

Colonic metastasis from carcinoma of the breast presenting with colonic erosion



Fig. 1 A 2-cm elevated, erythematous erosion near the hepatic flexure in the transverse colon, visualized on colonoscopy.

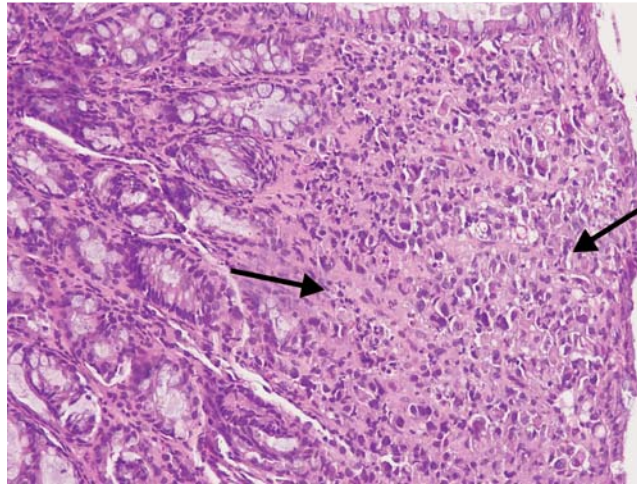


Fig. 2 Histological examination of a biopsy specimen from the colonic erosion showing nests of pleomorphic tumor cells in the lamina propria. The cells have slightly eccentric nuclei (hematoxylin and eosin, magnification × 400).

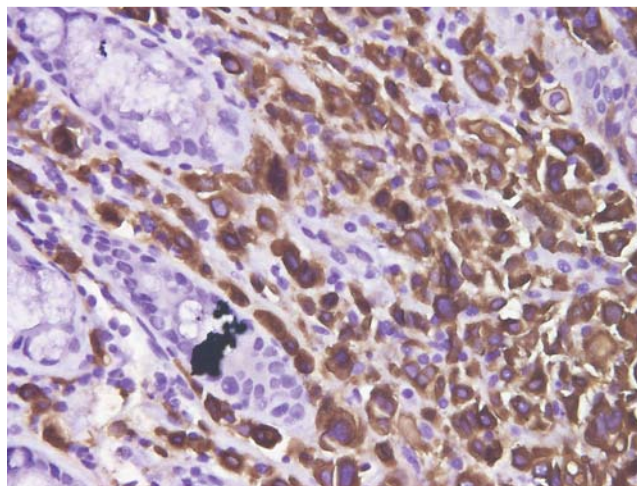


Fig. 3 Immunohistochemical evaluation showing positivity for cytokeratin 7 (magnification × 400).

A 49-year-old woman was diagnosed as having a right invasive ductal breast cancer with right maxillary lymph nodes metastasis (pT2N3M0, stage IIIc) in 2006. She underwent a partial mastectomy followed by adjuvant chemotherapy. The disease remained stable until 2008. In May 2008, she was admitted to hospital for investigations because of abdominal pain. Physical examination and laboratory tests showed no remarkable abnormalities. Colonoscopy demonstrated a 2-cm elevated erythematous erosion in the transverse colon near the hepatic flexure (▶ **Fig. 1**). We carried out multiple forceps biopsies of the colonic erosion. Microscopic examination of the biopsy specimens revealed nests of pleomorphic tumor cells, with slightly eccentric nuclei, in the lamina propria (▶ **Fig. 2**). Immunohistochemical study of the tumor cells was positive for cytokeratin 7 (▶ **Fig. 3**) and negative for cytokeratin 20, a pattern similar to that of the primary tumor. On the basis of the pathological features, a diagnosis of metastatic breast cancer was made.

Breast cancer is the second most common cancer worldwide. Whereas the lung, liver, and the bones are common sites for distant metastasis in women with breast cancer, metastasis to the gastrointestinal

tract is an uncommon event [1]. When gastrointestinal metastasis does occur, the upper gastrointestinal tract is more frequently involved. In contrast, colonic metastasis from a breast cancer is rare [2]. The lobular, infiltrating type of carcinoma of the breast apparently has a greater predilection for the gastrointestinal tract than the ductal type [3]. Gastrointestinal metastasis of breast cancer is difficult to diagnose early because of the non-specific nature of the symptoms [4], and,

therefore, the prognosis is usually poor. Surgical intervention does not seem to improve survival except in the subgroup of women in whom this is the only site of metastatic spread [5]. In conclusion, despite isolated gastrointestinal metastasis being a rare occurrence, metastatic disease should be considered whenever a woman with breast cancer experiences gastrointestinal symptoms.

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mimics a primary intestinal cancer. *Yonsei Med J* 2006; 47: 578–582

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