

AFTER THE SIXTH YEAR SCALP METASTASIS ISOLATED CASE OF BREAST CANCER DIAGNOSIS

Eda Erdiř¹, Saadettin Kılıçkap², Ebru Atasever Akkař³, Birsen Yücel³

¹Antakya Devlet Hastanesi, Radyasyon Onkolojisi, Hatay, Türkiye

²Cumhuriyet Üniversitesi Tıp Fakültesi, Tıbbi Onkoloji, Sivas, Türkiye

³Cumhuriyet Üniversitesi Tıp Fakültesi, Radyasyon Onkolojisi, Sivas, Türkiye

Sunulduđu Kongre: III. Tıbbi Onkoloji Kongresi, Antalya, 2010

MEME KANSERİ OLGUSUNDA TANI SONRASI 6. YILDA İZOLE SKALP METASTAZI

ÖZET

Meme kanseri cilde en çok metastaz yapan tümörlerden biridir. Meme kanserinde cilt metastazı ektranodal yayılımın ilk bulgusu olabilir (1). Sıklıkla göğüs ön duvarına direkt invazyon ve/veya lokal infiltrasyon şeklinde prezante olmakla birlikte nadiren göğüs duvarı dışındaki bir alanda cilt metastazı görülebilir. Meme kanserinde skalp tutulumu oldukça nadirdir (2, 3). Biz meme kanserli bir hastada görülen izole skalp metastazı olgusunu rapor ediyoruz.

Anahtar sözcükler: meme kanseri, cilt metastazı, skalp metastazı

ABSTRACT

Breast cancer metastasizing tumors of the skin is one of the most. Breast cancer, skin metastases may be the first sign of extranodal invasion (1). Often, the direct invasion of the anterior chest wall and / or local infiltration presenting as skin metastasis, although rarely seen in an area outside of the chest wall. Scalp involvement is very rare in breast cancer (2,3). We report a case of metastasis of breast cancer in a patient in the scalp are isolated.

Key words: breast cancer, skin metastasis, scalp metastasis

Introduction

Breast cancer metastasizing tumors of the skin is one of the most. Breast cancer, skin metastases may be the first sign of extranodal spread (1). Often, the direct invasion of the anterior chest wall and / or local infiltration presenting as skin metastasis, although rarely seen in an area outside of the chest wall. Scalp involvement is very rare in breast cancer (2,3). We report a case of metastasis of breast cancer in a patient in the scalp are isolated.

Case

Sixty-year-old female patient was admitted in 2004 with a mass in the left breast pain. On physical examination the left upper outer quadrant of the breast mass was palpable 3 cm in size. The mammographic and radiographic examination of the patient with diagnosis of breast cancer and axillary lymph node dissection in modified radical mastectomy has been. The pathological examination of mastectomy specimen of invasive lobular carcinoma, 4 axillary lymph node metastasis, tumor size 3 cm, estrogen and progesterone receptor positive, c-ErbB2 and lymphovascular invasion were reported as negative. Computerized tomography and whole body bone scintigraphy were assessed in patients with distant metastases in stage 3A (T3N1M0) patients evaluated as 6 cycles of CAF (cyclophosphamide, adriamycin and fluorouracil) chemotherapy protocol, and then applied to the treatment of axillary radiotherapy in the region. Estrogen progesterone receptors was positive on the patient after chemotherapy and radiotherapy in the adjuvant

letrozole purpose, 2.5 mg / day given followed. Monitoring of patients receiving treatment using letrozole for five years as the fronto-temporal region a few months after the skin was admitted to hospital on January 2010 because of a palpable mass. On physical examination, fronto-temporal region, the skin puffy, about 1 cm in diameter, pathologic findings, except mobile nodular lesion was observed. Laboratory examination of serum carcinoembryonic antigen level (24 IU), and carcinoembryonic antigen level (300 IU) of CT and bone scintigraphy in patients with a high distant metastasis was detected. Nodular skin lesion was excised. Pathology as a result of metastasis of invasive lobular carcinoma was reported to be compatible with. Exemestan 25 mg / day was started.

Discussion

Cutaneous metastases of breast cancer patients are rare and seldom at the beginning of the disease is diagnosed (4). The frequency of skin metastasis in cancer patients ranged from 0.7 to 10%. The skin metastasis of breast malignancies in women in order of frequency, malignancies of the colon, melanoma, lung, and ovary (4-5). Skin metastasis in the later stages of the disease and often is seen after other organ metastasis was first seen as a rare skin involvement. Isolated scalp skin metastases is very little involvement (6).

Most breast cancer metastases to the skin type of inflammatory carcinoma (7). However, in our case, histological subtype was invasive lobular carcinoma. Literature studies, patients with skin

metastases, are usually observed in other organ metastases (8). However, in our case, the general body scans detected additional metastases were found and isolated from the scalp metastasis. Carcinogenesis embriyogenik antigen (CEA) in patients with breast cancer, especially local and distant metastases are frequently used in determining a predictor of follow-up. Carcinoid antigen (CA) 15-3 in the local recurrence of breast cancer associated with (9). These markers, may be useful in follow-up of cutaneous metastases (8). In our case, the serum CEA and CA 15-3 levels were higher. However, nodular skin lesions with radiographic and scintigraphic scanning methods in the presence of distant metastases were found outside. Therefore, local excision of skin lesions after the diagnosis was made. In addition, cases without visceral metastasis, skin metastasis due to the isolated, were treated with

hormonal. Systemic chemotherapy in patients with such a controversial place. Complete excision of the lesion and / or local radiotherapy may be sufficient. However, in patients with hormone receptor-positive patients with metastatic hormonoterapinin place because of both the patient and the surgical adjuvant hormonal therapy has also been added. As a result, rarely, metastasis and recurrence of breast cancer can be isolated from the skin. Metastasis of breast cancer patients during treatment and after the skin lesions should be evaluated in terms of. Tumor markers may be useful in diagnosis. Remote organ and bone metastasis in breast cancer patients do not have an increase in tumor markers in patients with scalp may be useful to a complete dermatological examination.

References

1. Joshi A, Sah SP. Cutaneous metastatic adenocarcinoma. Indian J Dermatol Venereol Leprol 2001; 67: 207-8 (PMID: 17664746)
2. Held B, Johnson DE. Cutaneous metastases from malignant genitourinary diseases. South Med J 1972; 65: 569. (PMID: 5027462)
3. Mordenti C, Peris KM, Concetta Fagnoli, Cerroni L, Chimenti S. Cutaneous metastatic breast carcinoma. Acta dermatovenerologica 2000;9: (e - edition).
4. Mahore SD, Bothale KA, Patrikar AD, Joshi AM. Carcinoma en cuirasse: A rare presentation of breast cancer. Indian J Pathol Microbiol. 2010; 53(2): 351-358 (PMID: 20551556)
5. Tosun A, Tosun S. Cilt metastazı ile ortaya çıkan meme kanseri: iki olgu sunumu. Meme Sađlığı Dergisi 2008; 4(2): 118-21
6. Lemieux J, Amireault C, Provencher L, Maunsell E. Incidence of scalp metastases in breast cancer: a retrospective cohort study in women who were offered scalp cooling. Breast Cancer Res Treat 2009; 118: 547-52 (PMID: 19241158)
7. Tianco EAV, Medina- Lavadia AT, Atienza NL, Gutierrez GT, Villalon AH. Multiple cutaneous metastases from breast carcinoma. Cutis 1990; 45: 171-5.
8. Kiyak G, Orhun S, Yazgan A, Ergül E, Korukluođlu B. Breast cancer presenting with unusual cutaneous metastases: case report. Meme Sađlığı Dergisi 2008; 4(1); 041-042
9. Küçükzeybek Y, Bolat Küçükzeybek B, Sayın A, Demir C, Kaplan S, Özen S, Altındal E, Altıntaş A. Meme kanseri tanılı olguda CEA yüksekliđi nedeniyle tanı konulan ikinci primer mide kanseri, bir olgu sunumu ve literatürün gözden geçirilmesi Tıp Araştırmaları Dergisi: 2010: 8(2) :137 -140

Correspondence

Eda Erdiř
Tel : 03262190000
E-Posta : dr.erdiseda@hotmail.com