Diffuse Gastrointestinal Metastasis of Lobular Carcinoma of the Breast

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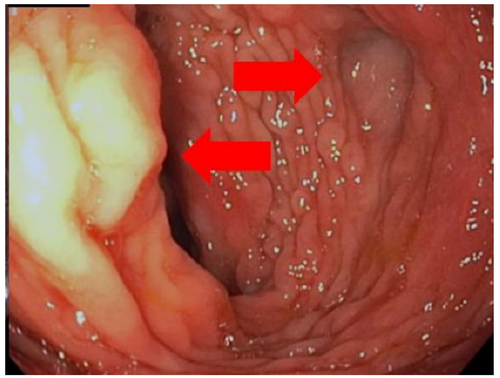
Background

- Breast cancer is one of the leading cancer diagnoses in the United States and results in second highest incidence of oncologic mortality in women
- Breast cancer typically metastasizes to lungs, liver, bone, brain, and rarely the gastrointestinal tract
- If breast cancer that metastasizes to the GI tract, it is typically lobular carcinoma with hormone receptor positivity

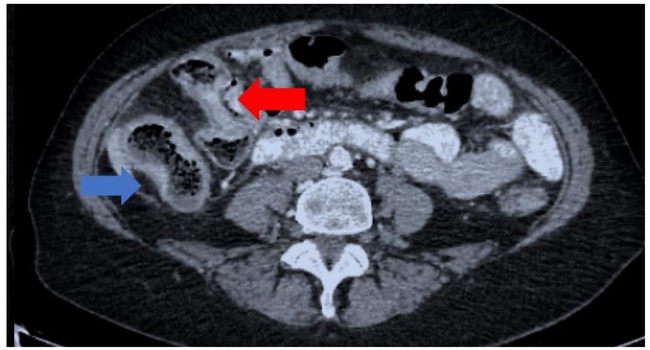
Case

- Initially, a 57 year old female who presented with ER (+), PR (+), and Her-2 (-) pT1 N2 (stage IIIA) lobular breast carcinoma treated with surgical resection, radiation, and chemotherapy
- 11 years after breast cancer diagnosis, she presented with nonspecific abdominal symptoms and weight loss, which were thought to be due to malignant appearing lesions in her colon but were biopsy negative
- Patient underwent an extended right colectomy and distal gastrectomy with Roux-en-Y reconstruction due to gastric outlet obstruction from a pyloric mass found intra-operatively and a fibrotic right colon
- Final pathology of right colon and pylorus were significant for invasive lobular breast carcinoma diffusely infiltrating the submucosa and muscularis propria with 32 peri colonic and 3 peri gastric lymph nodes containing scattered isolated tumor cells
- Lymph nodes were also ER (+), PR (-), and Her-2 equivocal

Imaging Findings



Pre-operative colonoscopy with multiple polypoid lesions at the transverse colon (red arrow)



Pre-operative CT of abdomen and pelvis in axial view demonstrating thickened colonic wall along hepatic flexure (blue arrows) with area of structuring (red arrow)

Key Findings

- Patients with a history of breast carcinoma require a multidisciplinary approach with detailed investigation into new presenting symptoms after treatment of their breast cancer due to: delayed presentations, imaging and endoscopic findings, potential benign biopsies
- Typically, lobular carcinoma will metastasize to stomach with colon and rectum disease being more rare
- Breast carcinoma can present as thickening of the colonic wall and not a discrete mass, which can be a factor in potential benign biopsies

Resources: Bamias A, et al. Rectal metastases from lobular carcinoma of the breast: report of a case and literature review. Ann Oncol. 2001;12(5):715–8.
López, et al. Rectal metastasis from lobular breast carcinoma 15 years after primary diagnosis. Clin Transl Oncol. 2010;12(2):150–3.

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