

An uncommon presentation of invasive lobular carcinoma of breast: An incidental finding after cholecystectomy

To the Editor,

Breast cancer continues to be the most common tumor in women. Of these cases, 5 to 15% are composed of invasive lobular carcinoma (ILC), which has an increasing incidence in postmenopausal women (1). Borst et al. (2) compared the metastatic patterns of ILC versus infiltrating ductal carcinoma (IDC) and found that ILC is significantly more likely to metastasize to the gastrointestinal tract, gynecologic organs, peritoneal surface, and retroperitoneum. Gallbladder metastases of ILC are extremely rare, and fewer than 20 case reports have been published to date (3). In this report, we present a case of early recurrence of breast cancer presenting as a gallbladder metastatic lesion.

A 56-year-old woman was referred to the general surgery department with right upper quadrant abdominal pain and anorexia for two months. Abdominal ultrasonography revealed gallstones. The decision was made to perform a laparoscopic cholecystectomy. Macroscopic examination of the specimen revealed a thickened wall and multiple gallstones. Histological study confirmed the presence of a poorly differentiated adenocarcinoma that had deeply infiltrated the muscular layer (Figure 1). The nuclei of these cells were hyperchromatic, and some nuclei were eccentrically located. The tumor cells tested positive for cytokeratin 7, c-erbB2 and estrogen receptors (Figure 2), with no reactivity to cytokeratin 20, Ca19-9, or gross cystic disease fluid protein (GCDFFP-15). When the patient's clinical data were investigated, she was found to have a history of mastectomy with axillary lymphadenectomy performed for invasive lobular carcinoma at stage IIIC, one year prior. She received adjuvant chemotherapy and radiotherapy. Based on these results, the case was diagnosed as metastatic invasive lobular carcinoma of the gallbladder.

The gallbladder is an uncommon site for the other malignancies in clinical practice; however, gallbladder metastasis in an autopsy series with known malignancies was found in 5-8% of the patients (4). Malignant melanoma, renal cell carcinoma and cervical carcinoma, for instance, rarely metastasize to the gallbladder. The mechanism

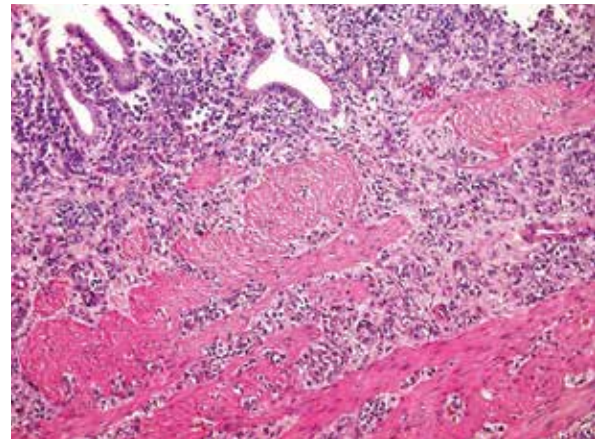


Figure 1. Histologic image of lobular carcinoma metastasis in the gallbladder wall (H&E $\times 100$).

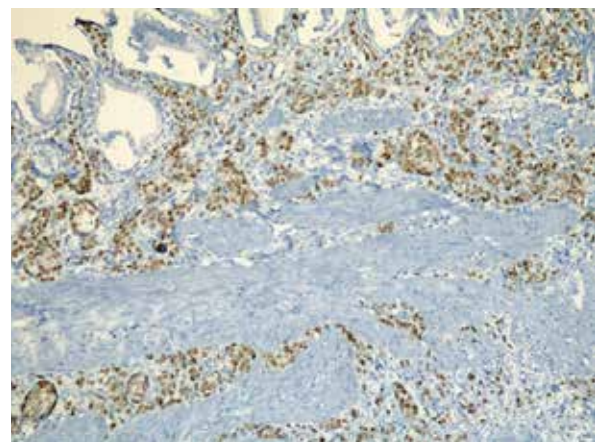


Figure 2. Immunohistochemical estrogen-receptor staining showing positivity in the metastatic lobular carcinoma cells (ERx100).

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behind the affinity of ICL to metastasize to the gallbladder is uncertain (5). We report this rare clinical case to emphasize the importance of careful follow-up, especially for breast cancer. The correct differential diagnosis between benign and malignant lesions in the gallbladder is essential for effective treatment.

Conflict of Interest: No conflict of interest was declared by the authors.

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