

Hormone receptor positive breast cancer showing metastasis to less common sites; Case report

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Breast cancer is the 2nd most common cancer in Korean female population, and its mortality rate increases in metastatic condition. Although breast cancer most often spreads to the bones, liver, lungs, and brain, the following case provides useful insight of diagnosing metastatic breast cancer. A 47-year-old female presented with nausea and vomiting. The patient had a history of hormone receptor positive bilateral breast cancer. The patient underwent bilateral mastectomy with LN dissection 2 years ago. Based on pathologic evaluation, 4 cycles of doxorubicin and cyclophosphamide followed by 4 cycles of docetaxel was prescribed as adj. chemotherapy. Also, the patient underwent adj. radiotherapy on rt. axillary area after adj. CTx. Previous serial response assessments showed stable disease. On physical examination, tenderness of RUQ was noted. On abdominal CT scan showed mild wall thickening of duodenum with bile duct dilatation, suggesting paraduodenal pancreatitis. (Fig 1) At first, the patient was admitted to GI department for further evaluation. On duodeno-enteroscopy, edematous mass lesion was founded on 2nd portion of duodenum and biopsy was performed. (Fig 2) Poorly differentiated carcinoma probably metastatic from breast was suggest by pathologist. On further workup of hormone receptor (ER/PR) status and HER2 status, it was concluded that metastatic HR(+) breast cancer was noted on periampullary region of duodenum. (Fig 3-5) The patient was referred to oncologist for palliative CTx. The patient was treated with CDK 4/6 inhibitor (ribociclib) with addition of aromatase inhibitor (letrozole), and maintaining stable disease without progression since. In spite of steady decrease of incidence with the help of early detection as well as treatment techniques, metastatic breast cancer is a major threat to women population in Korea. Moreover, the risk for recurrence of HR(+) breast cancers persists for a prolonged period. Although the most common metastatic sites in breast cancer are bones, liver, lungs, and brain, the clinician must not ignore the possibility of metastasis to less common sites, especially in HR(+) breast cancer patient.



Figure 1. Initial abdominal CT scan, suggesting paraduodenal pancreatitis.

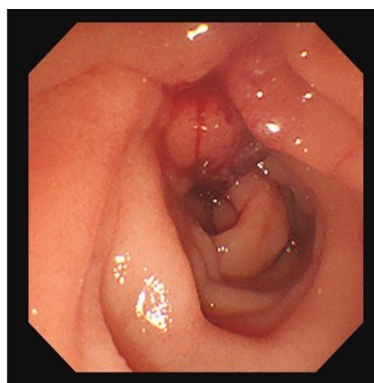


Figure 2. Duodenal-enteroscopy showing mass on second portion of duodenum.

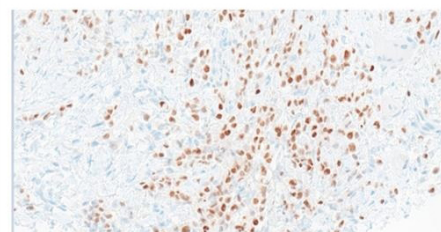


Figure 3. PR positive.

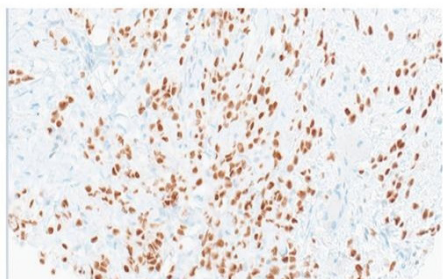


Figure 4. ER positive.

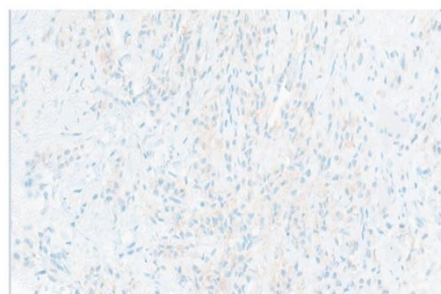


Figure 5. HER2 negative.