LETTER TO THE EDITOR

Re: Unusual Cause of Horner Syndrome 13 Years After *In Situ* Ductal Carcinoma

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I read with great interest the case report by Zhou et al. in which they reported a case of a woman who presented with a preganglionic Horner syndrome secondary to vertebral metastasis from previously diagnosed breast cancer that involved the neural foramina at T1 and T2.¹ The patient was diagnosed with a ductal carcinoma *in situ* (DCIS) of the breast 10 years ago and treated with left mastectomy and chemotherapy as described in the paper. DCIS is classically treated with surgery and radiotherapy and/or endocrine treatment.² Chemotherapy is no longer recommended in the management of DCIS of the breast. Chemotherapy is only indicated for invasive tumours of the breast. For the clarification about the chemotherapy use in this current case report, a possible explanation is that the patient might have received neoadjuvant chemotherapy for invasive ductal carcinoma at diagnosis and underwent surgery and residual tumour after surgery might have been reported as DCIS. Secondly, the rare patient diagnosed with pure DCIS develops distant breast cancer metastases. Most patients who develop

distant metastases after a diagnosis of pure DCIS have an intervening invasive locoregional recurrence (LRR). Distant metastases in these cases can be associated with LRR.³

Declaration of interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the article.

References

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