

Soft-Tissue Metastasis of Breast Carcinoma, about a Case

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Abstract

The soft-tissue metastases of hormone-sensitive mammary carcinomas, although described, are rare.

We report in this article the case of a patient treated 11 years ago with a left breast carcinoma with surgery followed by first courses of chemotherapy, it followed a long period of remission, she is seen in consultation tumor for a mass of the anterior aspect of the left forearm just under the flexion fold of the elbow evolving since 06 months.

This case is original because of the nature of the metastasis (soft tissues) by the long period of remission (11 years after the first surgery, from 2007 to 2018) and by the absence of metastases (extension assessment including scintigraphy, negative) on other sites more classically achieved.

Keywords: Metastases; Breast Carcinoma

Introduction

Metastases are the leading cause of death in people with breast cancer [1]; metastases can appear several years after the initial diagnosis or with the latter; in all cases their presence is a disadvantage of prognosis [2].

Soft-tissue metastases have a better prognosis since they accompany hormone-sensitive cancers.

The overall prognosis of our patient seems good since the metastasis is unique it occurs more than five years after the first surgery and because a metastasis to the soft parts is synonymous with hormone-sensitive cancer of better prognosis than the tumors without hormone receptors providers of Hepatic and cerebral pulmonary meta much more pejorative [3].

Case Report

This is a patient aged 58 who is seen in tumor consultation for a mass of the anterior face of the left elbow evolving since 06 months.

The patient was operated on in 2007 with a left breast carcinoma and underwent chemotherapy sessions with maintenance by oral dose (exact duration unspecified), the patient was declared cured and was seen regularly in oncology consultation.

The patient is seen in excellent general condition, she presents a formation of the anterior aspect of the left forearm of approximately 7 cm long axis, immediately under the fold of flexion of the elbow, painless, of hard consistency, adherent to the plans deep with a suffering of the skin opposite, the distal pulses are present without mass effect downstream, the neurological examination is normal except for a band of paresthesia on the external face of the forearm corresponding to the sensory territory of the musculocutaneous nerve.

A complementary assessment was requested including a scintigraphy showing no abnormal fixation and a CT scan of the region to study the relationship of the mass with the elbow vessels and the possibilities of R0 resection.

The patient is operated by an antero-internal way allowing the control of the internal bicipital groove and the vessels of the elbow carrying in diamond the skin of the tumor, the resection with margins of security carries skin under skin fascia some fibers of the brachial muscle anterior edge Lateral of the biceps tendon and the sensitive branch of the musculocutaneous nerve, the closure was smooth and without drainage, the operative follow-up was simple, the patient was discharged at her third postop day.

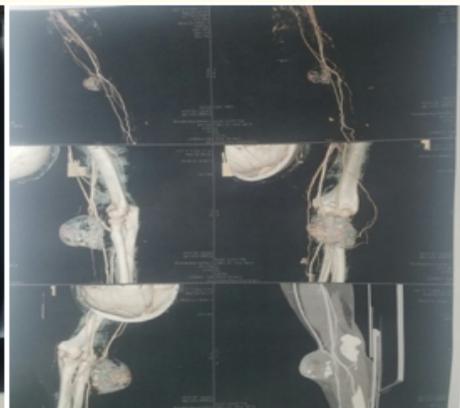
The anapath study of the operative specimen is in favor of a metastasis of breast carcinoma with good resection margins (R0 surgery), the patient is referred to oncology.

The patient was seen at her postop session, her operative wound had healed, no edema, elbow mobility was normal; band anesthesia was noted on the outer side of the forearm.

The patient is currently being followed in oncology.



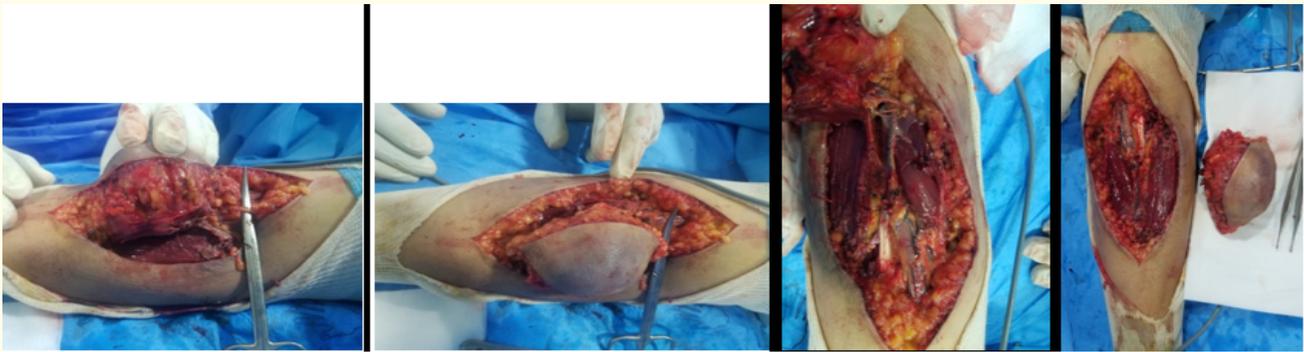
Preoperative X ray



Preoperative CT



Preoperative photos



Intraoperative photos



Result

Discussion

This case is original because it is a soft-tissue localization of breast cancer in remission for 11 years.

The clinical presentation suggested a primary tumor, especially since primary breast surgery is far behind and the extension assessment was negative.

In orthopedic surgery the most frequent metastases of mammary cancers are bone, sometimes a mode of discovery, the review of the literature reinforces our case, and no case of soft-tissue metastases after such a period of remission was noted on our bibliography study [4,5].

We opted for excisional biopsy from the outset in relation to the superficial tumor situation and the resectable nature of the tumor, this initial oncologic surgery was able to save time for the patient in terms of oncological management.

Conclusion

The soft-tissue metastases of mammary cancers remain a rare entity, this rarity means that the consensus on what to do is not uniform [6]. We believe that oncologic surgery guarantees a better prognosis that is at least functional. If it is possible, this article illustrates very well the polymorphic possibilities of evolution of the mammary cancer (atypical metastasis 11 years after the mastectomy) and which make all its gravity.

We also wish by this case report to challenge the medical community on vigilance and rigor in the follow-up that should benefit our breast cancer patients..... never declares a patient completely cured of this disease.

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