IMAGES IN MASTOLOGY
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Ulcerative-vegetative Locally Advanced Breast Carcinoma Mimicking Flower Image

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Ulcerated locally advanced breast carcinoma (LABC)[1,2] is an uncommon topic in the literature. Several factors contribute to delayed diagnosis, such as the health system, factors related to the patient (lack of knowledge, fear and denial of the disease), in addition to rapid tumor growth.

Ulcerated tumors can occur in any breast location, including in areolar Paget's disease[3]. They are usually high histologic-grade tumors, high Ki67 index and triple negative breast cancer (TNBC) molecular subtype with lymph node involvement[2]. There are disagreements about the simple presence of ulceration determining worsening of patient's prognosis[1,2].

An ulcerated lesion leads to bleeding and may be the gateway to secondary infection. In this context, surgery can be[4-6]:

- up-front hygiene (avoids bleeding and infection, but is associated with the need for local flaps);
- elective, after neoadjuvant chemotherapy treatment (leaves the patient vulnerable to infection and sepsis[7], regardless of neutropenia);
- elective, after radiotherapy, in extreme situations[8] (attempt to increase resectability).

Prior to surgery, a surgical wound culture can be performed to guide the choice of antibiotic therapy. During surgery, special care must be taken (covering the exposed area with compresses and administration of broad-spectrum antibiotic for therapeutic purposes)[9].

A 52-year-old female, rural worker, complaining of a tumor in the right breast for four months. She had LABC, T4bN3 (infraclavicular – IFV on tomography) M0, "*peau d'orange*" measuring 19 x 15 cm, with a 15 x 10 cm ulcerated vegetative lesion in the right breast (Figure 1). Pathological examination revealed an invasive ductal carcinoma, nuclear and histological grade 3, Ki67 index of 50%, TNBC. We opted for primary surgical treatment, with isolation of ulcerated area (Figure 2) and antibiotic therapy, followed by modified radical mastectomy associated with rotation of the ipsilateral thoracoabdominal dermomat flap (ITADE)[10]. No surgical

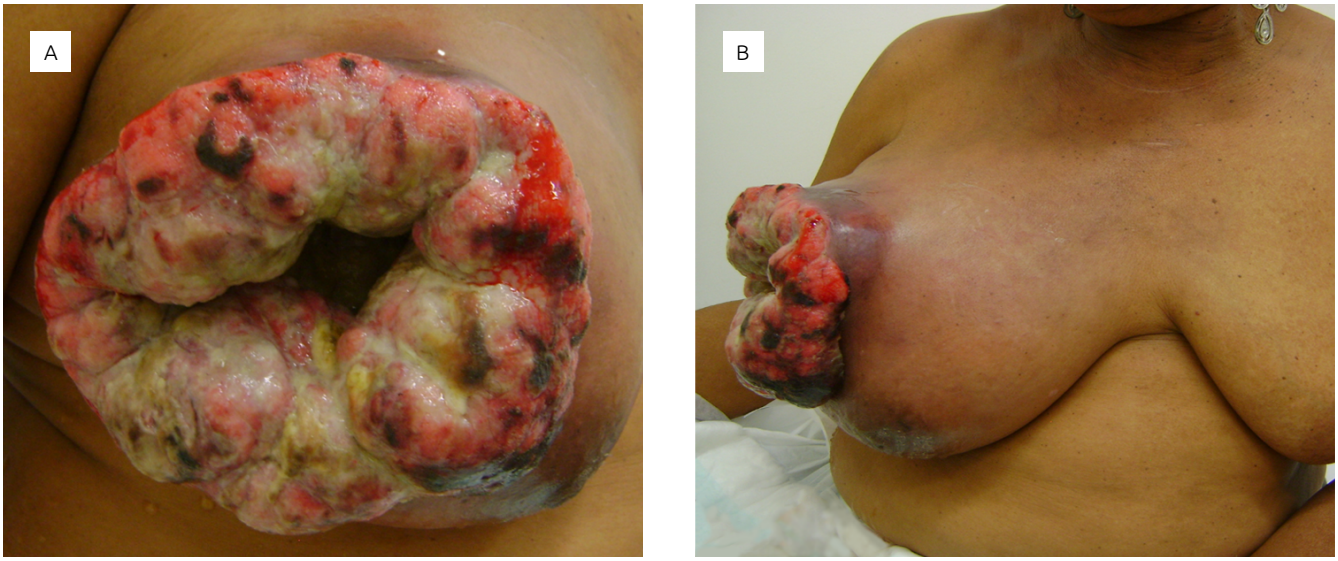


Figure 1. Ulcerative-vegetative locally advanced breast neoplasm. (A) front view; (B) side view.

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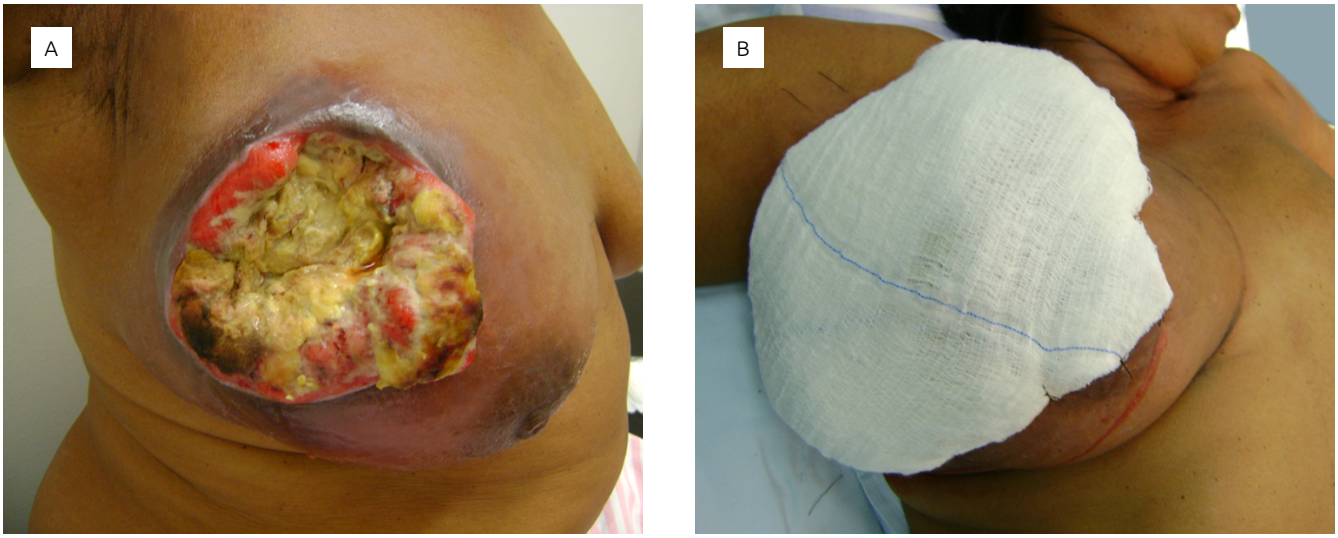


Figure 2. Perioperative. (A) Spontaneous necrosis and disappearance of vegetative lesion; (B) surgical wound dressing.

complications were seen. Pathological examination showed an 18 cm tumor and 4/22 compromised lymph nodes. No postoperative complications occurred. The patient then received adjuvant chemotherapy (AC-T scheme) and radiotherapy (plastron, armpit and supraclavicular fossa). Currently, after 10 years of follow-up, she is alive and without evidence of oncological disease.

The image has different characteristics compared to other ulcerated lesions, as it assumes an ulcer-vegetative aspect, resembling a "flower", the red gerbera with a blackened center. Symmetrical vegetative tumor tissue is observed around an ulcerated and necrotic central axis, which justifies this rare presentation. An image of balanced symmetry that starts from a central axis is often seen in nature, but not in the presentation of breast cancer.

AUTHORS' CONTRIBUTION

R.A.C.V.: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Supervision, Visualization, Writing – original draft, Writing – review & editing. I.O.J.: Data curation, Formal analysis, Investigation, Methodology, Visualization, Writing – original draft, Writing – review & editing.

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