MALE BREAST CANCER
ESMO AFRICA SUMMIT

THEONESTE MANIRAGABA
CLINICAL ONCOLOGIST
RWANDA MILITARY HOSPITAL
RWANDA
“I have not conflict of interest”
Name: P.M
Age: 54 years old
Sex: Male
Residence: Nyagatare
Occupation: Farmer
Referral: Nyagatare DH > Butaro
Date of 1st presentation- 17/5/2016
CHIEF COMPLAINTS

-Four-month history of a progressive right-sided breast swelling.
HPI

• He attended surgery complaining of burning over his skin and one episode of bloody nipple discharge. He was a type 2 diabetic non-smoker, with no relevant family history.
PHYSICAL EXAM

• Right breast had a retracted pagetoid appearance to the nipple, with a painless hard lump in the underlying skin which diameter was about 3 cm. His left breast was normal, there were no palpable lymph nodes and his weight was stable.
1. Bilateral mammogram and ultrasound confirmed two masses of 45mm in the right breast

2. Punch biopsy revealed a grade 3 (poorly differentiated) invasive ductal carcinoma pT2, which was estrogen receptor (ER) positive and human epidermal growth factor receptor (HER2) negative.
1. prompt right mastectomy with sentinel lymph node biopsy, which was negative for cancer spread
2. Chest wall radiotherapy in Kenya, 4 weeks post mastectomy with 50GY/25
3. He was started on tamoxifen 20mg daily for a minimum of five years.
Today,
The patient is clinically stable. No evidence of metastasis nor recurrences.
Last month CT shows no mets. He is performing all his activities
Yearly clinical and Imaging check up

END