

Case Report

Solitary breast metastasis from carcinoma of colon

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Colonic tumour spreads to lymph nodes, liver, bones and lungs. Metastatic spread of colonic tumour to the breast is rare and is usually in the context of widespread malignancy. We report a colonic tumour spread to the breast.

CASE REPORT An 86 year old woman was referred to the surgical clinic with three month history of a painless lump in the right breast. She also complained of intermittent abdominal pain with nausea and occasional vomiting. Examination revealed a 2 x 2 cm hard lump in the upper outer quadrant of the right breast which was not fixed to the skin or underlying structures. The other breast and both axillae were clinically normal. Abdominal examination was unremarkable. Fine needle aspiration cytology of the breast lump showed a few cells with nuclear atypia. Ultrasound scan of the abdomen and chest X-ray were normal.

On admission to the hospital a soft mass was noted in the right iliac fossa suggestive of distended caecum. Barium enema showed a stricture in the ascending colon. Right hemicolectomy and breast lumpectomy with axillary node dissection were performed. There was no evidence of spread of the disease from the colon. Histopathology confirmed a moderate to poorly differentiated adenocarcinoma of the colon extending to mesenteric fat (Duke's B).

Mesenteric lymph nodes were clear and there was no evidence of lymphovascular invasion. The breast lump showed a tumour histologically similar to colonic tumour. (Figure) Axillary lymph nodes were clear. Further immunochemistry confirmed existence of colonic tumour to be a primary tumour and breast tumour as a metastatic lesion from colon. Post operative recovery was uneventful and the patient remains well a year and half after the operation.

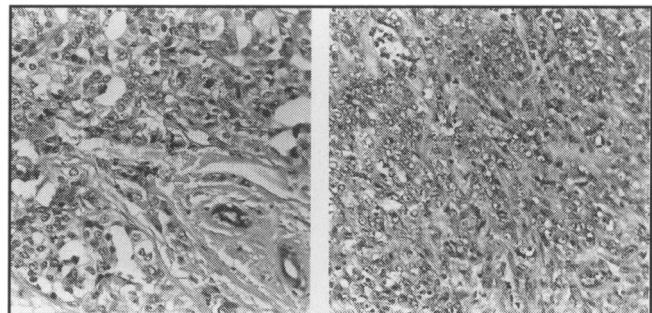


Figure The photomicrograph on the left shows tumour in the breast. One on the right is the tumour in the bowel wall. (25x)

DISCUSSION

Metastatic tumours to the breast are rare.¹ Virchow's statement that "almost all organs which show a strong tendency to develop primary neoplasm are seldom site of metastases" remains true for the breast. Just over 200 cases of breast metastases have been reported in the literature. Metastatic lesions of breast are usually part of a widely disseminated disease, though one case has been reported where a solitary breast metastasis was manifestation of an occult carcinoid of ileum.² Malignant melanoma is the most common tumour metastasising to the breast.^{3,8} Others in the order of frequency include lung, prostate and stomach. Gastrointestinal carcinoids metastasising to the breast have also been reported.^{2,4,5} Though most of the patients were female, a few were males and in such cases the primary tumour was in the

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prostate.^{6, 7} At least four cases of colonic malignancy spreading to the breast have been reported.

A few important points were noted during management of this patient. Though presenting symptoms were related mainly to breast, the major pathology was in the abdomen. Even though there was no evidence of lymph node involvement, and the liver was clear of metastases and no lymphovascular invasion was demonstrated, the disease had reached the breast.

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