

Introduction

Metastasis to the stomach is very rare in the case of breast cancer (BC) with an estimated incidence rate of about 0.3%. In general, BC most commonly metastasizes to the bone, liver, or lung. Retrospective studies have found that the majority gastric metastasis (GM) is derived from lobular breast cancer in comparison to other breast cancer subtypes and higher percentages have hormone positivity. Previous studies demonstrate various intervals between diagnosis of primary breast cancer and the detection of GM anywhere from 5 to 20 years.

Case Report

- 73 year old female with past medical history of prior stage IIB invasive right breast lobular carcinoma ER/PR positive, HER2 negative initially diagnosed 13 years prior was found to have ER/PR positive, HER2 negative metastatic adenocarcinoma in the gastric body and antrum after endoscopic evaluation for dysphagia and dyspepsia.
- Patient received prior right mastectomy with chemotherapy and radiation without evidence of metastasis on PET scans.
- 10 years later biopsy of left breast showed moderately differentiated invasive carcinoma ER/PR positive, HER2 negative. Mastectomy was performed with no node involvement. Chemotherapy was continued.
- 3 months prior to EGD, PET scan and MRI showed no evidence of metastasis.

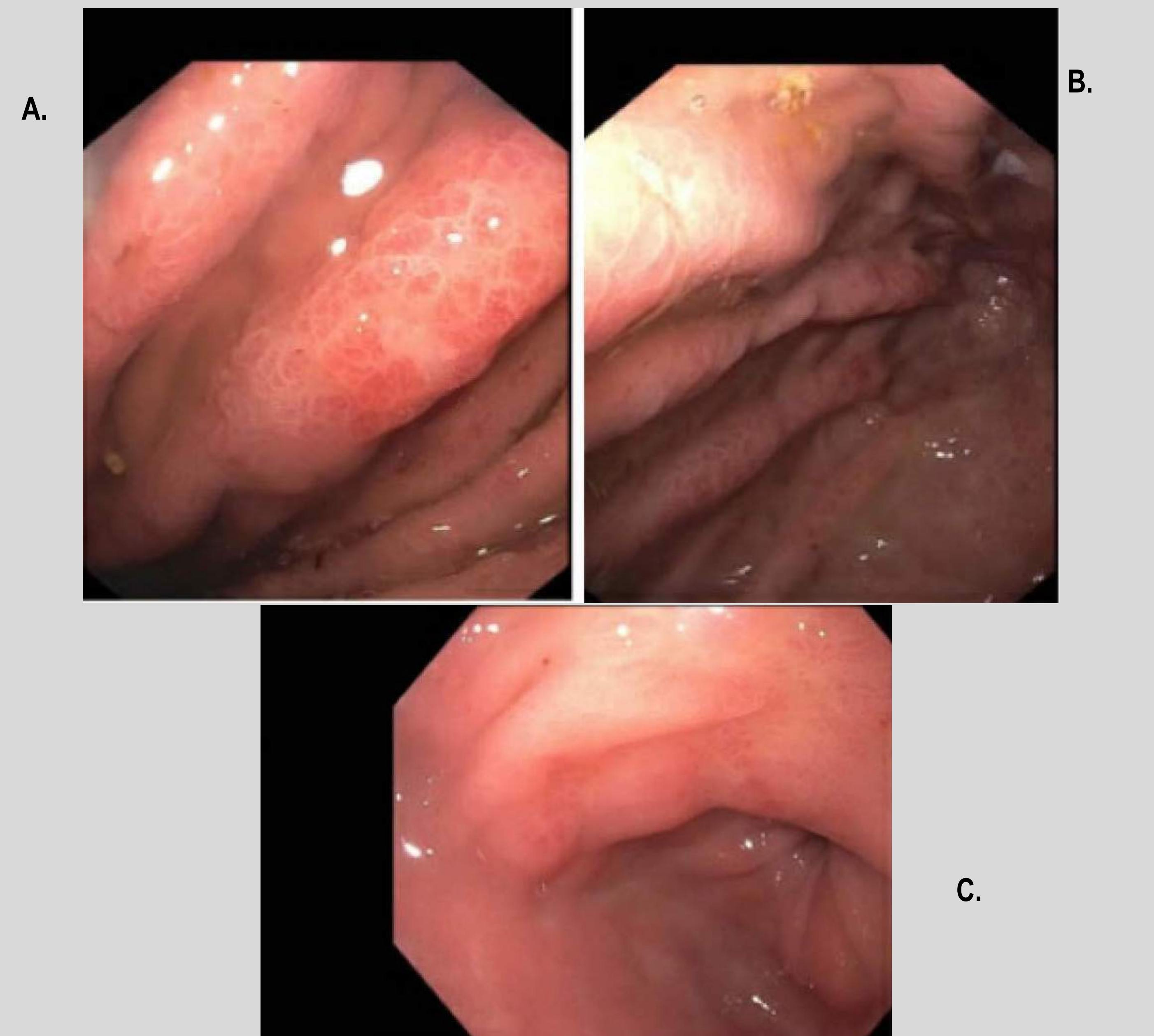


Figure 1: Gastric body with erythema and superficial erosions (A & B.) Gastric antrum with erythema and superficial erosions (C.)

Case Report Continued

- Presented to GI clinic with complaints of dysphagia with likely episode of food impaction relieved by vomiting.
- Patient was also experiencing several months of epigastric discomfort including occasion globus sensation prior to this incident.
- EGD showed evidence of erythematous gastric mucosa and nodularity without evidence of an obvious mass.
- Biopsies revealed ER/PR positive, HER2 negative metastatic adenocarcinoma in the gastric body and antrum.
- Patient decided not to pursue aggressive measures and was started on PPI twice daily.

Discussion

- GM from breast cancer is rare and studies are limited
- From the available previous studies there is a similar theme that GM presents without other signs of metastasis
- Patients with history of breast cancer, especially with lobular carcinoma and hormone positive subtypes, should have thorough investigations of the GI tract as early detection can improve patient care

Take Home Point

Although infrequent, physicians should still consider the possibility of GM in patients with breast cancer and non specific GERD symptoms.

References

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