

Isolated caudate lobe metastasis from carcinoma breast with locoregional recurrence: Documentation by fluorodeoxyglucose-positron emission tomography/computed tomography

Sir,

Isolated caudate lobe metastasis and its resection, though uncommon, is a definitive procedure particularly described in the context of colorectal carcinoma.^[1-3] The occurrence in the setting of breast carcinoma, however, is uncommon and the present report describes such a rare case vignette detected with whole body fluorodeoxyglucose-positron emission tomography/computed tomography (FDG-PET/CT) [Figure 1].

A 60-year-old female patient presented with carcinoma right breast 3 years previously and had undergone modified radical mastectomy and six cycles of chemotherapy. She was asymptomatic for 2 years until she presented lump in the right axilla for which she was evaluated with conventional CT and showed recurrent disease in the right chest wall with right axillary soft-tissue mass (apparently lymph nodal origin), which confirmed on histopathology to be metastatic lymph nodal mass from carcinoma breast. The patient was

further evaluated with FDG-PET/CT whole body survey for distant metastases. The 18 fludeoxyglucose-FDG PET/CT demonstrated hypermetabolism at the site of skin and subcutaneous thickening consistent with locoregional disease recurrence. There was evidence of irregular soft-tissue lymph nodal mass in the right axilla which was infiltrating the lateral chest wall and had shown SUVmax - 12.23 g/ml. Additional finding was the detection of hypermetabolism in the caudate lobe of the liver (SUVmax - 11.23 g/ml), in the given case background of biopsy proven large volume locoregional recurrence, suggested metastatic disease involvement from breast carcinoma. The patient was started on chemotherapy and due to follow-up imaging sometime later.

Tanaka *et al.*^[4] retrospectively reviewed the clinicopathological data for 13 consecutive patients with colorectal metastases to the hepatic caudate lobe; in this multivariate analysis study comparing caudate lobe metastasis to metastasis at other

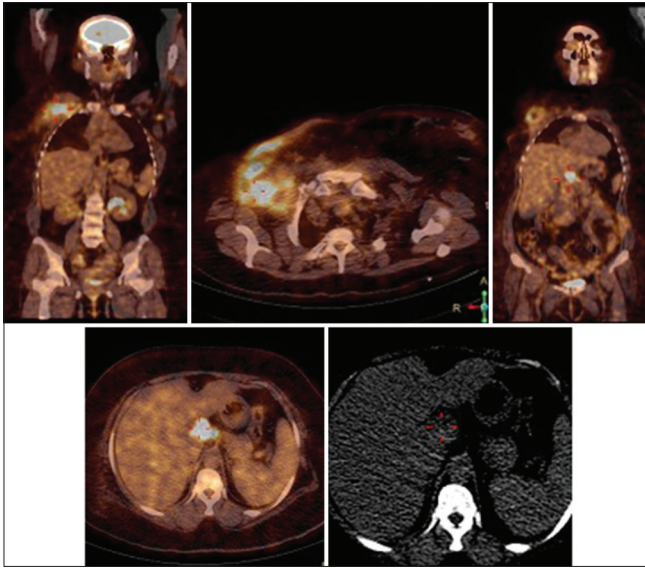


Figure 1: Fluorodeoxyglucose-positron emission tomography/computed tomography demonstrating hypermetabolism in the caudate lobe of the liver (SUVmax - 11.23 g/ml) in addition to skin and subcutaneous thickening with active metabolism consistent with locoregional disease recurrence. The available noncontrast computed tomography demonstrated the caudate lesion as seen at the cross-hair marker

hepatic locations, hepatectomy with clear surgical margins was found to be difficult and negatively impacted hepatic disease-free survival.

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Conflicts of interest

There are no conflicts of interest.

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