

CASE REPORT

Breast Metastasis From Carcinoma of The Posterior Pharyngeal Wall

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Abstract

The head and neck malignancies constitute five percent of all the cancers world-wide. With increasing local regional control and survival rates, the incidence of distant metastasis is increasing. The most common site for distant metastasis from head and neck cancers is lung followed by the bones, liver, and mediastinal nodes. Breast metastases from extramammary malignancies are uncommon, constituting about two per cent of all breast tumors. We present a case of carcinoma of the posterior pharyngeal wall metastatic to breast in a male patient.

Key Words

Breast Metastasis, Carcinoma, Pharyngeal Wall

Introduction

The head and neck malignancies constitute five percent of all the cancers world-wide (1). Locoregionally advanced stage III or IV cancers comprise >60% of these tumors for which cure rates have been <30%, with notably high morbidity for surgical as well as non-surgical treatment (2). With increasing local regional control and survival rates, the incidence of distant metastasis is increasing. The breast as a site for distant metastasis from head and neck cancers is highly uncommon. We report a case of carcinoma of the posterior pharyngeal wall metastatic to breast in a male patient.

Case Report

A 40 year old male presented with complaint of swelling on both the sides of neck of four months duration. The patient also had a history of dysphagia for solids. There was no other significant history. On examination there was an ulceroploferative growth over the posterior oropharyngeal wall on the left side, involving posterior tonsillar pillar. There was a hard fixed matted lymph node mass of 12 × 10 cm size on the left side of the neck. On the right side there were multiple upper deep cervical lymph nodes ranging from 2 to 5 cm in size. There was a right submandibular lymph node of size 3 × 3 cm and a suboccipital lymph node of 2.5 × 1.5 cm.

Biopsy from the growth over posterior pharyngeal wall showed moderately differentiated squamous cell carcinoma. The patient was diagnosed as carcinoma oropharynx T3N3M0. The patient was given option of concomitant chemoradiation but he refused for chemotherapy, so he was given external beam radiotherapy 60 Gy in 30 fractions over six weeks. Treatment was started after taking an informed written consent from the patient. One month after completion of

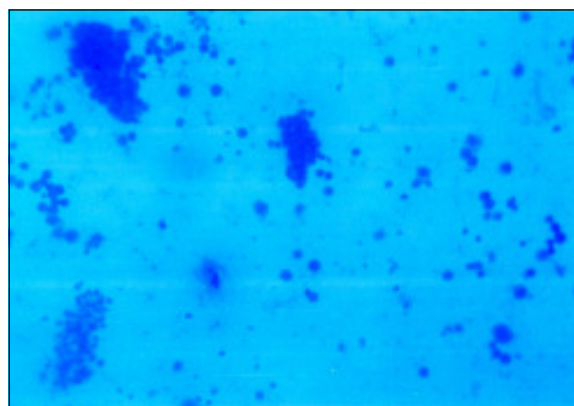


Fig. 1- FNA Smears from Right Breast Showing Malignant Squamous Cells Along with Benign Duct Epithelial Cell (Hematoxylin and Eosin 10X)

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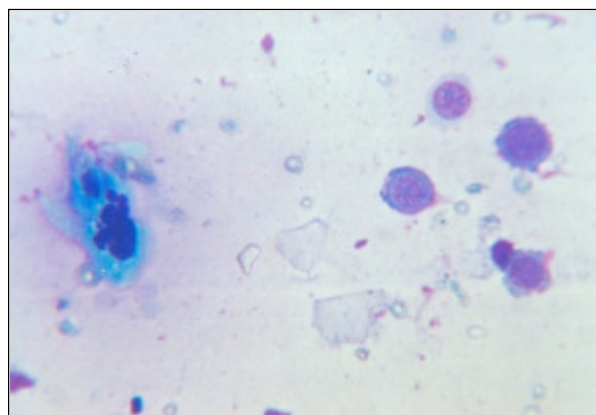


Fig. 2 FNA smears from Axillary Lymph Node Showing Malignant Cells (Hematoxylin and Eosin 40X)

radiation therapy, the patient presented with lump in his right breast and a mass in his right axilla. Examination revealed a 3 × 3.5 cm hard lump in the right breast fixed to the skin, and a matted lymph node mass of 4 × 5 cm in the right axilla. Fine needle aspiration from breast lump (Fig. 1) and axillary lymph node (Fig. 2) revealed poorly differentiated carcinoma with squamous differentiation. Patient was started chemotherapy with injection carboplatin 300 mg/m² and injection 5FU 750 mg/m², three weekly.

Discussion

The incidence of distant metastasis in head and neck cancer ranges from 4.3 percent to 30.7 percent in clinical series and 34-46.7% in autopsy series (3). The most common site for distant metastasis from head and neck cancers is lung followed by the bones, liver, and mediastinal nodes. Other uncommon sites of distant metastasis from head and neck cancers reported in the literature are gastrointestinal tract, kidneys, heart and brain (3). Breast metastases from extramammary malignancies are uncommon, constituting about two per cent of all breast tumors (4). Less than 500 patients with secondary extramammary solid neoplasms involving the breasts have been reported in the literature (5). The most common cancers to metastasize to the breast are, in declining order of frequency, malignant melanoma, lymphoma, lung cancer, ovarian carcinoma, soft tissue sarcoma, and

gastrointestinal and genitourinary tumors. Besides these, metastases from osteosarcoma, thyroid neoplasms, and cervical, vaginal and endometrial carcinomas to the breast have been sporadically reported in the literature (6). Female patients are affected five to six times more frequently than male patients. Metastases to the female breast are rare and those to the male breast are even rarer. Breast mass can be the first manifestation of relapse or part of a disseminated disease, and usually predicts poor survival.

The breast as a site for distant metastasis from head and neck cancers is highly uncommon. The first case of breast metastasis from head and neck carcinoma, which appeared in the literature in 1972, was an autopsy finding. The first clinical cases were reported in 1977 (3). To the best of our knowledge only two cases of carcinoma of the posterior pharyngeal wall metastatic to the breast have been reported in literature previously.

Conclusion

The breast as a site for distant metastasis from head and neck cancers is highly uncommon. But rarely carcinoma of the posterior pharyngeal wall can metastasize to breast.

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