



Male breast cancer metastasis to urinary bladder: A rare occurrence

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ABSTRACT

Carcinoma breast metastasizing to urinary bladder is rare manifestation. We report a case of male breast cancer metastasis to urinary bladder. A 65-year old male patient presented to our institute postoperatively with carcinoma breast with bilateral lung metastasis. Patient received 9 cycles of chemotherapy of cyclophosphamide, adriamycin and 5-fluorouracil. After 6 months patient presented with dysuria and lower abdominal pain. USG revealed urinary bladder SOL which on histopathological study proved to be metastatic adenocarcinoma. Patient is on further chemotherapy on follow-up

INTRODUCTION:

Breast cancer is about 100 times as frequent among women as in men but survival rate are equal in both sexes. Carcinoma breast in males is rare condition accounting for only 1% of all breast cancers with common age group of 60-70 years. Carcinoma breast metastasizing to urinary bladder is even a rarer case in male patient. Hence we are reporting this case on account of its rarity.

CASE REPORT

A 65-year old male patient presented to us postoperatively in January 2009 with prior history of a lump in left breast since 2 years associated with chest pain.

Histopathology report after left mastectomy in December 2008 was suggestive of infiltrating ductal carcinoma, axillary lymph nodes (0/3) free of metastasis, surgical margins and deep surgical fascia are free of metastasis. Chest x-ray showed bilateral lung opacities suggestive of metastasis. Patient received 9 cycles of chemotherapy of cyclophosphamide, adriamycin and 5-fluorouracil from January 2009 to July 2009. Chest x-ray after 9 cycles of chemotherapy was normal. In July 2009, patient presented with dysuria, urine microscopy was done which showed pus cells full field. USG abdomen was suggestive of thickened urinary bladder. Patient was discharged with antibiotics.

In December 2009, patient again complained of dysuria, abdominal pain. USG abdomen was suggestive of thick walled urinary bladder with echogenic SOL seen over posterior and lateral walls measuring 27 mm x 17 mm, 28 mm x 17 mm, 21 mm x 14 mm.

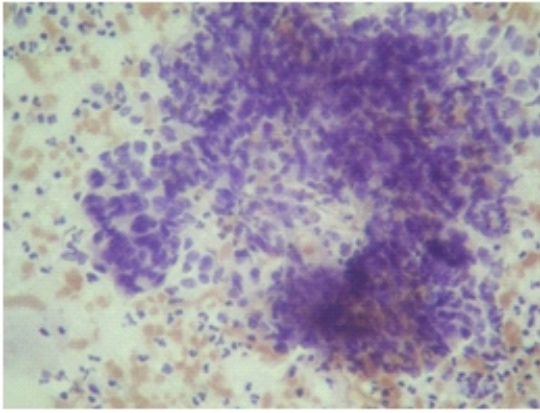
Smear prepared from urinary bladder SOL is suggestive of metastatic adenocarcinoma.

DISCUSSION

Most common site of carcinoma breast metastasis is bone followed by lung, liver, brain, thyroid, heart however metastasis to meninges, skin, adrenal glands, kidney, ovary, uterus, omentum, peritoneum, intestine, spleen, pancreas, gall bladder are also reported (1-3). Urinary bladder is uncommon site for metastasis with documented incidence of only 3%. Most cases are discovered during autopsy reports (2,4,5,6). In most cases breast cancer metastatic to urinary bladder is associated with other pelvic organ metastasis in female patients. Metastasis from carcinoma breast can be initiated even when primary tumor size is less than 0.125 cm, as dissemination of tumor occurs after vascularisation of primary tumor. Symptoms which are common in case of metastasis to urinary bladder are frequency and hematuria followed by nocturia, dysuria, incontinence, with other symptoms like urgency, urinary retention, flank pain, abdominal pain.

Metastasis to urinary bladder is thought to occur either by

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extension from retroperitoneal involvement or from venous emboli implantation into serosa or from lymphatic circulation or arterial circulation (7).

Patient survival ranges from one month to 3 years after urological diagnosis, although the average survival is approximately 6 months (8).

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