

DUODENAL AND COLONIC METASTASIS AS THE FIRST MANIFESTATION OF A MULTICENTRIC INVASIVE LOBULAR CARCINOMA OF THE BREAST

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Invasive lobular carcinoma (ILC) is the second most common breast cancer after invasive ductal carcinoma. The incidence of bilateral ILC of the breast varies from 6 to 38%, and most often it metastasizes to the lymph nodes, bones, lungs, pleura, liver and adrenals, but the tumour has the affinity to metastasize to the peritoneum, retroperitoneum and genitourinary system as well. Since ILCs rarely metastasize to the gastrointestinal tract, we are presenting in this report the case of a 58-year-old woman with bilateral lobular, multicentric breast cancer with gastrointestinal symptoms at initial presentation due to the presence of metastases in the duodenum and colon.

Based on the histological growth pattern and immunohistochemical characteristics of malignant cells in endoscopic biopsies of the duodenum and colon, and after gastroduodenoscopy and colonoscopy, a lobular carcinoma was suspected. Ultrasound and mammography of both breasts revealed numerous tumor nodules with malignant radiological features, up to 7 mm in size. A subcutaneous mastectomy was made with axillary lymph node dissection on the right side and reconstruction of both breasts with implantation of silicone prosthesis. The final diagnosis of invasive bilateral multicentric breast cancer was made based on the operative biopsies.

The reported case confirms the aggressive and unpredictable phenotype of this tumour. We should bear in mind that the presence of distant, GI tract metastases, usually causes nonspecific symptoms and signs, which significantly contributes to delayed diagnosis and consequently exacerbates the prognosis. *Acta Medica Medianae* 2016;55(4):60-65.

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