Case of Metastatic Breast Cancer Resembling Hyperplastic Polyps

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Introduction

Breast cancer is most common malignancy in woman worldwide. Metastasis to the gastrointestinal tract (GI) is relatively rare occurring in only 3 % cases.

Herein, we report a case of breast cancer metastasis localized only to the GI mucosa in the form of mucosal polyps which resembled typical hyperplastic polyps.

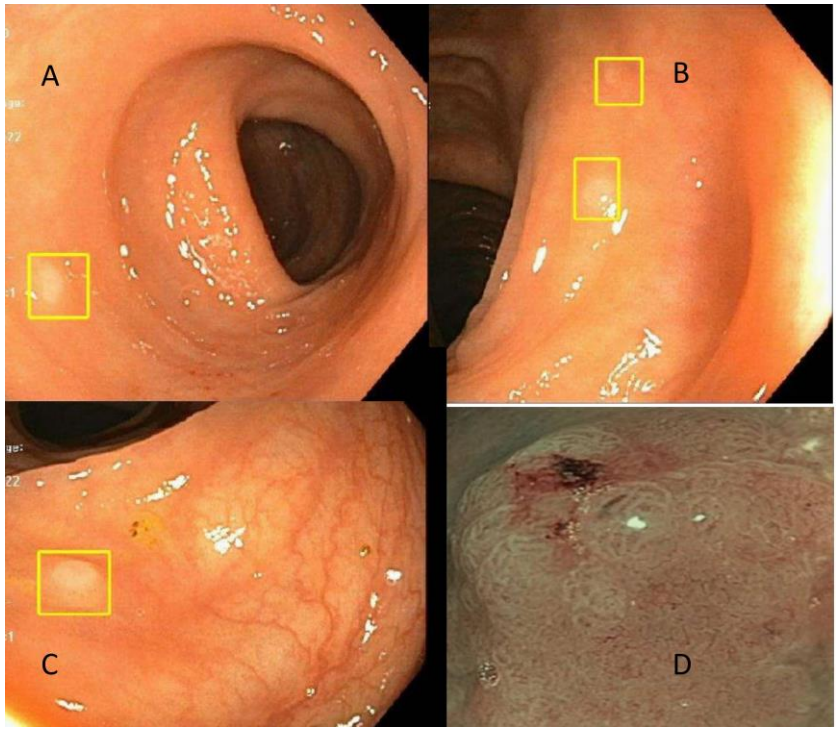
Case Presentation

59-year-old female with h/o pT2N2aM0, stage IIIA grade 2 invasive lobular carcinoma of the right breast status post mastectomy and axillary lymph-node dissection and adjuvant chemo-radiation therapy.

She had recent normal CT and PET scan without any recurrent disease.

She was referred for Iron deficiency anemia with hg 9.5 g/dL along with microcytosis and low ferritin measuring 4 g/L in without any overt bleeding.

EGD was unremarkable, colonoscopy showed multiple 3-4 mm sessile polyps scattered through the colon



On NBI, these polyps had irregular pit pattern. Multiple targeted biopsies were taken from these lesions that revealed metastatic lobular adenocarcinoma from breast primary.

She had discussion with oncologist to restart chemotherapy.

Discussion

Breast cancer frequently metastasizes to the bones, lungs, CNS, liver. GI tract metastasis is rare (3.4%)

GI metastasis can be asymptomatic or have nonspecific symptoms, such as abdominal pain, anemia, bleeding, diarrhea, weight loss or bowel obstruction.

Early lesions can be missed on imaging.

On colonoscopy, cancer metastases present as diffuse colonic wall thickening or ulcerated/polypoid lesions.

Colonic metastasis as multiple sessile diminutive polyps scattered thought the colon is rarely reported.

It is important to utilize NBI to evaluate pit pattern as any aberrancy may be indicative of non-hyperplasic nature of these otherwise hyperplastic appearing polyps on white light.