GASTRIC METASTASIS FROM BREAST CANCER DETECTED BY $[^{18}\text{F}]$ FDG PET/CT

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$[^{18}\text{F}]$-FDG PET/CT is important for the assessment of distant metastasis in patients with breast cancer that generally metastasizes to the lymph nodes, lung, bone, liver, brain with a rare gastrointestinal involvement. [1;2]

We are reporting an 85-year-old woman who underwent left mastectomy in 2002 for infiltrating lobular carcinoma with adjuvant chemotherapy and radiotherapy. From January 2013 to March 2013 the patient showed a 10 kg weight loss with asthenia, vomiting and a rise of tumour markers (CEA= 83 ng/ml; Ca 19.9= 72.6 U/ml, Ca 15.3= 616 U/ml). The patient performed an upper GI endoscopy that showed a narrowing of the gastric antrum and a $[^{18}\text{F}]$-FDG PET/CT scan with the only detection of increased uptake in the same area (SUVmax= 7.4). The biopsy of the gastric antrum showed the presence of metastatic breast cancer with lobular histology (positive immunohistochemical reaction for ck7 and for oestrogen receptors in 100% of tumour cells).

Gastric metastases of breast cancer occur in 0.3% of cases. Lobular breast cancer is the histological type mostly involved in disseminated disease with an incidence of 85% . (3)

It is essential to distinguish a primary gastric cancer from a metastasis, based on clinical, endoscopic, radiological and histopathological features. This distinction is important for the therapy: treatment for breast cancer metastasis to the stomach is usually with systemic therapy rather than surgery. (4)

References:


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