SUSPECT THE UNSUSPECTED: AN UNUSUAL CASE OF A SMALL GASTRIC ULCER PRESENTING AS METASTATIC BREAST CANCER

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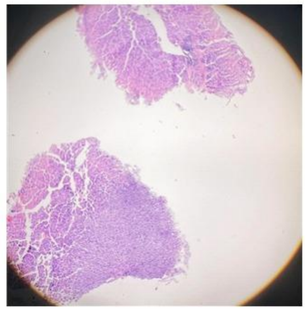
Introduction

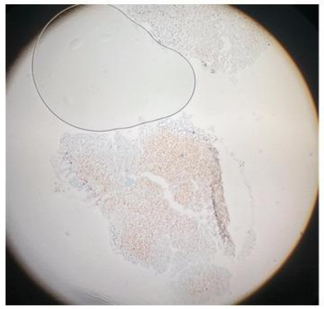
•Breast cancer is the most frequently diagnosed cancer worldwide and the leading cause of death due to cancer in women. The metastatic seeding of breast cancer to the gastrointestinal tract especially the stomach is very rare. We present a rare case of breast cancer metastases to the stomach presenting as an ulcer found on EGD.

Case Description

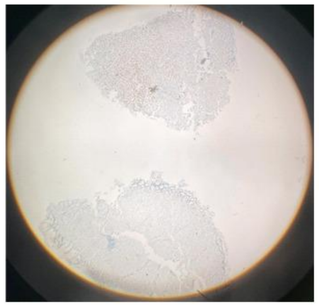
- 60-year-old lady with PMH of Metastatic Breast Cancer stage IIIC (diagnosed 03/2016, Invasive lobular carcinoma with metastasis to spine and pelvis), HTN referred to GI Clinic with symptoms of abdominal pain in the epigastric region along with reflux symptoms.
- Pt has had EGD performed in 01/2020 which showed LA grade A esophagitis in the distal third of the esophagus, with the normal gastric mucosa. Gastric biopsies were performed, and immunohistochemistry showed H.pylori organisms. Pt was treated with triple therapy.
- Pt was lost to follow-up.
- She presented in the GI clinic in 11/2021 with similar complaints. As pt had a significant history of metastatic breast cancer with ongoing abdominal pain, a decision was made to perform EGD.



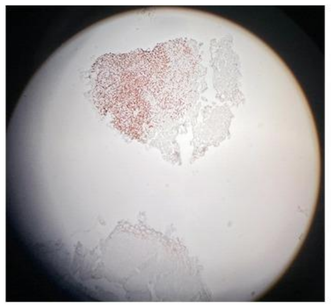
1a.Histopathology showing malignant cell with high nuclear cytoplasmic ratio



1b.Immunohistochemistry staining + for Ki67



1c. Immunohistochemistry staining + Estrogen receptor



1d. Immunohistochemistry staining + GATA 3

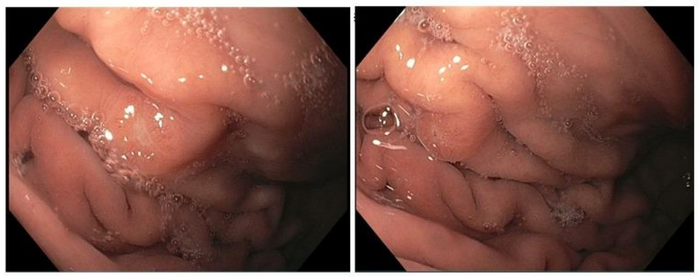


Fig 2a., 2b. Showing 3mm x3mm ulcer with a clear base in the gastric body

•EGD performed showed a small 3mm x 3mm ulcer with a clean base (Forrest grade III) along with patchy mild erythematous mucosa in the body and stomach.
• Biopsies were performed from the edge of the ulcer to rule out cancer as well as random gastric biopsy to rule out H.pylori. The pathology report showed poorly differentiated adenocarcinoma consistent with metastatic breast carcinoma with ER(+) 70%, PR(-), HER2 (-), GATA 3 (+), Ki-67 labeling index: about 20%.
•Pt was referred to Oncology for further management.

Discussion

- Metastasis of breast cancer to the gastrointestinal tract is relatively rare but can present with clinical symptoms which include abdominal pain, bloating, loss of appetite, early satiety, nausea, and vomiting. In the present case, the main clinical features were burning abdominal pain, retching, and nausea.
- Among the patients with gastric metastases, the prevalent primary sites were breast cancer, followed by lung cancer, esophageal cancer , renal cell carcinoma and malignant melanoma.
- Gastric metastases from breast cancer developed more frequently from Invasive Lobular Carcinoma compared with Invasive Ductal Carcinoma.
- As clinicians, we should have a high suspicion of metastatic breast cancer in a pt with a history of breast cancer and GI symptoms.