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# PSEUDOMYXOMA PERITONEI IN BREAST CANCER – A RARE CASE REPORT.

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## ABSTRACT

Pseudomyxoma peritonei (PMP) is a clinical condition caused by cancerous cells that produce abundant mucin or gelatinous ascities. It is very rare condition occurring in two in one million people per year[1]. Common cause is are ruptured mucinous tumor of the appendix, appendiceal mucocoele, mucinous colorectal adenocarcinoma. The incidence of PMP in breast cancer is unusual. Diagnosis is guided by imaging and confirmed by histology. We report a case of pseudomyxoma peritonei in invasive ductal carcinoma breast.

## KEYWORDS

Pseudomyxoma peritonei (PMP), breast cancer

## INTRODUCTION

Pseudomyxoma peritonei (PMP) is an uncommon clinical entity with an estimated incidence of one to two per million per year[1]. Classically it is characterized by diffuse intra-abdominal gelatinous collections with mucinous implants on peritoneal surfaces and the omentum. The incidence incidence of PMP is approximately two per million, per year. The exact incidence of PMP in breast cancer is very rare remains speculative. Diagnosis is mainly on imaging and histopathology. The long term survival in most patients remains poor with reported 5 and 10 year survival rates of 50% and 10%-30%, respectively.

### Case report-

We report a case of 53 year female who was a K/C/O CA left breast (post operative case for invasive ductal cell carcinoma) , presented with chronic abdominal pain and weight loss for last 2 month. USG has shown ascitis with echos with in it and scalloped liver margin. Histopathological examination shows PMP. CECT abdomen was done to rule out metastasis. CECT abdomen has shown mucinous ascitis causing scalloped margin of liver with with scattered calcification as shown in Fig 1 (a,b).

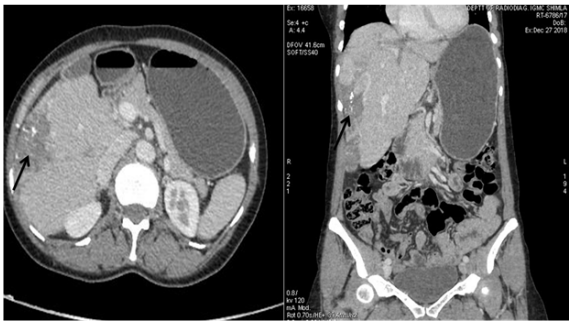

Fig 1 a) Axial section b) Coronal section of CECT abdomen showing ill defined non enhancing area with with CT value 30-40 HU in liver which is causing scalloping of liver margin and has few specks of calcification s/o PMP.

## DISCUSSION-

Pseudomyxoma peritonei is a condition in which peritoneal cavity is filled with thick gelatinous mucous from a mucous secreting tumour. Due to the pressure of the thick secretions, oscillating indentations are seen in the liver and spleen which resemble the curves in the scallop shell. Werth in 1884 coined the term PMP, describing it in association with a mucinous tumour of the ovary[2]. In 1901, Frankel described a case associated with a cyst of the appendix. Both the clinical caseload experience of the two UK national centres (Basingstoke and Manchester), and a recent publication from the Netherlands reporting on a nationwide epidemiological and pathological database, suggests that the incidence of PMP is approximately two per million, per year. The long-term survival is poor with reported 5 and 10 year survival rates of 50% and 10%-30%, respectively.

## REFERENCES

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