

**Title: Metastatic breast cancer to a J-shaped muscular bag- The stomach**

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**INTRODUCTION-**

Breast cancer is the most common malignant neoplasm in the female population. Metastatic involvement of the gastrointestinal tract is infrequent, with an estimated incidence rate of approximately 0.3% and related mainly to lobular infiltrative breast carcinoma.

**CASE PRESENTATION-**

Our patient is a 75-year-old female with a past medical history of stage IIIB, right-sided triple-negative invasive breast carcinoma with clear cell and glycogen rich features diagnosed one year before presentation. She presented to the emergency department complaining of dizziness and unsteady gait for the past two days. Physical examination revealed right-sided hemiparesis and pronator drift. MRI of the brain showed possible infarcts from a subacute stroke so the patient was started on dual antiplatelet therapy. Two days following admission, she had an asymptomatic drop in hemoglobin with a positive fecal occult blood test

Esophagogastroduodenoscopy showed several gastric ulcers with raised mucosa on the greater curvature of the stomach. Multiple biopsies were obtained revealing metastatic, poorly differentiated adenocarcinoma consistent with primary breast cancer. Subsequently, CT of the abdomen showed several metastatic lesions in the lungs, liver, left breast, and an intraperitoneal mass. The patient was diagnosed with Stage IV metastatic invasive breast carcinoma with clear cell features. Due to her low-performance status, palliative care was considered.

**DISCUSSION-**

This case highlights the rare metastatic spread to the GI tract from a primary breast tumor. Gastric metastasis can negatively impact survival and must be investigated with gastric endoscopy in cases of GI symptoms, even when the symptoms are vague.