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REPORTING A RARE CASE OF BILATERAL BREAST CANCER PRESENTING WITH A LATE CERVICAL METASTASIS

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Abstract : Metastasis to the cervix is one among the uncommon complications of breast carcinoma . And its earlier detection before the diagnosis of the primary breast carcinoma is much more rare . Accounting to this , the present case report describes a 45 year old lady detected to have bilateral infiltrating lobular carcinoma of breast , for which she was treated with neoadjuvant chemo-radiation , followed by bilateral MRM and prophylactic BSO . Post op HPE showed infiltrating lobular carcinoma , grade II of the breast along with metastatic carcinoma of glandular origin in both ovaries and tubes . Underwent treatment with chemo-radiation followed by tamoxifen for 5 years . After 9 years , was detected to have liver and bone metastasis for which she took palliative chemotherapy . Later , as a part of routine investigation was detected to have a cervical mass which on HPE showed metastatic infiltrating lobular breast carcinoma . Further was treated with palliative chemo-radiation which was discontinued as she developed ascites .Hence concluding the importance of periodic gynaecological examination in all cases of breast cancer

Keyword :BILATERAL INFILTRATING LOBULAR CARCINOMA, CHEMORADIATION, METASTASIS TO CERVIX

CASE REPORT:

45 year old premenopausal multipara , with no comorbidities , no family history of cancer was diagnosed as a case of Bilateral infiltrating lobular carcinoma of Breast (right) cT3N2 , (left)c T4bN1,ER /PR Strongly positive, treated in 2004 with neoadjuvant chemo - radiation (4 cycles of FAC and TD : 40Gy to bilateral breast and axilla from 22/07/2004 to 21/09/2004) followed by bilateral modified radical mastectomy with BSO on 15/11/2004 . Post operative HPE suggestive of infiltrating lobular carcinoma , grade II (ILC) ,pT2N1 Right side and pT2N2 Left side (resected edges free with adequate lymph nodal dissection), with bilateral ovaries and tubes showing metastatic carcinoma of glandular origin . She completed 6 cycles of FAC on 15/01/2005 followed by radiation to IMR . Patient was on Tamoxifen till 2010 . After a DFS of 9 yrs in 2013 she was detected with bone and liver metastasis and recieved 6 cycles of Docetaxel from 04/11/2013 to 17/02/2014 with monthly Zometa . On annual investigation , USG pelvis showed a hypoechoic cervical mass of 4 x 3.1 cm with bilateral Hydroureteronephrosis . Gynaecological examination revealed a dense infiltrating growth involving upper 1-2 cm of all vaginal walls . Right parametrium dense infiltrated upto pelvic wall . Left parametrium also infiltrated. A cervical punch biopsy showed moderate dysplasia. She underwent EUA and D&C on 12/02/2015 .

HPE showed :

cervical nodule - metastatic lobular carcinoma of breast
vaginal nodule - metastatic lobular carcinoma of breast

Endocervical nodule - invasive squamous cell carcinoma , grade III separate fragments show metastatic lobular carcinoma of breast .

Cystoscopy - Mass in the right lateral wall , trigone and base of bladder . Biopsy - metastatic lobular carcinoma of breast

CT Abdomen and Pelvis - 3 hypodense lesions in the right lobe of liver . Largest 1x0.5 cm . Paraortic nodes-largest 1.7x1.0 cm . Bilateral iliac nodes- largest on the right 1.6x1 cm and on the left 1.3x0.8 cm . Bilateral hydrouretronephrosis. Endometrial T hickness-9mm

Patient was diagnosed to have advanced cervical cancer which is a metastasis from primary breast cancer. Patient was planned for palliative chemotherapy. Patient underwent right Percutaneous nephrostomy . Patient received 3 cycles of CMF chemotherapy and was found to have static response to chemotherapy . Patient was subjectively better .Patient was planned for palliative external radiation followed by reassessment since the response to chemotherapy was static. Patient was treated with 15 MV X-Ray therapy to pelvis TD : 26Gy given . Patient developed progressive ascites . Further RT not planned in view of recurrent ascites .Patient was

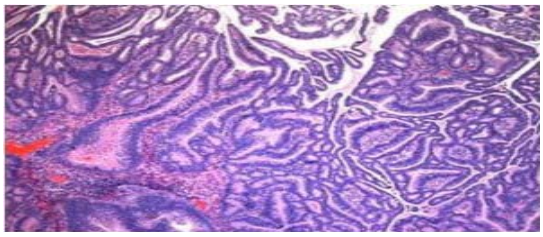
discharged at request and referred to local place for supportive care.

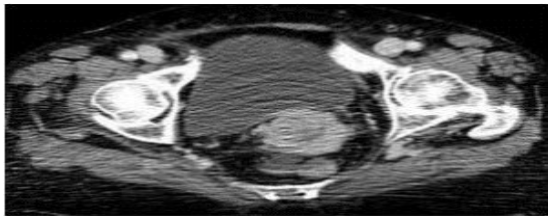
CASE DISCUSSION:

Most common metastasis of Breast cancer are lungs ,bones ,liver and Brain. Although adenocarcinoma of the cervix as direct spread of an adenocarcinoma of the endometrium is not as unusual , metastasis to the cervix from extragenital sites is a rare occurrence . Mazur et al . reported that , among 149 metastatic tumours to the female genital tract from extragenital primaries , the ovary and vagina were the most frequent location of metastases (75.8% and 13.4% , respectively) and only 8.1% were to the uterus (4.7% to endometrium , 3.4% to the cervix). Breast was the second most common primary site next to gastrointestinal tumours ; of 52 breast cancer cases metastatic to the gynaecologic organs , ovaries were affected in 88.5% cases , vagina in 5.8% , endomerium in 3.8% , vulva in 1.9% and no case to the cervix . Limoine and Hall found 33 cases of distant metastasis to the cervix , 4 of which (12.1%) were from a breast primary . Review of literature shows that, among the metastatic extragenital cancers to female genital tract ,Ovaries are most frequently affected by metastasis accounting for 75.8% followed by vagina ,corpus uteri cervix (3.4%),vulva and salphinx(0.7%) . Breast cancer includes a number of histological subtypes of which the 2 most common are invasive ductal carcinoma (IDC) and ILC . More than 70% of all breast cancer types are IDCs while ILC represent 5-15%.With respect to metastasis , ILC spreads more frequently to gynecologic organs than IDC as in this case. ILC is often a poorly circumscribed tumor which may be difficult to detect by palpation or mammography . This characteristic feature may lead to delay in the diagnosis. ILC are also more prone for Bilateral breast cancers. Tamoxifen has been traditionally used for hormone positive breast cancer in adjuvant setting and is known for its high chance of endometrial hyperplasia. In this patient , it is interesting to note that the patient still maintains a normal endometrium even with multiple areas of metastasis . Till date , approximately 35 cases of breast cancers metastasing to cervix have been reported . Among them , 7 cases presented as a cervical case with unknown primary , which on later investigation detected a primary breast carcinoma . While in rest of the cases , the primary breast carcinoma was detected ea rlier . But on presentation , the cervical case would have already been an advanced primary cervical carcinoma .

CONCLUSION :

Considering the limitation of this study ; reporting of only one patient and its very rare features cannot prove any correlation between the Bilateral breast cancer which was treated with Tamoxifen and late cervical metastasis. But the treating oncologist should be aware and concerned about the chance of ovarian and cervical metastasis in a case of bilateral stage IV breast cancer receiving tamoxifen even if the duration of hormonal therapy is over. Routine gynecological examinations should be carried out without fail even when the patient is asymptomatic. Also it is important to distinguish ; whether the cervical lesion is primary or metastatic as the treatment options are varied.





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