

Avoiding False Metastatic Upstaging: Diagnostic Reasoning for an Incidental Hypervascular Para-aortic Mass in **Breast Cancer**



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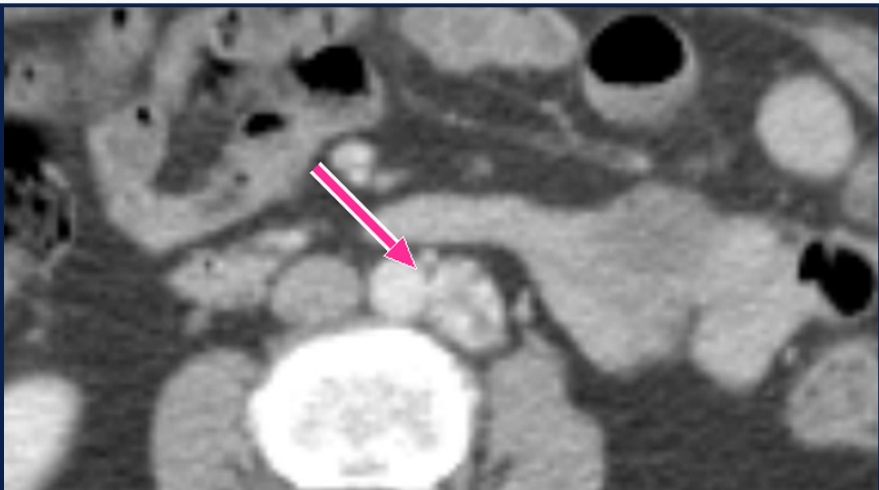
OBJECTIVE

To highlight the importance of systematic imaging assessment of incidental retroperitoneal lesions found during breast cancer staging, and to show how multimodality imaging prevents **false metastatic upstaging** by identifying features atypical for nodal metastasis.

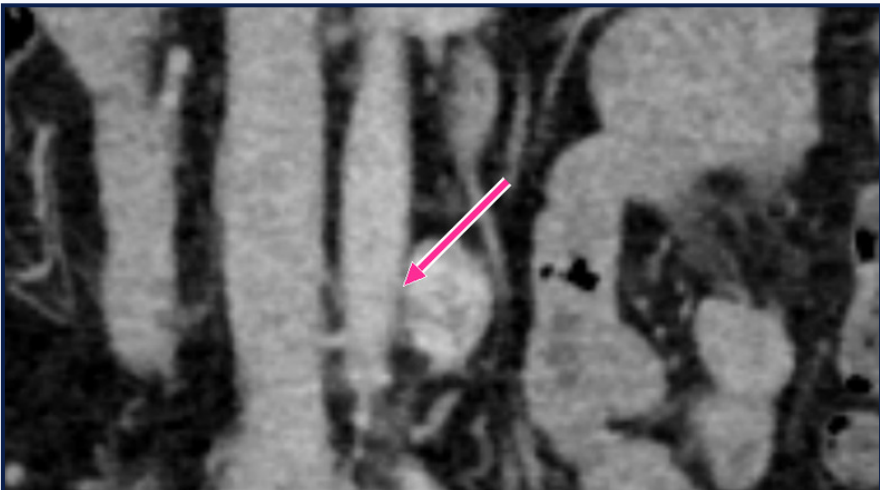
METHOD

A **60-year-old woman** with biopsy-proven **left breast carcinoma** underwent contrast-enhanced CT for staging, followed by FDG PET/CT. Sequential findings were reviewed to evaluate an incidental hypervascular para-aortic lesion and its impact on staging.

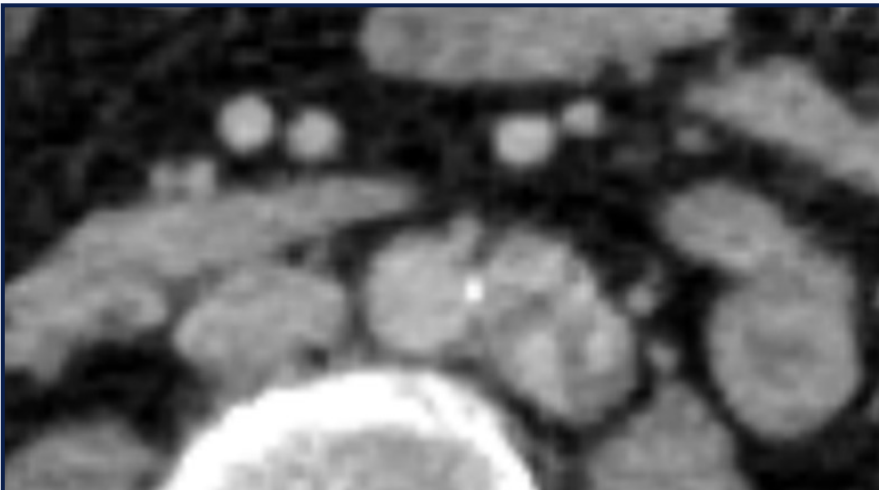
IMAGING FINDINGS



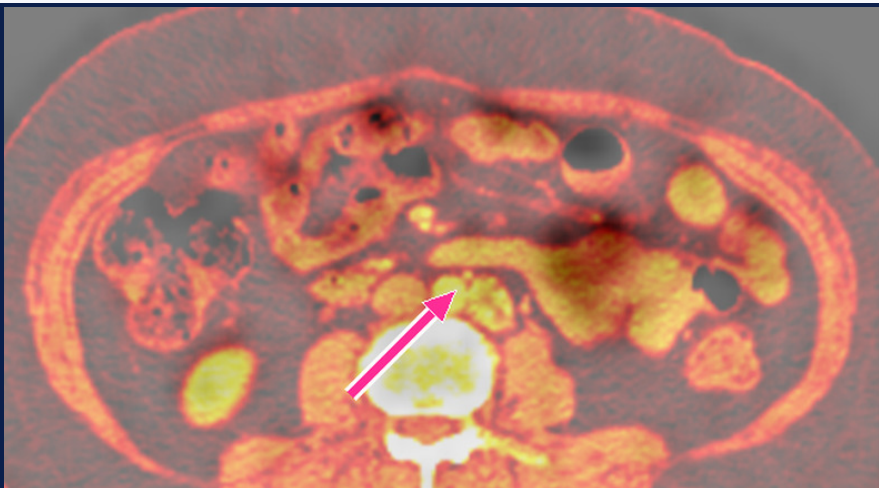
1. Axial CT, arterial phase



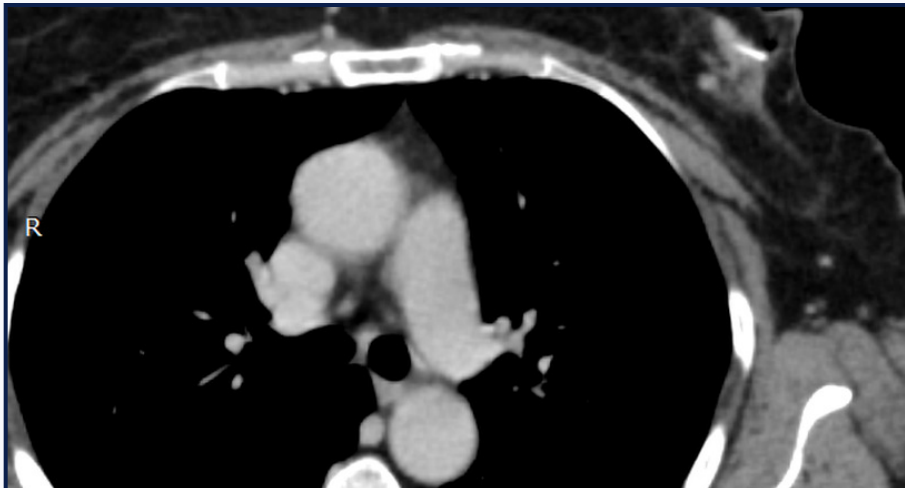
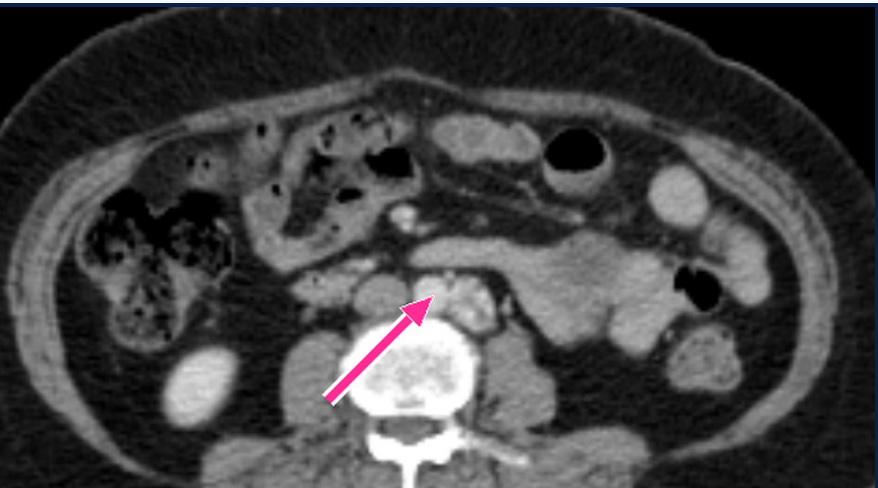
2. Coronal CT, arterial phase



3. Zoomed view of the lesion



4. FDG PET/CT: fused (left) and CT (right)



5. Staging CT: left breast

RESULTS

- Solitary **para-aortic lesion** found incidentally at staging: a diagnostic dilemma.
- **Homogeneous hyperenhancement**; morphology atypical for lymph node metastasis.
- FDG PET/CT: only **low-grade uptake**, no additional metastatic disease.
- Non-nodal hypervascular lesion: **paraganglioma** is the leading diagnosis.
- **False upstaging avoided**; curative-intent therapy continued.

DIFFERENTIAL CONSIDERATIONS

Favoured: paraganglioma

- Hypervascular, homogeneous enhancement
- Morphology atypical for a lymph node
- Low-grade FDG uptake

Less likely

- Nodal metastasis (atypical features)
- Other tumours: schwannoma, GIST

KEY IMAGING CLUES AGAINST NODAL METASTASIS

Hypervascular
enhancement

Atypical, non-nodal
morphology

Low-grade FDG uptake

No additional
metastatic disease

CONCLUSION Radiologic pattern recognition and multimodality imaging are pivotal in characterizing incidental lesions found at oncologic staging. Integrating morphologic and metabolic findings refined the differential diagnosis, informed multidisciplinary decision-making, and enabled appropriate **curative-intent management**.