

## Case Report

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# Epidemiological features of papillary carcinoma of the breast in a developing community

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## Abstract

A separate challenge in characterizing papillary carcinoma of the breast is related to the fact that a large proportion of the literature consists of individual case reports. The scarcity of information was remedied from certain centers. The present paper seeks, therefore, to add materials obtained from a histopathology data pool covering the Ibo or Igbo Ethnic Group domiciled in a developing community in Nigeria.

**Keywords:** Breast Cancer; Papillary; Developing community; Nigeria

## Introduction

In presenting an overview of papillary carcinoma of the breast, Pal's associates [1] asserted thus: "A separate challenge in characterizing papillary carcinoma is related to the fact that a large proportion of the literature devoted to this entity is comprised of individual case reports." Therefore, the present paper considers materials accruing from a histopathology data pool such as the one established in Birmingham (UK) for facilitating epidemiological analysis [2]. In particular, papillary

breast carcinomas of the Ibo or Igbo Ethnic Group, which is domiciled in the South Eastern part of Nigeria [3], are analyzed.

## Investigation

From the 1970s, the author received at a Reference Pathology Laboratory situated in Enugu, the capital city of the Eastern Region of Nigeria, biopsy specimens together with detailed information. The data are analyzed in respect of papillary carcinoma of the breast in Table 1 (Figure 1).

**Table 1:** Epidemiological analysis of papillary carcinoma in a developing community.

S/No.	Lab No.	Initial	Age	Side	Town	Doctor
1	B 145/72	OK	38	-	Enugu	Udekwa
2	B 1011/72	OE	55	R	Onitsha	Ofomata
3	B 1150/73	OM	56	R	Akahaba	Oju
4	B 248/75	OL	50	R	Emekuku	Desarkar
5	H 153/80	NO	50	R	Afikpo	Molloy
6	181/86	EE	40	R	Emekuku	Catelo
7	UH 892/87	OC	43	L	Enugu	Nwabuniko
8	UH 2634/87	OD	38	R	Umuahia	Mbanaso
9	UH 2685/87	UN	43	R	Umuahia	Mbanaso

10	UH 864/88	IE	45	R	Enugu	Aghaji
11	UH 910/88	NN	50	L	Umuahia	Imo
12	96032	ES	44	L	Enugu	Ojukwu
13	960328	UJ	30	R	Enugu	Aghaji
14	960682	OC	33	L	Enugu	Njeze
15	990818	MI	34	R	Enugu	Ojukwu
16	01027	GN	50	-	Umuahia	Mbanaso
17	031112	CC	35	-	Enugu	Muobike

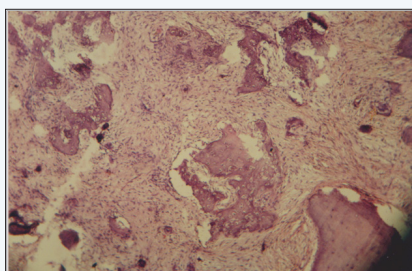


Figure 1: Microphotograph showing data ossification with light background inflammatory infiltrates.

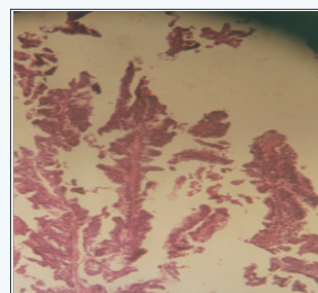


Figure 2: Typical papillary carcinoma of breast.

### Discussion

Tabulation elevates Enugu, the cosmopolitan city, with 7 cases, i.e., almost half of the series. Interestingly, Dr .Aghaji preponderated with 2 cases, the rest being distributed among 5 individual doctors. As for the remaining half of the cases, Dr. Mbanaso preponderated with 3 cases, while Missionary Hospitals took pride of place in the remainders. Incidentally, Dr. Mbanaso himself co-authored with me the important message concerning the usefulness of a centrally based Laboratory to a distant hospital [4]. This is important because there was argument in UK about distance militating against the usefulness of such a laboratory [5].

It is worth noting that all the above personal cases were distinctly invasive. This is unlike the many reports on encapsulated papillary carcinoma [6-9] and even the intracystic variety [10, 11]. Of course, explanations were attempted in all of them (Table 2) (Figure 2).

Table 2: Age distribution.

Age	Number
≤30	1
31 – 40	6
41 – 50	8
51+	2
Total	17

It was better appreciated elsewhere. Thus, as in the previously mentioned article [1], “The scarcity of information underscores the need for further treatment- and outcome-related studies in papillary carcinoma of the breast.” On the other hand, by calling it “solid papillary carcinoma” [12], it was defined as a “distinctive form of papillary carcinoma characterized by closely apposed expansive, cellular nodules.”

In contrast, I am persuaded that my documented examples bore the imprint of their picturesquely papillary. Thus, my descriptions ranged across “frankly papillary,” “marked papillary arrangement,” and “thrown into papillary folds.” In other words, as Pal and colleagues appreciated [1], “Distinction of invasive papillary carcinoma from non-invasive forms is critical, as each entity carries a unique prognosis.” In the words of Rakha’s group [6], “However, the classification of papillary carcinoma (whether they are in situ or invasive), its behavior, and management remain a matter of debate.” No! Such debate should not continue.

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