor-positive, HER2 negative, grade 2 and Ki67 %25. The patient was underwent a palliative total mastectomy and refused oncological treatment.

Case Discussion

In the literature review there have only been 7 reported cases of auto-amputation caused by breast cancer including our case. The first two cases were published in Israel in the 1970s^{1,2} and then two cases were reported in 2008 and 2009 from South Africa and India.^{3,4} Other 3 cases in the literature were published in 2013, 2017, and 2020 from our country.⁵⁻⁷ One case was presented a total loss of breast tissue including NAC with only scar tissue remaining, one case was the only loss of breast tissue with intact NAC. Two cases had partial amputation with ulceration such as our case. Although the etiopathogenesis of auto-amputation is not clear, it was mentioned that delay of diagnosis, desmoplastic or fibrotic reaction may be responsible.

In the literature there is no information about the role of tumor aggressiveness, only one who 3 years history was presented triple-negative breast cancer and our case has hormone receptor-positive and 18 months history. The patient's relatives mentioned that they did not realize until the wound is formed on the breast and the patient, who had the psychiatric illness, constantly touched the lesion in the breast. Self-amputation may be considered in the etiology. Self-amputation of various organs has been described in the literature.

Nipple amputation was published in a non-psychotic, non-gender case with penile amputation.⁸ In our case, there was no intentional amputation of breast tissue with a foreign body, which can be defined as self-amputation. However, she had the behavior of constantly touching with the tumor maybe she ripped out the fragment of tumor that possibly ulcerated and infiltrated the nipple.

In conclusion, breast cancer is the most common cancer seen in women and early diagnosis is still the most effective way to reduce deaths. Especially also for people with special needs, the public should be more informed and educated about the importance of periodic examinations and raising awareness of breast cancer.

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