PROXIMITY IS NOT PROOF OF PATHOLOGY

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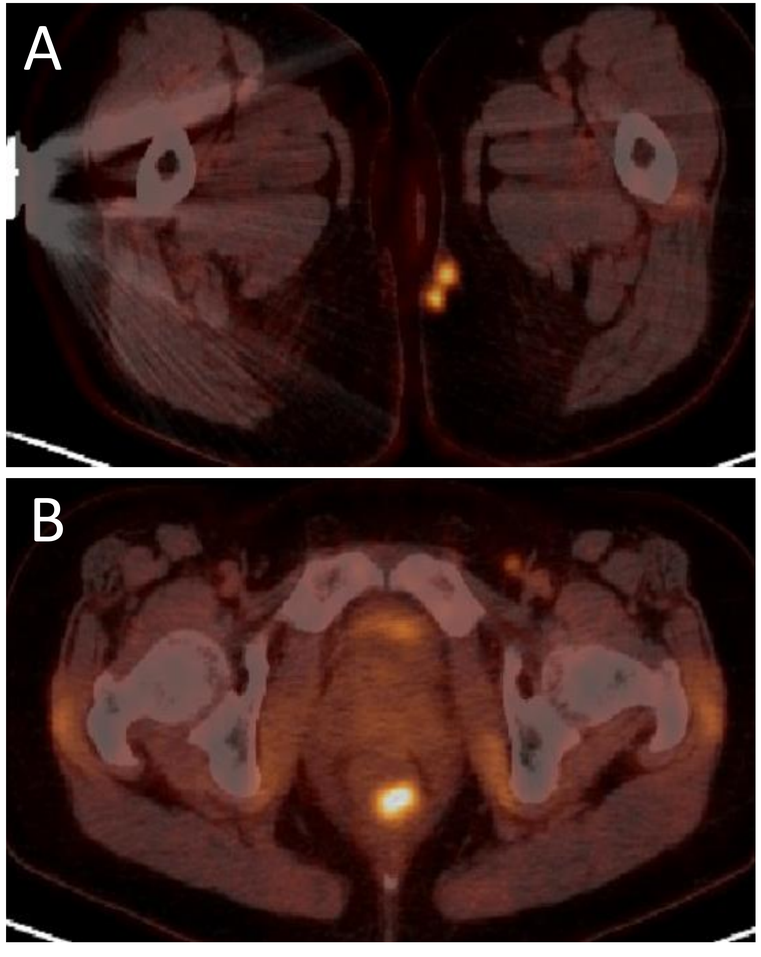


Figure 1) PET scan showing avidity in the left gluteal nodules (A) and anal canal mass (B)

Case Presentation

57-year-old female diagnosed with invasive lobular carcinoma of her right breast on screening mammography six years prior to presenting to our clinic. She underwent bilateral mastectomies and adjuvant chemotherapy. She had a local recurrence two years later treated with resection, radiation and anastrozole.

Screening colonoscopy in 2022 revealed an ulcerated mass in the anal canal. Biopsy confirmed moderately differentiated invasive adenocarcinoma. Staging demonstrated locally advanced tumor involving the sphincter complex and total neoadjuvant therapy was recommended.

She had clinical complete response with negative biopsy. The patient opted for a watch-and-wait.

Prior to her first surveillance she presented complaining of painful nodules in the left buttock. A rectal mass was appreciated on DRE. PET scan showed FDG avidity of the nodules, an inguinal lymph node, and rectal mass.

Subsequent excision of the gluteal mass and FNA of the inguinal lymph node revealed adenocarcinoma that was CK7, CK20, and diffuse GATA3 positive with rare CDX2 positivity more consistent with breast, skin, or adnexal cancers than a colorectal origin.

Discussion

- Patients with history of multiple cancers → new soft tissue masses challenging to diagnose/treat
- Proximity to the tumor does not equate to pathology
- Local soft tissue metastases in breast cancer occur but distant soft tissue metastases are rare
- Soft tissue metastases in rectal adeno carcinoma are rare
- In this case a soft tissue metastasis in proximity to her ongoing rectal adenocarcinoma was consistent with neither primary tumor → had more characteristics associated with the breast primary
- Demonstrates the importance of immunohistochemical analysis of any previous cancer as this was more consistent with a breast metastasis.