Masseteric metastasis from a case of breast cancer: A rare case report

Rohan Khandelwal, Sunny Jain, Shweta Singh, Mohit Kadian
Vardhman Mahavir Medical College, Safdarjang Hospital

Introduction
Metastatic lesions to the oral cavity from distant tumours are uncommon, accounting for only 1% of all oral cavity malignancies. They mainly involve the bony structures (particularly the mandible), whereas primary metastases to soft tissues is extremely rare (only 0.1% of oral malignancies) [1]. The most common sites of metastasis are the tongue and gingiva followed by the lips, with occasional case reports of metastasis to the palatal or buccal mucosa [2]. We describe a case report of a patient of breast cancer with metastasis to the buccal mucosa.

Case presentation
We report a case of 30-year-old pre-menopausal woman who presented with a left sided breast lump, which was diagnosed as a case of infiltrating ductal carcinoma (triple negative) on core needle biopsy. Patient also had mobile axillary lymph nodes in the ipsilateral axilla. Her metastatic work-up at the time of diagnosis was normal. The patient was started on neo-adjuvant chemotherapy (CAF regime) and patient undwerwent modified radical mastectomy (MRM) after three cycles of NACT. Histological examination of the specimen revealed infiltrating ductal carcinoma with 4 out of 12 axillary lymph nodes positive. Patient then received three cycles of adjuvant chemotherapy and was being planned for adjuvant radiotherapy. At this point to time, patient was lost to follow-up and she did not attend her scheduled radiotherapy.

She presented one year later to the surgical clinic with complaints of a lump in the region of the MRM scar and another hard, painful swelling in the right cheek, which was progressively increasing in size for the last 2 months. FNAC and core needle biopsy from the scar site lump revealed infiltrating ductal carcinoma.
A contrast enhanced CT scan of the head and neck revealed a round heterogenous lesion with rim enhancement measuring 1.1X1.7 cm in the right masseteric space. FNAC (fine needle aspiration cytology) from the cheek swelling, revealed a metastatic deposit of malignant cells. A biopsy from the swelling revealed a metastatic deposit consistent with infiltrating ductal carcinoma. Immunohistochemistry revealed a triple negative carcinoma. A bone scan and abdominal ultrasound were normal.
Patient was then taken up for palliative treatment and was managed accordingly.
Because of its rarity, the diagnosis of a metastatic lesion in the masticator space (buccal mucosa) is challenging. This case emphasized the importance of a complete and careful work-up, with particular attention to detailed medical history as well as careful clinical and radiographic inspection for unusual signs and symptoms. Immunohistochemistry correlation of the metastatic lesion in line with primary site also plays an important role in ruling out second primary in such cases of rare presentations.