

SKELETAL AND HEPATIC METASTASIS IN BREAST CARCINOMA

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ABSTRACT

A post-mastectomy follow-up for infiltrating ductal carcinoma. Of breast revealed multiple skeletal and cyst-like hepatic metastases in a lady aged 45 years.

Key words : Breast carcinoma, skeletal metastases, hepatic metastases.

INTRODUCTION

Breast carcinoma patients are followed-up by radionuclide and ultrasound scans to detect bony and hepatic metastases for proper staging and optimum therapy.

CASE REPORT

A lady of age 45 years came to this centre for radionuclide whole-body bone scan and ultrasonography of whole abdomen. She had a

nodule in her right breast for the last three and a half years. Post-mastectomy biopsy revealed infiltrating ductal carcinoma. Technetium diphosphonate (Tc^{99m} HDP) bone scan 3 hours after intravenous injection of 20 milli-Curies showed multiple skeletal metastases: 4th cervical vertebra, right shoulder, 1st sacral vertebra, head of the right femur (Fig. 1) and shaft of right humerus (Fig. 2). Three hypoechoic cyst-like areas were seen in hepatic parenchyma (Fig. 3).

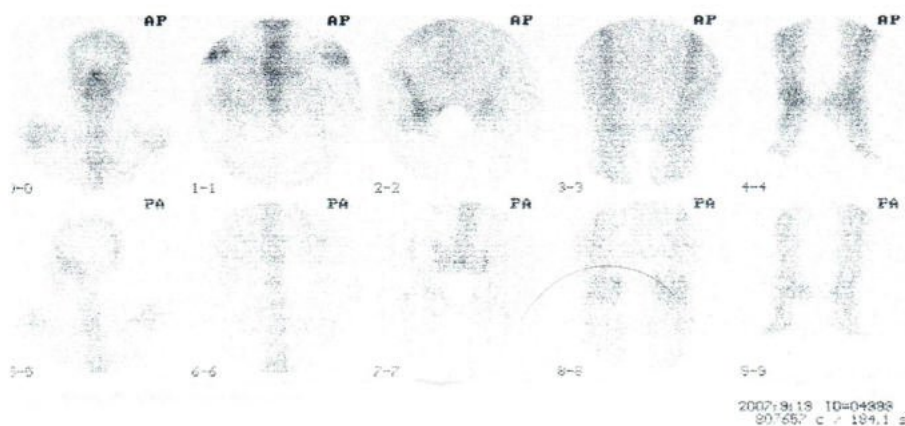
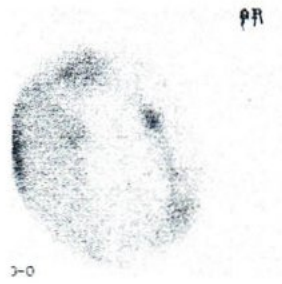


Fig.1 Multiple bony lesions seen in bone scan.

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Fig.2 Spot-view of fractured right humerus in bone scan.

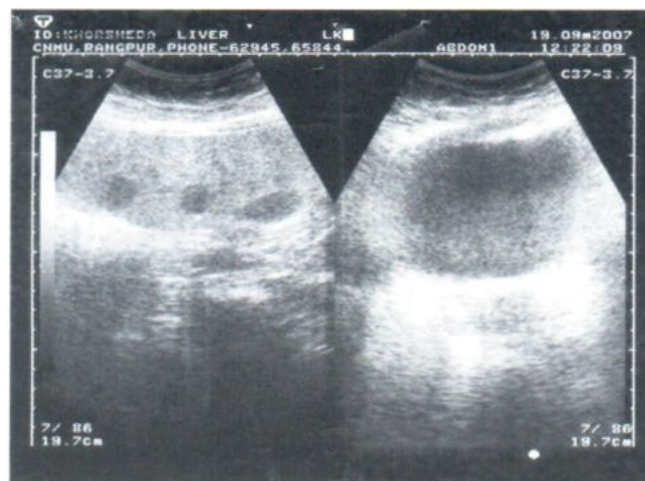


Fig.3 Ultrasonography of liver showing three cyst-like metastases.

DISCUSSION

Breast cancer is the most common cause of death from cancer in women from the age of 15 to 75 years.¹ It is generally accepted that in patients of breast cancer, bone scans should be done in patients with symptoms of bone metastases, soft tissue metastases and locally advanced disease for prognostic purposes.

Five ultrasonographic patterns have been described for hepatic metastases: (a) discrete, anechoic masses; (b) discrete, hypoechoic masses; (c) discrete, hyperechoic masses; (d) discrete target lesions; and (e) diffuse nonhomogeneity of the hepatic parenchyma.² Delay in diagnosis and

treatment should be avoided as happened in this patient.

REFERENCES

1. McKillop JH. Bone scanning in metastatic disease In: Fogelman I (ed.): Bone scanning in clinical practice, Springer-Verlag, London, 1987, pp.41-60.
2. Zwiebel WJ. Solid-Appearing Hepatic Masses. In: Zwiebel WJ & Sohaey R.(eds.) Introduction to Ultrasound. W.B. Saunders Company, Philadelphia, 1998; pp.81-93.