Clinicopathological Features, Treatment, and Outcome of Pregnancy-Associated Breast Cancer in Ahmadu Bello University Teaching Hospital, Zaria, Northwestern Nigeria

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Background: Pregnancy-associated breast cancer (PABC) is breast cancer diagnosed during pregnancy or within 1 year of delivery. It is the most frequent malignancy diagnosed during pregnancy or lactation. There is paucity of literature of PABC in Northwestern Nigeria. Aim: To highlight the clinicopathological features, treatment, and outcome of PABC in Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, Northwestern Nigeria. Methods: It was a 6-year prospective study of PABC from January 2007 to December 2012 at ABUTH Zaria. Information documented included patients' biodata, clinical features, pathological types, receptor status, staging, treatment, and outcome of PABC patients seen in ABUTH. Results: About 1344 had breast cancer during the study period. Thirty one patients (2.3%) had PABC. Age ranged 20–43 years, median of 31 years. Common clinical features were breast lump/mass -27 (87.1%) patients, skin thickness 10 (32.3%), nipple retraction 9 (29.0%), and inflammation 6 (19.4%). Nineteen (61.3%) patients were diagnosed in pregnancy: 1st trimester, 4 (12.9%); 2nd trimester, 7 (22.6%); 3rd trimester, 8 (25.8%); while 12 (38.7%) were within 1 year of delivery. Twentytwo patients (71.0%) had advanced disease. Twenty-four (77.4%) patients had invasive ductal carcinoma. Eight (36.4%) patients were ER/PR positive. Six (27.3%) were triple negative and 2 (13.6%) were HER 2 positive. Twenty-four patients (77.4%) had vaginal delivery. Three patients (9.7%) had spontaneous abortion and 1 patient (3.2%) had still birth. Twenty-five babies (80.6%) were alive and well. Seventeen patients (56.9%) had modified radical mastectomy (2 patients in 2nd trimester and 15 patients after delivery), 25 (80.6%) had chemotherapy, 14 (45.2%) had radiotherapy, and 1 (3.2%) received trastuzumab. Mortality was 8 (25.8%). Conclusion: PABC constituted 2.3% of all breast cancer patients in our hospital. Majority (71%) presented with advanced disease. Three out of every four were invasive ductal carcinoma, while one in four were triple negative. The mortality was 25.8%.