Case Report

Esophageal carcinoma with metastasis in breast. A rare case report.

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Introduction

Esophageal cancers most commonly spread to liver, lung, bones and brain1-3.Very few cases of metastasis in breast from extra mammary cancers are reported4-5. We report a rare case of esophageal carcinoma with metastasis to breast.

Case report

A 55 year old female reported with complaints of dysphagia to solids in 2014. She was diagnosed as biopsy proven squamous cell carcinoma of esophagus with growth at 24-28 cm in Upper gastrointestinal endoscopy (UGIE). She was planned six cycles of neoadjuvant chemotherapy with paclitaxel and carboplatin in Dec 2014, followed by surgery. But she was lost to follow up post chemotherapy and didn't receive any further treatment.

She came again with complaints of dysphagia to solids in April 2021. UGIE showed nodular friable growth at 24-28 cm. Biopsy from the lesion showed keratinizing moderately differentiated squamous carcinoma (Figure 1)

Figure1: Histopathology showing squamous cell carcinoma esophagus

CECT chest and abdomen was done which showed mid thoracic esophageal thickening from D4 to D7 vertebral bodies, with no metastasis. Patient was planned for radical chemoradiation, but due to non availability of radiation dates, she was given two courses of chemotherapy(paclitaxel and carboplatin) before starting radiation. She received 6 0 Gy in 30 fractions in 6 weeks by three dimensional conformal radiotherapy with concurrent weekly cisplatin. She completed treatment in November 2021 and was on monthly follow up and was symptom free. On regular follow up in March 2022, she complained of a lump in left breast. On physical examination, a 2cm×2cm hard, mobile lump was felt in upper inner quadrant of left breast. FNAC of the lesion showed metastatic squamous cell carcinoma (Figure 2)

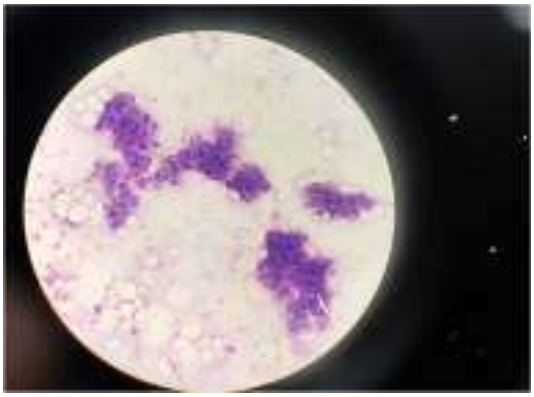

Figure 2: Cytology of breast lesion showing metastatic squamous deposits

PET CT (Figure 3) was done which showed metastasis to mediastinal lymphnodes (suvmax 6.9), left breast upper inner quadrant lesion (suv_{max}10.3), a right external oblique muscle deposit (suv_{max}10.3) and a lytic D12 vertebral lesion (suv_{max}13.7).FDG uptake(suv_{max} 8.4) noted in mid thoracic esophagus at D6 vertebra.

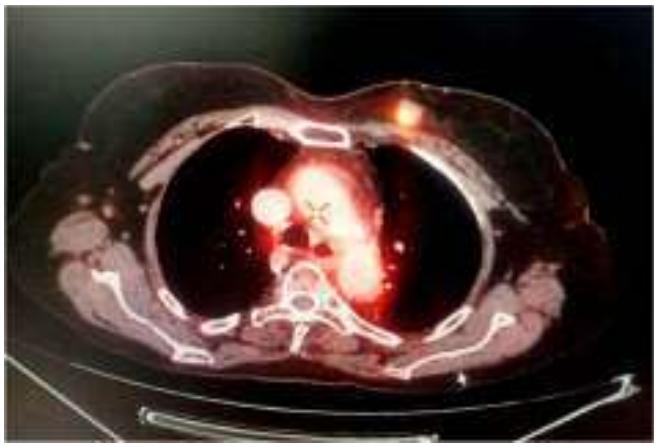

Figure 3: PET CT image showing breast metastasis.

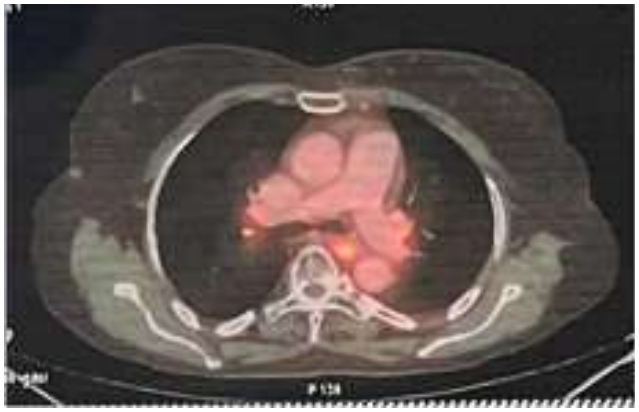

Figure 4: PET CT image showing Esophageal primary

Patient was planned with palliative chemotherapy. She refused systemic chemotherapy so she was started on oral capecitabine. She is responding well and was symptom free on her last follow up visit in May 2022.

Discussion

Most commonly, breast metastasis have been reported from malignant melanoma, lung cancer especially from oat cell carcinoma, prostate, ovaries, stomach cancers and lymphoma.[1-3,9] Unexpected metastasis in esophageal cancers have been studied only in few case reports or case series.

Breast esophagus syndrome where breast cancer metastasize to esophagus is rare but this reverse breast esophagus syndrome is even rarer.[6] The unique anatomical features of esophagus like absence of serosa, shared blood supply with other organs and presence of submucosal plexus, may be contributing to this type of unexpected metastasis. A solitary metastasis in breast or any other site is referred to as oligometastasis, and excision of the lesion should be done if possible[7]. In case of widespread metastasis, systemic chemotherapy can be tried but the survival of these patients is upto one year.[4,8] The mode of metastatic spread in esophagus should be further studied for proper management of these kind of rare cases.

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