Case Report

Breast cancer presented with obstructive jaundice caused by multiple liver metastasis: a case report

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Abstract

Breast cancer is the most frequent cancer in woman. Axillary lymph nodes, bone, brain, liver and lung are the most common metastatic organs. In this study, we reported a case of the breast cancer, 66 year old woman admitted to hospital with jaundice without any other complaint and gallstones detected at initial examination. Computed tomography revealed multiple hepatic mass. There was a palpable solid mass of 3 cm diameter in the left breast in a detailed examination. Grade II invasive ductal carcinoma with triple negative was carried out of tru-cut biopsy of mass in the left breast and liver metastasis. Paclitaxel and carboplatin treatment administrated. Early diagnosis of the breast cancer is the most important factor that affects prognosis. Self examination of breast and screening programs can be useful to diagnose breast cancer. The diagnosis of the breast cancer can be an elusive clinical status, such as in our case.

Keywords: Breast cancer, liver metastasis, obstructive jaundice

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Introduction

Introduction

Breast cancer is the most frequent cancer in woman (1). The most common type of breast cancer is invasive ductal carcinoma with the frequency of 75-80% of all invasive breast tumors. Axillary lymph nodes, bone, brain, liver and lung are the most common metastatic organs (2). Early diagnosis of cancer is a major factor of good prognosis with elongation of expected lifetime. Every one of eight women is faced with breast cancer at any time during her life. The screening programs as like mammography and breast ultrasonography are becoming increasingly important (1). In spite of all exertions, we are still detecting delayed and advanced breast cancer cases. In this study, we reported a case of breast cancer who admitted to hospital with jaundice without any other complaint and gallstones detected at initial examination.

Case Presentation

A 66 years old woman was admitted to hospital with jaundice. She had any other complaint. In first physical examination, there were no findings except jaundice of the skin and eyes. At initial laboratory examination; serum billuribine level was 7 mg/dl and liver function tests were elevated; serum aspartate transaminase level measured 192 U/dl, Alanine aminotransferase 187 U/dl and gamma glutamyl transferase 694 U/dl. Blood hemogram analysis was normal. Abdominal ultrasound (USG) was performed immediately. USG revealed multiple gallstones highest measured 12 mm and multiple mass in all of the liver; highest was measured 8x7 cm in the segment 4b. There was no dilatation in choledoc and intra hepatic biliary ducts. Computed tomography revealed multiple hepatic mass; biggest in the junction of the segment 4a and 4b, measured 8x7 cm and the others in same characteristic pattern spread to

the rest of the liver (Figure 1a). Also a 12x16 mm measured solitary mass detected in left adrenal gland in the same pattern (Figure 1b). For these reasons the masses evaluated as metastatic .The patient was examined in great detail to find out the primary origin of the metastasis. There was a palpable solid mass of 3 cm diameter in the left breast. Axillary lymph nodes were palpable in the left side. Mammogram has shown us a 3 cm diameter hyper dense opacity within micro calcifications (Figure 2). Grade II invasive ductal carcinoma was carried out of tru-cut biopsy of mass in the left breast. As expected, the result of the histophatological examination of the masses in the liver was a metastasis of invasive ductal carcinoma of the breast. All of the estrogen, progesterone and Cerb B2 receptor were negative. The patient had not surgical treatment; weekly paclitaxel chemotherapy was administrated until jaundice is reduced to normal levels. Then weekly paclitaxel and carboplatin combination followed during two months. Patient is still followed.

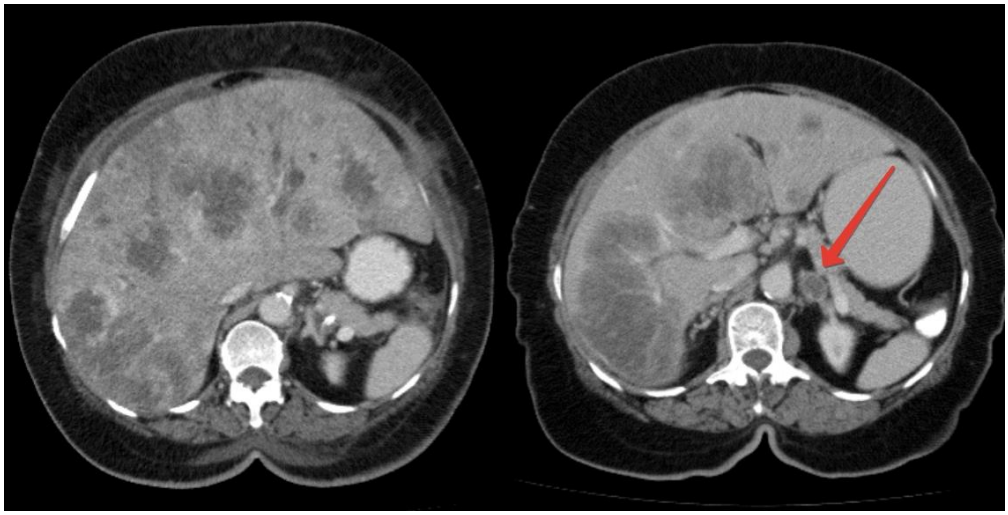

Figure 1. 1a: Hepatic mass in the junction of the segment 4a and 4b and multiple liver metastases **1b:** 12x16 mm measured solitary mass in the left adrenal gland.

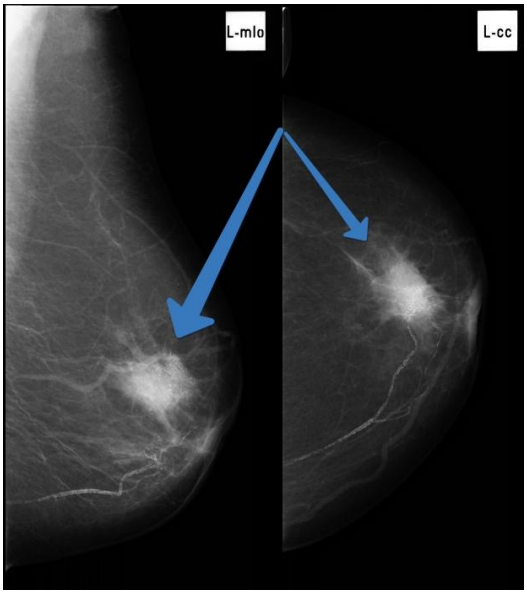

Figure 2. 3 cm diameter hyper dense opacity within micro calcifications seen in mammogram.

Discussion

Existence of liver metastasis is a sign of poor prognosis of breast cancer (3, 4). Especially, patients losses the surgical treatment chance. Chemotherapeutic agent must be selected carefully because of avoidance of liver toxicity. Although Gurevich et al. reported a successful treatment of metastatic breast cancer with multiple chemotherapeutic agents dose management must be strategically (3). The main aim of this paper is highlight the importance of early diagnosis and screening programs. Hepatic resection can be performed as an alternative treatment in patients who have isolated liver metastasis, but without any recurrence and separation of the tumor. However, hepatic resection have a weighty morbidity and mortality ; there are only a few beneficial results in metastases except colorectal and neuroendocrine cancers(4).There is only a few studies that suggest hepatic resection and reports long survival rates. Hepatic resection is not an eligible treatment option patient with multiple liver metastases. The most common site that the breast cancer metastases seen is bone, however in triple negative patients liver is the most common metastatic organ(5). Liver metastasis is also related with age and common in women younger than 40 years (6, 7). Single liver metastasis has a better prognosis than multiple liver metastasis .Transcatheter arterial chemoembolization (TACE) is another treatment choice for liver metastasis against to the systemic chemotherapy (7). In this report, we performed only systemic chemotherapy of paclitaxel and carboplatin. Maybe a combination of TACE with systemic chemotherapy or single use may extend the survival. Because of the poor condition and older age of the patient, we have choosed to perform only systemic chemotherapy without any surgical procedure. The most common cause of obstructive jaundice in liver metastasis is mass effect and obstruction of the biliary tract. Poor condition and liver dysfunction accompanied to the jaundice in our case. After initial chemotherapy treatment of eight weeks jaundice resolved and liver functions were normal. There are a few reports in the literature published successful treatment of jaundice cause of liver metastasis of the breast cancer (8, 9). Considering all of this; early diagnosis of breast cancer is the most important factor that affects prognosis. Self examination of breast, screening mammogram and submitting to the hospital in suspected situations can be useful to diagnose breast cancer without delay. Otherwise, the diagnosis of the breast cancer can be an elusive clinical status, such as in our case presented with obstructive jaundice.

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