Carcinoma en Cuirasse

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- We present the case of a 49-year-old postmenopausal female with right breast stage IIIA (mpT2N2aM0) hormone receptor-positive and HER2-negative classic-type multifocal invasive lobular carcinoma who underwent a lumpectomy.
- She was treated with adjuvant dose-dense doxorubicin and cyclophosphamide, followed by paclitaxel (ddAC-T).
- She then received adjuvant radiation therapy which was followed by anastrozole.
- She discontinued anastrozole after losing her health insurance and had a local recurrence with biopsy-proven involvement of the dermis, *carcinoma en cuirasse* (Figure 1a).
- Following this, she underwent repeat radiation therapy to the skin, and was started on treatment with exemestane and palbociclib.



Figure 1: The name, *carcinoma en cuirasse*, derives from its resemblance to a breastplate of armor.

- She later switched from palbociclib to abemaciclib because of insurance issues, and continued exemestane and abemaciclib until progression of disease locally.
- Due to aversion to parenteral treatment, she was started on everolimus with exemestane instead.
- Unfortunately, she had further progression of disease locally at which time she agreed to treatment with fulvestrant and everolimus but had worsening of her *carcinoma en cuirasse* (Figure 1b).
- It is likely that she had poor disease control because of intermittent compliance with all of her treatment.
- She most recently received repeat palliative radiation followed by capecitabine with improvement of her skin lesions (Figure 1c).

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