

UNUSUAL BREAST METASTASES FROM EXTRAMAMMARY MALIGNANCIES:
TWO CASE-BASED LEARNING POINTS FROM A TERTIARY CANCER CENTRE

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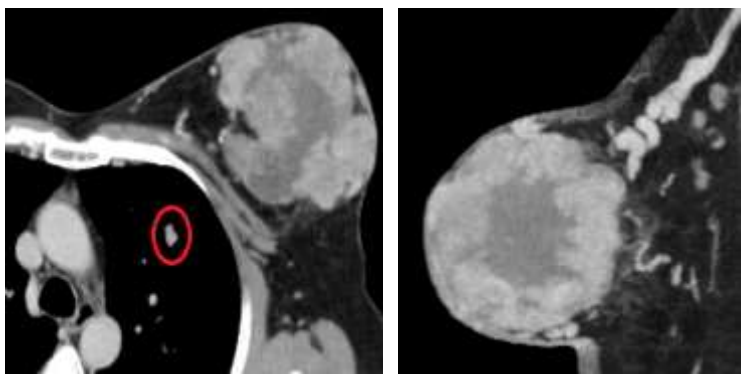
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CASE 1 | CLEAR-CELL RENAL CELL CARCINOMA

Clinical history

- Right Clear cell Renal Cell Carcinoma (RCC).
- Nephrectomy almost 5 years earlier.
- New left breast lump.

1. Staging CT



- Large left breast peripherally enhancing.
- Pulmonary metastatic deposit (red circle).

2. Breast ultrasound



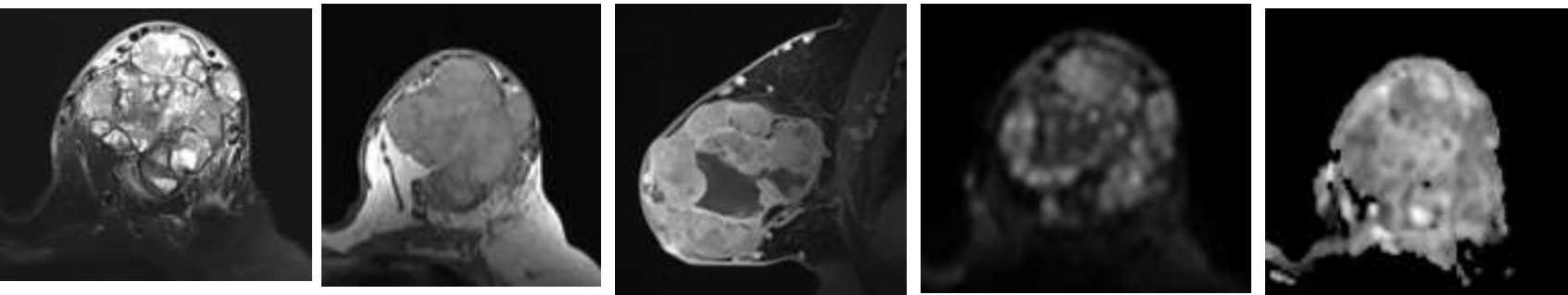
Predominantly hyperechoic mass with internal vascularity.

3. US-guided core biopsy



Histopathology: metastatic clear-cell RCC.

4. Preoperative breast MRI



A. T2W (FS) B. T1W C. T1 C+ D. DWI E. ADC

- Large lobulated mass with heterogeneous T2 signal.
- Peripheral enhancement with central non-enhancing/necrotic area.
- Restricted diffusion in viable components with high DWI and low ADC.

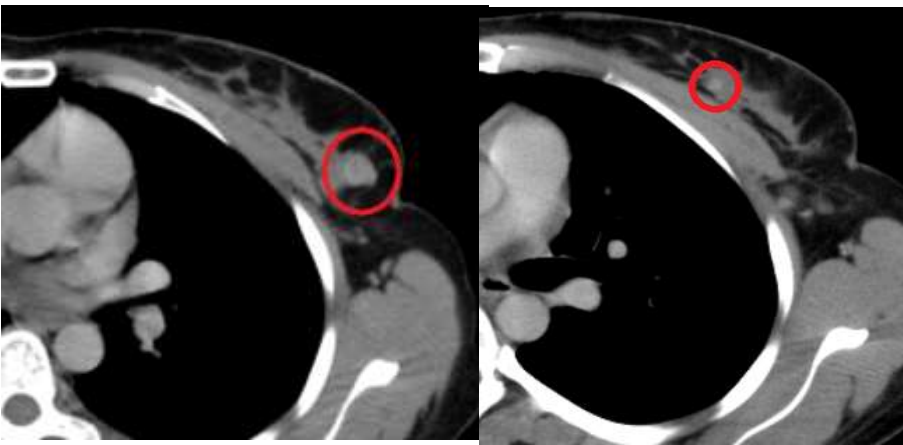
Mastectomy Histopathology: 8.7 cm metastatic clear cell RCC

CASE 2 | MEDULLARY THYROID CARCINOMA

Clinical history

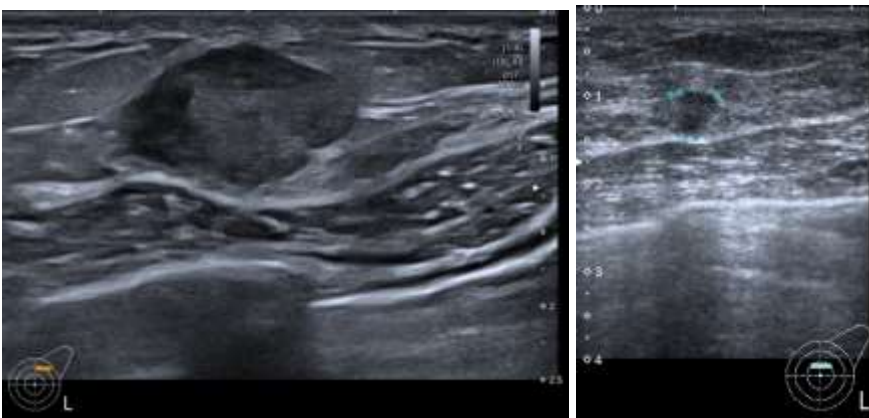
- Known medullary thyroid carcinoma.
- Baseline staging CT

1. Staging CT



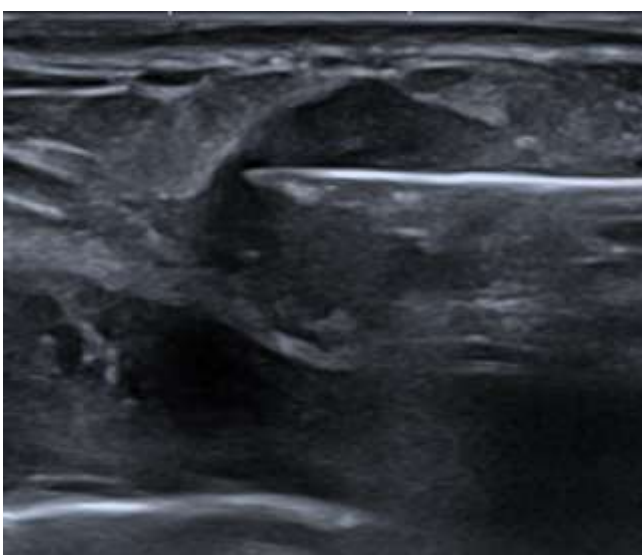
- Enhancing left breast nodules (red circles).
- Metastatic right cervical, right paratracheal and bilateral axillary lymphadenopathy (not shown).

2. Breast ultrasound



Solid hypoechoic breast lesions.

3. US-guided biopsy



Histopathology: Metastatic medullary thyroid carcinoma.

CONCLUSION / EDUCATIONAL MESSAGE

1. During staging CT for extramammary malignancy, deliberately review the breasts.
2. A new breast lesion may be a second primary or metastasis from the known malignancy.
3. Imaging appearances overlap and may not reliably distinguish the two.
4. Clinical context and tissue diagnosis are essential.
5. Correct recognition of breast metastasis may significantly alter staging and management.