Breast metastasis from squamous cell carcinoma of the cervix: a case report

Yassı hücreli servikal kanserin memeye metastazı: olgu sunumu

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ÖZET

Solid tümörlerin meme metastazına çok sık olmasa da klinik pratik hayatımızda rastlamaktayız ancak servikal kanserin memeye yayılımı literatürde de çok nadir bildirilmektedir. Olgumuz 65 yaşında, evre IV yassı hücreli serviks kanseri nedeni ile 3 kür birinci seri kemoterapi aldıktan sonra meme metastazı gelişti. Primer meme kanseri düşünülerek alınan biyopsinin patolojik incelenmesinde az diferansiye yassı hücreli kanser metastazı olduğu görüldü. Bu olgu kanser öyüsü olan hastalarda doğru tedavi kararı verebilmek için ayırıcı tanının önemini bir kez daha vurgulamaktadır.

Anahtar Kelimeler: serviks kanseri, meme metastazı

ABSTRACT

Breast metastasis from other solid tumors are infrequent, and cervical cancer is the extermely rare primary site. We describe a case of 65 years old women with stage IV cervical squamous cell carcinoma. After three cycles of the first line chemotherapy, she developed breast metastasis mimicking the primary breast cancer. Histopathological examination of the breast trucut biopsy performed and less differantieted epidermoid carcinoma was deteremined. Differential diagnosis from primary breast cancer is crtical to decide most appropriate treatment especially in patients with previous cancer history.

Key words: cervical cancer, breast metastasis

Introduction

Altough primary breast carcinoma is the most common malignancy in women; metastatic involvement of the breast is very rare. It represents 0.5–1.5% of all breast malignancies in clinical series and 6.6% in autopsy series (1,2). The common primary sites are malignant melanoma, leukemia, lymphoma, and cancer of the lung, stomach, prostate and ovary (3,4). The cervical origin is rarely reported, and often represents widespread disease with poor prognosis.

In this case report; we present an unusual case of breast metastasis from squamous cell carcinoma of the cervix.

Case Report

A female patient aged 65 years presented to gyneocology outpatient with a history of vaginal bleeding within 3 months. Vaginal examination and uterine cervical biopsy showed epidermoid carcinoma of the cervix. Metastatic work-up with positron emission tomography scan was done which showed uptakes in the liver and paraaortic lymph nodes with cervix. We planned chemotherapy with cisplatine and paclitaxel with bevacizumab; but she was referred with a suddenheadachesoweperformed a cranial magnetic resonance imaging that revealed mutliple brain metastases. After cranial radiotherapy, she received 3 cycles of chemotherapy. While planning PET/CT scan for response evaluation she presented with a painless mass in her right breast. In physical examination 2 cm diameter mass was detected in the lower outer quadrant of the berast. Mammographically a high density mass with 14x21 mm diameters and well circumscribed margins was noted (Figure-1). Tru-cut biopsy was performed and histopathological examination demonstrated a less differantieted epidermoid carcinoma (Figure-2). Retrospective histopathological evaluation of the cervix and breast slides together confirmed that it is a cervical carcinoma metastased to the breast. PET/CT scan also revealed progressive disease; the chemotheraphy regimen was

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Figure 1: Mammographically a high density mass with 14x21 mm diameters and well circumscribed margins was noted.

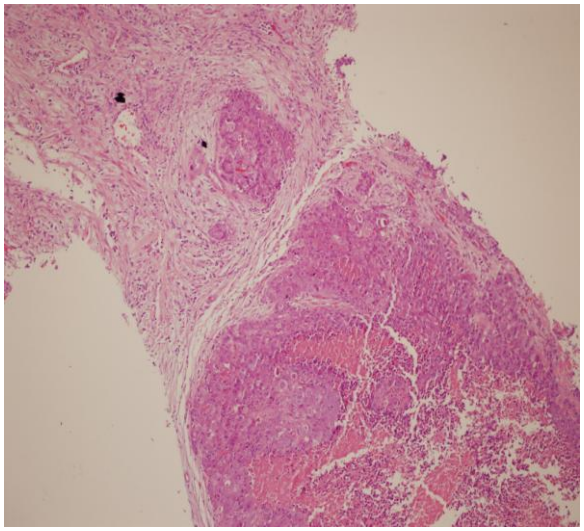


Figure 2: Neoplastic cell proliferation of tumor cells, within the mammary tissue. Stain: hematoxylin and eosin; magnification: 100×

changed to cisplatin and 5-Fluorouracil. After three cycles of the new chemotherapy the treatment stopped because of the poor performence status. Afer a few weeks she died.

Discussion

Metastatic tumors to the breast are very rare and generally show the widespread disease as in our case. In clinical series it represents 0.5%-1.5% of all breast malignancies (1,2). The most primary cancers metastasis to breast are melanoma, leukemia, lymphoma, and cancer of the lung, stomach, prostate and ovary (3,4).

The first case of cervical carcinoma metastatis to breast was reported by Speert et al.in 1948 (5). Since that time oly a few cases have been reported in the literature. Most of the cases present as a palpable, mobile and painless mass like a primary breast cancer.

The common mammographic appearance is a rounded mass with well-defined or slightly irregular margins that lack microcalcifications and are, therefore, indistinguishable from benign lesions such as a fibroadenoma (6,7). Absence of microcalcifications is considered a characteristic feature of metastatic lesions to the breast, with the exception of ovarian cancer (8). Ultrasound typically shows a hypoechoic or hyperechoic mass which is sometimes heterogeneous or poorly defined (8). Our patient's clinical and imaging findings were in concordance with prior reports in the lecture.

There are no reliable or specific clinical or radiologic tests that can predict a tumor being metastatic rather than a primary lesion. So pathological assessment is mandotory, strongly helped by the clinical history. In our case histopathological examination demonstrated a less differantieted epidermoid carcinoma with no specific marker exists by immunohistochemistry. Previous servical biopsy sample salso helped us for the diferantial diagosis.

Metastases to the breast have been associated with poor prognosis, with most patients die within the first year of diagnosis(9). The optimal manegment of cervical carcinoma with breast metastasis is unclear; most of the reports used palliative chemotherapy; sometimes completed with local treatments.

Conclusions

We reported an unusual metastatic site of cervical cancer. Patients medical history helped us to make the correct diagnosis. When a clinician found a metastasis in the breast it is important to distinguish the primary site that treatment and prognosis depends on it.

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