Dear Editor,

Breast cancer in the opposite breast diagnosed within a year after initial breast cancer is known as synchronous breast cancer. The incidence of synchronous cancer in both breasts is 2%, with very rare observation of different histological types (1). Lobular carcinoma histology, young age, family history, multicentric disease, positivity for progesterone receptors and nulliparity are among factors increasing the risk of bilateral breast cancer (2).

A 73-year old woman with no family history of breast cancer applied to our clinic due to a mass felt in the left breast and mammography found a spiculated contoured mass, one in each breast. After mammography breast ultrasound (US) found two heterogeneous hypoechoic solid mass lesions with irregular edges and posterior acoustic shadowing: 15 x 12 mm in the lower outer quadrant of the left breast and 10 x 9 mm on the midline of the upper quadrant of the right breast. The lesions in both breasts were marked with wire accompanied by US and excised. After excision histopathological investigation reported the lesion in the right breast as compatible with grade 2 invasive lobular carcinoma while the lesion in the left breast was compatible with grade 2 invasive ductal carcinoma. The patient later had bilateral radical mastectomy.

The diagnosis of synchronous cancer in both breasts can easily be missed owing to unawareness of selecting the appropriate imaging method and low index of suspicion. Delay in diagnosis of breast cancer decreases the duration of life expectancy. As a result the assessment of unilateral breast cancer patients for development of synchronous bilateral breast cancer becomes very important.

Consequently, correct diagnosis of different histological types in bilateral breast cancer allows for appropriate treatment protocols to be applied and increases the duration of life expectancy. In our case mammography and ultrasound were used efficiently in the diagnostic stage and were helpful in directing the treatment stage.

Figure 1. Craniocaudal mammography of right breast (a), ultrasound of the spiculated mass in right breast (b), invasive lobular carcinoma (x200 hematoxylin-eosin) in right breast (c).


References