

Ipsilateral axillary recurrence of breast cancer 22 years after primary surgery: the latest recurrence in the literature

Dear Editor,

Recurrence of breast cancer is been defined as the presence of a new local or distant disease appearance after initial treatment. Most recurrences –approximately in 25% of the patients– occur in the first 5 years after surgery [1]. Recurrences more than 15 years are not very frequent [2], and their recurrent pattern and prognosis have not been thoroughly analysed. In this report we present a breast cancer patient with local recurrence after 22 years of disease-free interval.

In 1987 a 38-year-old woman underwent right mastectomy for infiltrating ductal carcinoma of breast. The disease was staged as T2N0M0 and she received 6 cycles of intravenous adjuvant cyclophosphamide-methotrexate-5-fluorouracil combination chemotherapy. Hormone receptor status was not known at that time. After 22 years of disease-free follow up, she was admitted to our hospital with a right axillary mass. Excisional biopsy showed infiltrating ductal carcinoma of grade 2, estrogen receptor (+) (90%), progesterone receptor (+) (50%) and HER2 (–) with muscle involvement. Metastatic work-up did not show any distant metastases. Cyclophosphamide-adriamycin-5-fluorouracil was initiated as systemic therapy followed by hormonal treatment. The patient also visited the Radi-

ation Oncology department for possible locoregional radiotherapy.

We report this patient since she had the latest recurrence after 22 years of disease-free interval reported in the literature. Generally, after 10 years of disease-free interval, recurrences are mostly regarded as second primary cancer. Although we had no chance to compare the pathological findings of recurrent tumor with the primary cancer, it is probably a recurrence due to its location.

References

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2. Takeuchi H, Muto Y, Tashiro H. Clinicopathological characteristics of recurrence more than 10 years after surgery in patients with breast carcinoma. *Anticancer Res* 2009; 29: 3445-3448.

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