Annals of Short Reports and Clinical Images

Clinical Image

Untreated Breast Cancer Presenting with Diffuse Metastatic Disease

Joshua I Chalif, Joshua D Bernstock and Timothy R Smith*

Department of Neurosurgery, Brigham and Women's Hospital, Harvard Medical School, USA

Clinical Image

A 59-year-old woman, who has not seen a doctor in her adult life, presented to the emergency room with back pain. She reported that she first noticed a breast mass in 2014, 6 years prior to presentation. The mass had now grown and was fungating through her skin (Figure 1A). The physical exam was notable for mild right upper extremity weakness. Gadolinium-enhanced T1-weighted magnetic resonance imaging of the brain revealed multiple skull metastases the largest at the left frontal skull (Figure 1B and C). Computed tomographic scan of the chest, abdomen, and pelvis revealed a large left pleural effusion and extensive osseous metastases of the spine, ribs, pelvis, and bilateral proximal femurs causing spinal cord compression at T9 (Figure D-F). Due to the poor prognosis of her widespread disease, she was not deemed a surgical candidate. She received a biopsy of the breast mass, which revealed breast cancer which was estrogen receptor positive and HER2 negative. She also received dexamethasone and palliative radiation for the T9 spinal cord compression. After the in-hospital radiation, she was discharged to hospice in line with her wishes for no further intervention. The natural course of metastatic breast cancer is rarely encountered in modern medicine. This case highlights the aggressive nature of the cancer, with its predilection towards widespread osseous metastasis. Additionally, this case reveals the importance of health literacy as earlier diagnosis would likely have led to a better outcome especially given the estrogen receptor positive nature of her breast cancer.

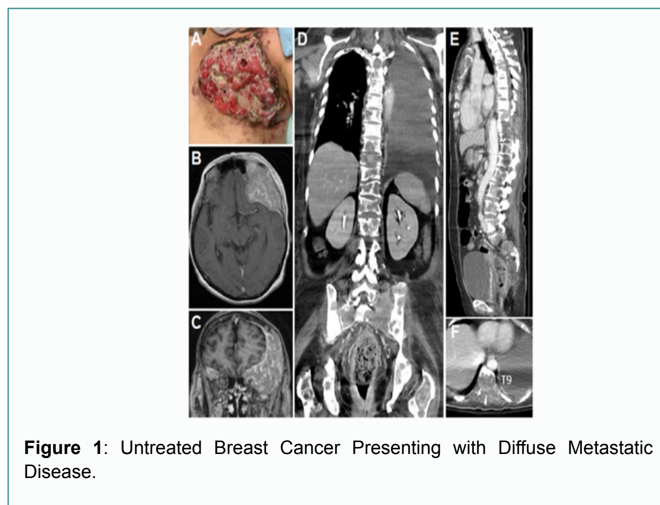

Figure 1: Untreated Breast Cancer Presenting with Diffuse Metastatic Disease.

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***Corresponding author:** Joshua I Chalif, Department of Neurosurgery, Harvard Medical School Brigham and Women's Hospital, Boston Children's Hospital, Hale Building, 60 Fenwood Road, Boston, MA 02115, USA, E-mail: jchalif@bwh.harvard.edu

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