

Unusual breast cancer metastasis

Nuno André Barros, Arlindo Ferreira, Maria José Rocha, Luis Castro

Departments of Obstetrics and Gynecology, Hospital de Braga, Braga, Portugal

Correspondence to
Dr Nuno André Barros,
nunobarros@mail.com

Accepted 22 May 2015

DESCRIPTION

Invasive ductal carcinoma (IDC) is the most common histological type of breast cancer, accounting for up to 85% of all invasive breast carcinomas.¹ In IDC, the most common areas of solitary metastasis are lung, liver, brain and bone.

In a study published by Borst and Ingold,² referring to the metastatic patterns of breast cancer in a group of 2246 patients with IDC, no one presented with adrenal metastasis.

Adrenal metastases of breast cancer are usually associated with invasive lobular carcinoma (ILC), most often synchronous with multiorgan metastasis.³ Isolated adrenal metastases are rare in carcinomas of the breast, especially when they originate from IDCs.

There has only been one case of solitary adrenal metastasis in IDC⁴ published (online PubMed search).

We report a case of a 66-year-old woman with a history of IDC (pTNM: pT2G3N1aMx-stage IIB) treated with modified radical mastectomy, chemotherapy and radiotherapy, followed by hormone therapy with tamoxifen.

In her follow-up consultation 5 years after the initial treatment, she presented with right hypochondriac pain. After a normal abdominal ultrasound and bone cintilogram, she had a positron emission tomography scan performed, which showed a right adrenal mass (figure 1). The CT



Figure 2 Abdominopelvic CT scan: right adrenal mass (coronal plane).

scan confirmed the presence of a 7×4 cm mass on the right adrenal gland (figure 2).

The patient underwent total right adrenalectomy. The postoperative histopathological finding confirmed an IDC of the breast metastasis.

This is a report of an extremely rare case of solitary adrenal metastasis of an IDC who presented 5 years after the initial treatment. Given the rarity of solitary adrenal metastasis, the recommended treatment is still unclear, and must be individualised.

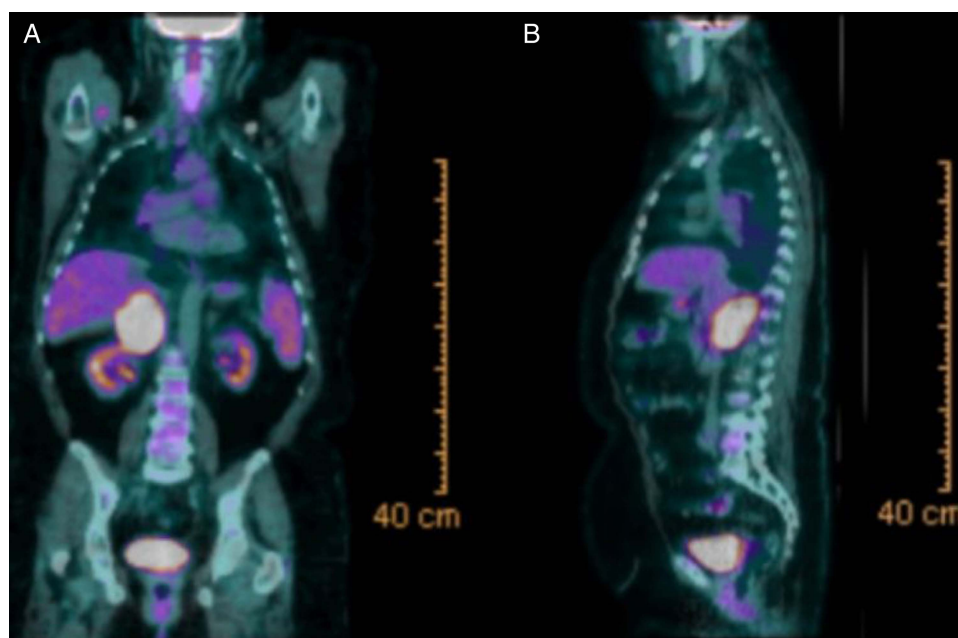


Figure 1 Positron emission tomography scan: right adrenal mass (A) coronal plane, (B) sagittal plane.



To cite: Barros NA, Ferreira A, Rocha MJ, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2014-209125

Learning points

- ▶ Solitary adrenal metastasis can rarely occur after invasive ductal carcinoma of the breast.
- ▶ Clinicians must be prepared to diagnose rare sites of metastasis after initial breast cancer treatment.
- ▶ Total adrenalectomy is a treatment option in cases of solitary adrenal metastasis.

Acknowledgements The authors would like to acknowledge the collaboration of the Department of Surgery.

Contributors NAB and MJR followed up the patient in the outpatient clinic. NAB, AF, MJR and LC evaluated the patient. MJR, AF and LC performed the surgery. NAB

collected the data and wrote the manuscript. All the authors were involved in the conception of the work and revised it critically for important intellectual content as well. The authors approved the final version to be submitted/published.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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