

# EUROSON 2024

Naples

09/11/2024 - 11/11/2024

Abstract 205

Status Accepted

Requested presentation type

Poster

Document

120494\_\_VU0AV9V9.jpg

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Topics BREAST

## ULTRASOUND FEATURES OF PREGNANCY-ASSOCIATED BREAST CANCER: CASE REPORT

Breast cancer (BC) in pregnant patients (pregnancy-associated breast cancer, PABC) is defined as BC diagnosed during pregnancy or the first year postpartum. PABC affects 1 woman in 3,000-10,000 pregnancies (median age - 34 years) and is the most common cancer among women during pregnancy.

Compared to non-pregnant patients, PABC is often diagnosed at a more advanced stage - the tumour is larger with positive nodes and distant metastases. Usually presented as a painless mass and commonly interpreted as a physiological change typical of pregnancy, it delays diagnosis and causes a worse prognosis.

In this group of patients aggressive immunohistochemical subtypes, such as TNBC and HER2+, present most commonly.

To verify suspicious lesions, similarly to non-pregnant patients, a core needle biopsy (CNB) is performed with histopathological assessment of the lesion and determination of receptors.

We present the case of BC in a 34-year-old patient. In the second trimester of her first pregnancy, she was referred for an ultrasound (US) examination due to a palpable thickening in the right breast on the border of the outer quadrants. Her mother's sister had also suffered from BC. Multiparametric ultrasound of the breast and the axilla using linear probe L4-18MHz were performed. Then a CNB of the lesion in the breast and fine needle biopsy in the axillary lymph nodes (ALN) were done.

In the US examination of the palpable lesion in the right breast, we found a hypoechoic solid lesion with an irregular shape and indistinct margins. On strain elastography the lesion and surrounding tissue were stiff, in Colour Doppler (CD) imaging there were no visible vessels. The ALN presented features suspicious for malignancy (no visible hilum, enlarged hypoechogenic cortex, increased stiffness and presence of capsular vessels).

The lesion was histopathologically confirmed as invasive ductal carcinoma, HER2+ subtype, and cancer cells were observed in the ALN.

In a follow-up US examination after 3 months of neoadjuvant chemotherapy, only a marker in the location of the pathological mass and normal ALN were visible, which subsequently correlated with the pCR in the postoperative examination.

After giving birth to a healthy newborn, she underwent surgery - breast-conserving therapy (BCT) with lymphadenectomy.

Our report highlights the example of US features, which can be useful to properly detect and diagnose pregnancy-associated breast cancer. HER2+ overexpression is associated with a worse prognosis, but this subtype of cancer responds well to chemotherapy.