



PERIORBITAL CUTANEOUS METASTASIS AS A PRESENTING SYMPTOM OF LOBULAR BREAST CARCINOMA: A RARE CASE REPORT

Dermatology

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ABSTRACT

Metastasis can have a devastating impact on a patient's life. Eyelid metastasis is a rare occurrence, with less than 1% cases. Breast carcinoma is the most common carcinoma with metastasis to periocular region. Bilateral eyelids with bilateral breast involvement have not been documented in literature yet. This is a case report of a 45-year-old female with bilateral periocular lesions, presenting as a diagnostic conundrum which compels to diversify the line of thought.

KEYWORDS

Breast cancer; periocular metastasis; cutaneous metastasis; eyelid metastasis.

INTRODUCTION

Most ocular metastases in women are caused by breast cancer, which is also the most frequent primary tumour in women. Ocular metastases may be the initial symptom of a primary tumour that has not been properly detected or of an invasive lobular breast cancer^[1]. Unilateral or bilateral eyelid muscle metastases are extremely uncommon, making up 9% of all orbital metastases^[2]. Here we present a case of a 45-year-old female patient with yellowish red painless lesions over both eyelids. This case report draws attention to the fact that lesions in the eyelid may be associated with ocular metastasis in a patient with breast cancer.

Case Report

A 45-year-old female patient, presented to the Dermatology OPD with complaints of bilateral swelling of eyelids since 6 months with redness of involved area since 3 months and a history of waxing and waning of redness, associated with burning sensation. Dermatological examination revealed bilateral erythematous plaques over periorbital skin on both sides (Figure 1a). Two erythematous plaques were also present on the neck. On enquiry, the patient revealed that she had a lump in her right breast since six months and a lump in her left breast since two years (Figure 2a). These were firm, well defined and freely movable. There was puckering over left breast (Figure 2b). Patient also gave a history of spine surgery 6-7 years back. There was involvement of right anterior axillary and left lower jugular group of lymph nodes. A provisional diagnosis of the following was considered- 1) Necrobiotic Xanthogranuloma 2) Heliotrope rash of dermatomyositis 3) Cutaneous metastasis due to primary breast carcinoma 4) Sarcoidosis 5) Lymphoproliferative disorders. Patient was investigated for the same. FNAC (Breast Lump) revealed proliferative breast disease with severe atypia. HRCT thorax showed neoplastic changes in bilateral breasts and bony metastasis in spine (Figure 1 b). Histopathology of tru-cut biopsy taken from the left breast revealed histopathological features of lobular carcinoma of breast {pleomorphic variant} (Figure 3b). Histopathological examination was also done from the left eyelid which confirmed the diagnosis of cutaneous metastasis of lobular breast carcinoma (Figure 3a).



Figure 1 (a) Bilateral periorbital erythematous plaques (b) HRCT thorax showing bilateral neoplastic changes in the breasts [orange arrow].



Figure 2 (a) Lumps in both the breasts with difference in the level of breasts (b) Puckering seen over the left breast.

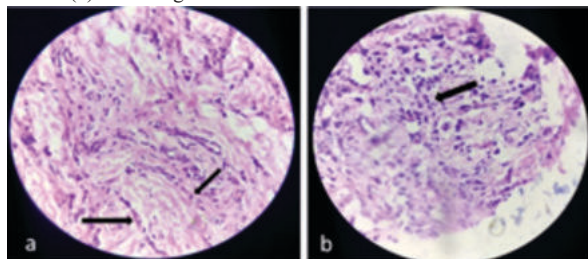


Figure 3 (a) Histopathology of skin from right upper eyelid (10x view): Dermis showing Small sized pleomorphic tumour cells arranged in lobules and "Indian file arrangement" [Black arrow]. (b) Histopathology of tru-cut biopsy taken from left breast: Small sized malignant cells arranged in lobules and Indian file pattern and singly scattered. Stroma showing mild chronic inflammatory infiltrate [Black arrow].

DISCUSSION

Metastasis is defined as a neoplastic lesion arising from another neoplasm with which it is no longer in contiguity or is not in close proximity with the same tissue^[3]. This could occur as a first indication of an internal cancer that has gone unnoticed, first symptom of its spread, or even an indication of its return. Because the clinical signs, particularly in the early stages, might be subtle, some cutaneous metastasis variations call for a high index of suspicion^[4]. Cancer metastasis has an overall incidence of 0.7-4.4% in cancer patients, making it the most devastating component of malignancy^[5]. Although skin metastasis from breast cancers can take on a variety of clinical appearances, they are most typically observed as dispersed, painless, atypical papules and nodules that quickly form in the anterior chest wall or abdomen. This type comes after telangiectatic carcinoma, carcinoma erysipelatoid, and alopecia neoplastica^[6]. Nearly 40% to 70% of all ocular metastasis are breast cancer metastasis^[7]. Metastasis confined to eyelids are rare, representing less than 1% of malignant eyelid lesions and may be the first sign of an undiagnosed primary tumour^[8]. Bilateral breast involvement along with bilateral metastasis

to eyelid has not been reported in literature till now. CT Scan findings of bony metastasis co-relates with the history of spine surgery in the past. Dermatologists and ophthalmologists should be watchful in such cases.

CONCLUSIONS

Breast cancer leading to periocular metastasis is uncommon, and bilateral involvement is a rarity. A patient presenting with breast lumps and simultaneous periocular involvement must always be evaluated for cutaneous metastasis as this may be the first presentation of an unnoticed breast carcinoma, cutaneous metastasis or even relapse of cancer in a treated patient, and hence this differential must always be considered.

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