

GASTRIC METASTASIS FROM BREAST CANCER DETECTED BY [¹⁸F] FLUORO-2-DEOXYGLUCOSE POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY

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[¹⁸F]-fluoro-2-deoxyglucose positron emission tomography/computed tomography (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 and 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 and Ca 15.3 = 616 U/ml). The patient performed an upper GI endoscopy that showed a narrowing of the gastric antrum and a [¹⁸F]-FDG PET/CT scan with the only detection of increased uptake in the same area ($SUV_{max} = 7.4$). The biopsy of the gastric antrum showed the presence of metastatic breast cancer with lobular histology (positive immunohistochemical reaction for ck7 and 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 [Figure 1].^[4]

Conflict of Interest

The authors declare that they have no conflict of interest.

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Figure 1: (a) MIP image, (b) transaxial computed tomography (CT) scan, (c) sagittal positron emission tomography (PET)/CT and (d) transaxial PET/CT show fluoro-2-deoxyglucose avid lesion (arrow)

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