Recurrent Invasive Lobular Breast Carcinoma to Stomach After 15 Years from Initial Diagnosis: A Case Report

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INTRODUCTION

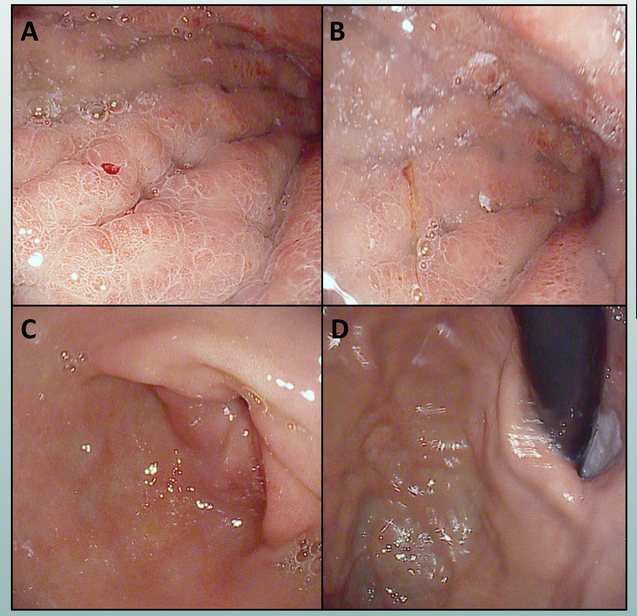
- Gastric metastasis from invasive lobular carcinoma is rare (<1% prevalence) and can occur several years after quiescent disease
- Diagnosis is often delayed due to subtle generalized abdominal symptoms, and is associated with increased morbidity and mortality

CASE

- 85-year-old woman with history of invasive lobular breast carcinoma status post bilateral mastectomy and hormone therapy 15 years prior
- **Symptoms** included 3 months of generalized abdominal pain and early satiety with associated 30-lbs weight loss
- Initially started on a PPI for presumed dyspepsia with minimal improvement
- **CT** abdomen/pelvis with contrast showed no intra-abdominal pathology
- **Exam** revealed a thin, elderly woman with tenderness to deep palpation in the epigastrium
- **Labs** revealed a Hgb of 14.3 g/dL and albumin of 3.6 g/dL, and normal kidney and liver function
- **EGD** showed patchy gastropathy most prominent in the proximal stomach, and otherwise normal esophagus and duodenum (Figure 1)

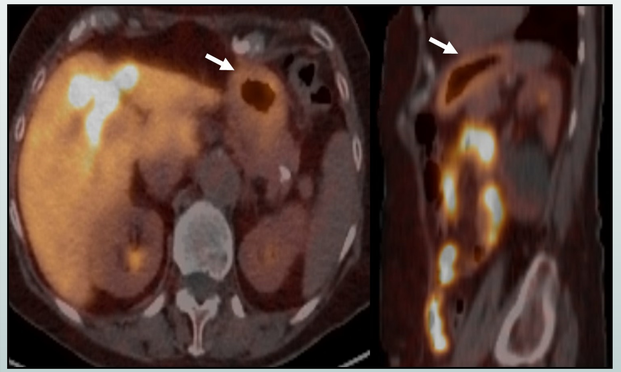
CASE

Figure 1. Patchy gastropathy at proximal stomach (A and B) with otherwise normal appearing mucosal at antrum (C) and fundus/cardia (D)



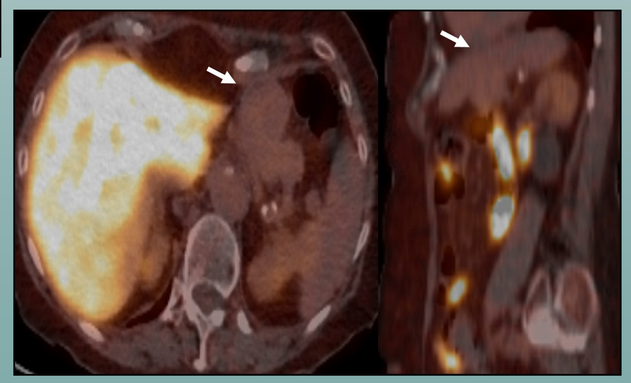
- Targeted gastric biopsies demonstrated poorly differentiated adenocarcinoma invading into the lamina propria with rare signet ring cells consistent with metastasis from breast primary, confirmed on immunohistochemistry
- Subsequent PET/CT suggested mild FDG uptake diffusely throughout the proximal stomach, with no other evidence of metastatic disease (Figure 2)

Figure 2. PET/CT showing mild FDG uptake throughout proximal stomach



- Referred to oncology and was started on fulvestrant with adequate treatment response (Figure 3)

Figure 3. Restaging PET/CT showing resolution of previously seen FDG throughout stomach



DISCUSSION

- Metastatic breast cancer involving the GI tract is rare and can occur many years after initial tumor diagnosis and treatment
- The metastatic pattern of lobular and ductal carcinoma differs significantly with a greater propensity for lobular carcinoma to metastasize to the GI tract in a pattern of linitis plastica (with diffuse infiltration of the submucosa and muscularis propia)
- Presenting symptoms include generalized abdominal pain, dyspepsia, nausea/emesis, and anorexia /early satiety, all of which were evident in this case
- Histopathological and immunohistochemical analysis is needed to differentiate metastatic breast carcinoma from primary gastric cancer to guide appropriate therapy and prognosis

KEY TAKE-AWAY

In patients with history of breast cancer presenting with subtle upper GI symptoms, a high clinical index of suspicion is needed to ensure timely endoscopic evaluation and adequate biopsies for accurate diagnosis and appropriate therapy