Breast Lumps That Do Not Arise from the Breast

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Abstract An elderly lady presented to the surgical outpatient with a lump in her breast. On examination, there was a well-defined large lump measuring about 12×10 cm, hard in consistency and fixed to the chest wall, the skin appeared to be free, and the nipple–areola complex was normal. A provisional diagnosis of phylloides tumor was made, but digital rectal examination revealed a circumferential rectal growth. To our surprise, biopsy of the rectal growth and the chest wall mass revealed similar adenocarcinoma cells. This image illustrates the possibility that a common clinical entity such as a breast lump can sometimes surprise even the most seasoned clinicians.

Keywords Breast · Breast lumps · Metastasis

Breast lumps are commonly seen in surgical practice, majority of them arise from the fibro-glandular tissue of the breast. Occasionally in females, a swelling arising from the underlying chest wall can push the normal breast tissue and mimic a breast lump.

We present one such interesting case.

An elderly lady presented to the surgical outpatient with a lump in her breast (Fig. 1). On examination, there was a well-defined large lump measuring about 12×10 cm, hard in consistency and fixed to the chest wall, the skin appeared to be free, and the nipple–areola complex was normal. A provisional diagnosis of phylloides tumor was made, but digital rectal examination revealed a circumferential rectal growth.

We subjected the patient to a CT scan of the chest (Fig. 2), which revealed a large hyperdense homogenous mass arising from the underlying rib. The rest of the thorax appeared to be normal.

To our surprise, biopsy of the rectal growth and the chest wall mass revealed similar adenocarcinoma cells (Fig. 3).

We planned to start the patient on palliative radiotherapy for the rib lesion followed by chemotherapy, but the patient was lost to follow-up.

Fig. 1 Clinical photograph showing the breast lump

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Fig. 2 CT scan cross-sectional imaging showing a large homogenous mass arising from the chest wall

Bone metastasis from rectal cancer is a rare entity occurring in about 4 to 6 % of cases [1]. The most common site is the thoracic spine [2], followed by the

Fig. 3 Microphotograph showing adenocarcinoma cells from the chest wall lesion

pelvis and long bones; metastasis to the ribs has been rarely reported. To the best of our knowledge, this is the largest metastatic lesion of the rib reported till date. Bone mets in rectal cancer indicate a poor prognosis, with a median survival of 10 months after diagnosis [3]. There are reports of isolated bone mets being resected with a curative intent, but this is currently not the standard of care [4]. The ideal treatment in this scenario would have been palliative radiotherapy to the lesion followed by palliative chemotherapy with 5-fluorouracil.

These images illustrate the possibility that a common clinical entity such as a breast lump can sometimes surprise even the most seasoned clinicians.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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