

Aphthous lesions of the colon as a manifestation of metastasized breast cancer

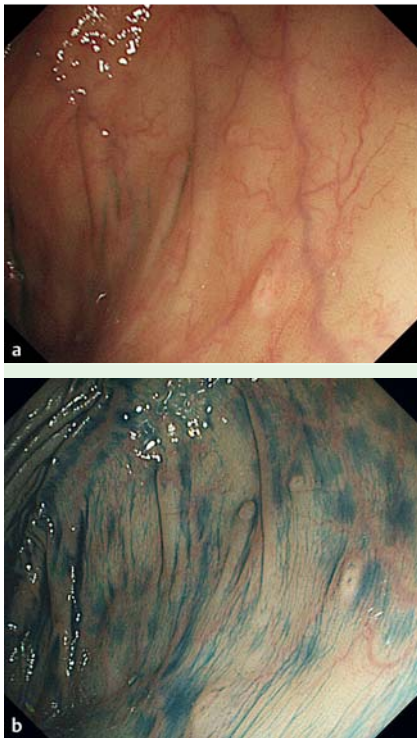


Fig. 1 Colonoscopic image showing multiple whitish aphthous lesions scattered in the transverse colon (a, b).

A 55-year-old woman underwent right radical mastectomy in 2000 for an invasive ductal carcinoma of the right breast without lymph node metastasis. Although the patient subsequently received adjuvant chemotherapy, she developed a solitary minute gastric metastasis, which was removed by endoscopic resection [1]. She was treated by chemotherapy for the following 6 months. Thereafter, the clinical follow-up showed no signs of tumor recurrence.

At the age of 66 years, the patient underwent screening colonoscopy. On this occasion, multiple whitish aphthous lesions were found in the ascending colon and in the transverse colon (Fig. 1).

Histologic examination of the biopsy specimens from the lesions revealed diffuse infiltration of round to oval shaped tumor cells with abundant cytoplasm in the lamina propria (Fig. 2a).

Immunohistochemically, the tumor cells were positive for cytokeratin 7 and GCDFP15 (Fig. 2b), and negative for cytokeratin 20, estrogen receptor, progesterone

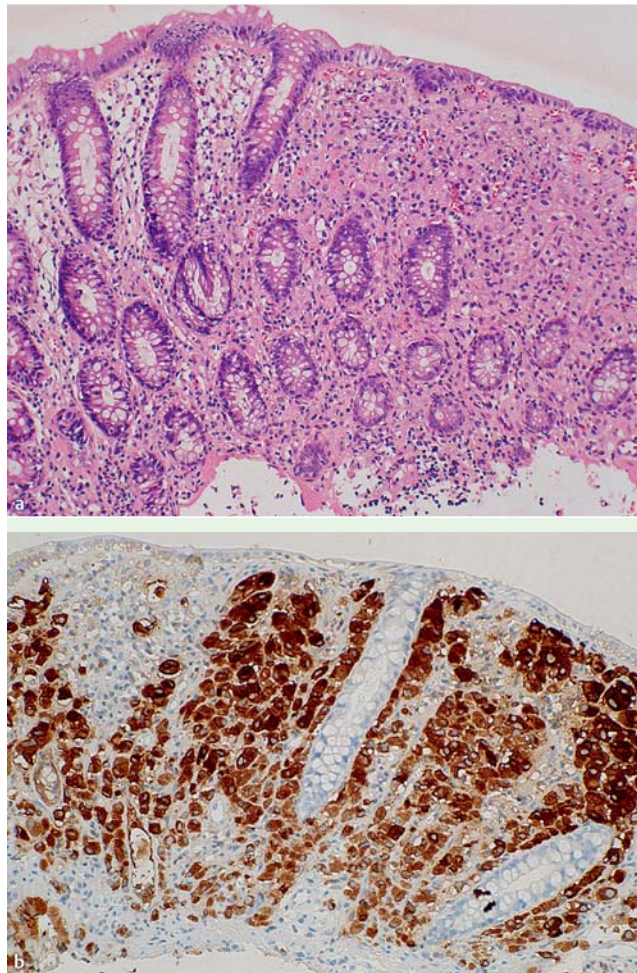


Fig. 2 a Histologic photomicrograph of the biopsy specimen. Diffuse infiltrate of round to oval shaped tumor cells with abundant cytoplasm can be seen in the lamina propria (hematoxylin and eosin, $\times 125$). b Immunohistochemical photomicrograph showing the tumor cells to be positive for GCDFP15 ($\times 150$).

receptor, and HER2. Since the staining pattern was similar to that of the patient's primary breast cancer, we diagnosed the colonic lesions as metastatic breast cancer. No other metastatic lesions were confirmed by CT or esophagogastroduodenoscopy. She has been treated by chemotherapy with epirubicin and cyclophosphamide.

Gastrointestinal metastasis from breast cancer is uncommon. On the rare occasions when it happens, the most frequent site has been the stomach. Colonic metastasis has been reported as manifesting in a diffusely infiltrating "scirrhous" pattern [2] or as an eroded protrusion [3]. Although colonic aphthous lesions as seen in our patient have been found in patients with metastatic gastric cancer [4,5], they have not been identified as metastasis of breast cancer.

Our case suggests that colonoscopists should regard diminutive aphthous lesions as a possible sign of colonic metastasis in patients with a previous history of malignant neoplasm.

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Competing interests: None

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