

Introduction

- Occurrence of neck metastases in breast cancer is 2.3 - 4.3%. but it is the most common distant primary to metastasize to neck lymph nodes.
- Cervical lymph node metastases can occur month to years after diagnosis of primary tumor.
- Metastatic breast cancer can cause dysphagia due to esophageal compression from cervical lymph node enlargement.
- We present a case of esophageal stenosis requiring placement of gastrostomy for administration of Palbociclib which cannot be crushed or split.

Case Description

- 64-year-old female with h/o breast cancer treated with lumpectomy and adjuvant radiation, 7 years ago, presented with dysphagia and weight loss.
- Upper endoscopy showed extrinsic stenosis at cricopharyngeus 6 mm (diameter) X 20 mm (length).
- CT scan showed posterior triangle right cervical lymph nodes measuring 16 mm X 16 mm and a 20 mm X 23 mm mass along the right posterior para-tracheal/para-esophageal distribution.
- EBUS guided biopsy showed degenerated clusters of (GATA-3 positive) malignant cells suggestive of metastatic breast cancer.
- PET/CT confirmed irregular soft tissue mass near the right tracheo-esophageal groove with intense FDG uptake.
- Oncology recommended radiation treatment. Due to dysphagia and weight loss, initially a 20 French PEG tube was placed.
- Repeat PET/CT showed partial response and patient was recommended Palbociclib 125 mg daily.

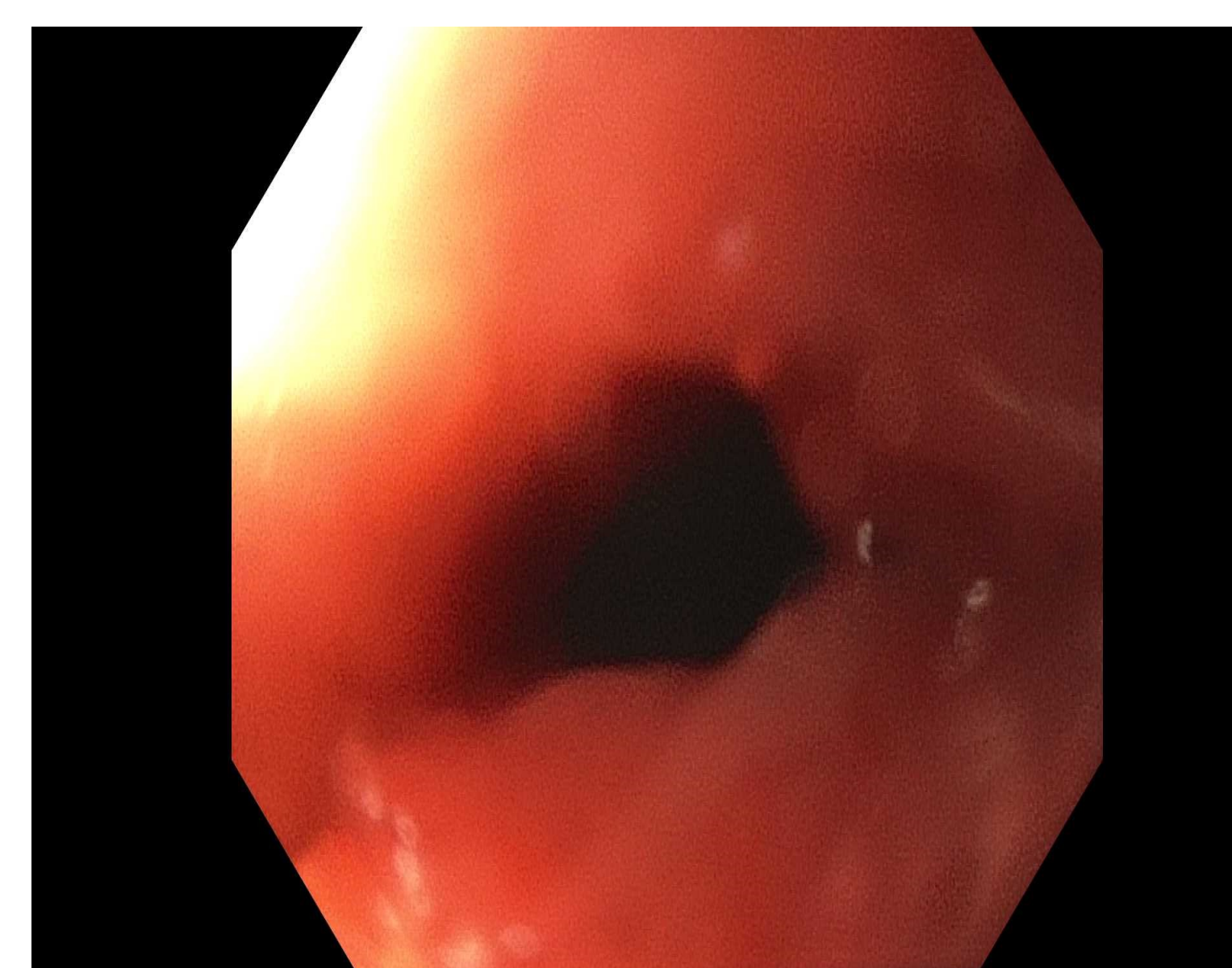


Fig. 1: EGD showing stenosis due to extrinsic compression at cricopharyngeus.

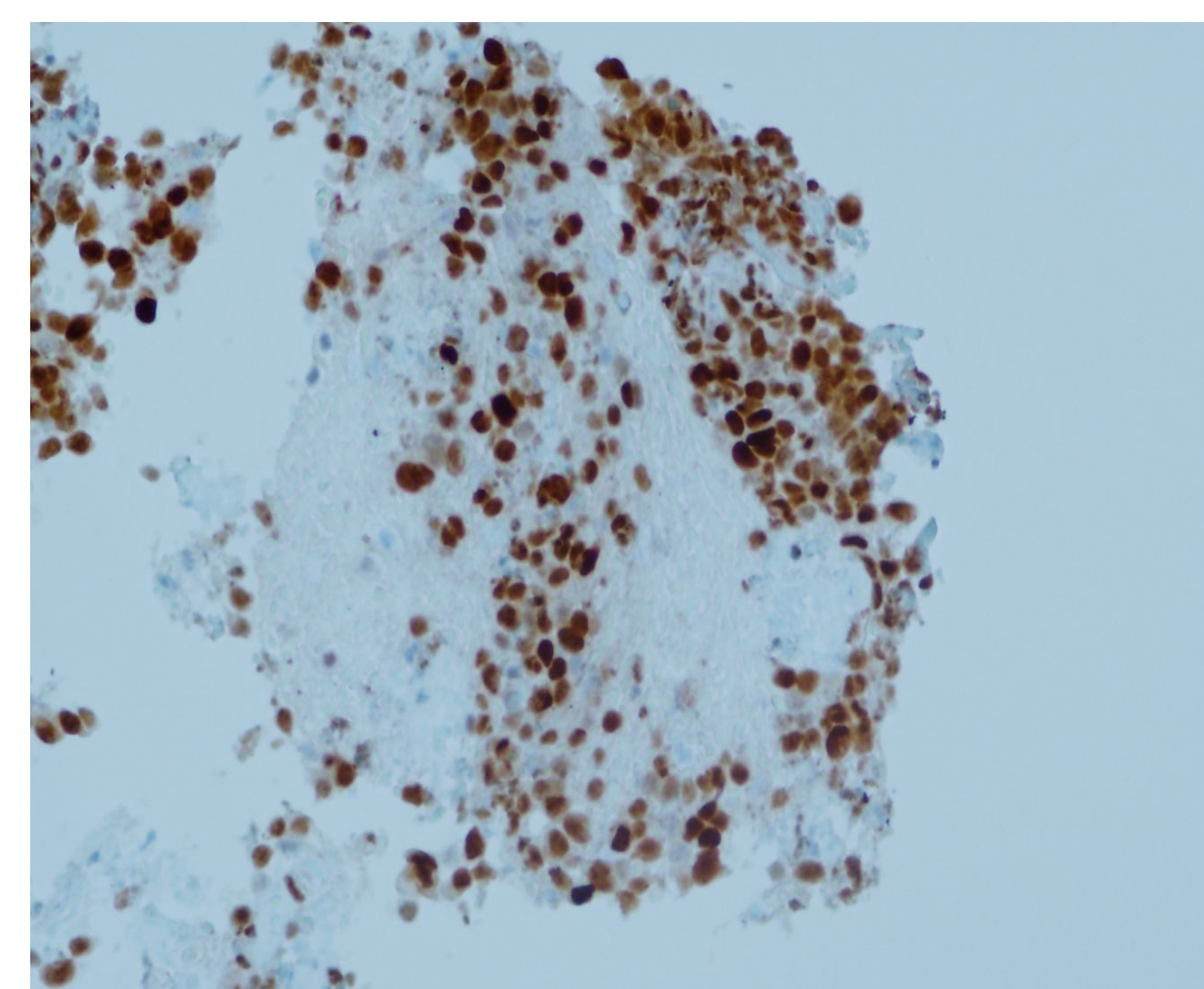


Fig. 2: GATA -3 immunostain positive metastatic breast ca cells from cervical lymph node biopsy.

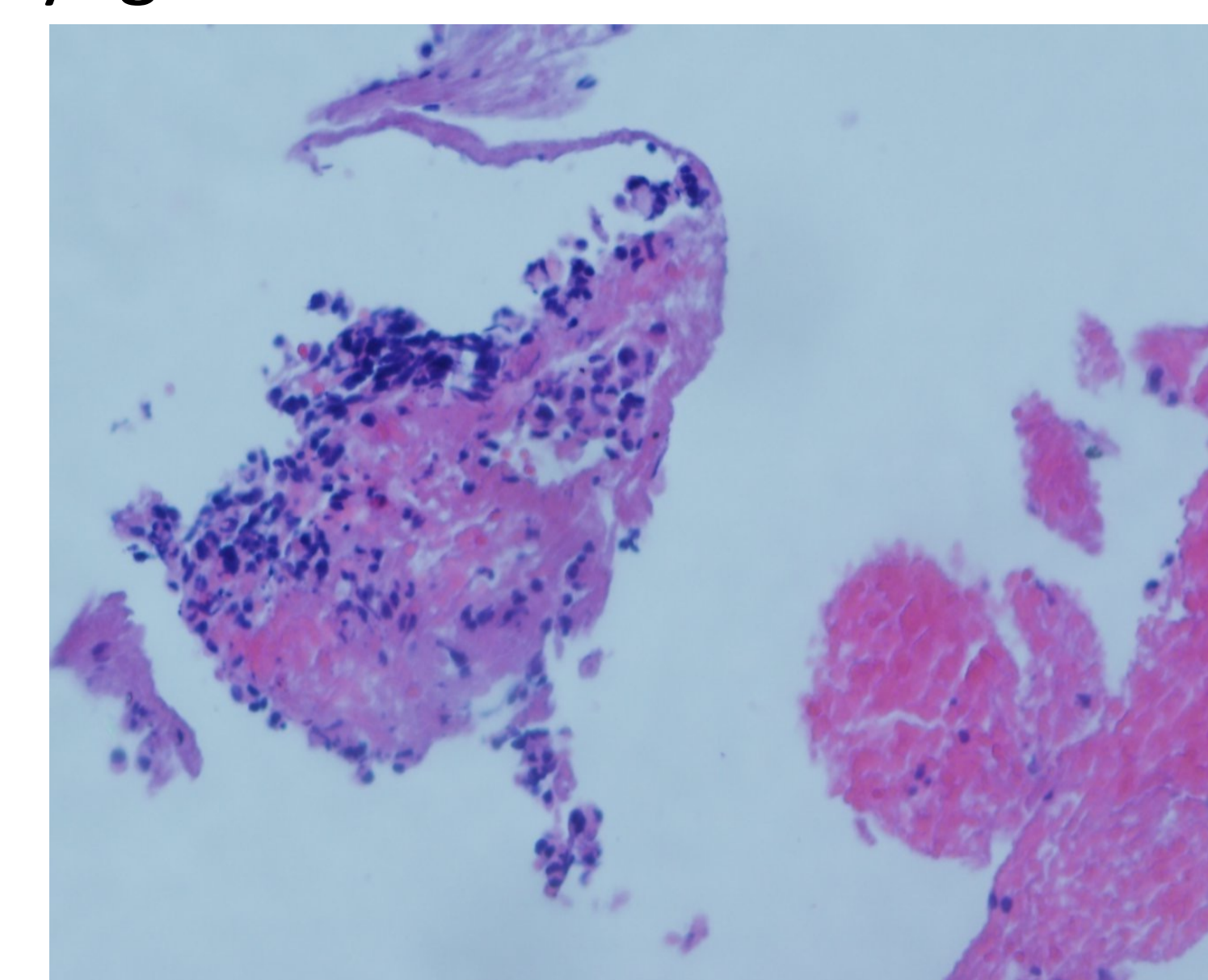


Fig. 3: H & E stain from EBUS guided biopsy from cervical lymph node showing malignant cells.

Case Description contd...

- Pill measures 16.2 mm X 8.6 mm, is oval in shape and cannot be crushed, chewed or split.
- Repeat EGD was performed, and gastrostomy dilated up to 30 French and a 30 French gastrostomy tube was placed.
- Due to pill dimensions it could not be flushed down the 30 French Peg tube .
- Patient was instructed to remove the peg tube daily by suctioning saline from retention balloon, place the Palbociclib pill directly into stomach via the gastrostomy, and replace the gastrostomy tube.
- Nine months later patient had resolution of dysphagia, she was not dependent on PEG for nutrition and ct showed no residual disease.

Discussion

- We present a case of metastatic cancer-causing esophageal stenosis, requiring treatment with a chemotherapy pill that cannot be crushed, split or flushed down the largest (30 French diameter) gastrostomy tube.
- Removing the the gastrostomy tube, administering the pill directly into the stomach via gastrostomy and replacing the tube, patient was able to self administer the medication.
- We present a novel technique of medication administration when substitution of form, route of administration or medication itself are not possible.

References

- Pedersen AN, Møller S, Steffensen KD, et al. Supraclavicular recurrence after early breast cancer: a curable condition? *Breast Cancer Res Treat.* 2011;125:815–822
- Spencer SH, Menard SM, Labeled MZ, Krueger CD, Sarna KV. Enteral tube administration of oral chemotherapy drugs. *J Oncol Pharm Pract.* 2020;26(3):703–717.