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Adrenal Metastasis in Carcinoma breast: case report

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Abstract

Adrenal metastasis is commonly seen in lung, gastrointestinal tract and renal cancers. Very rarely noticing from breast cancer. Isolated metastasis is very rare in this site, effective survivelanceand treatment of isolated metastasis provides better survival.

To report such a rare case in our department of radiation oncology, Madras Medical college , Chennai .

Keywords :

adrenal metastasis, breast cancer, adrenelectomy,

Cases so far reported in literature

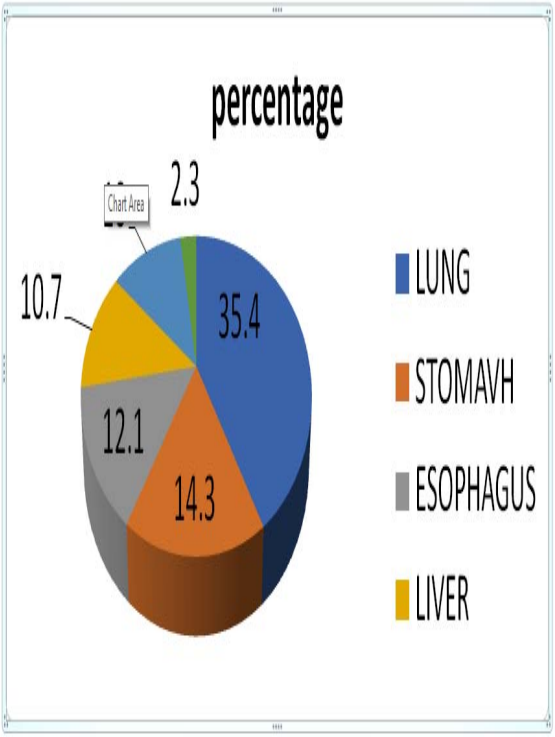
Table I.

Reported cases of adrenal gland metastasis of breast invasive ductal carcinoma.

Case	Authors, year	Age (years)	Tumor size (cm)	Clinical features	Location	Im
1	Liu *et al*, 2010	64	6	Asymptomatic	Left adrenal gland	C-e 15+
2	Yoshitomi *et al*, 2012	46	NA	Asymptomatic	Right adrenal gland	E-c
3	Akhtar *et al*, 2012	45	2.8	Pain in abdomen and shortness of breath	Left adrenal gland	ER
4	Eren *et al*, 2012	38	4	Asymptomatic	Left adrenal gland	NA
5	Andjelić-Dekić	58	NA	Asymptomatic	Left adrenal	HE

Introduction

Adrenal metastasis is very rare metastatic site in case of breast cancer and patient presenting with adrenal metastasis rarely produce symptoms. Most common presenting symptoms are abdomen pain or back pain or symptoms of adrenal insufficiency .it can be either unilateral or bilateral involvement. Vagus nerve play an important role in development of metastasis to adrenal gland from breast.



Case Presentation

An 59 year old post menopausal women presented with lump in leftbreast with nipple discharge in three months. Not associated with other symptoms of bleeding, back pain or abdomen pain and no co morbidities. On examination ECOG 2,not pale and not icteric, a lump of size 7 x 3 cms noted in left upper quadrant with skininvolvement . level I and II hard fixed nodes palpated. Biopsy from the lesion confirms invasive ductal carcinoma. Immunohistochemistry shows ER and PR negative , HER 2 – 3 positive. At that time metastatic work up was normal. Patient was taken up for neo adjuvant chemotherapy. She was started on 3 cycles of 5 flurouracil, adriamycin , cyclophosphamide. Patient was reassessed and noted size was reduced. Patient was proceeded with modified radical mastectomy and completed remaining 5 cycles of chemotherapy. Patient was taken up for post mastectomy radiation therapy. During metastatic work up before radiation ultrasound shows mixed echogenic mass lesion in left side of adrenal gland.CECT abdomen shows mixed echogenic lesion in of size 4x 3 cm in left adrenal gland. Biopsy shows metastastic carcinoma breast and confirmed by IHC HER2 positive. Patient was advised left adrenalectomy and on follow up.

Discussion

Adrenal gland metastasis from breast carcinoma is rare. Mostly asymptomatic. Common route of spread is from hematogenous. Most commonest primary metastasing to adrenal was lung and stomach.Laproscopicadrenalectomy is the most acceptable treatment option for isolated adrenal metastasis. Other options are chemotherapy, immunotherapy and targeted therapy.Estrogen receptor , progesterone receptor , mammoglobin , GCDFB 15 are the breast specific markers to diagnose metastatic breast carcinoma. Invasive ductal carcinoma of breast is considered to be systemic disease which needs effective systemic treatment. By opting metastasectomygives better disease free survival and overall survival.

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