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ABSTRACT BOOK

INTEGRATING MISSION ORIENTED RESEARCH IN MEDICAL SCIENCES



WED & THU

11 & 12 SEPT 2024



TIME

8:00AM - 5:00PM



VENUE

AC HOTEL BY MARRIOTT
KUANTAN, PAHANG, MALAYSIA

C021

Uncommon Pathways: A Case of Metastatic Invasive Lobular Carcinoma Presenting as Colonic Obstruction

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Introduction: Breast cancer is a prevalent malignancy among women, with invasive lobular carcinoma (ILC) comprising 10-15% of cases. ILC commonly metastasizes to the lungs, bones, liver, and central nervous system, but gastrointestinal (GI) tract involvement is rare. Colonic metastases from breast cancer are particularly uncommon. This report details a rare case of ILC metastasizing to the colon. **Case Presentation:** A 58-year-old Malay woman with hypertension and diabetes mellitus presented with abdominal distension and altered bowel habits. Colonoscopy revealed a constricting lesion 18 cm from the anal verge, with biopsies confirming metastatic carcinoma of breast origin. Histopathology showed strong CK7, weak CK20, and negative E-cadherin. A CT scan indicated bowel wall thickening and moderate ascites. Elevated carcinoembryonic antigen (CEA) levels led to mammography, which identified suspicious lesions in the left breast. Histology confirmed ILC with strong estrogen receptor (ER), progesterone receptor (PR) positivity, and HER2 negativity. Despite treatment, the patient later developed pleural effusions and succumbed to complications. **Discussion:** ILC, the second most common type of invasive breast carcinoma, rarely metastasizes to the GI tract. Diagnosis is challenging due to non-specific symptoms and the absence of a palpable breast mass. Comprehensive histopathological and immunohistochemical analysis, including markers like CK7 and E-cadherin, is essential for accurate diagnosis. Treatment often involves hormone therapy, such as tamoxifen and aromatase inhibitors, due to ILC's resistance to chemotherapy. Surgical intervention is reserved for urgent cases, such as bowel obstruction, and radiotherapy may be considered for local control of metastatic lesions. Regular follow-up is crucial for early detection and management of metastases. **Conclusion:** This case highlights the importance of considering GI metastasis in patients with a history of ILC and abdominal symptoms, emphasizing the need for accurate diagnosis and tailored management strategies.

Keywords: Invasive lobular carcinoma; breast cancer metastasis; gastrointestinal tract metastasis; colonic metastasis; e-cadherin loss