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## **OCCULT BREAST CANCER**

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**Relevance:** Currently, there are several forms of breast cancer (BC): nodular, diffuse, edematous-infiltrative, mastitis-like form, as well as Paget's cancer . A special form of breast cancer is the hidden, or occult form. Taking into account the analysis of methods for diagnosing and treating occult breast cancer, it is important that this form of the disease is detected already in the later stages. It involves axillary lymphadenopathy and histologically appears to be lymph node metastasis from undetectable invasive breast cancer.

**Materials and methods:** We conducted a retrospective analysis of clinical cases of occult breast cancer and studied foreign literary sources on this topic. The results of clinical examples were presented with authentic documentation of the results of the examination and treatment.

**Results:** Considering the complexity of the diagnostic stage, the clinical form of the disease, the described clinical examples can be attributed specifically to the occult form of breast cancer. An important and determining factor in treatment is the diagnostic stage using all possible methods, including positron emission tomography combined with computed tomography, magnetic resonance imaging of the mammary glands and trepanobiopsy of regional lymph nodes, followed by determination of the molecular biological subtype of the tumor. A morphological study in the primary lesions of ARBC revealed very little stroma, there was practically no necrosis, but there was high mitotic activity in the lesion. We noted that metastases in the axillary lymph nodes were significantly less affected by therapeutic effects in cases where neoadjuvant radiation or chemotherapy was performed.

**Conclusions:** The presented data confirm the general statement about the uniqueness of this disease, which requires a more detailed and multidisciplinary approach at the stage of diagnosis and determination of treatment tactics. According to the morphological characteristics, ARBC differs from other forms of cancer primarily in the dissonance between the small size of the primary lesion and the volume of regional metastasis, the predominance of the third degree of malignancy of metastases over the second degree of malignancy of primary tumors.

