



DOI: 10.4274/qrheumatol.galenos.2023.80774 Rheumatology Quarterly 2023;1(2):74-5

## A CASE OF ATYPCAL BREAST CANCER

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Keywords: Lymphedema, breast cancer, rash

A 61-year-old female patient presented with complaints of widespread swelling, pain and numbness in the entire left arm (Figure 1A). There were skin blistering, brown erythematous papules, approximately 2x1 cm in size, on the upper left side of the sternum around the navigating 15, which was the complaint of 2 fragments (Figure 1B). No known comorbidity. Patient swelling was evaluated as lymphedema and chest computed tomography (CT) and mammography were performed to investigate the etiology. CT scan revealed a 9 mm nodule in the left upper lobe and a 1.5 cm conglomerate lymphadenomegaly in the left axilla (Figure 2A). Magnetic resonance imaging of the left arm showed intense edema around the brachial plexus and conglomerate lymphadenoma (Figure 2B). No mass was observed in the breast ultrasonography and mammography. Lengthening, operating functions, and complete blood count were normal in the examinations. Sarcoidosis and connective tissue diseases were excluded from the patient. The scan results from the papule was reported as carcinoma metastasis. After an excisional operation performed on left axillary lymphadenomegaly was reported as lobular breast carcinoma metastasis, the patient was referred to the oncology department and was maintained.



Figure 1A. Widespread swelling in the left arm

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Figure 1B. Slightly reddened skin and puffy rash on the left side of the neck

## Ethics

**Informed Consent:** Written informed consent was obtained from the patients who participated in this study.

Peer-review: Externally peer-reviewed.

## **Authorship Contributions**

Surgical and Medical Practices: B.E., B.E.M., Concept: B.E., B.E.M., Design: B.E., B.E.M., Data Collection or Processing: B.E., B.E.M., Analysis or Interpretation: B.E., Literature Search: B.E., Writing: B.E.



Figure 2A. Conglomerate lymphadenomegaly

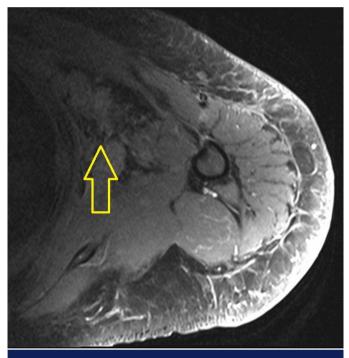


Figure 2B. Conglomerate lymphadenomegaly in the magnetic resonance

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study received no financial support.

## REFERENCE

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