

Surgical Treatment for Solitary Recurrence of Breast Cancer to the Internal Mammary Lymph Nodes : Report of Three Cases

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Abstract

Three cases with solitary recurrence of breast cancer to the internal mammary lymph nodes (IMNS) with no other distant recurrences after radical operation are described herein. The first case involved a 51-year-old Japanese woman who had undergone treatment 8 years earlier for pT1pN0M0, with recurrence developing in the IMNs 2 years later. Six years after the IMNs relapse, IMNs were dissected and two of 5 IMNs were positive for carcinoma. The second case involved a 43-year-old Japanese woman in whom recurrence of IMN was detected on ultrasonography (US), computed tomography (CT) and positron emission tomography 13 months after the primary operation for pT2pN1M0. One of 20 dissected lymph nodes was positive for carcinoma. Sentinel lymph nodes (SNs) visualized by lymphoscintigraphy were detected in the internal mammary region and axilla at the time of primary operation, but IMNs were left and followed up postoperatively rather than dissected. A third case involved a 55-year-old Japanese woman in whom solitary recurrence of IMN was detected by US, CT and cytological examination 13 months after primary operation for pT2pN0M0. One of 4 dissected lymph nodes was positive for carcinoma.

Key words; breast cancer, internal mammary lymph node, sentinel lymph node, recurrence, metastasis, surgical treatment

Introduction

As support increases for the sentinel lymph node (SN) concept, management of the internal mammary lymph nodes (IMNs) at initial treatment of breast cancer is increasingly being seen as important. Solitary tumor recurrence in IMNs after radical operations in patients with breast cancer is not uncommon, but surgical treatment is not generally recommended, as IMNs are treated as an area distant from the breast. We dissected recurrent IMN lesions that were detected as solitary recurrences within three years after initial radical

operations in 3 patients with breast cancer. Informed consent was obtained preoperatively from these patients.

Case Reports

Case 1

A 51-year-old Japanese woman with a mass lesion in the upper lateral area of the right breast underwent modified mastectomy for radical treatment of breast cancer in October 1991 at another hospital. Histological examination identified a 15×12 mm invasive ductal carcinoma, Scirrhus carcinoma, and axillary lymph

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Abbreviations: internal mammary lymph node (IMN), sentinel lymph node (SN), estrogen receptor (ER), computed tomography (CT), ultrasonography (US), positron emission tomography (PET)

