GI Mucosal Mets in Invasive Lobular Carcinoma of Breast
DISCLOSURE OF INTEREST

- I have NO financial disclosure or conflicts of interest with the presented material in this case presentation.
Background

- 45/F, post menopausal presented in March 2013 to Hospital A, with lump in left breast
- No history of malignancy in family
- Biopsy: Invasive Lobular Carcinoma
- IHC: ER Pos, PR Pos, HER2/neu Neg
- Large tumor, 4 x 3 cm, with clinically palpable bulky lymphnodes
- CT scan of abdomen and pelvis: No distant mets
Hospital A

- NACT- 4 x AC followed by MRM
- HPR: Grade 2 ILC, tumour measuring 3.5 x 2 cms, LN (3/18) ypT2 N1
- IHC: ER, PR Pos (5/8); HER2/neu- Neg
- Adjuvant chemo: Weekly Paclitaxel for 12 weeks
- RT to chest wall, infra/supraclavicular areas, internal mammary.
- Endocrine therapy with Tamoxifen
March 2016- Ascites and bilateral adnexal mass
TAH + BSO- Metastatic disease,
ER/PR Pos, HER2 neg; “Details not available”
She received 6 cycles of Carboplatin
And Endocrine therapy with Letrozole
Present History

- July 2018- presented in Gastroenterology Dept with abdominal discomfort, and history of significant weight and appetite loss
- Clinically pale, with Hb 7g/dL
- Ultrasound of abdomen was inconclusive
- Upper GI endoscopy and colonoscopy
Upper GI endoscopy: Multiple punched out ulcers and nodular lesions in fundus and body of stomach
Colonoscopy: Multiple mucosal hemorrhages and nodularity in the descending colon. Biopsy taken.
FDG Uptake in descending colon SUVmax 6.5

Clumping of distal ileal loops and thickening of appendix SUVmax 5
Histopathology

- Biopsy of stomach, duodenal and colon: Metastatic adenocarcinoma
- IHC: CK7 and GATA3 expression seen
- ER, PR Pos; HER2 Neg
- Immunonegative for CK20, Synaptophysin and Chromogranin A
- Gastrointestinal mucosal mets in a case of Lobular Carcinoma of Breast
PS2

- Palbociclib and Fulvestrant was offered
- Started her Exemestane + Everolimus
- However, she succumbed to her disease in 4 months
Does management of Invasive Lobular Carcinoma differ in any aspect with its Ductal counterpart?

How should we approach and assess uncommon site of distant metastasis?
Thank you for your attention!